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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
UTAH

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	28,359	12,337	15,796	216	2	8	243,552	104,950	136,743	1,801	11	47
Age												
5 and younger	6	0	6	0	0	0	47	0	47	0	0	0
6-14	4	0	4	0	0	0	36	0	36	0	0	0
15-20	59	0	58	0	1	0	494	0	485	0	9	0
21-44	6,745	0	6,590	153	1	1	57,869	0	56,618	1,247	2	2
45-64	8,483	0	8,416	61	0	6	73,834	0	73,257	541	0	36
65-74	6,036	5,391	642	2	0	1	51,206	45,571	5,613	13	0	9
75-84	4,373	4,303	70	0	0	0	37,798	37,187	611	0	0	0
85 and older	2,653	2,643	10	0	0	0	22,268	22,192	76	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	17,056	8,779	8,128	140	1	8	147,631	75,498	70,867	1,210	9	47
Male	11,303	3,558	7,668	76	1	0	95,921	29,452	65,876	591	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	23,263	9,124	13,941	190	1	7	199,656	76,989	121,038	1,576	9	44
African American	413	128	279	5	0	1	3,345	1,066	2,238	38	0	3
Other/unknown	4,683	3,085	1,576	21	1	0	40,551	26,895	13,467	187	2	0
Use of Nursing Facilities^c												
Entire year	2,586	2,133	453	0	0	0	25,381	20,370	5,011	0	0	0
Part year	1,906	1,453	453	0	0	0	16,646	12,400	4,246	0	0	0
None	23,867	8,751	14,890	216	2	8	201,525	72,180	127,486	1,801	11	47
Maintenance Assistance Status												
Cash	8,058	3,437	4,513	108	0	0	71,201	30,775	39,408	1,018	0	0
Medically needy	3,455	1,436	2,008	11	0	0	25,019	10,061	14,928	30	0	0
Poverty-related	8,699	3,297	5,363	31	0	8	73,349	27,830	45,319	153	0	47
Other/unknown	8,147	4,167	3,912	66	2	0	73,983	36,284	37,088	600	11	0
Dual Medicare Status^d												
Full dual, all year	26,246	11,662	14,368	206	2	8	224,898	99,105	124,015	1,720	11	47
Full dual, part year	2,113	675	1,428	10	0	0	18,654	5,845	12,728	81	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	9,695	5,424	4,084	183	1	3	83,334	46,319	35,378	1,619	2	16
FFS part year, with Rx claims	8,974	2,682	6,262	25	1	4	77,739	22,841	54,723	137	9	29
FFS part year, no Rx claims	9,690	4,231	5,450	8	0	1	82,479	35,790	46,642	45	0	2

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. 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^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS ^c	Rx \$ as a Percentage of All Medicaid FFS ^d	Number of Beneficiaries
All	40.9	5.5	\$324	\$59	\$10,374	3.1	28,359
Age							
5 and younger	66.7	11.5	3,206	279	9,352	34.3	6
6-14	25.0	1.8	160	91	2,925	5.5	4
15-20	74.6	12.5	1,351	108	12,545	10.8	59
21-44	44.9	7.4	595	81	10,386	5.7	6,745
45-64	48.6	7.6	418	55	10,059	4.2	8,483
65-74	35.0	3.9	184	47	7,094	2.6	6,036
75-84	31.4	2.3	61	27	10,911	0.6	4,373
85 and older	34.0	2.6	64	25	17,888	0.4	2,653
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	33.1	2.8	98	35	10,702	0.9	12,337
Disabled	46.3	7.2	470	65	10,177	4.6	15,796
Adults	81.5	33.5	2,594	77	5,707	45.5	216
Children	100.0	14.5	472	33	1,494	31.6	2
Unknown	75.0	31.0	1,898	61	19,716	9.6	8
Gender							
Female	43.4	5.8	307	53	9,822	3.1	17,056
Male	37.0	5.1	351	69	11,206	3.1	11,303
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	42.3	6.0	353	59	11,452	3.1	23,263
African American	37.5	5.1	385	75	7,644	5.0	413
Other/unknown	34.0	3.1	180	57	5,257	3.4	4,683
Use of Nursing Facilities^f							
Entire year	49.8	6.7	218	33	37,786	0.6	2,586
Part year	50.9	6.2	252	41	23,559	1.1	1,906
None	39.1	5.3	342	64	6,350	5.4	23,867
Maintenance Assistance Status							
Cash	40.7	5.5	354	64	3,174	11.1	8,058
Medically needy	37.5	5.9	403	68	4,774	8.4	3,455
Poverty related	40.3	5.6	342	61	1,861	18.4	8,699
Other/unknown	43.0	5.1	243	47	28,958	0.8	8,147

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE D.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c		More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
			None	None	None	None	None	None				
All	0.6	\$38	3.1	59.1	29.9	4.4	3.8	2.0	0.7	\$1,208	28,359	243,552
Age												
5 and younger	1.5	409	34.3	33.3	33.3	0.0	33.3	0.0	0.0	1,194	6	47
6-14	0.2	18	5.5	75.0	25.0	0.0	0.0	0.0	0.0	325	4	36
15-20	1.5	161	10.8	25.4	39.0	13.6	16.9	5.1	0.0	1,498	59	494
21-44	0.9	69	5.7	55.1	30.2	5.5	5.3	3.0	0.9	1,211	6,745	57,869
45-64	0.9	48	4.2	51.4	34.3	5.6	5.0	2.6	1.1	1,156	8,483	73,834
65-74	0.5	22	2.6	65.0	27.2	3.3	2.8	1.1	0.6	836	6,036	51,206
75-84	0.3	7	0.6	68.6	26.4	2.3	1.7	0.7	0.3	1,262	4,373	37,798
85 and older	0.3	8	0.4	66.0	27.4	3.5	1.7	1.2	0.3	2,131	2,653	22,268
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.3	12	0.9	66.9	26.9	3.0	2.0	0.9	0.3	1,258	12,337	104,950
Disabled	0.8	54	4.6	53.7	32.5	5.4	4.8	2.6	1.0	1,176	15,796	136,743
Adults	4.0	311	45.5	18.5	21.8	9.7	27.8	17.6	4.6	684	216	1,801
Children	2.6	86	31.6	0.0	50.0	0.0	50.0	0.0	0.0	272	2	11
Unknown	5.3	323	9.6	25.0	0.0	25.0	12.5	37.5	0.0	3,356	8	47
Gender												
Female	0.7	36	3.1	56.6	32.2	4.5	3.8	2.0	0.9	1,135	17,056	147,631
Male	0.6	41	3.1	63.0	26.5	4.2	3.9	1.9	0.6	1,321	11,303	95,921
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.7	41	3.1	57.7	30.4	4.8	4.1	2.1	0.8	1,334	23,263	199,656
African American	0.6	48	5.0	62.5	27.4	3.4	3.6	2.2	1.0	944	413	3,345
Other/unknown	0.4	21	3.4	66.0	27.8	2.6	2.2	1.0	0.3	607	4,683	40,551
Use of Nursing Facilities^f												
Entire year	0.7	22	0.6	50.2	34.3	7.0	4.9	2.4	1.2	3,850	2,586	25,381
Part year	0.7	29	1.1	49.1	38.2	5.7	3.8	2.0	1.2	2,698	1,906	16,646
None	0.6	41	5.4	60.9	28.8	4.0	3.7	1.9	0.7	752	23,867	201,525
Maintenance Assistance Status												
Cash	0.6	40	11.1	59.3	30.7	3.9	3.5	1.8	0.8	359	8,058	71,201
Medically needy	0.8	56	8.4	62.5	24.5	3.9	5.3	3.0	0.8	659	3,455	25,019
Poverty related	0.7	41	18.4	59.7	29.1	4.5	3.9	2.0	0.8	221	8,699	73,349
Other/unknown	0.6	27	0.8	57.0	32.4	4.9	3.4	1.7	0.6	3,189	8,147	73,983

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 eight states (DE, IA, IL, NE, NY, TN, TX, 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, TN, TX, 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 D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.6	\$38	\$59	0.1	\$23	\$176	0.0	\$2	\$107	0.5	\$13	\$27
Age												
5 and younger	1.5	409	279	1.0	388	406	0.0	2	93	0.5	19	39
6-14	0.2	18	91	0.1	13	120	0.0	0	0	0.1	4	53
15-20	1.5	161	108	0.6	120	214	0.0	8	176	0.9	33	37
21-44	0.9	69	81	0.2	47	222	0.0	2	124	0.6	20	32
45-64	0.9	48	55	0.2	27	156	0.0	2	105	0.7	19	28
65-74	0.5	22	47	0.1	12	137	0.0	1	88	0.4	8	23
75-84	0.3	7	27	0.0	3	98	0.0	0	80	0.2	4	17
85 and older	0.3	8	25	0.0	3	84	0.0	0	72	0.3	5	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.3	12	35	0.0	6	122	0.0	1	81	0.3	5	19
Disabled	0.8	54	65	0.2	34	189	0.0	2	112	0.6	18	29
Adults	4.0	311	77	1.2	187	154	0.1	13	133	2.7	111	41
Children	2.6	86	33	1.4	59	43	0.0	0	0	1.3	27	21
Unknown	5.3	323	61	1.3	219	174	0.0	1	53	4.0	103	26
Gender												
Female	0.7	36	53	0.1	21	160	0.0	1	106	0.5	13	25
Male	0.6	41	69	0.1	26	201	0.0	2	109	0.4	13	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.7	41	59	0.1	25	175	0.0	2	105	0.5	15	27
African American	0.6	48	75	0.1	29	238	0.0	4	190	0.5	14	28
Other/unknown	0.4	21	57	0.1	13	179	0.0	1	109	0.3	7	25
Use of Nursing Facilities^e												
Entire year	0.7	22	33	0.1	11	121	0.0	1	88	0.6	11	18
Part year	0.7	29	41	0.1	16	137	0.0	1	102	0.6	12	21
None	0.6	41	64	0.1	25	183	0.0	2	109	0.5	14	29
Maintenance Assistance Status												
Cash	0.6	40	64	0.1	25	191	0.0	2	115	0.5	13	27
Medically needy	0.8	56	68	0.2	35	179	0.0	2	94	0.6	19	31
Poverty related	0.7	41	61	0.1	24	172	0.0	2	112	0.5	15	29
Other/unknown	0.6	27	47	0.1	15	159	0.0	1	98	0.5	11	23

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name										
Anti-infective Agents	0.3	0.1	0.0	0.3	\$36	\$26	\$1	\$8	\$106	\$353	\$213	\$32	4,877	\$516,468	1,658	5.8	14,472
Biologicals	0.1	0.1	0.0	0.0	254	254	0	0	1707	1,707	0	0	36	61,436	27	0.1	242
Antineoplastic Agents	0.4	0.2	0.0	0.3	93	79	0	14	207	483	0	49	264	54,577	72	0.3	587
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	44	34	1	9	63	117	44	24	9,192	581,246	1,549	5.5	13,131
Cardiovascular Agents	1.0	0.2	0.1	0.6	47	25	6	16	49	101	73	26	15,186	749,599	1,915	6.8	15,931
Respiratory Agents	0.3	0.1	0.0	0.2	17	10	1	6	49	109	103	24	8,942	441,677	2,934	10.3	26,764
Gastrointestinal Agents	0.5	0.2	0.0	0.2	45	30	4	11	95	151	108	47	5,802	548,693	1,413	5.0	12,122
Genitourinary Agents	0.4	0.1	0.0	0.2	18	13	0	5	51	91	64	24	1,150	58,900	366	1.3	3,230
CNS Drugs	0.9	0.1	0.0	0.7	42	25	1	15	48	187	106	21	60,086	2,858,336	7,588	26.8	68,617
Stimulants/Anti-obesity/Aorexia	0.5	0.3	0.0	0.2	67	57	0	10	144	215	98	49	426	61,472	102	0.4	913
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	98	95	0	3	259	270	0	114	942	244,297	294	1.0	2,483
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	47	10	3	34	63	237	300	48	15,690	981,344	2,447	8.6	21,037
Neuromuscular Agents	0.8	0.1	0.0	0.7	45	26	1	18	53	187	136	26	25,455	1,359,763	3,379	11.9	30,263
Nutritional Products	0.5	0.0	0.0	0.5	11	0	0	11	25	25	0	25	2,033	49,855	531	1.9	4,362
Hematological Agents	0.5	0.1	0.0	0.4	67	61	0	6	130	591	31	14	2,683	348,544	614	2.2	5,189
Topical Products	0.3	0.1	0.0	0.2	16	11	0	5	55	107	39	28	2,162	119,208	867	3.1	7,507
Miscellaneous Products	0.3	0.3	0.0	0.1	79	73	1	5	234	268	272	77	599	139,892	198	0.7	1,774
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	32	0	0	0	141	0	0	0	176	24,798	81	0.3	769
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.	155,701	9,200,105	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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, 0.4 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 2007.

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 D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,102,407	1,025	3.6	8,768	0.5	\$252	\$126
ANTICONVULSANT	1,095,222	3,040	10.7	27,583	0.7	58	40
ANALGESICS - Narcotic	708,135	2,599	9.2	22,871	0.5	68	31
ANTIDEPRESSANTS	642,058	2,321	8.2	20,409	0.5	69	31
ANTIANKXIETY AGENTS	556,831	5,279	18.6	49,081	0.6	18	11
ULCER DRUGS	490,082	1,784	6.3	16,179	0.5	67	30
ANTIDIABETIC	372,564	1,115	3.9	9,639	0.5	82	39
ANTIHYPERTENSIVE	282,678	871	3.1	7,445	0.4	86	38
MISC. HEMATOLOGICAL	282,648	142	0.5	1,133	0.4	568	249
ANTIVIRAL	243,527	150	0.5	1,318	0.4	441	185
Total	5,776,152	18,326	n.a.	164,426	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	90,663	\$5,776,152	1,025	3.6	8,768	0.5	\$126	3,040	10.7	27,583	0.7	\$40
Female												
All Females	57,083	3,150,154	550	3.2	4,792	0.5	111	1,879	11.0	17,034	0.7	36
Female, Disabled												
All Ages	37,901	2,396,822	430	5.3	3,776	0.5	119	1,408	17.3	12,708	0.7	38
5 and younger	8	3,877	0	0.0	0	0.0	0	1	33.3	10	0.1	28
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	218	28,875	3	13.6	30	0.5	170	12	54.5	111	0.8	151
21-44	13,292	1,020,739	217	7.2	1,886	0.4	124	575	19.0	5,160	0.6	49
45-64	22,340	1,209,550	189	4.0	1,644	0.5	108	778	16.6	7,013	0.7	29
65-74	2,018	133,556	21	5.9	216	0.8	145	41	11.5	405	0.7	45
75-84	25	225	0	0.0	0	0.0	0	1	2.3	9	0.6	5
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	19,182	753,332	120	1.3	1,016	0.4	83	471	5.3	4,326	0.7	31
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	3	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2,139	192,604	26	24.1	269	0.3	71	48	44.4	494	0.7	107
45-64	1,085	84,521	10	25.6	109	0.4	80	15	38.5	154	0.6	104
65-74	6,955	274,654	36	1.0	331	0.5	125	213	5.9	1,946	0.6	22
75-84	4,977	115,969	30	1.0	195	0.4	52	121	4.0	1,064	0.8	15
85 and older	4,023	85,551	18	0.8	112	0.4	43	74	3.5	668	0.6	9
Male												
All Males	33,580	2,625,998	475	4.2	3,976	0.5	143	1,161	10.3	10,549	0.7	45
Male, Disabled												
All Ages	26,950	2,282,623	427	5.6	3,663	0.5	148	1,018	13.3	9,283	0.7	48
5 and younger	1	912	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	43	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	182	27,625	9	25.0	82	0.6	161	13	36.1	115	0.6	90
21-44	12,091	1,284,040	297	8.3	2,559	0.5	145	521	14.6	4,737	0.7	49
45-64	13,633	909,789	117	3.1	977	0.6	149	465	12.4	4,237	0.8	46
65-74	1,022	59,989	4	1.4	45	0.8	251	18	6.3	182	0.7	41
75-84	17	185	0	0.0	0	0.0	0	1	3.7	12	0.3	3
85 and older	3	40	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	6,630	343,375	48	1.3	313	0.5	92	143	3.9	1,266	0.6	27
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	0.0	0	0	0.0	0	0.0	0
21-44	691	67,853	5	10.6	51	0.5	151	14	29.8	143	0.4	39
45-64	538	56,465	3	10.7	22	0.2	29	8	28.6	72	0.4	59
65-74	3,117	145,846	12	0.7	70	0.6	109	79	4.4	709	0.7	29
75-84	1,548	49,929	21	1.6	125	0.5	80	33	2.6	254	0.6	15
85 and older	736	23,282	7	1.4	45	0.6	64	9	1.8	88	0.4	6
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.
 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 2007. 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 2007. 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.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDEPRESSANTS					ANTIANSXIETY AGENTS				
	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
All	2,599	9.2	22,871	0.5	\$31	2,321	8.2	20,409	0.5	\$32	5,279	18.6	49,081	0.6	\$11
Female															
All Females	1,617	9.5	14,336	0.5	28	1,518	8.9	13,393	0.5	33	3,576	21.0	33,388	0.6	11
Female, Disabled															
All Ages	1,200	14.8	10,706	0.5	30	1,105	13.6	9,826	0.5	35	1,946	23.9	18,070	0.7	12
5 and younger	1	33.3	9	0.2	2	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	9	40.9	81	0.3	17	9	40.9	87	0.5	32	4	18.2	36	0.5	16
21-44	475	15.7	4,243	0.5	34	446	14.8	3,982	0.5	36	627	20.8	5,802	0.6	12
45-64	663	14.2	5,894	0.4	28	602	12.9	5,293	0.5	34	1,237	26.4	11,468	0.7	12
65-74	51	14.2	474	0.4	15	48	13.4	464	0.6	43	72	20.1	702	0.6	9
75-84	1	2.3	5	0.2	2	0	0.0	0	0.0	0	6	14.0	62	0.3	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	417	4.7	3,630	0.5	24	413	4.6	3,567	0.4	27	1,630	18.3	15,318	0.6	10
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	87	80.6	924	0.7	49	96	88.9	1,035	0.5	36	35	32.4	363	0.5	12
45-64	48	123.1	511	0.7	33	41	105.1	428	0.6	42	14	35.9	142	0.5	5
65-74	146	4.0	1,240	0.3	14	139	3.8	1,172	0.4	20	576	15.9	5,370	0.6	10
75-84	75	2.5	548	0.4	6	69	2.3	452	0.4	23	536	17.7	5,019	0.6	9
85 and older	61	2.9	407	0.3	9	68	3.2	480	0.3	12	469	22.0	4,424	0.6	10
Male															
All Males	982	8.7	8,535	0.5	36	803	7.1	7,016	0.5	28	1,703	15.1	15,693	0.6	12
Male, Disabled															
All Ages	776	10.1	6,790	0.5	35	668	8.7	5,933	0.5	29	1,236	16.1	11,518	0.7	13
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	7	19.4	63	0.3	10	10	27.8	90	0.3	17	2	5.6	18	0.5	4
21-44	384	10.8	3,383	0.4	32	375	10.5	3,356	0.5	30	488	13.7	4,467	0.6	14
45-64	353	9.4	3,059	0.5	41	269	7.2	2,363	0.4	28	703	18.8	6,615	0.7	13
65-74	32	11.3	285	0.5	22	13	4.6	112	0.5	24	39	13.7	384	0.8	10
75-84	0	0.0	0	0.0	0	1	3.7	12	0.1	1	3	11.1	25	0.5	6
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	9	0.3	4
Male, Other Eligibles															
All Ages	206	5.7	1,745	0.5	37	135	3.7	1,083	0.4	27	467	12.8	4,175	0.6	11
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	54	114.9	523	0.5	44	19	40.4	189	0.6	60	11	23.4	81	0.7	9
45-64	33	117.9	336	0.6	88	18	64.3	183	0.5	28	8	28.6	82	0.7	12
65-74	77	4.3	619	0.4	16	50	2.8	365	0.4	23	201	11.3	1,819	0.7	12
75-84	28	2.2	171	0.3	7	32	2.5	252	0.3	11	159	12.5	1,438	0.5	9
85 and older	14	2.8	96	0.5	11	16	3.1	94	0.4	14	88	17.3	755	0.5	11
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIHYPERTENSIVE				
	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
All	1,784	6.3	16,179	0.5	\$30	1,115	3.9	9,639	0.5	\$39	871	3.1	7,445	0.4	\$38
Female															
All Females	1,126	6.6	10,326	0.4	30	661	3.9	5,673	0.5	36	491	2.9	4,183	0.4	39
Female, Disabled															
All Ages	692	8.5	6,314	0.5	35	383	4.7	3,370	0.5	43	314	3.9	2,776	0.5	43
5 and younger	1	33.3	9	0.2	18	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	5	22.7	48	0.5	42	0	0.0	0	0.0	0	1	4.5	9	0.2	26
21-44	245	8.1	2,264	0.5	35	88	2.9	773	0.5	39	63	2.1	562	0.5	50
45-64	401	8.6	3,618	0.4	33	251	5.4	2,205	0.5	45	220	4.7	1,924	0.4	40
65-74	40	11.2	375	0.5	48	43	12.0	383	0.6	40	30	8.4	281	0.7	51
75-84	0	0.0	0	0.0	0	1	2.3	9	0.1	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	434	4.9	4,012	0.4	22	278	3.1	2,303	0.4	26	177	2.0	1,407	0.4	30
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	27	25.0	318	0.4	38	21	19.4	197	0.6	60	11	10.2	115	0.4	32
45-64	22	56.4	222	0.5	48	16	41.0	130	0.7	44	7	17.9	69	0.8	57
65-74	171	4.7	1,579	0.4	23	136	3.8	1,177	0.4	27	95	2.6	786	0.4	32
75-84	124	4.1	1,122	0.5	17	69	2.3	552	0.3	13	40	1.3	274	0.3	18
85 and older	90	4.2	771	0.5	17	36	1.7	247	0.3	12	24	1.1	163	0.3	26
Male															
All Males	658	5.8	5,853	0.5	31	454	4.0	3,966	0.5	43	380	3.4	3,262	0.4	37
Male, Disabled															
All Ages	470	6.1	4,213	0.5	32	300	3.9	2,683	0.5	46	264	3.4	2,333	0.4	37
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	1	33.3	9	0.1	5
15-20	2	5.6	18	0.6	67	1	2.8	9	0.2	70	0	0.0	0	0.0	0
21-44	199	5.6	1,772	0.4	36	109	3.1	991	0.6	60	86	2.4	803	0.4	38
45-64	230	6.2	2,062	0.5	30	162	4.3	1,429	0.5	38	155	4.1	1,325	0.4	36
65-74	39	13.7	361	0.4	27	28	9.9	254	0.5	34	22	7.7	196	0.5	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	188	5.2	1,640	0.5	27	154	4.2	1,283	0.4	36	116	3.2	929	0.4	38
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	19.1	99	0.5	39	12	25.5	130	0.5	81	8	17.0	75	0.4	37
45-64	9	32.1	78	0.8	97	7	25.0	74	0.7	52	9	32.1	91	0.5	45
65-74	79	4.4	681	0.5	28	86	4.8	683	0.4	38	68	3.8	540	0.5	42
75-84	64	5.0	568	0.5	17	32	2.5	256	0.3	14	22	1.7	163	0.3	28
85 and older	27	5.3	214	0.5	20	17	3.3	140	0.2	15	9	1.8	60	0.3	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIVIRAL						
	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 Beneficiaries	Number of Benefit Months
All	142	0.5	1,133	0.4	\$250	150	0.5	1,318	0.4	\$185	28,359	243,552
Female												
All Females	64	0.4	531	0.4	46	85	0.5	781	0.4	112	17,056	147,631
Female, Disabled												
All Ages	37	0.5	333	0.5	53	70	0.9	633	0.4	123	8,128	70,867
5 and younger	0	0.0	0	0.0	0	1	33.3	9	0.3	381	3	20
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
15-20	0	0.0	0	0.0	0	1	4.5	9	0.1	5	22	193
21-44	5	0.2	45	0.4	54	28	0.9	262	0.5	149	3,019	26,101
45-64	28	0.6	252	0.4	49	38	0.8	335	0.4	104	4,677	40,944
65-74	4	1.1	36	0.7	86	2	0.6	18	0.3	24	358	3,183
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	43	373
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	44
Female, Other Eligibles												
All Ages	27	0.3	198	0.3	33	15	0.2	148	0.4	67	8,928	76,764
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	100.0	9	0.3	4	1	9
21-44	0	0.0	0	0.0	0	7	6.5	81	0.5	69	108	897
45-64	0	0.0	0	0.0	0	3	7.7	35	0.4	102	39	351
65-74	15	0.4	120	0.3	39	2	0.1	18	0.2	28	3,617	30,882
75-84	6	0.2	24	0.7	22	1	0.0	3	0.3	22	3,028	26,522
85 and older	6	0.3	54	0.2	24	1	0.0	2	0.5	70	2,135	18,103
Male												
All Males	78	0.7	602	0.5	429	65	0.6	537	0.4	290	11,303	95,921
Male, Disabled												
All Ages	47	0.6	375	0.4	654	60	0.8	497	0.4	308	7,668	65,876
5 and younger	0	0.0	0	0.0	0	1	33.3	9	0.1	101	3	27
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	36	292
21-44	10	0.3	89	0.5	2,602	20	0.6	175	0.3	161	3,571	30,517
45-64	29	0.8	222	0.4	49	39	1.0	313	0.5	397	3,739	32,313
65-74	8	2.8	64	0.3	42	0	0.0	0	0.0	0	284	2,430
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	27	238
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	32
Male, Other Eligibles												
All Ages	31	0.9	227	0.5	58	5	0.1	40	0.3	64	3,635	30,045
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	0	0.0	0	0.0	0	0	0
21-44	2	4.3	13	1.0	121	3	6.4	32	0.3	20	47	354
45-64	2	7.1	14	0.4	47	0	0.0	0	0.0	0	28	226
65-74	17	1.0	136	0.5	61	2	0.1	8	0.4	239	1,777	14,711
75-84	6	0.5	45	0.3	41	0	0.0	0	0.0	0	1,275	10,665
85 and older	4	0.8	19	0.5	47	0	0.0	0	0.0	0	508	4,089
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Benefit Months Among All-Year	
			Facility Residents	Nursing Facility Residents
All	\$22	0.7	2,586	25,381
Age				
0-64	37	1.1	410	4,525
65-74	43	1.0	471	4,820
75-84	12	0.5	785	7,527
85 and older	12	0.5	920	8,509
Unknown	0	0.0	0	0
Gender				
Female	20	0.6	1,755	17,278
Male	27	0.8	831	8,103
Unknown	0	0.0	0	0
Race				
White	22	0.7	2,388	23,336
African American	42	0.9	23	258
Other/unknown	26	0.6	175	1,787
Basis of Eligibility^c				
Aged	15	0.5	2,133	20,370
Disabled	52	1.3	453	5,011
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 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 1,906 beneficiaries who were in nursing facilities for part of their enrollment and their 16,646 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^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

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		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name						
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$13	\$7	\$0	\$7	\$46	\$117	\$66	\$29	194	\$8,936	88	3.4	663
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	13	13	0	0	5	65	4	0.2	34
Antineoplastic Agents	0.9	0.1	0.0	0.8	54	16	0	38	62	260	0	46	14	864	4	0.2	16
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	33	27	0	6	46	87	11	15	638	29,375	128	4.9	891
Cardiovascular Agents	0.9	0.2	0.0	0.7	31	14	3	15	36	85	76	22	1,220	43,854	189	7.3	1,414
Respiratory Agents	0.4	0.1	0.0	0.2	15	11	1	4	43	106	116	15	563	24,150	163	6.3	1,607
Gastrointestinal Agents	0.4	0.1	0.0	0.3	30	11	4	15	75	132	95	54	410	30,760	125	4.8	1,009
Genitourinary Agents	0.5	0.2	0.0	0.3	27	21	0	6	54	89	0	23	162	8,671	42	1.6	316
CNS Drugs	0.9	0.1	0.0	0.8	24	10	0	14	26	133	69	16	9,403	245,391	1,033	39.9	10,329
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	0.5	0.5	0.0	0.0	93	91	0	1	172	175	0	86	221	38,053	57	2.2	411
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	21	6	0	15	29	145	0	22	815	23,691	148	5.7	1,116
Neuromuscular Agents	1.0	0.1	0.0	0.9	31	11	1	19	33	145	224	22	2,367	77,187	251	9.7	2,452
Nutritional Products	0.5	0.0	0.0	0.5	10	0	0	10	21	6	0	21	396	8,415	105	4.1	835
Hematological Agents	0.6	0.1	0.0	0.5	15	11	0	4	24	131	14	8	604	14,444	113	4.4	976
Topical Products	0.3	0.1	0.0	0.2	13	8	0	5	37	82	79	19	233	8,584	83	3.2	682
Miscellaneous Products	0.1	0.1	0.0	0.0	4	4	0	0	32	34	0	10	21	672	18	0.7	174
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	41	0	0	0	4	162	2	0.1	24
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.	17,270	563,274	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

- 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 2007. A total of 1,906 beneficiaries who were in nursing facilities for part of their enrollment and their 16,646 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 2007. 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, 0.4 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

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	\$115,894	872	33.7	8,963	0.8	\$16	\$13	
ANTI-PSYCHOTICS	76,754	93	3.6	676	0.6	189	114	
ANTI-CONVULSANTS	68,887	250	9.7	2,449	0.9	31	28	
ULCER DRUGS	48,624	247	9.6	2,384	0.5	38	20	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	38,681	70	2.7	519	0.5	153	75	
ANTI-DEPRESSANTS	33,902	189	7.3	1,493	0.4	53	23	
ANTI-DIABETIC	25,888	144	5.6	1,198	0.4	52	22	
ANTI-HYPERLIPIDEMIC	21,329	69	2.7	525	0.4	90	41	
ANTI-ASTHMATIC	18,705	71	2.7	574	0.4	85	33	
HYPNOTICS	18,836	147	5.7	1,517	0.7	18	12	
Total	467,500	2,152	n.a.	20,298	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

- 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 2007. A total of 1,906 beneficiaries who were in nursing facilities for part of their enrollment and their 16,646 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 2007. 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 2007 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.

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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIANXIETY AGENTS					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	14,106	\$467,500	872	33.7	8,963	0.8	\$13	93	3.6	676	0.6	\$114
Female												
All Females	9,248	286,394	599	34.1	6,170	0.8	12	59	3.4	444	0.6	102
Female, Disabled												
All Ages	2,517	118,440	94	43.1	1,045	1.0	15	26	11.9	223	0.8	133
64 or younger	1,917	57,088	84	43.3	925	1.1	16	14	7.2	85	0.6	102
65-74	600	61,352	10	43.5	120	0.5	9	12	52.2	138	0.9	152
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	6,731	167,954	505	32.9	5,125	0.8	11	33	2.1	221	0.4	72
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,769	53,402	95	38.8	1,049	0.9	13	5	2.0	57	0.5	137
75-84	2,392	54,329	176	32.3	1,748	0.7	11	13	2.4	74	0.4	49
85 and older	2,570	60,223	234	31.3	2,328	0.7	11	15	2.0	90	0.4	49
Male												
All Males	4,858	181,106	273	32.9	2,793	0.8	15	34	4.1	232	0.6	135
Male, Disabled												
All Ages	2,545	101,410	100	42.6	1,164	1.0	17	11	4.7	105	0.7	212
64 or younger	2,230	81,423	89	41.2	1,035	1.0	17	9	4.2	81	0.6	157
65-74	315	19,987	11	57.9	129	1.1	16	2	10.5	24	1.0	398
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	2,313	79,696	173	29.0	1,629	0.7	13	23	3.9	127	0.5	71
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1,107	38,756	66	35.9	655	0.9	17	8	4.3	40	0.4	88
75-84	778	24,497	60	25.1	549	0.6	11	9	3.8	49	0.6	72
85 and older	428	16,443	47	27.2	425	0.5	11	6	3.5	38	0.5	51
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. A total of 1,906 beneficiaries who were in nursing facilities for part of their enrollment and their 16,646 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 2007. 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 2007 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 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ANTICONSULSANT					ULCER DRUGS					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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	250	9.7	2,449	0.9	\$28	247	9.6	2,384	0.5	\$20	70	2.7	519	0.5	\$75
Female															
All Females	163	9.3	1,593	0.9	22	160	9.1	1,556	0.5	21	40	2.3	276	0.6	99
Female, Disabled															
All Ages	52	23.9	532	1.0	28	33	15.1	364	0.5	30	7	3.2	61	0.5	237
64 or younger	44	22.7	436	1.0	18	28	14.4	310	0.5	29	3	1.5	25	0.3	97
65-74	8	34.8	96	0.9	73	5	21.7	54	0.8	32	4	17.4	36	0.6	335
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	111	7.2	1,061	0.9	18	127	8.3	1,192	0.6	18	33	2.1	215	0.6	60
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	34	13.9	334	0.7	26	27	11.0	292	0.4	17	4	1.6	45	1.1	68
75-84	40	7.3	374	1.1	20	50	9.2	481	0.6	17	17	3.1	85	0.6	60
85 and older	37	5.0	353	0.7	10	50	6.7	419	0.6	20	12	1.6	85	0.5	56
Male															
All Males	87	10.5	856	0.9	40	87	10.5	828	0.5	20	30	3.6	243	0.4	46
Male, Disabled															
All Ages	49	20.9	541	0.9	46	27	11.5	291	0.5	19	5	2.1	60	0.4	55
64 or younger	43	19.9	469	0.9	46	22	10.2	234	0.4	18	5	2.3	60	0.4	55
65-74	6	31.6	72	0.7	45	5	26.3	57	0.7	22	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
Male, Other Eligibles															
All Ages	38	6.4	315	0.9	30	60	10.1	537	0.5	21	25	4.2	183	0.3	44
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	24	13.0	209	0.9	40	19	10.3	173	0.5	21	7	3.8	71	0.3	41
75-84	11	4.6	71	0.7	13	31	13.0	275	0.6	19	10	4.2	59	0.4	46
85 and older	3	1.7	35	0.7	9	10	5.8	89	0.6	26	8	4.6	53	0.4	45
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

- 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 2007. A total of 1,906 beneficiaries who were in nursing facilities for part of their enrollment and their 16,646 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 2007. 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 2007 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 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-DIABETIC					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 \$
All	189	7.3	1,493	0.4	\$23	144	5.6	1,198	0.4	\$22	69	2.7	525	0.4	\$41
Female															
All Females	118	6.7	845	0.4	28	92	5.2	737	0.4	21	36	2.1	231	0.5	42
Female, Disabled															
All Ages	28	12.8	284	0.5	38	21	9.6	202	0.6	38	8	3.7	80	0.7	60
64 or younger	16	8.2	152	0.6	45	11	5.7	88	0.3	14	2	1.0	14	0.4	38
65-74	12	52.2	132	0.5	31	10	43.5	114	0.9	57	6	26.1	66	0.8	64
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	90	5.9	561	0.4	22	71	4.6	535	0.4	15	28	1.8	151	0.4	33
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	17	6.9	144	0.5	38	13	5.3	112	0.3	18	2	0.8	11	0.5	55
75-84	33	6.1	165	0.4	21	29	5.3	233	0.4	14	10	1.8	44	0.3	24
85 and older	40	5.4	252	0.3	14	29	3.9	190	0.4	14	16	2.1	96	0.4	35
Male															
All Males	71	8.5	648	0.4	16	52	6.3	461	0.4	23	33	4.0	294	0.4	39
Male, Disabled															
All Ages	29	12.3	341	0.4	18	16	6.8	172	0.5	30	13	5.5	137	0.5	50
64 or younger	26	12.0	305	0.4	19	14	6.5	148	0.5	26	11	5.1	113	0.4	45
65-74	3	15.8	36	0.6	6	2	10.5	24	0.9	53	2	10.5	24	0.8	75
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	42	7.0	307	0.4	15	36	6.0	289	0.3	18	20	3.4	157	0.3	30
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	17	9.2	131	0.4	17	16	8.7	130	0.2	15	12	6.5	92	0.3	32
75-84	14	5.9	110	0.4	10	11	4.6	77	0.5	24	5	2.1	40	0.5	37
85 and older	11	6.4	66	0.3	18	9	5.2	82	0.3	17	3	1.7	25	0.2	14
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. A total of 1,906 beneficiaries who were in nursing facilities for part of their enrollment and their 16,646 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 2007. 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 2007 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 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ANTIASTHMATIC					HYPNOTICS					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	71	2.7	574	0.4	\$33	147	5.7	1,517	0.7	\$12	2,586	25,381
Female												
All Females	42	2.4	339	0.4	33	90	5.1	938	0.7	14	1,755	17,278
Female, Disabled												
All Ages	8	3.7	84	0.4	40	18	8.3	207	0.9	30	218	2,354
64 or younger	5	2.6	60	0.3	26	15	7.7	171	0.8	25	194	2,083
65-74	3	13.0	24	0.6	76	3	13.0	36	1.0	52	23	259
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	0	0
Female, Other Eligibles												
All Ages	34	2.2	255	0.4	30	72	4.7	731	0.6	10	1,537	14,924
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	14	5.7	116	0.6	44	21	8.6	217	0.8	8	245	2,540
75-84	6	1.1	33	0.5	31	24	4.4	239	0.6	11	545	5,332
85 and older	14	1.9	106	0.2	15	27	3.6	275	0.6	10	747	7,052
Male												
All Males	29	3.5	235	0.4	33	57	6.9	579	0.8	10	831	8,103
Male, Disabled												
All Ages	9	3.8	104	0.4	42	27	11.5	289	1.0	11	235	2,657
64 or younger	8	3.7	92	0.4	40	27	12.5	289	1.0	11	216	2,442
65-74	1	5.3	12	0.5	55	0	0.0	0	0.0	0	19	215
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	20	3.4	131	0.3	26	30	5.0	290	0.5	9	596	5,446
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	7	3.8	39	0.6	37	13	7.1	118	0.5	6	184	1,806
75-84	9	3.8	61	0.2	19	11	4.6	114	0.5	7	239	2,183
85 and older	4	2.3	31	0.2	25	6	3.5	58	0.5	18	173	1,457
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. A total of 1,906 beneficiaries who were in nursing facilities for part of their enrollment and their 16,646 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 2007. 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 2007 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 D.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
UTAH, 2007

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 Dual Rx \$	Total Number of Beneficiaries
All	11,214	39.5	3.2	90,153	\$46	\$1,301,871	\$14	14.2	28,359
Age									
5 and younger	1	16.7	0.7	4	7	42	11	0.2	6
6-14	2	50.0	3.5	14	48	190	14	29.7	4
15-20	19	32.2	1.7	98	27	1,604	16	2.0	59
21-44	2,612	38.7	3.0	20,305	47	314,111	15	7.8	6,745
45-64	3,940	46.4	4.2	35,838	62	528,673	15	14.9	8,483
65-74	2,015	33.4	2.5	15,237	36	215,443	14	19.4	6,036
75-84	1,538	35.2	2.5	10,819	32	141,860	13	52.9	4,373
85 and older	1,087	41.0	3.0	7,838	38	99,948	13	59.1	2,653
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	4,373	35.4	2.6	31,692	34	424,807	13	35.2	12,337
Disabled	6,736	42.6	3.7	57,789	55	866,908	15	11.7	15,796
Adults	100	46.3	3.0	641	45	9,794	15	1.7	216
Children	1	50.0	0.5	1	2	4	4	0.4	2
Unknown	4	50.0	3.8	30	45	358	12	2.4	8
Gender									
Female	7,402	43.4	3.4	58,616	49	831,375	14	15.9	17,056
Male	3,812	33.7	2.8	31,537	42	470,496	15	11.9	11,303
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	9,569	41.1	3.5	80,950	50	1,172,431	14	14.3	23,263
African American	134	32.4	2.1	876	28	11,550	13	7.3	413
Other/unknown	1,511	32.3	1.8	8,327	25	117,890	14	14.0	4,683
Use of Nursing Facilities^d									
Entire year	1,522	58.9	6.5	16,892	85	220,298	13	39.1	2,586
Part year	1,055	55.4	4.4	8,310	60	113,422	14	23.6	1,906
None	8,637	36.2	2.7	64,951	41	968,151	15	11.9	23,867
Maintenance Assistance Status									
Cash	3,046	37.8	2.7	21,541	40	321,237	15	11.3	8,058
Medically needy	1,135	32.9	2.3	7,775	35	120,058	15	8.6	3,455
Poverty related	3,058	35.2	2.5	21,864	37	317,608	15	10.7	8,699
Other/unknown	3,975	48.8	4.8	38,973	67	542,968	14	27.4	8,147

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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 D.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
UTAH, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.4	\$5	\$14	\$0	\$4	243,552
Age						
5 and younger	0.1	1	11	0	0	47
6-14	0.4	5	14	0	0	36
15-20	0.2	3	16	0	2	494
21-44	0.4	5	15	0	4	57,869
45-64	0.5	7	15	0	5	73,834
65-74	0.3	4	14	0	2	51,206
75-84	0.3	4	13	0	2	37,798
85 and older	0.4	4	13	0	3	22,268
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	4	13	0	2	104,950
Disabled	0.4	6	15	0	4	136,743
Adults	0.4	5	15	0	4	1,801
Children	0.1	0	4	0	0	11
Unknown	0.6	8	12	0	5	47
Gender						
Female	0.4	6	14	0	4	147,631
Male	0.3	5	15	0	3	95,921
Unknown	0.0	0	0	0	0	0
Race						
White	0.4	6	14	0	4	199,656
African American	0.3	3	13	0	2	3,345
Other/unknown	0.2	3	14	0	1	40,551
Use of Nursing Facilities^d						
Entire year	0.7	9	13	0	6	25,381
Part year	0.5	7	14	0	4	16,646
None	0.3	5	15	0	3	201,525
Maintenance Assistance Status						
Cash	0.3	5	15	0	3	71,201
Medically needy	0.3	5	15	0	3	25,019
Poverty related	0.3	4	15	0	3	73,349
Other/unknown	0.5	7	14	0	5	73,983

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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 D.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
UTAH, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	14,701	\$89	\$1,301,871	100.0	90,153	\$14	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	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	1,899	41	78,780	6.1	3,516	22	3.9
Vitamins and minerals	468	98	45,800	3.5	1,753	26	1.9
Non-prescription drugs	4,393	62	272,784	21.0	26,458	10	29.3
Barbiturates	216	85	18,412	1.4	2,254	8	2.5
Benzodiazepines	7,380	118	867,713	66.7	55,090	16	61.1
Other Part D Excl Rx Drugs	345	53	18,382	1.4	1,082	17	1.2

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

a. Table D.13 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 UTAH, 2007

Total Number of Dual Eligible Beneficiaries: 28,359
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$9,200,105
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$324

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,773	59.1	\$0	0.0
1-500	9,036	31.9	1,013,081	11.0
501-1,000	805	2.8	568,148	6.2
1,001-1,500	376	1.3	462,460	5.0
1,501-2,000	239	0.8	411,952	4.5
2,001-2,500	173	0.6	386,041	4.2
2,501-3,000	146	0.5	405,354	4.4
3,001-3,500	115	0.4	369,530	4.0
3,501-4,000	90	0.3	337,596	3.7
4,001-4,500	70	0.2	296,961	3.2
4,501-5,000	60	0.2	283,837	3.1
5,001-5,500	60	0.2	315,597	3.4
5,501-6,000	42	0.1	242,281	2.6
6,001-6,500	42	0.1	262,957	2.9
6,501-7,000	35	0.1	236,574	2.6
7,001-7,500	39	0.1	282,889	3.1
7,501-8,000	30	0.1	231,463	2.5
8,001-8,500	26	0.1	214,924	2.3
8,501-9,000	16	0.1	139,687	1.5
9,001-9,500	28	0.1	259,245	2.8
9,501-10,000	20	0.1	195,838	2.1
10,001+	138	0.5	2,283,690	24.8

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 UTAH, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 15,074
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$7,081,389
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$469

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	8,059	53.5	\$0	0.0	
1-500	5,137	34.1	609,136	8.6	
501-1,000	552	3.7	392,077	5.5	
1,001-1,500	252	1.7	311,054	4.4	
1,501-2,000	179	1.2	307,288	4.3	
2,001-2,500	139	0.9	310,824	4.4	
2,501-3,000	112	0.7	310,714	4.4	
3,001-3,500	81	0.5	259,580	3.7	
3,501-4,000	71	0.5	266,590	3.8	
4,001-4,500	54	0.4	229,439	3.2	
4,501-5,000	49	0.3	232,052	3.3	
5,001-5,500	49	0.3	257,436	3.6	
5,501-6,000	32	0.2	184,774	2.6	
6,001-6,500	36	0.2	225,608	3.2	
6,501-7,000	30	0.2	202,625	2.9	
7,001-7,500	34	0.2	246,752	3.5	
7,501-8,000	21	0.1	162,339	2.3	
8,001-8,500	20	0.1	165,539	2.3	
8,501-9,000	14	0.1	122,116	1.7	
9,001-9,500	23	0.2	212,867	3.0	
9,501-10,000	16	0.1	156,329	2.2	
10,001+	114	0.8	1,916,250	27.1	

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

- 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 2007.
- 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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 UTAH, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 13,062
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$1,545,345
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$118

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,673	66.4	\$0	0.0
1-500	3,842	29.4	394,465	25.5
501-1,000	236	1.8	163,244	10.6
1,001-1,500	112	0.9	136,090	8.8
1,501-2,000	51	0.4	88,589	5.7
2,001-2,500	23	0.2	50,583	3.3
2,501-3,000	23	0.2	63,891	4.1
3,001-3,500	26	0.2	83,917	5.4
3,501-4,000	11	0.1	41,682	2.7
4,001-4,500	11	0.1	46,352	3.0
4,501-5,000	8	0.1	37,802	2.4
5,001-5,500	6	0.0	31,375	2.0
5,501-6,000	10	0.1	57,507	3.7
6,001-6,500	3	0.0	18,641	1.2
6,501-7,000	3	0.0	20,263	1.3
7,001-7,500	1	0.0	7,216	0.5
7,501-8,000	4	0.0	30,936	2.0
8,001-8,500	3	0.0	24,879	1.6
8,501-9,000	0	0.0	0	0.0
9,001-9,500	4	0.0	37,149	2.4
9,501-10,000	0	0.0	0	0.0
10,001+	12	0.1	210,764	13.6

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 UTAH, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 6,036
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,108,130
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$183

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,923	65.0	\$0	0.0
1-500	1,750	29.0	185,470	16.7
501-1,000	139	2.3	97,715	8.8
1,001-1,500	71	1.2	84,980	7.7
1,501-2,000	32	0.5	55,814	5.0
2,001-2,500	14	0.2	30,651	2.8
2,501-3,000	16	0.3	44,454	4.0
3,001-3,500	18	0.3	58,104	5.2
3,501-4,000	11	0.2	41,682	3.8
4,001-4,500	9	0.1	38,115	3.4
4,501-5,000	8	0.1	37,802	3.4
5,001-5,500	5	0.1	25,988	2.3
5,501-6,000	10	0.2	57,507	5.2
6,001-6,500	3	0.0	18,641	1.7
6,501-7,000	3	0.0	20,263	1.8
7,001-7,500	1	0.0	7,216	0.7
7,501-8,000	4	0.1	30,936	2.8
8,001-8,500	3	0.0	24,879	2.2
8,501-9,000	0	0.0	0	0.0
9,001-9,500	4	0.1	37,149	3.4
9,501-10,000	0	0.0	0	0.0
10,001+	12	0.2	210,764	19.0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 UTAH, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 4,373
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$267,991
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$61

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,000	68.6	\$0	0.0
1-500	1,264	28.9	125,103	46.7
501-1,000	50	1.1	32,428	12.1
1,001-1,500	27	0.6	32,975	12.3
1,501-2,000	14	0.3	24,091	9.0
2,001-2,500	7	0.2	15,518	5.8
2,501-3,000	2	0.0	5,736	2.1
3,001-3,500	7	0.2	22,715	8.5
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,038	1.5
4,501-5,000	0	0.0	0	0.0
5,001-5,500	1	0.0	5,387	2.0
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 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 UTAH, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 2,653
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$169,224
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$63

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,750	66.0	\$0	0.0
1-500	828	31.2	83,892	49.6
501-1,000	47	1.8	33,101	19.6
1,001-1,500	14	0.5	18,135	10.7
1,501-2,000	5	0.2	8,684	5.1
2,001-2,500	2	0.1	4,414	2.6
2,501-3,000	5	0.2	13,701	8.1
3,001-3,500	1	0.0	3,098	1.8
3,501-4,000	0	0.0	0	0.0
4,001-4,500	1	0.0	4,199	2.5
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 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007.

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

Dual Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	28,816	12,569	16,020	217	2	8	298,682	125,929	170,803	1,874	14	62
Age												
5 and younger	6	0	6	0	0	0	64	0	64	0	0	0
6-14	4	0	4	0	0	0	48	0	48	0	0	0
15-20	61	0	60	0	1	0	638	0	626	0	12	0
21-44	6,850	0	6,694	154	1	1	73,106	0	71,782	1,317	2	5
45-64	8,588	0	8,521	61	0	6	91,190	0	90,598	544	0	48
65-74	6,174	5,516	655	2	0	1	63,579	56,711	6,846	13	0	9
75-84	4,437	4,367	70	0	0	0	45,011	44,272	739	0	0	0
85 and older	2,696	2,686	10	0	0	0	25,046	24,946	100	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	17,322	8,945	8,227	141	1	8	180,872	90,759	88,759	1,280	12	62
Male	11,494	3,624	7,793	76	1	0	117,810	35,170	82,044	594	2	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	23,637	9,304	14,134	191	1	7	244,128	91,319	151,104	1,634	12	59
African American	425	131	288	5	0	1	4,199	1,307	2,843	46	0	3
Other/unknown	4,754	3,134	1,598	21	1	0	50,355	33,303	16,856	194	2	0
Use of Nursing Facilities^c												
Entire year	2,597	2,144	453	0	0	0	25,403	20,389	5,014	0	0	0
Part year	1,908	1,455	453	0	0	0	18,127	13,341	4,786	0	0	0
None	24,311	8,970	15,114	217	2	8	255,152	92,199	161,003	1,874	14	62
Maintenance Assistance Status												
Cash	8,159	3,478	4,573	108	0	0	90,306	38,668	50,618	1,020	0	0
Medically needy	3,533	1,484	2,038	11	0	0	30,151	11,960	18,161	30	0	0
Poverty related	8,933	3,401	5,492	32	0	8	94,116	35,872	57,969	213	0	62
Other/unknown	8,191	4,206	3,917	66	2	0	84,109	39,429	44,055	611	14	0
Dual Status^d												
Full dual, all year	26,700	11,891	14,592	207	2	8	276,940	119,275	155,807	1,782	14	62
Full dual, part year	2,116	678	1,428	10	0	0	21,742	6,654	14,996	92	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	9,695	5,424	4,084	183	1	3	83,334	46,319	35,378	1,619	2	16
FFS part year, with Rx claims	8,974	2,682	6,262	25	1	4	103,871	30,869	72,759	190	12	41
FFS part year, no Rx claims	9,690	4,231	5,450	8	0	1	110,459	48,187	62,204	63	0	5
MC all year, with Rx claims	96	44	52	0	0	0	273	143	130	0	0	0
MC all year, no Rx claims	361	188	172	1	0	0	745	411	332	2	0	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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 2007. 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^a
DUAL ELIGIBLE BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	Beneficiaries and		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1		Benefit Months in Cell G of Table 1		Benefit Months in 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
All	28,816	298,682	28,359	243,552	0	55,130
Fee-for-service (FFS) all year	9,695	83,334	9,695	83,334	0	0
FFS part year, with Rx claims	8,974	103,871	8,974	77,739	0	26,132
FFS part year, with no Rx claims	9,690	110,459	9,690	82,479	0	27,980
Managed care (MC) all year, with Rx claims	96	273	0	0	0	273
MC all year, with no Rx claims	361	745	0	0	0	745

Source: Data for this table are from the MAX 2007 file for Utah, released by CMS in 10/2010. This table was produced on 04/19/2011.

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.

Dual Medicaid Beneficiaries