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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
UTAH**

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
UTAH, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>9</sup>	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	309285 (A)	29993 (E)	279292 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	277799 (B)	27992 (F)	249807 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	277799 (C)	27992 (G)	249807 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	3069 (D)	2779 (H)	290 (L)

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Utah in 2005 was \$225,767,957, of which \$7,734,616 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
UTAH, 2005

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>277,799</b>	<b>13,144</b>	<b>33,908</b>	<b>58,869</b>	<b>171,550</b>	<b>328</b>	<b>2,313,568</b>	<b>127,324</b>	<b>353,103</b>	<b>414,305</b>	<b>1,416,105</b>	<b>2,731</b>
<b>Age</b>												
5 and younger	95,894	0	1,347	0	94,547	0	786,967	0	13,414	0	773,553	0
6-14	59,653	0	2,308	14	57,331	0	514,549	0	24,734	91	489,724	0
15-20	26,281	0	1,825	5,361	19,091	4	202,571	0	19,039	32,827	150,682	23
21-44	63,700	1	13,209	50,052	304	134	495,932	12	138,721	354,988	1,183	1,028
45-64	18,251	6	14,410	3,424	229	182	178,019	41	149,206	26,310	828	1,634
65-74	6,362	5,605	699	18	32	8	63,585	56,406	6,953	89	91	46
75-84	4,784	4,684	90	0	10	0	46,186	45,266	895	0	25	0
85 and older	2,873	2,848	20	0	5	0	25,753	25,599	141	0	13	0
Unknown	1	0	0	0	1	0	6	0	0	0	6	0
<b>Gender</b>												
Female	158,691	9,250	17,431	48,095	83,587	328	1,313,000	91,101	184,354	342,100	692,714	2,731
Male	118,647	3,894	16,477	10,772	87,504	0	999,517	36,223	168,749	72,201	722,344	0
Unknown	461	0	0	2	459	0	1,051	0	0	4	1,047	0
<b>Race</b>												
White	200,188	9,763	28,697	46,089	115,350	289	1,676,017	92,559	299,633	330,669	950,767	2,389
African American	6,703	123	728	1,106	4,746	0	54,809	1,301	7,069	8,072	38,367	0
Other/unknown	70,908	3,258	4,483	11,674	51,454	39	582,742	33,464	46,401	75,564	426,971	342
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,069	2,403	661	2	3	0	29,043	21,995	7,012	8	28	0
Part year	2,479	1,557	881	25	14	2	23,111	13,745	9,043	224	86	13
None	272,251	9,184	32,366	58,842	171,533	326	2,261,414	91,584	337,048	414,073	1,415,991	2,718
<b>Maintenance Assistance Status</b>												
Cash	99,252	3,486	16,031	25,808	53,927	0	894,593	38,887	172,927	199,008	483,771	0
Medically needy	8,734	1,730	3,164	1,806	2,034	0	59,181	13,167	27,788	7,933	10,293	0
Poverty-related	106,303	3,331	8,668	18,623	75,353	328	809,615	34,051	84,525	113,002	575,306	2,731
Other/unknown	63,510	4,597	6,045	12,632	40,236	0	550,179	41,219	67,863	94,362	346,735	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	25,316	11,515	13,406	305	75	15	257,446	111,145	143,143	2,753	260	145
Full dual, part year	2,676	1,108	1,559	9	0	0	29,181	11,813	17,282	86	0	0
Non-dual, all year	249,807	521	18,943	58,555	171,475	313	2,026,941	4,366	192,678	411,466	1,415,845	2,586
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	277,375	12,842	33,786	58,869	171,550	328	2,310,026	124,843	352,042	414,305	1,416,105	2,731
FFS part year, with Rx claims	421	299	122	0	0	0	3,521	2,460	1,061	0	0	0
FFS part year, no Rx claims	2	2	0	0	0	0	18	18	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
UTAH, 2005

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>66.2</b>	<b>11.6</b>	<b>\$785</b>	<b>\$68</b>	<b>\$4,000</b>	<b>19.6</b>	<b>277,799</b>
<b>Age</b>							
5 and younger	63.4	3.1	107	34	1,565	6.8	95,894
6-14	54.6	3.9	357	93	1,855	19.2	59,653
15-20	62.8	6.6	492	75	4,237	11.6	26,281
21-44	73.3	14.9	1,101	74	5,200	21.2	63,700
45-64	82.9	48.4	3,589	74	12,750	28.2	18,251
65-74	83.4	48.9	2,875	59	9,604	29.9	6,362
75-84	88.3	50.0	2,664	53	12,695	21.0	4,784
85 and older	91.7	49.4	2,394	48	18,569	12.9	2,873
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	87.2	49.7	2,711	55	12,654	21.4	13,144
Disabled	84.7	42.8	3,695	86	15,734	23.5	33,908
Adults	70.7	9.2	440	48	2,335	18.9	58,869
Children	59.4	3.3	179	54	1,576	11.4	171,550
Unknown	84.8	21.3	1,416	66	10,795	13.1	328
<b>Gender</b>							
Female	69.2	13.4	806	60	3,819	21.1	158,691
Male	62.5	9.3	760	82	4,256	17.9	118,647
Unknown	1.5	0.0	1	16	294	0.2	461
<b>Race</b>							
White	68.9	13.7	947	69	4,628	20.5	200,188
African American	57.6	7.8	531	68	2,785	19.1	6,703
Other/unknown	59.3	6.2	350	56	2,342	14.9	70,908
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.8	83.5	4,894	59	41,523	11.8	3,069
Part year	96.2	73.5	4,503	61	32,203	14.0	2,479
None	65.6	10.2	705	69	3,320	21.2	272,251
<b>Maintenance Assistance Status</b>							
Cash	68.7	13.1	895	69	3,334	26.8	99,252
Medically needy	57.8	25.3	1,973	78	6,741	29.3	8,734
Poverty related	61.5	7.3	477	65	1,933	24.6	106,303
Other/unknown	71.3	14.6	966	66	8,124	11.9	63,510

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table 3 includes beneficiaries represented by Cell C 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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 UTAH, 2005

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>1.4</b>	<b>\$94</b>	<b>19.6</b>	<b>33.8</b>	<b>47.2</b>	<b>6.1</b>	<b>7.2</b>	<b>4.1</b>	<b>1.7</b>	<b>\$480</b>	<b>277,799</b>	<b>2,313,568</b>
<b>Age</b>												
5 and younger	0.4	13	6.8	36.6	59.8	2.7	0.8	0.1	0.0	191	95,894	786,967
6-14	0.4	41	19.2	45.4	47.9	3.7	2.6	0.4	0.0	215	59,653	514,549
15-20	0.9	64	11.6	37.2	47.7	7.9	6.1	1.1	0.1	550	26,281	202,571
21-44	1.9	141	21.2	26.7	42.8	11.2	12.7	5.3	1.4	668	63,700	495,932
45-64	5.0	368	28.2	17.1	18.0	9.8	23.6	20.6	10.9	1,307	18,251	178,019
65-74	4.9	288	29.9	16.6	16.5	10.2	23.2	22.1	11.3	961	6,362	63,585
75-84	5.2	276	21.0	11.7	14.8	8.6	26.1	26.5	12.2	1,315	4,784	46,186
85 and older	5.5	267	12.9	8.3	10.4	9.2	27.6	32.8	11.7	2,072	2,873	25,753
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	6
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.1	280	21.4	12.8	14.5	9.5	25.3	26.0	11.9	1,306	13,144	127,324
Disabled	4.1	355	23.5	15.3	24.2	10.8	23.7	17.8	8.1	1,511	33,908	353,103
Adults	1.3	63	18.9	29.3	47.1	10.9	9.6	2.7	0.4	332	58,869	414,305
Children	0.4	22	11.4	40.6	54.3	3.3	1.6	0.2	0.0	191	171,550	1,416,105
Unknown	2.6	170	13.1	15.2	32.3	17.4	25.6	7.9	1.5	1,297	328	2,731
<b>Gender</b>												
Female	1.6	97	21.1	30.8	47.2	6.9	8.0	4.9	2.1	462	158,691	1,313,000
Male	1.1	90	17.9	37.5	47.3	5.1	6.0	3.1	1.1	505	118,647	999,517
Unknown	0.0	0	0.2	98.5	1.3	0.2	0.0	0.0	0.0	129	461	1,051
<b>Race</b>												
White	1.6	113	20.5	31.1	46.7	6.9	8.3	5.0	2.1	553	200,188	1,676,017
African American	1.0	65	19.1	42.4	43.9	5.2	5.6	2.3	0.7	341	6,703	54,809
Other/unknown	0.8	43	14.9	40.7	48.8	4.2	4.1	1.7	0.4	285	70,908	582,742
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.8	517	11.8	3.2	3.8	3.8	20.5	38.4	30.3	4,388	3,069	29,043
Part year	7.9	483	14.0	3.8	5.9	6.0	25.1	35.1	24.2	3,454	2,479	23,111
None	1.2	85	21.2	34.4	48.0	6.2	6.8	3.4	1.1	400	272,251	2,261,414
<b>Maintenance Assistance Status</b>												
Cash	1.4	99	26.8	31.3	47.1	7.0	8.5	4.5	1.6	370	99,252	894,593
Medically needy	3.7	291	29.3	42.2	18.8	6.5	14.6	12.3	5.6	995	8,734	59,181
Poverty related	1.0	63	24.6	38.5	48.9	5.1	4.7	2.2	0.8	254	106,303	809,615
Other/unknown	1.7	112	11.9	28.7	48.3	6.6	8.1	5.6	2.7	938	63,510	550,179

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table 4 includes the beneficiaries represented by Cell C 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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 UTAH, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.4</b>	<b>\$94</b>	<b>\$68</b>	<b>0.5</b>	<b>\$68</b>	<b>\$135</b>	<b>0.0</b>	<b>\$3</b>	<b>\$91</b>	<b>0.9</b>	<b>\$23</b>	<b>\$27</b>
<b>Age</b>												
5 and younger	0.4	13	34	0.1	8	78	0.0	0	47	0.3	5	17
6-14	0.4	41	93	0.2	35	174	0.0	1	94	0.2	5	23
15-20	0.9	64	75	0.3	50	149	0.0	2	74	0.5	12	25
21-44	1.9	141	74	0.6	102	158	0.1	6	102	1.2	34	28
45-64	5.0	368	74	1.9	257	139	0.1	14	115	3.0	96	32
65-74	4.9	288	59	1.9	205	106	0.1	8	67	2.8	74	26
75-84	5.2	276	53	2.0	193	97	0.1	8	61	3.1	75	25
85 and older	5.5	267	48	1.9	177	93	0.1	8	53	3.5	83	24
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	5.1	280	55	2.0	195	100	0.1	8	61	3.0	77	25
Disabled	4.1	355	86	1.6	263	162	0.1	13	114	2.4	79	33
Adults	1.3	63	48	0.3	39	111	0.0	3	84	0.9	21	23
Children	0.4	22	54	0.1	16	116	0.0	1	62	0.3	5	20
Unknown	2.6	170	66	0.8	108	138	0.1	16	231	1.7	46	27
<b>Gender</b>												
Female	1.6	97	60	0.6	67	121	0.0	4	85	1.0	26	26
Male	1.1	90	82	0.4	69	157	0.0	3	104	0.6	19	29
Unknown	0.0	0	16	0.0	0	17	0.0	0	0	0.0	0	16
<b>Race</b>												
White	1.6	113	69	0.6	82	137	0.0	4	94	1.0	27	28
African American	1.0	65	68	0.4	48	136	0.0	2	106	0.6	15	26
Other/unknown	0.8	43	56	0.2	30	121	0.0	1	73	0.5	11	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.8	517	59	3.1	352	115	0.2	13	62	5.5	152	28
Part year	7.9	483	61	2.7	330	120	0.2	14	81	4.9	139	28
None	1.2	85	69	0.4	62	137	0.0	3	94	0.8	20	27
<b>Maintenance Assistance Status</b>												
Cash	1.4	99	69	0.5	71	138	0.0	4	97	0.9	24	27
Medically needy	3.7	291	78	1.5	210	143	0.1	10	113	2.2	70	32
Poverty related	1.0	63	65	0.3	45	136	0.0	2	88	0.6	15	25
Other/unknown	1.7	112	66	0.6	81	127	0.0	4	81	1.0	27	27

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C 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.medispain.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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 UTAH, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months			
		Name	Name		Name	Name		Name	Name						Name		
Anti-infective Agents	0.3	0.1	0.0	0.2	\$15	\$9	\$1	\$5	\$55	\$135	\$69	\$25	312,535	\$17,214,942	119,541	43.0	1,185,196
Biologicals	0.1	0.1	0.0	0.0	59	25	16	18	415	287	1,305	412	1,857	770,378	1,143	0.4	13,046
Antineoplastic Agents	0.6	0.2	0.0	0.4	136	115	0	21	226	610	214	51	7,610	1,721,320	1,191	0.4	12,625
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	34	23	2	8	51	95	66	21	295,787	14,999,463	44,032	15.9	443,468
Cardiovascular Agents	1.4	0.6	0.0	0.8	59	45	0	14	43	76	32	18	395,791	16,905,652	27,340	9.8	287,155
Respiratory Agents	0.4	0.2	0.0	0.2	20	16	0	3	54	101	50	17	273,760	14,705,676	71,862	25.9	727,706
Gastrointestinal Agents	0.5	0.3	0.0	0.3	48	38	0	10	88	132	45	38	190,604	16,723,213	33,948	12.2	347,124
Genitourinary Agents	0.3	0.1	0.0	0.2	15	10	1	5	45	79	64	23	46,615	2,105,841	14,301	5.1	142,274
CNS Drugs	1.2	0.6	0.0	0.6	119	99	1	19	101	172	137	33	596,947	60,587,949	50,025	18.0	508,958
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	66	60	1	6	97	108	116	46	57,358	5,571,711	8,065	2.9	83,923
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	180	178	0	2	251	255	89	90	16,463	4,124,794	2,229	0.8	22,926
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	27	9	3	14	45	139	181	28	451,650	20,392,728	77,276	27.8	764,338
Neuromuscular Agents	0.9	0.3	0.0	0.5	77	50	3	24	90	163	102	47	251,553	22,693,306	27,831	10.0	293,071
Nutritional Products	0.3	0.0	0.0	0.3	5	0	0	4	15	17	18	14	100,352	1,458,073	33,994	12.2	320,117
Hematological Agents	0.7	0.2	0.0	0.5	115	104	2	9	155	506	32	18	57,780	8,933,892	7,564	2.7	77,784
Topical Products	0.2	0.1	0.0	0.2	10	6	0	4	41	81	42	23	153,177	6,311,147	64,929	23.4	656,150
Miscellaneous Products	0.3	0.2	0.0	0.1	56	47	1	8	196	254	362	85	13,938	2,737,216	4,617	1.7	48,571
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	26	0	0	0	2,940	76,040	1,186	0.4	12,273
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3,226,717	218,033,341	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table 6 includes the beneficiaries represented by Cell C 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.medispn.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.medispn.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 2005.

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 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 UTAH, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$37,029,765	19,993	7.2	217,280	0.7	\$233	\$170
ANTICONVULSANT	19,525,261	21,280	7.7	229,898	0.7	114	85
ANTIDEPRESSANTS	18,582,138	50,523	18.2	524,675	0.6	64	35
ULCER DRUGS	13,714,988	32,000	11.5	330,011	0.5	91	42
ANALGESICS - Narcotic	12,166,140	82,589	29.7	826,787	0.4	41	15
ANTIASTHMATIC	9,221,160	42,677	15.4	444,403	0.3	70	21
ANTIDIABETIC	7,574,248	15,415	5.5	163,870	0.7	68	46
ANTIHYPERTENSIVE	7,304,526	11,870	4.3	130,437	0.6	88	56
MISC. HEMATOLOGICAL	6,858,545	2,199	0.8	23,025	0.7	457	298
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	5,569,414	9,365	3.4	98,362	0.6	97	57
<b>Total</b>	<b>137,546,185</b>	<b>287,911</b>		<b>2,988,748</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

All Medicaid Beneficiaries