

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 UTAH

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE 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
<b>All</b>	<b>25,381</b>	<b>11,143</b>	<b>13,658</b>	<b>564</b>	<b>3</b>	<b>13</b>	<b>258,133</b>	<b>108,581</b>	<b>144,956</b>	<b>4,432</b>	<b>26</b>	<b>138</b>
<b>Age</b>												
5 and younger	3	0	2	0	1	0	24	0	22	0	2	0
6-14	4	0	3	0	1	0	43	0	31	0	12	0
15-20	53	0	51	1	1	0	540	0	526	2	12	0
21-44	6,302	1	6,036	263	0	2	67,286	6	65,021	2,235	0	24
45-64	7,212	3	6,951	248	0	10	74,996	29	72,970	1,892	0	105
65-74	5,127	4,528	547	51	0	1	51,644	45,637	5,707	291	0	9
75-84	4,039	3,977	61	1	0	0	39,359	38,737	610	12	0	0
85 and older	2,641	2,634	7	0	0	0	24,241	24,172	69	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	15,164	7,959	6,918	273	1	13	155,760	78,847	74,489	2,274	12	138
Male	10,217	3,184	6,740	291	2	0	102,373	29,734	70,467	2,158	14	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	21,322	8,723	12,096	489	3	11	216,171	83,521	128,648	3,862	26	114
African American	345	110	225	10	0	0	3,477	1,119	2,270	88	0	0
Other/unknown	3,714	2,310	1,337	65	0	2	38,485	23,941	14,038	482	0	24
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,674	2,281	393	0	0	0	25,826	21,615	4,211	0	0	0
Part year	1,886	1,478	408	0	0	0	17,284	13,196	4,088	0	0	0
None	20,821	7,384	12,857	564	3	13	215,023	73,770	136,657	4,432	26	138
<b>Maintenance Assistance Status</b>												
Cash	6,816	2,630	4,055	131	0	0	74,831	29,313	44,250	1,268	0	0
Medically needy	3,160	1,354	1,761	45	0	0	25,311	9,882	15,162	267	0	0
Poverty-related	7,211	2,815	4,357	25	1	13	75,886	29,327	46,240	179	2	138
Other/unknown	8,194	4,344	3,485	363	2	0	82,105	40,059	39,304	2,718	24	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	24,720	10,842	13,303	559	3	13	251,694	105,650	141,499	4,381	26	138
Full dual, part year	661	301	355	5	0	0	6,439	2,931	3,457	51	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	25,040	10,869	13,591	564	3	13	255,070	106,213	144,261	4,432	26	138
FFS part year, with Rx claims	101	87	14	0	0	0	499	409	90	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with FFS Rx claims	240	187	53	0	0	0	2,564	1,959	605	0	0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
  - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>87.0 %</b>	<b>50.7</b>	<b>\$3,448</b>	<b>\$68</b>	<b>\$13,470</b>	<b>25.6 %</b>	<b>25,381</b>
<b>Age</b>							
5 and younger	66.7	34.7	1,536	44	40,692	3.8	3
6-14	100.0	35.8	5,646	158	10,806	52.2	4
15-20	81.1	22.8	2,000	88	14,963	13.4	53
21-44	85.5	41.0	3,866	94	14,180	27.3	6,302
45-64	88.0	59.4	4,383	74	14,542	30.1	7,212
65-74	83.8	49.6	2,808	57	9,537	29.4	5,127
75-84	88.2	51.7	2,657	51	12,495	21.3	4,039
85 and older	92.9	51.2	2,380	46	17,914	13.3	2,641
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	87.5	50.8	2,655	52	12,500	21.2	11,143
Disabled	87.0	51.8	4,167	81	14,679	28.4	13,658
Adults	80.9	22.8	1,645	72	3,129	52.6	564
Children	66.7	15.0	371	25	37,954	1.0	3
Unknown	92.3	47.7	6,138	129	16,918	36.3	13
<b>Gender</b>							
Female	90.4	56.8	3,527	62	13,091	26.9	15,164
Male	82.0	41.7	3,331	80	14,032	23.7	10,217
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	87.5	53.8	3,696	69	14,575	25.4	21,322
African American	85.2	37.6	2,437	65	9,634	25.3	345
Other/unknown	84.7	34.1	2,118	62	7,481	28.3	3,714
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.4	77.8	4,361	56	33,963	12.8	2,674
Part year	95.6	69.0	3,814	55	23,055	16.5	1,886
None	84.9	45.6	3,298	72	9,969	33.1	20,821
<b>Maintenance Assistance Status</b>							
Cash	88.7	47.6	3,303	69	6,502	50.8	6,816
Medically needy	73.7	42.0	3,167	76	7,761	40.8	3,160
Poverty related	87.0	46.5	3,351	72	5,736	58.4	7,211
Other/unknown	90.8	60.3	3,762	62	28,272	13.3	8,194

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>5.0</b>	<b>\$339</b>	<b>25.6 %</b>	<b>13.0 %</b>	<b>16.0 %</b>	<b>10.1 %</b>	<b>25.4 %</b>	<b>24.8 %</b>	<b>10.9 %</b>	<b>\$1,324</b>	<b>25,381</b>	<b>258,133</b>
<b>Age</b>												
5 and younger	4.3	192	3.8	33.3	0.0	33.3	0.0	33.3	0.0	5,087	3	24
6-14	3.3	525	52.2	0.0	0.0	25.0	75.0	0.0	0.0	1,005	4	43
15-20	2.2	196	13.4	18.9	35.8	18.9	17.0	9.4	0.0	1,469	53	540
21-44	3.8	362	27.3	14.5	23.2	11.9	25.7	18.7	6.0	1,328	6,302	67,286
45-64	5.7	422	30.1	12.0	13.2	9.9	24.7	25.9	14.3	1,398	7,212	74,996
65-74	4.9	279	29.4	16.2	15.9	9.5	24.0	23.6	10.8	947	5,127	51,644
75-84	5.3	273	21.3	11.8	13.3	8.6	25.5	28.3	12.5	1,282	4,039	39,359
85 and older	5.6	259	13.3	7.1	10.1	9.6	28.9	33.5	10.8	1,952	2,641	24,241
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.2	273	21.2	12.5	13.6	9.1	25.7	27.5	11.5	1,283	11,143	108,581
Disabled	4.9	393	28.4	13.0	17.6	10.7	24.8	23.3	10.7	1,383	13,658	144,956
Adults	2.9	209	52.6	19.1	22.7	16.0	31.9	8.0	2.3	398	564	4,432
Children	1.7	43	1.0	33.3	33.3	0.0	33.3	0.0	0.0	4,379	3	26
Unknown	4.5	578	36.3	7.7	7.7	0.0	61.5	15.4	7.7	1,594	13	138
<b>Gender</b>												
Female	5.5	343	26.9	9.6	13.7	9.7	26.0	28.0	13.1	1,274	15,164	155,760
Male	4.2	332	23.7	18.0	19.3	10.7	24.3	20.0	7.6	1,400	10,217	102,373
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	5.3	365	25.4	12.5	14.5	9.4	24.9	26.5	12.2	1,438	21,322	216,171
African American	3.7	242	25.3	14.8	20.0	15.4	26.4	18.3	5.2	956	345	3,477
Other/unknown	3.3	204	28.3	15.3	23.7	13.8	28.0	15.5	3.6	722	3,714	38,485
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	8.1	452	12.8	2.6	3.9	5.5	23.0	39.3	25.7	3,517	2,674	25,826
Part year	7.5	416	16.5	4.4	6.6	5.5	24.3	37.3	21.8	2,516	1,886	17,284
None	4.4	319	33.1	15.1	18.4	11.1	25.7	21.8	8.0	965	20,821	215,023
<b>Maintenance Assistance Status</b>												
Cash	4.3	301	50.8	11.3	21.0	11.5	26.1	21.6	8.4	592	6,816	74,831
Medically needy	5.2	395	40.8	26.3	12.0	8.7	20.9	22.0	10.1	969	3,160	25,311
Poverty related	4.4	318	58.4	13.0	18.8	11.7	26.9	21.6	8.1	545	7,211	75,886
Other/unknown	6.0	376	13.3	9.2	10.8	8.1	25.0	31.3	15.7	2,822	8,194	82,105

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>5.0</b>	<b>\$339</b>	<b>\$68</b>	<b>2.0</b>	<b>\$245</b>	<b>\$122</b>	<b>0.3</b>	<b>\$24</b>	<b>\$73</b>	<b>2.6</b>	<b>\$70</b>	<b>\$26</b>
<b>Age</b>												
5 and younger	4.3	192	44	1.8	136	76	0.3	15	58	2.3	42	18
6-14	3.3	525	158	1.5	499	341	0.1	4	26	1.7	22	13
15-20	2.2	196	88	1.0	168	161	0.2	9	37	0.9	19	20
21-44	3.8	362	94	1.6	273	168	0.3	28	105	1.9	61	31
45-64	5.7	422	74	2.3	301	131	0.4	33	89	3.0	87	29
65-74	4.9	279	57	2.0	200	98	0.3	16	56	2.6	62	24
75-84	5.3	273	51	2.1	193	92	0.3	16	46	2.9	64	22
85 and older	5.6	259	46	2.1	180	88	0.4	14	35	3.1	65	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.2	273	52	2.1	193	93	0.3	16	47	2.8	64	23
Disabled	4.9	393	81	2.0	287	144	0.3	31	93	2.5	74	29
Adults	2.9	209	72	1.0	146	142	0.2	14	91	1.7	50	29
Children	1.7	43	25	0.7	40	61	0.0	0	0	1.1	3	3
Unknown	4.5	578	129	1.6	299	190	0.5	97	192	2.4	182	76
<b>Gender</b>												
Female	5.5	343	62	2.2	245	111	0.4	25	67	2.9	74	25
Male	4.2	332	80	1.7	246	143	0.3	23	87	2.2	63	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	5.3	365	69	2.1	263	123	0.4	26	74	2.8	75	27
African American	3.7	242	65	1.4	178	123	0.2	14	71	2.1	51	24
Other/unknown	3.3	204	62	1.4	152	112	0.2	12	66	1.8	41	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.1	452	56	3.0	317	104	0.5	25	48	4.5	108	24
Part year	7.5	416	55	2.9	289	101	0.5	28	59	4.2	99	24
None	4.4	319	72	1.8	233	128	0.3	24	81	2.3	63	27
<b>Maintenance Assistance Status</b>												
Cash	4.3	301	69	1.8	219	125	0.3	21	78	2.3	61	26
Medically needy	5.2	395	76	2.1	289	135	0.3	28	84	2.8	78	28
Poverty related	4.4	318	72	1.8	233	127	0.3	24	88	2.3	61	27
Other/unknown	6.0	376	62	2.4	267	113	0.4	26	60	3.2	82	26

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Utah, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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 D.6  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.2	\$33	\$24	\$2	\$6	\$87	\$165	\$105	\$30	52,904	\$4,596,134	12,789	50.4 %	140,920
Biologicals	0.2	0.1	0.0	0.0	30	4	0	26	191	36	15	624	930	177,347	520	2.0	5,979
Antineoplastic Agents	0.6	0.1	0.0	0.5	91	65	1	25	154	476	288	55	3,295	507,077	521	2.1	5,544
Endocrine/Metabolic Drugs	1.1	0.5	0.2	0.5	52	38	4	10	46	78	24	21	140,097	6,409,543	11,409	45.0	122,983
Cardiovascular Agents	1.7	0.7	0.1	0.9	65	46	2	17	39	71	29	18	242,937	9,544,327	13,707	54.0	146,614
Respiratory Agents	0.7	0.4	0.0	0.3	41	35	0	6	59	90	36	20	67,908	4,027,881	8,927	35.2	98,574
Gastrointestinal Agents	0.8	0.4	0.0	0.4	68	50	2	16	85	126	51	44	88,575	7,563,950	10,242	40.4	111,240
Genitourinary Agents	0.5	0.3	0.0	0.2	31	25	2	4	57	79	52	22	21,749	1,250,038	3,727	14.7	40,738
CNS Drugs	1.7	0.8	0.1	0.8	166	129	9	28	101	169	99	35	263,640	26,506,349	14,870	58.6	159,484
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	69	52	3	14	109	145	96	57	3,572	389,167	508	2.0	5,678
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	151	150	1	1	212	216	108	67	9,745	2,069,854	1,329	5.2	13,667
Analgesics and Anesthetics	1.0	0.3	0.0	0.7	60	41	4	16	58	126	223	23	162,682	9,493,436	14,596	57.5	157,507
Neuromuscular Agents	1.1	0.4	0.2	0.6	93	51	23	19	82	139	123	32	111,391	9,106,992	8,988	35.4	98,083
Nutritional Products	0.7	0.0	0.0	0.7	13	0	0	13	19	42	25	19	34,447	660,914	4,769	18.8	50,328
Hematological Agents	0.8	0.2	0.1	0.5	47	37	4	7	58	172	30	14	36,103	2,079,324	4,185	16.5	44,113
Topical Products	0.4	0.1	0.0	0.2	17	10	2	5	43	70	51	24	37,780	1,617,222	8,723	34.4	97,002
Miscellaneous Products	0.6	0.3	0.0	0.2	153	122	10	22	250	359	331	90	5,782	1,445,827	883	3.5	9,433
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	21	0	0	0	3,216	67,444	845	3.3	9,394
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.	1,286,753	87,512,826	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$16,549,967	8,897	35.1 %	97,579	0.8	\$206	\$170
ANTIDEPRESSANTS	7,654,639	15,647	61.6	170,391	0.7	64	45
ANTICONVULSANT	7,413,330	8,039	31.7	88,453	0.8	100	84
ULCER DRUGS	6,423,379	10,353	40.8	113,668	0.6	93	57
ANALGESICS - Narcotic	5,032,204	17,145	67.6	186,205	0.5	50	27
ANTIHYPERTENSIVE	3,899,730	6,160	24.3	68,393	0.7	85	57
ANTIDIABETIC	3,874,777	7,722	30.4	83,792	0.7	63	46
ANALGESICS - ANTI-INFLAMMATORY	3,356,312	9,189	36.2	102,823	0.4	73	33
ASTHMA	2,780,932	7,544	29.7	83,180	0.5	72	33
ANTIHYPERTENSIVE	2,434,562	9,047	35.6	98,398	0.7	36	25
Total	59,419,832	99,743		1,092,882	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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-ad778d7b6615> (October 26, 2007).

Bene(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; n.a. = not applicable.

TABLE D.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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>701,646</b>	<b>\$59,419,832</b>	<b>8,897</b>	<b>35.1 %</b>	<b>97,579</b>	<b>0.8</b>	<b>\$170</b>	<b>15,647</b>	<b>61.6 %</b>	<b>170,391</b>	<b>0.7</b>	<b>\$45</b>
<b>Female</b>	449,389	35,489,351	4,631	30.5	50,309	0.8	145	10,532	69.5	114,477	0.7	45
<b>Disabled</b>	234,566	21,080,182	2,925	42.3	33,087	0.8	159	6,117	88.4	68,850	0.7	48
5 and younger	17	458	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	123	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	179	11,481	0	0.0	0	0.0	0	13	59.1	152	0.6	36
21-44	73,191	7,378,972	1,312	49.0	14,783	0.7	156	2,247	84.0	25,377	0.7	47
45-64	150,472	12,931,078	1,539	39.7	17,480	0.8	163	3,654	94.2	40,983	0.7	48
65-74	9,925	703,221	70	23.0	781	0.8	122	195	64.1	2,242	0.7	43
75-84	719	48,755	3	10.7	36	0.7	118	8	28.6	96	0.9	61
85 and older	61	6,094	1	16.7	7	0.7	220	0	0.0	0	0.0	0
<b>Other Eligibles</b>	214,823	14,409,169	1,706	20.7	17,222	0.7	117	4,415	53.5	45,627	0.7	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	5	67	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,854	233,340	41	28.9	446	0.4	65	110	77.5	1,170	0.5	35
45-64	1,643	106,545	16	14.4	162	0.4	76	83	74.8	802	0.5	32
65-74	86,898	6,099,325	496	16.4	5,407	0.7	134	1,606	53.1	17,569	0.7	40
75-84	74,082	4,916,629	616	21.9	6,182	0.7	121	1,435	51.0	14,643	0.7	41
85 and older	49,341	3,053,263	537	25.0	5,025	0.7	101	1,181	54.9	11,443	0.8	45
<b>Male</b>	252,257	23,930,481	4,266	41.8	47,270	0.9	196	5,115	50.1	55,914	0.7	45
<b>Disabled</b>	180,474	18,961,535	3,588	53.2	40,559	0.9	206	3,760	55.8	42,211	0.7	46
5 and younger	8	438	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	126	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	341	27,953	8	27.6	86	0.6	96	10	34.5	106	0.7	29
21-44	80,310	9,520,043	2,051	61.0	23,321	0.9	207	1,892	56.3	21,253	0.7	46
45-64	93,611	8,961,032	1,490	48.5	16,725	1.0	207	1,774	57.8	19,902	0.7	45
65-74	5,641	421,405	37	15.2	408	0.8	125	76	31.3	873	0.6	41
75-84	553	30,298	2	6.1	19	0.2	19	8	24.2	77	0.7	52
85 and older	4	240	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	71,783	4,968,946	678	19.5	6,711	0.8	138	1,355	39.0	13,703	0.7	41
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	1,744	147,917	29	23.4	323	0.5	111	83	66.9	864	0.5	32
45-64	1,688	143,086	16	10.7	171	0.5	170	69	46.0	655	0.6	41
65-74	34,436	2,469,103	252	16.2	2,667	0.9	171	509	32.7	5,575	0.7	40
75-84	24,841	1,632,628	258	22.2	2,472	0.7	118	473	40.6	4,531	0.7	43
85 and older	9,074	576,212	123	25.5	1,078	0.7	105	221	45.9	2,078	0.7	42
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>8,039</b>	<b>31.7 %</b>	<b>88,453</b>	<b>0.8</b>	<b>\$84</b>	<b>10,353</b>	<b>40.8 %</b>	<b>113,668</b>	<b>0.6</b>	<b>\$57</b>	<b>17,145</b>	<b>67.6 %</b>	<b>186,205</b>	<b>0.5</b>	<b>\$27</b>
<b>Female</b>	4,836	31.9	53,167	0.8	80	6,987	46.1	76,685	0.6	57	11,719	77.3	127,807	0.5	26
<b>Disabled</b>	3,312	47.9	37,145	0.8	93	3,360	48.6	38,141	0.6	57	6,154	89.0	69,549	0.5	29
5 and younger	0	0.0	0	0.0	0	3	300.0	36	0.4	12	1	100.0	12	0.1	1
6-14	1	100.0	12	0.2	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	27.3	72	0.7	60	2	9.1	24	0.8	38	4	18.2	44	0.2	1
21-44	1,394	52.1	15,756	0.8	102	1,052	39.3	12,012	0.5	52	2,112	78.9	23,822	0.5	24
45-64	1,821	46.9	20,276	0.8	87	2,138	55.1	24,201	0.6	59	3,809	98.2	43,080	0.6	32
65-74	86	28.3	981	0.8	60	155	51.0	1,748	0.6	62	205	67.4	2,332	0.5	17
75-84	4	14.3	48	0.9	64	9	32.1	108	0.5	46	22	78.6	252	0.3	14
85 and older	0	0.0	0	0.0	0	1	16.7	12	1.0	106	1	16.7	7	0.1	1
<b>Other Eligibles</b>	1,524	18.5	16,022	0.7	50	3,627	44.0	38,544	0.6	56	5,565	67.5	58,258	0.6	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	73	51.4	757	0.6	56	50	35.2	547	0.4	39	152	107.0	1,578	0.5	45
45-64	30	27.0	321	0.5	37	23	20.7	222	0.4	46	71	64.0	683	0.5	29
65-74	627	20.7	6,929	0.7	57	1,440	47.6	16,185	0.6	55	2,052	67.8	22,676	0.5	20
75-84	524	18.6	5,305	0.7	48	1,219	43.3	12,742	0.6	57	1,852	65.8	19,371	0.6	23
85 and older	270	12.5	2,710	0.7	35	895	41.6	8,848	0.7	56	1,437	66.8	13,938	0.7	25
<b>Male</b>	3,203	31.3	35,286	0.9	90	3,366	32.9	36,983	0.6	57	5,426	53.1	58,398	0.5	29
<b>Disabled</b>	2,669	39.6	29,936	0.9	97	2,242	33.3	25,434	0.6	57	3,716	55.1	41,170	0.5	31
5 and younger	0	0.0	0	0.0	0	3	300.0	30	0.3	15	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.2	2
15-20	7	24.1	74	0.9	118	9	31.0	100	0.6	47	12	41.4	144	0.1	1
21-44	1,409	41.9	15,880	0.9	107	956	28.5	10,966	0.6	55	1,726	51.4	19,361	0.4	27
45-64	1,197	39.0	13,362	0.9	86	1,164	37.9	13,117	0.6	58	1,822	59.3	20,025	0.6	37
65-74	52	21.4	577	0.7	61	93	38.3	1,035	0.6	59	143	58.8	1,503	0.4	22
75-84	4	12.1	43	0.7	29	17	51.5	186	0.4	40	12	36.4	125	0.8	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	534	15.4	5,350	0.8	52	1,124	32.3	11,549	0.6	56	1,710	49.2	17,228	0.6	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	35	28.2	345	0.6	53	29	23.4	256	0.4	34	86	69.4	816	0.5	29
21-44	30	20.0	231	0.6	52	19	12.7	156	0.6	51	83	55.3	760	0.5	47
45-64	242	15.6	2,611	0.8	58	500	32.2	5,462	0.6	55	749	48.2	8,179	0.6	25
65-74	170	14.6	1,665	0.8	52	425	36.5	4,224	0.6	57	545	46.8	5,258	0.6	18
75-84	57	11.8	498	0.6	24	151	31.3	1,451	0.7	61	247	51.2	2,215	0.6	22
85 and older															
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>6,160</b>	<b>24.3 %</b>	<b>68,393</b>	<b>0.7</b>	<b>\$57</b>	<b>7,722</b>	<b>30.4 %</b>	<b>83,792</b>	<b>0.7</b>	<b>\$46</b>	<b>9,189</b>	<b>36.2 %</b>	<b>102,823</b>	<b>0.4</b>	<b>\$33</b>
<b>Female</b>	3,848	25.4	42,636	0.7	57	5,107	33.7	55,699	0.7	46	6,497	42.8	72,560	0.5	37
<b>Disabled</b>	1,662	24.0	18,660	0.6	56	2,033	29.4	22,748	0.7	51	3,095	44.7	35,463	0.4	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	4.5	12	0.3	18	2	9.1	24	0.2	9	3	13.6	32	0.2	3
15-20	314	11.7	3,516	0.6	53	443	16.6	4,953	0.7	49	1,024	38.3	11,802	0.3	26
21-44	1,214	31.3	13,631	0.6	56	1,438	37.1	16,113	0.7	52	1,899	48.9	21,693	0.5	37
45-64	121	39.8	1,368	0.7	57	137	45.1	1,513	0.6	43	153	50.3	1,759	0.5	43
65-74	11	39.3	121	0.8	66	12	42.9	138	0.7	56	15	53.6	170	0.6	35
75-84	1	16.7	12	0.9	114	1	16.7	7	0.7	39	1	16.7	7	1.0	84
85 and older	2,186	26.5	23,976	0.7	58	3,074	37.3	32,951	0.7	42	3,402	41.3	37,097	0.5	40
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	13	9.2	128	0.4	23	17	12.0	159	0.4	27	64	45.1	684	0.3	11
21-44	23	20.7	226	0.4	29	27	24.3	252	0.5	27	37	33.3	381	0.4	15
45-64	1,136	37.6	12,813	0.7	58	1,439	47.6	16,102	0.7	44	1,436	47.5	16,238	0.5	36
65-74	747	26.5	8,119	0.7	60	1,096	38.9	11,579	0.7	41	1,123	39.9	12,208	0.5	42
75-84	267	12.4	2,690	0.7	57	495	23.0	4,859	0.8	37	742	34.5	7,586	0.6	48
85 and older															
<b>Male</b>	2,312	22.6	25,757	0.7	57	2,615	25.6	28,093	0.8	48	2,692	26.3	30,263	0.4	23
<b>Disabled</b>	1,433	21.3	16,335	0.7	56	1,424	21.1	15,890	0.8	52	1,720	25.5	19,668	0.4	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	6.9	24	0.7	48	0	0.0	0	0.0	0	4	13.8	42	0.1	2
21-44	453	13.5	5,220	0.6	49	397	11.8	4,489	0.8	57	762	22.7	8,748	0.3	13
45-64	890	29.0	10,096	0.7	58	920	30.0	10,240	0.8	51	847	27.6	9,691	0.4	22
65-74	76	31.3	863	0.7	66	96	39.5	1,058	0.7	48	95	39.1	1,048	0.5	32
75-84	11	33.3	121	0.7	54	11	33.3	103	0.6	22	12	36.4	139	0.3	16
85 and older	1	100.0	11	0.2	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	879	25.3	9,422	0.7	59	1,191	34.3	12,203	0.7	42	972	28.0	10,595	0.5	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	16	12.9	182	0.5	36	14	11.3	146	0.7	87	21	16.9	229	0.3	24
45-64	23	15.3	182	0.5	36	43	28.7	312	0.7	41	31	20.7	293	0.4	16
65-74	479	30.8	5,353	0.7	60	577	37.1	6,273	0.7	44	458	29.5	5,127	0.4	29
75-84	292	25.1	3,052	0.7	59	421	36.2	4,297	0.7	41	346	29.7	3,747	0.5	32
85 and older	69	14.3	653	0.8	66	136	28.2	1,175	0.8	34	116	24.1	1,199	0.6	46
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>7,544</b>	<b>29.7 %</b>	<b>83,180</b>	<b>0.5</b>	<b>\$33</b>	<b>9,047</b>	<b>35.6 %</b>	<b>98,398</b>	<b>0.7</b>	<b>\$25</b>	<b>25,381</b>	<b>258,133</b>
<b>Female</b>	5,104	33.7	56,395	0.5	33	5,931	39.1	64,526	0.7	25	15,164	155,760
<b>Disabled</b>	2,789	40.3	31,417	0.4	33	1,937	28.0	21,795	0.6	24	6,918	74,489
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	1	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	2	9.1	24	0.2	6	1	4.5	12	0.2	1	22	227
21-44	822	30.7	9,362	0.4	27	344	12.9	3,909	0.6	20	2,676	29,044
45-64	1,844	47.5	20,679	0.5	35	1,412	36.4	15,838	0.7	24	3,880	41,549
65-74	115	37.8	1,285	0.4	32	161	53.0	1,810	0.7	25	304	3,294
75-84	5	17.9	55	0.4	24	16	57.1	190	0.6	21	28	293
85 and older	1	16.7	12	0.2	21	2	33.3	24	0.8	33	6	58
<b>Other Eligibles</b>	2,315	28.1	24,978	0.5	35	3,994	48.4	42,731	0.7	26	8,246	81,271
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	1	100.0	12	0.3	4	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
21-44	35	24.6	391	0.4	28	18	12.7	174	0.6	19	142	1,265
45-64	21	18.9	211	0.3	16	30	27.0	295	0.5	16	111	979
65-74	1,102	36.4	12,169	0.5	38	1,523	50.3	16,986	0.7	27	3,025	30,940
75-84	760	27.0	8,060	0.4	31	1,452	51.6	15,488	0.7	26	2,814	27,973
85 and older	397	18.4	4,147	0.5	32	970	45.1	9,776	0.8	28	2,152	20,100
<b>Male</b>	2,440	23.9	26,785	0.5	34	3,116	30.5	33,872	0.7	24	10,217	102,373
<b>Disabled</b>	1,435	21.3	16,109	0.4	32	1,691	25.1	18,989	0.7	23	6,740	70,467
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10
6-14	0	0.0	0	0.0	0	1	50.0	12	0.3	9	2	19
15-20	5	17.2	60	0.5	24	2	6.9	24	0.9	15	29	299
21-44	487	14.5	5,550	0.3	22	541	16.1	6,049	0.7	22	3,360	35,977
45-64	855	27.8	9,512	0.5	37	1,031	33.6	11,648	0.7	24	3,071	31,421
65-74	74	30.5	833	0.6	46	100	41.2	1,107	0.6	23	243	2,413
75-84	14	42.4	154	0.2	13	15	45.5	138	0.6	25	33	317
85 and older	0	0.0	0	0.0	0	1	100.0	11	0.2	9	1	11
<b>Other Eligibles</b>	1,005	28.9	10,676	0.5	36	1,425	41.0	14,883	0.7	24	3,477	31,906
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	19	15.3	202	0.3	16	26	21.0	270	0.6	24	124	1,000
45-64	11	7.3	102	0.4	22	34	22.7	296	0.5	16	150	1,047
65-74	492	31.6	5,419	0.5	38	657	42.3	7,172	0.7	25	1,555	14,997
75-84	359	30.8	3,655	0.5	35	516	44.3	5,376	0.7	23	1,164	10,776
85 and older	124	25.7	1,298	0.5	35	192	39.8	1,769	0.8	25	482	4,072
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispn.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 D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$452</b>	<b>8.1</b>	<b>2,674</b>	<b>25,826</b>
<b>Age</b>				
0-64	690	9.7	363	3,887
65-74	550	9.1	410	4,128
75-84	458	8.5	842	7,924
85 and older	311	6.7	1,059	9,887
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	425	8.1	1,850	17,929
Male	513	8.1	824	7,897
Unknown	0	0.0	0	0
<b>Race</b>				
White	454	8.2	2,479	23,982
African American	437	6.8	24	264
Other/unknown	411	6.8	171	1,580
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	408	7.8	2,281	21,615
Disabled	676	9.6	393	4,211
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,886 beneficiaries who were in nursing facilities for part of their enrollment and their 17,284 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 D.9  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$15	\$2	\$6	\$52	\$79	\$74	\$26	7,200	\$377,588	1,631	61.0 %	16,711
Biologicals	0.1	0.1	0.0	0.0	4	1	0	3	46	20	0	82	139	6,408	135	5.0	1,459
Antineoplastic Agents	0.7	0.1	0.0	0.5	89	51	0	37	134	345	113	74	448	60,251	68	2.5	680
Endocrine/Metabolic Drugs	1.4	0.6	0.3	0.5	63	48	6	9	45	75	22	18	21,574	960,329	1,523	57.0	15,290
Cardiovascular Agents	2.0	0.5	0.1	1.4	62	36	1	25	31	67	20	18	38,050	1,167,572	1,915	71.6	18,893
Respiratory Agents	0.8	0.5	0.0	0.3	47	40	0	6	59	87	30	19	7,534	444,786	924	34.6	9,509
Gastrointestinal Agents	1.0	0.4	0.1	0.6	68	39	2	27	66	109	30	44	14,560	963,302	1,410	52.7	14,240
Genitourinary Agents	0.7	0.4	0.0	0.3	40	31	2	7	56	79	45	25	5,359	302,714	728	27.2	7,543
CNS Drugs	1.8	0.9	0.1	0.8	171	135	6	30	93	144	72	37	39,211	3,640,058	2,134	79.8	21,257
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.8	0.2	0.0	0.6	43	33	0	11	54	155	0	18	231	12,414	25	0.9	286
Neurological Agents	0.9	0.9	0.0	0.0	143	143	0	0	163	163	0	50	3,606	587,308	419	15.7	4,107
Analgesics and Anesthetics	1.5	0.6	0.0	0.9	68	53	2	12	46	91	128	14	27,049	1,232,961	1,835	68.6	18,250
Neuromuscular Agents	1.4	0.4	0.2	0.8	100	44	21	34	72	119	100	43	14,287	1,026,700	999	37.4	10,299
Nutritional Products	0.9	0.0	0.0	0.9	17	0	0	16	19	14	24	19	9,683	182,474	1,095	40.9	11,012
Hematological Agents	1.2	0.3	0.2	0.8	44	32	3	9	36	126	22	11	10,293	366,974	822	30.7	8,276
Topical Products	0.5	0.2	0.0	0.3	19	11	2	6	37	61	47	20	7,604	277,602	1,361	50.9	14,540
Miscellaneous Products	0.3	0.1	0.0	0.3	19	9	1	9	58	124	233	35	631	36,452	180	6.7	1,904
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	21	0	0	0	672	14,310	181	6.8	1,940
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.	208,131	11,660,203	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,886 beneficiaries who were in nursing facilities for part of their enrollment and their 17,284 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.medispain.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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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 D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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	\$2,210,810	1,333	49.9 %	13,740	0.9	\$188	\$161
ANTIDEPRESSANTS	1,223,618	2,178	81.5	22,110	0.9	63	55
ULCER DRUGS	852,191	1,341	50.1	13,626	0.8	78	63
ANTICONVULSANT	706,319	887	33.2	9,334	1.0	77	76
ANALGESICS - Narcotic	669,463	1,964	73.4	19,514	1.0	36	34
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	587,308	483	18.1	4,757	0.8	163	123
ANTIDIABETIC	543,572	1,091	40.8	11,328	0.9	53	48
ANALGESICS - ANTI-INFLAMMATORY	507,734	940	35.2	9,786	0.7	72	52
ANTIHYPERTENSIVE	366,761	548	20.5	5,594	0.8	79	66
ANTIASTHMATIC	357,886	881	32.9	9,226	0.5	71	39
Total	8,025,662	11,646		119,015	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,886 beneficiaries who were in nursing facilities for part of their enrollment and their 17,284 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.medispain.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 D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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 \$
<b>All</b>	<b>100,544</b>	<b>\$8,025,662</b>	<b>1,333</b>	<b>49.9 %</b>	<b>13,740</b>	<b>0.9</b>	<b>\$161</b>	<b>2,178</b>	<b>81.5 %</b>	<b>22,110</b>	<b>0.9</b>	<b>\$55</b>
<b>Female</b>	67,954	5,152,772	861	46.5	8,842	0.8	144	1,543	83.4	15,546	0.9	55
<b>Disabled</b>	9,798	873,776	98	56.0	1,081	1.0	195	195	111.4	2,150	0.9	62
64 or younger	9,033	811,972	86	53.4	960	1.0	201	180	111.8	1,984	0.8	60
65-74	710	56,940	11	91.7	114	0.9	137	14	116.7	154	1.1	86
75-84	37	2,448	0	0.0	0	0.0	0	1	100.0	12	0.8	50
85 and older	18	2,416	1	100.0	7	0.7	220	0	0.0	0	0.0	0
<b>Other Eligibles</b>	58,156	4,278,996	763	45.6	7,761	0.8	137	1,348	80.5	13,396	0.9	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	11,107	891,257	152	69.7	1,645	0.9	167	209	95.9	2,134	0.9	55
75-84	23,236	1,747,575	312	53.0	3,214	0.9	143	511	86.8	4,988	0.9	56
85 and older	23,813	1,640,164	299	34.4	2,902	0.7	114	628	72.4	6,274	0.9	53
<b>Male</b>	32,590	2,872,890	472	57.3	4,898	0.9	191	635	77.1	6,564	0.9	56
<b>Disabled</b>	11,118	1,166,935	171	78.4	1,896	0.9	231	186	85.3	2,051	0.9	59
64 or younger	10,301	1,101,359	155	76.7	1,727	1.0	244	172	85.1	1,895	0.9	58
65-74	705	59,518	15	107.1	157	0.8	111	12	85.7	132	0.7	58
75-84	112	6,058	1	50.0	12	0.2	15	2	100.0	24	1.4	100
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	21,472	1,705,955	301	49.7	3,002	0.9	165	449	74.1	4,513	0.8	54
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	7,155	619,569	104	62.7	1,109	0.9	211	132	79.5	1,444	0.8	56
75-84	9,967	763,378	129	51.6	1,276	0.9	145	206	82.4	2,034	0.9	55
85 and older	4,350	323,008	68	35.8	617	0.8	125	111	58.4	1,035	0.8	50
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,886 beneficiaries who were in nursing facilities for part of their enrollment and their 17,284 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 D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTICONVULSANT					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 \$
<b>All</b>	<b>1,341</b>	<b>50.1 %</b>	<b>13,626</b>	<b>0.8</b>	<b>\$63</b>	<b>887</b>	<b>33.2 %</b>	<b>9,334</b>	<b>1.0</b>	<b>\$76</b>	<b>1,964</b>	<b>73.4 %</b>	<b>19,514</b>	<b>1.0</b>	<b>\$34</b>
<b>Female</b>	925	50.0	9,311	0.8	62	541	29.2	5,656	1.0	68	1,450	78.4	14,447	1.0	35
<b>Disabled</b>	106	60.6	1,182	0.8	65	129	73.7	1,454	1.0	106	153	87.4	1,691	1.2	38
64 or younger	95	59.0	1,064	0.9	66	123	76.4	1,382	1.0	107	144	89.4	1,607	1.2	39
65-74	10	83.3	106	0.7	55	6	50.0	72	1.1	85	8	66.7	77	1.0	11
75-84	1	100.0	12	0.8	86	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	7	0.1	1
<b>Other Eligibles</b>	819	48.9	8,129	0.8	62	412	24.6	4,202	0.9	55	1,297	77.4	12,756	0.9	35
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	129	59.2	1,342	0.8	57	100	45.9	1,095	1.1	76	201	92.2	2,062	1.0	39
75-84	295	50.1	2,871	0.8	65	198	33.6	1,916	0.9	59	445	75.6	4,300	1.0	37
85 and older	395	45.5	3,916	0.8	61	114	13.1	1,191	0.8	30	651	75.0	6,394	0.9	31
<b>Male</b>	416	50.5	4,315	0.8	63	346	42.0	3,678	1.0	87	514	62.4	5,067	0.9	33
<b>Disabled</b>	125	57.3	1,392	0.8	63	177	81.2	2,003	1.1	108	125	57.3	1,341	0.9	40
64 or younger	115	56.9	1,274	0.8	65	169	83.7	1,924	1.2	112	114	56.4	1,230	1.0	39
65-74	8	57.1	94	0.5	32	7	50.0	67	0.8	20	10	71.4	99	0.7	54
75-84	2	100.0	24	0.6	51	1	50.0	12	1.0	49	1	50.0	12	0.5	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	291	48.0	2,923	0.8	63	169	27.9	1,675	0.9	62	389	64.2	3,726	0.9	30
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	95	57.2	1,011	0.7	57	63	38.0	666	1.0	72	118	71.1	1,254	1.0	27
75-84	132	52.8	1,334	0.8	70	75	30.0	776	0.9	62	163	65.2	1,521	1.0	34
85 and older	64	33.7	578	0.8	59	31	16.3	233	0.8	31	108	56.8	951	0.8	27
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,886 beneficiaries who were in nursing facilities for part of their enrollment and their 17,284 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.medispn.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 D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANALGESICS - ANTI-INFLAMMATORY				
	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 \$
<b>All</b>	<b>483</b>	<b>18.1 %</b>	<b>4,757</b>	<b>0.8</b>	<b>\$124</b>	<b>1,091</b>	<b>40.8 %</b>	<b>11,328</b>	<b>0.9</b>	<b>\$48</b>	<b>940</b>	<b>35.2 %</b>	<b>9,786</b>	<b>0.7</b>	<b>\$52</b>
<b>Female</b>	324	17.5	3,149	0.8	124	706	38.2	7,345	0.9	47	695	37.6	7,136	0.8	55
<b>Disabled</b>	19	10.9	209	0.9	481	83	47.4	935	1.0	49	63	36.0	700	0.6	36
64 or younger	17	10.6	185	0.9	525	70	43.5	802	1.0	52	55	34.2	609	0.6	31
65-74	2	16.7	24	1.0	138	9	75.0	90	0.9	40	7	58.3	84	0.7	69
75-84	0	0.0	0	0.0	0	3	300.0	36	0.5	23	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	100.0	7	0.7	39	1	100.0	7	1.0	84
<b>Other Eligibles</b>	305	18.2	2,940	0.8	99	623	37.2	6,410	0.9	47	632	37.7	6,436	0.8	57
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	58	26.6	530	0.7	93	122	56.0	1,393	0.9	51	76	34.9	806	0.7	53
75-84	119	20.2	1,103	0.8	103	295	50.1	2,930	0.9	48	249	42.3	2,504	0.8	58
85 and older	128	14.7	1,307	0.7	97	206	23.7	2,087	0.8	42	307	35.4	3,126	0.7	57
<b>Male</b>	159	19.3	1,608	0.7	123	385	46.7	3,983	0.9	50	245	29.7	2,650	0.6	44
<b>Disabled</b>	35	16.1	392	0.7	207	77	35.3	829	1.1	60	71	32.6	802	0.5	30
64 or younger	32	15.8	356	0.7	224	65	32.2	689	1.1	62	62	30.7	699	0.5	27
65-74	3	21.4	36	0.1	43	10	71.4	116	0.8	58	8	57.1	91	0.6	50
75-84	0	0.0	0	0.0	0	2	100.0	24	1.4	33	1	50.0	12	0.1	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	124	20.5	1,216	0.8	95	308	50.8	3,154	0.9	47	174	28.7	1,848	0.7	50
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	25	15.1	257	0.7	89	90	54.2	993	0.9	50	43	25.9	453	0.6	40
75-84	65	26.0	636	0.7	92	142	56.8	1,502	0.9	48	85	34.0	921	0.7	52
85 and older	34	17.9	323	0.8	108	76	40.0	659	0.8	38	46	24.2	474	0.7	55
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,886 beneficiaries who were in nursing facilities for part of their enrollment and their 17,284 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.medispain.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 D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTI-ASTHMATIC					Benefit Months Among All-Year 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-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>548</b>	<b>20.5 %</b>	<b>5,594</b>	<b>0.8</b>	<b>\$66</b>	<b>881</b>	<b>32.9 %</b>	<b>9,226</b>	<b>0.5</b>	<b>\$39</b>	<b>2,674</b>	<b>25,826</b>
<b>Female</b>	334	18.1	3,416	0.8	64	513	27.7	5,348	0.5	37	1,850	17,929
<b>Disabled</b>	53	30.3	581	0.8	63	59	33.7	654	0.5	43	175	1,902
64 or younger	49	30.4	533	0.8	64	58	36.0	642	0.5	44	161	1,753
65-74	4	33.3	48	0.8	54	1	8.3	12	0.1	5	12	130
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
<b>Other Eligibles</b>	281	16.8	2,835	0.8	65	454	27.1	4,694	0.5	37	1,675	16,027
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	63	28.9	693	0.8	66	106	48.6	1,110	0.6	45	218	2,199
75-84	126	21.4	1,225	0.8	67	184	31.2	1,870	0.5	36	589	5,549
85 and older	92	10.6	917	0.8	60	164	18.9	1,714	0.5	31	868	8,279
<b>Male</b>	214	26.0	2,178	0.8	68	368	44.7	3,878	0.6	41	824	7,897
<b>Disabled</b>	65	29.8	712	0.8	64	102	46.8	1,124	0.6	45	218	2,309
64 or younger	56	27.7	606	0.8	61	97	48.0	1,064	0.6	43	202	2,134
65-74	8	57.1	94	0.9	82	5	35.7	60	1.2	73	14	151
75-84	1	50.0	12	0.8	62	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	149	24.6	1,466	0.9	69	266	43.9	2,754	0.6	39	606	5,588
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	52	31.3	537	0.9	78	79	47.6	845	0.6	39	166	1,648
75-84	68	27.2	687	0.8	64	128	51.2	1,319	0.6	38	250	2,339
85 and older	29	15.3	242	0.8	65	59	31.1	590	0.5	42	190	1,601
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,886 beneficiaries who were in nursing facilities for part of their enrollment and their 17,284 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 D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
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 Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>14,287</b>	<b>56.3 %</b>	<b>5.9</b>	<b>150,677</b>	<b>\$102</b>	<b>\$2,588,836</b>	<b>\$17</b>	<b>3.0 %</b>	<b>25,381</b>
<b>Age</b>									
5 and younger	2	66.7	9.0	27	78	235	9	5.1	3
6-14	3	75.0	5.8	23	53	213	9	0.9	4
15-20	22	41.5	3.1	165	36	1,882	11	1.8	53
21-44	3,102	49.2	4.6	28,952	102	645,821	22	2.7	6,302
45-64	4,243	58.8	7.1	50,895	132	950,481	19	3.0	7,212
65-74	2,706	52.8	5.2	26,900	77	393,669	15	2.7	5,127
75-84	2,380	58.9	6.1	24,510	86	345,402	14	3.2	4,039
85 and older	1,829	69.3	7.3	19,205	95	251,133	13	4.0	2,641
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	6,552	58.8	6.0	67,016	84	941,174	14	3.2	11,143
Disabled	7,500	54.9	6.0	82,276	119	1,624,506	20	2.9	13,658
Adults	223	39.5	2.4	1,334	39	21,908	16	2.4	564
Children	1	33.3	0.3	1	1	3	3	0.3	3
Unknown	11	84.6	3.8	50	96	1,245	25	1.6	13
<b>Gender</b>									
Female	9,504	62.7	6.8	103,137	117	1,780,778	17	3.3	15,164
Male	4,783	46.8	4.7	47,540	79	808,058	17	2.4	10,217
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	12,310	57.7	6.4	136,407	112	2,389,739	18	3.0	21,322
African American	161	46.7	4.0	1,363	67	23,099	17	2.7	345
Other/unknown	1,816	48.9	3.5	12,907	47	175,998	14	2.2	3,714
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	2,144	80.2	11.1	29,713	156	417,974	14	3.6	2,674
Part year	1,527	81.0	9.4	17,771	136	255,923	14	3.6	1,886
None	10,616	51.0	5.0	103,193	92	1,914,939	19	2.8	20,821
<b>Maintenance Assistance Status</b>									
Cash	3,666	53.8	5.1	34,469	96	654,829	19	2.9	6,816
Medically needy	1,507	47.7	4.5	14,361	88	277,483	19	2.8	3,160
Poverty related	3,698	51.3	4.8	34,491	83	594,950	17	2.5	7,211
Other/unknown	5,416	66.1	8.2	67,356	130	1,061,574	16	3.4	8,194

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
UTAH, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.6</b>	<b>\$10</b>	<b>\$17</b>	<b>\$0</b>	<b>\$4</b>	<b>258,133</b>
<b>Age</b>						
5 and younger	1.1	10	9	0	0	24
6-14	0.5	5	9	0	0	43
15-20	0.3	3	11	0	0	540
21-44	0.4	10	22	0	5	67,286
45-64	0.7	13	19	0	6	74,996
65-74	0.5	8	15	0	3	51,644
75-84	0.6	9	14	0	3	39,359
85 and older	0.8	10	13	0	3	24,241
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.6	9	14	0	3	108,581
Disabled	0.6	11	20	0	5	144,956
Adults	0.3	5	16	0	3	4,432
Children	0.0	0	3	0	0	26
Unknown	0.4	9	25	0	3	138
<b>Gender</b>						
Female	0.7	11	17	0	4	155,760
Male	0.5	8	17	0	3	102,373
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.6	11	18	0	5	216,171
African American	0.4	7	17	0	3	3,477
Other/unknown	0.3	5	14	0	1	38,485
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.2	16	14	0	5	25,826
Part year	1.0	15	14	0	6	17,284
None	0.5	9	19	0	4	215,023
<b>Maintenance Assistance Status</b>						
Cash	0.5	9	19	0	4	74,831
Medically needy	0.6	11	19	0	5	25,311
Poverty related	0.5	8	17	0	4	75,886
Other/unknown	0.8	13	16	0	5	82,105

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
UTAH, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>23,832</b>	<b>\$109</b>	<b>\$2,588,836</b>	<b>100.0 %</b>	<b>150,677</b>	<b>\$17</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	1,302	2,604	0.1	9	289	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	3,774	68	258,428	10.0	10,400	25	6.9
Vitamins and minerals	4,674	138	645,344	24.9	33,844	19	22.5
Non-prescription drugs	7,374	51	375,995	14.5	47,167	8	31.3
Barbiturates	255	80	20,385	0.8	2,698	8	1.8
Benzodiazepines	7,002	149	1,044,003	40.3	52,934	20	35.1
Other Part D Excl Rx Drugs	751	322	242,077	9.4	3,625	67	2.4

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 D11.

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.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 UTAH, 2003

Total Number of Dual Eligible Beneficiaries	25,381
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$87,512,826
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,448

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,287	13.0 %	\$0	0.0 %
1-500	4,072	16.0	814,562	0.9
501-1,000	2,332	9.2	1,740,391	2.0
1,001-1,500	1,733	6.8	2,155,724	2.5
1,501-2,000	1,493	5.9	2,608,826	3.0
2,001-2,500	1,417	5.6	3,178,849	3.6
2,501-3,000	1,143	4.5	3,139,763	3.6
3,001-3,500	1,011	4.0	3,283,404	3.8
3,501-4,000	941	3.7	3,529,935	4.0
4,001-4,500	855	3.4	3,628,914	4.1
4,501-5,000	803	3.2	3,812,578	4.4
5,001-5,500	716	2.8	3,756,222	4.3
5,501-6,000	609	2.4	3,499,182	4.0
6,001-6,500	574	2.3	3,583,747	4.1
6,501-7,000	507	2.0	3,423,148	3.9
7,001-7,500	429	1.7	3,101,892	3.5
7,501-8,000	352	1.4	2,725,811	3.1
8,001-8,500	380	1.5	3,135,322	3.6
8,501-9,000	285	1.1	2,492,949	2.8
9,001-9,500	269	1.1	2,488,090	2.8
9,501-10,000	230	0.9	2,243,228	2.6
10,001+	1,943	7.7	29,170,289	33.3

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 UTAH, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	13,043
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$55,111,289
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$4,225

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,694	13.0 %	0	0.0 %
1-500	1,966	15.1	383,452	0.7
501-1,000	1,051	8.1	776,689	1.4
1,001-1,500	736	5.6	915,400	1.7
1,501-2,000	645	4.9	1,127,167	2.0
2,001-2,500	621	4.8	1,388,426	2.5
2,501-3,000	491	3.8	1,354,908	2.5
3,001-3,500	475	3.6	1,545,791	2.8
3,501-4,000	464	3.6	1,739,703	3.2
4,001-4,500	398	3.1	1,690,313	3.1
4,501-5,000	375	2.9	1,784,961	3.2
5,001-5,500	359	2.8	1,883,585	3.4
5,501-6,000	319	2.4	1,834,352	3.3
6,001-6,500	325	2.5	2,028,801	3.7
6,501-7,000	301	2.3	2,031,952	3.7
7,001-7,500	261	2.0	1,890,031	3.4
7,501-8,000	219	1.7	1,696,245	3.1
8,001-8,500	240	1.8	1,982,520	3.6
8,501-9,000	176	1.3	1,540,591	2.8
9,001-9,500	189	1.4	1,748,321	3.2
9,501-10,000	171	1.3	1,666,617	3.0
10,001+	1,567	12.0	24,101,464	43.7

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

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

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 UTAH, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	11,807
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$31,411,490
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,660

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,496	12.7 %	0	0.0 %
1-500	1,948	16.5	401,760	1.3
501-1,000	1,208	10.2	908,183	2.9
1,001-1,500	945	8.0	1,176,848	3.7
1,501-2,000	818	6.9	1,429,146	4.5
2,001-2,500	772	6.5	1,736,193	5.5
2,501-3,000	638	5.4	1,745,964	5.6
3,001-3,500	529	4.5	1,714,835	5.5
3,501-4,000	470	4.0	1,764,286	5.6
4,001-4,500	451	3.8	1,913,318	6.1
4,501-5,000	417	3.5	1,975,545	6.3
5,001-5,500	351	3.0	1,841,004	5.9
5,501-6,000	285	2.4	1,635,579	5.2
6,001-6,500	245	2.1	1,529,905	4.9
6,501-7,000	203	1.7	1,371,017	4.4
7,001-7,500	161	1.4	1,161,481	3.7
7,501-8,000	130	1.1	1,006,658	3.2
8,001-8,500	137	1.2	1,128,105	3.6
8,501-9,000	106	0.9	926,667	3.0
9,001-9,500	78	0.7	720,876	2.3
9,501-10,000	59	0.5	576,611	1.8
10,001+	360	3.0	4,747,509	15.1

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 UTAH, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74	5,127
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$14,395,068
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,808

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	833	16.2 %	0	0.0 %
1-500	856	16.7	166,401	1.2
501-1,000	452	8.8	344,644	2.4
1,001-1,500	345	6.7	427,853	3.0
1,501-2,000	327	6.4	571,169	4.0
2,001-2,500	292	5.7	659,400	4.6
2,501-3,000	249	4.9	680,236	4.7
3,001-3,500	205	4.0	666,174	4.6
3,501-4,000	176	3.4	661,378	4.6
4,001-4,500	189	3.7	801,172	5.6
4,501-5,000	177	3.5	839,572	5.8
5,001-5,500	157	3.1	822,551	5.7
5,501-6,000	122	2.4	702,551	4.9
6,001-6,500	105	2.0	656,642	4.6
6,501-7,000	99	1.9	668,990	4.6
7,001-7,500	65	1.3	467,070	3.2
7,501-8,000	60	1.2	464,699	3.2
8,001-8,500	63	1.2	519,267	3.6
8,501-9,000	46	0.9	403,023	2.8
9,001-9,500	44	0.9	407,007	2.8
9,501-10,000	30	0.6	293,738	2.0
10,001+	235	4.6	3,171,531	22.0

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 UTAH, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84	4,039
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$10,731,885
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,657

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	476	11.8 %	0	0.0 %
1-500	656	16.2	136,891	1.3
501-1,000	420	10.4	311,859	2.9
1,001-1,500	341	8.4	423,221	3.9
1,501-2,000	261	6.5	454,324	4.2
2,001-2,500	276	6.8	621,412	5.8
2,501-3,000	218	5.4	597,271	5.6
3,001-3,500	182	4.5	590,559	5.5
3,501-4,000	180	4.5	675,434	6.3
4,001-4,500	164	4.1	697,077	6.5
4,501-5,000	146	3.6	692,627	6.5
5,001-5,500	108	2.7	566,132	5.3
5,501-6,000	97	2.4	555,252	5.2
6,001-6,500	95	2.4	592,879	5.5
6,501-7,000	60	1.5	403,746	3.8
7,001-7,500	68	1.7	492,465	4.6
7,501-8,000	47	1.2	364,365	3.4
8,001-8,500	52	1.3	428,118	4.0
8,501-9,000	47	1.2	409,956	3.8
9,001-9,500	23	0.6	211,798	2.0
9,501-10,000	20	0.5	195,021	1.8
10,001+	102	2.5	1,311,478	12.2

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 UTAH, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+	2,641
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$6,284,537
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,380

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	187	7.1 %	0	0.0 %
1-500	436	16.5	98,468	1.6
501-1,000	336	12.7	251,680	4.0
1,001-1,500	259	9.8	325,774	5.2
1,501-2,000	230	8.7	403,653	6.4
2,001-2,500	204	7.7	455,381	7.2
2,501-3,000	171	6.5	468,457	7.5
3,001-3,500	142	5.4	458,102	7.3
3,501-4,000	114	4.3	427,474	6.8
4,001-4,500	98	3.7	415,069	6.6
4,501-5,000	94	3.6	443,346	7.1
5,001-5,500	86	3.3	452,321	7.2
5,501-6,000	66	2.5	377,776	6.0
6,001-6,500	45	1.7	280,384	4.5
6,501-7,000	44	1.7	298,281	4.7
7,001-7,500	28	1.1	201,946	3.2
7,501-8,000	23	0.9	177,594	2.8
8,001-8,500	22	0.8	180,720	2.9
8,501-9,000	13	0.5	113,688	1.8
9,001-9,500	11	0.4	102,071	1.6
9,501-10,000	9	0.3	87,852	1.4
10,001+	23	0.9	264,500	4.2

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

APPENDIX TABLE A.3  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>25,387</b>	<b>11,148</b>	<b>13,659</b>	<b>564</b>	<b>3</b>	<b>13</b>	<b>258,690</b>	<b>109,068</b>	<b>145,026</b>	<b>4,432</b>	<b>26</b>	<b>138</b>
<b>Age</b>												
5 and younger	3	0	2	0	1	0	24	0	22	0	2	0
6-14	4	0	3	0	1	0	43	0	31	0	12	0
15-20	53	0	51	1	1	0	540	0	526	2	12	0
21-44	6,302	1	6,036	263	0	2	67,301	6	65,036	2,235	0	24
45-64	7,213	3	6,952	248	0	10	75,051	29	73,025	1,892	0	105
65-74	5,127	4,528	547	51	0	1	51,745	45,738	5,707	291	0	9
75-84	4,042	3,980	61	1	0	0	39,572	38,950	610	12	0	0
85 and older	2,643	2,636	7	0	0	0	24,414	24,345	69	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	15,167	7,961	6,919	273	1	13	156,200	79,239	74,537	2,274	12	138
Male	10,220	3,187	6,740	291	2	0	102,490	29,829	70,489	2,158	14	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	21,328	8,728	12,097	489	3	11	216,716	83,996	128,718	3,862	26	114
African American	345	110	225	10	0	0	3,477	1,119	2,270	88	0	0
Other/unknown	3,714	2,310	1,337	65	0	2	38,497	23,953	14,038	482	0	24
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,674	2,281	393	0	0	0	25,826	21,615	4,211	0	0	0
Part year	1,886	1,478	408	0	0	0	17,679	13,536	4,143	0	0	0
None	20,827	7,389	12,858	564	3	13	215,185	73,917	136,672	4,432	26	138
<b>Maintenance Assistance Status</b>												
Cash	6,816	2,630	4,055	131	0	0	74,831	29,313	44,250	1,268	0	0
Medically needy	3,160	1,354	1,761	45	0	0	25,358	9,929	15,162	267	0	0
Poverty related	7,211	2,815	4,357	25	1	13	75,887	29,327	46,241	179	2	138
Other/unknown	8,200	4,349	3,486	363	2	0	82,614	40,499	39,373	2,718	24	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	24,726	10,847	13,304	559	3	13	252,238	106,125	141,568	4,381	26	138
Full dual, part year	661	301	355	5	0	0	6,452	2,943	3,458	51	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	25,040	10,869	13,591	564	3	13	255,070	106,213	144,261	4,432	26	138
FFS part year, with Rx claims	101	87	14	0	0	0	1,035	878	157	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0		0	0	0	0	0
MC all year, with Rx claims	240	187	53	0	0	0	2,564	1,959	605	0	0	0
MC all year, no Rx claims	6	5	1	0	0	0	21	18	3	0	0	0



Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>25,387</b>	<b>258,690</b>	<b>25,381</b>	<b>258,133</b>	<b>0</b>	<b>557</b>
Fee-for-service (FFS) all year	25,040	255,070	25,040	255,070	0	0
FFS part year, with Rx claims	101	1,035	101	499	0	536
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	240	2,564	240	2,564	0	0
MC all year, with no Rx claims	6	21	0	0	0	21

Source: Data for this table are from the MAX 2003 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

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 and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.