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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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	215,878	260	19,085	47,842	148,445	246	1,446,300	1,688	157,130	311,030	974,617	1,835
Age												
5 and younger	84,048	0	1,361	0	82,687	0	542,098	0	10,248	0	531,850	0
6-14	51,889	0	2,379	10	49,500	0	356,292	0	19,838	35	336,419	0
15-20	23,196	0	1,845	5,109	16,242	0	147,752	0	15,306	26,189	106,257	0
21-44	46,883	0	6,597	40,201	15	70	320,010	0	54,724	264,713	79	494
45-64	9,563	0	6,867	2,520	1	175	78,245	0	56,828	20,071	12	1,334
65-74	179	146	31	1	0	1	1,112	949	146	10	0	7
75-84	89	84	4	1	0	0	601	558	31	12	0	0
85 and older	31	30	1	0	0	0	190	181	9	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	122,718	156	9,934	40,485	71,897	246	819,855	1,007	82,986	261,142	472,885	1,835
Male	92,723	104	9,151	7,357	76,111	0	625,395	681	74,144	49,888	500,682	0
Unknown	437	0	0	0	437	0	1,050	0	0	0	1,050	0
Race												
White	149,580	82	15,444	36,110	97,732	212	1,017,133	399	127,264	243,465	644,433	1,572
African American	5,553	5	493	976	4,076	3	38,843	45	3,910	6,753	28,119	16
Other/unknown	60,745	173	3,148	10,756	46,637	31	390,324	1,244	25,956	60,812	302,065	247
Use of Nursing Facilities^c												
Entire year	311	15	295	0	1	0	3,226	104	3,110	0	12	0
Part year	429	10	399	5	15	0	3,759	73	3,514	44	128	0
None	215,138	235	18,391	47,837	148,429	246	1,439,315	1,511	150,506	310,986	974,477	1,835
Maintenance Assistance Status												
Cash	76,923	107	12,391	19,267	45,158	0	564,591	863	105,489	145,422	312,817	0
Medically needy	2,910	21	933	916	1,040	0	13,864	69	6,110	3,757	3,928	0
Poverty-related	83,632	102	3,179	16,685	63,420	246	498,663	555	22,390	79,677	394,206	1,835
Other/unknown	52,413	30	2,582	10,974	38,827	0	369,182	201	23,141	82,174	263,666	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	92,574	102	4,439	38,725	49,255	53	545,840	550	35,304	260,564	249,176	246
FFS part year, with Rx claims	87,872	108	12,905	7,670	67,004	185	679,093	803	109,557	45,520	521,666	1,547
FFS part year, no Rx claims	35,432	50	1,741	1,447	32,186	8	221,367	335	12,269	4,946	203,775	42

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, UTAH, 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	64.1	7.4	\$550	\$74	\$3,312	16.6	215,878
Age							
5 and younger	62.8	2.8	110	39	1,853	5.9	84,048
6-14	54.1	4.0	370	94	1,765	20.9	51,889
15-20	64.9	7.0	685	98	4,892	14.0	23,196
21-44	73.2	12.3	898	73	4,942	18.2	46,883
45-64	84.5	43.6	3,361	77	12,617	26.6	9,563
65-74	58.7	11.5	607	53	6,865	8.8	179
75-84	47.2	7.5	502	67	4,788	10.5	89
85 and older	45.2	8.3	360	43	8,472	4.2	31
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	52.7	9.5	514	54	5,931	8.7	260
Disabled	84.3	36.1	3,550	98	16,903	21.0	19,085
Adults	71.5	8.7	445	51	2,642	16.8	47,842
Children	59.2	3.3	194	60	1,754	11.1	148,445
Unknown	91.5	33.2	2,790	84	16,417	17.0	246
Gender							
Female	66.8	8.4	551	66	3,092	17.8	122,718
Male	61.0	6.1	550	90	3,619	15.2	92,723
Unknown	0.9	0.0	0	16	153	0.1	437
Race							
White	67.3	8.8	675	77	3,782	17.8	149,580
African American	60.9	6.6	508	77	2,801	18.2	5,553
Other/unknown	56.7	4.0	246	61	2,201	11.2	60,745
Use of Nursing Facilities^f							
Entire year	95.2	119.9	8,570	72	75,519	11.3	311
Part year	97.4	87.3	6,178	71	76,255	8.1	429
None	64.0	7.1	527	74	3,062	17.2	215,138
Maintenance Assistance Status							
Cash	66.6	10.8	851	79	3,344	25.4	76,923
Medically needy	43.2	11.2	952	85	8,000	11.9	2,910
Poverty related	60.6	4.1	231	56	1,786	12.9	83,632
Other/unknown	67.4	7.4	595	80	5,441	10.9	52,413

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
All	1.1	\$82	16.6	35.9	47.7	6.6	6.3	2.5	1.0	\$494	215,878	1,446,300
Age												
5 and younger	0.4	17	5.9	37.2	57.0	4.0	1.6	0.2	0.0	287	84,048	542,098
6-14	0.6	54	20.9	45.9	44.5	4.5	4.0	1.0	0.1	257	51,889	356,292
15-20	1.1	108	14.0	35.1	44.6	9.1	8.4	2.5	0.4	768	23,196	147,752
21-44	1.8	132	18.2	26.8	42.2	12.0	12.8	4.8	1.4	724	46,883	320,010
45-64	5.3	411	26.6	15.5	18.9	9.3	22.8	19.4	14.0	1,542	9,563	78,245
65-74	1.8	98	8.8	41.3	25.1	10.1	12.3	7.8	3.4	1,105	179	1,112
75-84	1.1	74	10.5	52.8	19.1	7.9	15.7	4.5	0.0	709	89	601
85 and older	1.4	59	4.2	54.8	19.4	9.7	9.7	3.2	3.2	1,382	31	190
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	1.5	79	8.7	47.3	23.8	8.8	12.7	5.4	1.9	914	260	1,688
Disabled	4.4	431	21.0	15.7	24.5	10.3	22.1	17.4	10.0	2,053	19,085	157,130
Adults	1.3	68	16.8	28.5	45.4	12.1	11.0	2.7	0.3	406	47,842	311,030
Children	0.5	30	11.1	40.8	51.5	4.4	2.7	0.5	0.1	267	148,445	974,617
Unknown	4.5	374	17.0	8.5	22.4	12.6	28.0	19.9	8.5	2,201	246	1,835
Gender												
Female	1.3	83	17.8	33.2	48.1	7.5	7.1	2.8	1.3	463	122,718	819,855
Male	0.9	82	15.2	39.0	47.5	5.5	5.3	2.1	0.7	537	92,723	625,395
Unknown	0.0	0	0.1	99.1	0.7	0.2	0.0	0.0	0.0	64	437	1,050
Race												
White	1.3	99	17.8	32.7	47.8	7.5	7.6	3.1	1.3	556	149,580	1,017,133
African American	0.9	73	18.2	39.1	45.6	6.3	5.7	2.5	0.8	401	5,553	38,843
Other/unknown	0.6	38	11.2	43.3	47.7	4.4	3.2	1.0	0.3	343	60,745	390,324
Use of Nursing Facilities^f												
Entire year	11.6	826	11.3	4.8	2.3	1.9	12.9	29.3	48.9	7,280	311	3,226
Part year	10.0	705	8.1	2.6	4.0	6.5	18.6	30.1	38.2	8,703	429	3,759
None	1.1	79	17.2	36.0	47.9	6.6	6.2	2.4	0.9	458	215,138	1,439,315
Maintenance Assistance Status												
Cash	1.5	116	25.4	33.4	45.8	7.0	8.1	3.9	1.9	456	76,923	564,591
Medically needy	2.4	200	11.9	56.8	19.9	5.6	9.0	5.5	3.2	1,679	2,910	13,864
Poverty related	0.7	39	12.9	39.4	48.6	6.2	4.2	1.2	0.4	300	83,632	498,663
Other/unknown	1.1	85	10.9	32.6	50.7	6.9	6.8	2.4	0.6	772	52,413	369,182

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL 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	1.1	\$82	\$74	0.3	\$56	\$173	0.0	\$3	\$112	0.8	\$23	\$30
Age												
5 and younger	0.4	17	39	0.1	9	110	0.0	1	66	0.3	7	21
6-14	0.6	54	94	0.2	43	176	0.0	2	116	0.3	9	30
15-20	1.1	108	98	0.4	82	208	0.0	4	149	0.7	22	32
21-44	1.8	132	73	0.5	87	182	0.0	5	131	1.3	39	31
45-64	5.3	411	77	1.6	268	165	0.2	18	116	3.5	124	35
65-74	1.8	98	53	0.5	59	108	0.1	10	119	1.2	29	24
75-84	1.1	74	67	0.3	41	135	0.0	4	94	0.8	29	38
85 and older	1.4	59	43	0.3	30	105	0.0	2	58	1.0	27	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.5	79	54	0.4	46	117	0.0	6	119	1.0	27	27
Disabled	4.4	431	98	1.5	315	210	0.1	16	127	2.8	99	36
Adults	1.3	68	51	0.3	37	129	0.0	3	123	1.0	28	27
Children	0.5	30	60	0.1	20	138	0.0	1	86	0.3	8	25
Unknown	4.5	374	84	1.4	242	174	0.1	13	149	3.0	119	40
Gender												
Female	1.3	83	66	0.3	53	157	0.0	4	110	0.9	26	29
Male	0.9	82	90	0.3	60	196	0.0	3	115	0.6	19	32
Unknown	0.0	0	16	0.0	0	0	0.0	0	0	0.0	0	16
Race												
White	1.3	99	77	0.4	68	174	0.0	4	113	0.9	27	31
African American	0.9	73	77	0.3	51	168	0.0	3	126	0.6	18	30
Other/unknown	0.6	38	61	0.1	25	166	0.0	2	102	0.5	12	26
Use of Nursing Facilities^e												
Entire year	11.6	826	72	3.4	573	168	0.2	18	82	7.9	232	29
Part year	10.0	705	71	2.5	437	171	0.2	20	95	7.2	247	34
None	1.1	79	74	0.3	54	173	0.0	3	113	0.7	22	30
Maintenance Assistance Status												
Cash	1.5	116	79	0.4	80	182	0.0	5	119	1.0	31	31
Medically needy	2.4	200	85	0.7	134	187	0.1	9	133	1.6	56	36
Poverty related	0.7	39	56	0.2	23	143	0.0	2	95	0.5	14	27
Other/unknown	1.1	85	80	0.3	60	172	0.0	4	110	0.7	21	31

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 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, 0.4 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>.

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

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

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.3	\$15	\$6	\$1	\$8	\$51	\$283	\$89	\$29	206,530	\$10,442,596	88,372	40.9	697,136
Biologicals	0.2	0.2	0.0	0.0	52	52	0	0	333	333	0	0	737	245,759	479	0.2	4,727
Antineoplastic Agents	0.7	0.3	0.0	0.5	253	220	6	27	339	810	573	59	4,024	1,363,899	627	0.3	5,387
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	36	26	1	10	62	129	55	27	126,120	7,862,974	26,669	12.4	219,524
Cardiovascular Agents	1.1	0.3	0.1	0.8	52	28	4	19	46	102	70	24	117,176	5,377,338	11,959	5.5	104,169
Respiratory Agents	0.4	0.2	0.0	0.2	27	22	1	5	65	109	74	24	150,969	9,811,104	44,139	20.4	358,973
Gastrointestinal Agents	0.5	0.2	0.0	0.3	46	29	3	13	91	136	115	50	87,569	7,997,772	21,413	9.9	175,325
Genitourinary Agents	0.3	0.1	0.0	0.2	12	7	0	6	43	88	59	27	19,421	843,983	8,451	3.9	67,715
CNS Drugs	1.1	0.4	0.0	0.7	127	100	2	25	111	227	113	36	292,907	32,389,214	30,224	14.0	255,367
Stimulants/Anti-obesity/Anorexia	0.9	0.7	0.0	0.2	104	96	1	7	116	132	64	44	49,549	5,734,416	6,643	3.1	55,124
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	102	101	0	2	321	334	0	101	4,737	1,521,042	1,578	0.7	14,871
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	23	6	2	15	40	202	318	28	232,677	9,345,990	50,985	23.6	412,774
Neuromuscular Agents	0.9	0.4	0.0	0.5	107	77	8	22	114	192	181	45	135,431	15,435,570	16,261	7.5	144,556
Nutritional Products	0.3	0.0	0.0	0.2	4	1	0	3	14	14	12	14	52,045	706,614	24,699	11.4	180,438
Hematological Agents	0.8	0.2	0.0	0.6	240	229	1	11	306	1,080	37	20	14,057	4,301,153	2,108	1.0	17,890
Topical Products	0.3	0.1	0.0	0.2	10	6	0	4	41	102	67	22	97,260	4,017,974	48,667	22.5	385,415
Miscellaneous Products	0.3	0.2	0.0	0.1	44	37	0	6	171	198	322	95	6,406	1,096,645	3,092	1.4	24,960
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	25	0	0	0	113	0	0	0	1,579	178,015	831	0.4	7,127
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,599,194	118,672,058	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 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, 0.4 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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$16,266,862	9,507	4.4	85,683	0.7	\$274	\$190
ANTICONVULSANT	11,496,007	12,338	5.7	112,298	0.7	141	102
ANTIDEPRESSANTS	7,553,351	26,068	12.1	231,654	0.5	63	33
ANALGESICS - Narcotic	5,720,051	45,854	21.2	394,664	0.4	41	14
ULCER DRUGS	5,224,991	16,860	7.8	143,641	0.4	91	36
ANTIASTHMATIC	5,114,010	24,457	11.3	206,038	0.3	79	25
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,441,589	6,675	3.1	56,564	0.7	116	79
ANTIDIABETIC	2,628,915	5,338	2.5	47,737	0.7	83	55
MISC. HEMATOLOGICAL	2,600,179	482	0.2	4,353	0.6	951	597
MISC. ENDOCRINE	2,122,281	1,299	0.6	11,769	0.6	297	180
Total	63,168,236	148,878	n.a.	1,294,401	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 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 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.

Nondual Medicaid Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	603,830	\$63,168,236	9,507	4.4	85,683	0.7	\$190	12,338	5.7	112,298	0.7	\$102
Female												
All Females	382,779	34,334,820	5,051	4.1	46,142	0.6	164	7,880	6.4	72,838	0.7	90
Female, Disabled												
All Ages	175,943	19,499,274	2,855	28.7	26,073	0.8	215	3,875	39.0	35,415	0.9	124
5 and younger	1,700	183,248	6	1.0	49	0.6	107	65	11.3	585	0.8	118
6-14	6,086	1,000,469	109	13.8	1,042	0.7	212	222	28.1	2,012	1.0	198
15-20	7,663	1,247,967	214	28.8	2,003	0.7	203	282	37.9	2,622	0.9	194
21-44	58,286	7,108,715	1,236	34.9	10,958	0.7	207	1,615	45.6	14,566	0.9	141
45-64	102,137	9,953,321	1,289	30.2	12,018	0.9	225	1,690	39.6	15,624	0.8	87
65-74	71	5,554	1	5.0	3	0.7	6	1	5.0	6	0.7	46
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	206,836	14,835,546	2,196	1.9	20,069	0.4	97	4,005	3.6	37,423	0.5	57
5 and younger	10,257	873,564	9	0.0	73	0.4	83	91	0.2	719	0.5	59
6-14	23,208	2,357,970	339	1.4	2,956	0.6	161	345	1.4	3,008	0.7	116
15-20	24,377	1,993,133	466	3.6	3,789	0.6	140	466	3.6	3,980	0.6	93
21-44	131,174	8,253,382	1,254	3.7	12,004	0.3	70	2,784	8.2	26,650	0.4	47
45-64	17,406	1,327,696	127	6.9	1,240	0.4	79	310	16.9	3,001	0.5	45
65-74	231	14,662	1	1.1	7	0.1	7	3	3.4	24	0.3	21
75-84	125	11,228	0	0.0	0	0.0	0	6	11.5	41	0.6	40
85 and older	58	3,911	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	221,051	28,833,416	4,456	4.8	39,541	0.8	220	4,458	4.8	39,460	0.8	126
Male, Disabled												
All Ages	112,486	17,581,842	2,647	28.9	24,093	0.8	251	2,780	30.4	25,088	0.9	144
5 and younger	2,397	343,145	18	2.3	157	0.4	76	106	13.5	873	0.7	107
6-14	13,068	2,754,589	365	23.0	3,313	0.7	201	370	23.3	3,330	0.9	159
15-20	12,987	3,266,689	453	41.1	4,175	0.8	238	347	31.5	3,150	1.0	182
21-44	43,007	6,910,056	1,211	39.6	10,999	0.9	279	1,241	40.6	11,327	1.0	168
45-64	40,921	4,298,858	599	23.0	5,446	0.8	241	713	27.4	6,387	0.8	81
65-74	98	8,268	1	9.1	3	1.0	349	2	18.2	12	0.3	28
75-84	8	237	0	0.0	0	0.0	0	1	50.0	9	0.1	11
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	108,565	11,251,574	1,809	2.2	15,448	0.7	172	1,678	2.0	14,372	0.7	95
5 and younger	15,956	1,089,848	43	0.1	363	0.5	95	125	0.3	931	0.6	81
6-14	42,920	4,913,886	813	3.2	7,181	0.7	185	535	2.1	4,593	0.8	113
15-20	22,597	3,039,778	705	8.3	5,734	0.7	193	429	5.1	3,502	0.8	138
21-44	20,908	1,681,557	218	3.5	1,895	0.4	89	468	7.5	4,197	0.5	54
45-64	5,964	512,357	27	3.1	249	0.4	78	114	13.2	1,094	0.5	56
65-74	175	11,583	3	5.0	26	0.5	46	5	8.3	41	0.4	24
75-84	31	2,177	0	0.0	0	0.0	0	2	6.1	14	0.2	12
85 and older	14	388	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 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 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.

Nondual Medicaid Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	26,068	12.1	231,654	0.5	\$33	45,854	21.2	394,664	0.4	\$15	16,860	7.8	143,641	0.4	\$36
Female															
All Females	19,027	15.5	170,777	0.5	32	34,653	28.2	299,866	0.4	13	11,096	9.0	96,478	0.4	36
Female, Disabled															
All Ages	5,919	59.6	53,512	0.7	46	6,406	64.5	57,505	0.6	31	3,421	34.4	31,025	0.6	57
5 and younger	13	2.3	117	0.4	11	71	12.4	601	0.2	2	113	19.7	922	0.6	37
6-14	131	16.6	1,221	0.7	24	108	13.7	950	0.2	2	75	9.5	645	0.5	57
15-20	285	38.3	2,578	0.7	39	175	23.5	1,551	0.2	4	113	15.2	999	0.5	52
21-44	2,208	62.3	19,672	0.7	47	2,366	66.8	20,908	0.5	26	1,117	31.5	10,085	0.6	53
45-64	3,278	76.9	29,901	0.7	47	3,680	86.3	33,469	0.7	36	2,001	46.9	18,356	0.6	60
65-74	4	20.0	23	0.7	16	6	30.0	26	0.5	23	2	10.0	18	0.6	51
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	13,108	11.6	117,265	0.4	26	28,247	25.0	242,361	0.3	9	7,675	6.8	65,453	0.3	26
5 and younger	44	0.1	367	0.4	9	1,167	2.9	9,380	0.1	1	1,655	4.2	11,758	0.3	16
6-14	813	3.4	6,786	0.5	21	1,596	6.6	13,108	0.2	2	612	2.5	5,083	0.3	23
15-20	1,838	14.2	14,430	0.4	25	3,897	30.2	29,541	0.2	2	911	7.1	7,280	0.3	24
21-44	9,430	27.7	86,229	0.4	26	20,387	59.9	178,661	0.3	10	4,067	12.0	37,068	0.3	27
45-64	964	52.6	9,307	0.5	36	1,169	63.7	11,446	0.5	24	397	21.6	4,016	0.4	46
65-74	10	11.4	81	0.5	13	16	18.2	120	0.3	9	18	20.5	144	0.4	38
75-84	7	13.5	54	0.4	10	10	19.2	77	0.3	61	10	19.2	72	0.3	27
85 and older	2	11.1	11	0.5	16	5	27.8	28	0.3	2	5	27.8	32	0.7	47
Male															
All Males	7,041	7.6	60,877	0.6	33	11,201	12.1	94,798	0.4	18	5,764	6.2	47,163	0.4	38
Male, Disabled															
All Ages	3,151	34.4	28,195	0.7	39	3,431	37.5	30,057	0.5	33	1,915	20.9	17,225	0.6	59
5 and younger	31	3.9	265	0.3	13	101	12.8	879	0.2	2	160	20.3	1,372	0.5	34
6-14	334	21.0	3,031	0.6	22	203	12.8	1,802	0.2	2	155	9.8	1,386	0.5	53
15-20	353	32.1	3,142	0.7	39	230	20.9	2,043	0.3	8	159	14.4	1,442	0.6	48
21-44	1,268	41.5	11,333	0.7	44	1,170	38.3	10,140	0.5	28	643	21.0	5,841	0.7	66
45-64	1,159	44.5	10,387	0.6	40	1,719	66.0	15,140	0.7	46	796	30.6	7,175	0.6	62
65-74	6	54.5	37	0.7	58	7	63.6	44	0.3	13	2	18.2	9	0.6	48
75-84	0	0.0	0	0.0	0	1	50.0	9	0.2	4	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	3,890	4.7	32,682	0.5	28	7,770	9.3	64,741	0.3	12	3,849	4.6	29,938	0.3	25
5 and younger	72	0.2	595	0.4	9	1,654	3.9	13,236	0.1	1	2,169	5.1	15,358	0.3	16
6-14	1,264	5.0	10,551	0.6	24	1,669	6.5	13,560	0.2	2	497	1.9	4,164	0.3	30
15-20	1,230	14.6	9,735	0.6	35	1,375	16.3	10,808	0.2	2	380	4.5	3,039	0.3	29
21-44	1,110	17.7	9,790	0.4	26	2,582	41.2	22,598	0.4	24	624	10.0	5,618	0.4	37
45-64	212	24.6	1,997	0.5	32	468	54.3	4,366	0.5	32	159	18.4	1,592	0.5	50
65-74	2	3.3	14	0.2	2	19	31.7	156	0.3	4	13	21.7	116	0.5	51
75-84	0	0.0	0	0.0	0	2	6.1	14	0.2	3	5	15.2	36	0.4	33
85 and older	0	0.0	0	0.0	0	1	8.3	3	0.3	10	2	16.7	15	0.9	24
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 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 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.

Nondual Medicaid Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	24,457	11.3	206,038	0.3	\$25	6,675	3.1	56,564	0.7	\$79	5,338	2.5	47,737	0.7	\$55
Female															
All Females	13,037	10.6	112,532	0.3	26	2,256	1.8	19,756	0.6	74	3,759	3.1	33,976	0.6	52
Female, Disabled															
All Ages	3,178	32.0	28,810	0.5	45	468	4.7	4,273	0.7	91	2,045	20.6	18,605	0.7	61
5 and younger	112	19.5	1,003	0.4	29	1	0.2	9	0.2	13	0	0.0	0	0.0	0
6-14	180	22.8	1,603	0.6	39	135	17.1	1,216	0.7	79	7	0.9	63	1.2	86
15-20	101	13.6	933	0.4	33	80	10.8	740	0.8	101	19	2.6	172	0.9	100
21-44	887	25.0	7,981	0.5	39	133	3.8	1,212	0.6	88	417	11.8	3,737	0.7	63
45-64	1,895	44.5	17,270	0.5	50	119	2.8	1,096	0.7	103	1,597	37.5	14,610	0.8	59
65-74	3	15.0	20	0.5	70	0	0.0	0	0.0	0	5	25.0	23	0.6	87
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	9,859	8.7	83,722	0.3	19	1,788	1.6	15,483	0.6	69	1,714	1.5	15,371	0.5	41
5 and younger	2,759	6.9	21,903	0.2	15	24	0.1	200	0.4	39	14	0.0	111	0.9	72
6-14	2,449	10.2	19,579	0.3	23	1,001	4.2	8,265	0.7	73	116	0.5	901	0.9	77
15-20	1,119	8.7	8,941	0.3	20	390	3.0	3,227	0.6	71	126	1.0	987	0.6	56
21-44	3,169	9.3	29,727	0.2	17	334	1.0	3,400	0.4	59	1,106	3.3	10,026	0.4	36
45-64	353	19.2	3,502	0.3	28	39	2.1	391	0.6	81	331	18.0	3,213	0.6	44
65-74	7	8.0	43	0.6	83	0	0.0	0	0.0	0	16	18.2	103	0.5	20
75-84	3	5.8	27	0.3	15	0	0.0	0	0.0	0	4	7.7	24	0.4	39
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5.6	6	0.8	14
Male															
All Males	11,420	12.3	93,506	0.3	24	4,419	4.8	36,808	0.7	81	1,579	1.7	13,761	0.7	63
Male, Disabled															
All Ages	2,006	21.9	17,901	0.5	43	774	8.5	6,945	0.8	93	1,011	11.0	8,807	0.8	62
5 and younger	254	32.2	2,198	0.3	31	16	2.0	134	0.4	39	4	0.5	16	0.3	22
6-14	411	25.9	3,648	0.4	30	420	26.4	3,770	0.8	93	15	0.9	131	0.8	75
15-20	191	17.3	1,686	0.4	31	207	18.8	1,836	0.8	100	38	3.5	333	0.8	81
21-44	364	11.9	3,348	0.5	41	104	3.4	970	0.7	91	209	6.8	1,852	0.8	59
45-64	783	30.1	7,009	0.6	57	27	1.0	235	0.7	81	734	28.2	6,421	0.8	62
65-74	3	27.3	12	0.8	52	0	0.0	0	0.0	0	10	90.9	45	0.6	46
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	9	0.6	11
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	9,414	11.3	75,605	0.3	20	3,645	4.4	29,863	0.7	78	568	0.7	4,954	0.7	66
5 and younger	4,578	10.8	36,166	0.2	16	91	0.2	766	0.5	45	8	0.0	55	1.1	108
6-14	3,493	13.7	27,958	0.3	23	2,644	10.4	21,471	0.7	77	82	0.3	663	1.0	90
15-20	780	9.2	6,174	0.3	23	773	9.2	6,353	0.7	87	81	1.0	609	0.8	102
21-44	456	7.3	4,256	0.3	18	126	2.0	1,161	0.5	56	235	3.7	2,112	0.6	57
45-64	98	11.4	968	0.4	42	11	1.3	112	0.8	123	159	18.4	1,495	0.6	52
65-74	8	13.3	74	0.2	11	0	0.0	0	0.0	0	1	1.7	9	0.8	57
75-84	1	3.0	9	0.1	3	0	0.0	0	0.0	0	2	6.1	11	0.8	55
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

Nondual Medicaid Beneficiaries

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

Beneficiary Characteristics	MISC. HEMATOLOGICAL					MISC. ENDOCRINE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	482	0.2	4,353	0.6	\$597	1,299	0.6	11,769	0.6	\$180	215,878	1,446,300
Female												
All Females	259	0.2	2,334	0.6	67	793	0.6	7,327	0.6	146	122,718	819,855
Female, Disabled												
All Ages	190	1.9	1,746	0.7	74	570	5.7	5,333	0.7	110	9,934	82,986
5 and younger	3	0.5	26	0.1	12	20	3.5	168	0.7	260	573	4,234
6-14	1	0.1	9	0.1	14	23	2.9	196	0.7	769	790	6,629
15-20	0	0.0	0	0.0	0	15	2.0	142	0.6	360	744	6,213
21-44	26	0.7	248	0.6	61	133	3.8	1,308	0.7	94	3,542	29,441
45-64	160	3.8	1,463	0.7	77	379	8.9	3,519	0.6	63	4,263	36,365
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	20	94
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	10
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	69	0.1	588	0.4	48	223	0.2	1,994	0.5	240	112,784	736,869
5 and younger	6	0.0	54	0.1	10	17	0.0	138	0.5	1,928	39,848	257,336
6-14	1	0.0	9	0.2	14	79	0.3	670	0.5	194	24,022	162,895
15-20	3	0.0	17	0.3	33	27	0.2	232	0.5	117	12,903	77,191
21-44	36	0.1	293	0.3	40	45	0.1	422	0.4	85	34,019	223,463
45-64	20	1.1	195	0.6	66	49	2.7	486	0.4	36	1,834	14,958
65-74	0	0.0	0	0.0	0	3	3.4	27	0.4	31	88	551
75-84	1	1.9	2	0.5	12	3	5.8	19	0.7	56	52	344
85 and older	2	11.1	18	0.9	117	0	0.0	0	0.0	0	18	131
Male												
All Males	223	0.2	2,019	0.7	1,210	506	0.5	4,442	0.6	237	92,723	625,395
Male, Disabled												
All Ages	167	1.8	1,509	0.7	1,527	225	2.5	2,085	0.7	258	9,151	74,144
5 and younger	3	0.4	27	0.4	2,375	22	2.8	179	0.6	270	788	6,014
6-14	9	0.6	70	1.0	10,013	48	3.0	432	0.8	563	1,589	13,209
15-20	6	0.5	51	1.4	21,429	47	4.3	435	0.7	314	1,101	9,093
21-44	20	0.7	189	0.6	1,905	67	2.2	663	0.7	120	3,055	25,283
45-64	128	4.9	1,163	0.7	74	41	1.6	376	0.6	78	2,604	20,463
65-74	1	9.1	9	0.9	114	0	0.0	0	0.0	0	11	52
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	21
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	9
Male, Other Eligibles												
All Ages	56	0.1	510	0.5	273	281	0.3	2,357	0.5	220	83,572	551,251
5 and younger	11	0.0	94	0.4	618	25	0.1	213	0.6	186	42,403	273,466
6-14	2	0.0	18	0.2	14	198	0.8	1,680	0.5	173	25,488	173,559
15-20	3	0.0	27	0.2	2,161	40	0.5	331	0.7	536	8,447	55,253
21-44	11	0.2	100	0.4	54	13	0.2	100	0.4	74	6,267	41,823
45-64	26	3.0	243	0.6	65	4	0.5	30	0.6	48	862	6,459
65-74	3	5.0	28	0.6	56	0	0.0	0	0.0	0	60	415
75-84	0	0.0	0	0.0	0	1	3.0	3	0.7	50	33	226
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	12	50
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	437	1,050

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 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 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.

Nondual Medicaid Beneficiaries

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$826	11.6	311	3,226
Age				
0-64	857	12.0	292	3,107
65-74	43	1.3	6	36
75-84	23	0.6	8	43
85 and older	20	1.2	5	40
Unknown	0	0.0	0	0
Gender				
Female	871	12.4	170	1,807
Male	769	10.5	141	1,419
Unknown	0	0.0	0	0
Race				
White	857	12	260	2,693
African American	374	6.4	5	51
Other/unknown	703	9.9	46	482
Basis of Eligibility^c				
Aged	19	0.8	15	104
Disabled	852	11.9	295	3,110
Adults	0	0.0	0	0
Children	1,047	10.0	1	12
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 429 beneficiaries who were in nursing facilities for part of their enrollment and their 3,759 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 Medicaid Beneficiaries

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, UTAH, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.6	0.2	0.0	0.4	\$58	\$37	\$0	\$20	\$99	\$216	\$187	\$50	1,286	\$127,807	202	65.0	2,201
Biologicals	0.2	0.2	0.0	0.0	140	140	0	0	789	789	0	0	17	13,410	8	2.6	96
Antineoplastic Agents	0.8	0.3	0.0	0.5	96	70	0	26	122	256	0	51	61	7,413	7	2.3	77
Endocrine/Metabolic Drugs	1.7	0.8	0.0	0.9	88	69	0	19	53	90	12	21	3,054	160,583	164	52.7	1,820
Cardiovascular Agents	2.1	0.4	0.1	1.6	85	39	6	41	40	92	72	25	4,239	171,553	192	61.7	2,027
Respiratory Agents	1.6	0.8	0.1	0.7	126	105	7	14	80	128	115	20	2,427	193,147	138	44.4	1,529
Gastrointestinal Agents	1.5	0.4	0.1	1.0	76	34	6	35	52	87	96	36	2,930	153,155	186	59.8	2,005
Genitourinary Agents	0.9	0.3	0.0	0.6	49	33	0	16	53	113	0	26	793	42,324	80	25.7	869
CNS Drugs	2.8	1.2	0.0	1.5	356	297	3	56	127	241	75	37	7,884	999,517	264	84.9	2,807
Stimulants/Anti-obesity/Anorexia	1.1	0.5	0.0	0.5	110	102	0	8	105	190	0	16	63	6,592	5	1.6	60
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	154	152	0	2	220	222	0	118	275	60,561	35	11.3	393
Analgesics and Anesthetics	2.0	0.1	0.1	1.9	54	6	2	46	27	78	30	24	4,564	121,063	213	68.5	2,262
Neuromuscular Agents	2.1	0.7	0.0	1.4	205	136	4	66	97	189	209	48	4,737	459,781	208	66.9	2,241
Nutritional Products	1.1	0.0	0.0	1.1	21	0	0	21	18	4	0	18	1,586	28,533	125	40.2	1,383
Hematological Agents	2.0	0.2	0.0	1.8	47	31	0	16	23	130	9	9	2,043	47,494	96	30.9	1,008
Topical Products	0.7	0.1	0.0	0.5	28	14	1	13	42	110	97	24	1,211	50,922	163	52.4	1,819
Miscellaneous Products	0.3	0.1	0.0	0.1	41	40	0	1	160	369	0	8	62	9,907	21	6.8	241
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	55	0	0	0	174	0	0	0	66	11,502	18	5.8	208
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.	37,298	2,665,264	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 429 beneficiaries who were in nursing facilities for part of their enrollment and their 3,759 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2007

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$723,205	231	74.3	2,593	1.0	\$278	\$279	
ANTICONVULSANT	363,087	252	81.0	2,770	1.2	106	131	
ANTIDEPRESSANTS	207,274	292	93.9	3,154	0.9	76	66	
ANTIASTHMATIC	145,052	163	52.4	1,825	1.1	75	79	
ULCER DRUGS	124,277	194	62.4	2,135	1.0	59	58	
ANTIDIABETIC	114,147	148	47.6	1,630	1.1	61	70	
ANALGESICS - Narcotic	96,352	274	88.1	2,931	1.3	25	33	
ANTIHYPERLIPIDEMIC	93,511	104	33.4	1,114	0.9	96	84	
MUSCULOSKELETAL THERAPY AGENTS	77,270	72	23.2	794	1.0	97	97	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	60,621	39	12.5	441	0.6	218	137	
Total	2,004,796	1,769	n.a.	19,387	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 429 beneficiaries who were in nursing facilities for part of their enrollment and their 3,759 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.

Nondual Medicaid Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	20,494	\$2,004,796	231	74.3	2,593	1.0	\$279	252	81.0	2,770	1.2	\$131
Female												
All Females	12,474	1,197,386	144	84.7	1,660	1.0	267	134	78.8	1,501	1.3	135
Female, Disabled												
All Ages	12,461	1,196,967	144	90.6	1,660	1.0	267	133	83.6	1,499	1.3	135
64 or younger	12,450	1,196,609	144	91.7	1,660	1.0	267	132	84.1	1,493	1.3	136
65-74	11	358	0	0.0	0	0.0	0	1	50.0	6	0.7	46
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	13	419	0	0.0	0	0.0	0	1	9.1	2	0.5	15
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	0.0	0
75-84	4	217	0	0.0	0	0.0	0	1	25.0	2	0.5	15
85 and older	9	202	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	8,020	807,410	87	61.7	933	1.1	300	118	83.7	1,269	1.2	126
Male, Disabled												
All Ages	7,934	795,511	87	64.0	933	1.1	300	116	85.3	1,245	1.2	127
64 or younger	7,923	794,958	87	64.9	933	1.1	300	116	86.6	1,245	1.2	127
65-74	11	553	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	86	11,899	0	0.0	0	0.0	0	2	40.0	24	0.7	73
64 or younger	86	11,899	0	0.0	0	0.0	0	2	200.0	24	0.7	73
65-74	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
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 429 beneficiaries who were in nursing facilities for part of their enrollment and their 3,759 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					ULCER DRUGS				
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
	Number of Users	Facility Residents			Number of Users	Facility Residents					Number of Users	Facility Residents			
All	292	93.9	3,154	0.9	\$66	163	52.4	1,825	1.1	\$80	194	62.4	2,135	1.0	\$58
Female															
All Females	173	101.8	1,917	0.9	73	80	47.1	923	1.2	88	97	57.1	1,097	0.9	56
Female, Disabled															
All Ages	172	108.2	1,915	0.9	73	80	50.3	923	1.2	88	95	59.7	1,093	0.9	56
64 or younger	172	109.6	1,915	0.9	73	80	51.0	923	1.2	88	95	60.5	1,093	0.9	56
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
Female, Other Eligibles															
All Ages	1	9.1	2	1.0	73	0	0.0	0	0.0	0	2	18.2	4	0.8	26
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	1	25.0	2	0.5	38
85 and older	1	20.0	2	1.0	73	0	0.0	0	0.0	0	1	20.0	2	1.0	13
Male															
All Males	119	84.4	1,237	0.8	55	83	58.9	902	0.9	71	97	68.8	1,038	1.1	61
Male, Disabled															
All Ages	119	87.5	1,237	0.8	55	79	58.1	854	0.9	69	96	70.6	1,026	1.1	61
64 or younger	118	88.1	1,235	0.8	55	78	58.2	852	0.9	69	95	70.9	1,024	1.1	61
65-74	1	50.0	2	1.0	75	1	50.0	2	0.5	32	1	50.0	2	1.5	76
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	0	0.0	0	0.0	0	4	80.0	48	1.0	110	1	20.0	12	1.2	42
64 or younger	0	0.0	0	0.0	0	4	400.0	48	1.0	110	1	100.0	12	1.2	42
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
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 429 beneficiaries who were in nursing facilities for part of their enrollment and their 3,759 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERLIPIDEMIC				
	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	148	47.6	1,630	1.1	\$70	274	88.1	2,931	1.3	\$33	104	33.4	1,114	0.9	\$84
Female															
All Females	84	49.4	950	1.2	71	166	97.6	1,832	1.5	40	65	38.2	724	0.9	81
Female, Disabled															
All Ages	84	52.8	950	1.2	71	164	103.1	1,828	1.5	41	64	40.3	722	0.9	81
64 or younger	84	53.5	950	1.2	71	163	103.8	1,822	1.5	41	64	40.8	722	0.9	81
65-74	0	0.0	0	0.0	0	1	50.0	6	1.2	13	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	0	0.0	0	0.0	0	2	18.2	4	1.3	8	1	9.1	2	0.5	31
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	1	25.0	2	0.5	31
85 and older	0	0.0	0	0.0	0	2	40.0	4	1.3	8	0	0.0	0	0.0	0
Male															
All Males	64	45.4	680	1.1	69	108	76.6	1,099	0.9	20	39	27.7	390	0.9	90
Male, Disabled															
All Ages	64	47.1	680	1.1	69	108	79.4	1,099	0.9	20	39	28.7	390	0.9	90
64 or younger	63	47.0	678	1.1	69	107	79.9	1,097	0.9	20	39	29.1	390	0.9	90
65-74	1	50.0	2	1.0	53	1	50.0	2	1.5	41	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	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
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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 429 beneficiaries who were in nursing facilities for part of their enrollment and their 3,759 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, UTAH, 2007

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS					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
All	72	23.2	794	1.0	\$97	39	12.5	441	0.6	\$138	311	3,226
Female												
All Females	39	22.9	435	0.9	51	22	12.9	253	0.8	189	170	1,807
Female, Disabled												
All Ages	39	24.5	435	0.9	51	21	13.2	251	0.8	190	159	1,730
64 or younger	39	24.8	435	0.9	51	21	13.4	251	0.8	190	157	1,719
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	11
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	0	0.0	0	0.0	0	1	9.1	2	0.5	25	11	77
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	2	21
75-84	0	0.0	0	0.0	0	1	25.0	2	0.5	25	4	16
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	40
Male												
All Males	33	23.4	359	1.1	153	17	12.1	188	0.5	69	141	1,419
Male, Disabled												
All Ages	32	23.5	347	1.1	146	17	12.5	188	0.5	69	136	1,380
64 or younger	32	23.9	347	1.1	146	17	12.7	188	0.5	69	134	1,376
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	4
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	1	20.0	12	0.4	363	0	0.0	0	0.0	0	5	39
64 or younger	1	100.0	12	0.4	363	0	0.0	0	0.0	0	1	12
65-74	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	4	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 429 beneficiaries who were in nursing facilities for part of their enrollment and their 3,759 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 ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, 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 Nondual Rx \$	Total Number of Beneficiaries	
All	48,817	22.6	0.8	165,497	\$11	\$2,292,603	\$14	1.9	215,878	
Age										
5 and younger	20,014	23.8	0.5	39,830	5	397,339	10	4.3	84,048	
6-14	7,365	14.2	0.3	16,616	5	235,018	14	1.2	51,889	
15-20	3,965	17.1	0.5	11,310	11	262,352	23	1.7	23,196	
21-44	12,771	27.2	1.1	53,836	16	753,182	14	1.8	46,883	
45-64	4,628	48.4	4.6	43,597	67	640,044	15	2.0	9,563	
65-74	46	25.7	0.9	155	12	2,122	14	2.0	179	
75-84	20	22.5	0.9	82	18	1,569	19	3.5	89	
85 and older	8	25.8	2.3	71	32	977	14	8.8	31	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	61	23.5	1.1	274	16	4,197	15	3.1	260	
Disabled	8,310	43.5	3.8	71,703	64	1,229,167	17	1.8	19,085	
Adults	11,620	24.3	0.7	35,740	9	418,915	12	2.0	47,842	
Children	28,716	19.3	0.4	57,083	4	628,915	11	2.2	148,445	
Unknown	110	44.7	2.8	697	46	11,409	16	1.7	246	
Gender										
Female	29,742	24.2	0.9	106,797	12	1,417,520	13	2.1	122,718	
Male	19,075	20.6	0.6	58,700	9	875,083	15	1.7	92,723	
Unknown	0	0.0	0.0	0	0	0	0	0.0	437	
Race										
White	34,007	22.7	0.9	127,989	13	1,874,093	15	1.9	149,580	
African American	1,206	21.7	0.7	3,622	7	41,515	11	1.5	5,553	
Other/unknown	13,604	22.4	0.6	33,886	6	376,995	11	2.5	60,745	
Use of Nursing Facilities^d										
Entire year	245	78.8	17.5	5,445	271	84,211	15	3.2	311	
Part year	355	82.8	11.8	5,068	186	79,661	16	3.0	429	
None	48,217	22.4	0.7	154,984	10	2,128,731	14	1.9	215,138	
Maintenance Assistance Status										
Cash	19,591	25.5	1.1	86,665	16	1,240,314	14	1.9	76,923	
Medically needy	562	19.3	1.1	3,083	22	64,384	21	2.3	2,910	
Poverty related	16,326	19.5	0.4	36,863	5	434,976	12	2.3	83,632	
Other/unknown	12,338	23.5	0.7	38,886	11	552,929	14	1.8	52,413	

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 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 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 UTAH, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$14	\$0	\$1	1,446,300
Age						
5 and younger	0.1	1	10	0	0	542,098
6-14	0.0	1	14	0	0	356,292
15-20	0.1	2	23	0	0	147,752
21-44	0.2	2	14	0	1	320,010
45-64	0.6	8	15	0	4	78,245
65-74	0.1	2	14	0	1	1,112
75-84	0.1	3	19	0	1	601
85 and older	0.4	5	14	0	3	190
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	15	0	1	1,688
Disabled	0.5	8	17	0	3	157,130
Adults	0.1	1	12	0	1	311,030
Children	0.1	1	11	0	0	974,617
Unknown	0.4	6	16	0	4	1,835
Gender						
Female	0.1	2	13	0	1	819,855
Male	0.1	1	15	0	0	625,395
Unknown	0.0	0	0	0	0	1,050
Race						
White	0.1	2	15	0	1	1,017,133
African American	0.1	1	11	0	0	38,843
Other/unknown	0.1	1	11	0	0	390,324
Use of Nursing Facilities^d						
Entire year	1.7	26	15	1	12	3,226
Part year	1.3	21	16	0	7	3,759
None	0.1	1	14	0	1	1,439,315
Maintenance Assistance Status						
Cash	0.2	2	14	0	1	564,591
Medically needy	0.2	5	21	0	2	13,864
Poverty related	0.1	1	12	0	0	498,663
Other/unknown	0.1	1	14	0	0	369,182

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 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 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.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
UTAH, 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	59,549	\$38	\$2,292,603	100.0	165,497	\$14	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	6	226	1,356	0.1	8	170	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	12,262	23	282,370	12.3	17,574	16	10.6
Vitamins and minerals	9,394	41	384,642	16.8	22,862	17	13.8
Non-prescription drugs	25,892	23	595,484	26.0	61,560	10	37.2
Barbiturates	480	66	31,913	1.4	3,953	8	2.4
Benzodiazepines	10,376	79	818,067	35.7	56,398	15	34.1
Other Part D Excl Rx Drugs	1,139	157	178,771	7.8	3,142	57	1.9

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 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 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 ND11.

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.

Nondual Medicaid Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, UTAH, 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	227,451	290	19,743	49,763	157,397	258	1,811,171	2,208	200,801	337,015	1,268,730	2,417
Age												
5 and younger	89,598	0	1,405	0	88,193	0	710,979	0	13,497	0	697,482	0
6-14	54,519	0	2,418	11	52,090	0	461,847	0	25,670	45	436,132	0
15-20	24,577	0	1,912	5,568	17,097	0	186,517	0	19,742	31,754	135,021	0
21-44	48,568	0	6,819	41,660	16	73	355,730	0	69,931	285,088	83	628
45-64	9,859	0	7,152	2,522	1	184	93,645	0	71,745	20,106	12	1,782
65-74	202	168	32	1	0	1	1,470	1,286	167	10	0	7
75-84	95	90	4	1	0	0	740	691	37	12	0	0
85 and older	33	32	1	0	0	0	243	231	12	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	129,435	176	10,235	42,406	76,360	258	1,013,588	1,330	106,104	287,096	616,641	2,417
Male	97,579	114	9,508	7,357	80,600	0	796,533	878	94,697	49,919	651,039	0
Unknown	437	0	0	0	437	0	1,050	0	0	0	1,050	0
Race												
White	157,067	88	15,992	37,692	103,073	222	1,266,896	523	162,657	264,506	837,121	2,089
African American	5,827	6	511	1,010	4,297	3	49,181	56	5,081	7,168	36,860	16
Other/unknown	64,557	196	3,240	11,061	50,027	33	495,094	1,629	33,063	65,341	394,749	312
Use of Nursing Facilities^c												
Entire year	314	16	297	0	1	0	3,237	106	3,119	0	12	0
Part year	435	10	405	5	15	0	4,425	80	4,151	46	148	0
None	226,702	264	19,041	49,758	157,381	258	1,803,509	2,022	193,531	336,969	1,268,570	2,417
Maintenance Assistance Status												
Cash	80,109	110	12,656	19,304	48,039	0	696,741	1,125	134,733	146,177	414,706	0
Medically needy	3,087	23	965	916	1,183	0	15,839	93	7,311	3,764	4,671	0
Poverty related	90,654	127	3,518	18,547	68,204	258	646,061	772	29,763	104,203	508,906	2,417
Other/unknown	53,601	30	2,604	10,996	39,971	0	452,530	218	28,994	82,871	340,447	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	92,574	102	4,439	38,725	49,255	53	545,840	550	35,304	260,564	249,176	246
FFS part year, with Rx claims	87,872	108	12,905	7,670	67,004	185	924,735	1,121	147,071	64,218	710,247	2,078
FFS part year, no Rx claims	35,432	50	1,741	1,447	32,186	8	317,147	472	17,144	8,373	291,093	65
MC all year, with Rx claims	2,088	10	182	552	1,338	6	5,193	33	446	1,324	3,374	16
MC all year, no Rx claims	9,485	20	476	1,369	7,614	6	18,256	32	836	2,536	14,840	12

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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, UTAH, 2007

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	227,451	1,811,171	215,878	1,446,300	0	364,871
Fee-for-service (FFS) all year	92,574	545,840	92,574	545,840	0	0
FFS part year, with Rx claims	87,872	924,735	87,872	679,093	0	245,642
FFS part year, with no Rx claims	35,432	317,147	35,432	221,367	0	95,780
Managed care (MC) all year, with Rx claims	2,088	5,193	0	0	0	5,193
MC all year, with no Rx claims	9,485	18,256	0	0	0	18,256

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Nondual Medicaid Beneficiaries