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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, 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
All	249,807	521	18,943	58,555	171,475	313	2,026,941	4,366	192,678	411,466	1,415,845	2,586
Age												
5 and younger	95,890	0	1,344	0	94,546	0	786,922	0	13,381	0	773,541	0
6-14	59,649	0	2,304	14	57,331	0	514,501	0	24,686	91	489,724	0
15-20	26,218	0	1,765	5,361	19,088	4	201,870	0	18,374	32,827	150,646	23
21-44	56,965	1	6,707	49,832	295	130	423,349	12	68,290	352,895	1,163	989
45-64	10,477	3	6,755	3,337	207	175	95,408	16	67,491	25,596	748	1,557
65-74	360	283	59	11	3	4	2,899	2,428	391	57	6	17
75-84	192	182	8	0	2	0	1,593	1,530	59	0	4	0
85 and older	55	52	1	0	2	0	393	380	6	0	7	0
Unknown	1	0	0	0	1	0	6	0	0	0	6	0
Gender												
Female	141,965	324	9,860	47,914	83,554	313	1,140,372	2,719	102,146	340,318	692,603	2,586
Male	107,381	197	9,083	10,639	87,462	0	885,518	1,647	90,532	71,144	722,195	0
Unknown	461	0	0	2	459	0	1,051	0	0	4	1,047	0
Race												
White	177,096	173	15,503	45,817	115,328	275	1,440,185	1,325	157,724	328,216	950,666	2,254
African American	6,261	7	458	1,099	4,697	0	50,645	76	4,332	8,008	38,229	0
Other/unknown	66,450	341	2,982	11,639	51,450	38	536,111	2,965	30,622	75,242	426,950	332
Use of Nursing Facilities^c												
Entire year	290	34	251	2	3	0	2,919	224	2,659	8	28	0
Part year	492	26	429	24	11	2	4,854	227	4,327	212	75	13
None	249,025	461	18,263	58,529	171,461	311	2,019,168	3,915	185,692	411,246	1,415,742	2,573
Maintenance Assistance Status												
Cash	91,487	191	11,737	25,632	53,927	0	808,705	1,862	125,814	197,258	483,771	0
Medically needy	4,886	40	1,052	1,760	2,034	0	26,366	250	8,145	7,678	10,293	0
Poverty-related	98,266	232	3,771	18,598	75,352	313	724,681	1,820	32,166	112,815	575,294	2,586
Other/unknown	55,168	58	2,383	12,565	40,162	0	467,189	434	26,553	93,715	346,487	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	249,756	518	18,895	58,555	171,475	313	2,026,496	4,339	192,260	411,466	1,415,845	2,586
FFS part year, with Rx claims	51	3	48	0	0	0	445	27	418	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	63.8	7.1	\$456	\$64	\$2,877	15.8	249,807
Age							
5 and younger	63.4	3.1	107	34	1,563	6.8	95,890
6-14	54.6	3.8	356	92	1,853	19.2	59,649
15-20	62.8	6.5	483	74	4,196	11.5	26,218
21-44	71.7	11.7	728	63	4,080	17.8	56,965
45-64	78.5	38.2	2,626	69	10,685	24.6	10,477
65-74	73.9	21.5	1,230	57	6,421	19.2	360
75-84	75.0	23.4	1,107	47	6,256	17.7	192
85 and older	72.7	23.2	1,250	54	8,470	14.8	55
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^e							
Aged	74.7	22.7	1,220	54	6,154	19.8	521
Disabled	82.1	34.7	3,015	87	16,188	18.6	18,943
Adults	70.6	9.0	426	47	2,312	18.4	58,555
Children	59.4	3.3	179	54	1,576	11.4	171,475
Unknown	84.7	20.9	1,383	66	10,753	12.9	313
Gender							
Female	66.6	8.1	457	56	2,670	17.1	141,965
Male	60.3	5.8	456	79	3,162	14.4	107,381
Unknown	1.5	0.0	1	16	294	0.2	461
Race							
White	66.4	8.2	548	67	3,236	16.9	177,096
African American	56.1	5.8	392	67	2,333	16.8	6,261
Other/unknown	57.6	4.3	217	51	1,973	11.0	66,450
Use of Nursing Facilities^f							
Entire year	97.9	114.5	7,681	67	72,116	10.7	290
Part year	98.0	88.1	5,756	65	61,691	9.3	492
None	63.7	6.8	437	64	2,680	16.3	249,025
Maintenance Assistance Status							
Cash	66.9	10.2	674	66	3,016	22.3	91,487
Medically needy	42.9	9.1	696	77	5,198	13.4	4,886
Poverty related	59.5	4.1	226	56	1,601	14.1	98,266
Other/unknown	68.3	7.3	481	66	4,714	10.2	55,168

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 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 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.

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	0.9	\$56	15.8	36.2	50.6	5.7	5.1	1.8	0.5	\$355	249,807	2,026,941
Age												
5 and younger	0.4	13	6.8	36.6	59.8	2.7	0.8	0.1	0.0	191	95,890	786,922
6-14	0.4	41	19.2	45.4	47.9	3.7	2.6	0.4	0.0	215	59,649	514,501
15-20	0.8	63	11.5	37.2	47.8	7.8	6.1	1.0	0.1	545	26,218	201,870
21-44	1.6	98	17.8	28.3	45.0	11.0	11.1	3.8	0.8	549	56,965	423,349
45-64	4.2	288	24.6	21.5	21.6	10.6	22.6	16.0	7.8	1,173	10,477	95,408
65-74	2.7	153	19.2	26.1	26.1	13.6	21.7	7.8	4.7	797	360	2,899
75-84	2.8	133	17.7	25.0	29.2	10.4	19.8	13.0	2.6	754	192	1,593
85 and older	3.2	175	14.8	27.3	20.0	9.1	25.5	12.7	5.5	1,185	55	393
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	6
Basis of Eligibility^e												
Aged	2.7	146	19.8	25.3	26.5	13.2	21.9	9.8	3.3	734	521	4,366
Disabled	3.4	296	18.6	17.9	29.1	11.3	22.3	13.8	5.7	1,592	18,943	192,678
Adults	1.3	61	18.4	29.4	47.3	10.8	9.5	2.6	0.4	329	58,555	411,466
Children	0.4	22	11.4	40.6	54.3	3.3	1.6	0.2	0.0	191	171,475	1,415,845
Unknown	2.5	167	12.9	15.3	32.9	18.2	24.9	7.0	1.6	1,302	313	2,586
Gender												
Female	1.0	57	17.1	33.4	51.2	6.6	5.9	2.2	0.7	332	141,965	1,140,372
Male	0.7	55	14.4	39.7	50.2	4.5	4.0	1.3	0.3	384	107,381	885,518
Unknown	0.0	0	0.2	98.5	1.3	0.2	0.0	0.0	0.0	129	461	1,051
Race												
White	1.0	67	16.9	33.6	50.9	6.6	6.1	2.2	0.7	398	177,096	1,440,185
African American	0.7	48	16.8	43.9	45.5	4.7	4.4	1.2	0.4	289	6,261	50,645
Other/unknown	0.5	27	11.0	42.4	50.4	3.6	2.6	0.8	0.2	245	66,450	536,111
Use of Nursing Facilities^f												
Entire year	11.4	763	10.7	2.1	2.4	3.8	13.4	31.7	46.6	7,165	290	2,919
Part year	8.9	583	9.3	2.0	6.5	5.7	22.6	33.3	29.9	6,253	492	4,854
None	0.8	54	16.3	36.3	50.8	5.7	5.1	1.7	0.4	331	249,025	2,019,168
Maintenance Assistance Status												
Cash	1.2	76	22.3	33.1	49.3	6.5	7.0	3.0	1.0	341	91,487	808,705
Medically needy	1.7	129	13.4	57.1	23.9	5.6	8.0	3.9	1.5	963	4,886	26,366
Poverty related	0.6	31	14.1	40.5	51.3	4.5	2.9	0.6	0.1	217	98,266	724,681
Other/unknown	0.9	57	10.2	31.7	54.0	6.5	5.7	1.6	0.4	557	55,168	467,189

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 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 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.

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

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 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
All	0.9	\$56	\$64	0.3	\$40	\$136	0.0	\$2	\$88	0.6	\$14	\$25
Age												
5 and younger	0.4	13	34	0.1	8	78	0.0	0	47	0.3	5	17
6-14	0.4	41	92	0.2	35	174	0.0	1	94	0.2	5	23
15-20	0.8	63	74	0.3	49	148	0.0	2	74	0.5	12	25
21-44	1.6	98	63	0.5	67	141	0.0	4	92	1.0	27	26
45-64	4.2	288	69	1.5	197	132	0.1	11	110	2.6	80	31
65-74	2.7	153	57	1.1	111	105	0.1	5	67	1.5	37	24
75-84	2.8	133	47	1.0	94	90	0.0	2	49	1.7	37	22
85 and older	3.2	175	54	1.3	128	101	0.0	2	57	1.9	45	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.7	146	54	1.1	105	100	0.1	4	63	1.6	36	23
Disabled	3.4	296	87	1.3	222	167	0.1	10	110	2.0	64	32
Adults	1.3	61	47	0.3	37	110	0.0	3	82	0.9	21	23
Children	0.4	22	54	0.1	16	116	0.0	1	62	0.3	5	20
Unknown	2.5	167	66	0.8	107	134	0.1	17	241	1.7	44	27
Gender												
Female	1.0	57	56	0.3	39	122	0.0	2	82	0.7	16	24
Male	0.7	55	79	0.3	43	158	0.0	2	101	0.4	11	26
Unknown	0.0	0	16	0.0	0	17	0.0	0	0	0.0	0	16
Race												
White	1.0	67	67	0.4	49	139	0.0	2	91	0.6	16	26
African American	0.7	48	67	0.3	36	139	0.0	2	107	0.4	10	24
Other/unknown	0.5	27	51	0.2	18	120	0.0	1	71	0.4	8	22
Use of Nursing Facilities^e												
Entire year	11.4	763	67	3.9	524	136	0.2	17	73	7.2	221	31
Part year	8.9	583	65	2.8	383	137	0.2	20	101	5.9	179	30
None	0.8	54	64	0.3	39	136	0.0	2	88	0.5	13	25
Maintenance Assistance Status												
Cash	1.2	76	66	0.4	54	138	0.0	3	96	0.7	19	27
Medically needy	1.7	129	77	0.6	92	151	0.0	5	122	1.0	31	31
Poverty related	0.6	31	56	0.2	22	136	0.0	1	69	0.4	8	21
Other/unknown	0.9	57	66	0.3	42	131	0.0	2	86	0.5	12	24

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 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.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.

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Off-Brand-Name		Generic	Total	Off-Brand-Name		Generic	Total	Off-Brand-Name		Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Patented	Patent			Patented	Patent			Patented	Patent						
Anti-infective Agents	0.2	0.1	0.0	0.2	\$12	\$6	\$1	\$4	\$47	\$110	\$65	\$24	251,241	\$11,923,310	104,739	41.9	1,021,902
Biologicals	0.2	0.1	0.0	0.0	115	61	19	35	656	539	972	828	868	569,104	436	0.2	4,962
Antineoplastic Agents	0.6	0.2	0.0	0.4	177	155	0	23	299	782	77	58	3,752	1,122,617	603	0.2	6,332
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.3	23	15	2	6	52	98	88	23	137,128	7,090,462	31,298	12.5	305,324
Cardiovascular Agents	0.9	0.4	0.0	0.6	41	31	0	10	44	81	31	17	115,453	5,023,106	11,946	4.8	122,008
Respiratory Agents	0.3	0.1	0.0	0.2	16	12	0	3	49	100	46	16	195,643	9,648,890	61,627	24.7	614,418
Gastrointestinal Agents	0.4	0.2	0.0	0.2	36	30	0	6	87	129	42	33	92,398	8,033,027	22,464	9.0	222,199
Genitourinary Agents	0.2	0.1	0.0	0.2	9	5	1	4	40	75	63	24	21,802	869,898	10,014	4.0	95,507
CNS Drugs	0.9	0.4	0.0	0.5	87	72	0	14	96	162	104	30	301,391	28,792,910	33,512	13.4	331,616
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	65	60	0	5	95	105	96	43	52,989	5,031,312	7,504	3.0	77,579
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	186	182	0	3	445	483	87	89	2,676	1,189,532	610	0.2	6,394
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	17	5	2	10	36	150	190	23	272,082	9,843,648	60,922	24.4	587,579
Neuromuscular Agents	0.7	0.3	0.0	0.4	66	47	3	17	94	168	104	42	129,520	12,151,487	17,799	7.1	182,786
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	3	12	15	18	12	64,148	797,996	28,839	11.5	266,031
Hematological Agents	0.6	0.2	0.0	0.4	229	218	2	9	376	1,264	47	22	17,185	6,453,332	2,851	1.1	28,240
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	39	81	41	22	109,671	4,252,355	55,054	22.0	546,600
Miscellaneous Products	0.2	0.1	0.0	0.1	27	22	0	4	143	167	266	80	6,915	988,914	3,563	1.4	37,221
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	28	0	0	0	1,192	33,866	581	0.2	5,940
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,776,054	113,815,766	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 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.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$16,350,474	10,295	4.1	111,018	0.6	\$233	\$147
ANTICONVULSANT	10,734,289	12,251	4.9	129,818	0.7	122	83
ANTIDEPRESSANTS	10,042,912	32,649	13.1	329,576	0.5	64	30
ULCER DRUGS	6,253,913	20,229	8.1	201,130	0.4	89	31
ANALGESICS - Narcotic	6,114,208	62,511	25.0	608,663	0.3	33	10
ANTIASTHMATIC	5,658,744	33,753	13.5	345,839	0.3	65	16
MISC. HEMATOLOGICAL	5,303,234	585	0.2	6,076	0.6	1,425	873
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	5,030,710	8,771	3.5	91,617	0.6	95	55
ANTIDIABETIC	2,777,697	6,136	2.5	62,891	0.6	72	44
DERMATOLOGICAL	2,730,296	42,978	17.2	435,946	0.1	43	6
Total	70,996,477	230,158		2,322,574	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 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 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	814,426	\$70,996,477	10,295	4.1	111,018	0.6	\$147	12,251	4.9	129,818	0.7	\$83
Female												
All Females	513,282	37,995,773	5,550	3.9	59,771	0.6	131	7,886	5.6	83,454	0.6	73
Female, Disabled												
All Ages	207,226	20,059,497	3,013	30.6	33,935	0.7	174	3,761	38.1	42,330	0.8	94
5 and younger	2,635	217,916	10	1.9	120	0.4	53	96	18.2	1,091	0.7	100
6-14	8,065	913,889	126	15.3	1,442	0.7	159	259	31.4	2,944	0.9	129
15-20	9,187	1,225,479	201	27.8	2,232	0.7	173	249	34.4	2,828	0.9	172
45-64	69,371	7,372,161	1,279	36.5	14,303	0.7	170	1,532	43.7	17,373	0.8	106
45-64	117,796	10,321,257	1,397	32.9	15,838	0.8	180	1,623	38.2	18,090	0.7	65
65-74	171	8,790	0	0.0	0	0.0	0	2	7.1	4	0.5	41
75-84	1	5	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
Female, Other Eligibles												
All Ages	306,056	17,936,276	2,537	1.9	25,836	0.4	74	4,125	3.1	41,124	0.5	51
5 and younger	30,024	1,259,614	12	0.0	132	0.4	63	106	0.2	1,107	0.5	58
6-14	38,399	2,907,744	433	1.5	4,735	0.6	117	391	1.4	4,230	0.6	79
15-20	35,751	2,376,187	468	3.2	4,731	0.4	89	478	3.3	4,748	0.6	84
21-44	177,679	9,724,699	1,417	3.5	14,158	0.3	56	2,785	6.8	27,473	0.4	41
45-64	21,108	1,464,529	181	7.8	1,858	0.4	61	331	14.2	3,243	0.5	51
65-74	1,499	103,230	11	5.9	84	0.8	130	16	8.6	150	0.5	52
75-84	1,195	76,836	11	9.7	107	0.3	58	14	12.4	145	0.6	43
85 and older	401	23,437	4	10.5	31	0.6	185	4	10.5	28	1.0	59
Male												
All Males	301,138	33,000,650	4,745	4.4	51,247	0.7	167	4,365	4.1	46,364	0.8	100
Male, Disabled												
All Ages	133,302	16,785,627	2,780	30.6	30,865	0.8	192	2,644	29.1	29,426	0.9	115
5 and younger	4,340	370,893	17	2.1	202	0.6	107	84	10.3	916	0.6	81
6-14	16,863	3,091,092	376	25.4	4,335	0.7	158	377	25.5	4,311	0.8	130
15-20	14,645	2,042,976	408	39.2	4,586	0.8	188	373	35.8	4,173	0.9	142
21-44	50,808	7,054,166	1,361	42.5	14,972	0.8	209	1,192	37.2	13,387	0.9	128
45-64	46,186	4,195,897	614	24.5	6,747	0.8	184	608	24.3	6,577	0.7	67
65-74	378	25,773	3	9.7	16	0.6	60	8	25.8	48	0.6	88
75-84	82	4,830	1	25.0	7	1.3	329	2	50.0	14	1.1	61
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	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
Male, Other Eligibles												
All Ages	167,836	16,215,023	1,965	2.0	20,382	0.6	128	1,721	1.8	16,938	0.6	74
5 and younger	37,523	1,833,901	49	0.1	554	0.4	84	122	0.3	1,220	0.4	61
6-14	60,788	8,610,760	889	3.0	9,683	0.6	132	524	1.8	5,609	0.7	91
15-20	30,579	3,026,182	707	7.2	7,133	0.7	144	426	4.3	4,308	0.6	92
21-44	29,818	2,068,766	279	3.0	2,615	0.4	84	529	5.7	4,667	0.5	47
45-64	7,908	593,489	28	2.0	266	0.4	55	108	7.8	1,015	0.5	51
65-74	767	54,039	7	6.1	75	0.5	69	3	2.6	36	0.3	35
75-84	358	22,130	5	7.0	53	0.7	95	7	9.9	69	0.3	8
85 and older	95	5,756	1	6.3	3	1.0	187	2	12.5	14	0.6	20
Unknown	6	54	0	0.0	0	0.0	0	0	0.0	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 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 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					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
All	32,649	13.1	329,576	0.5	\$31	20,229	8.1	201,130	0.4	\$31	62,511	25.0	608,663	0.3	\$10
Female															
All Females	24,104	17.0	241,835	0.5	30	13,389	9.4	134,113	0.3	31	46,494	32.8	448,056	0.3	9
Female, Disabled															
All Ages	6,436	65.3	72,218	0.6	40	3,675	37.3	41,465	0.5	49	7,277	73.8	81,770	0.5	24
5 and younger	16	3.0	173	0.4	6	150	28.4	1,639	0.5	28	92	17.4	1,060	0.1	1
6-14	144	17.5	1,649	0.7	27	104	12.6	1,181	0.5	46	137	16.6	1,568	0.1	2
15-20	293	40.5	3,319	0.6	38	131	18.1	1,482	0.4	35	234	32.3	2,655	0.2	4
21-44	2,403	68.6	27,047	0.6	40	1,162	33.2	13,165	0.5	44	2,756	78.7	30,968	0.4	23
45-64	3,577	84.2	40,018	0.6	40	2,119	49.9	23,929	0.6	55	4,044	95.2	45,421	0.5	28
65-74	3	10.7	12	0.8	45	9	32.1	69	0.5	30	13	46.4	86	0.5	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.1	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
Female, Other Eligibles															
All Ages	17,668	13.4	169,617	0.4	27	9,714	7.4	92,648	0.3	23	39,217	29.7	366,286	0.3	6
5 and younger	69	0.2	755	0.3	6	2,078	4.5	18,784	0.2	12	2,155	4.7	22,396	0.1	1
6-14	1,244	4.4	13,215	0.4	20	743	2.7	7,867	0.2	17	2,688	9.6	27,818	0.1	1
15-20	2,493	17.0	23,719	0.4	22	1,201	8.2	11,520	0.2	17	5,694	38.9	51,621	0.2	2
21-44	12,539	30.6	118,935	0.4	27	5,072	12.4	48,342	0.3	27	26,963	65.8	247,529	0.3	7
45-64	1,231	52.8	12,160	0.5	34	518	22.2	5,072	0.4	42	1,584	67.9	15,606	0.4	18
65-74	46	24.6	422	0.5	26	55	29.4	574	0.4	40	61	32.6	595	0.3	11
75-84	36	31.9	327	0.6	30	38	33.6	403	0.4	32	57	50.4	592	0.3	9
85 and older	10	26.3	84	0.8	35	9	23.7	86	0.4	19	15	39.5	129	0.4	11
Male															
All Males	8,545	8.0	87,741	0.5	31	6,839	6.4	67,014	0.4	31	16,016	14.9	160,605	0.3	12
Male, Disabled															
All Ages	3,316	36.5	36,558	0.6	37	2,090	23.0	23,006	0.5	50	3,919	43.1	43,027	0.4	24
5 and younger	38	4.7	451	0.4	9	236	28.9	2,575	0.5	32	165	20.2	1,891	0.1	2
6-14	336	22.7	3,828	0.6	25	162	11.0	1,891	0.5	45	272	18.4	3,166	0.1	2
15-20	356	34.2	3,978	0.6	37	140	13.4	1,571	0.5	47	285	27.4	3,212	0.2	6
21-44	1,446	45.1	15,784	0.6	41	706	22.0	7,800	0.6	57	1,383	43.2	14,940	0.4	24
45-64	1,123	44.8	12,358	0.6	38	835	33.3	9,087	0.6	51	1,791	71.4	19,596	0.6	34
65-74	16	51.6	152	0.3	13	9	29.0	73	0.7	46	19	61.3	184	0.5	25
75-84	1	25.0	7	1.1	81	2	50.0	9	0.6	32	4	100.0	38	1.1	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Mean Number of Rx		Mean Benefit \$ per Month	Number of Users	Users as % of All Benes	Mean Number of Rx		Mean Benefit \$ per Month	Number of Users	Users as % of All Benes	Mean Number of Rx		Mean Benefit \$ per Month
			Among Users	Month				Among Users	Month				Among Users	Month	
Male, Other Eligibles															
All Ages	5,229	5.3	51,183	0.4	26	4,749	4.8	44,008	0.3	21	12,097	12.3	117,578	0.2	7
5 and younger	113	0.2	1,194	0.3	7	2,592	5.4	23,204	0.2	13	2,796	5.8	29,200	0.1	1
6-14	1,665	5.7	17,737	0.5	21	598	2.0	6,273	0.2	19	2,716	9.2	28,465	0.1	1
15-20	1,486	15.1	14,506	0.5	28	422	4.3	4,166	0.3	23	2,032	20.7	19,492	0.2	2
21-44	1,592	17.1	14,177	0.4	29	838	9.0	7,557	0.4	37	3,854	41.5	34,092	0.4	17
45-64	342	24.6	3,300	0.5	34	242	17.4	2,230	0.5	48	631	45.4	5,675	0.5	29
65-74	18	15.8	151	0.4	26	34	29.8	325	0.5	45	45	39.5	439	0.3	6
75-84	8	11.3	83	0.5	23	20	28.2	217	0.4	27	19	26.8	189	0.4	14
85 and older	5	31.3	35	0.7	45	3	18.8	36	0.9	74	4	25.0	26	0.3	10
Unknown	0	0.0	0	0.0	0	1	0.2	3	0.3	6	1	0.2	2	0.5	3

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 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 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	33,753	13.5	345,839	0.3	\$16	585	0.2	6,076	0.6	\$873	8,771	3.5	91,617	0.6	\$55
Female															
All Females	18,147	12.8	186,688	0.3	17	316	0.2	3,364	0.5	55	2,931	2.1	30,914	0.5	52
Female, Disabled															
All Ages	3,686	37.4	41,585	0.4	31	229	2.3	2,568	0.5	56	502	5.1	5,751	0.6	65
5 and younger	160	30.3	1,824	0.3	23	2	0.4	24	0.1	8	5	0.9	60	0.2	15
6-14	192	23.3	2,203	0.5	29	0	0.0	0	0.0	0	155	18.8	1,752	0.7	65
15-20	152	21.0	1,716	0.3	22	3	0.4	34	0.5	50	78	10.8	911	0.7	71
21-44	1,043	29.8	11,685	0.4	25	39	1.1	434	0.5	59	154	4.4	1,758	0.5	61
45-64	2,124	50.0	24,013	0.5	36	184	4.3	2,071	0.5	55	110	2.6	1,270	0.6	70
65-74	15	53.6	144	0.2	19	1	3.6	5	0.6	58	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
Female, Other Eligibles															
All Ages	14,461	10.9	145,103	0.2	13	87	0.1	796	0.4	55	2,429	1.8	25,163	0.5	49
5 and younger	4,322	9.4	44,094	0.2	11	5	0.0	40	0.2	132	88	0.2	897	0.3	26
6-14	3,225	11.5	33,597	0.2	14	0	0.0	0	0.0	0	1,436	5.1	15,125	0.6	51
15-20	1,668	11.4	16,368	0.2	12	0	0.0	0	0.0	0	383	2.6	3,774	0.5	51
21-44	4,681	11.4	45,446	0.2	12	52	0.1	471	0.3	43	467	1.1	4,774	0.4	42
45-64	506	21.7	5,004	0.3	22	18	0.8	160	0.4	45	55	2.4	593	0.5	57
65-74	25	13.4	225	0.6	46	2	1.1	22	0.9	92	0	0.0	0	0.0	0
75-84	28	24.8	319	0.4	32	8	7.1	87	0.7	83	0	0.0	0	0.0	0
85 and older	6	15.8	50	1.0	56	2	5.3	16	0.9	106	0	0.0	0	0.0	0
Male															
All Males	15,605	14.5	159,139	0.2	16	269	0.3	2,712	0.8	1,887	5,840	5.4	60,703	0.6	57
Male, Disabled															
All Ages	2,246	24.7	25,045	0.4	30	195	2.1	2,064	0.6	802	898	9.9	10,104	0.7	69
5 and younger	400	49.0	4,502	0.3	21	2	0.2	24	1.2	2,190	18	2.2	208	0.4	31
6-14	429	29.0	5,007	0.3	25	7	0.5	83	2.2	13,288	512	34.6	5,798	0.7	67
15-20	203	19.5	2,282	0.4	27	6	0.6	50	0.3	779	211	20.3	2,371	0.8	81
21-44	454	14.2	4,972	0.4	25	26	0.8	269	0.6	1,340	128	4.0	1,387	0.6	68
45-64	750	29.9	8,205	0.5	42	152	6.1	1,625	0.6	61	29	1.2	340	0.5	43
65-74	8	25.8	63	0.7	69	2	6.5	13	0.8	103	0	0.0	0	0.0	0
75-84	2	50.0	14	0.3	4	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

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Benefit
Male, Other Eligibles															
All Ages	13,359	13.6	134,094	0.2	13	74	0.1	648	1.1	5,341	4,942	5.0	50,599	0.6	54
5 and younger	6,919	14.3	70,013	0.2	11	11	0.0	115	0.3	625	219	0.5	2,335	0.4	31
6-14	4,342	14.8	44,216	0.2	15	1	0.0	12	36.5	280,145	3,564	12.1	36,691	0.6	55
15-20	1,138	11.6	11,271	0.3	17	0	0.0	0	0.0	0	943	9.6	9,551	0.6	59
21-44	758	8.2	6,586	0.2	15	23	0.2	184	0.5	46	200	2.2	1,876	0.4	43
45-64	171	12.3	1,696	0.3	28	26	1.9	218	0.6	66	16	1.2	146	0.5	45
65-74	24	21.1	250	0.3	20	6	5.3	51	0.5	43	0	0.0	0	0.0	0
75-84	6	8.5	50	0.3	16	6	8.5	61	0.4	37	0	0.0	0	0.0	0
85 and older	1	6.3	12	0.1	1	1	6.3	7	0.1	7	0	0.0	0	0.0	0
Unknown	1	0.2	12	0.1	1	0	0.0	0	0.0	0	0	0.0	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 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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(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.

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

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		
All	6,136	2.5	62,891	0.6	\$44	42,978	17.2	435,946	0.1	\$6	249,807	2,026,941
Female												
All Females	4,257	3.0	44,182	0.6	41	25,257	17.8	256,132	0.1	6	141,965	1,140,372
Female, Disabled												
All Ages	2,189	22.2	24,573	0.7	46	3,232	32.8	37,233	0.2	9	9,860	102,146
5 and younger	4	0.8	48	0.6	41	196	37.1	2,257	0.1	4	528	5,283
6-14	11	1.3	116	0.8	82	240	29.1	2,791	0.1	6	825	8,719
15-20	30	4.1	354	0.7	67	218	30.1	2,518	0.2	15	724	7,481
21-44	455	13.0	5,095	0.6	45	1,015	29.0	11,739	0.2	8	3,503	36,603
45-64	1,675	39.4	18,880	0.7	46	1,557	36.7	17,882	0.2	11	4,248	43,884
65-74	14	50.0	80	0.5	20	6	21.4	46	0.2	6	28	150
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	26
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	2,068	1.6	19,609	0.5	36	22,025	16.7	218,899	0.1	6	132,105	1,038,226
5 and younger	31	0.1	333	1.0	68	10,577	23.1	106,104	0.1	4	45,851	377,348
6-14	93	0.3	908	0.7	51	3,877	13.9	40,575	0.1	7	27,979	238,482
15-20	148	1.0	1,331	0.6	49	2,317	15.8	22,920	0.2	11	14,633	107,460
21-44	1,293	3.2	12,346	0.5	33	4,847	11.8	45,166	0.1	6	40,972	293,680
45-64	351	15.1	3,176	0.5	34	331	14.2	3,368	0.2	6	2,332	18,485
65-74	90	48.1	911	0.6	33	25	13.4	249	0.2	8	187	1,518
75-84	52	46.0	499	0.5	28	37	32.7	403	0.4	13	113	982
85 and older	10	26.3	105	0.8	37	14	36.8	114	0.4	15	38	271
Male												
All Males	1,879	1.7	18,709	0.7	51	17,718	16.5	179,803	0.1	6	107,381	885,518
Male, Disabled												
All Ages	1,075	11.8	11,600	0.7	49	2,226	24.5	25,406	0.2	9	9,083	90,532
5 and younger	0	0.0	0	0.0	0	335	41.1	3,866	0.2	8	816	8,098
6-14	16	1.1	192	0.9	76	360	24.3	4,166	0.1	6	1,479	15,967
15-20	24	2.3	254	0.8	76	310	29.8	3,517	0.2	10	1,041	10,893
21-44	274	8.6	2,937	0.7	46	640	20.0	7,265	0.2	9	3,204	31,687
45-64	749	29.9	8,129	0.7	49	570	22.7	6,483	0.2	9	2,507	23,607
65-74	12	38.7	88	0.8	51	11	35.5	109	0.2	5	31	241
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	33
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2005

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 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 Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	804	0.8	7,109	0.7	53	15,492	15.8	154,397	0.1	6	98,298	794,986
5 and younger	17	0.0	177	0.8	52	10,294	21.3	101,398	0.1	4	48,237	395,152
6-14	93	0.3	963	0.8	76	2,960	10.1	31,147	0.1	6	29,366	251,333
15-20	80	0.8	689	0.9	76	1,593	16.2	15,907	0.2	16	9,820	76,036
21-44	357	3.8	3,142	0.6	47	493	5.3	4,430	0.2	7	9,284	61,375
45-64	198	14.2	1,620	0.6	44	116	8.3	1,121	0.2	7	1,390	9,432
65-74	41	36.0	377	0.6	50	19	16.7	209	0.1	3	114	990
75-84	18	25.4	141	0.4	18	11	15.5	123	0.1	4	71	552
85 and older	0	0.0	0	0.0	0	6	37.5	62	0.3	6	16	116
Unknown	0	0.0	0	0.0	0	3	0.7	11	0.3	2	461	1,051

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 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 2005. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, UTAH, 2005

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
All	\$763	11.4	290	2,919
Age				
0-64	801	11.8	252	2,672
65-74	465	9.0	16	84
75-84	365	6.7	11	99
85 and older	207	4.5	11	64
Unknown	0	0.0	0	0
Gender				
Female	790	11.9	171	1,706
Male	725	10.7	119	1,213
Unknown	0	0.0	0	0
Race				
White	790	11.8	235	2,383
African American	391	7.3	4	39
Other/unknown	663	9.6	51	497
Basis of Eligibility^c				
Aged	333	6.3	34	224
Disabled	802	11.8	251	2,659
Adults	239	8.0	2	8
Children	678	12.0	3	28
Unknown	0	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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 492 beneficiaries who were in nursing facilities for part of their enrollment and their 4,854 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.

Nondual Beneficiaries

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, UTAH, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								\$ per Rx				Users	
	Total	Patented Brand-Name	Off-Patent Brand-Name	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-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.7	0.3	0.1	0.4	\$70	\$52	\$4	\$14	\$96	\$163	\$86	\$39	1,557	\$149,949	201	69.3	2,134	
Biologicals	0.1	0.0	0.0	0.1	78	2	0	76	668	35	0	1,069	49	32,742	36	12.4	422	
Antineoplastic Agents	0.7	0.1	0.0	0.6	67	27	0	40	94	228	0	67	72	6,775	9	3.1	101	
Endocrine/Metabolic Drugs	1.6	0.7	0.1	0.8	79	57	5	17	50	80	68	21	2,809	140,375	170	58.6	1,783	
Cardiovascular Agents	2.0	0.7	0.0	1.3	77	54	0	23	39	82	19	17	3,716	143,572	178	61.4	1,862	
Respiratory Agents	1.5	0.9	0.0	0.7	117	107	0	9	76	125	42	14	2,052	156,130	124	42.8	1,333	
Gastrointestinal Agents	1.3	0.4	0.0	0.9	73	40	0	33	55	90	33	38	2,551	140,586	182	62.8	1,937	
Genitourinary Agents	0.7	0.3	0.0	0.4	38	26	1	11	52	96	50	26	661	34,684	84	29.0	906	
CNS Drugs	2.5	1.3	0.0	1.2	266	218	0	48	106	173	174	38	6,639	704,062	251	86.6	2,646	
Stimulants/Anti-obesity/Anorexia	0.9	0.4	0.0	0.4	60	50	0	10	69	113	0	24	63	4,344	6	2.1	72	
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	229	229	0	1	249	249	0	153	228	56,672	24	8.3	247	
Analgesics and Anesthetics	1.9	0.2	0.1	1.6	67	21	8	38	35	106	68	23	4,267	147,444	213	73.4	2,211	
Neuromuscular Agents	1.9	0.6	0.0	1.3	186	110	5	72	100	188	162	57	3,754	374,982	187	64.5	2,014	
Nutritional Products	1.3	0.0	0.0	1.3	22	1	0	21	17	162	14	16	1,674	28,519	120	41.4	1,272	
Hematological Agents	1.6	0.2	0.0	1.4	54	35	0	19	34	163	14	14	1,599	54,011	101	34.8	1,000	
Topical Products	0.6	0.2	0.0	0.4	21	11	1	10	34	63	36	22	1,255	42,084	182	62.8	1,958	
Miscellaneous Products	0.4	0.1	0.0	0.3	19	15	0	4	50	141	0	15	170	8,539	43	14.8	451	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	20	0	0	0	102	2,002	23	7.9	269	
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.	33,218	2,227,472	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 492 beneficiaries who were in nursing facilities for part of their enrollment and their 4,854 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 2005. 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.medispans.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.medispans.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2005

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	Rx \$ per Benefit Month	\$ per Rx
ANTIPSYCHOTICS	\$468,820	220	75.9	2,420	0.9	\$215	\$194
ANTICONVULSANT	276,924	228	78.6	2,509	1.1	105	110
ANTIDEPRESSANTS	179,301	275	94.8	2,936	0.9	70	61
ULCER DRUGS	123,116	198	68.3	2,136	0.8	68	58
ANTIASTHMATIC	95,720	141	48.6	1,539	0.9	67	62
ANALGESICS - Narcotic	92,944	267	92.1	2,792	1.2	27	33
ANTIDIABETIC	86,474	161	55.5	1,704	1.0	53	51
MUSCULOSKELETAL THERAPY AGENTS	85,417	72	24.8	798	0.9	117	107
ANTIHYPERLIPIDEMIC	71,724	88	30.3	979	0.9	85	73
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	57,188	31	10.7	330	0.7	242	173
Total	1,537,628	1,681		18,143	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 492 beneficiaries who were in nursing facilities for part of their enrollment and their 4,854 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 2005. 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. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Nondual Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTI PSYCHOTICS				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 \$
All	17,475	\$1,537,628	220	75.9	2,420	0.9	\$194	228	78.6	2,509	1.1	\$110
Female												
All Females	10,703	934,423	148	86.5	1,644	0.9	194	122	71.3	1,370	1.1	112
Female, Disabled												
All Ages	10,265	902,396	138	94.5	1,563	1.0	197	110	75.3	1,279	1.1	116
64 or younger	10,196	898,555	138	96.5	1,563	1.0	197	110	76.9	1,279	1.1	116
65-74	69	3,841	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	438	32,027	10	40.0	81	0.6	117	12	48.0	91	0.8	58
64 or younger	37	1,138	0	0.0	0	0.0	0	1	50.0	1	2.0	72
65-74	116	10,434	4	50.0	21	0.9	201	3	37.5	20	0.9	43
75-84	187	15,409	6	75.0	60	0.5	88	5	62.5	48	0.7	61
85 and older	98	5,046	0	0.0	0	0.0	0	3	42.9	22	1.0	63
Male												
All Males	6,772	603,205	72	60.5	776	0.8	194	106	89.1	1,139	1.0	108
Male, Disabled												
All Ages	6,375	574,800	67	63.8	725	0.8	201	102	97.1	1,109	1.0	110
64 or younger	6,285	570,085	67	64.4	725	0.8	201	102	98.1	1,109	1.0	110
65-74	90	4,715	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	397	28,405	5	35.7	51	0.7	97	4	28.6	30	0.6	35
64 or younger	215	15,440	0	0.0	0	0.0	0	3	100.0	28	0.6	35
65-74	69	4,381	2	50.0	24	0.3	30	0	0.0	0	0.0	0
75-84	88	6,623	2	66.7	24	1.1	153	0	0.0	0	0.0	0
85 and older	25	1,961	1	25.0	3	1.0	187	1	25.0	2	1.0	45
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.
 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 2005. A total of 492 beneficiaries who were in nursing facilities for part of their enrollment and their 4,854 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 2005. 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 2005 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^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	275	94.8	2,936	0.9	\$61	198	68.3	2,136	0.8	\$58	141	48.6	1,539	0.9	\$62
Female															
All Females	171	100.0	1,854	0.9	61	111	64.9	1,194	0.8	64	79	46.2	845	0.8	61
Female, Disabled															
All Ages	154	105.5	1,718	0.9	63	107	73.3	1,159	0.8	64	76	52.1	837	0.8	61
64 or younger	154	107.7	1,718	0.9	63	104	72.7	1,145	0.8	64	74	51.7	827	0.8	61
65-74	0	0.0	0	0.0	0	3	100.0	14	1.1	74	2	66.7	10	0.9	88
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
Female, Other Eligibles															
All Ages	17	68.0	136	0.9	40	4	16.0	35	0.6	45	3	12.0	8	0.6	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	6	75.0	45	0.8	56	1	12.5	4	0.8	83	2	25.0	5	0.6	25
75-84	7	87.5	50	0.8	27	2	25.0	19	0.7	47	0	0.0	0	0.0	0
85 and older	4	57.1	41	1.0	41	1	14.3	12	0.3	31	1	14.3	3	0.7	10
Male															
All Males	104	87.4	1,082	0.8	61	87	73.1	942	0.9	50	62	52.1	694	1.1	64
Male, Disabled															
All Ages	98	93.3	1,048	0.8	61	80	76.2	876	0.9	52	56	53.3	640	1.0	60
64 or younger	96	92.3	1,030	0.8	62	79	76.0	867	0.9	52	54	51.9	622	1.0	58
65-74	2	200.0	18	0.6	32	1	100.0	9	1.7	78	2	200.0	18	0.8	121
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
Male, Other Eligibles															
All Ages	6	42.9	34	0.9	65	7	50.0	66	1.0	20	6	42.9	54	2.4	110
64 or younger	1	33.3	4	0.3	6	3	100.0	36	1.3	26	4	133.3	48	2.3	119
65-74	1	25.0	2	0.5	38	3	75.0	18	0.7	17	2	50.0	6	3.3	31
75-84	1	33.3	12	0.9	80	1	33.3	12	0.6	6	0	0.0	0	0.0	0
85 and older	3	75.0	16	1.1	72	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.
 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 2005. A total of 492 beneficiaries who were in nursing facilities for part of their enrollment and their 4,854 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.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^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					MUSCULOSKELETAL THERAPY AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	267	92.1	2,792	1.2	\$33	161	55.5	1,704	1.0	\$51	72	24.8	798	0.9	\$107
Female															
All Females	161	94.2	1,692	1.4	36	101	59.1	1,056	0.9	50	36	21.1	399	0.8	53
Female, Disabled															
All Ages	142	97.3	1,552	1.5	37	91	62.3	1,010	0.9	50	36	24.7	399	0.8	53
64 or younger	138	96.5	1,533	1.5	37	87	60.8	991	1.0	50	35	24.5	391	0.8	54
65-74	4	133.3	19	1.0	49	4	133.3	19	0.9	36	1	33.3	8	0.9	28
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
Female, Other Eligibles															
All Ages	19	76.0	140	0.7	29	10	40.0	46	0.9	46	0	0.0	0	0.0	0
64 or younger	3	150.0	15	1.7	12	3	150.0	3	2.7	226	0	0.0	0	0.0	0
65-74	3	37.5	12	0.9	5	2	25.0	5	1.2	71	0	0.0	0	0.0	0
75-84	10	125.0	77	0.6	37	3	37.5	14	1.0	29	0	0.0	0	0.0	0
85 and older	3	42.9	36	0.4	26	2	28.6	24	0.6	29	0	0.0	0	0.0	0
Male															
All Males	106	89.1	1,100	0.9	29	60	50.4	648	1.0	52	36	30.3	399	1.0	161
Male, Disabled															
All Ages	98	93.3	1,041	0.9	29	54	51.4	628	1.0	52	34	32.4	383	1.0	150
64 or younger	96	92.3	1,023	0.9	28	54	51.9	628	1.0	52	33	31.7	374	1.0	154
65-74	2	200.0	18	2.2	62	0	0.0	0	0.0	0	1	100.0	9	1.0	17
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
Male, Other Eligibles															
All Ages	8	57.1	59	0.9	33	6	42.9	20	1.0	52	2	14.3	16	1.1	416
64 or younger	1	33.3	4	0.3	2	4	133.3	16	1.1	49	2	66.7	16	1.1	416
65-74	3	75.0	17	0.5	7	2	50.0	4	0.8	61	0	0.0	0	0.0	0
75-84	3	100.0	36	1.1	46	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	25.0	2	1.5	80	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for Utah, released by CMS in 12/2008. This table was produced on 04/23/2009.
 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 2005. A total of 492 beneficiaries who were in nursing facilities for part of their enrollment and their 4,854 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	88	30.3	979	0.9	\$73	31	10.7	330	0.7	\$173	290	2,919
Female												
All Females	51	29.8	568	0.9	75	20	11.7	211	0.7	213	171	1,706
Female, Disabled												
All Ages	46	31.5	532	0.9	73	19	13.0	209	0.7	214	146	1,562
64 or younger	45	31.5	527	0.9	73	19	13.3	209	0.7	214	143	1,548
65-74	1	33.3	5	0.2	19	0	0.0	0	0.0	0	3	14
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
Female, Other Eligibles												
All Ages	5	20.0	36	1.0	100	1	4.0	2	1.0	160	25	144
64 or younger	1	50.0	1	2.0	205	0	0.0	0	0.0	0	2	8
65-74	2	25.0	16	1.0	104	1	12.5	2	1.0	160	8	36
75-84	2	25.0	19	0.9	91	0	0.0	0	0.0	0	8	63
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	37
Male												
All Males	37	31.1	411	0.8	72	11	9.2	119	0.7	102	119	1,213
Male, Disabled												
All Ages	33	31.4	391	0.9	73	9	8.6	95	0.7	102	105	1,097
64 or younger	33	31.7	391	0.9	73	9	8.7	95	0.7	102	104	1,088
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	4	28.6	20	0.4	39	2	14.3	24	0.5	105	14	116
64 or younger	1	33.3	4	0.8	78	0	0.0	0	0.0	0	3	28
65-74	2	50.0	4	0.5	54	2	50.0	24	0.5	105	4	25
75-84	1	33.3	12	0.2	22	0	0.0	0	0.0	0	3	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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 2005. A total of 492 beneficiaries who were in nursing facilities for part of their enrollment and their 4,854 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 2005. 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 2005 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.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2005

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
All	72,711	29.1	1.0	239,387	\$16	\$3,874,617	\$16	3.4	249,807
Age									
5 and younger	31,482	32.8	0.7	71,589	9	896,152	13	8.8	95,890
6-14	12,424	20.8	0.5	28,939	10	600,387	21	2.8	59,649
15-20	6,022	23.0	0.6	16,022	12	317,633	20	2.5	26,218
21-44	17,576	30.9	1.3	74,718	21	1,172,109	16	2.8	56,965
45-64	4,961	47.4	4.5	46,806	83	870,594	19	3.2	10,477
65-74	138	38.3	2.0	719	31	11,278	16	2.5	360
75-84	83	43.2	2.1	406	25	4,790	12	2.3	192
85 and older	25	45.5	3.4	188	30	1,674	9	2.4	55
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	209	40.1	2.2	1,121	26	13,548	12	2.1	521
Disabled	8,917	47.1	4.2	80,493	90	1,699,415	21	3.0	18,943
Adults	16,870	28.8	0.9	54,939	13	777,305	14	3.1	58,555
Children	46,571	27.2	0.6	102,127	8	1,373,331	13	4.5	171,475
Unknown	144	46.0	2.3	707	35	11,018	16	2.5	313
Gender									
Female	43,726	30.8	1.1	152,109	17	2,431,384	16	3.7	141,965
Male	28,983	27.0	0.8	87,276	13	1,443,226	17	2.9	107,381
Unknown	2	0.4	0.0	2	0	7	4	2.4	461
Race									
White	51,315	29.0	1.0	182,241	18	3,128,843	17	3.2	177,096
African American	1,566	25.0	0.7	4,594	9	59,426	13	2.4	6,261
Other/unknown	19,830	29.8	0.8	52,552	10	686,348	13	4.8	66,450
Use of Nursing Facilities^d									
Entire year	237	81.7	18.5	5,368	427	123,898	23	5.6	290
Part year	420	85.4	13.9	6,859	226	111,211	16	3.9	492
None	72,054	28.9	0.9	227,160	15	3,639,508	16	3.3	249,025
Maintenance Assistance Status									
Cash	29,917	32.7	1.3	122,320	22	2,053,053	17	3.3	91,487
Medically needy	965	19.8	1.0	4,653	18	88,748	19	2.6	4,886
Poverty related	24,276	24.7	0.6	57,541	8	809,937	14	3.6	98,266
Other/unknown	17,553	31.8	1.0	54,873	17	922,879	17	3.5	55,168

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 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 2005.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$16	\$0	\$1	2,026,941
Age						
5 and younger	0.1	1	13	0	0	786,922
6-14	0.1	1	21	0	0	514,501
15-20	0.1	2	20	0	1	201,870
21-44	0.2	3	16	0	1	423,349
45-64	0.5	9	19	0	4	95,408
65-74	0.2	4	16	0	1	2,899
75-84	0.3	3	12	0	1	1,593
85 and older	0.5	4	9	0	1	393
Unknown	0.0	0	0	0	0	6
Basis of Eligibility^c						
Aged	0.3	3	12	0	1	4,366
Disabled	0.4	9	21	0	4	192,678
Adults	0.1	2	14	0	1	411,466
Children	0.1	1	13	0	0	1,415,845
Unknown	0.3	4	16	0	2	2,586
Gender						
Female	0.1	2	16	0	1	1,140,372
Male	0.1	2	17	0	0	885,518
Unknown	0.0	0	4	0	0	1,051
Race						
White	0.1	2	17	0	1	1,440,185
African American	0.1	1	13	0	0	50,645
Other/unknown	0.1	1	13	0	0	536,111
Use of Nursing Facilities^d						
Entire year	1.8	42	23	1	15	2,919
Part year	1.4	23	16	0	11	4,854
None	0.1	2	16	0	1	2,019,168
Maintenance Assistance Status						
Cash	0.2	3	17	0	1	808,705
Medically needy	0.2	3	19	0	2	26,366
Poverty related	0.1	1	14	0	0	724,681
Other/unknown	0.1	2	17	0	1	467,189

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 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 2005.

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.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
UTAH, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Total Number Rx. \$ per Rx
All	94,834	\$41	\$3,874,617	100.0	239,387	\$16	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	6	58	345	0.0	8	43	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	34,970	33	1,138,541	29.4	57,548	20	24.0
Vitamins and minerals	12,209	36	445,410	11.5	30,972	14	12.9
Non-prescription drugs	34,725	20	694,059	17.9	81,696	8	34.1
Barbiturates	590	64	37,731	1.0	4,762	8	2.0
Benzodiazepines	10,739	112	1,199,595	31.0	59,340	20	24.8
Other Part D Excl Rx Drugs	1,595	225	358,936	9.3	5,061	71	2.1

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 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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Benef(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.

Nondual Beneficiaries

APPENDIX TABLE A.1
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, UTAH, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	249,807	521	18,943	58,555	171,475	313	2,027,092	4,373	192,822	411,466	1,415,845	2,586
Age												
5 and younger	95,890	0	1,344	0	94,546	0	786,922	0	13,381	0	773,541	0
6-14	59,649	0	2,304	14	57,331	0	514,501	0	24,686	91	489,724	0
15-20	26,218	0	1,765	5,361	19,088	4	201,873	0	18,377	32,827	150,646	23
21-44	56,965	1	6,707	49,832	295	130	423,379	12	68,320	352,895	1,163	989
45-64	10,477	3	6,755	3,337	207	175	95,516	16	67,599	25,596	748	1,557
65-74	360	283	59	11	3	4	2,905	2,431	394	57	6	17
75-84	192	182	8	0	2	0	1,594	1,531	59	0	4	0
85 and older	55	52	1	0	2	0	396	383	6	0	7	0
Unknown	1	0	0	0	1	0	6	0	0	0	6	0
Gender												
Female	141,965	324	9,860	47,914	83,554	313	1,140,460	2,726	102,227	340,318	692,603	2,586
Male	107,381	197	9,083	10,639	87,462	0	885,581	1,647	90,595	71,144	722,195	0
Unknown	461	0	0	2	459	0	1,051	0	0	4	1,047	0
Race												
White	177,096	173	15,503	45,817	115,328	275	1,440,323	1,331	157,856	328,216	950,666	2,254
African American	6,261	7	458	1,099	4,697	0	50,651	76	4,338	8,008	38,229	0
Other/unknown	66,450	341	2,982	11,639	51,450	38	536,118	2,966	30,628	75,242	426,950	332
Use of Nursing Facilities^c												
Entire year	290	34	251	2	3	0	2,919	224	2,659	8	28	0
Part year	492	26	429	24	11	2	4,938	230	4,408	212	75	13
None	249,025	461	18,263	58,529	171,461	311	2,019,235	3,919	185,755	411,246	1,415,742	2,573
Maintenance Assistance Status												
Cash	91,487	191	11,737	25,632	53,927	0	808,807	1,862	125,916	197,258	483,771	0
Medically needy	4,886	40	1,052	1,760	2,034	0	26,366	250	8,145	7,678	10,293	0
Poverty related	98,266	232	3,771	18,598	75,352	313	724,681	1,820	32,166	112,815	575,294	2,586
Other/unknown	55,168	58	2,383	12,565	40,162	0	467,238	441	26,595	93,715	346,487	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	249,756	518	18,895	58,555	171,475	313	2,026,496	4,339	192,260	411,466	1,415,845	2,586
FFS part year, with Rx claims	51	3	48	0	0	0	596	34	562	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	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 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^a
 NONDUAL BENEFICIARIES, UTAH, 2005

	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
All	249,807	2,027,092	249,807	2,026,941	0	151
Fee-for-service (FFS) all year	249,756	2,026,496	249,756	2,026,496	0	0
FFS part year, with Rx claims	51	596	51	445	0	151
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	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. 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.

Nondual Beneficiaries