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

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>28,607</b>	<b>12,635</b>	<b>15,684</b>	<b>263</b>	<b>21</b>	<b>4</b>	<b>293,053</b>	<b>124,739</b>	<b>165,818</b>	<b>2,367</b>	<b>91</b>	<b>38</b>
<b>Age</b>												
5 and younger	6	0	5	0	1	0	72	0	60	0	12	0
6-14	5	0	4	0	1	0	49	0	37	0	12	0
15-20	53	0	47	2	4	0	555	0	503	14	38	0
21-44	6,890	0	6,701	187	2	0	73,449	0	71,716	1,727	6	0
45-64	8,285	0	8,208	68	5	4	86,745	0	86,101	598	8	38
65-74	6,130	5,475	643	6	6	0	62,680	56,019	6,620	28	13	0
75-84	4,498	4,431	65	0	2	0	44,665	43,981	682	0	2	0
85 and older	2,740	2,729	11	0	0	0	24,838	24,739	99	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	17,130	8,975	7,985	157	9	4	176,676	89,720	85,368	1,509	41	38
Male	11,477	3,660	7,699	106	12	0	116,377	35,019	80,450	858	50	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	23,498	9,411	13,850	225	9	3	239,560	90,727	146,748	2,011	48	26
African American	432	122	297	4	9	0	4,162	1,244	2,861	38	19	0
Other/unknown	4,677	3,102	1,537	34	3	1	49,331	32,768	16,209	318	24	12
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,577	2,162	415	0	0	0	25,081	20,562	4,519	0	0	0
Part year	2,024	1,552	471	1	0	0	18,708	13,887	4,809	12	0	0
None	24,006	8,921	14,798	262	21	4	249,264	90,290	156,490	2,355	91	38
<b>Maintenance Assistance Status</b>												
Cash	7,986	3,435	4,393	158	0	0	87,996	38,459	48,000	1,537	0	0
Medically needy	3,564	1,530	2,009	25	0	0	29,949	11,923	17,918	108	0	0
Poverty-related	8,666	3,286	5,352	22	2	4	90,928	34,533	56,168	174	15	38
Other/unknown	8,391	4,384	3,930	58	19	0	84,180	39,824	43,732	548	76	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	28,181	12,297	15,596	263	21	4	290,808	122,890	165,422	2,367	91	38
FFS part year, with Rx claims	247	183	64	0	0	0	1,024	764	260	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.  
 c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.  
 d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	Percentage with at Least				Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid		Number of Beneficiaries
	One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx		FFS <sup>d</sup>		
<b>All</b>	<b>46.8</b>	<b>5.9</b>	<b>\$351</b>	<b>\$60</b>	<b>\$9,844</b>	<b>3.6</b>	<b>28,607</b>	
<b>Age</b>								
5 and younger	83.3	41.3	3,948	96	113,107	3.5	6	
6-14	40.0	8.2	1,449	177	2,188	66.2	5	
15-20	66.0	14.8	1,353	92	17,379	7.8	53	
21-44	49.9	7.8	635	81	9,679	6.6	6,890	
45-64	53.1	8.0	447	56	9,661	4.6	8,285	
65-74	42.6	4.4	202	46	6,764	3.0	6,130	
75-84	39.3	2.8	86	31	10,323	0.8	4,498	
85 and older	41.1	2.9	88	30	16,561	0.5	2,740	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	41.0	3.3	121	37	10,155	1.2	12,635	
Disabled	50.9	7.4	493	66	9,672	5.1	15,684	
Adults	77.9	38.1	2,892	76	5,678	50.9	263	
Children	38.1	5.0	167	34	1,241	13.5	21	
Unknown	100.0	70.0	4,563	65	21,938	20.8	4	
<b>Gender</b>								
Female	49.8	6.3	334	53	9,462	3.5	17,130	
Male	42.3	5.3	376	70	10,414	3.6	11,477	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Race</b>								
White	47.6	6.3	371	59	10,832	3.4	23,498	
African American	41.4	5.5	369	67	6,072	6.1	432	
Other/unknown	43.2	4.0	248	62	5,233	4.7	4,677	
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	55.1	6.6	236	36	35,632	0.7	2,577	
Part year	57.5	6.7	288	43	21,501	1.3	2,024	
None	45.0	5.8	369	64	6,093	6.1	24,006	
<b>Maintenance Assistance Status</b>								
Cash	47.6	6.5	420	64	3,239	13.0	7,986	
Medically needy	42.2	6.0	418	70	4,306	9.7	3,564	
Poverty related	44.7	5.7	337	59	1,834	18.4	8,666	
Other/unknown	50.1	5.5	272	49	26,756	1.0	8,391	

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

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

c. In 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 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 1 of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a	Percentage of All							Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
			Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10				
<b>All</b>	0.6	\$34	3.6	53.2	36.5	4.4	3.8	1.6	0.5	\$961	28,607	293,053	
<b>Age</b>													
5 and younger	3.4	329	3.5	16.7	16.7	16.7	16.7	33.3	0.0	9,426	6	72	
6-14	0.8	148	66.2	60.0	20.0	0.0	20.0	0.0	0.0	223	5	49	
15-20	1.4	129	7.8	34.0	41.5	5.7	13.2	5.7	0.0	1,660	53	555	
21-44	0.7	60	6.6	50.1	36.8	5.2	5.1	2.5	0.4	908	6,890	73,449	
45-64	0.8	43	4.6	46.9	40.2	5.4	4.8	2.0	0.7	923	8,285	86,745	
65-74	0.4	20	3.0	57.4	34.8	3.6	2.7	1.1	0.4	662	6,130	62,680	
75-84	0.3	9	0.8	60.7	33.1	3.0	2.3	0.6	0.2	1,040	4,498	44,665	
85 and older	0.3	10	0.5	58.9	33.6	3.6	2.7	0.8	0.4	1,827	2,740	24,838	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	0.3	12	1.2	59.0	34.2	3.4	2.3	0.8	0.3	1,029	12,635	124,739	
Disabled	0.7	47	5.1	49.1	38.6	5.2	4.7	1.9	0.5	915	15,684	165,818	
Adults	4.2	321	50.9	22.1	19.4	7.2	22.1	24.7	4.6	631	263	2,367	
Children	1.1	39	13.5	61.9	19.0	0.0	19.0	0.0	0.0	286	21	91	
Unknown	7.4	480	20.8	0.0	0.0	25.0	0.0	75.0	0.0	2,309	4	38	
<b>Gender</b>													
Female	0.6	32	3.5	50.2	38.9	4.8	3.9	1.8	0.5	917	17,130	176,676	
Male	0.5	37	3.6	57.7	32.9	3.9	3.7	1.4	0.4	1,027	11,477	116,377	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
<b>Race</b>													
White	0.6	36	3.4	52.4	36.7	4.6	4.1	1.8	0.5	1,062	23,498	239,560	
African American	0.6	38	6.1	58.6	30.8	4.9	3.5	1.6	0.7	630	432	4,162	
Other/unknown	0.4	24	4.7	56.8	36.2	3.3	2.5	0.9	0.3	496	4,677	49,331	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	0.7	24	0.7	44.9	38.8	7.9	5.4	2.1	0.8	3,661	2,577	25,081	
Part year	0.7	31	1.3	42.5	43.1	6.7	4.8	1.9	0.9	2,326	2,024	18,708	
None	0.6	36	6.1	55.0	35.7	3.8	3.6	1.5	0.4	587	24,006	249,264	
<b>Maintenance Assistance Status</b>													
Cash	0.6	38	13.0	52.4	38.2	3.5	3.4	2.0	0.5	294	7,986	87,996	
Medically needy	0.7	50	9.7	57.8	29.0	4.9	5.7	2.1	0.5	512	3,564	29,949	
Poverty related	0.5	32	18.4	55.3	35.6	4.1	3.5	1.2	0.3	175	8,666	90,928	
Other/unknown	0.5	27	1.0	49.9	38.9	5.4	3.8	1.4	0.5	2,667	8,391	84,180	

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. In 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.  
 Beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 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
<b>All</b>	<b>0.6</b>	<b>\$34</b>	<b>\$60</b>	<b>0.1</b>	<b>\$22</b>	<b>\$160</b>	<b>0.0</b>	<b>\$1</b>	<b>\$111</b>	<b>0.4</b>	<b>\$11</b>	<b>\$26</b>
<b>Age</b>												
5 and younger	3.4	329	96	1.6	286	184	0.0	5	192	1.9	38	20
6-14	0.8	148	177	0.4	139	325	0.0	0	11	0.4	8	22
15-20	1.4	129	92	0.6	105	183	0.0	2	75	0.8	22	27
21-44	0.7	60	81	0.2	41	201	0.0	2	110	0.5	16	32
45-64	0.8	43	56	0.2	25	151	0.0	2	130	0.6	16	27
65-74	0.4	20	46	0.1	12	116	0.0	1	96	0.3	7	22
75-84	0.3	9	31	0.0	4	92	0.0	0	83	0.2	4	18
85 and older	0.3	10	30	0.1	5	88	0.0	0	65	0.3	5	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.3	12	37	0.1	6	103	0.0	1	86	0.3	5	20
Disabled	0.7	47	66	0.2	30	177	0.0	2	118	0.5	14	28
Adults	4.2	321	76	1.3	194	147	0.1	13	109	2.8	114	41
Children	1.1	39	34	0.4	28	64	0.0	1	75	0.7	10	15
Unknown	7.4	480	65	1.7	165	98	0.3	64	203	5.4	251	47
<b>Gender</b>												
Female	0.6	32	53	0.1	19	142	0.0	2	119	0.5	11	25
Male	0.5	37	70	0.1	25	188	0.0	1	97	0.4	11	29
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.6	36	59	0.1	23	160	0.0	2	111	0.5	12	26
African American	0.6	38	67	0.1	26	190	0.0	1	154	0.4	12	27
Other/unknown	0.4	24	62	0.1	15	156	0.0	1	106	0.3	7	26
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.7	24	36	0.1	13	123	0.0	1	77	0.6	11	19
Part year	0.7	31	43	0.1	18	128	0.0	1	78	0.6	13	22
None	0.6	36	64	0.1	23	165	0.0	2	115	0.4	11	28
<b>Maintenance Assistance Status</b>												
Cash	0.6	38	64	0.2	25	164	0.0	2	102	0.4	11	27
Medically needy	0.7	50	70	0.2	32	168	0.0	3	164	0.5	15	30
Poverty related	0.5	32	59	0.1	20	160	0.0	1	116	0.4	11	28
Other/unknown	0.5	27	49	0.1	16	149	0.0	1	87	0.4	10	23

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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 D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name		Off-Patent Brand-Name Generic		Total	Patented Brand-Name		Off-Patent Brand-Name Generic		Total Number of Rx	Total Rx \$	Number of Dual Benef	As a Percentage of Total	Number of Benefit Months		
		Patented Brand-Name	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Brand-Name		Patented Brand-Name	Off-Patent Brand-Name									
Anti-infective Agents	0.3	0.1	0.0	0.2	\$28	\$21	\$0	\$7	\$102	\$306	\$133	\$34	5,524	\$562,139	1,894	6.6	19,884
Biologicals	0.1	0.1	0.0	0.0	69	46	0	23	569	448	0	1,271	102	58,040	75	0.3	841
Antineoplastic Agents	0.3	0.1	0.0	0.2	123	110	0	14	367	917	0	63	379	139,159	109	0.4	1,127
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.3	24	18	0	5	55	103	50	21	10,738	586,616	2,366	8.3	24,755
Cardiovascular Agents	0.6	0.2	0.0	0.3	29	19	3	8	47	78	105	22	17,448	827,631	2,785	9.7	28,541
Respiratory Agents	0.3	0.1	0.0	0.2	12	7	0	4	43	113	63	20	12,805	549,239	4,218	14.7	47,086
Gastrointestinal Agents	0.4	0.2	0.0	0.2	34	27	1	6	96	136	413	37	6,559	627,364	1,756	6.1	18,345
Genitourinary Agents	0.2	0.1	0.0	0.1	11	7	1	3	46	85	69	23	1,241	57,630	499	1.7	5,227
CNS Drugs	0.7	0.1	0.0	0.6	38	24	2	11	53	192	117	20	62,319	3,301,303	8,221	28.7	87,932
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	58	48	0	9	137	175	0	65	573	78,318	119	0.4	1,362
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	72	71	0	1	267	273	0	117	660	176,505	266	0.9	2,462
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	35	11	2	23	64	220	193	46	17,265	1,110,696	3,039	10.6	31,383
Neuromuscular Agents	0.6	0.1	0.0	0.5	33	18	0	15	52	171	63	28	24,496	1,270,576	3,549	12.4	38,598
Nutritional Products	0.3	0.0	0.0	0.3	8	0	0	8	24	15	18	24	2,469	58,046	771	2.7	7,604
Hematological Agents	0.3	0.1	0.0	0.3	42	36	0	5	122	525	34	20	2,830	345,791	822	2.9	8,233
Topical Products	0.2	0.1	0.0	0.1	11	6	0	5	50	83	60	33	2,529	127,490	1,063	3.7	11,198
Miscellaneous Products	0.3	0.2	0.0	0.1	57	48	1	8	202	234	371	106	811	163,564	259	0.9	2,849
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	8	0	0	0	30	0	0	0	125	3,768	48	0.2	454
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>168,873</b>	<b>10,043,875</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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.  
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,593,123	1,429	5.0	14,928	0.4	\$260	\$107
ANTICONVULSANT	1,151,605	3,341	11.7	36,892	0.6	54	31
ANTIDEPRESSANTS	789,221	2,998	10.5	31,538	0.3	73	25
DIAGNOSTIC PRODUCTS	746,336	2,229	7.8	25,444	0.3	92	29
ANALGESICS - Narcotic	737,214	3,194	11.2	32,981	0.4	61	22
ANTIANKIETY AGENTS	682,187	5,968	20.9	64,957	0.6	19	11
ULCER DRUGS	609,536	2,426	8.5	26,068	0.4	66	23
ANTIDIABETIC	455,609	1,964	6.9	20,736	0.3	67	22
ANTIHYPERLIPIDEMIC	356,741	1,209	4.2	12,780	0.3	93	28
ASTHMATIC	295,776	1,228	4.3	12,986	0.3	88	23
Total	7,417,348	25,986	n.a.	279,310	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

Dual Eligible Beneficiaries



TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benefit Benes	Number of Dual Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benefit Benes	Number of Dual Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>118,223</b>	<b>\$7,417,348</b>	<b>1,429</b>	<b>5.0</b>	<b>14,928</b>	<b>0.4</b>	<b>\$107</b>	<b>3,341</b>	<b>11.7</b>	<b>36,892</b>	<b>0.6</b>	<b>\$31</b>
<b>Female</b>												
All Females	74,940	4,388,765	743	4.3	7,769	0.4	96	2,067	12.1	22,829	0.6	29
<b>Female, Disabled</b>												
All Ages	47,666	3,114,132	550	6.9	5,966	0.4	106	1,534	19.2	17,152	0.6	31
5 and younger	42	996	0	0.0	0	0.0	0	1	33.3	12	0.3	3
6-14	2	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	85	9,050	2	13.3	24	0.6	161	4	26.7	48	0.4	75
21-44	17,547	1,319,310	285	9.4	3,098	0.4	115	671	22.2	7,486	0.6	39
45-64	27,567	1,608,432	243	5.4	2,625	0.4	88	825	18.3	9,224	0.6	25
65-74	2,347	170,234	20	5.3	219	0.6	205	33	8.8	382	0.6	31
75-84	76	6,077	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	27,274	1,274,633	193	2.1	1,803	0.3	62	533	5.8	5,677	0.6	23
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	10	507	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3,015	256,283	30	24.0	352	0.4	110	70	56.0	790	0.5	68
45-64	1,173	89,474	6	16.7	71	0.5	78	15	41.7	167	0.7	88
65-74	10,941	542,080	68	1.9	684	0.3	59	239	6.5	2,583	0.5	16
75-84	7,393	256,760	45	1.4	351	0.3	43	143	4.6	1,495	0.6	11
85 and older	4,742	129,529	44	2.0	345	0.3	34	66	3.0	642	0.6	10
<b>Male</b>												
All Males	43,283	3,028,583	686	6.0	7,159	0.4	118	1,274	11.1	14,063	0.6	34
<b>Male, Disabled</b>												
All Ages	33,867	2,479,208	572	7.4	6,237	0.5	125	1,079	14.0	12,148	0.6	34
5 and younger	20	1,193	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	237	32,511	9	28.1	94	0.6	168	10	31.3	113	0.6	95
21-44	15,576	1,392,839	374	10.2	4,077	0.5	138	557	15.2	6,261	0.6	39
45-64	16,982	985,151	183	5.0	1,994	0.4	97	502	13.6	5,675	0.6	28
65-74	1,024	65,356	5	1.9	60	0.2	52	9	3.4	96	0.5	40
75-84	20	974	0	0.0	0	0.0	0	1	3.8	3	0.3	3
85 and older	8	1,184	1	33.3	12	0.2	83	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users	Number of Dual Benefit Months	Mean	Mean Rx	Number of Users	Users	Number of Dual Benefit Months	Mean	Mean Rx
				as % of Dual Benes		Rx per Benefit Month	\$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	\$ per Benefit Month
<b>Male, Other Eligibles</b>												
All Ages	9,416	549,375	114	3.0	922	0.4	77	195	5.2	1,915	0.5	33
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	652	2	100.0	22	0.1	22	0	0.0	0	0.0	0
21-44	1,289	138,674	18	28.1	163	0.7	190	27	42.2	277	0.6	84
45-64	674	65,940	5	12.2	44	0.7	132	12	29.3	129	0.8	88
65-74	4,185	208,446	32	1.8	301	0.2	40	91	5.0	947	0.5	23
75-84	2,298	99,449	36	2.7	291	0.3	52	47	3.6	444	0.4	12
85 and older	959	36,214	21	3.9	101	0.4	63	18	3.4	118	0.4	22
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a</sup>, b, c  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					DIAGNOSTIC PRODUCTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>2,998</b>	<b>10.5</b>	<b>31,538</b>	<b>0.3</b>	<b>\$25</b>	<b>2,229</b>	<b>7.8</b>	<b>25,444</b>	<b>0.3</b>	<b>\$29</b>	<b>3,194</b>	<b>11.2</b>	<b>32,981</b>	<b>0.4</b>	<b>\$22</b>
<b>Female</b>															
All Females	1,962	11.5	20,909	0.3	26	1,479	8.6	16,988	0.3	29	1,986	11.6	20,859	0.4	21
<b>Female, Disabled</b>															
All Ages	1,335	16.7	14,672	0.4	27	760	9.5	8,732	0.3	32	1,320	16.5	14,349	0.4	23
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	66.7	24	0.1	3
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.1	2
15-20	6	40.0	72	0.3	13	0	0.0	0	0.0	0	2	13.3	24	0.1	0
21-44	581	19.2	6,426	0.4	30	194	6.4	2,245	0.4	37	570	18.8	6,266	0.3	17
45-64	700	15.5	7,631	0.3	24	496	11.0	5,718	0.3	30	680	15.1	7,311	0.4	30
65-74	47	12.5	531	0.4	25	61	16.3	661	0.3	29	65	17.3	712	0.4	11
75-84	1	2.6	12	0.1	6	9	23.1	108	0.4	33	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	627	6.9	6,237	0.3	23	719	7.9	8,256	0.3	27	666	7.3	6,510	0.4	16
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	0.2	12	0	0.0	0	0.0	0	2	50.0	24	0.1	1
21-44	106	84.8	1,192	0.5	55	8	6.4	81	0.2	17	163	130.4	1,774	0.5	25
45-64	39	108.3	434	0.5	39	7	19.4	69	0.4	34	46	127.8	529	0.7	44
65-74	220	6.0	2,277	0.3	15	408	11.1	4,683	0.3	29	236	6.4	2,354	0.3	10
75-84	144	4.6	1,295	0.2	12	251	8.1	2,919	0.3	26	123	3.9	1,065	0.2	6
85 and older	117	5.3	1,027	0.2	10	45	2.1	504	0.3	23	96	4.4	764	0.3	6
<b>Male</b>															
All Males	1,036	9.0	10,629	0.4	24	750	6.5	8,456	0.3	29	1,208	10.5	12,122	0.4	25
<b>Male, Disabled</b>															
All Ages	781	10.1	8,334	0.4	25	510	6.6	5,764	0.3	31	927	12.0	9,673	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	0.2	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	15.6	53	0.5	27	2	6.3	24	0.2	18	11	34.4	125	0.3	5
21-44	408	11.1	4,451	0.4	28	165	4.5	1,861	0.3	37	450	12.2	4,784	0.4	27
45-64	350	9.5	3,627	0.3	22	318	8.6	3,595	0.3	29	435	11.8	4,416	0.4	22
65-74	17	6.3	191	0.4	19	23	8.6	269	0.3	28	29	10.8	324	0.3	7
75-84	1	3.8	12	0.1	6	2	7.7	15	0.3	31	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

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					DIAGNOSTIC PRODUCTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	255	6.7	2,295	0.3	20	240	6.4	2,692	0.3	25	281	7.4	2,449	0.4	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	11	0.2	14	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	45	70.3	454	0.5	39	4	6.3	45	0.3	18	61	95.3	604	0.6	66
45-64	19	46.3	195	0.6	48	1	2.4	8	0.1	12	27	65.9	261	0.8	88
65-74	87	4.8	817	0.2	12	158	8.7	1,757	0.3	24	103	5.7	995	0.3	9
75-84	71	5.4	562	0.2	10	65	4.9	743	0.3	27	56	4.3	406	0.3	8
85 and older	32	6.0	256	0.2	10	12	2.2	139	0.3	18	34	6.4	183	0.3	6
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIAXIETY AGENTS					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of	
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>5,968</b>	<b>20.9</b>	<b>64,957</b>	<b>0.6</b>	<b>\$11</b>	<b>2,426</b>	<b>8.5</b>	<b>26,068</b>	<b>0.4</b>	<b>\$23</b>	<b>1,964</b>	<b>6.9</b>	<b>20,736</b>	<b>0.3</b>	<b>\$22</b>
<b>Female</b>															
All Females	4,017	23.5	43,814	0.6	10	1,601	9.3	17,352	0.3	23	1,181	6.9	12,688	0.3	22
<b>Female, Disabled</b>															
All Ages	2,193	27.5	24,698	0.6	11	823	10.3	9,153	0.4	27	514	6.4	5,735	0.4	30
5 and younger	3	100.0	36	0.1	1	3	100.0	36	0.9	24	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	12	0.1	1	0	0.0	0	0.0	0
15-20	3	20.0	24	0.5	9	5	33.3	60	0.3	7	0	0.0	0	0.0	0
21-44	766	25.3	8,682	0.5	10	289	9.5	3,220	0.4	29	126	4.2	1,436	0.3	29
45-64	1,340	29.7	15,071	0.6	12	476	10.5	5,272	0.3	25	337	7.5	3,748	0.4	31
65-74	77	20.5	837	0.5	9	48	12.8	541	0.5	45	48	12.8	515	0.4	26
75-84	4	10.3	48	0.4	5	1	2.6	12	0.3	4	3	7.7	36	0.4	59
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	1,824	19.9	19,116	0.5	9	778	8.5	8,199	0.3	17	667	7.3	6,953	0.3	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	25.0	12	0.3	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	56	44.8	622	0.6	17	57	45.6	638	0.4	34	10	8.0	102	0.3	22
45-64	13	36.1	154	0.7	7	17	47.2	187	0.5	53	17	47.2	169	0.7	40
65-74	647	17.6	7,147	0.5	8	312	8.5	3,309	0.3	20	346	9.4	3,714	0.3	16
75-84	624	20.0	6,454	0.5	8	219	7.0	2,384	0.3	11	209	6.7	2,140	0.3	12
85 and older	483	22.0	4,727	0.6	10	173	7.9	1,681	0.3	11	85	3.9	828	0.3	12
<b>Male</b>															
All Males	1,951	17.0	21,143	0.6	11	825	7.2	8,716	0.4	25	783	6.8	8,048	0.3	22
<b>Male, Disabled</b>															
All Ages	1,427	18.5	15,975	0.6	12	556	7.2	6,121	0.4	26	492	6.4	5,261	0.4	26
5 and younger	0	0.0	0	0.0	0	4	200.0	48	0.3	24	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	9.4	36	0.6	6	7	21.9	77	0.2	27	1	3.1	12	0.3	31
21-44	585	15.9	6,670	0.5	13	230	6.3	2,561	0.4	27	144	3.9	1,559	0.4	28
45-64	793	21.5	8,792	0.6	11	284	7.7	3,079	0.4	26	310	8.4	3,265	0.3	25
65-74	40	14.9	414	0.5	7	30	11.2	344	0.4	25	37	13.8	425	0.4	30
75-84	5	19.2	51	0.2	3	1	3.8	12	0.1	11	0	0.0	0	0.0	0
85 and older	1	33.3	12	0.4	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIANXIETY AGENTS					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users	Number of Benefit Months Among Users	Mean Number of		Number of Users	Users	Number of Benefit Months Among Users	Mean Number of	
		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month		as % of Dual Benes		Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	524	13.9	5,168	0.6	10	269	7.1	2,595	0.4	21	291	7.7	2,787	0.3	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	11	0.5	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	15	23.4	164	0.9	10	13	20.3	137	0.5	62	10	15.6	111	0.5	51
45-64	9	22.0	91	0.6	5	11	26.8	107	0.6	76	4	9.8	35	0.7	24
65-74	217	11.9	2,250	0.7	12	109	6.0	1,124	0.3	19	156	8.6	1,623	0.2	12
75-84	174	13.2	1,670	0.5	10	94	7.1	852	0.4	15	93	7.1	788	0.3	13
85 and older	108	20.2	982	0.5	9	42	7.9	375	0.3	12	28	5.2	230	0.4	16
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Benef(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.

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	1,209	4.2	12,780	0.3	\$28	1,228	4.3	12,986	0.3	\$23	28,607	293,053
<b>Female</b>												
All Females	729	4.3	7,744	0.3	28	815	4.8	8,829	0.3	20	17,130	176,676
<b>Female, Disabled</b>												
All Ages	356	4.5	3,856	0.4	33	524	6.6	5,802	0.3	21	7,985	85,368
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	2	13.3	24	0.1	1	15	154
21-44	95	3.1	1,030	0.4	37	177	5.8	1,924	0.2	16	3,027	32,618
45-64	234	5.2	2,532	0.3	30	307	6.8	3,438	0.3	22	4,517	48,125
65-74	27	7.2	294	0.5	46	38	10.1	416	0.6	36	375	3,931
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	39	424
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	68
<b>Female, Other Eligibles</b>												
All Ages	373	4.1	3,888	0.2	23	291	3.2	3,027	0.2	18	9,145	91,308
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	1	25.0	12	0.2	28	4	38
21-44	9	7.2	100	0.5	53	47	37.6	538	0.3	23	125	1,188
45-64	9	25.0	87	0.7	67	12	33.3	124	0.3	26	36	345
65-74	212	5.8	2,273	0.2	24	162	4.4	1,687	0.2	18	3,669	38,217
75-84	107	3.4	1,089	0.2	15	42	1.3	413	0.2	16	3,116	31,429
85 and older	36	1.6	339	0.2	17	27	1.2	253	0.1	11	2,195	20,091
<b>Male</b>												
All Males	480	4.2	5,036	0.3	28	413	3.6	4,157	0.3	28	11,477	116,377
<b>Male, Disabled</b>												
All Ages	316	4.1	3,411	0.3	30	272	3.5	2,899	0.3	27	7,699	80,450
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25
15-20	1	3.1	12	0.4	17	3	9.4	28	0.3	25	32	349
21-44	110	3.0	1,198	0.3	29	97	2.6	1,073	0.3	29	3,674	39,098
45-64	178	4.8	1,908	0.3	28	143	3.9	1,490	0.3	27	3,691	37,976
65-74	26	9.7	281	0.5	49	28	10.4	296	0.2	24	268	2,689
75-84	1	3.8	12	0.1	11	0	0.0	0	0.0	0	26	258
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.1	11	3	31

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>Male, Other Eligibles</b>												
All Ages	164	4.3	1,625	0.3	25	141	3.7	1,258	0.3	30	3,778	35,927
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
21-44	13	20.3	147	0.6	56	11	17.2	107	0.3	21	64	545
45-64	9	22.0	87	0.6	47	7	17.1	68	0.4	40	41	299
65-74	91	5.0	905	0.2	21	76	4.2	697	0.3	38	1,818	17,843
75-84	36	2.7	346	0.2	16	33	2.5	293	0.2	20	1,317	12,554
85 and older	15	2.8	140	0.2	21	14	2.6	93	0.2	13	534	4,648
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Benes(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.

Dual Eligible Beneficiaries



TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$24</b>	<b>0.7</b>	<b>2,577</b>	<b>25,081</b>
<b>Age</b>				
0-64	50	1.2	388	4,242
65-74	34	0.9	450	4,468
75-84	18	0.6	790	7,631
85 and older	13	0.4	949	8,740
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	21	0.6	1,755	17,202
Male	32	0.8	822	7,879
Unknown	0	0.0	0	0
<b>Race</b>				
White	25	0.7	2,379	23,143
African American	36	0.7	23	210
Other/unknown	18	0.5	175	1,728
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	18	0.6	2,162	20,562
Disabled	51	1.2	415	4,519
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 2,024 beneficiaries who were in nursing facilities for part of their enrollment and their 18,708 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
	Patented Brand-Name	Off-Patent Brand-Name	Generic	Patented Brand-Name	Off-Patent Brand-Name	Generic	\$	\$	\$	\$	\$	\$					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$32	\$25	\$1	\$6	\$97	\$206	\$439	\$30	262	\$25,528	101	3.9	806
Biologicals	0.1	0.1	0.0	0.0	3	2	0	0	25	27	0	17	19	474	19	0.7	189
Antineoplastic Agents	0.2	0.0	0.0	0.1	18	12	0	7	100	254	0	48	12	1,195	8	0.3	66
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	18	13	0	4	46	80	83	18	632	29,163	190	7.4	1,666
Cardiovascular Agents	0.6	0.2	0.0	0.4	20	11	2	7	35	66	110	18	1,358	47,911	286	11.1	2,399
Respiratory Agents	0.2	0.0	0.0	0.2	12	8	0	4	49	198	36	20	646	31,610	254	9.9	2,594
Gastrointestinal Agents	0.4	0.1	0.0	0.3	20	10	0	10	50	83	0	36	502	25,249	143	5.5	1,294
Genitourinary Agents	0.3	0.1	0.0	0.2	13	9	0	4	46	87	21	24	176	8,143	71	2.8	629
CNS Drugs	0.9	0.1	0.0	0.8	26	12	1	13	31	162	81	17	9,012	276,365	1,063	41.2	10,506
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	51	50	0	0	157	159	0	61	206	32,321	77	3.0	634
Analgesics and Anesthetics	0.4	0.1	0.0	0.4	15	5	0	9	34	98	104	25	842	28,906	240	9.3	1,969
Neuromuscular Agents	0.8	0.1	0.0	0.7	25	10	0	15	32	130	37	21	1,975	63,739	256	9.9	2,525
Nutritional Products	0.4	0.0	0.0	0.4	8	0	0	8	21	9	13	22	546	11,709	175	6.8	1,532
Hematological Agents	0.3	0.0	0.0	0.3	7	3	0	4	21	98	16	13	603	12,791	204	7.9	1,911
Topical Products	0.3	0.1	0.0	0.2	12	6	1	5	46	74	68	28	235	10,827	103	4.0	883
Miscellaneous Products	0.1	0.1	0.0	0.0	4	4	0	0	30	35	0	7	42	1,243	30	1.2	300
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	9	0	0	0	49	0	0	0	11	541	6	0.2	58
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.	17,079	607,715	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,024 beneficiaries who were in nursing facilities for part of their enrollment and their 10,708 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 2006. 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.medi-span.com/master-drug-database.aspx>.  
 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.medi-span.com/master-drug-database.aspx>.  
 In Utah, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.  
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; RX = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D-10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTI-ANXIETY AGENTS	\$121,579	877	34.0	8,913	0.8	\$17	\$14
ANTI-PSYCHOTICS	101,635	136	5.3	1,181	0.3	274	86
ANTI-CONVULSANT	54,854	242	9.4	2,452	0.7	30	22
ULCER DRUGS	50,293	329	12.8	3,345	0.5	32	15
ANTI-DIABETIC	41,025	247	9.6	2,432	0.4	41	17
ANTI-DEPRESSANTS	37,257	257	10.0	2,129	0.3	56	17
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	33,698	102	4.0	859	0.3	143	39
ANTI-HYPERLIPIDEMIC	20,601	92	3.6	807	0.3	93	26
ANTI-ASTHMATIC	19,923	73	2.8	631	0.2	172	32
COUGH/COLD/ALLERGY	18,791	369	14.3	4,092	0.3	16	5
<b>Total</b>	<b>499,656</b>	<b>2,724</b>	<b>n.a.</b>	<b>26,841</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D-10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,024 beneficiaries who were in nursing facilities for part of their enrollment and their 18,708 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health: <http://www.meds-span.com/master-drug-database.aspx>.  
 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; n.a. = not applicable.

TABLE D-10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIANKXIETY AGENTS				ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>14,160</b>	<b>\$499,656</b>	<b>877</b>	<b>34.0</b>	<b>8,913</b>	<b>0.8</b>	<b>\$14</b>	<b>136</b>	<b>5.3</b>	<b>1,181</b>	<b>0.3</b>	<b>\$86</b>
<b>Female</b>												
All Females	9,230	287,893	603	34.4	6,148	0.8	13	90	5.1	777	0.3	63
<b>Female, Disabled</b>												
All Ages	2,242	87,433	91	46.9	1,015	0.9	17	15	7.7	163	0.4	132
64 or younger	2,111	75,397	85	47.2	947	1.0	17	12	6.7	131	0.4	127
65-74	131	12,036	6	46.2	68	0.5	9	3	23.1	32	0.4	151
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>												
All Ages	6,988	200,460	512	32.8	5,133	0.7	12	75	4.8	614	0.3	45
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,667	57,152	101	41.7	1,089	0.8	14	20	8.3	181	0.4	55
75-84	2,845	77,264	190	34.4	1,885	0.8	12	29	5.3	218	0.3	47
85 and older	2,476	66,044	221	28.8	2,159	0.7	11	26	3.4	215	0.3	33
<b>Male</b>												
All Males	4,930	211,763	274	33.3	2,765	0.8	16	46	5.6	404	0.3	131
<b>Male, Disabled</b>												
All Ages	2,211	103,875	93	42.1	1,029	0.9	17	18	8.1	198	0.3	190
64 or younger	2,159	103,024	85	40.9	952	1.0	18	18	8.7	198	0.3	190
65-74	49	816	7	63.6	65	0.6	6	0	0.0	0	0.0	0
75-84	3	35	1	50.0	12	0.1	2	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>												
All Ages	2,719	107,888	181	30.1	1,736	0.8	15	28	4.7	206	0.3	73
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,174	50,544	67	36.4	667	1.0	19	9	4.9	78	0.2	52
75-84	1,018	38,222	63	26.8	617	0.7	13	11	4.7	96	0.4	78
85 and older	527	19,122	51	28.0	452	0.6	12	8	4.4	32	0.6	113
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D-10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,024 beneficiaries who were in nursing facilities for part of their enrollment and their 18,708 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.meds-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D-10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANTIDIABETIC				
	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 \$
		9.4					12.8					9.6			
<b>All</b>	<b>242</b>		<b>2,452</b>	<b>0.7</b>	<b>\$22</b>	<b>329</b>		<b>3,345</b>	<b>0.5</b>	<b>\$15</b>	<b>247</b>		<b>2,432</b>	<b>0.4</b>	<b>\$17</b>
<b>Female</b>															
All Females	156	8.9	1,575	0.7	19	230	13.1	2,394	0.4	14	146	8.3	1,505	0.4	15
<b>Female, Disabled</b>															
All Ages	46	23.7	510	0.9	29	40	20.6	450	0.5	17	26	13.4	307	0.3	18
64 or younger	42	23.3	470	0.9	30	38	21.1	426	0.5	16	23	12.8	271	0.3	14
65-74	4	30.8	40	0.6	16	2	15.4	24	0.7	32	3	23.1	36	0.5	43
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	110	7.0	1,065	0.7	15	190	12.2	1,944	0.4	13	120	7.7	1,198	0.4	14
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	42	17.4	399	0.5	16	35	14.5	344	0.5	17	25	10.3	245	0.4	17
75-84	41	7.4	404	0.9	16	61	11.1	639	0.5	14	52	9.4	533	0.4	14
85 and older	27	3.5	262	0.6	11	94	12.3	961	0.4	11	43	5.6	420	0.4	11
<b>Male</b>															
All Males	86	10.5	877	0.7	28	99	12.0	951	0.5	19	101	12.3	927	0.5	21
<b>Male, Disabled</b>															
All Ages	41	18.6	474	0.9	34	30	13.6	320	0.5	23	26	11.8	261	0.6	25
64 or younger	41	19.7	474	0.9	34	30	14.4	320	0.5	23	26	12.5	261	0.6	25
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	45	7.5	403	0.5	20	69	11.5	631	0.5	17	75	12.5	666	0.4	19
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	21	11.4	213	0.7	23	23	12.5	220	0.5	17	28	15.2	261	0.4	20
75-84	16	6.8	148	0.3	10	33	14.0	301	0.6	18	34	14.5	280	0.4	18
85 and older	8	4.4	42	0.5	40	13	7.1	110	0.4	11	13	7.1	125	0.4	19
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D-10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,024 beneficiaries who were in nursing facilities for part of their enrollment and their 18,708 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.meds-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D-10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a</sup>, b, c, d  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTHYPERLIPIDEMIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>257</b>	<b>10.0</b>	<b>2,129</b>	<b>0.3</b>	<b>\$18</b>	<b>102</b>	<b>4.0</b>	<b>859</b>	<b>0.3</b>	<b>\$39</b>	<b>92</b>	<b>3.6</b>	<b>807</b>	<b>0.3</b>	<b>\$26</b>
<b>Female</b>															
All Females	172	9.8	1,450	0.3	16	63	3.6	512	0.3	47	55	3.1	457	0.3	25
<b>Female, Disabled</b>															
All Ages	26	13.4	275	0.5	24	9	4.6	96	0.4	87	8	4.1	86	0.1	9
64 or younger	23	12.8	243	0.5	23	7	3.9	76	0.3	75	8	4.4	86	0.1	9
65-74	3	23.1	32	0.4	31	2	15.4	20	0.6	131	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	146	9.4	1,175	0.3	15	54	3.5	416	0.3	38	47	3.0	371	0.3	29
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	29	12.0	244	0.3	18	12	5.0	76	0.3	63	12	5.0	96	0.4	44
75-84	55	10.0	426	0.3	17	20	3.6	151	0.3	38	19	3.4	136	0.3	25
85 and older	62	8.1	505	0.2	11	22	2.9	189	0.2	28	16	2.1	139	0.3	22
<b>Male</b>															
All Males	85	10.3	679	0.3	20	39	4.7	347	0.2	28	37	4.5	350	0.3	26
<b>Male, Disabled</b>															
All Ages	26	11.8	269	0.4	28	10	4.5	107	0.3	26	12	5.4	116	0.4	32
64 or younger	25	12.0	262	0.4	29	10	4.8	107	0.3	26	11	5.3	109	0.4	33
65-74	1	9.1	7	0.1	1	0	0.0	0	0.0	0	1	9.1	7	0.1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	59	9.8	410	0.3	15	29	4.8	240	0.2	28	25	4.2	234	0.2	23
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	23	12.5	167	0.2	14	12	6.5	92	0.2	24	11	6.0	98	0.2	19
75-84	27	11.5	186	0.3	13	15	6.4	138	0.3	29	9	3.8	86	0.2	25
85 and older	9	4.9	57	0.3	19	2	1.1	10	0.4	68	5	2.7	50	0.3	29
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D-10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,024 beneficiaries who were in nursing facilities for part of their enrollment and their 18,708 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.meds-span.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D-10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIASTHMATIC					COUGH/COLD/ALLERGY					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>73</b>	<b>2.8</b>	<b>631</b>	<b>0.2</b>	<b>\$32</b>	<b>369</b>	<b>14.3</b>	<b>4,092</b>	<b>0.3</b>	<b>\$5</b>	<b>2,577</b>	<b>25,081</b>
<b>Female</b>												
All Females	42	2.4	418	0.2	13	241	13.7	2,741	0.3	4	1,755	17,202
<b>Female, Disabled</b>												
All Ages	3	1.5	33	0.3	24	45	23.2	519	0.5	9	194	2,120
64 or younger	3	1.7	33	0.3	24	44	24.4	507	0.5	9	180	1,985
65-74	0	0.0	0	0.0	0	1	7.7	12	0.1	3	13	128
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	39	2.5	385	0.1	12	196	12.6	2,222	0.2	3	1,561	15,082
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	14	5.8	131	0.1	9	38	15.7	438	0.2	2	242	2,457
75-84	11	2.0	102	0.2	22	82	14.9	902	0.3	4	552	5,434
85 and older	14	1.8	152	0.1	9	76	9.9	882	0.1	2	767	7,191
<b>Male</b>												
All Males	31	3.8	213	0.2	68	128	15.6	1,351	0.3	6	822	7,879
<b>Male, Disabled</b>												
All Ages	5	2.3	53	0.1	13	42	19.0	497	0.5	8	221	2,399
64 or younger	4	1.9	46	0.1	9	38	18.3	449	0.6	9	208	2,257
65-74	1	9.1	7	0.3	41	3	27.3	36	0.1	1	11	118
75-84	0	0.0	0	0.0	0	1	50.0	12	0.2	1	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	26	4.3	160	0.3	86	86	14.3	854	0.2	4	601	5,480
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	12	6.5	72	0.3	174	23	12.5	226	0.3	4	184	1,765
75-84	10	4.3	66	0.2	13	38	16.2	385	0.2	3	235	2,166
85 and older	4	2.2	22	0.2	13	25	13.7	243	0.3	6	182	1,549
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table D-10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 2,024 beneficiaries who were in nursing facilities for part of their enrollment and their 18,708 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.meds-gain.com/master-drug-database.aspx>.  
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 UTAH, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx		Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
		Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx						
<b>All</b>	<b>12,482</b>	<b>43.6</b>	<b>3.5</b>	<b>101,299</b>	<b>\$52</b>	<b>\$1,497,861</b>	<b>\$15</b>	<b>14.9</b>	<b>28,607</b>
<b>Age</b>									
5 and younger	5	83.3	12.3	74	140	837	11	3.5	6
6-14	4	80.0	3.2	16	39	195	12	2.7	5
15-20	20	37.7	3.2	170	29	1,563	9	2.2	53
21-44	2,852	41.4	3.3	22,545	53	362,388	16	8.3	6,890
45-64	4,139	50.0	4.7	38,732	74	614,028	16	16.6	8,285
65-74	2,375	38.7	2.8	17,387	39	239,712	14	19.4	6,130
75-84	1,819	40.4	2.9	13,134	36	163,720	12	42.5	4,498
85 and older	1,268	46.3	3.4	9,241	42	115,418	12	47.7	2,740
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	5,174	40.9	3.0	37,585	39	488,655	13	31.9	12,635
Disabled	7,162	45.7	4.0	62,466	63	991,038	16	12.8	15,684
Adults	138	52.5	4.5	1,188	67	17,523	15	2.3	263
Children	5	23.8	1.3	28	11	227	8	6.5	21
Unknown	3	75.0	8.0	32	105	418	13	2.3	4
<b>Gender</b>									
Female	8,195	47.8	3.9	66,595	56	957,930	14	16.7	17,130
Male	4,287	37.4	3.0	34,704	47	539,931	16	12.5	11,477
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	10,562	44.9	3.9	90,627	58	1,351,572	15	15.5	23,498
African American	159	36.8	2.4	1,019	34	14,496	14	9.1	432
Other/unknown	1,761	37.7	2.1	9,653	28	131,793	14	11.4	4,677
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,636	63.5	7.3	18,783	96	247,146	13	40.7	2,577
Part year	1,269	62.7	5.0	10,092	67	136,468	14	23.4	2,024
None	9,577	39.9	3.0	72,424	46	1,114,247	15	12.6	24,006
<b>Maintenance Assistance Status</b>									
Cash	3,378	42.3	3.1	24,364	45	359,266	15	10.7	7,986
Medically needy	1,270	35.6	2.6	9,183	46	164,018	18	11.0	3,564
Poverty related	3,275	37.8	2.6	22,701	40	345,123	15	11.8	8,666
Other/unknown	4,559	54.3	5.4	45,051	75	629,454	14	27.6	8,391

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.  
 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.  
 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.



TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 UTAH, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit	Benzodiazapine \$ per Benefit	Number of Benefit Months
				Month	Month	
	0.3	\$5	\$15	\$0	\$3	293,053
<b>All</b>						
<b>Age</b>						
5 and younger	1.0	12	11	0	0	72
6-14	0.3	4	12	0	0	49
15-20	0.3	3	9	0	1	555
21-44	0.3	5	16	0	3	73,449
45-64	0.4	7	16	0	5	86,745
65-74	0.3	4	14	0	2	62,680
75-84	0.3	4	12	0	2	44,665
85 and older	0.4	5	12	0	3	24,838
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	4	13	0	2	124,739
Disabled	0.4	6	16	0	4	165,818
Adults	0.5	7	15	0	5	2,367
Children	0.3	2	8	0	0	91
Unknown	0.8	11	13	0	4	38
<b>Gender</b>						
Female	0.4	5	14	0	3	176,676
Male	0.3	5	16	0	3	116,377
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.4	6	15	0	4	239,560
African American	0.2	3	14	0	2	4,162
Other/unknown	0.2	3	14	0	1	49,331
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.7	10	13	0	6	25,081
Part year	0.5	7	14	0	5	18,708
None	0.3	4	15	0	3	249,264
<b>Maintenance Assistance Status</b>						
Cash	0.3	4	15	0	2	87,996
Medically needy	0.3	5	18	0	3	29,949
Poverty related	0.2	4	15	0	3	90,828
Other/unknown	0.5	7	14	0	5	84,180

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.  
 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 1 on Table 1 for methodology used to determine use of nursing facilities.

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.

TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 UTAH, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Excluded Rx	Total Number Rx. \$ per Rx
<b>All</b>	<b>17,387</b>	<b>\$86</b>	<b>\$1,497,861</b>	<b>100.0</b>	<b>101,299</b>	<b>\$15</b>	<b>100.0</b>
Anorexia or weight loss/gain	1	36	36	0.0	1	36	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	2,922	48	139,819	9.3	6,458	22	6.4
Vitamins and minerals	718	76	54,901	3.7	2,254	24	2.2
Non-prescription drugs	5,683	60	340,401	22.7	34,303	10	33.9
Barbiturates	233	79	18,497	1.2	2,196	8	2.2
Benzodiazepines	7,472	122	913,400	61.0	55,055	17	54.3
Other Part D Excl Rx Drugs	358	86	30,807	2.1	1,032	30	1.0

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 D.13 includes the beneficiaries represented by Cell C of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.  
 b. Includes OTC drugs as well as prescription drugs.  
 c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines, barbiturates, non-prescription (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.

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 UTAH, 2006

Total Number of Dual Eligible Beneficiaries: 28,607  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$10,043,875  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$351

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	15,220	53.2	\$0	0.0
1-500	10,380	36.3	1,259,690	12.5
501-1,000	1,094	3.8	769,329	7.7
1,001-1,500	470	1.6	573,851	5.7
1,501-2,000	273	1.0	470,590	4.7
2,001-2,500	195	0.7	434,635	4.3
2,501-3,000	148	0.5	405,491	4.0
3,001-3,500	124	0.4	401,377	4.0
3,501-4,000	108	0.4	406,212	4.0
4,001-4,500	67	0.2	285,488	2.8
4,501-5,000	67	0.2	318,585	3.2
5,001-5,500	53	0.2	275,493	2.7
5,501-6,000	39	0.1	223,096	2.2
6,001-6,500	35	0.1	219,963	2.2
6,501-7,000	33	0.1	222,584	2.2
7,001-7,500	28	0.1	203,368	2.0
7,501-8,000	30	0.1	232,783	2.3
8,001-8,500	15	0.1	124,058	1.2
8,501-9,000	23	0.1	200,559	2.0
9,001-9,500	26	0.1	240,747	2.4
9,501-10,000	20	0.1	194,383	1.9
10,001+	159	0.6	2,581,593	25.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 UTAH, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 14,965  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$7,400,406  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$494

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement	
\$0	7,295	48.7	\$0	0.0
1-500	5,596	37.4	712,318	9.6
501-1,000	680	4.5	481,710	6.5
1,001-1,500	325	2.2	396,569	5.4
1,501-2,000	178	1.2	306,774	4.1
2,001-2,500	138	0.9	308,519	4.2
2,501-3,000	110	0.7	300,910	4.1
3,001-3,500	94	0.6	303,351	4.1
3,501-4,000	89	0.6	335,248	4.5
4,001-4,500	49	0.3	208,686	2.8
4,501-5,000	55	0.4	261,309	3.5
5,001-5,500	40	0.3	208,089	2.8
5,501-6,000	26	0.2	148,736	2.0
6,001-6,500	27	0.2	170,238	2.3
6,501-7,000	27	0.2	182,226	2.5
7,001-7,500	22	0.1	159,555	2.2
7,501-8,000	23	0.2	178,035	2.4
8,001-8,500	11	0.1	90,904	1.2
8,501-9,000	19	0.1	165,857	2.2
9,001-9,500	21	0.1	194,036	2.6
9,501-10,000	16	0.1	155,378	2.1
10,001+	124	0.8	2,131,958	28.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.  
 c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 UTAH, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 13,368  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,864,470  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$139

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,864	58.8	0	0.0
1-500	4,732	35.4	539,433	28.9
501-1,000	397	3.0	276,165	14.8
1,001-1,500	130	1.0	159,115	8.5
1,501-2,000	81	0.6	139,036	7.5
2,001-2,500	42	0.3	93,008	5.0
2,501-3,000	29	0.2	79,144	4.2
3,001-3,500	16	0.1	52,395	2.8
3,501-4,000	11	0.1	41,007	2.2
4,001-4,500	12	0.1	50,679	2.7
4,501-5,000	8	0.1	38,275	2.1
5,001-5,500	7	0.1	36,063	1.9
5,501-6,000	5	0.0	28,506	1.5
6,001-6,500	6	0.0	37,551	2.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	4	0.0	29,261	1.6
7,501-8,000	4	0.0	31,759	1.7
8,001-8,500	2	0.0	16,627	0.9
8,501-9,000	1	0.0	8,859	0.5
9,001-9,500	3	0.0	28,077	1.5
9,501-10,000	1	0.0	9,805	0.5
10,001+	13	0.1	169,705	9.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 UTAH, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,130  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,236,678  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$201

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,521	57.4	\$0	0.0
1-500	2,136	34.8	242,303	19.6
501-1,000	220	3.6	154,465	12.5
1,001-1,500	65	1.1	81,039	6.6
1,501-2,000	59	1.0	100,683	8.1
2,001-2,500	25	0.4	56,460	4.6
2,501-3,000	17	0.3	46,462	3.8
3,001-3,500	13	0.2	42,570	3.4
3,501-4,000	10	0.2	37,164	3.0
4,001-4,500	12	0.2	50,679	4.1
4,501-5,000	6	0.1	28,640	2.3
5,001-5,500	7	0.1	36,063	2.9
5,501-6,000	5	0.1	28,506	2.3
6,001-6,500	6	0.1	37,551	3.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	4	0.1	29,261	2.4
7,501-8,000	4	0.1	31,759	2.6
8,001-8,500	2	0.0	16,627	1.3
8,501-9,000	1	0.0	8,859	0.7
9,001-9,500	3	0.0	28,077	2.3
9,501-10,000	1	0.0	9,805	0.8
10,001+	13	0.2	169,705	13.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 UTAH, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 4,498  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$385,644  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$85

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,730	60.7	\$0	0.0
1-500	1,593	35.4	181,331	47.0
501-1,000	97	2.2	65,926	17.1
1,001-1,500	38	0.8	46,142	12.0
1,501-2,000	16	0.4	27,692	7.2
2,001-2,500	11	0.2	23,575	6.1
2,501-3,000	9	0.2	24,175	6.3
3,001-3,500	1	0.0	3,325	0.9
3,501-4,000	1	0.0	3,843	1.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	2	0.0	9,635	2.5
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 UTAH, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 2,740  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$242,148  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$88

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,613	58.9	\$0	0.0
1-500	1,003	36.6	115,799	47.8
501-1,000	80	2.9	55,774	23.0
1,001-1,500	27	1.0	31,934	13.2
1,501-2,000	6	0.2	10,661	4.4
2,001-2,500	6	0.2	12,973	5.4
2,501-3,000	3	0.1	8,507	3.5
3,001-3,500	2	0.1	6,500	2.7
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2006.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

All Medicaid Beneficiaries



APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL BENEFICIARIES, UTAH, 2006

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
<b>All</b>	<b>28,653</b>	<b>12,676</b>	<b>15,689</b>	<b>263</b>	<b>21</b>	<b>4</b>	<b>295,791</b>	<b>126,825</b>	<b>166,470</b>	<b>2,367</b>	<b>91</b>	<b>38</b>
<b>Age</b>												
5 and younger	6	0	5	0	1	0	72	0	60	0	12	0
6-14	5	0	4	0	1	0	49	0	37	0	12	0
15-20	53	0	47	2	4	0	555	0	503	14	38	0
21-44	6,891	0	6,702	187	2	0	73,540	0	71,807	1,727	6	0
45-64	8,289	0	8,212	68	5	4	87,261	0	86,617	598	8	38
65-74	6,133	5,478	643	6	6	0	63,215	56,512	6,662	28	13	0
75-84	4,515	4,448	65	0	2	0	45,440	44,796	682	0	2	0
85 and older	2,761	2,750	11	0	0	0	25,659	25,557	102	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	17,160	9,004	7,986	157	9	4	178,655	91,401	85,666	1,509	41	38
Male	11,493	3,672	7,703	106	12	0	117,136	35,424	80,804	858	50	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	23,544	9,452	13,855	225	9	3	242,176	92,727	147,364	2,011	48	26
African American	432	122	297	4	9	0	4,171	1,253	2,861	38	19	0
Other/unknown	4,677	3,102	1,537	34	3	1	49,444	32,845	16,245	318	24	12
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	2,577	2,162	415	0	0	0	25,081	20,562	4,519	0	0	0
Part year	2,027	1,555	471	1	0	0	19,342	14,411	4,919	12	0	0
None	24,049	8,959	14,803	262	21	4	251,368	91,852	157,032	2,355	91	38
<b>Maintenance Assistance Status</b>												
Cash	7,987	3,435	4,394	158	0	0	88,249	38,560	48,152	1,537	0	0
Medically needy	3,569	1,534	2,010	25	0	0	30,172	12,095	17,969	108	0	0
Poverty related	8,666	3,286	5,352	22	2	4	90,931	34,533	56,171	174	15	38
Other/unknown	8,431	4,421	3,933	58	19	0	86,439	41,637	44,178	548	76	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	26,376	11,935	14,164	252	21	4	272,228	119,398	150,428	2,273	91	38
Full dual, part year	2,277	741	1,525	11	0	0	23,563	7,427	16,042	94	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	28,181	12,297	15,596	263	21	4	290,808	122,890	165,422	2,367	91	38
FFS part year, with Rx claims	247	183	64	0	0	0	2,794	2,048	746	0	0	0
FFS part year, no Rx claims	81	68	13	0	0	0	916	760	156	0	0	0
MC all year, with Rx claims	98	87	11	0	0	0	921	824	97	0	0	0
MC all year, no Rx claims	46	41	5	0	0	0	352	303	49	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.  
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.  
 c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.  
 d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A-4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	Beneficiaries and					
	Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>28,653</b>	<b>295,791</b>	<b>28,607</b>	<b>293,053</b>	<b>0</b>	<b>2,738</b>
Fee-for-service (FFS) all year	28,181	290,808	28,181	290,808	0	0
FFS part year, with Rx claims	247	2,794	247	1,024	0	1,770
FFS part year, with no Rx claims	81	916	81	300	0	616
Managed care (MC) all year, with Rx claims	98	921	98	921	0	0
MC all year, with no Rx claims	46	352	0	0	0	352

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.