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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>  
 NONDUAL 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>241,985</b>	<b>282</b>	<b>19,577</b>	<b>55,383</b>	<b>166,483</b>	<b>260</b>	<b>1,946,358</b>	<b>2,233</b>	<b>197,729</b>	<b>387,297</b>	<b>1,356,781</b>	<b>2,318</b>
<b>Age</b>												
5 and younger	93,738	0	1,346	0	92,392	0	754,707	0	13,080	0	741,627	0
6-14	57,693	0	2,371	15	55,307	0	492,954	0	25,057	80	467,817	0
15-20	25,898	0	1,883	5,393	18,620	2	199,059	0	19,549	32,396	147,101	13
21-44	53,975	0	6,856	46,925	103	91	401,185	0	69,549	330,806	132	698
45-64	10,332	0	7,063	3,044	59	166	95,859	0	70,174	23,984	102	1,599
65-74	216	155	54	5	1	1	1,495	1,185	272	29	1	8
75-84	98	95	3	0	0	0	846	810	36	0	0	0
85 and older	33	32	1	0	0	0	250	238	12	0	0	0
Unknown	2	0	0	1	1	0	3	0	0	2	1	0
<b>Gender</b>												
Female	137,606	172	10,186	46,062	80,926	260	1,093,978	1,307	105,060	324,100	661,193	2,318
Male	103,875	110	9,391	9,320	85,054	0	851,140	926	92,669	63,195	694,350	0
Unknown	504	0	0	1	503	0	1,240	0	0	2	1,238	0
<b>Race</b>												
White	167,938	78	15,928	42,597	109,109	226	1,357,305	482	161,451	304,942	888,374	2,056
African American	6,244	6	520	1,147	4,569	2	52,047	44	4,570	8,279	39,146	8
Other/unknown	67,803	198	3,129	11,639	52,805	32	537,006	1,707	31,708	74,076	429,261	254
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	300	18	279	2	1	0	3,107	143	2,950	2	12	0
Part year	472	17	431	16	6	2	4,704	128	4,335	156	61	24
None	241,213	247	18,867	55,365	166,476	258	1,938,547	1,962	190,444	387,139	1,356,708	2,294
<b>Maintenance Assistance Status</b>												
Cash	85,726	116	12,269	22,215	51,126	0	756,180	1,131	130,377	171,676	452,996	0
Medically needy	3,753	14	1,055	1,240	1,444	0	20,913	96	8,183	5,335	7,299	0
Poverty-related	95,259	111	3,735	18,444	72,709	260	690,980	718	31,457	112,318	544,169	2,318
Other/unknown	57,247	41	2,518	13,484	41,204	0	478,285	288	27,712	97,968	352,317	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	241,933	281	19,526	55,383	166,483	260	1,946,126	2,221	197,509	387,297	1,356,781	2,318
FFS part year, with Rx claims	43	0	43	0	0	0	155	0	155	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2006 file for Utah, released by CMS in 10/2009. This table was produced on 02/12/2010.  
 a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.  
 c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

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

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>62.4</b>	<b>7.1</b>	<b>\$488</b>	<b>\$69</b>	<b>\$2,839</b>	<b>17.2</b>	<b>241,985</b>
<b>Age</b>							
5 and younger	60.9	2.8	102	36	1,591	6.4	93,738
6-14	52.4	3.8	366	96	1,574	23.2	57,693
15-20	62.4	6.5	539	83	4,009	13.5	25,898
21-44	72.1	11.8	795	67	4,167	19.1	53,975
45-64	80.8	40.0	2,943	74	11,207	26.3	10,332
65-74	55.1	10.7	591	55	7,437	7.9	216
75-84	50.0	11.2	486	43	5,752	8.4	98
85 and older	48.5	9.3	449	48	11,790	3.8	33
Unknown	0.0	0.0	0	0	101	0.0	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	52.1	9.7	425	44	5,860	7.2	282
Disabled	81.7	34.7	3,211	93	15,671	20.5	19,577
Adults	70.8	8.9	438	49	2,342	18.7	55,383
Children	57.3	3.2	183	58	1,473	12.4	166,483
Unknown	88.1	29.8	2,002	67	14,597	13.7	260
<b>Gender</b>							
Female	65.4	8.1	491	61	2,705	18.1	137,606
Male	58.7	5.7	487	85	3,028	16.1	103,875
Unknown	2.0	0.1	2	28	684	0.3	504
<b>Race</b>							
White	65.5	8.3	595	71	3,226	18.5	167,938
African American	56.9	5.9	421	71	2,120	19.8	6,244
Other/unknown	55.3	4.0	229	57	1,949	11.7	67,803
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	94.3	120.6	8,018	67	73,800	10.9	300
Part year	96.2	82.4	5,906	72	64,889	9.1	472
None	62.3	6.8	468	69	2,630	17.8	241,213
<b>Maintenance Assistance Status</b>							
Cash	65.2	10.4	745	72	2,970	25.1	85,726
Medically needy	46.4	11.0	893	81	6,374	14.0	3,753
Poverty related	58.0	4.0	233	58	1,617	14.4	95,259
Other/unknown	66.6	7.0	501	72	4,447	11.3	57,247

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

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

c. In 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.

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

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

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$ of All Medicaid FFS <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10 or Less	More than 10	Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries
<b>All</b>	0.9	\$61	17.2	37.6	49.2	5.6	5.2	1.9	0.5	\$353	241,985	1,946,358
<b>Age</b>												
5 and younger	0.4	13	6.4	39.1	57.6	2.4	0.8	0.1	0.0	198	93,738	754,707
6-14	0.4	43	23.2	47.6	45.7	3.5	2.8	0.4	0.1	184	57,693	492,954
15-20	0.8	70	13.5	37.6	47.5	7.6	6.0	1.1	0.1	522	25,898	199,059
21-44	1.6	107	19.1	27.9	44.8	11.3	11.3	3.9	0.8	561	53,975	401,185
45-64	4.3	317	26.3	19.2	21.1	10.8	23.9	17.1	7.9	1,208	10,332	95,859
65-74	1.5	85	7.9	44.9	26.4	11.6	10.2	3.7	3.2	1,075	216	1,495
75-84	1.3	56	8.4	50.0	23.5	9.2	12.2	5.1	0.0	666	98	846
85 and older	1.2	59	3.8	51.5	30.3	6.1	9.1	3.0	0.0	1,556	33	250
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	67	2	3
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	1.2	54	7.2	47.9	27.3	11.7	9.2	3.5	0.4	740	282	2,233
Disabled	3.4	318	20.5	18.3	28.1	11.6	22.2	14.1	5.7	1,552	19,577	197,729
Adults	1.3	63	18.7	29.2	47.4	11.0	9.6	2.6	0.3	335	55,383	387,297
Children	0.4	22	12.4	42.7	52.4	3.1	1.6	0.2	0.0	181	166,483	1,356,781
Unknown	3.3	225	13.7	11.9	26.9	20.4	26.2	10.8	3.8	1,637	260	2,318
<b>Gender</b>												
Female	1.0	62	18.1	34.6	49.8	6.6	6.0	2.3	0.7	340	137,606	1,093,978
Male	0.7	59	16.1	41.3	48.7	4.3	4.1	1.3	0.3	370	103,875	851,140
Unknown	0.0	1	0.3	98.0	1.8	0.2	0.0	0.0	0.0	278	504	1,240
<b>Race</b>												
White	1.0	74	18.5	34.5	49.7	6.5	6.2	2.3	0.7	399	167,938	1,357,305
African American	0.7	51	19.8	43.1	46.2	4.4	4.8	1.2	0.3	254	6,244	52,047
Other/unknown	0.5	29	11.7	44.7	48.4	3.5	2.5	0.7	0.2	246	67,803	537,006
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	11.6	774	10.9	5.7	3.0	3.3	12.0	29.3	46.7	7,126	300	3,107
Part year	8.3	593	9.1	3.8	6.6	6.4	23.9	30.5	28.8	6,511	472	4,704
None	0.8	58	17.8	37.7	49.4	5.6	5.1	1.8	0.4	327	241,213	1,938,547
<b>Maintenance Assistance Status</b>												
Cash	1.2	85	25.1	34.8	47.5	6.3	7.1	3.2	1.1	337	85,726	756,180
Medically needy	2.0	160	14.0	53.6	24.1	6.2	9.5	5.0	1.5	1,144	3,753	20,913
Poverty related	0.6	32	14.4	42.0	49.6	4.7	2.9	0.7	0.1	223	95,259	690,980
Other/unknown	0.8	60	11.3	33.4	52.8	6.1	5.8	1.6	0.3	532	57,247	478,285

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

TABLE ND.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, UTAH, 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>0.9</b>	<b>\$61</b>	<b>\$69</b>	<b>0.3</b>	<b>\$42</b>	<b>\$156</b>	<b>0.0</b>	<b>\$2</b>	<b>\$93</b>	<b>0.6</b>	<b>\$16</b>	<b>\$27</b>
<b>Age</b>												
5 and younger	0.4	13	36	0.1	7	91	0.0	1	41	0.3	5	18
6-14	0.4	43	96	0.2	35	188	0.0	1	73	0.2	6	27
15-20	0.8	70	83	0.3	53	172	0.0	3	105	0.5	14	27
21-44	1.6	107	67	0.4	71	161	0.0	5	121	1.1	31	28
45-64	4.3	317	74	1.4	213	149	0.1	11	106	2.8	93	34
65-74	1.5	85	55	0.5	56	116	0.0	3	84	1.0	27	26
75-84	1.3	56	43	0.4	37	87	0.0	2	73	0.9	18	21
85 and older	1.2	59	48	0.4	41	95	0.0	2	92	0.8	17	21
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	1.2	54	44	0.4	37	96	0.0	1	66	0.8	16	20
Disabled	3.4	318	93	1.3	236	188	0.1	10	103	2.1	72	35
Adults	1.3	63	49	0.3	36	118	0.0	4	129	0.9	23	24
Children	0.4	22	58	0.1	16	134	0.0	1	60	0.3	5	22
Unknown	3.3	225	67	1.0	137	138	0.1	15	170	2.3	73	32
<b>Gender</b>												
Female	1.0	62	61	0.3	41	139	0.0	3	100	0.7	18	26
Male	0.7	59	85	0.2	45	180	0.0	2	80	0.4	13	29
Unknown	0.0	1	28	0.0	0	53	0.0	0	0	0.0	0	19
<b>Race</b>												
White	1.0	74	71	0.3	52	157	0.0	3	97	0.7	19	28
African American	0.7	51	71	0.2	37	155	0.0	2	83	0.5	12	27
Other/unknown	0.5	29	57	0.1	19	147	0.0	1	73	0.4	8	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	11.6	774	67	3.5	534	154	0.2	15	80	8.0	226	28
Part year	8.3	593	72	2.5	387	153	0.2	21	131	5.6	184	33
None	0.8	58	69	0.3	41	156	0.0	2	93	0.6	15	27
<b>Maintenance Assistance Status</b>												
Cash	1.2	85	72	0.4	59	159	0.0	3	95	0.8	22	29
Medically needy	2.0	160	81	0.6	113	175	0.0	5	98	1.3	42	33
Poverty related	0.6	32	58	0.1	21	150	0.0	2	95	0.4	9	23
Other/unknown	0.8	60	72	0.3	44	151	0.0	3	87	0.5	14	27

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Utah, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see [Walters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx](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 ND.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL 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	Patented Brand-Name		Off-Patent Brand-Name		Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months		
				Total	\$	Total	\$										
Anti-infective Agents	0.2	0.0	0.0	0.2	\$12	\$7	\$1	\$5	\$51	\$181	\$44	\$27	227,926	\$11,704,261	96,749	40.0	938,218
Biologicals	0.2	0.1	0.0	0.0	101	97	0	3	644	660	0	363	948	610,599	534	0.2	6,075
Antineoplastic Agents	0.6	0.2	0.0	0.4	160	137	1	23	280	721	438	60	3,642	1,018,548	609	0.3	6,347
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	26	17	1	8	56	109	68	27	133,462	7,433,721	29,257	12.1	283,320
Cardiovascular Agents	1.0	0.4	0.0	0.6	45	30	2	12	47	86	96	21	116,926	5,471,542	12,022	5.0	122,935
Respiratory Agents	0.3	0.1	0.0	0.2	18	14	0	4	55	112	53	21	179,836	9,939,315	55,262	22.8	546,852
Gastrointestinal Agents	0.4	0.2	0.0	0.2	37	28	3	6	89	122	522	33	91,572	8,168,365	22,704	9.4	222,916
Genitourinary Agents	0.2	0.1	0.0	0.2	10	5	1	4	42	80	77	25	21,475	891,557	9,525	3.9	90,091
CNS Drugs	0.9	0.4	0.1	0.5	97	75	7	15	104	195	105	31	301,648	31,234,058	32,564	13.5	321,512
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	75	70	0	5	107	119	143	44	51,629	5,521,273	7,066	2.9	73,189
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	189	186	0	2	483	512	0	91	3,262	1,576,332	798	0.3	8,352
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	18	5	0	12	37	175	134	27	264,038	9,879,842	57,893	23.9	553,849
Neuromuscular Agents	0.7	0.3	0.0	0.4	76	56	1	19	104	184	78	45	127,311	13,197,934	16,892	7.0	173,682
Nutritional Products	0.2	0.0	0.0	0.2	3	0	0	3	13	13	16	13	58,297	772,730	26,943	11.1	246,472
Hematological Agents	0.7	0.2	0.0	0.5	216	204	1	11	328	1,300	36	24	16,628	5,459,159	2,523	1.0	25,222
Topical Products	0.2	0.1	0.0	0.1	8	5	0	3	39	90	54	21	103,720	4,092,551	52,541	21.7	518,624
Miscellaneous Products	0.2	0.1	0.0	0.1	31	26	0	5	161	182	266	103	6,500	1,048,645	3,205	1.3	33,302
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	84	0	0	0	1,268	106,130	761	0.3	7,400
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,710,088</b>	<b>118,126,562</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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Utah, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$18,440,660	10,672	4.4	114,454	0.6	\$257	\$161
ANTICONVULSANT	11,963,507	12,693	5.2	134,508	0.7	133	89
ANTIDEPRESSANTS	9,846,152	31,683	13.1	320,222	0.5	65	31
ULCER DRUGS	6,395,584	20,111	8.3	199,522	0.4	90	32
ANALGESICS - Narcotic	6,159,865	60,032	24.8	579,729	0.3	35	11
ANTIASTHMATIC	6,100,521	31,661	13.1	320,962	0.3	73	19
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	5,518,177	8,170	3.4	85,528	0.6	107	65
MISC. HEMATOLOGICAL	4,515,354	553	0.2	5,789	0.6	1,285	780
ANTIDIABETIC	3,065,140	6,060	2.5	62,246	0.6	78	49
ANTIVIRAL	2,771,069	3,409	1.4	34,190	0.3	319	81
Total	74,776,029	185,044	n.a.	1,857,150	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries



TABLE NO.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	All Top 10 Drug Groups								ANTIPSYCHOTICS				ANTICONSULSANT					
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	
<b>All</b>	<b>750,098</b>	<b>\$74,776,029</b>	<b>10,672</b>	<b>4.4</b>	<b>114,454</b>	<b>0.6</b>	<b>\$161</b>	<b>12,693</b>	<b>5.2</b>	<b>134,508</b>	<b>0.7</b>	<b>\$89</b>						
<b>Female</b>																		
All Females	476,064	40,020,652	5,712	4.2	61,107	0.6	140	8,251	6.0	86,946	0.6	79						
<b>Female, Disabled</b>																		
All Ages	209,824	22,289,076	3,120	30.6	34,945	0.7	182	4,064	39.9	45,457	0.8	102						
5 and younger	2,270	208,186	5	0.9	54	0.5	75	92	17.0	1,025	0.6	97						
6-14	7,644	1,002,441	107	13.0	1,189	0.7	209	266	32.4	3,007	0.9	146						
15-20	9,692	1,485,384	236	30.5	2,708	0.7	181	280	36.1	3,197	0.9	192						
45-64	70,433	8,211,560	1,352	37.7	15,005	0.6	172	1,668	46.5	18,562	0.8	115						
45-64	119,579	11,363,487	1,418	32.0	15,977	0.7	189	1,756	39.6	19,654	0.7	69						
65-74	206	17,998	2	6.9	12	0.5	148	2	6.9	12	0.8	30						
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	266,240	17,731,576	2,592	2.0	26,162	0.4	85	4,187	3.3	41,489	0.5	54						
5 and younger	15,257	861,115	20	0.0	204	0.5	108	94	0.2	938	0.4	51						
6-14	32,847	2,934,429	422	1.6	4,649	0.6	129	407	1.5	4,361	0.6	96						
15-20	32,036	2,382,221	525	3.6	5,357	0.5	110	463	3.2	4,744	0.5	79						
21-44	164,706	9,921,385	1,461	3.7	14,267	0.3	62	2,867	7.3	27,902	0.4	43						
45-64	20,910	1,602,428	161	7.6	1,671	0.5	77	348	16.3	3,480	0.5	51						
65-74	215	10,267	3	3.0	14	0.3	26	3	3.0	25	0.1	15						
75-84	216	14,952	0	0.0	0	0.0	0	4	6.9	37	0.9	122						
85 and older	53	4,779	0	0.0	0	0.0	0	1	5.3	2	0.5	34						
<b>Male</b>																		
All Males	274,028	34,755,094	4,960	4.8	53,347	0.7	185	4,442	4.3	47,562	0.7	107						
<b>Male, Disabled</b>																		
All Ages	134,312	19,431,782	2,910	31.0	32,240	0.8	213	2,737	29.1	30,546	0.8	122						
5 and younger	3,641	475,561	11	1.4	124	0.5	99	104	12.9	1,177	0.7	99						
6-14	16,006	3,232,356	388	25.0	4,378	0.7	197	363	23.4	4,094	0.8	150						
15-20	15,793	2,480,486	494	44.6	5,621	0.8	201	378	34.1	4,331	0.9	157						
21-44	51,280	8,045,641	1,391	42.6	15,264	0.8	226	1,222	37.4	13,664	0.9	133						
45-64	47,488	5,188,799	625	23.7	6,841	0.7	206	669	25.4	7,274	0.7	69						
65-74	102	8,933	1	4.0	12	0.1	28	1	4.0	6	0.2	7						
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						
85 and older	2	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0						

Nondual Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>												
All Ages	139,716	15,323,312	2,050	2.2	21,107	0.6	143	1,705	1.8	17,016	0.6	80
5 and younger	22,739	1,423,887	50	0.1	546	0.5	97	152	0.3	1,536	0.5	55
6-14	56,263	7,975,731	907	3.2	9,895	0.6	158	563	2.0	6,067	0.7	93
15-20	26,870	3,194,746	770	8.1	7,754	0.6	151	400	4.2	4,001	0.7	111
21-44	26,858	2,077,595	280	3.5	2,532	0.4	81	474	5.9	4,337	0.5	51
45-64	6,701	634,020	37	3.3	308	0.3	61	111	9.8	1,023	0.5	52
65-74	169	10,501	4	6.5	48	0.3	27	3	4.8	36	0.2	11
75-84	78	4,656	2	5.4	24	0.4	69	2	5.4	16	0.3	8
85 and older	38	2,176	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	6	283	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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIDEPRESSANTS										ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month					
																Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>31,683</b>	<b>13.1</b>	<b>320,222</b>	<b>0.5</b>	<b>\$31</b>	<b>20,111</b>	<b>8.3</b>	<b>199,522</b>	<b>0.4</b>	<b>\$32</b>	<b>60,032</b>	<b>24.8</b>	<b>579,729</b>	<b>0.3</b>	<b>\$11</b>					
<b>Female</b>																				
All Females	23,299	16.9	233,862	0.5	31	13,331	9.7	133,043	0.4	32	45,144	32.8	432,143	0.3	10					
<b>Female, Disabled</b>																				
All Ages	6,740	66.2	75,675	0.6	40	3,790	37.2	42,679	0.5	50	7,714	75.7	86,670	0.5	24					
5 and younger	14	2.6	168	0.6	12	149	27.6	1,630	0.5	29	94	17.4	1,074	0.1	1					
6-14	168	20.4	1,871	0.5	24	106	12.9	1,191	0.4	44	141	17.2	1,619	0.1	2					
15-20	317	40.9	3,588	0.6	37	120	15.5	1,354	0.4	41	238	30.7	2,709	0.2	4					
21-44	2,523	70.3	28,205	0.6	41	1,224	34.1	13,862	0.5	47	2,965	82.6	33,377	0.4	21					
45-64	3,714	83.9	41,821	0.6	41	2,181	49.2	24,579	0.6	55	4,261	96.2	47,821	0.6	28					
65-74	4	13.8	22	0.8	81	10	34.5	63	0.5	56	15	51.7	70	0.5	7					
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	16,559	13.0	158,187	0.4	26	9,541	7.5	90,364	0.3	24	37,430	29.4	345,473	0.3	7					
5 and younger	62	0.1	690	0.3	8	2,108	4.7	19,127	0.2	13	1,870	4.2	19,166	0.1	1					
6-14	1,236	4.6	13,284	0.4	19	729	2.7	7,774	0.2	19	2,401	8.9	24,917	0.1	1					
15-20	2,346	16.2	22,320	0.4	22	1,218	8.4	11,508	0.2	20	5,566	38.4	50,111	0.2	2					
21-44	11,739	30.0	110,109	0.4	27	4,939	12.6	46,421	0.3	28	26,107	66.8	236,421	0.3	8					
45-64	1,155	54.2	11,560	0.5	36	519	24.3	5,256	0.4	45	1,456	68.3	14,571	0.4	18					
65-74	7	7.0	58	0.4	3	18	18.0	174	0.3	25	16	16.0	138	0.1	4					
75-84	13	22.4	154	0.4	20	9	15.5	92	0.3	16	13	22.4	137	0.2	2					
85 and older	1	5.3	12	0.2	1	1	5.3	12	0.3	20	1	5.3	12	0.4	6					
<b>Male</b>																				
All Males	8,384	8.1	86,360	0.5	31	6,776	6.5	66,457	0.4	32	14,888	14.3	147,586	0.3	13					
<b>Male, Disabled</b>																				
All Ages	3,507	37.3	38,709	0.6	37	2,114	22.5	23,375	0.5	52	4,123	43.9	44,342	0.4	24					
5 and younger	31	3.8	354	0.5	16	203	25.2	2,281	0.4	31	165	20.5	1,841	0.1	1					
6-14	341	22.0	3,886	0.6	22	169	10.9	1,911	0.5	46	261	16.8	3,022	0.1	2					
15-20	423	38.2	4,777	0.6	35	149	13.4	1,680	0.6	57	294	26.5	3,308	0.2	7					
21-44	1,471	45.0	16,109	0.6	41	717	21.9	8,022	0.6	57	1,480	45.3	15,801	0.4	21					
45-64	1,236	46.9	13,555	0.6	37	871	33.1	9,447	0.6	53	1,910	72.5	20,271	0.6	34					
65-74	5	20.0	28	0.8	24	5	20.0	34	0.4	30	12	48.0	87	0.4	6					
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	1	100.0	12	0.2	1					

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	4,877	5.2	47,651	0.5	26	4,662	4.9	43,082	0.3	21	10,765	11.4	103,244	0.2	8
5 and younger	113	0.2	1,224	0.3	8	2,659	5.6	24,015	0.2	13	2,478	5.2	25,359	0.1	1
6-14	1,602	5.6	17,116	0.5	21	573	2.0	6,001	0.3	24	2,385	8.4	24,636	0.1	1
15-20	1,452	15.3	13,860	0.5	31	398	4.2	3,913	0.3	24	1,837	19.3	17,606	0.2	2
21-44	1,411	17.5	12,716	0.4	28	806	10.0	6,998	0.4	38	3,417	42.5	29,781	0.4	18
45-64	296	26.0	2,715	0.5	30	203	17.9	1,918	0.4	49	620	54.5	5,552	0.5	39
65-74	1	1.6	3	0.3	1	13	21.0	139	0.4	37	17	27.4	186	0.2	3
75-84	2	5.4	17	0.2	17	5	13.5	51	0.4	22	8	21.6	88	0.2	4
85 and older	0	0.0	0	0.0	0	5	38.5	47	0.6	32	3	23.1	36	0.3	14
<b>Unknown</b>	0	0.0	0	0.0	0	4	0.8	22	0.2	10	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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTI-ASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>31,661</b>	<b>13.1</b>	<b>320,962</b>	<b>0.3</b>	<b>\$19</b>	<b>8,170</b>	<b>3.4</b>	<b>85,528</b>	<b>0.6</b>	<b>\$65</b>	<b>553</b>	<b>0.2</b>	<b>5,789</b>	<b>0.6</b>	<b>\$780</b>
<b>Female</b>															
All Females	17,085	12.4	173,205	0.3	20	2,753	2.0	29,041	0.6	62	297	0.2	3,137	0.5	57
<b>Female, Disabled</b>															
All Ages	3,876	38.1	43,360	0.4	35	492	4.8	5,632	0.7	83	233	2.3	2,559	0.6	59
5 and younger	167	30.9	1,853	0.3	19	5	0.9	51	0.2	22	3	0.6	36	0.2	17
6-14	219	26.6	2,428	0.4	30	143	17.4	1,583	0.8	81	1	0.1	12	0.1	5
15-20	145	18.7	1,652	0.4	32	94	12.1	1,095	0.7	82	2	0.3	14	0.2	19
21-44	1,112	31.0	12,341	0.4	27	135	3.8	1,552	0.6	80	36	1.0	404	0.5	52
45-64	2,224	50.2	25,029	0.4	40	115	2.6	1,351	0.6	92	191	4.3	2,093	0.6	62
65-74	9	31.0	57	0.7	88	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>Female, Other Eligibles</b>															
All Ages	13,209	10.4	129,845	0.2	15	2,261	1.8	23,409	0.5	57	64	0.1	578	0.4	45
5 and younger	3,933	8.8	39,159	0.2	12	70	0.2	751	0.4	40	4	0.0	42	0.1	97
6-14	3,160	11.8	32,331	0.2	17	1,317	4.9	13,805	0.6	59	2	0.0	24	0.1	8
15-20	1,554	10.7	14,841	0.2	14	403	2.8	4,116	0.5	60	4	0.0	34	0.1	8
21-44	4,076	10.4	38,519	0.2	15	414	1.1	4,145	0.4	52	35	0.1	295	0.4	39
45-64	473	22.2	4,847	0.3	26	57	2.7	592	0.5	72	16	0.8	147	0.4	48
65-74	4	4.0	40	0.1	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	6	10.3	72	0.1	9	0	0.0	0	0.0	0	1	1.7	12	0.2	15
85 and older	3	15.8	36	0.5	43	0	0.0	0	0.0	0	2	10.5	24	1.0	115
<b>Male</b>															
All Males	14,575	14.0	147,746	0.3	18	5,417	5.2	56,487	0.6	66	256	0.2	2,652	0.7	1,635
<b>Male, Disabled</b>															
All Ages	2,263	24.1	24,960	0.4	33	896	9.5	10,071	0.7	79	194	2.1	2,079	0.6	850
5 and younger	363	45.0	4,023	0.3	24	20	2.5	225	0.4	29	3	0.4	36	0.7	4,365
6-14	427	27.6	4,846	0.3	26	497	32.1	5,572	0.7	78	10	0.6	102	1.4	9,662
15-20	207	18.7	2,357	0.3	22	235	21.2	2,670	0.8	87	6	0.5	60	0.4	755
21-44	445	13.6	4,981	0.4	31	110	3.4	1,221	0.6	77	28	0.9	273	0.6	1,728
45-64	819	31.1	8,739	0.5	45	34	1.3	383	0.6	64	146	5.5	1,603	0.6	67
65-74	2	8.0	14	0.2	3	0	0.0	0	0.0	0	1	4.0	5	0.6	71
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

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All	Number of Benefit Months Among Users	Mean Number of Rx per Benefit	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All	Number of Benefit Months Among Users	Mean Number of Rx per Benefit	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All	Number of Benefit Months Among Users	Mean Number of Rx per Benefit	Mean Rx \$ per Benefit Month
		Benes		Benes			Month		Month			Benes		Benes	
<b>Male, Other Eligibles</b>															
All Ages	12,312	13.0	122,786	0.2	15	4,521	4.8	46,416	0.6	63	62	0.1	573	1.0	4,485
5 and younger	6,274	13.3	62,242	0.2	13	183	0.4	1,958	0.4	37	11	0.0	119	0.4	621
6-14	4,188	14.7	43,023	0.2	17	3,272	11.5	33,852	0.6	63	3	0.0	33	9.0	71,013
15-20	1,066	11.2	10,382	0.3	18	920	9.7	9,265	0.6	68	1	0.0	12	1.2	10,695
21-44	638	7.9	5,745	0.3	22	131	1.6	1,196	0.5	56	19	0.2	168	0.5	52
45-64	141	12.4	1,336	0.3	34	15	1.3	145	0.5	72	25	2.2	213	0.5	59
65-74	2	3.2	24	0.1	1	0	0.0	0	0.0	0	2	3.2	24	0.8	104
75-84	1	2.7	10	0.1	1	0	0.0	0	0.0	0	1	2.7	4	1.0	122
85 and older	2	15.4	24	0.1	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	1	0.2	11	0.1	6	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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIVIRAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>6,060</b>	<b>2.5</b>	<b>62,246</b>	<b>0.6</b>	<b>\$49</b>	<b>3,409</b>	<b>1.4</b>	<b>34,190</b>	<b>0.3</b>	<b>\$81</b>	<b>241,985</b>	<b>1,946,358</b>
<b>Female</b>												
All Females	4,246	3.1	43,907	0.6	47	2,437	1.8	24,251	0.2	56	137,605	1,093,976
<b>Female, Disabled</b>												
All Ages	2,273	22.3	25,342	0.7	51	432	4.2	4,858	0.3	130	10,186	105,060
5 and younger	0	0.0	0	0.0	0	17	3.1	181	0.3	98	540	5,265
6-14	8	1.0	89	0.8	67	16	1.9	161	0.2	41	822	8,591
15-20	30	3.9	333	0.7	84	19	2.5	221	0.2	42	775	7,978
21-44	504	14.0	5,669	0.5	46	183	5.1	2,053	0.4	130	3,589	37,389
45-64	1,717	38.8	19,153	0.7	52	196	4.4	2,238	0.3	148	4,429	45,652
65-74	14	48.3	98	0.6	52	1	3.4	4	0.3	2	29	161
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
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	1,973	1.5	18,565	0.5	41	2,005	1.6	19,393	0.2	37	127,419	988,916
5 and younger	23	0.1	233	1.1	75	278	0.6	2,854	0.1	4	44,659	360,079
6-14	114	0.4	1,134	0.9	67	225	0.8	2,273	0.2	22	26,886	227,142
15-20	134	0.9	1,239	0.5	56	251	1.7	2,286	0.2	30	14,494	105,023
21-44	1,293	3.3	12,024	0.5	37	1,184	3.0	11,336	0.2	47	39,071	277,639
45-64	369	17.3	3,580	0.6	42	66	3.1	632	0.3	90	2,132	17,694
65-74	29	29.0	223	0.5	18	1	1.0	12	0.1	1	100	723
75-84	10	17.2	120	0.5	40	0	0.0	0	0.0	0	58	467
85 and older	1	5.3	12	0.1	6	0	0.0	0	0.0	0	19	149
<b>Male</b>												
All Males	1,814	1.7	18,339	0.7	55	972	0.9	9,939	0.3	143	103,875	851,140
<b>Male, Disabled</b>												
All Ages	1,133	12.1	12,210	0.7	53	352	3.7	3,744	0.5	309	9,391	92,669
5 and younger	2	0.2	24	0.3	22	21	2.6	243	0.2	31	806	7,815
6-14	17	1.1	182	1.0	80	23	1.5	274	0.3	60	1,549	16,466
15-20	42	3.8	455	0.6	61	17	1.5	179	0.2	158	1,108	11,571
21-44	259	7.9	2,833	0.7	53	150	4.6	1,587	0.5	301	3,267	32,160
45-64	808	30.7	8,677	0.7	52	140	5.3	1,455	0.6	428	2,634	24,522
65-74	5	20.0	39	0.5	19	1	4.0	6	0.5	874	25	111
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIVIRAL						
	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>Male, Other Eligibles</b>												
All Ages	681	0.7	6,129	0.7	60	620	0.7	6,195	0.2	42	94,484	758,471
5 and younger	17	0.0	180	1.0	68	242	0.5	2,443	0.1	5	47,231	380,311
6-14	97	0.3	987	0.7	72	179	0.6	1,866	0.2	17	28,436	240,755
15-20	82	0.9	740	0.9	102	81	0.9	858	0.2	15	9,520	74,485
21-44	315	3.9	2,756	0.6	52	100	1.2	872	0.3	183	8,048	53,997
45-64	164	14.4	1,406	0.6	45	18	1.6	156	0.5	272	1,137	7,991
65-74	4	6.5	36	0.5	19	0	0.0	0	0.0	0	62	500
75-84	2	5.4	24	0.8	24	0	0.0	0	0.0	0	37	343
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	89
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	505	1,242

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

Nondual Beneficiaries



TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a</sup>, b  
 NONDUAL 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>\$774</b>	<b>11.6</b>	<b>300</b>	<b>3,107</b>
<b>Age</b>				
0-64	810	12.2	279	2,947
65-74	314	6.3	6	44
75-84	47	1.1	8	68
85 and older	7	0.3	7	48
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	811	12.0	162	1,755
Male	727	11.2	138	1,352
Unknown	0	0.0	0	0
<b>Race</b>				
White	805	12.1	242	2,530
African American	343	5.6	5	52
Other/unknown	669	10.2	53	525
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	26	0.7	18	143
Disabled	811	12.2	279	2,950
Adults	67	2.0	2	2
Children	853	14.4	1	12
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 472 beneficiaries who were in nursing facilities for part of their enrollment and their 4,704 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.  
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.  
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

Nondual Beneficiaries

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users			As a Percentage of 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	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users					
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total					
Anti-infective Agents	0.7	0.3	0.0	0.5	\$77	\$48	\$1	\$28	\$106	\$178	\$127	\$63	1,500	\$158,466	191	63.7	2,055
Biologicals	0.1	0.1	0.0	0.0	127	127	0	1	905	1,301	0	16	26	23,540	16	5.3	185
Antineoplastic Agents	0.8	0.3	0.0	0.6	106	68	0	37	125	232	0	67	66	8,238	8	2.7	78
Endocrine/Metabolic Drugs	1.6	0.7	0.0	0.9	85	59	1	25	52	85	26	28	2,778	143,523	154	51.3	1,694
Cardiovascular Agents	1.9	0.5	0.0	1.3	70	42	3	25	37	84	110	18	3,746	139,986	186	62.0	1,989
Respiratory Agents	1.5	0.8	0.0	0.7	109	96	1	12	73	119	57	19	2,149	157,249	128	42.7	1,443
Gastrointestinal Agents	1.4	0.5	0.0	0.9	72	45	1	26	52	88	218	31	2,815	147,514	192	64.0	2,056
Genitourinary Agents	0.8	0.3	0.0	0.5	39	26	0	13	48	96	21	24	733	34,932	78	26.0	891
CNS Drugs	2.6	1.2	0.1	1.4	313	256	8	49	120	219	92	36	7,188	860,263	251	83.7	2,751
Stimulants/Anti-obesity/Anorexia	0.7	0.1	0.0	0.6	30	14	0	15	42	170	0	25	34	1,418	4	1.3	48
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	196	195	0	1	199	200	0	129	292	58,200	27	9.0	297
Analgesics and Anesthetics	2.2	0.2	0.0	1.9	73	24	2	46	33	112	82	24	4,770	158,760	203	67.7	2,182
Neuromuscular Agents	1.9	0.6	0.0	1.4	183	110	1	73	94	196	46	53	4,055	382,886	186	62.0	2,087
Nutritional Products	1.4	0.0	0.0	1.4	24	0	0	23	17	21	0	17	1,872	31,935	126	42.0	1,355
Hematological Agents	2.6	0.2	0.0	2.5	41	22	0	19	16	147	20	8	2,896	45,705	103	34.3	1,102
Topical Products	0.6	0.1	0.0	0.4	24	10	3	10	39	89	59	23	1,145	44,147	168	56.0	1,872
Miscellaneous Products	0.3	0.1	0.0	0.3	23	17	0	6	73	329	0	22	103	7,484	30	10.0	325
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	8	0	0	0	52	0	0	0	24	1,255	14	4.7	162
<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>36,192</b>	<b>2,405,501</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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 472 beneficiaries who were in nursing facilities for part of their enrollment and their 4,704 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(e) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a</sup>, b, c, d  
 NONDUAL 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
ANTIPSYCHOTICS	\$614,035	217	72.3	2,506	1.0	\$246	\$245
ANTICONVULSANT	296,397	229	76.3	2,589	1.1	102	114
ANTIDEPRESSANTS	189,834	259	86.3	2,913	0.9	73	65
ULCER DRUGS	125,464	202	67.3	2,197	0.9	63	57
ANTIASTHMATIC	122,995	164	54.7	1,838	0.9	74	67
ANALGESICS - Narcotic	90,404	260	86.7	2,811	1.4	24	32
ANTIDIABETIC	90,078	143	47.7	1,479	1.1	55	61
MUSCULOSKELETAL THERAPY AGENTS	74,580	69	23.0	786	0.9	103	95
ANTHYPERLIPIDEMIC	67,562	79	26.3	861	0.9	88	78
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	58,939	39	13.0	422	0.7	192	140
Total	1,730,288	1,661	n.a.	18,402	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 472 beneficiaries who were in nursing facilities for part of their enrollment and their 4,704 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.medi-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.

Nondual Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS					ANTICONVULSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
<b>All</b>	<b>18,857</b>	<b>\$1,730,288</b>	<b>217</b>	<b>72.3</b>	<b>2,506</b>	<b>1.0</b>	<b>\$245</b>	<b>229</b>	<b>76.3</b>	<b>2,589</b>	<b>1.1</b>	<b>\$115</b>	
<b>Female</b>													
All Females	11,322	1,051,054	146	90.1	1,700	1.0	242	124	76.5	1,404	1.1	110	
<b>Female, Disabled</b>													
All Ages	11,306	1,050,578	146	96.1	1,700	1.0	242	122	80.3	1,399	1.1	111	
64 or younger	11,233	1,044,861	144	96.0	1,688	1.0	243	122	81.3	1,399	1.1	111	
65-74	73	5,717	2	100.0	12	0.5	148	0	0.0	0	0.0	0	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
<b>Female, Other Eligibles</b>													
All Ages	16	476	0	0.0	0	0.0	0	2	20.0	5	0.6	14	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	5	119	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	10	289	0	0.0	0	0.0	0	1	25.0	3	0.7	1	
85 and older	1	68	0	0.0	0	0.0	0	1	33.3	2	0.5	34	
<b>Male</b>													
All Males	7,535	679,234	71	51.4	806	1.0	251	105	76.1	1,185	1.2	120	
<b>Male, Disabled</b>													
All Ages	7,381	667,728	70	55.1	794	1.0	253	102	80.3	1,157	1.2	121	
64 or younger	7,328	664,275	70	55.6	794	1.0	253	102	81.0	1,157	1.2	121	
65-74	53	3,453	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
<b>Male, Other Eligibles</b>													
All Ages	154	11,506	1	9.1	12	0.8	120	3	27.3	28	0.6	48	
64 or younger	130	9,776	0	0.0	0	0.0	0	2	66.7	24	0.6	55	
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
75-84	16	1,583	1	25.0	12	0.8	120	1	25.0	4	0.5	5	
85 and older	8	147	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 472 beneficiaries who were in nursing facilities for part of their enrollment and their 4,704 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.medicaps.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 ND.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS						ULCER DRUGS					ANTIASTHMATIC				
	Number of Users	Users as % of	Number of	Mean	Mean	Rx Mean	Number of Users	Users as % of	Number of	Mean	Rx Mean	Number of Users	Users as % of	Number of	Mean	Rx Mean
		All-Year Nursing Facility Residents						Benefit Months Among Users					Rx			
<b>All</b>	<b>259</b>	<b>86.3</b>	<b>2,913</b>	<b>0.9</b>	<b>\$65</b>	<b>202</b>	<b>67.3</b>	<b>2,197</b>	<b>0.9</b>	<b>\$57</b>	<b>164</b>	<b>54.7</b>	<b>1,838</b>	<b>0.9</b>	<b>\$67</b>	
<b>Female</b>																
All Females	167	103.1	1,904	0.9	68	106	65.4	1,174	0.8	62	89	54.9	1,000	0.9	68	
<b>Female, Disabled</b>																
All Ages	167	109.9	1,904	0.9	68	104	68.4	1,168	0.8	62	89	58.6	1,000	0.9	68	
64 or younger	166	110.7	1,898	0.9	68	102	68.0	1,159	0.8	62	85	56.7	976	0.9	69	
65-74	1	50.0	6	0.8	169	2	100.0	9	0.8	65	4	200.0	24	0.5	37	
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	0	0.0	0	0.0	0	2	20.0	6	1.2	45	0	0.0	0	0.0	0	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	0	0.0	0	0.0	0	1	33.3	3	1.7	40	0	0.0	0	0.0	0	
75-84	0	0.0	0	0.0	0	1	25.0	3	0.7	51	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</b>																
All Males	92	66.7	1,009	0.8	60	96	69.6	1,023	1.0	51	75	54.3	838	0.9	65	
<b>Male, Disabled</b>																
All Ages	91	71.7	1,008	0.8	60	92	72.4	995	1.0	52	70	55.1	778	0.9	64	
64 or younger	90	71.4	1,000	0.8	60	92	73.0	995	1.0	52	70	55.6	778	0.9	64	
65-74	1	100.0	8	1.0	15	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	1	9.1	1	1.0	99	4	36.4	28	1.4	38	5	45.5	60	1.3	80	
64 or younger	1	33.3	1	1.0	99	1	33.3	12	2.4	74	5	166.7	60	1.3	80	
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	1	25.0	4	0.5	5	0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0	2	50.0	12	0.7	12	0	0.0	0	0.0	0	
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 472 beneficiaries who were in nursing facilities for part of their enrollment and their 4,704 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.medicare.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 ND.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTI-DIABETIC					MUSCULOSKELETAL THERAPY AGENTS				
	Users as % of All-Year		Number of	Mean	Mean Rx \$	Users as % of All-Year		Number of	Mean	Mean Rx \$	Users as % of All-Year		Number of	Mean	Mean Rx \$
	Number of Users	Nursing Facility Residents				Benefit Months Among Users	Number of Rx				Number of Users	Nursing Facility Residents			
<b>All</b>	<b>260</b>	<b>96.7</b>	<b>2,811</b>	<b>1.4</b>	<b>\$32</b>	<b>143</b>	<b>47.7</b>	<b>1,479</b>	<b>1.1</b>	<b>\$61</b>	<b>69</b>	<b>23.0</b>	<b>786</b>	<b>0.9</b>	<b>\$95</b>
<b>Female</b>															
All Females	159	98.1	1,779	1.4	33	84	51.9	849	1.1	62	37	22.8	423	0.9	49
<b>Female, Disabled</b>															
All Ages	159	104.6	1,779	1.4	33	84	55.3	849	1.1	62	37	24.3	423	0.9	49
64 or younger	155	103.3	1,758	1.4	33	78	52.0	822	1.1	62	37	24.7	423	0.9	49
65-74	4	200.0	21	1.1	10	6	300.0	27	0.6	33	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	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</b>															
All Males	101	73.2	1,032	1.3	31	59	42.8	630	1.1	60	32	23.2	363	0.9	148
<b>Male, Disabled</b>															
All Ages	98	77.2	1,026	1.3	31	59	46.5	630	1.1	60	31	24.4	351	1.0	146
64 or younger	97	77.0	1,018	1.3	31	56	44.4	606	1.1	62	31	24.6	351	1.0	146
65-74	1	100.0	8	1.1	19	3	300.0	24	0.4	20	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	3	27.3	6	0.7	9	0	0.0	0	0.0	0	1	9.1	12	0.3	218
64 or younger	2	66.7	2	1.5	17	0	0.0	0	0.0	0	1	33.3	12	0.3	218
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	1	25.0	4	0.3	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 472 beneficiaries who were in nursing facilities for part of their enrollment and their 4,704 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.mdi-ispn.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 ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	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	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>79</b>	<b>26.3</b>	<b>861</b>	<b>0.9</b>	<b>\$79</b>	<b>39</b>	<b>13.0</b>	<b>422</b>	<b>0.7</b>	<b>\$140</b>	<b>300</b>	<b>3,107</b>
<b>Female</b>												
All Females	51	31.5	559	0.9	74	24	14.8	259	0.7	159	162	1,755
<b>Female, Disabled</b>												
All Ages	50	32.9	556	0.9	74	23	15.1	256	0.7	161	152	1,674
64 or younger	49	32.7	550	0.9	74	23	15.3	256	0.7	161	150	1,665
65-74	1	50.0	6	0.7	61	0	0.0	0	0.0	0	2	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	1	10.0	3	1.0	17	1	10.0	3	1.0	28	10	81
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
75-84	1	25.0	3	1.0	17	1	25.0	3	1.0	28	4	28
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	26
<b>Male</b>												
All Males	28	20.3	302	0.9	87	15	10.9	163	0.7	109	138	1,352
<b>Male, Disabled</b>												
All Ages	27	21.3	298	0.9	88	15	11.8	163	0.7	109	127	1,276
64 or younger	25	19.8	282	0.9	88	14	11.1	155	0.7	106	126	1,268
65-74	2	200.0	16	1.1	83	1	100.0	8	1.0	170	1	8
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>Male, Other Eligibles</b>												
All Ages	1	9.1	4	0.5	20	0	0.0	0	0.0	0	11	76
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	14
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	1	25.0	4	0.5	20	0	0.0	0	0.0	0	4	40
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	22
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Sources: 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 ND.100 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 472 beneficiaries who were in nursing facilities for part of their enrollment and their 4,704 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.medi-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 ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, 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	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>64,114</b>	<b>26.5</b>	<b>0.9</b>	<b>210,763</b>	<b>\$13</b>	<b>\$3,099,620</b>	<b>\$15</b>	<b>2.6</b>	<b>241,985</b>
<b>Age</b>									
5 and younger	26,924	28.7	0.6	58,061	7	675,473	12	7.1	93,738
6-14	10,072	17.5	0.4	23,494	7	404,393	17	1.9	57,693
15-20	5,499	21.2	0.6	14,291	9	229,116	16	1.6	25,898
21-44	16,493	30.6	1.3	68,015	19	999,893	15	2.3	53,975
45-64	5,030	48.7	4.5	46,405	76	783,589	17	2.6	10,332
65-74	59	27.3	1.5	317	22	4,752	15	3.7	216
75-84	27	27.6	1.1	108	18	1,735	16	3.6	98
85 and older	10	30.3	2.2	72	20	669	9	4.5	33
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	73	25.9	1.3	356	17	4,912	14	4.1	282
Disabled	8,874	45.3	3.9	76,972	71	1,386,513	18	2.2	19,577
Adults	15,722	28.4	0.9	49,346	12	652,110	13	2.7	55,383
Children	39,310	23.6	0.5	83,248	6	1,040,902	13	3.4	166,483
Unknown	135	51.9	3.2	841	58	15,183	18	2.9	260
<b>Gender</b>									
Female	38,952	28.3	1.0	135,716	14	1,969,428	15	2.9	137,606
Male	25,160	24.2	0.7	75,041	11	1,130,172	15	2.2	103,875
Unknown	2	0.4	0.0	6	0	20	3	2.0	504
<b>Race</b>									
White	44,607	26.6	1.0	159,923	15	2,463,484	15	2.5	167,938
African American	1,425	22.8	0.7	4,261	9	54,669	13	2.1	6,244
Other/unknown	18,082	26.7	0.7	46,579	9	581,467	12	3.7	67,803
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	246	82.0	18.9	5,674	351	105,360	19	4.4	300
Part year	378	80.1	10.8	5,079	164	77,622	15	2.8	472
None	63,490	26.3	0.8	200,010	12	2,916,638	15	2.6	241,213
<b>Maintenance Assistance Status</b>									
Cash	25,574	29.8	1.3	107,757	19	1,654,492	15	2.6	85,726
Medically needy	812	21.6	1.1	4,304	18	68,769	16	2.1	3,753
Poverty related	21,795	22.9	0.5	50,656	7	685,978	14	3.1	95,259
Other/unknown	15,933	27.8	0.8	48,046	12	690,381	14	2.4	57,247

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.  
 Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.1</b>	<b>\$2</b>	<b>\$15</b>	<b>\$0</b>	<b>\$0</b>	<b>1,946,358</b>
<b>Age</b>						
5 and younger	0.1	1	12	0	0	754,707
6-14	0.0	1	17	0	0	492,954
15-20	0.1	1	16	0	0	199,059
21-44	0.2	2	15	0	1	401,185
45-64	0.5	8	17	0	3	95,859
65-74	0.2	3	15	0	0	1,495
75-84	0.1	2	16	0	0	846
85 and older	0.3	3	9	0	1	250
Unknown	0.0	0	0	0	0	3
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	2	14	0	0	2,233
Disabled	0.4	7	18	0	3	197,729
Adults	0.1	2	13	0	1	387,297
Children	0.1	1	13	0	0	1,356,781
Unknown	0.4	7	18	0	3	2,318
<b>Gender</b>						
Female	0.1	2	15	0	1	1,093,978
Male	0.1	1	15	0	0	851,140
Unknown	0.0	0	3	0	0	1,240
<b>Race</b>						
White	0.1	2	15	0	1	1,357,305
African American	0.1	1	13	0	0	52,047
Other/unknown	0.1	1	12	0	0	537,006
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.8	34	19	1	12	3,107
Part year	1.1	17	15	0	7	4,704
None	0.1	2	15	0	0	1,938,547
<b>Maintenance Assistance Status</b>						
Cash	0.1	2	15	0	1	756,180
Medically needy	0.2	3	16	0	1	20,913
Poverty related	0.1	1	14	0	0	690,980
Other/unknown	0.1	1	14	0	0	478,285

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 8 states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

TABLE ND.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<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
<b>All</b>	<b>82,103</b>	<b>\$38</b>	<b>\$3,099,620</b>	<b>100.0</b>	<b>210,763</b>	<b>\$15</b>	<b>100.0</b>
Anorexia or weight loss/gain	29	23	681	0.0	30	23	0.0
Fertility drugs	6	106	634	0.0	6	106	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	26,285	31	822,106	26.5	42,492	19	20.2
Vitamins and minerals	11,402	39	442,826	14.3	27,673	16	13.1
Non-prescription drugs	31,741	21	674,936	21.8	74,696	9	35.4
Barbiturates	521	65	34,037	1.1	4,218	8	2.0
Benzodiazepines	10,837	85	923,314	29.8	58,209	16	27.6
Other Part D Excl Rx Drugs	1,282	157	201,086	6.5	3,439	58	1.6

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Nondual Beneficiaries

APPENDIX TABLE A.1  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 NONDUAL 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>241,987</b>	<b>283</b>	<b>19,578</b>	<b>55,383</b>	<b>166,483</b>	<b>260</b>	<b>1,946,696</b>	<b>2,234</b>	<b>198,066</b>	<b>387,297</b>	<b>1,356,781</b>	<b>2,318</b>
<b>Age</b>												
5 and younger	93,738	0	1,346	0	92,392	0	754,707	0	13,080	0	741,627	0
6-14	57,693	0	2,371	15	55,307	0	492,954	0	25,057	80	467,817	0
15-20	25,898	0	1,883	5,393	18,620	2	199,059	0	19,549	32,396	147,101	13
21-44	53,975	0	6,856	46,925	103	91	401,277	0	69,641	330,806	132	698
45-64	10,333	0	7,064	3,044	59	166	96,095	0	70,410	23,984	102	1,599
65-74	216	155	54	5	1	1	1,504	1,185	281	29	1	8
75-84	98	95	3	0	0	0	846	810	36	0	0	0
85 and older	34	33	1	0	0	0	251	239	12	0	0	0
Unknown	2	0	0	1	1	0	3	0	0	2	1	0
<b>Gender</b>												
Female	137,607	173	10,186	46,062	80,926	260	1,094,155	1,308	105,236	324,100	661,193	2,318
Male	103,876	110	9,392	9,320	85,054	0	851,301	926	92,830	63,195	694,350	0
Unknown	504	0	0	1	503	0	1,240	0	0	2	1,238	0
<b>Race</b>												
White	167,940	79	15,929	42,597	109,109	226	1,357,620	483	161,765	304,942	888,374	2,056
African American	6,244	6	520	1,147	4,569	2	52,059	44	4,582	8,279	39,146	8
Other/unknown	67,803	198	3,129	11,639	52,805	32	537,017	1,707	31,719	74,076	429,261	254
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	300	18	279	2	1	0	3,107	143	2,950	2	12	0
Part year	472	17	431	16	6	2	4,781	128	4,412	156	61	24
None	241,215	248	18,868	55,365	166,476	258	1,938,808	1,963	190,704	387,139	1,356,708	2,294
<b>Maintenance Assistance Status</b>												
Cash	85,727	116	12,270	22,215	51,126	0	756,433	1,131	130,630	171,676	452,996	0
Medically needy	3,753	14	1,055	1,240	1,444	0	20,913	96	8,183	5,335	7,299	0
Poverty related	95,259	111	3,735	18,444	72,709	260	690,980	718	31,457	112,318	544,169	2,318
Other/unknown	57,248	42	2,518	13,484	41,204	0	478,370	289	27,796	97,968	352,317	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	241,933	281	19,526	55,383	166,483	260	1,946,126	2,221	197,509	387,297	1,356,781	2,318
FFS part year, with Rx claims	43	0	43	0	0	0	491	0	491	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	9	1	8	0	0	0	77	12	65	0	0	0
MC all year, no Rx claims	2	1	1	0	0	0	2	1	1	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.  
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.  
 c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, UTAH, 2006

	Beneficiaries and					
	Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>241,987</b>	<b>1,946,696</b>	<b>241,985</b>	<b>1,946,358</b>	<b>0</b>	<b>338</b>
Fee-for-service (FFS) all year	241,933	1,946,126	241,933	1,946,126	0	0
FFS part year, with Rx claims	43	491	43	155	0	336
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	9	77	9	77	0	0
MC all year, with no Rx claims	2	2	0	0	0	2

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 benefits coverage.

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

MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries