

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

## LIST OF TABLES

### **OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### **FOR ALL MEDICAID BENEFICIARIES**

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

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

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

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

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

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

### **FOR ALL NONDUAL BENEFICIARIES**

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

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

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

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

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

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

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

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

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

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

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

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

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

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

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

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

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

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

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

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

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

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

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

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

TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, UTAH, 2004

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>269,734</b>	<b>1,279</b>	<b>18,030</b>	<b>84,963</b>	<b>165,187</b>	<b>275</b>	<b>2,154,804</b>	<b>13,179</b>	<b>183,979</b>	<b>594,973</b>	<b>1,360,115</b>	<b>2,558</b>
<b>Age</b>												
5 and younger	93,113	0	1,302	3	91,808	0	759,845	0	12,709	11	747,125	0
6-14	57,595	0	2,202	11	55,382	0	493,642	0	23,733	46	469,863	0
15-20	25,891	0	1,639	6,251	17,994	7	198,146	0	16,872	38,099	143,108	67
21-44	74,176	0	6,498	67,548	3	127	538,413	0	66,296	470,979	19	1,119
45-64	17,562	2	6,283	11,136	0	141	150,339	11	63,200	85,756	0	1,372
65-74	757	664	83	10	0	0	7,822	6,852	902	68	0	0
75-84	510	491	18	1	0	0	5,362	5,140	216	6	0	0
85 and older	127	122	5	0	0	0	1,227	1,176	51	0	0	0
Unknown	3	0	0	3	0	0		0	0	8	0	0
<b>Gender</b>												
Female	153,865	847	9,397	62,904	80,442	275	1,218,385	8,978	98,119	444,131	664,599	2,558
Male	115,430	432	8,633	22,058	84,307	0	935,394	4,201	85,860	150,840	694,493	0
Unknown	439	0	0	1	438	0	1,025	0	0	2	1,023	0
<b>Race</b>												
White	197,221	565	14,754	68,633	113,028	241	1,577,989	5,690	150,693	490,653	928,718	2,235
African American	5,691	14	428	1,322	3,926	1	48,347	137	4,138	9,584	34,485	3
Other/unknown	66,822	700	2,848	15,008	48,233	33	528,468	7,352	29,148	94,736	396,912	320
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	334	70	262	0	2	0	3,329	639	2,666	0	24	0
Part year	431	40	363	21	6	1	4,288	368	3,669	177	62	12
None	268,969	1,169	17,405	84,942	165,179	274	2,147,187	12,172	177,644	594,796	1,360,029	2,546
<b>Maintenance Assistance Status</b>												
Cash	91,103	752	11,374	27,190	51,787	0	795,064	8,460	121,843	200,144	464,617	0
Medically needy	5,549	55	784	1,995	2,715	0	35,347	320	6,205	10,400	18,422	0
Poverty-related	96,435	392	3,604	18,781	73,383	275	707,021	3,707	30,504	112,844	557,408	2,558
Other/unknown	76,647	80	2,268	36,997	37,302	0	617,372	692	25,427	271,585	319,668	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	269,698	1,277	17,996	84,963	165,187	275	2,154,442	13,164	183,632	594,973	1,360,115	2,558
FFS part year, with Rx claims	9	0	9	0	0	0	53	0	53	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	27	2	25	0	0	0	309	15	294	0	0	0

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

TABLE ND.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NONDUAL BENEFICIARIES, UTAH, 2004

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>62.7 %</b>	<b>7.0</b>	<b>\$407</b>	<b>\$58</b>	<b>\$2,548</b>	<b>16.0 %</b>	<b>269,734</b>
<b>Age</b>							
5 and younger	62.6	3.1	102	33	1,445	7.0	93,113
6-14	52.5	3.7	285	78	1,757	16.2	57,595
15-20	62.9	6.4	446	70	4,124	10.8	25,891
21-44	67.4	9.8	572	58	3,071	18.6	74,176
45-64	75.1	25.6	1,568	61	6,091	25.7	17,562
65-74	84.5	31.6	1,817	58	7,658	23.7	757
75-84	86.5	32.0	1,640	51	5,691	28.8	510
85 and older	78.7	29.7	1,370	46	10,631	12.9	127
Unknown	100.0	3.0	45	15	167	26.8	3
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	84.5	31.2	1,671	54	6,835	24.4	1,279
Disabled	82.3	34.3	2,831	83	15,522	18.2	18,030
Adults	66.7	8.0	356	45	1,720	20.7	84,963
Children	58.3	3.3	157	48	1,513	10.4	165,187
Unknown	84.4	20.8	1,220	59	9,545	12.8	275
<b>Gender</b>							
Female	66.1	8.0	422	53	2,381	17.7	153,865
Male	58.4	5.6	388	69	2,781	14.0	115,430
Unknown	2.1	0.0	1	21	145	0.6	439
<b>Race</b>							
White	65.0	7.9	474	60	2,798	16.9	197,221
African American	58.0	6.2	387	63	2,238	17.3	5,691
Other/unknown	56.2	4.3	210	49	1,838	11.4	66,822
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.9	104.6	7,017	67	58,059	12.1	334
Part year	98.4	82.0	5,153	63	59,624	8.6	431
None	62.6	6.7	391	58	2,388	16.4	268,969
<b>Maintenance Assistance Status</b>							
Cash	65.5	10.1	637	63	2,840	22.4	91,103
Medically needy	48.0	8.0	531	66	4,205	12.6	5,549
Poverty related	58.8	4.0	197	49	1,539	12.8	96,435
Other/unknown	65.2	7.0	388	56	3,351	11.6	76,647

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
All	0.9	\$51	16.0 %	37.3 %	49.0 %	6.2 %	5.4 %	1.6 %	0.5 %	\$319	269,734	2,154,804
Age												
5 and younger	0.4	12	7.0	37.4	58.9	2.6	0.9	0.1	0.0	177	93,113	759,845
6-14	0.4	33	16.2	47.5	46.2	3.5	2.5	0.3	0.0	205	57,595	493,642
15-20	0.8	58	10.8	37.1	47.9	8.1	5.8	1.1	0.1	539	25,891	198,146
21-44	1.4	79	18.6	32.6	44.2	10.4	9.5	2.7	0.6	423	74,176	538,413
45-64	3.0	183	25.7	24.9	28.8	13.0	20.3	8.9	4.1	712	17,562	150,339
65-74	3.1	176	23.7	15.5	26.2	17.3	24.2	13.5	3.4	741	757	7,822
75-84	3.0	156	28.8	13.5	25.9	12.9	30.0	16.1	1.6	541	510	5,362
85 and older	3.1	142	12.9	21.3	28.3	12.6	18.1	14.2	5.5	1,100	127	1,227
Unknown	1.1	17	26.8	0.0	66.7	0.0	33.3	0.0	0.0	63	3	8
Basis of Eligibility <sup>e</sup>												
Aged	3.0	162	24.4	15.5	26.3	15.0	26.0	14.4	2.7	663	1,279	13,179
Disabled	3.4	277	18.2	17.7	29.5	11.8	22.0	13.6	5.4	1,521	18,030	183,979
Adults	1.1	51	20.7	33.3	45.0	10.7	9.1	1.6	0.2	246	84,963	594,973
Children	0.4	19	10.4	41.7	53.3	3.2	1.6	0.2	0.0	184	165,187	1,360,115
Unknown	2.2	131	12.8	15.6	36.4	16.7	22.9	6.9	1.5	1,026	275	2,558
Gender												
Female	1.0	53	17.7	33.9	50.0	7.2	6.4	2.0	0.6	301	153,865	1,218,385
Male	0.7	48	14.0	41.6	47.8	5.0	4.2	1.1	0.2	343	115,430	935,394
Unknown	0.0	0	0.6	97.9	1.6	0.2	0.2	0.0	0.0	62	439	1,025
Race												
White	1.0	59	16.9	35.0	49.2	7.0	6.3	1.9	0.6	350	197,221	1,577,989
African American	0.7	46	17.3	42.0	47.2	4.4	4.8	1.2	0.3	263	5,691	48,347
Other/unknown	0.5	27	11.4	43.8	48.4	4.0	2.9	0.8	0.2	232	66,822	528,468
Use of Nursing Facilities <sup>f</sup>												
Entire year	10.5	704	12.1	2.1	3.3	3.3	17.7	32.3	41.3	5,825	334	3,329
Part year	8.2	518	8.6	1.6	8.1	5.8	22.5	34.3	27.6	5,993	431	4,288
None	0.8	49	16.4	37.4	49.1	6.2	5.4	1.5	0.4	299	268,969	2,147,187
Maintenance Assistance Status												
Cash	1.2	73	22.4	34.5	48.1	6.6	6.8	3.0	1.0	325	91,103	795,064
Medically needy	1.3	83	12.6	52.0	31.9	5.7	6.3	3.2	0.8	660	5,549	35,347
Poverty related	0.5	27	12.8	41.2	50.6	4.7	2.8	0.6	0.1	210	96,435	707,021
Other/unknown	0.9	48	11.6	34.8	49.2	7.7	7.1	1.0	0.2	416	76,647	617,372

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary 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>0.9</b>	<b>\$51</b>	<b>\$58</b>	<b>0.3</b>	<b>\$36</b>	<b>\$117</b>	<b>0.0</b>	<b>\$3</b>	<b>\$69</b>	<b>0.5</b>	<b>\$12</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	0.4	12	33	0.1	8	74	0.0	1	44	0.2	4	15
6-14	0.4	33	78	0.2	27	139	0.0	1	65	0.2	5	22
15-20	0.8	58	70	0.3	45	131	0.0	3	69	0.5	11	24
21-44	1.4	79	58	0.4	54	123	0.1	6	76	0.8	19	23
45-64	3.0	183	61	1.1	124	114	0.2	14	81	1.7	46	27
65-74	3.1	176	58	1.3	130	100	0.2	7	45	1.6	39	24
75-84	3.0	156	51	1.3	112	87	0.2	7	49	1.6	37	23
85 and older	3.1	142	46	1.2	98	84	0.2	8	44	1.7	36	21
Unknown	1.1	17	15	0.4	6	15	0.1	2	16	0.6	9	14
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.0	162	54	1.3	118	93	0.2	7	46	1.6	37	23
Disabled	3.4	277	83	1.4	207	153	0.2	20	91	1.8	50	28
Adults	1.1	51	45	0.3	32	93	0.1	3	61	0.7	16	21
Children	0.4	19	48	0.1	14	98	0.0	1	50	0.2	4	18
Unknown	2.2	131	59	0.7	88	123	0.1	9	90	1.4	34	24
<b>Gender</b>												
Female	1.0	53	53	0.3	36	107	0.1	4	64	0.6	14	22
Male	0.7	48	69	0.3	36	133	0.0	3	79	0.4	9	23
Unknown	0.0	0	21	0.0	0	21	0.0	0	19	0.0	0	21
<b>Race</b>												
White	1.0	59	60	0.4	42	119	0.1	4	71	0.6	13	23
African American	0.7	46	63	0.3	34	126	0.0	2	75	0.4	9	22
Other/unknown	0.5	27	49	0.2	18	107	0.0	2	59	0.3	7	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	10.5	704	67	3.7	477	129	0.7	48	70	6.1	178	29
Part year	8.2	518	63	2.7	358	131	0.5	38	83	5.0	121	24
None	0.8	49	58	0.3	35	117	0.0	3	69	0.5	11	22
<b>Maintenance Assistance Status</b>												
Cash	1.2	73	63	0.4	52	126	0.1	5	78	0.7	16	24
Medically needy	1.3	83	66	0.5	59	129	0.1	7	105	0.7	18	25
Poverty related	0.5	27	49	0.2	18	111	0.0	2	60	0.3	7	19
Other/unknown	0.9	48	56	0.3	34	106	0.1	3	58	0.5	11	22

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Utah, 0.3 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

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 of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.2	\$11	\$6	\$1	\$4	\$45	\$91	\$55	\$23	245,075	\$10,960,515	104,738	38.8 %	1,020,033
Biologicals	0.2	0.1	0.0	0.0	124	71	8	46	721	587	687	1,123	734	528,991	369	0.1	4,253
Antineoplastic Agents	0.6	0.1	0.0	0.4	127	101	3	22	225	709	144	57	3,575	805,933	603	0.2	6,349
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.3	23	15	2	6	46	87	27	23	162,287	7,499,547	33,962	12.6	325,867
Cardiovascular Agents	0.9	0.4	0.0	0.5	36	26	1	9	39	71	34	17	137,876	5,411,095	14,970	5.5	150,573
Respiratory Agents	0.3	0.1	0.0	0.2	15	11	0	3	47	88	37	18	187,505	8,759,744	59,759	22.2	594,229
Gastrointestinal Agents	0.4	0.2	0.0	0.2	35	27	2	6	84	119	68	38	97,588	8,221,996	23,784	8.8	233,241
Genitourinary Agents	0.2	0.1	0.0	0.1	10	6	1	3	42	69	40	23	23,213	983,710	10,840	4.0	102,280
CNS Drugs	0.9	0.4	0.0	0.4	73	57	4	12	85	142	89	30	332,860	28,421,582	40,084	14.9	389,220
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	58	52	1	5	88	96	73	47	51,302	4,491,772	7,439	2.8	76,943
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.3	0.0	0.0	159	154	3	2	421	478	107	80	2,535	1,067,177	655	0.2	6,712
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	16	8	1	7	35	136	217	17	293,330	10,260,195	66,189	24.5	634,603
Neuromuscular Agents	0.7	0.3	0.1	0.4	60	40	10	10	85	148	127	28	139,470	11,831,592	19,331	7.2	196,113
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	3	14	15	16	13	67,955	924,916	30,314	11.2	276,107
Hematological Agents	0.6	0.1	0.1	0.4	144	135	2	7	245	937	34	18	17,862	4,377,434	3,093	1.1	30,455
Topical Products	0.2	0.1	0.0	0.1	8	4	1	3	38	74	49	21	110,038	4,150,632	54,649	20.3	543,183
Miscellaneous Products	0.2	0.1	0.0	0.1	30	22	2	5	151	170	284	93	6,415	969,805	3,161	1.2	32,715
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	29	0	0	0	2,581	76,066	1,334	0.5	14,001
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,882,201</b>	<b>109,742,702</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

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

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Utah, 0.3 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 2004.

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

TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$14,397,893	10,542	3.9 %	112,523	0.6	\$208	\$128
ANTIDEPRESSANTS	11,659,176	39,279	14.6	389,696	0.5	64	30
ANTICONVULSANT	10,169,462	13,484	5.0	141,715	0.7	109	72
ULCER DRUGS	6,489,900	21,636	8.0	213,696	0.4	86	30
ANALGESICS - Narcotic	6,449,060	68,165	25.3	660,698	0.3	33	10
ANTIASTHMATIC	5,073,749	32,123	11.9	326,905	0.3	60	16
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,490,985	8,892	3.3	93,104	0.6	88	48
MISC. HEMATOLOGICAL	3,384,270	631	0.2	6,592	0.6	883	513
ANTIDIABETIC	3,217,492	7,704	2.9	77,461	0.6	67	42
DERMATOLOGICAL	2,756,259	44,898	16.6	456,708	0.1	41	6
Total	68,088,246	247,354		2,479,098	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>869,158</b>	<b>\$68,088,246</b>	<b>10,542</b>	<b>3.9 %</b>	<b>112,523</b>	<b>0.6</b>	<b>\$128</b>	<b>39,279</b>	<b>14.6 %</b>	<b>389,696</b>	<b>0.5</b>	<b>\$30</b>
<b>Female</b>	547,869	37,900,772	5,743	3.7	61,169	0.6	113	28,703	18.7	284,111	0.5	30
<b>Disabled</b>	196,355	18,173,655	2,934	31.2	33,087	0.7	154	6,109	65.0	68,770	0.6	41
	2,761	196,182	6	1.1	72	0.5	59	12	2.2	143	0.2	4
5 and younger	7,392	781,679	125	16.3	1,474	0.7	157	140	18.3	1,644	0.6	28
6-14	7,956	937,158	173	25.6	1,910	0.6	129	264	39.0	2,858	0.6	37
15-20	67,945	6,882,966	1,277	37.5	14,250	0.7	153	2,401	70.6	26,809	0.6	41
21-44	109,323	9,289,496	1,343	34.0	15,267	0.7	158	3,264	82.6	36,991	0.6	42
45-64	781	76,645	10	21.3	114	0.7	221	26	55.3	301	0.7	34
65-74	187	8,944	0	0.0	0	0.0	0	2	15.4	24	0.1	0
75-84	10	585	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older												
<b>Other Eligibles</b>	351,514	19,727,117	2,809	1.9	28,082	0.4	64	22,594	15.6	215,341	0.4	26
	29,579	1,155,915	14	0.0	156	0.1	16	63	0.1	696	0.3	6
5 and younger	36,159	2,574,734	372	1.4	4,145	0.5	110	1,227	4.5	12,993	0.4	22
6-14	36,630	2,289,369	438	3.0	4,300	0.4	78	2,798	19.1	26,738	0.4	24
15-20	197,541	10,622,585	1,656	3.3	16,143	0.3	47	15,390	30.4	144,681	0.4	27
21-44	41,884	2,433,434	264	3.9	2,627	0.3	48	2,840	41.5	27,166	0.5	28
45-64	5,230	379,713	38	8.4	431	0.8	180	157	34.9	1,796	0.5	25
65-74	3,434	213,187	17	5.3	178	0.5	69	92	28.8	990	0.6	28
75-84	1,057	58,180	10	12.2	102	0.7	97	27	32.9	281	0.5	27
85 and older												
<b>Male</b>	321,284	30,187,376	4,799	4.2	51,354	0.7	146	10,576	9.2	105,585	0.5	30
<b>Disabled</b>	124,864	15,183,911	2,593	30.0	28,902	0.8	180	3,173	36.8	35,098	0.6	38
	3,802	301,085	10	1.3	118	0.6	100	35	4.6	396	0.3	8
5 and younger	16,001	2,754,770	344	23.9	3,948	0.7	139	338	23.5	3,892	0.6	27
6-14	13,607	1,888,155	363	37.7	4,027	0.7	162	330	34.3	3,713	0.7	40
15-20	49,703	6,525,778	1,322	42.7	14,684	0.8	197	1,393	45.0	15,268	0.6	44
21-44	41,103	3,665,830	552	23.7	6,101	0.8	177	1,064	45.7	11,680	0.6	35
45-64	542	37,802	1	2.8	12	1.3	135	11	30.6	125	0.6	32
65-74	101	10,366	1	20.0	12	1.1	326	2	40.0	24	0.8	66
75-84	5	125	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older												
<b>Other Eligibles</b>	196,420	15,003,465	2,206	2.1	22,452	0.5	103	7,403	6.9	70,487	0.4	26
	38,560	2,028,524	53	0.1	575	0.4	58	105	0.2	1,127	0.3	8
5 and younger	57,655	5,711,898	851	3.0	9,175	0.6	117	1,742	6.2	18,457	0.5	23
6-14	30,968	2,883,442	708	7.4	7,184	0.6	120	1,643	17.1	15,865	0.5	30
15-20	45,963	2,920,906	459	2.7	4,223	0.4	60	2,874	16.8	25,200	0.4	26
21-44	19,539	1,175,145	94	2.1	871	0.4	47	947	21.3	8,876	0.4	25
45-64	2,077	166,285	24	10.7	260	0.6	135	50	22.3	521	0.5	30
65-74	1,380	100,480	12	7.0	104	0.8	253	35	20.3	365	0.6	23
75-84	278	16,785	5	12.5	60	0.5	64	7	17.5	76	0.6	37
85 and older												
<b>Unknown</b>	5	98	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 benefit; \$ = Medicaid reimbursement.

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>13,484</b>	<b>5.0 %</b>	<b>141,715</b>	<b>0.7</b>	<b>\$72</b>	<b>21,636</b>	<b>8.0 %</b>	<b>213,696</b>	<b>0.4</b>	<b>\$30</b>	<b>68,165</b>	<b>25.3 %</b>	<b>660,698</b>	<b>0.3</b>	<b>\$10</b>
<b>Female</b>	8,578	5.6	90,038	0.6	64	14,308	9.3	142,266	0.3	31	49,504	32.2	477,642	0.3	9
<b>Disabled</b>	3,649	38.8	41,040	0.8	88	3,507	37.3	39,567	0.5	49	6,832	72.7	77,017	0.5	23
5 and younger	89	16.5	1,018	0.7	74	159	29.6	1,746	0.5	30	100	18.6	1,164	0.1	1
6-14	238	31.1	2,795	0.8	106	86	11.2	983	0.5	39	169	22.1	1,958	0.1	2
15-20	258	38.1	2,903	0.9	141	110	16.2	1,206	0.4	41	219	32.3	2,478	0.2	3
21-44	1,560	45.8	17,530	0.8	97	1,104	32.4	12,432	0.5	45	2,662	78.2	29,946	0.4	21
45-64	1,499	37.9	16,740	0.7	67	2,022	51.2	22,913	0.6	53	3,658	92.5	41,200	0.5	27
65-74	4	8.5	42	0.3	31	22	46.8	257	0.5	51	19	40.4	211	0.5	26
75-84	1	7.7	12	1.0	39	2	15.4	24	0.6	73	5	38.5	60	0.3	4
85 and older	0	0.0	0	0.0	0	2	200.0	6	1.0	73	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4,929	3.4	48,998	0.5	45	10,801	7.5	102,699	0.3	24	42,672	29.5	400,625	0.3	6
5 and younger	79	0.2	834	0.4	43	2,084	4.7	18,593	0.2	12	2,176	4.9	22,319	0.1	1
6-14	350	1.3	3,840	0.6	74	710	2.6	7,542	0.2	16	2,657	9.8	27,718	0.1	2
15-20	460	3.1	4,739	0.5	78	1,170	8.0	11,291	0.2	19	5,691	38.9	52,365	0.2	2
21-44	3,220	6.4	31,370	0.4	39	5,425	10.7	50,880	0.3	27	28,775	56.9	264,584	0.3	7
45-64	723	10.6	7,107	0.5	35	1,084	15.8	10,687	0.4	35	3,022	44.2	29,803	0.4	13
65-74	65	14.4	746	0.5	30	181	40.2	2,085	0.4	40	181	40.2	2,039	0.3	8
75-84	23	7.2	254	0.6	37	116	36.3	1,278	0.4	41	123	38.4	1,321	0.3	11
85 and older	9	11.0	108	0.6	36	31	37.8	343	0.5	38	47	57.3	476	0.6	14
<b>Male</b>	4,906	4.3	51,677	0.7	85	7,326	6.3	71,425	0.4	30	18,661	16.2	183,056	0.3	12
<b>Disabled</b>	2,548	29.5	28,461	0.9	106	1,966	22.8	21,626	0.5	47	3,618	41.9	38,970	0.4	25
5 and younger	84	11.0	898	0.7	85	238	31.2	2,582	0.4	26	147	19.2	1,699	0.1	1
6-14	367	25.5	4,244	0.8	113	140	9.7	1,653	0.5	42	232	16.1	2,700	0.1	2
15-20	356	37.0	3,968	0.9	139	123	12.8	1,397	0.5	52	228	23.7	2,447	0.2	3
21-44	1,185	38.3	13,165	0.9	114	680	22.0	7,503	0.5	53	1,395	45.1	15,014	0.4	23
45-64	547	23.5	6,088	0.7	69	769	33.0	8,306	0.5	48	1,596	68.5	16,910	0.6	37
65-74	7	19.4	74	0.6	61	12	33.3	137	0.5	41	17	47.2	164	0.5	44
75-84	2	40.0	24	1.0	54	4	80.0	48	0.5	56	2	40.0	24	0.2	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.1	1
<b>Other Eligibles</b>	2,358	2.2	23,216	0.6	59	5,360	5.0	49,799	0.3	22	15,043	14.1	144,086	0.2	8
5 and younger	117	0.2	1,217	0.5	42	2,510	5.3	22,461	0.2	13	2,840	6.0	29,418	0.1	1
6-14	529	1.9	5,842	0.6	76	539	1.9	5,727	0.2	18	2,766	9.8	28,832	0.1	1
15-20	432	4.5	4,472	0.7	92	428	4.4	4,218	0.3	24	1,974	20.5	19,382	0.2	2
21-44	953	5.6	8,510	0.5	42	1,257	7.3	11,340	0.3	33	5,715	33.4	49,908	0.4	15
45-64	297	6.7	2,893	0.5	29	498	11.2	4,704	0.4	41	1,594	35.9	14,950	0.4	20
65-74	23	10.3	242	0.7	47	67	29.9	708	0.5	48	76	33.9	804	0.3	11
75-84	6	3.5	28	1.3	116	52	30.2	547	0.5	41	63	36.6	637	0.2	3
85 and older	1	2.5	12	0.4	18	9	22.5	94	0.5	54	15	37.5	155	0.3	5
<b>Unknown</b>	0	0.0	0	0.0	0	2	0.5	5	0.4	13	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>32,123</b>	<b>11.9 %</b>	<b>326,905</b>	<b>0.3</b>	<b>\$16</b>	<b>8,892</b>	<b>3.3 %</b>	<b>93,104</b>	<b>0.6</b>	<b>\$48</b>	<b>631</b>	<b>0.2 %</b>	<b>6,592</b>	<b>0.6</b>	<b>\$513</b>
<b>Female</b>	17,531	11.4	178,851	0.3	16	2,852	1.9	30,356	0.5	45	329	0.2	3,543	0.5	55
<b>Disabled</b>	3,456	36.8	39,178	0.4	30	435	4.6	5,000	0.6	59	198	2.1	2,231	0.6	57
5 and younger	175	32.5	1,949	0.3	26	5	0.9	56	0.4	27	3	0.6	36	0.1	6
6-14	174	22.7	1,990	0.4	25	143	18.7	1,647	0.7	56	3	0.4	36	0.1	7
15-20	116	17.1	1,289	0.3	21	68	10.0	754	0.6	58	2	0.3	24	0.1	14
21-44	1,034	30.4	11,654	0.4	26	121	3.6	1,388	0.5	62	29	0.9	333	0.6	53
45-64	1,933	48.9	22,008	0.5	33	98	2.5	1,155	0.5	61	157	4.0	1,754	0.6	59
65-74	22	46.8	264	0.3	31	0	0.0	0	0.0	0	3	6.4	36	0.9	101
75-84	2	15.4	24	0.7	12	0	0.0	0	0.0	0	1	7.7	12	1.0	116
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>	14,075	9.7	139,673	0.2	12	2,417	1.7	25,356	0.5	42	131	0.1	1,312	0.5	52
5 and younger	4,208	9.5	42,579	0.2	9	78	0.2	879	0.3	29	3	0.0	25	0.2	113
6-14	2,685	9.9	27,696	0.2	14	1,415	5.2	15,092	0.5	45	2	0.0	24	0.2	13
15-20	1,509	10.3	14,461	0.2	12	345	2.4	3,510	0.5	44	0	0.0	0	0.0	0
21-44	4,615	9.1	44,177	0.2	12	497	1.0	5,034	0.4	37	49	0.1	473	0.3	39
45-64	876	12.8	8,689	0.3	17	81	1.2	829	0.4	40	41	0.6	381	0.5	48
65-74	97	21.6	1,118	0.4	33	1	0.2	12	1.1	185	18	4.0	205	0.7	80
75-84	61	19.1	697	0.4	29	0	0.0	0	0.0	0	17	5.3	192	0.6	59
85 and older	24	29.3	256	0.5	31	0	0.0	0	0.0	0	1	1.2	12	0.7	78
<b>Male</b>	14,592	12.6	148,054	0.2	15	6,040	5.2	62,748	0.6	50	302	0.3	3,049	0.7	1,046
<b>Disabled</b>	1,973	22.9	22,004	0.4	27	869	10.1	9,815	0.7	60	170	2.0	1,834	0.7	946
5 and younger	341	44.6	3,877	0.3	17	38	5.0	430	0.4	28	4	0.5	47	0.4	922
6-14	384	26.7	4,379	0.4	27	497	34.6	5,605	0.7	59	10	0.7	120	1.4	8,866
15-20	160	16.6	1,777	0.4	29	197	20.5	2,244	0.7	71	3	0.3	36	0.7	4,927
21-44	370	12.0	4,142	0.4	23	110	3.6	1,237	0.6	64	30	1.0	296	0.7	1,241
45-64	700	30.0	7,631	0.5	35	27	1.2	299	0.5	40	121	5.2	1,311	0.6	62
65-74	16	44.4	174	0.7	35	0	0.0	0	0.0	0	2	5.6	24	0.7	83
75-84	2	40.0	24	0.3	24	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	12,619	11.8	126,050	0.2	13	5,171	4.8	52,933	0.6	48	132	0.1	1,215	0.6	1,197
5 and younger	6,728	14.3	67,926	0.2	10	252	0.5	2,662	0.4	27	9	0.0	91	1.2	3,761
6-14	3,586	12.7	36,438	0.2	15	3,635	12.9	37,693	0.6	48	3	0.0	27	5.0	38,593
15-20	943	9.8	9,262	0.3	17	942	9.8	9,462	0.6	57	2	0.0	23	0.2	664
21-44	952	5.6	8,423	0.3	14	291	1.7	2,646	0.4	38	28	0.2	210	0.6	63
45-64	345	7.8	3,315	0.3	18	50	1.1	458	0.5	48	63	1.4	565	0.4	44
65-74	35	15.6	363	0.4	40	1	0.4	12	1.0	67	13	5.8	147	0.7	73
75-84	27	15.7	287	0.3	25	0	0.0	0	0.0	0	12	7.0	128	0.4	43
85 and older	3	7.5	36	2.0	70	0	0.0	0	0.0	0	2	5.0	24	0.3	26
<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 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.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>  
 NONDUAL BENEFICIARIES, UTAH, 2004

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>7,704</b>	<b>2.9 %</b>	<b>77,461</b>	<b>0.6</b>	<b>\$42</b>	<b>44,898</b>	<b>16.6 %</b>	<b>456,708</b>	<b>0.1</b>	<b>\$6</b>	<b>269,734</b>	<b>2,154,804</b>
<b>Female</b>	5,132	3.3	52,384	0.6	40	26,263	17.1	266,690	0.1	6	153,863	1,218,379
<b>Disabled</b>	1,987	21.1	22,080	0.7	47	3,164	33.7	36,504	0.2	9	9,397	98,119
5 and younger	2	0.4	21	1.0	61	214	39.8	2,402	0.1	4	538	5,230
6-14	8	1.0	96	0.7	59	271	35.4	3,172	0.2	6	765	8,301
15-20	27	4.0	306	0.7	51	208	30.7	2,400	0.2	14	677	6,999
21-44	415	12.2	4,625	0.7	45	961	28.2	11,121	0.2	8	3,403	35,665
45-64	1,513	38.3	16,816	0.7	47	1,485	37.6	17,112	0.2	9	3,953	41,235
65-74	14	29.8	138	0.7	61	14	29.8	165	0.2	7	47	530
75-84	6	46.2	72	0.8	42	11	84.6	132	0.4	14	13	156
85 and older	2	200.0	6	0.7	25	0	0.0	0	0.0	0	1	3
<b>Other Eligibles</b>	3,145	2.2	30,304	0.5	34	23,099	16.0	230,186	0.1	5	144,466	1,120,260
5 and younger	28	0.1	295	0.8	56	10,598	23.9	106,318	0.1	4	44,346	362,582
6-14	93	0.3	922	0.7	56	3,991	14.6	42,195	0.1	7	27,251	230,884
15-20	159	1.1	1,445	0.6	47	2,449	16.8	23,991	0.2	9	14,620	106,420
21-44	1,494	3.0	13,874	0.5	32	5,243	10.4	49,129	0.1	6	50,556	357,049
45-64	1,027	15.0	9,948	0.5	32	610	8.9	6,176	0.1	5	6,841	54,317
65-74	176	39.1	1,939	0.6	37	105	23.3	1,219	0.2	7	450	4,779
75-84	146	45.6	1,645	0.7	34	76	23.8	866	0.2	12	320	3,410
85 and older	22	26.8	236	0.6	27	27	32.9	292	0.3	7	82	819
<b>Male</b>	2,572	2.2	25,077	0.7	46	18,632	16.1	190,009	0.1	6	115,430	935,394
<b>Disabled</b>	925	10.7	10,097	0.7	49	2,096	24.3	23,970	0.2	9	8,633	85,860
5 and younger	1	0.1	12	0.1	10	288	37.7	3,232	0.1	6	764	7,479
6-14	21	1.5	250	0.8	55	336	23.4	3,951	0.1	6	1,437	15,432
15-20	26	2.7	297	0.9	77	312	32.4	3,605	0.2	12	962	9,873
21-44	233	7.5	2,511	0.7	50	620	20.0	7,081	0.2	10	3,095	30,631
45-64	631	27.1	6,879	0.7	47	526	22.6	5,951	0.2	8	2,330	21,965
65-74	12	33.3	136	0.6	45	12	33.3	126	0.3	5	36	372
75-84	1	20.0	12	0.5	21	1	20.0	12	0.1	2	5	60
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.3	10	4	48
<b>Other Eligibles</b>	1,647	1.5	14,980	0.6	43	16,536	15.5	166,039	0.1	6	106,797	849,534
5 and younger	26	0.1	263	0.5	33	10,917	23.2	108,392	0.1	5	47,027	383,531
6-14	102	0.4	983	0.9	70	2,930	10.4	31,025	0.1	6	28,142	239,025
15-20	74	0.8	677	0.7	63	1,655	17.2	16,762	0.2	15	9,632	74,854
21-44	625	3.7	5,619	0.6	46	671	3.9	6,075	0.1	6	17,122	115,068
45-64	690	15.5	6,191	0.6	36	265	6.0	2,665	0.2	5	4,438	32,822
65-74	80	35.7	783	0.6	41	43	19.2	489	0.2	5	224	2,141
75-84	48	27.9	440	0.9	45	46	26.7	523	0.2	10	172	1,736
85 and older	2	5.0	24	0.5	18	9	22.5	108	0.2	4	40	357
<b>Unknown</b>	0	0.0	0	0.0	0	3	0.7	9	0.3	4	441	1,031

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

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>\$704</b>	<b>10.5</b>	<b>334</b>	<b>3,329</b>
<b>Age</b>				
0-64	773	11.3	259	2,642
65-74	647	8.3	26	283
75-84	336	6.8	29	218
85 and older	237	6.1	20	186
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	729	10.9	204	2,048
Male	665	9.8	130	1,281
Unknown	0	0.0	0	0
<b>Race</b>				
White	730	10.8	294	2,908
African American	257	3.2	1	12
Other/unknown	533	8.9	39	409
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	440	7.3	70	639
Disabled	770	11.2	262	2,666
Adults	0	0.0	0	0
Children	378	12.2	2	24
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 431 beneficiaries who were in nursing facilities for part of their enrollment and their 4,288 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2004

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	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.7	0.3	0.1	0.4	\$73	\$56	\$6	\$11	\$97	\$179	\$74	\$31	1,747	\$170,032	224	67.1 %	2,330
Biologicals	0.2	0.1	0.0	0.1	203	2	0	201	1288	30	0	####	36	46,378	19	5.7	228
Antineoplastic Agents	0.5	0.1	0.0	0.4	61	25	0	36	113	217	0	84	56	6,320	10	3.0	104
Endocrine/Metabolic Drugs	1.6	0.8	0.3	0.5	78	63	6	9	50	75	22	19	2,935	145,816	182	54.5	1,879
Cardiovascular Agents	2.0	0.6	0.0	1.4	74	46	1	27	37	78	19	20	4,030	147,994	196	58.7	2,005
Respiratory Agents	1.2	0.6	0.0	0.6	61	52	0	9	52	85	25	16	1,834	94,642	150	44.9	1,545
Gastrointestinal Agents	1.2	0.4	0.1	0.8	76	43	1	32	61	109	22	41	2,573	158,082	203	60.8	2,086
Genitourinary Agents	0.8	0.3	0.1	0.4	43	29	3	11	51	83	54	25	762	38,850	86	25.7	914
CNS Drugs	2.5	1.2	0.1	1.2	268	213	8	47	108	181	73	39	7,281	784,301	280	83.8	2,931
Stimulants/Anti-obesity/Anorexia	1.1	0.7	0.0	0.3	66	58	0	8	62	84	6	23	91	5,638	8	2.4	85
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.8	0.0	0.0	244	239	0	5	280	285	0	156	220	61,709	24	7.2	253
Analgesics and Anesthetics	2.0	0.6	0.0	1.4	72	48	3	21	36	87	68	15	4,747	170,891	232	69.5	2,372
Neuromuscular Agents	2.0	0.6	0.3	1.1	196	102	45	49	96	167	142	44	4,092	393,640	191	57.2	2,011
Nutritional Products	1.1	0.0	0.0	1.1	19	0	1	18	17	14	30	16	1,441	24,035	122	36.5	1,289
Hematological Agents	1.3	0.2	0.2	0.9	35	23	3	10	28	120	16	10	1,468	40,432	114	34.1	1,139
Topical Products	0.6	0.1	0.0	0.4	17	7	2	9	29	59	36	21	1,334	38,718	203	60.8	2,218
Miscellaneous Products	0.4	0.0	0.0	0.4	29	1	1	26	65	40	149	66	182	11,846	39	11.7	414
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	43	0	0	0	104	4,480	36	10.8	412
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.	34,933	2,343,804	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 431 beneficiaries who were in nursing facilities for part of their enrollment and their 4,288 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 2004. 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.medispn.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.medispanspan.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 ND.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>  
 NONDUAL BENEFICIARIES, UTAH, 2004

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	\$521,998	243	72.8 %	2,680	0.9	\$213	\$195
ANTICONVULSANT	285,153	223	66.8	2,408	1.2	102	118
ANTIDEPRESSANTS	210,935	314	94.0	3,346	0.9	71	63
ULCER DRUGS	140,460	226	67.7	2,330	0.8	76	60
ANALGESICS - Narcotic	108,947	279	83.5	2,832	1.3	30	38
MUSCULOSKELETAL THERAPY AGENTS	91,913	71	21.3	769	1.1	105	120
ANTIDIABETIC	83,788	154	46.1	1,579	0.9	56	53
ANTIASTHMATIC	71,954	154	46.1	1,605	0.7	60	45
ANTIHYPERLIPIDEMIC	66,678	90	26.9	979	0.8	84	68
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	61,856	33	9.9	344	0.6	277	180
Total	1,643,682	1,787		18,872	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Utah, released by CMS in 12/2007. This table was produced on 03/25/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 431 beneficiaries who were in nursing facilities for part of their enrollment and their 4,288 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 2004. 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 2004 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 ND.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>18,307</b>	<b>\$1,643,682</b>	<b>243</b>	<b>72.8 %</b>	<b>2,680</b>	<b>0.9</b>	<b>\$195</b>	<b>223</b>	<b>66.8 %</b>	<b>2,408</b>	<b>1.2</b>	<b>\$118</b>
<b>Female</b>	11,491	1,045,816	169	82.8	1,875	0.9	193	127	62.3	1,372	1.1	109
<b>Disabled</b>	10,035	921,894	142	89.3	1,587	0.9	192	113	71.1	1,231	1.1	117
64 or younger	9,943	912,175	137	87.8	1,527	1.0	195	113	72.4	1,231	1.1	117
65-74	82	9,134	5	250.0	60	0.4	118	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	10	585	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,456	123,922	27	60.0	288	0.8	197	14	31.1	141	0.9	41
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	667	79,445	14	100.0	163	0.9	285	6	42.9	67	1.0	57
75-84	405	27,205	7	38.9	64	0.8	83	5	27.8	38	0.8	33
85 and older	384	17,272	6	46.2	61	0.6	82	3	23.1	36	0.7	20
<b>Male</b>	6,816	597,866	74	56.9	805	0.9	200	96	73.8	1,036	1.3	131
<b>Disabled</b>	5,846	521,353	57	55.3	623	0.9	207	85	82.5	948	1.2	135
64 or younger	5,732	513,929	57	56.4	623	0.9	207	84	83.2	936	1.3	136
65-74	114	7,424	0	0.0	0	0.0	0	1	50.0	12	0.9	62
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	970	76,513	17	63.0	182	0.7	175	11	40.7	88	1.5	92
64 or younger	146	5,023	0	0.0	0	0.0	0	2	100.0	24	2.0	64
65-74	346	38,137	9	112.5	108	0.8	211	4	50.0	38	1.3	89
75-84	319	24,535	5	45.5	38	1.0	192	5	45.5	26	1.3	123
85 and older	159	8,818	3	50.0	36	0.4	49	0	0.0	0	0.0	0
<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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 431 beneficiaries who were in nursing facilities for part of their enrollment and their 4,288 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 ND.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>314</b>	<b>94.0 %</b>	<b>3,346</b>	<b>0.9</b>	<b>\$63</b>	<b>226</b>	<b>67.7 %</b>	<b>2,330</b>	<b>0.8</b>	<b>\$60</b>	<b>279</b>	<b>83.5 %</b>	<b>2,832</b>	<b>1.3</b>	<b>\$39</b>
<b>Female</b>	202	99.0	2,169	0.9	65	132	64.7	1,391	0.8	65	182	89.2	1,890	1.4	41
<b>Disabled</b>	165	103.8	1,792	0.9	68	113	71.1	1,210	0.8	66	144	90.6	1,544	1.5	44
64 or younger	162	103.8	1,759	0.9	69	110	70.5	1,195	0.8	66	142	91.0	1,523	1.5	45
65-74	3	150.0	33	0.9	39	1	50.0	9	0.2	20	2	100.0	21	1.2	29
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	200.0	6	1.0	73	0	0.0	0	0.0	0
<b>Other Eligibles</b>	37	82.2	377	0.8	50	19	42.2	181	0.7	57	38	84.4	346	1.0	27
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	14	100.0	168	0.8	54	7	50.0	79	0.8	69	10	71.4	110	0.5	7
75-84	15	83.3	123	0.8	44	8	44.4	60	0.7	58	13	72.2	83	1.0	56
85 and older	8	61.5	86	0.8	52	4	30.8	42	0.5	30	15	115.4	153	1.2	26
<b>Male</b>	112	86.2	1,177	0.8	60	94	72.3	939	0.8	54	97	74.6	942	1.1	33
<b>Disabled</b>	91	88.3	985	0.9	61	78	75.7	792	0.8	53	76	73.8	765	1.2	38
64 or younger	89	88.1	961	0.9	62	76	75.2	768	0.8	53	76	75.2	765	1.2	38
65-74	2	100.0	24	0.6	36	2	100.0	24	0.5	42	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	21	77.8	192	0.8	52	16	59.3	147	0.8	59	21	77.8	177	0.6	12
64 or younger	1	50.0	12	0.2	2	3	150.0	36	1.1	39	0	0.0	0	0.0	0
65-74	7	87.5	74	0.8	58	4	50.0	37	0.9	56	5	62.5	60	1.0	17
75-84	9	81.8	66	0.8	45	6	54.5	38	0.8	86	11	100.0	57	0.4	15
85 and older	4	66.7	40	1.0	68	3	50.0	36	0.5	52	5	83.3	60	0.3	5
<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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 431 beneficiaries who were in nursing facilities for part of their enrollment and their 4,288 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 ND.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS					ANTIDIABETIC					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>71</b>	<b>21.3 %</b>	<b>769</b>	<b>1.1</b>	<b>\$120</b>	<b>154</b>	<b>46.1 %</b>	<b>1,579</b>	<b>0.9</b>	<b>\$53</b>	<b>154</b>	<b>46.1 %</b>	<b>1,605</b>	<b>0.7</b>	<b>\$45</b>
<b>Female</b>	40	19.6	412	1.0	88	104	51.0	1,098	0.9	54	86	42.2	894	0.5	40
<b>Disabled</b>	38	23.9	401	1.0	89	83	52.2	888	1.0	58	71	44.7	761	0.6	43
64 or younger	38	24.4	401	1.0	89	81	51.9	882	1.0	58	71	45.5	761	0.6	43
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	200.0	6	0.7	25	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2	4.4	11	0.8	25	21	46.7	210	0.8	36	15	33.3	133	0.3	20
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	0	0.0	0	0.0	0	11	78.6	127	0.8	43	7	50.0	79	0.4	28
75-84	2	11.1	11	0.8	25	6	33.3	41	1.0	40	5	27.8	35	0.2	12
85 and older	0	0.0	0	0.0	0	4	30.8	42	0.6	12	3	23.1	19	0.3	5
<b>Male</b>	31	23.8	357	1.3	157	50	38.5	481	1.0	51	68	52.3	711	1.0	51
<b>Disabled</b>	30	29.1	345	1.3	159	34	33.0	378	1.0	55	57	55.3	599	1.0	53
64 or younger	30	29.7	345	1.3	159	34	33.7	378	1.0	55	53	52.5	551	0.9	51
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	200.0	48	1.4	70
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1	3.7	12	1.0	86	16	59.3	103	1.1	39	11	40.7	112	1.2	43
64 or younger	1	50.0	12	1.0	86	0	0.0	0	0.0	0	1	50.0	12	3.7	86
65-74	0	0.0	0	0.0	0	5	62.5	38	1.0	42	1	12.5	12	0.3	6
75-84	0	0.0	0	0.0	0	11	100.0	65	1.2	38	7	63.6	64	0.4	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	33.3	24	2.7	90
<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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 431 beneficiaries who were in nursing facilities for part of their enrollment and their 4,288 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 ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Benefit Months	
	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	Among All-Year Nursing Facility Residents
<b>All</b>	<b>90</b>	<b>26.9 %</b>	<b>979</b>	<b>0.8</b>	<b>\$68</b>	<b>33</b>	<b>9.9 %</b>	<b>344</b>	<b>0.6</b>	<b>\$180</b>	<b>334</b>	<b>3,329</b>
<b>Female</b>	58	28.4	639	0.8	67	19	9.3	209	0.7	254	204	2,048
<b>Disabled</b>	49	30.8	554	0.8	66	13	8.2	145	0.8	325	159	1,622
64 or younger	49	31.4	554	0.8	66	13	8.3	145	0.8	325	156	1,598
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
<b>Other Eligibles</b>	9	20.0	85	1.0	75	6	13.3	64	0.7	94	45	426
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	35.7	55	1.0	73	2	14.3	24	0.7	92	14	163
75-84	4	22.2	30	0.9	78	3	16.7	31	0.7	83	18	133
85 and older	0	0.0	0	0.0	0	1	7.7	9	1.0	135	13	130
<b>Male</b>	32	24.6	340	0.9	71	14	10.8	135	0.5	65	130	1,281
<b>Disabled</b>	24	23.3	275	0.9	78	9	8.7	95	0.5	56	103	1,044
64 or younger	24	23.8	275	0.9	78	8	7.9	83	0.4	46	101	1,020
65-74	0	0.0	0	0.0	0	1	50.0	12	0.9	124	2	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	8	29.6	65	0.5	39	5	18.5	40	0.6	85	27	237
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
65-74	2	25.0	13	0.2	10	3	37.5	36	0.5	80	8	75
75-84	6	54.5	52	0.6	46	2	18.2	4	1.0	132	11	85
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	53
<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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 431 beneficiaries who were in nursing facilities for part of their enrollment and their 4,288 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<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 Nondual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>72,515</b>	<b>26.9 %</b>	<b>0.9</b>	<b>244,456</b>	<b>\$15</b>	<b>\$4,008,352</b>	<b>\$16</b>	<b>3.7 %</b>	<b>269,734</b>
<b>Age</b>									
5 and younger	30,375	32.6	0.8	69,992	9	870,499	12	9.2	93,113
6-14	10,680	18.5	0.4	25,212	10	552,963	22	3.4	57,595
15-20	5,377	20.8	0.6	14,843	13	326,506	22	2.8	25,891
21-44	19,104	25.8	1.1	79,298	17	1,250,564	16	2.9	74,176
45-64	6,334	36.1	2.9	50,664	54	944,334	19	3.4	17,562
65-74	349	46.1	3.2	2,424	48	36,672	15	2.7	757
75-84	237	46.5	2.9	1,478	38	19,431	13	2.3	510
85 and older	59	46.5	4.3	545	58	7,383	14	4.2	127
Unknown	0	0.0	0.0	0	0	0	0	0.0	3
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	584	45.7	3.1	3,966	44	56,200	14	2.6	1,279
Disabled	8,336	46.2	4.3	76,751	93	1,671,388	22	3.3	18,030
Adults	20,298	23.9	0.8	67,304	11	935,218	14	3.1	84,963
Children	43,175	26.1	0.6	95,829	8	1,336,822	14	5.1	165,187
Unknown	122	44.4	2.2	606	32	8,724	14	2.6	275
<b>Gender</b>									
Female	43,863	28.5	1.0	156,902	17	2,539,598	16	3.9	153,865
Male	28,651	24.8	0.8	87,553	13	1,468,641	17	3.3	115,430
Unknown	1	0.2	0.0	1	0	113	113	30.6	439
<b>Race</b>									
White	52,583	26.7	1.0	189,065	17	3,259,529	17	3.5	197,221
African American	1,356	23.8	0.8	4,449	10	56,291	13	2.6	5,691
Other/unknown	18,576	27.8	0.8	50,942	10	692,532	14	4.9	66,822
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	268	80.2	16.0	5,349	404	134,875	25	5.8	334
Part year	369	85.6	14.4	6,220	226	97,229	16	4.4	431
None	71,878	26.7	0.9	232,887	14	3,776,248	16	3.6	268,969
<b>Maintenance Assistance Status</b>									
Cash	27,986	30.7	1.3	119,148	23	2,054,278	17	3.5	91,103
Medically needy	1,195	21.5	0.9	5,069	16	87,118	17	3.0	5,549
Poverty related	22,931	23.8	0.6	55,793	8	807,626	14	4.2	96,435
Other/unknown	20,403	26.6	0.8	64,446	14	1,059,330	16	3.6	76,647

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
UTAH, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.1</b>	<b>\$2</b>	<b>\$16</b>	<b>\$0</b>	<b>\$1</b>	<b>2,154,804</b>
<b>Age</b>						
5 and younger	0.1	1	12	0	0	759,845
6-14	0.1	1	22	0	0	493,642
15-20	0.1	2	22	0	1	198,146
21-44	0.1	2	16	0	1	538,413
45-64	0.3	6	19	0	3	150,339
65-74	0.3	5	15	0	1	7,822
75-84	0.3	4	13	0	1	5,362
85 and older	0.4	6	14	0	1	1,227
Unknown	0.0	0	0	0	0	8
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	4	14	0	1	13,179
Disabled	0.4	9	22	0	4	183,979
Adults	0.1	2	14	0	1	594,973
Children	0.1	1	14	0	0	1,360,115
Unknown	0.2	3	14	0	2	2,558
<b>Gender</b>						
Female	0.1	2	16	0	1	1,218,385
Male	0.1	2	17	0	0	935,394
Unknown	0.0	0	113	0	0	1,025
<b>Race</b>						
White	0.1	2	17	0	1	1,577,989
African American	0.1	1	13	0	0	48,347
Other/unknown	0.1	1	14	0	0	528,468
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.6	41	25	1	14	3,329
Part year	1.5	23	16	0	8	4,288
None	0.1	2	16	0	1	2,147,187
<b>Maintenance Assistance Status</b>						
Cash	0.1	3	17	0	1	795,064
Medically needy	0.1	2	17	0	1	35,347
Poverty related	0.1	1	14	0	0	707,021
Other/unknown	0.1	2	16	0	1	617,372

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<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>93,776</b>	<b>\$43</b>	<b>\$4,008,352</b>	<b>100.0 %</b>	<b>244,456</b>	<b>\$16</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	1	145	145	0.0	5	29	0.0
Fertility drugs	9	115	1,036	0.0	9	115	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	32,304	35	1,117,406	27.9	53,616	21	21.9
Vitamins and minerals	13,102	43	567,207	14.2	34,160	17	14.0
Non-prescription drugs	33,097	19	631,888	15.8	78,995	8	32.3
Barbiturates	605	62	37,627	0.9	5,041	7	2.1
Benzodiazepines	12,376	101	1,250,070	31.2	65,275	19	26.7
Other Part D Excl Rx Drugs	2,282	177	402,973	10.1	7,355	55	3.0

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL 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>269,736</b>	<b>1,280</b>	<b>18,031</b>	<b>84,963</b>	<b>165,187</b>	<b>275</b>	<b>2,154,880</b>	<b>13,191</b>	<b>184,043</b>	<b>594,973</b>	<b>1,360,115</b>	<b>2,558</b>
<b>Age</b>												
5 and younger	93,113	0	1,302	3	91,808	0	759,845	0	12,709	11	747,125	0
6-14	57,595	0	2,202	11	55,382	0	493,642	0	23,733	46	469,863	0
15-20	25,892	0	1,640	6,251	17,994	7	198,158	0	16,884	38,099	143,108	67
21-44	74,176	0	6,498	67,548	3	127	538,431	0	66,314	470,979	19	1,119
45-64	17,562	2	6,283	11,136	0	141	150,369	11	63,230	85,756	0	1,372
65-74	757	664	83	10	0	0	7,826	6,852	906	68	0	0
75-84	511	492	18	1	0	0	5,374	5,152	216	6	0	0
85 and older	127	122	5	0	0	0	1,227	1,176	51	0	0	0
Unknown	3	0	0	3	0	0		0	0	8	0	0
<b>Gender</b>												
Female	153,866	847	9,398	62,904	80,442	275	1,218,428	8,978	98,162	444,131	664,599	2,558
Male	115,431	433	8,633	22,058	84,307	0	935,427	4,213	85,881	150,840	694,493	0
Unknown	439	0	0	1	438	0	1,025	0	0	2	1,023	0
<b>Race</b>												
White	197,223	566	14,755	68,633	113,028	241	1,578,061	5,702	150,753	490,653	928,718	2,235
African American	5,691	14	428	1,322	3,926	1	48,351	137	4,142	9,584	34,485	3
Other/unknown	66,822	700	2,848	15,008	48,233	33	528,468	7,352	29,148	94,736	396,912	320
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	334	70	262	0	2	0	3,329	639	2,666	0	24	0
Part year	431	40	363	21	6	1	4,340	368	3,721	177	62	12
None	268,971	1,170	17,406	84,942	165,179	274	2,147,211	12,184	177,656	594,796	1,360,029	2,546
<b>Maintenance Assistance Status</b>												
Cash	91,104	752	11,375	27,190	51,787	0	795,116	8,460	121,895	200,144	464,617	0
Medically needy	5,549	55	784	1,995	2,715	0	35,347	320	6,205	10,400	18,422	0
Poverty related	96,435	392	3,604	18,781	73,383	275	707,021	3,707	30,504	112,844	557,408	2,558
Other/unknown	76,648	81	2,268	36,997	37,302	0	617,396	704	25,439	271,585	319,668	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	269,698	1,277	17,996	84,963	165,187	275	2,154,442	13,164	183,632	594,973	1,360,115	2,558
FFS part year, with Rx claims	9	0	9	0	0	0	105	0	105	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	27	2	25	0	0	0	309	15	294	0	0	0
MC all year, no Rx claims	2	1	1	0	0	0	24	12	12	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2003

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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>269,736</b>	<b>2,154,880</b>	<b>269,734</b>	<b>2,154,804</b>	<b>0</b>	<b>76</b>
Fee-for-service (FFS) all year	269,698	2,154,442	269,698	2,154,442	0	0
FFS part year, with Rx claims	9	105	9	53	0	52
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	27	309	27	309	0	0
MC all year, with no Rx claims	2	24	0	0	0	24

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