

The Centers for Medicare & Medicaid Services' Office of Research, Development, and Information (ORDI) strives to make information available to all. Nevertheless, portions of our files including charts, tables, and graphics may be difficult to read using assistive technology.

Persons with disabilities experiencing problems accessing portions of any file should contact ORDI through e-mail at ORDI_508_Compliance@cms.hhs.gov.

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
UTAH**

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE 3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE ND.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC
TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
UTAH, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^a	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	300166 (A)	31043 (E)	269123 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	270640 (B)	28653 (F)	241987 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	270592 (C)	28607 (G)	241985 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	2877 (D)	2577 (H)	300 (L)

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006 (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 2006, 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 2006 was \$135,982,454, of which \$7,812,017 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 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report 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 2006. 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 2006. 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.

Benef(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.

All Medicaid Beneficiaries

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
UTAH, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	270,592	12,917	35,261	55,646	166,504	264	2,239,411	126,972	363,547	389,664	1,356,872	2,356
Age												
5 and younger	93,744	0	1,351	0	92,393	0	754,779	0	13,140	0	741,639	0
6-14	57,698	0	2,375	15	55,308	0	493,003	0	25,094	80	467,829	0
15-20	25,951	0	1,930	5,395	18,624	2	199,614	0	20,052	32,410	147,139	13
21-44	60,865	0	13,557	47,112	105	91	474,634	0	141,265	332,533	138	698
45-64	18,617	0	15,271	3,112	64	170	182,604	0	156,275	24,582	110	1,637
65-74	6,346	5,630	697	11	7	1	64,175	57,204	6,892	57	14	8
75-84	4,596	4,526	68	0	2	0	45,511	44,791	718	0	2	0
85 and older	2,773	2,761	12	0	0	0	25,088	24,977	111	0	0	0
Unknown	2	0	0	1	1	0	3	0	0	2	1	0
Gender												
Female	154,736	9,147	18,171	46,219	80,935	264	1,270,654	91,027	190,428	325,609	661,234	2,356
Male	115,352	3,770	17,090	9,426	85,066	0	967,517	35,945	173,119	64,053	694,400	0
Unknown	504	0	0	1	503	0	1,240	0	0	2	1,238	0
Race												
White	191,436	9,489	29,778	42,822	109,118	229	1,596,865	91,209	308,199	306,953	888,422	2,082
African American	6,676	128	817	1,151	4,578	2	56,209	1,288	7,431	8,317	39,165	8
Other/unknown	72,480	3,300	4,666	11,673	52,808	33	586,337	34,475	47,917	74,394	429,285	266
Use of Nursing Facilities^c												
Entire year	2,877	2,180	694	2	1	0	28,188	20,705	7,469	2	12	0
Part year	2,496	1,569	902	17	6	2	23,412	14,015	9,144	168	61	24
None	265,219	9,168	33,665	55,627	166,497	262	2,187,811	92,252	346,934	389,494	1,356,799	2,332
Maintenance Assistance Status												
Cash	93,712	3,551	16,662	22,373	51,126	0	844,176	39,590	178,377	173,213	452,996	0
Medically needy	7,317	1,544	3,064	1,265	1,444	0	50,862	12,019	26,101	5,443	7,299	0
Poverty-related	103,925	3,397	9,087	18,466	72,711	264	781,908	35,251	87,625	112,492	544,184	2,356
Other/unknown	65,638	4,425	6,448	13,542	41,223	0	562,465	40,112	71,444	98,516	352,393	0
Dual Medicare Status^d												
Full dual, all year	26,330	11,894	14,159	252	21	4	269,537	117,338	149,797	2,273	91	38
Full dual, part year	2,277	741	1,525	11	0	0	23,516	7,401	16,021	94	0	0
Non-dual, all year	241,985	282	19,577	55,383	166,483	260	1,946,358	2,233	197,729	387,297	1,356,781	2,318
Managed Care (MC) Status												
Fee-for-service (FFS) all year	270,114	12,578	35,122	55,646	166,504	264	2,236,934	125,111	362,931	389,664	1,356,872	2,356
FFS part year, with Rx claims	290	183	107	0	0	0	1,179	764	415	0	0	0
FFS part year, no Rx claims	81	68	13	0	0	0	300	261	39	0	0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 2006. 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^{a, b}
UTAH, 2006

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	60.7	6.9	\$474	\$68	\$3,580	13.2	270,592
Age							
5 and younger	60.9	2.8	102	36	1,599	6.4	93,744
6-14	52.4	3.8	366	96	1,575	23.2	57,698
15-20	62.4	6.5	541	83	4,037	13.4	25,951
21-44	69.6	11.4	777	68	4,791	16.2	60,865
45-64	68.5	25.8	1,832	71	10,519	17.4	18,617
65-74	43.0	4.6	215	46	6,787	3.2	6,346
75-84	39.5	3.0	94	32	10,226	0.9	4,596
85 and older	41.2	3.0	93	31	16,504	0.6	2,773
Unknown	0.0	0.0	0	0	101	0.0	2
Basis of Eligibility^e							
Aged	41.3	3.4	128	37	10,061	1.3	12,917
Disabled	68.0	22.6	2,002	89	13,003	15.4	35,261
Adults	70.8	9.1	449	50	2,358	19.1	55,646
Children	57.3	3.2	183	58	1,473	12.4	166,504
Unknown	88.3	30.4	2,041	67	14,708	13.9	264
Gender							
Female	63.7	7.9	474	60	3,453	13.7	154,736
Male	57.1	5.7	476	84	3,763	12.6	115,352
Unknown	2.0	0.1	2	28	684	0.3	504
Race							
White	63.3	8.1	568	70	4,159	13.7	191,436
African American	55.9	5.9	417	71	2,376	17.6	6,676
Other/unknown	54.5	4.0	230	57	2,161	10.6	72,480
Use of Nursing Facilities^f							
Entire year	59.2	18.5	1,047	57	39,612	2.6	2,877
Part year	64.8	21.0	1,351	64	29,706	4.5	2,496
None	60.7	6.7	459	69	2,943	15.6	265,219
Maintenance Assistance Status							
Cash	63.7	10.0	717	72	2,993	24.0	93,712
Medically needy	44.4	8.6	662	77	5,367	12.3	7,317
Poverty related	56.9	4.2	242	58	1,635	14.8	103,925
Other/unknown	64.5	6.8	472	70	7,299	6.5	65,638

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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^{a, b}
 UTAH, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months	
All	0.8	\$57	13.2	39.3	47.9	5.5	5.0	1.8	0.5	\$433	270,592	2,239,411
Age												
5 and younger	0.4	13	6.4	39.1	57.6	2.4	0.8	0.1	0.0	199	93,744	754,779
6-14	0.4	43	23.2	47.6	45.7	3.5	2.8	0.4	0.1	184	57,698	493,003
15-20	0.9	70	13.4	37.6	47.5	7.6	6.0	1.2	0.1	525	25,951	199,614
21-44	1.5	100	16.2	30.4	43.9	10.6	10.6	3.8	0.8	614	60,865	474,634
45-64	2.6	187	17.4	31.5	29.6	8.4	15.4	10.4	4.7	1,072	18,617	182,604
65-74	0.5	21	3.2	57.0	34.5	3.9	2.9	1.2	0.5	671	6,346	64,175
75-84	0.3	10	0.9	60.5	32.9	3.2	2.5	0.7	0.2	1,033	4,596	45,511
85 and older	0.3	10	0.6	58.8	33.6	3.6	2.7	0.9	0.4	1,824	2,773	25,088
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	67	2	3
Basis of Eligibility^e												
Aged	0.4	13	1.3	58.7	34.1	3.6	2.5	0.9	0.3	1,024	12,917	126,972
Disabled	2.2	194	15.4	32.0	32.8	8.7	14.4	8.7	3.4	1,261	35,261	363,547
Adults	1.3	64	19.1	29.2	47.2	11.0	9.6	2.7	0.4	337	55,646	389,664
Children	0.4	22	12.4	42.7	52.4	3.1	1.6	0.2	0.0	181	166,504	1,356,872
Unknown	3.4	229	13.9	11.7	26.5	20.5	25.8	11.7	3.8	1,648	264	2,356
Gender												
Female	1.0	58	13.7	36.3	48.6	6.4	5.8	2.2	0.7	421	154,736	1,270,654
Male	0.7	57	12.6	42.9	47.1	4.3	4.0	1.3	0.3	449	115,352	967,517
Unknown	0.0	1	0.3	98.0	1.8	0.2	0.0	0.0	0.0	278	504	1,240
Race												
White	1.0	68	13.7	36.7	48.1	6.3	6.0	2.3	0.7	499	191,436	1,596,865
African American	0.7	50	17.6	44.1	45.2	4.4	4.7	1.3	0.3	282	6,676	56,209
Other/unknown	0.5	28	10.6	45.5	47.6	3.4	2.5	0.7	0.2	267	72,480	586,337
Use of Nursing Facilities^f												
Entire year	1.9	107	2.6	40.8	35.1	7.4	6.1	4.9	5.6	4,043	2,877	28,188
Part year	2.2	144	4.5	35.2	36.2	6.7	8.5	7.3	6.2	3,167	2,496	23,412
None	0.8	56	15.6	39.3	48.1	5.4	5.0	1.7	0.4	357	265,219	2,187,811
Maintenance Assistance Status												
Cash	1.1	80	24.0	36.3	46.7	6.1	6.8	3.1	1.0	332	93,712	844,176
Medically needy	1.2	95	12.3	55.6	26.5	5.6	7.7	3.6	1.0	772	7,317	50,862
Poverty related	0.6	32	14.8	43.1	48.5	4.6	2.9	0.7	0.2	217	103,925	781,908
Other/unknown	0.8	55	6.5	35.5	51.0	6.0	5.5	1.6	0.4	852	65,638	562,465

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 UTAH, 2006

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	0.8	\$57	\$68	0.3	\$40	\$156	0.0	\$2	\$94	0.6	\$15	\$27
Age												
5 and younger	0.4	13	36	0.1	7	91	0.0	1	41	0.3	5	18
6-14	0.4	43	96	0.2	35	188	0.0	1	73	0.2	6	27
15-20	0.9	70	83	0.3	54	172	0.0	3	105	0.5	14	27
21-44	1.5	100	68	0.4	67	164	0.0	5	120	1.0	28	28
45-64	2.6	187	71	0.8	124	149	0.1	7	109	1.7	56	33
65-74	0.5	21	46	0.1	13	116	0.0	1	95	0.3	8	22
75-84	0.3	10	32	0.1	5	91	0.0	0	82	0.2	4	18
85 and older	0.3	10	31	0.1	5	88	0.0	0	66	0.3	5	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.4	13	37	0.1	7	102	0.0	1	85	0.3	5	20
Disabled	2.2	194	89	0.8	142	186	0.1	6	105	1.4	46	33
Adults	1.3	64	50	0.3	36	119	0.0	4	129	1.0	24	25
Children	0.4	22	58	0.1	16	134	0.0	1	60	0.3	5	22
Unknown	3.4	229	67	1.0	137	137	0.1	16	172	2.3	76	33
Gender												
Female	1.0	58	60	0.3	38	139	0.0	3	102	0.7	17	26
Male	0.7	57	84	0.2	43	181	0.0	2	81	0.4	12	29
Unknown	0.0	1	28	0.0	0	53	0.0	0	0	0.0	0	19
Race												
White	1.0	68	70	0.3	47	157	0.0	3	98	0.6	18	28
African American	0.7	50	71	0.2	36	157	0.0	1	86	0.4	12	27
Other/unknown	0.5	28	57	0.1	19	148	0.0	1	75	0.4	8	24
Use of Nursing Facilities^e												
Entire year	1.9	107	57	0.5	70	148	0.0	2	79	1.4	35	25
Part year	2.2	144	64	0.6	92	148	0.0	5	118	1.6	47	30
None	0.8	56	69	0.2	39	156	0.0	2	94	0.5	15	27
Maintenance Assistance Status												
Cash	1.1	80	72	0.3	56	159	0.0	3	95	0.7	21	29
Medically needy	1.2	95	77	0.4	65	173	0.0	4	120	0.8	26	32
Poverty related	0.6	32	58	0.1	21	151	0.0	2	97	0.4	10	24
Other/unknown	0.8	55	70	0.3	40	151	0.0	2	87	0.5	13	26

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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.medi-span.com/master-drug-database.aspx>
 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 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 UTAH, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-	Off-Patent Brand-	Generic	Total	Patented Brand-	Off-Patent Brand-	Generic	Total	Patented Brand-	Off-Patent Brand-	Generic	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						
Anti-infective Agents	0.2	0.0	0.0	0.2	\$13	\$7	\$1	\$5	\$53	\$186	\$44	\$27	233,450	\$12,266,400	98,643	36.5	958,102
Biologicals	0.2	0.1	0.0	0.0	97	91	0	5	637	642	0	566	1,050	668,639	609	0.2	6,916
Antineoplastic Agents	0.5	0.2	0.0	0.4	155	133	1	21	288	740	438	60	4,021	1,157,707	718	0.3	7,474
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	26	17	1	8	56	108	67	27	144,200	8,020,337	31,623	11.7	308,075
Cardiovascular Agents	0.9	0.3	0.0	0.5	42	28	2	11	47	85	98	21	134,374	6,299,173	14,807	5.5	151,476
Respiratory Agents	0.3	0.1	0.0	0.2	18	13	0	4	54	112	54	21	192,641	10,488,554	59,480	22.0	593,938
Gastrointestinal Agents	0.4	0.2	0.0	0.2	36	28	3	6	90	123	518	34	98,131	8,795,729	24,460	9.0	241,261
Genitourinary Agents	0.2	0.1	0.0	0.2	10	5	1	4	42	80	77	25	22,716	949,187	10,024	3.7	95,318
CNS Drugs	0.9	0.3	0.1	0.5	84	64	6	14	95	195	106	28	363,967	34,535,361	40,785	15.1	409,444
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	75	70	0	5	107	120	143	44	52,202	5,599,591	7,185	2.7	74,551
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.0	162	160	0	2	447	470	0	94	3,922	1,752,837	1,064	0.4	10,814
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	19	6	1	12	39	178	142	28	281,303	10,990,538	60,932	22.5	585,232
Neuromuscular Agents	0.7	0.3	0.0	0.4	68	49	1	18	95	183	76	41	151,807	14,468,510	20,441	7.6	212,280
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	3	14	13	16	14	60,766	830,776	27,714	10.2	254,076
Hematological Agents	0.6	0.1	0.0	0.4	174	163	1	10	298	1,202	36	23	19,458	5,804,950	3,345	1.2	33,455
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	40	90	54	22	106,249	4,220,041	53,604	19.8	529,822
Miscellaneous Products	0.2	0.1	0.0	0.1	34	28	0	5	166	187	291	103	7,311	1,212,209	3,464	1.3	36,151
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	79	0	0	0	1,393	109,898	809	0.3	7,854
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.	1,878,961	128,170,437	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 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^{a, b, c}
 UTAH, 2006

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	\$20,033,783	12,101	4.5	129,382	0.6	\$257	\$155
ANTICONVULSANT	13,115,112	16,034	5.9	171,400	0.6	118	77
ANTIDEPRESSANTS	10,635,373	34,681	12.8	351,760	0.5	65	30
ULCER DRUGS	7,005,120	22,537	8.3	225,590	0.4	87	31
ANALGESICS - Narcotic	6,897,079	63,226	23.4	612,710	0.3	36	11
ANTIASTHMATIC	6,396,297	32,889	12.2	333,948	0.3	73	19
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	5,596,468	8,299	3.1	87,012	0.6	107	64
MISC. HEMATOLOGICAL	4,789,421	758	0.3	7,848	0.5	1,173	610
ANTIDIABETIC	3,520,749	8,024	3.0	82,982	0.6	76	42
ANTIVIRAL	3,023,001	3,578	1.3	36,038	0.3	326	84
Total	81,012,403	202,127	n.a.	2,038,670	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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