

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 UTAH

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	244,187	1,530	16,785	78,080	147,792	0	1,549,284	10,010	129,334	488,183	921,757	0	1,549,284	10,010	129,334	488,183	921,757	0	
Age																			
5 and younger	84,624	0	1,155	8	83,461	0	516,742	0	8,408	24	508,310	0	516,742	0	8,408	24	508,310	0	
6-14	50,846	0	2,105	18	48,723	0	332,491	0	17,173	84	315,234	0	332,491	0	17,173	84	315,234	0	
15-20	23,828	11	1,547	6,670	15,600	0	145,197	56	12,416	34,542	98,183	0	145,197	56	12,416	34,542	98,183	0	
21-44	67,731	97	6,073	61,555	6	0	425,263	687	47,292	377,257	27	0	425,263	687	47,292	377,257	27	0	
45-64	15,697	111	5,774	9,810	2	0	120,156	820	43,162	76,171	3	0	120,156	820	43,162	76,171	3	0	
65-74	834	710	107	17	0	0	5,484	4,614	771	99	0	0	5,484	4,614	771	99	0	0	
75-84	494	473	19	2	0	0	3,102	3,017	79	6	0	0	3,102	3,017	79	6	0	0	
85 and older	133	128	5	0	0	0	849	816	33	0	0	0	849	816	33	0	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gender																			
Female	139,931	1,103	8,885	58,212	71,731	0	877,846	7,234	69,378	353,778	447,456	0	877,846	7,234	69,378	353,778	447,456	0	
Male	103,859	427	7,900	19,866	75,666	0	670,462	2,776	59,956	134,401	473,329	0	670,462	2,776	59,956	134,401	473,329	0	
Unknown	397	0	0	2	395	0	976	0	0	4	972	0	976	0	0	4	972	0	
Race																			
White	178,841	775	13,674	62,389	102,003	0	1,171,599	5,190	107,003	406,908	652,498	0	1,171,599	5,190	107,003	406,908	652,498	0	
African American	5,192	16	403	1,227	3,546	0	30,024	114	2,530	6,814	20,566	0	30,024	114	2,530	6,814	20,566	0	
Other/unknown	60,154	739	2,708	14,464	42,243	0	347,661	4,706	19,801	74,461	248,693	0	347,661	4,706	19,801	74,461	248,693	0	
Use of Nursing Facilities^c																			
Entire year	334	75	256	0	3	0	3,382	724	2,633	0	25	0	3,382	724	2,633	0	25	0	
Part year	411	50	338	12	11	0	3,492	410	2,894	98	90	0	3,492	410	2,894	98	90	0	
None	243,442	1,405	16,191	78,068	147,778	0	1,542,410	8,876	123,807	488,085	921,642	0	1,542,410	8,876	123,807	488,085	921,642	0	
Maintenance Assistance Status																			
Cash	84,825	858	11,032	26,733	46,202	0	536,087	5,447	85,684	142,173	302,783	0	536,087	5,447	85,684	142,173	302,783	0	
Medically needy	2,849	48	605	1,175	1,021	0	11,246	277	3,452	3,683	3,834	0	11,246	277	3,452	3,683	3,834	0	
Poverty-related	86,343	543	2,907	17,866	65,027	0	500,093	3,663	20,249	93,777	382,404	0	500,093	3,663	20,249	93,777	382,404	0	
Other/unknown	70,170	81	2,241	32,306	35,542	0	501,858	623	19,949	248,550	232,736	0	501,858	623	19,949	248,550	232,736	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	170,507	770	11,027	63,725	94,985	0	1,272,918	7,350	107,817	431,404	726,347	0	1,272,918	7,350	107,817	431,404	726,347	0	
FFS part year, with Rx claims	48,111	654	4,875	8,852	33,730	0	171,786	2,169	17,394	34,754	117,469	0	171,786	2,169	17,394	34,754	117,469	0	
FFS part year, no Rx claims	16,686	55	522	3,206	12,903	0	56,013	181	1,738	10,778	43,316	0	56,013	181	1,738	10,778	43,316	0	
MC all year, with FFS Rx claims	8,883	51	361	2,297	6,174	0	48,567	310	2,385	11,247	34,625	0	48,567	310	2,385	11,247	34,625	0	

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	63.6 %	5.9	\$329	\$55	\$2,606	12.6 %	244,187
Age							
5 and younger	67.8	3.4	101	29	1,749	5.8	84,624
6-14	58.6	4.1	270	66	1,844	14.6	50,846
15-20	65.4	6.6	423	64	4,058	10.4	23,828
21-44	59.5	6.2	376	60	2,923	12.9	67,731
45-64	69.6	20.7	1,294	63	5,616	23.0	15,697
65-74	84.9	31.4	1,594	51	8,244	19.3	834
75-84	90.1	32.9	1,565	48	6,779	23.1	494
85 and older	88.7	29.7	1,306	44	11,214	11.6	133
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	87.2	29.6	1,466	50	7,894	18.6	1,530
Disabled	83.6	34.0	2,652	78	15,111	17.5	16,785
Adults	58.2	3.8	149	39	1,531	9.7	78,080
Children	63.9	3.7	149	41	1,699	8.8	147,792
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	66.2	6.5	325	50	2,439	13.3	139,931
Male	60.3	5.2	336	64	2,837	11.8	103,859
Unknown	3.0	0.0	1	20	742	0.1	397
Race							
White	65.1	6.6	380	58	2,786	13.6	178,841
African American	60.6	6.0	325	54	2,622	12.4	5,192
Other/unknown	59.3	4.0	179	44	2,068	8.6	60,154
Use of Nursing Facilities^f							
Entire year	98.2	90.5	5,803	64	52,324	11.1	334
Part year	99.0	76.3	4,528	59	48,977	9.2	411
None	63.5	5.7	315	55	2,459	12.8	243,442
Maintenance Assistance Status							
Cash	64.7	8.5	517	61	2,811	18.4	84,825
Medically needy	33.4	5.9	497	84	4,043	12.3	2,849
Poverty related	64.1	4.1	182	44	1,645	11.0	86,343
Other/unknown	62.8	5.1	278	54	3,482	8.0	70,170

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	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	Mean \$, All Medicaid FFS ^d		
All	0.9	\$52	12.6 %	36.4 %	46.9 %	7.0 %	5.9 %	2.2 %	1.6 %	\$411	244,187	1,549,284
Age												
5 and younger	0.6	17	5.8	32.2	55.4	6.5	4.6	1.1	0.3	287	84,624	516,742
6-14	0.6	41	14.6	41.4	45.6	5.7	4.9	1.6	0.8	282	50,846	332,491
15-20	1.1	69	10.4	34.6	43.1	9.2	8.8	2.9	1.5	666	23,828	145,197
21-44	1.0	60	12.9	40.5	41.5	7.7	6.2	2.4	1.7	466	67,731	425,263
45-64	2.7	169	23.0	37.2	37.2	6.8	8.7	7.2	9.6	734	15,697	120,156
65-74	4.8	243	19.3	15.1	19.7	7.7	19.4	16.5	21.6	1,254	834	5,484
75-84	5.2	249	23.1	9.9	14.6	11.9	18.4	21.9	23.3	1,080	494	3,102
85 and older	4.7	205	11.6	11.3	20.3	10.5	24.1	18.0	15.8	1,757	133	849
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	4.5	224	18.6	12.8	20.0	10.5	20.5	17.1	19.1	1,207	1,530	10,010
Disabled	4.4	344	17.5	16.4	25.4	9.9	18.5	13.7	16.1	1,961	16,785	129,334
Adults	0.6	24	9.7	41.8	44.4	7.5	4.8	1.2	0.4	245	78,080	488,183
Children	0.6	24	8.8	36.1	51.0	6.4	4.8	1.3	0.4	272	147,792	921,757
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.0	52	13.3	33.8	48.2	7.6	6.2	2.4	1.8	389	139,931	877,846
Male	0.8	52	11.8	39.7	45.3	6.2	5.5	2.0	1.3	440	103,859	670,462
Unknown	0.0	0	0.1	97.0	2.3	0.5	0.3	0.0	0.0	302	397	976
Race												
White	1.0	58	13.6	34.9	47.5	7.2	6.2	2.4	1.8	425	178,841	1,171,599
African American	1.0	56	12.4	39.4	42.5	6.8	6.6	2.6	2.2	453	5,192	30,024
Other/unknown	0.7	31	8.6	40.7	45.6	6.2	4.8	1.6	1.1	358	60,154	347,661
Use of Nursing Facilities^f												
Entire year	8.9	573	11.1	1.8	4.5	2.7	20.7	37.1	33.2	5,167	334	3,382
Part year	9.0	533	9.2	1.0	7.8	5.6	23.4	28.0	34.3	5,765	411	3,492
None	0.9	50	12.8	36.5	47.0	7.0	5.8	2.1	1.5	388	243,442	1,542,410
Maintenance Assistance Status												
Cash	1.3	82	18.4	35.3	43.2	7.6	7.4	3.4	3.0	445	84,825	536,087
Medically needy	1.5	126	12.3	66.6	17.9	3.9	6.6	2.9	2.0	1,024	2,849	11,246
Poverty related	0.7	31	11.0	35.9	49.6	7.2	5.2	1.4	0.7	284	86,343	500,093
Other/unknown	0.7	39	8.0	37.2	49.3	6.1	4.8	1.7	1.0	487	70,170	501,858

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.9	\$52	\$55	0.4	\$40	\$102	0.0	\$2	\$52	0.5	\$11	\$21
Age												
5 and younger	0.6	17	29	0.2	11	58	0.0	1	46	0.3	5	14
6-14	0.6	41	66	0.3	34	113	0.0	1	65	0.3	6	20
15-20	1.1	69	64	0.5	55	109	0.0	3	80	0.5	12	21
21-44	1.0	60	60	0.4	46	116	0.0	2	48	0.6	13	22
45-64	2.7	169	63	1.2	128	109	0.1	4	46	1.4	36	25
65-74	4.8	243	51	2.2	184	83	0.1	3	25	2.4	55	23
75-84	5.2	249	48	2.5	185	75	0.1	5	37	2.6	59	22
85 and older	4.7	205	44	1.9	147	77	0.2	4	23	2.6	53	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.5	224	50	2.1	169	81	0.1	4	29	2.3	50	22
Disabled	4.4	344	78	2.0	275	134	0.2	11	63	2.2	58	27
Adults	0.6	24	39	0.2	16	79	0.0	0	26	0.4	7	19
Children	0.6	24	41	0.2	18	75	0.0	1	52	0.3	5	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.0	52	50	0.4	38	93	0.0	2	46	0.6	12	20
Male	0.8	52	64	0.4	42	116	0.0	1	64	0.4	9	21
Unknown	0.0	0	20	0.0	0	58	0.0	0	0	0.0	0	13
Race												
White	1.0	58	58	0.4	45	105	0.0	2	54	0.5	12	21
African American	1.0	56	54	0.4	43	100	0.0	1	54	0.6	11	20
Other/unknown	0.7	31	44	0.3	23	88	0.0	1	43	0.4	8	18
Use of Nursing Facilities^e												
Entire year	8.9	573	64	3.9	444	115	0.2	6	33	4.9	123	25
Part year	9.0	533	59	3.5	391	111	0.3	11	40	5.2	131	25
None	0.9	50	55	0.4	38	102	0.0	1	53	0.5	10	21
Maintenance Assistance Status												
Cash	1.3	82	61	0.6	63	110	0.0	2	60	0.7	16	22
Medically needy	1.5	126	84	0.6	104	162	0.1	3	50	0.8	19	24
Poverty related	0.7	31	44	0.3	23	88	0.0	1	47	0.4	7	18
Other/unknown	0.7	39	54	0.3	30	95	0.0	1	43	0.4	8	20

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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, 0.7 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$9	\$0	\$4	\$44	\$72	\$63	\$22	205,037	\$9,029,603	91,379	37.4 %	667,321
Biologics	0.2	0.1	0.0	0.0	124	71	17	36	657	518	1,401	924	832	546,854	478	0.2	4,421
Antineoplastic Agents	0.7	0.4	0.0	0.3	230	213	3	13	340	592	140	45	2,840	964,662	525	0.2	4,203
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	23	16	2	5	46	74	26	23	109,769	5,042,998	29,035	11.9	220,204
Cardiovascular Agents	1.0	0.4	0.0	0.6	40	29	1	11	39	69	26	18	97,683	3,797,700	11,802	4.8	94,433
Respiratory Agents	0.4	0.2	0.0	0.2	18	13	0	4	44	75	45	19	177,677	7,786,626	57,906	23.7	436,671
Gastrointestinal Agents	0.5	0.3	0.0	0.2	41	31	2	8	79	104	245	38	71,967	5,720,704	18,761	7.7	140,155
Genitourinary Agents	0.3	0.2	0.0	0.1	15	13	0	1	46	55	41	18	18,403	848,409	8,214	3.4	57,705
CNS Drugs	0.9	0.5	0.0	0.4	78	66	1	11	86	131	130	27	230,043	19,850,366	33,226	13.6	254,580
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	63	54	2	8	77	87	58	44	39,003	2,992,833	6,026	2.5	47,344
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	131	130	0	2	310	335	0	46	1,318	408,525	402	0.2	3,113
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	17	11	0	6	35	136	44	15	189,148	6,635,908	54,359	22.3	393,782
Neuromuscular Agents	0.8	0.4	0.0	0.4	67	55	2	10	82	136	46	27	100,898	8,241,767	15,659	6.4	123,876
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	12	15	12	12	73,098	895,178	34,881	14.3	243,652
Hematological Agents	0.7	0.2	0.1	0.4	160	150	2	7	236	927	29	16	13,739	3,242,659	2,620	1.1	20,329
Topical Products	0.3	0.1	0.0	0.2	9	6	0	3	33	59	61	17	99,791	3,328,152	49,393	20.2	356,810
Miscellaneous Products	0.3	0.2	0.0	0.1	35	26	3	5	115	140	268	51	6,127	704,212	2,923	1.2	20,284
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	29	0	0	0	13,572	392,758	10,587	4.3	76,317
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.	1,450,945	80,429,914	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Utah, 0.7 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$7,975,457	6,663	2.7 %	63,077	0.7	\$192
ANTIDEPRESSANTS	5,839,986	24,792	10.2	215,732	0.4	63
ANTICONVULSANT	5,560,376	8,693	3.6	80,182	0.7	102
ULCER DRUGS	3,364,595	13,057	5.3	113,906	0.4	84
ANALGESICS - Narcotic	3,142,800	39,012	16.0	331,039	0.3	34
ANTIASTHMATIC	2,715,044	20,323	8.3	182,189	0.3	54
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,266,720	5,781	2.4	53,924	0.5	77
PENICILLINS	1,668,417	49,867	20.4	438,286	0.2	25
ANTIDIABETIC	1,547,599	5,138	2.1	46,549	0.5	65
DERMATOLOGICAL	1,504,980	26,919	11.0	238,331	0.2	38
Total	35,585,974	200,245		1,763,215	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad77847b6615> (October 26, 2007).

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

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	530,388	\$35,585,974	6,663	2.7 %	63,077	0.7	\$126	24,792	10.2 %	215,732	0.4	\$27			
Female	313,808	19,761,506	3,467	2.5	32,265	0.6	113	17,663	12.6	151,125	0.4	26			
Disabled	129,482	11,177,552	1,864	21.0	18,686	0.8	154	4,132	46.5	40,401	0.7	46			
5 and younger	2,030	128,979	7	1.5	58	0.3	85	5	1.0	55	0.1	4			
6-14	5,650	497,964	91	12.2	892	0.7	141	90	12.0	921	0.6	32			
15-20	6,331	657,626	102	16.0	1,061	0.7	137	199	31.2	2,002	0.6	47			
21-44	45,740	4,290,774	826	25.3	8,096	0.8	158	1,643	50.3	16,001	0.6	44			
45-64	68,962	5,556,752	833	22.6	8,534	0.8	154	2,175	59.1	21,277	0.7	48			
65-74	670	40,739	5	7.8	45	0.8	61	19	29.7	133	0.9	33			
75-84	61	2,860	0	0.0	0	0.0	0	1	7.7	12	0.4	5			
85 and older	38	1,858	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	184,326	8,583,954	1,603	1.2	13,579	0.4	58	13,531	10.3	110,724	0.3	19			
5 and younger	34,486	972,435	15	0.0	128	0.4	63	59	0.1	555	0.3	7			
6-14	29,773	1,642,431	275	1.2	2,587	0.6	103	956	4.0	8,845	0.5	24			
15-20	26,244	1,414,059	319	2.3	2,842	0.4	69	1,894	13.7	15,823	0.4	26			
21-44	74,886	3,453,033	787	1.7	6,136	0.2	33	8,719	18.8	68,407	0.3	19			
45-64	13,050	723,706	144	2.4	1,295	0.2	26	1,736	29.0	15,514	0.2	14			
65-74	3,327	224,304	37	7.5	381	0.8	143	90	18.2	900	0.6	31			
75-84	1,876	112,825	16	5.1	123	0.7	95	52	16.5	460	0.7	36			
85 and older	684	41,161	10	11.9	87	0.9	139	25	29.8	220	0.5	23			
Male	216,574	15,824,285	3,196	3.1	30,812	0.7	140	7,129	6.9	64,607	0.5	29			
Disabled	85,068	8,458,141	1,773	22.4	17,650	0.8	173	2,197	27.8	21,511	0.7	42			
5 and younger	2,870	169,593	7	1.0	71	0.6	78	17	2.5	173	0.5	14			
6-14	11,895	1,095,467	254	18.7	2,571	0.7	133	264	19.5	2,723	0.6	29			
15-20	10,897	1,200,411	284	31.2	2,900	0.8	160	278	30.5	2,740	0.7	48			
21-44	33,270	3,796,059	854	30.4	8,534	0.9	188	927	33.0	9,191	0.7	46			
45-64	25,765	2,172,016	370	17.7	3,526	0.8	177	701	33.4	6,599	0.6	40			
65-74	360	23,581	4	9.3	48	0.7	119	10	23.3	85	0.9	47			
75-84	6	405	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	5	609	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	131,506	7,366,144	1,423	1.5	13,162	0.6	96	4,932	5.1	43,096	0.4	22			
5 and younger	42,567	1,370,520	42	0.1	423	0.4	77	96	0.2	858	0.3	8			
6-14	43,179	2,831,157	580	2.3	5,674	0.6	109	1,321	5.3	12,354	0.5	25			
15-20	21,858	1,748,528	460	5.5	4,260	0.6	113	1,145	13.6	10,147	0.5	33			
21-44	15,205	887,658	247	1.6	1,939	0.2	37	1,728	11.2	14,167	0.2	15			
45-64	5,887	332,228	59	1.5	527	0.2	30	574	14.6	4,967	0.2	13			
65-74	1,388	103,010	15	6.4	141	0.8	199	29	12.4	233	0.8	48			
75-84	1,080	75,302	14	8.8	143	0.7	110	25	15.6	231	0.6	37			
85 and older	342	17,741	6	13.6	55	0.5	57	14	31.8	139	0.6	28			
Unknown	6	183	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	8,693	3.6 %	80,182	0.7	\$69	13,057	5.3 %	113,906	0.4	\$30	39,012	16.0 %	331,039	0.3	\$10
Female	5,324	3.8	48,677	0.6	61	8,410	6.0	73,155	0.3	30	27,933	20.0	233,415	0.3	9
Disabled	2,502	28.2	25,064	0.9	88	2,322	26.1	23,629	0.6	52	4,627	52.1	46,492	0.5	26
5 and younger	55	11.5	524	0.8	77	98	20.5	1,026	0.5	31	52	10.9	556	0.1	1
6-14	182	24.3	1,892	0.9	100	53	7.1	541	0.4	36	120	16.0	1,227	0.2	2
15-20	195	30.6	2,149	0.9	126	83	13.0	880	0.4	35	172	27.0	1,711	0.2	4
21-44	1,088	33.3	10,789	0.9	98	738	22.6	7,427	0.5	49	1,839	56.3	18,375	0.5	24
45-64	974	26.5	9,636	0.8	68	1,336	36.3	13,630	0.6	58	2,413	65.6	24,384	0.6	31
65-74	6	9.4	59	0.8	66	12	18.8	101	0.6	53	28	43.8	218	0.4	12
75-84	2	15.4	15	0.3	8	0	0.0	0	0.0	0	3	23.1	21	0.3	3
85 and older	0	0.0	0	0.0	0	2	200.0	24	0.8	51	0	0.0	0	0.0	0
Other Eligibles	2,822	2.2	23,613	0.4	33	6,088	4.6	49,526	0.2	20	23,306	17.8	186,923	0.2	4
5 and younger	73	0.2	658	0.5	42	1,310	3.3	9,929	0.3	11	1,455	3.6	13,035	0.1	1
6-14	265	1.1	2,521	0.7	70	493	2.1	4,574	0.2	17	1,765	7.4	16,110	0.2	2
15-20	332	2.4	2,980	0.5	63	728	5.3	6,108	0.2	20	3,723	26.9	29,791	0.2	2
21-44	1,664	3.6	13,017	0.3	23	2,776	6.0	21,792	0.2	21	14,617	31.6	112,463	0.3	5
45-64	438	7.3	3,984	0.3	17	609	10.2	5,544	0.2	21	1,499	25.1	13,257	0.3	10
65-74	32	6.5	270	0.8	29	94	19.0	847	0.6	59	122	24.7	1,140	0.4	15
75-84	13	4.1	129	0.8	40	52	16.5	506	0.6	65	87	27.6	829	0.3	8
85 and older	5	6.0	54	0.9	27	26	31.0	226	0.6	52	38	45.2	298	0.4	10
Male	3,369	3.2	31,505	0.8	82	4,647	4.5	40,751	0.4	29	11,078	10.7	97,619	0.3	11
Disabled	1,842	23.3	18,172	0.9	106	1,371	17.4	13,496	0.6	50	2,445	30.9	23,864	0.5	29
5 and younger	64	9.4	570	0.7	77	141	20.8	1,417	0.5	27	99	14.6	937	0.1	2
6-14	294	21.7	3,023	0.9	107	95	7.0	956	0.5	46	180	13.3	1,903	0.1	2
15-20	276	30.3	2,801	1.0	131	108	11.9	1,103	0.6	50	194	21.3	1,977	0.2	5
21-44	818	29.2	8,147	1.0	117	483	17.2	4,846	0.6	54	918	32.7	9,013	0.4	33
45-64	385	18.4	3,575	0.8	64	528	25.2	5,038	0.6	53	1,048	50.0	9,984	0.6	39
65-74	5	11.6	56	0.9	54	13	30.2	127	0.5	40	5	11.6	47	0.2	2
75-84	0	0.0	0	0.0	0	1	16.7	3	1.3	123	1	16.7	3	0.3	2
85 and older	0	0.0	0	0.0	0	2	50.0	6	0.7	97	0	0.0	0	0.0	0
Other Eligibles	1,527	1.6	13,333	0.5	49	3,276	3.4	27,255	0.3	18	8,633	9.0	73,755	0.2	6
5 and younger	90	0.2	805	0.5	39	1,522	3.5	11,757	0.3	13	1,919	4.5	17,169	0.1	1
6-14	369	1.5	3,474	0.7	75	399	1.6	3,855	0.3	19	1,789	7.2	16,402	0.1	2
15-20	274	3.3	2,585	0.8	87	286	3.4	2,551	0.3	27	1,280	15.2	11,226	0.2	4
21-44	571	3.7	4,566	0.3	22	686	4.5	5,654	0.2	20	2,695	17.5	20,752	0.3	11
45-64	189	4.8	1,644	0.3	15	302	7.7	2,687	0.2	19	830	21.0	7,159	0.2	10
65-74	20	8.6	150	0.8	57	46	19.7	411	0.5	42	56	24.0	492	0.4	11
75-84	10	6.3	70	0.6	47	25	15.6	235	0.6	59	45	28.1	390	0.4	19
85 and older	4	9.1	39	0.9	26	10	22.7	105	0.7	57	19	43.2	165	0.2	4
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.3	5	0.2	2

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				PENICILLINS			
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month
All	20,323	8.3 %	182,189	0.3	5,781	2.4 %	53,924	0.5	49,867	20.4 %	436,286	0.2
Female	10,789	7.7	95,692	0.3	1,688	1.2	15,887	0.5	27,345	19.5	238,486	0.2
Disabled	2,286	25.7	22,915	0.5	326	3.7	3,323	0.6	2,093	23.6	21,543	0.2
5 and younger	117	24.5	1,110	0.4	5	1.0	43	0.3	216	45.3	2,256	0.2
6-14	151	20.2	1,637	0.4	112	15.0	1,175	0.7	289	38.6	3,110	0.2
15-20	91	14.3	973	0.3	56	8.8	524	0.7	196	30.8	2,059	0.1
21-44	722	22.1	7,137	0.4	84	2.6	840	0.5	726	22.2	7,253	0.1
45-64	1,186	32.2	11,933	0.5	68	1.8	729	0.5	656	17.8	6,783	0.1
65-74	19	29.7	125	0.8	1	1.6	12	0.3	10	15.6	82	0.4
75-84	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
Other Eligibles	8,503	6.5	72,777	0.2	1,362	1.0	12,564	0.5	25,252	19.3	216,943	0.2
5 and younger	2,618	6.5	23,571	0.2	48	0.1	410	0.4	11,588	28.8	101,657	0.2
6-14	1,674	7.0	15,181	0.2	893	3.7	8,483	0.6	5,171	21.7	47,464	0.1
15-20	1,081	7.8	9,093	0.3	211	1.5	1,900	0.5	2,442	17.6	20,181	0.2
21-44	2,500	5.4	19,411	0.2	173	0.4	1,431	0.3	5,503	11.9	42,771	0.1
45-64	505	8.4	4,454	0.2	36	0.6	328	0.2	474	7.9	4,210	0.1
65-74	66	13.4	556	0.5	1	0.2	12	0.9	45	9.1	403	0.2
75-84	39	12.4	347	0.4	23	0.0	0	0.0	25	7.9	211	0.1
85 and older	20	23.8	164	0.4	0	0.0	0	0.0	4	4.8	46	0.1
Male	9,532	9.2	86,494	0.3	4,093	3.9	38,037	0.6	22,521	21.7	199,795	0.2
Disabled	1,375	17.4	13,752	0.5	604	7.6	6,117	0.7	1,744	22.1	17,919	0.2
5 and younger	230	33.9	2,277	0.3	17	2.5	159	0.5	294	43.4	2,927	0.2
6-14	295	21.7	2,982	0.4	368	27.1	3,721	0.7	495	36.5	5,155	0.2
15-20	123	13.5	1,322	0.5	114	12.5	1,124	0.8	250	27.5	2,612	0.2
21-44	259	9.2	2,647	0.5	85	3.0	912	0.6	450	16.0	4,677	0.2
45-64	459	21.9	4,420	0.6	20	1.0	201	0.5	253	12.1	2,524	0.2
65-74	9	20.9	104	0.3	0	0.0	0	0.0	2	4.7	24	0.1
75-84	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
Other Eligibles	8,157	8.5	72,742	0.2	3,489	3.6	31,920	0.5	20,777	21.7	181,876	0.2
5 and younger	4,449	10.4	39,630	0.2	161	0.4	1,487	0.4	13,419	31.3	116,088	0.2
6-14	2,313	9.3	20,914	0.3	2,543	10.2	23,122	0.6	4,908	19.7	44,726	0.1
15-20	673	8.0	6,129	0.3	629	7.5	5,949	0.5	1,335	15.9	12,103	0.1
21-44	475	3.1	3,884	0.2	133	0.9	1,151	0.2	890	5.8	6,959	0.1
45-64	200	5.1	1,718	0.2	23	0.6	211	0.3	192	4.9	1,699	0.1
65-74	24	10.3	231	0.5	0	0.0	0	0.0	14	6.0	118	0.2
75-84	16	10.0	167	0.5	0	0.0	0	0.0	15	9.4	149	0.1
85 and older	7	15.9	69	0.8	0	0.0	0	0.0	4	9.1	34	0.2
Unknown	2	0.5	3	0.7	0	0.0	0	0.0	1	0.3	5	0.2

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTI-DIABETIC					DERMATOLOGICAL						
	Number of Users	Users as % of All Beneficiaries	Mean		Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Mean		Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
			Benefit Months Among Users	of Rx per Benefit Month				Benefit Months Among Users	of Rx per Benefit Month			
All	5,138	2.1 %	46,549	0.5	\$33	26,919	11.0 %	238,331	0.2	\$6	244,187	1,549,284
Female	3,344	2.4	30,786	0.5	33	15,561	11.1	137,463	0.2	6	139,931	877,846
Disabled	1,346	15.1	13,330	0.7	47	2,086	23.5	21,474	0.2	10	8,885	69,378
5 and younger	1	0.2	10	0.4	32	125	26.2	1,308	0.1	4	477	3,537
6-14	8	1.1	96	0.8	62	187	25.0	1,897	0.2	8	748	6,268
15-20	28	4.4	265	0.6	41	159	25.0	1,721	0.2	26	637	5,098
21-44	276	8.4	2,842	0.7	43	661	20.2	6,790	0.2	8	3,267	25,604
45-64	1,000	27.2	9,808	0.7	48	940	25.6	9,620	0.2	9	3,678	28,350
65-74	26	40.6	252	0.7	48	11	17.2	108	0.2	4	64	448
75-84	4	30.8	21	0.9	40	3	23.1	30	0.6	34	13	61
85 and older	3	300.0	36	0.5	23	0	0.0	0	0.0	0	1	12
Other Eligibles	1,998	1.5	17,456	0.4	18	13,475	10.3	115,989	0.2	6	131,046	808,468
5 and younger	24	0.1	199	0.7	47	6,619	16.5	56,753	0.2	4	40,179	245,194
6-14	58	0.2	475	0.9	62	2,461	10.3	22,895	0.2	6	23,845	154,035
15-20	109	0.8	885	0.6	41	1,534	11.1	13,472	0.2	10	13,865	79,564
21-44	860	1.9	7,101	0.3	21	2,512	5.4	19,697	0.2	6	46,284	276,706
45-64	733	12.3	6,963	0.2	13	215	3.6	1,960	0.1	4	5,980	47,252
65-74	114	23.1	956	0.8	45	67	13.6	651	0.2	7	494	3,192
75-84	90	28.6	810	0.7	35	48	15.2	407	0.2	7	315	2,000
85 and older	10	11.9	67	1.0	54	19	22.6	154	0.2	6	84	525
Male	1,794	1.7	15,763	0.5	34	11,356	10.9	100,863	0.2	7	103,859	670,462
Disabled	648	8.2	6,167	0.7	47	1,454	18.4	14,828	0.2	8	7,900	59,956
5 and younger	0	0.0	0	0.0	0	171	25.2	1,681	0.1	4	678	4,871
6-14	20	1.5	222	1.0	52	248	18.3	2,521	0.2	6	1,357	10,905
15-20	20	2.2	200	0.9	74	280	30.8	3,002	0.2	10	910	7,318
21-44	157	5.6	1,487	0.7	50	405	14.4	4,193	0.2	10	2,806	21,688
45-64	440	21.0	4,144	0.7	45	340	16.2	3,341	0.2	9	2,096	14,812
65-74	11	25.6	114	0.7	30	10	23.3	90	0.2	3	43	323
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	18
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	21
Other Eligibles	1,146	1.2	9,596	0.4	25	9,902	10.3	86,035	0.2	6	95,959	610,506
5 and younger	15	0.0	138	0.7	44	6,606	15.4	56,287	0.2	5	42,896	262,171
6-14	54	0.2	389	1.0	80	1,814	7.3	16,779	0.2	6	24,896	161,283
15-20	45	0.5	357	0.7	59	1,072	12.7	9,655	0.2	16	8,414	53,212
21-44	444	2.9	3,604	0.3	20	240	1.6	1,842	0.2	7	15,373	101,263
45-64	496	12.6	4,272	0.3	16	93	2.4	793	0.1	5	3,943	29,742
65-74	51	21.9	472	0.8	46	42	18.0	353	0.2	7	233	1,521
75-84	38	23.8	346	0.8	51	32	20.0	290	0.3	10	160	1,023
85 and older	3	6.8	18	0.8	42	3	6.8	36	0.3	8	44	291
Unknown	0	0.0	0	0.0	0	2	0.5	5	0.4	10	397	976

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$573	8.9	334	3,382	
Age					
0-64	643	9.7	254	2,613	
65-74	527	8.0	26	251	
75-84	267	5.3	25	241	
85 and older	220	5.3	29	277	
Unknown	0	0.0	0	0	
Gender					
Female	597	9.1	195	2,037	
Male	537	8.7	139	1,345	
Unknown	0	0.0	0	0	
Race					
White	578	8.9	281	2,890	
African American	470	8	5	36	
Other/unknown	553	9.2	48	456	
Basis of Eligibility^c					
Aged	336	6.1	75	724	
Disabled	640	9.7	256	2,633	
Adults	0	0.0	0	0	
Children	363	9.6	3	25	
Unknown	0	0.0	0	0	

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 411 beneficiaries who were in nursing facilities for part of their enrollment and their 3,492 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		
														Number of Users	Percentage	
Anti-infective Agents	0.6	0.3	0.0	0.3	\$46	\$37	\$1	\$8	\$79	\$131	\$62	\$27	1,432	231	69.2 %	2,443
Biologicals	0.1	0.1	0.0	0.0	43	2	0	41	325	21	0	859	58	38	11.4	435
Antineoplastic Agents	0.7	0.4	0.0	0.3	314	287	0	27	426	701	0	82	90	11	3.3	122
Endocrine/Metabolic Drugs	1.4	0.7	0.1	0.5	66	51	2	13	48	69	17	24	2,749	191	57.2	2,017
Cardiovascular Agents	1.9	0.5	0.0	1.3	60	34	1	25	32	66	22	19	3,803	198	59.3	2,043
Respiratory Agents	1.0	0.5	0.0	0.5	54	44	1	9	52	86	46	18	1,800	162	48.5	1,731
Gastrointestinal Agents	1.2	0.5	0.0	0.6	78	57	1	20	65	106	115	31	2,512	204	61.1	2,099
Genitourinary Agents	0.8	0.5	0.0	0.3	45	39	0	5	58	83	20	18	845	96	28.7	1,097
CNS Drugs	2.1	1.3	0.0	0.8	231	202	0	29	109	157	35	35	6,234	278	83.2	2,927
Stimulants/Anti-obesity/Anorexia	0.9	0.5	0.0	0.4	47	41	0	6	54	84	7	18	103	11	3.3	119
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	123	123	0	0	180	182	0	30	108	16	4.8	157
Analgesics and Anesthetics	1.5	0.5	0.0	1.0	63	47	1	14	42	95	41	15	3,728	238	71.3	2,479
Neuromuscular Agents	1.7	0.7	0.0	0.9	129	93	1	36	78	125	34	40	3,299	185	55.4	1,988
Nutritional Products	1.0	0.0	0.0	0.9	18	0	1	17	18	20	48	18	1,183	122	36.5	1,217
Hematological Agents	0.9	0.2	0.0	0.7	36	27	0	9	38	137	18	12	1,124	118	35.3	1,184
Topical Products	0.4	0.1	0.0	0.3	12	6	1	5	27	47	22	18	951	196	58.7	2,127
Miscellaneous Products	0.4	0.0	0.0	0.4	5	1	0	4	13	31	0	11	188	46	13.8	448
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	27	0	0	0	14	8	2.4	71
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.	30,221	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. A total of 411 beneficiaries who were in nursing facilities for part of their enrollment and their 3,492 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 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Utah, 0.7 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 = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$451,416	231	69.2 %	2,520	0.8	\$211	\$179	
ANTICONVULSANT	189,924	193	57.8	2,154	1.1	84	88	
ANTIDEPRESSANTS	187,634	301	90.1	3,183	0.9	69	59	
ULCER DRUGS	143,033	220	65.9	2,337	0.8	77	61	
ANALGESICS - Narcotic	100,283	275	82.3	2,890	1.0	36	35	
ANTI-DIABETIC	78,736	171	51.2	1,713	0.9	53	46	
MUSCULOSKELETAL THERAPY AGENTS	53,263	62	18.6	669	1.1	75	80	
ANTI-ASTHMATIC	48,370	147	44.0	1,548	0.7	43	31	
ANTI-HYPERLIPIDEMIC	48,569	74	22.2	809	0.8	76	60	
ANALGESICS - ANTI-INFLAMMATORY	46,039	134	40.1	1,470	0.5	58	31	
Total	1,347,267	1,808		19,293	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 411 beneficiaries who were in nursing facilities for part of their enrollment and their 3,492 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	16,520	\$1,347,267	231	69.2 %	2,520	0.8	\$179	193	57.8 %	2,154	1.1	\$88					
Female	9,959	859,190	156	80.0	1,718	0.9	177	109	55.9	1,251	1.0	88					
Disabled	8,535	753,695	129	89.0	1,455	0.9	179	98	67.6	1,136	1.0	94					
64 or younger	8,447	748,358	127	89.4	1,446	0.9	180	97	68.3	1,128	1.0	94					
65-74	44	3,217	2	100.0	9	0.4	51	1	50.0	8	1.0	183					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	44	2,120	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	1,424	105,495	27	54.0	263	0.9	168	11	22.0	115	0.8	25					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	669	61,184	12	75.0	144	1.0	241	3	18.8	28	0.7	34					
75-84	315	21,025	7	53.8	50	0.8	86	4	30.8	39	0.8	24					
85 and older	440	23,286	8	38.1	69	0.9	74	4	19.0	48	0.9	21					
Male	6,561	488,077	75	54.0	802	0.8	183	84	60.4	903	1.1	89					
Disabled	5,578	411,329	53	47.7	546	0.9	201	75	67.6	824	1.1	91					
64 or younger	5,485	406,096	52	47.7	534	0.9	204	75	68.8	824	1.1	91					
65-74	93	5,233	1	50.0	12	1.1	87	0	0.0	0	0.0	0					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	983	76,748	22	78.6	256	0.6	145	9	32.1	79	1.1	60					
64 or younger	145	4,230	1	33.3	12	0.5	23	2	66.7	24	0.7	26					
65-74	316	37,307	8	133.3	96	0.6	229	2	33.3	24	1.5	98					
75-84	324	22,857	8	66.7	96	0.8	129	4	33.3	19	1.2	70					
85 and older	198	12,354	5	71.4	52	0.4	48	1	14.3	12	0.8	35					
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 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. A total of 411 beneficiaries who were in nursing facilities for part of their enrollment and their 3,492 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	301	90.1 %	3,183	0.9	\$59	220	65.9 %	2,337	0.8	\$61	275	82.3 %	2,890	1.0	\$35
Female															
Disabled	192	98.5	2,041	0.9	63	120	61.5	1,328	0.8	65	170	87.2	1,796	1.0	39
64 or younger	158	109.0	1,705	0.9	66	103	71.0	1,153	0.8	65	140	96.6	1,517	1.0	43
65-74	3	150.0	17	0.8	40	1	50.0	1	1.0	122	2	100.0	9	0.6	4
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	2	200.0	24	0.8	51	0	0.0	0	0.0	0
Other Eligibles	34	68.0	336	0.8	46	17	34.0	175	0.9	68	30	60.0	279	0.8	21
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	14	87.5	168	0.8	47	5	31.3	53	0.9	61	11	68.8	106	0.8	24
75-84	8	61.5	66	0.9	58	4	30.8	43	0.9	119	4	30.8	42	1.1	15
85 and older	12	57.1	102	0.6	37	8	38.1	79	0.9	45	15	71.4	131	0.7	20
Male															
Disabled	109	78.4	1,142	0.8	52	100	71.9	1,009	0.8	56	105	75.5	1,094	0.9	27
64 or younger	90	81.1	960	0.8	55	85	76.6	838	0.8	56	84	75.7	880	1.1	33
65-74	88	80.7	936	0.8	54	84	77.1	826	0.8	57	84	77.1	880	1.1	33
75-84	2	100.0	24	1.0	69	1	50.0	12	0.2	4	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	19	67.9	182	0.8	41	15	53.6	171	0.8	53	21	75.0	214	0.4	5
65-74	1	33.3	12	1.0	15	2	66.7	24	1.5	51	1	33.3	12	0.2	1
75-84	8	133.3	69	0.9	55	4	66.7	48	0.5	36	4	66.7	39	0.5	4
85 and older	5	41.7	42	0.5	25	4	33.3	39	0.6	48	8	66.7	76	0.5	7
	5	71.4	59	0.8	42	5	71.4	60	0.8	71	8	114.3	87	0.2	4
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 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. A total of 411 beneficiaries who were in nursing facilities for part of their enrollment and their 3,492 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table ND10B

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTIDIABETIC					MUSCULOSKELETAL THERAPY AGENTS					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	171	51.2 %	1,713	0.9	\$46	62	18.6 %	669	1.1	\$80	147	44.0 %	1,548	0.7	\$31
Female	117	60.0	1,173	0.8	45	32	16.4	358	1.0	80	76	39.0	797	0.4	24
Disabled	93	64.1	976	0.8	45	29	20.0	322	1.0	87	63	43.4	658	0.5	26
64 or younger	87	61.3	923	0.8	46	29	20.4	322	1.0	87	60	42.3	655	0.5	26
65-74	3	150.0	17	0.5	14	0	0.0	0	0.0	0	3	150.0	3	1.0	66
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	3	300.0	36	0.5	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	24	48.0	197	0.9	45	3	6.0	36	0.5	13	13	26.0	139	0.3	16
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	16	100.0	114	0.9	40	2	12.5	24	0.6	17	6	37.5	72	0.4	29
75-84	3	23.1	31	0.7	37	1	7.7	12	0.3	6	2	15.4	17	0.1	2
85 and older	5	23.8	52	1.0	59	0	0.0	0	0.0	0	5	23.8	50	0.1	2
Male	54	38.8	540	1.0	49	30	21.6	311	1.2	79	71	51.1	751	1.0	39
Disabled	39	35.1	387	0.9	50	28	25.2	298	1.2	79	58	52.3	595	1.0	42
64 or younger	36	33.0	351	0.9	51	28	25.7	298	1.2	79	58	53.2	595	1.0	42
65-74	3	150.0	36	1.0	41	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	15	53.6	153	1.0	47	2	7.1	13	1.1	81	13	46.4	156	0.9	27
64 or younger	0	0.0	0	0.0	0	2	66.7	13	1.1	81	1	33.3	12	4.4	66
65-74	5	83.3	60	1.3	70	0	0.0	0	0.0	0	2	33.3	24	0.2	8
75-84	10	83.3	93	0.9	33	0	0.0	0	0.0	0	8	66.7	96	0.4	17
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	28.6	24	1.9	64
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 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. A total of 411 beneficiaries who were in nursing facilities for part of their enrollment and their 3,492 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC				ANALGESICS - ANTI-INFLAMMATORY				Benefit Months Among All-Nursing Facility Residents			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users		Mean Number of Rx	Mean Rx \$	
All	74	22.2 %	809	0.8	\$60	134	40.1 %	1,470	0.5	\$31	334	3,382
Female	45	23.1	487	0.8	60	81	41.5	902	0.6	34	195	2,037
Disabled	37	25.5	414	0.8	61	62	42.8	705	0.6	29	145	1,572
64 or younger	36	25.4	413	0.8	61	61	43.0	693	0.6	30	142	1,551
65-74	1	50.0	1	1.0	24	0	0.0	0	0.0	0	2	9
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	1	100.0	12	0.5	22	1	12
Other Eligibles	8	16.0	73	0.8	56	19	38.0	197	0.8	49	50	465
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	4	25.0	25	0.8	60	7	43.8	76	0.8	42	16	155
75-84	4	30.8	48	0.7	53	4	30.8	41	1.0	59	13	123
85 and older	0	0.0	0	0.0	0	8	38.1	80	0.7	51	21	187
Male	29	20.9	322	0.8	60	53	38.1	568	0.4	28	139	1,345
Disabled	24	21.6	271	0.8	62	45	40.5	501	0.4	27	111	1,061
64 or younger	22	20.2	247	0.8	63	45	41.3	501	0.4	27	109	1,037
65-74	2	100.0	24	0.8	43	0	0.0	0	0.0	0	2	24
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	5	17.9	51	0.8	54	8	28.6	67	0.5	32	28	284
64 or younger	0	0.0	0	0.0	0	3	100.0	25	0.2	2	3	25
65-74	3	50.0	36	0.8	55	2	33.3	15	0.9	59	6	63
75-84	2	16.7	15	1.0	52	2	16.7	15	0.3	21	12	118
85 and older	0	0.0	0	0.0	0	1	14.3	12	0.9	75	7	78
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 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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 2003. A total of 411 beneficiaries who were in nursing facilities for part of their enrollment and their 3,492 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of Total Number of Beneficiaries	
				Part D Excluded Rx	Rx \$ per Beneficiary			All Nondual Rx \$	4.2 %
All	65,656	26.9 %	0.8	194,595	\$14	\$3,373,645	\$17	\$17	244,187
Age									
5 and younger	29,866	35.3	0.8	68,005	10	838,003	12	12	84,624
6-14	10,923	21.5	0.5	24,928	11	534,479	21	21	50,846
15-20	5,439	22.8	0.6	14,111	15	361,083	26	26	23,828
21-44	13,870	20.5	0.7	46,343	13	850,330	18	18	67,731
45-64	4,840	30.8	2.3	36,358	46	718,189	20	20	15,697
65-74	396	47.5	3.1	2,613	48	39,906	15	15	834
75-84	255	51.6	3.3	1,623	48	23,716	15	15	494
85 and older	67	50.4	4.6	614	60	7,939	13	13	133
Unknown	0	0.0	0.0	0	0	0	0	0	0
Basis of Eligibility^c									
Aged	749	49.0	3.2	4,822	46	70,608	15	15	1,530
Disabled	7,877	46.9	4.0	67,002	92	1,542,885	23	23	16,785
Adults	14,061	18.0	0.4	29,408	5	426,950	15	15	78,080
Children	42,969	29.1	0.6	93,363	9	1,333,202	14	14	147,792
Unknown	0	0.0	0.0	0	0	0	0	0	0
Gender									
Female	38,632	27.6	0.9	119,400	15	2,103,429	18	18	139,931
Male	27,022	26.0	0.7	75,193	12	1,270,204	17	17	103,859
Unknown	2	0.5	0.0	2	0	12	6	6	397
Race									
White	46,779	26.2	0.8	144,770	15	2,684,846	19	19	178,841
African American	1,278	24.6	0.8	4,099	11	57,273	14	14	5,192
Other/unknown	17,599	29.3	0.8	45,726	10	631,526	14	14	60,154
Use of Nursing Facilities^d									
Entire year	270	80.8	13.0	4,340	256	85,568	20	20	334
Part year	350	85.2	11.5	4,719	256	105,241	22	22	411
None	65,036	26.7	0.8	185,536	13	3,182,836	17	17	243,442
Maintenance Assistance Status									
Cash	25,139	29.6	1.1	94,435	21	1,774,163	19	19	84,825
Medically needy	458	16.1	0.7	1,923	12	34,311	18	18	2,849
Poverty related	22,546	26.1	0.6	51,393	9	754,320	15	15	86,343
Other/unknown	17,513	25.0	0.7	46,844	12	810,851	17	17	70,170

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$17	\$0	\$1	1,549,284
Age						
5 and younger	0.1	2	12	0	0	516,742
6-14	0.1	2	21	0	0	332,491
15-20	0.1	2	26	0	1	145,197
21-44	0.1	2	18	0	1	425,263
45-64	0.3	6	20	0	2	120,156
65-74	0.5	7	15	0	2	5,484
75-84	0.5	8	15	0	1	3,102
85 and older	0.7	9	13	0	2	849
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	7	15	0	2	10,010
Disabled	0.5	12	23	0	5	129,334
Adults	0.1	1	15	0	0	488,183
Children	0.1	1	14	0	0	921,757
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	18	0	1	877,846
Male	0.1	2	17	0	0	670,462
Unknown	0.0	0	6	0	0	976
Race						
White	0.1	2	19	0	1	1,171,599
African American	0.1	2	14	0	0	30,024
Other/unknown	0.1	2	14	0	0	347,661
Use of Nursing Facilities^d						
Entire year	1.3	25	20	0	9	3,382
Part year	1.4	30	22	0	10	3,492
None	0.1	2	17	0	1	1,542,410
Maintenance Assistance Status						
Cash	0.2	3	19	0	1	536,087
Medically needy	0.2	3	18	0	1	11,246
Poverty related	0.1	2	15	0	0	500,093
Other/unknown	0.1	2	17	0	1	501,858

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 UTAH, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
All	84,002	\$40	\$3,373,645	100.0 %	194,595	\$17	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	8	83	665	0.0	8	83	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	33,596	38	1,290,187	38.2	56,723	23	29.1
Vitamins and minerals	13,411	37	494,993	14.7	33,150	15	17.0
Non-prescription drugs	25,531	12	314,976	9.3	55,347	6	28.4
Barbiturates	597	54	32,208	1.0	4,523	7	2.3
Benzodiazepines	9,146	97	891,649	26.4	39,760	22	20.4
Other Part D Excl Rx Drugs	1,713	204	348,967	10.3	5,084	69	2.6

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- a. Table ND.13 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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.
- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	252,814	1,559	16,958	80,203	154,094	2,021,212	15,966	172,992	568,751	1,263,503	0
Age											
5 and younger	87,705	0	1,168	8	86,529	0	0	11,264	24	701,048	0
6-14	53,279	0	2,129	18	51,132	0	0	22,565	87	431,712	0
15-20	24,820	11	1,581	6,803	16,425	0	85	16,159	41,744	130,713	0
21-44	69,658	100	6,135	63,417	6	0	902	63,137	445,827	27	0
45-64	15,865	112	5,813	9,938	2	0	1,027	58,463	80,958	3	0
65-74	849	724	108	17	0	0	7,506	1,142	105	0	0
75-84	501	480	19	2	0	0	5,206	211	6	0	0
85 and older	137	132	5	0	0	0	1,240	51	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	144,655	1,121	8,955	59,750	74,829	0	11,492	93,333	421,704	615,198	0
Male	107,759	438	8,003	20,451	78,867	0	4,474	79,659	147,043	647,328	0
Unknown	400	0	0	2	398	0	0	0	4	977	0
Race											
White	184,452	789	13,802	63,901	105,960	0	7,930	141,036	467,802	863,509	0
African American	5,453	17	412	1,294	3,730	0	160	4,082	9,741	32,924	0
Other/unknown	62,909	753	2,744	15,008	44,404	0	7,876	27,874	91,208	367,070	0
Use of Nursing Facilities^c											
Entire year	334	75	256	0	3	0	724	2,637	0	26	0
Part year	411	50	338	12	11	0	487	3,433	110	100	0
None	252,069	1,434	16,364	80,191	154,080	0	14,755	166,922	568,641	1,263,377	0
Maintenance Assistance Status											
Cash	87,674	867	11,165	27,974	47,668	0	9,730	119,288	189,735	426,919	0
Medically needy	2,979	48	605	1,186	1,140	0	355	4,140	4,290	4,950	0
Poverty related	90,147	560	2,941	18,253	68,393	0	5,135	24,410	108,836	518,717	0
Other/unknown	72,014	84	2,247	32,790	36,893	0	746	25,154	265,890	312,917	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	170,507	770	11,027	63,725	94,985	0	7,350	107,817	431,404	726,347	0
FFS part year, with Rx claims	48,111	654	4,875	8,852	33,730	0	7,577	56,500	89,058	358,398	0
FFS part year, no Rx claims	16,686	55	522	3,206	12,903	0	610	5,630	28,424	119,123	0
MC all year, with Rx claims	8,883	51	361	2,297	6,174	0	310	2,385	11,247	34,625	0
MC all year, no Rx claims	8,627	29	173	2,123	6,302	0	119	660	8,618	25,010	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

- 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 = Centers for Medicare & 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, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Number of Beneficiaries	Number of Beneficiaries	Months	Months	Months
All	252,814	2,021,212	1,549,284	0	471,928
Fee-for-service (FFS) all year	170,507	1,272,918	1,272,918	0	0
FFS part year, with Rx claims	48,111	511,533	171,786	0	339,747
FFS part year, with no Rx claims	16,686	153,787	56,013	0	97,774
Managed care (MC) all year, with Rx claims	8,883	48,567	48,567	0	0
MC all year, with no Rx claims	8,627	34,407	0	0	34,407

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 07/2007. This table was produced on 11/01/2007.

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

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