

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 OKLAHOMA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OKLAHOMA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	533,438 (A)	89,656 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	507,493 (B)	72,156 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	418,049 (C)	72,066 (G)
4. Benes who were all-year nursing facility residents ^f	14,901 (D)	13,838 (H)

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for Oklahoma in 1999 was \$170,614,243, of which \$5,629,188 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 1.2 percent were restricted benefit months without a pharmacy benefit in Oklahoma, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 OKLAHOMA, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown		
All	418,049	51,898	64,985	56,920	244,246	0	2,121,787	533,569	631,510	158,475	798,233	0		
Age														
5 and younger	105,265	1	1,647	4	103,613	0	330,067	2	13,103	11	316,951	0		
6-14	111,141	3	5,710	54	105,374	0	400,665	25	51,285	153	349,202	0		
15-20	47,113	2	4,282	9,389	33,440	0	190,466	20	39,133	26,105	125,208	0		
21-44	69,626	30	24,123	45,185	288	0	363,943	261	237,788	125,145	749	0		
45-64	30,676	101	28,326	2,249	0	0	289,375	1,056	281,465	6,854	0	0		
65-74	18,141	17,245	870	26	0	0	191,526	182,893	8,496	137	0	0		
75-84	17,917	17,894	19	4	0	0	185,523	185,317	178	28	0	0		
85 and older	16,635	16,620	6	8	1	0	164,056	163,971	43	40	2	0		
Unknown	1,535	2	2	1	1,530	0	6,166	24	19	2	6,121	0		
Gender														
Female	248,591	39,462	34,523	53,987	120,619	0	1,287,137	409,435	337,191	149,495	391,016	0		
Male	169,458	12,436	30,462	2,933	123,627	0	834,650	124,134	294,319	8,980	407,217	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	273,719	41,082	46,750	37,498	148,389	0	1,467,332	418,882	459,830	105,366	483,254	0		
African American	65,367	5,672	10,753	9,017	39,925	0	318,288	60,641	98,673	23,777	135,197	0		
Other/unknown	78,963	5,144	7,482	10,405	55,932	0	336,167	54,046	73,007	29,332	179,782	0		
Use of Nursing Facilities														
All year	14,901	13,006	1,877	6	12	0	158,399	137,576	20,783	17	23	0		
Part year	10,596	8,052	2,050	195	299	0	93,679	71,058	20,124	741	1,756	0		
None	392,552	30,840	61,058	56,719	243,935	0	1,869,709	324,935	590,603	157,717	796,454	0		
Maintenance Assistance Status														
Cash	97,799	22,415	53,783	6,050	15,551	0	809,844	246,386	510,307	14,849	38,302	0		
Medically needy	1,345	19	219	724	383	0	6,466	176	1,750	2,900	1,640	0		
Poverty-related	245,366	312	260	27,180	217,614	0	757,835	3,316	2,691	75,259	676,569	0		
Other/unknown	73,539	29,152	10,723	22,966	10,698	0	547,642	283,691	116,762	65,467	81,722	0		
Dual Medicare Status^c														
Full dual, all year	70,241	48,491	21,497	239	14	0	739,274	505,260	232,733	1,172	109	0		
Full dual, part year	1,825	1,299	519	7	0	0	19,789	14,167	5,561	61	0	0		
Non-dual, all year	345,983	2,108	42,969	56,674	244,232	0	1,362,724	14,142	393,216	157,242	798,124	0		
Managed Care Status														
FFS all year	155,235	51,640	48,863	10,372	44,360	0	1,307,996	531,588	506,764	30,903	238,741	0		
FFS part year, with Rx claims	101,791	181	12,240	22,747	66,623	0	352,003	1,444	96,369	63,555	190,635	0		
FFS part year, no Rx claims	161,023	77	3,882	23,801	133,263	0	461,788	537	28,377	64,017	368,857	0		

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 OKLAHOMA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	48.2 %	8.5	\$395	\$46	\$3,064	12.9 %	\$4	418,049
Age								
5 and younger	37.8	1.8	68	38	1,096	6.2	0	105,265
6-14	30.0	1.9	116	62	1,129	10.2	0	111,141
15-20	38.8	2.7	148	55	1,981	7.5	1	47,113
21-44	54.4	6.8	419	61	4,345	9.6	3	69,626
45-64	81.6	22.9	1,196	52	6,814	17.5	20	30,676
65-74	86.2	29.9	1,296	43	5,779	22.4	24	18,141
75-84	90.4	36.9	1,449	39	8,179	17.7	20	17,917
85 and older	92.0	39.1	1,367	35	11,045	12.4	9	16,635
Unknown	0.4	0.1	2	42	11	19.4	0	1,535
Basis of Eligibility								
Aged	89.5	35.4	1,375	39	8,305	16.6	18	51,898
Disabled	79.0	18.5	1,148	62	8,332	13.8	12	64,985
Adults	43.7	2.3	72	31	1,153	6.3	1	56,920
Children	32.3	1.6	61	39	994	6.1	0	244,246
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	51.4	10.0	425	42	3,066	13.9	6	248,591
Male	43.4	6.3	350	56	3,061	11.4	3	169,458
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	53.7	10.6	491	46	3,609	13.6	5	273,719
African American	36.5	5.5	269	49	2,391	11.3	4	65,367
Other/unknown	38.6	3.7	165	44	1,730	9.5	3	78,963
Use of Nursing Facilities								
Entire year	97.7	60.7	2,270	37	19,840	11.4	20	14,901
Part year	93.5	39.0	1,610	41	11,825	13.6	17	10,596
None	45.1	5.7	291	51	2,191	13.3	3	392,552
Maintenance Assistance Status								
Cash	68.1	11.6	680	58	2,534	26.8	8	97,799
Medically needy	34.7	2.7	126	46	1,607	7.8	2	1,345
Poverty related	33.4	1.5	55	36	896	6.2	0	245,366
Other/unknown	71.1	27.7	1,152	42	11,027	10.4	13	73,539

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 OKLAHOMA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos
				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			
All	1.7	\$78	12.9 %	51.8 %	22.4 %	9.0 %	11.3 %	4.2 %	\$604	418,049	2,121,787
Age											
5 and younger	0.6	22	6.2	62.2	22.9	6.1	5.8	2.1	350	105,265	330,067
6-14	0.5	32	10.2	70.0	19.1	4.6	4.2	1.4	313	111,141	400,665
15-20	0.7	37	7.5	61.2	24.7	5.9	5.8	1.7	490	47,113	190,466
21-44	1.3	80	9.6	45.6	27.3	11.4	11.4	3.0	831	69,626	363,943
45-64	2.4	127	17.5	18.4	25.2	20.3	27.7	6.0	722	30,676	289,375
65-74	2.8	123	22.4	13.8	23.9	19.0	29.3	10.9	547	18,141	191,526
75-84	3.6	140	17.7	9.6	18.5	17.0	32.9	17.9	790	17,917	185,523
85 and older	4.0	139	12.4	8.0	14.8	15.2	36.7	22.2	1,120	16,635	164,056
Unknown	0.0	1	19.4	99.6	0.3	0.0	0.1	0.0	3	1,535	6,166
Basis of Eligibility											
Aged	3.4	134	16.6	10.5	19.1	17.1	32.9	17.0	808	51,898	533,569
Disabled	1.9	118	13.8	21.0	33.7	18.0	21.8	4.2	857	64,985	631,510
Adults	0.8	26	6.3	56.3	23.2	8.0	7.9	3.0	414	56,920	158,475
Children	0.5	19	6.1	67.7	20.0	5.1	4.7	1.7	304	244,246	798,233
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender											
Female	1.9	82	13.9	48.6	22.2	9.8	13.0	4.9	592	248,591	1,287,137
Male	1.3	71	11.4	56.6	22.7	7.8	8.8	3.1	622	169,458	834,650
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race											
White	2.0	92	13.6	46.3	23.0	10.0	13.7	5.3	673	273,719	1,467,332
African American	1.1	55	11.3	63.5	19.3	7.1	7.6	2.0	491	65,367	318,288
Other/unknown	0.9	39	9.5	61.4	23.1	6.9	6.1	1.8	406	78,963	336,167
Use of Nursing Facilities											
Entire year	5.7	214	11.4	2.3	7.5	9.1	35.1	36.9	1,866	14,901	158,399
Part year	4.4	182	13.6	6.5	14.3	13.7	36.2	24.6	1,338	10,596	93,679
None	1.2	61	13.3	54.9	23.2	8.8	9.7	2.4	460	392,552	1,869,709
Maintenance Assistance Status											
Cash	1.4	82	26.8	31.9	30.8	17.6	18.7	0.7	306	97,799	809,844
Medically needy	0.6	26	7.8	65.3	20.5	5.8	5.4	2.1	334	1,345	6,466
Poverty related	0.5	18	6.2	66.6	20.4	5.5	5.1	1.8	290	245,366	757,835
Other/unknown	3.7	155	10.4	28.9	18.4	9.2	22.4	16.7	1,481	73,539	547,642

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

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

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 Oklahoma, 5.0 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 OKLAHOMA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos			
	Patented		Off-Patent		Patented		Off-Patent									
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$13	\$1	\$2	\$44	\$78	\$69	\$12	322,113	\$14,126,938	127,527	30.5 %	861,175
Biologics	0.2	0.1	0.0	0.0	132	97	16	782	829	2,328	428	1,656	1,295,414	1,065	0.3	9,779
Antineoplastic Agents	0.5	0.2	0.1	0.2	68	38	7	147	250	157	45	16,066	2,363,643	3,436	0.8	34,533
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	22	16	2	34	50	31	14	299,018	10,279,224	53,454	12.8	463,369
Cardiovascular Agents	1.2	0.4	0.3	0.5	38	20	11	8	33	52	40	703,572	23,172,124	58,780	14.1	605,367
Respiratory Agents	0.6	0.3	0.0	0.3	26	18	1	7	42	57	41	239,702	10,152,191	56,589	13.5	394,393
Gastrointestinal Agents	0.6	0.2	0.1	0.3	34	21	5	8	57	100	82	234,851	13,501,736	41,944	10.0	396,255
Genitourinary Agents	0.4	0.2	0.0	0.2	15	11	0	4	39	51	35	53,971	2,107,234	16,617	4.0	143,526
CNS Drugs	0.9	0.4	0.1	0.4	61	41	11	8	68	109	102	504,614	34,413,208	60,484	14.5	568,722
Stimulants/Anti-obesity/Anorexia	0.7	0.2	0.1	0.4	27	8	5	14	39	40	46	31,526	1,222,780	6,371	1.5	44,635
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	62	58	1	4	108	127	88	16,576	1,793,973	2,785	0.7	28,747
Analgesics and Anesthetics	0.6	0.1	0.1	0.4	23	11	5	7	40	91	71	352,945	14,035,175	71,680	17.1	602,617
Neuromuscular Agents	0.8	0.2	0.1	0.4	38	22	6	9	50	98	43	227,245	11,295,530	31,167	7.5	301,140
Nutritional Products	0.5	0.0	0.2	0.3	10	0	5	5	19	25	15	115,062	2,161,843	25,456	6.1	215,545
Hematological Agents	0.6	0.1	0.2	0.3	82	38	13	31	136	415	66	75,895	10,302,183	12,129	2.9	125,632
Topical Products	0.4	0.1	0.1	0.2	11	7	2	2	30	45	35	174,989	5,168,027	62,399	14.9	460,427
Miscellaneous Products	0.4	0.2	0.1	0.2	56	30	5	5	126	188	276	11,390	1,431,491	3,195	0.8	25,527
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	14	0	0	0	36	0	0	173,320	6,162,341	53,128	12.7	445,877
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.	3,554,511	164,985,055	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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 Oklahoma, 5.0 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/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 OKLAHOMA, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$16,848,903	23,095	5.5 %	242,839	0.6	\$119	\$69
ANTIDEPRESSANTS	12,387,890	41,494	9.9	422,537	0.5	59	29
ULCER DRUGS	9,788,377	35,614	8.5	371,580	0.4	67	26
ANTICONVULSANT	8,536,600	19,918	4.8	208,336	0.7	60	41
MISC. HEMATOLOGICAL	7,927,923	5,691	1.4	61,504	0.5	263	129
ANTHYPERTENSIVE	7,298,205	35,200	8.4	375,286	0.5	36	19
ANALGESICS - Narcotic	6,509,079	54,311	13.0	535,576	0.4	35	12
ANALGESICS - ANTI-INFLAMMATORY	6,151,245	33,571	8.0	351,974	0.3	55	17
ANTIASTHMATIC	6,022,984	36,944	8.8	341,914	0.4	43	18
ANTIDIABETIC	6,001,391	22,778	5.4	243,043	0.6	45	25

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 OKLAHOMA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	1,448,019	\$87,472,597	23,095	5.5 %	242,839	0.6	\$69	41,494	9.9 %	422,537	0.5	\$29					
Female	990,446	53,434,322	13,503	5.4	141,897	0.6	60	29,113	11.7	296,269	0.5	29					
Disabled	363,491	23,850,579	6,127	17.7	65,533	0.6	82	12,739	36.9	135,297	0.4	29					
5 and younger	2,076	80,769	2	0.3	18	0.2	8	13	1.9	135	0.2	13					
6-14	8,497	471,353	124	5.9	1,271	0.5	59	250	11.9	2,471	0.4	21					
15-20	9,212	600,450	175	10.0	1,742	0.5	67	374	21.4	3,720	0.4	26					
21-44	105,066	7,864,367	2,640	21.8	27,966	0.5	87	4,710	38.9	49,432	0.4	30					
45-64	230,387	14,384,552	3,097	17.9	33,578	0.6	80	7,198	41.6	77,495	0.4	29					
65-74	8,034	440,355	88	15.9	946	0.6	62	187	33.7	1,969	0.5	30					
75-84	181	6,506	1	9.1	12	0.6	2	5	45.5	52	0.1	9					
85 and older	38	2,227	0	0.0	0	0.0	0	2	40.0	23	0.5	35					
Other Eligibles	626,934	29,582,267	7,376	3.5	76,364	0.5	41	16,374	7.7	160,972	0.6	30					
5 and younger	4,195	102,969	19	0.0	185	0.4	31	43	0.1	347	0.4	14					
6-14	9,978	476,142	302	0.6	2,983	0.4	45	868	1.7	7,910	0.4	20					
15-20	9,084	405,137	203	0.7	1,820	0.4	42	791	2.9	6,507	0.4	25					
21-44	12,923	450,836	176	0.4	646	0.4	37	1,348	3.1	4,498	0.5	34					
45-64	2,988	169,287	14	0.8	78	0.4	69	147	8.1	749	0.5	35					
65-74	171,953	8,919,545	1,543	13.0	17,007	0.6	57	3,768	31.8	41,370	0.5	28					
75-84	220,149	10,456,427	2,433	17.6	25,779	0.6	42	4,821	34.9	51,362	0.6	31					
85 and older	195,664	8,601,924	2,686	19.6	27,866	0.5	29	4,588	33.4	48,229	0.6	31					
Male	457,573	34,038,275	9,592	5.7	100,942	0.6	83	12,381	7.3	126,268	0.5	29					
Disabled	257,918	22,926,642	6,281	20.6	67,499	0.6	100	6,889	22.6	73,083	0.5	31					
5 and younger	3,222	1,315,445	20	2.1	215	0.4	39	19	2.0	189	0.5	28					
6-14	17,468	2,836,827	421	11.6	4,047	0.5	65	653	18.1	6,193	0.4	20					
15-20	13,904	1,818,815	359	14.1	3,704	0.6	86	520	20.5	5,292	0.5	30					
21-44	96,702	8,782,927	3,247	27.0	34,897	0.6	109	3,007	25.0	32,402	0.5	32					
45-64	122,725	7,995,042	2,192	19.9	24,197	0.7	96	2,625	23.8	28,283	0.5	31					
65-74	3,860	176,002	42	13.3	439	0.7	63	65	20.6	724	0.5	22					
75-84	34	1,293	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	3	291	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	199,654	11,111,628	3,311	2.4	33,443	0.6	48	5,492	4.0	53,185	0.5	27					
5 and younger	6,462	318,377	32	0.1	284	0.4	37	96	0.2	803	0.3	12					
6-14	17,993	2,219,369	617	1.1	5,855	0.5	58	1,448	2.7	12,931	0.4	22					
15-20	8,978	563,839	318	2.0	3,200	0.5	65	693	4.4	6,600	0.4	25					
21-44	1,324	62,392	15	0.6	80	0.4	98	84	3.4	404	0.4	29					
45-64	820	43,454	10	1.9	103	0.4	34	38	7.1	248	0.5	32					
65-74	69,445	3,469,350	811	14.9	8,733	0.6	55	1,223	22.5	12,999	0.5	29					
75-84	56,616	2,717,615	894	21.9	9,202	0.6	40	1,080	26.4	11,037	0.6	31					
85 and older	38,016	1,717,232	614	21.2	5,986	0.5	31	830	28.7	8,163	0.6	32					
Unknown	22	1,481	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

All Medicaid Beneficiaries

Table 7A

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 OKLAHOMA, 1999

Beneficiary Characteristics	ULCER DRUGS				ANTICONVULSANT				MISC. HEMATOLOGICAL						
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$
All	35,614	8.5 %	371,580	0.4	\$26	19,918	4.8 %	208,336	0.7	\$41	5,691	1.4 %	61,504	0.5	\$129
Female	25,462	10.3	266,930	0.4	26	11,656	4.7	121,532	0.7	38	4,111	1.7	44,754	0.5	32
Disabled	8,294	24.0	90,223	0.3	24	7,089	20.5	75,287	0.7	45	748	2.2	8,247	0.4	34
5 and younger	62	9.0	540	0.4	18	68	9.9	575	0.7	36	1	0.1	12	0.3	2
6-14	133	6.3	1,391	0.3	22	340	16.2	3,348	0.8	50	0	0.0	0	0.0	0
15-20	201	11.5	2,136	0.3	23	321	18.4	3,221	0.8	63	3	0.2	34	0.1	6
21-44	2,307	19.0	25,031	0.3	22	3,093	25.5	32,822	0.7	50	71	0.6	761	0.3	95
45-64	5,419	31.3	59,229	0.3	25	3,196	18.5	34,597	0.6	39	644	3.7	7,153	0.4	27
65-74	167	30.1	1,853	0.4	28	71	12.8	724	0.8	41	27	4.9	271	0.4	29
75-84	4	36.4	40	0.4	30	0	0.0	0	0.0	0	2	18.2	16	0.4	30
85 and older	1	20.0	3	0.3	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	17,167	8.0	176,695	0.4	27	4,567	2.1	46,245	0.6	27	3,362	1.6	36,495	0.5	32
5 and younger	481	1.0	1,912	0.3	8	54	0.1	410	0.6	27	0	0.0	0	0.0	0
6-14	249	0.5	1,568	0.2	10	186	0.4	1,541	0.5	27	0	0.0	0	0.0	0
15-20	344	1.3	2,216	0.2	12	171	0.6	1,494	0.5	28	2	0.0	24	0.1	4
21-44	617	1.4	2,128	0.4	25	267	0.6	988	0.6	32	7	0.0	25	0.4	30
45-64	115	6.3	732	0.4	27	39	2.1	188	0.6	41	11	0.6	75	0.4	30
65-74	4,244	35.8	47,681	0.4	26	1,419	12.0	15,667	0.6	30	785	6.6	8,796	0.4	30
75-84	5,500	39.8	60,617	0.4	28	1,447	10.5	15,583	0.7	27	1,216	8.8	13,225	0.5	33
85 and older	5,617	40.9	59,841	0.5	29	984	7.2	10,374	0.7	23	1,341	9.8	14,350	0.6	32
Male	10,152	6.0	104,650	0.4	27	8,262	4.9	86,804	0.7	45	1,580	0.9	16,750	0.5	388
Disabled	4,927	16.2	53,827	0.4	26	6,260	20.6	67,390	0.7	49	453	1.5	4,893	0.5	953
5 and younger	78	8.1	719	0.4	20	97	10.1	881	0.7	53	10	1.0	94	0.5	12,392
6-14	179	5.0	1,933	0.3	23	611	16.9	6,035	0.7	39	19	0.5	192	0.6	9,846
15-20	249	9.8	2,752	0.3	21	496	19.5	5,186	0.7	60	7	0.3	77	0.9	10,578
21-44	1,731	14.4	19,129	0.3	26	2,992	24.9	32,546	0.7	56	47	0.4	536	0.4	791
45-64	2,596	23.6	28,266	0.4	26	2,017	18.3	22,196	0.7	40	353	3.2	3,823	0.4	95
65-74	92	29.2	1,008	0.4	22	46	14.6	534	0.8	38	17	5.4	171	0.5	36
75-84	1	12.5	8	0.3	39	1	12.5	12	0.1	2	0	0.0	0	0.0	0
85 and older	1	100.0	12	0.1	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,225	3.8	50,823	0.4	28	2,002	1.4	19,414	0.7	29	1,127	0.8	11,857	0.5	155
5 and younger	492	0.9	2,095	0.3	8	79	0.1	542	0.6	38	7	0.0	13	1.2	10,570
6-14	228	0.4	1,378	0.3	13	333	0.6	2,825	0.5	25	5	0.0	27	1.7	48,007
15-20	160	1.0	1,263	0.2	11	235	1.5	2,213	0.5	31	2	0.0	10	0.3	1,910
21-44	55	2.2	224	0.5	37	40	1.6	200	0.5	47	5	0.2	15	0.5	41
45-64	28	5.2	172	0.6	51	14	2.6	103	0.6	43	3	0.6	14	0.8	98
65-74	1,667	30.7	18,446	0.4	26	651	12.0	7,005	0.7	28	400	7.4	4,404	0.5	33
75-84	1,423	34.8	15,198	0.5	32	399	9.8	4,113	0.7	29	387	9.5	4,134	0.5	32
85 and older	1,172	40.6	12,047	0.5	30	251	8.7	2,413	0.7	27	318	11.0	3,240	0.6	32
Unknown	1	0.1	12	0.2	60	0	0.0	0	0.0	0	1	0.1	12	0.1	14

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 OKLAHOMA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - Narcotic				ANALGESICS - ANTI-INFLAMMATORY						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	35,200	8.4 %	375,286	0.5	\$19	54,311	13.0 %	535,576	0.4	\$12	33,571	8.0 %	351,974	0.3	\$18
Female	24,988	10.1	267,483	0.5	20	39,375	15.9	386,129	0.4	12	25,207	10.2	264,363	0.3	19
Disabled	6,855	19.9	73,137	0.5	18	15,521	45.0	165,442	0.3	14	9,493	27.5	103,372	0.3	17
5 and younger	26	3.8	233	0.6	14	59	8.6	550	0.2	3	21	3.1	222	0.2	3
6-14	81	3.9	775	0.7	14	201	9.6	2,020	0.2	2	79	3.8	835	0.2	5
15-20	51	2.9	517	0.6	13	421	24.1	4,262	0.2	4	229	13.1	2,358	0.2	8
21-44	1,122	9.3	11,991	0.4	16	5,586	46.1	58,975	0.3	10	2,949	24.3	31,603	0.2	13
45-64	5,352	30.9	57,366	0.5	19	8,983	51.9	96,749	0.4	17	6,025	34.8	66,300	0.3	20
65-74	215	38.7	2,175	0.5	22	263	47.4	2,790	0.4	17	182	32.8	1,966	0.3	19
75-84	6	54.5	64	0.7	25	7	63.6	84	0.5	7	5	45.5	60	0.5	14
85 and older	2	40.0	16	0.2	10	1	20.0	12	0.2	1	3	60.0	28	0.4	28
Other Eligibles	18,131	8.5	194,322	0.6	20	23,854	11.2	220,687	0.4	11	15,713	7.4	160,979	0.4	20
5 and younger	24	0.0	137	0.5	9	266	0.5	1,336	0.2	2	117	0.2	539	0.3	4
6-14	161	0.3	1,508	0.5	6	565	1.1	3,235	0.2	2	297	0.6	1,719	0.2	7
15-20	32	0.1	256	0.4	10	1,376	5.1	7,644	0.2	2	707	2.6	4,241	0.2	4
21-44	241	0.6	778	0.6	16	3,370	7.8	11,880	0.4	7	1,100	2.6	3,771	0.4	10
45-64	117	6.4	719	0.5	20	231	12.7	1,215	0.5	24	141	7.8	801	0.4	28
65-74	5,279	44.6	58,750	0.5	20	5,347	45.1	59,300	0.4	13	4,292	36.2	48,933	0.3	20
75-84	6,622	48.0	72,421	0.6	21	6,432	46.6	70,038	0.4	12	4,927	35.7	55,663	0.4	21
85 and older	5,655	41.2	59,753	0.6	20	6,267	45.6	66,039	0.4	11	4,132	30.1	45,312	0.4	21
Male	10,212	6.1	107,803	0.5	19	14,936	8.9	149,447	0.3	12	8,364	5.0	87,611	0.3	14
Disabled	4,795	15.7	51,072	0.5	18	8,610	28.3	90,838	0.3	13	4,414	14.5	48,108	0.3	12
5 and younger	36	3.8	334	0.8	12	63	6.6	612	0.2	10	11	1.1	101	0.2	3
6-14	346	9.6	3,313	0.6	9	318	8.8	3,292	0.2	2	108	3.0	1,113	0.2	11
15-20	112	4.4	1,239	0.6	13	418	16.5	4,328	0.2	5	213	8.4	2,254	0.2	5
21-44	1,150	9.6	12,496	0.5	17	3,648	30.4	39,001	0.3	12	1,704	14.2	18,582	0.2	9
45-64	3,017	27.4	32,213	0.5	20	4,052	36.8	42,407	0.4	17	2,306	20.9	25,289	0.3	15
65-74	127	40.3	1,406	0.5	18	111	35.2	1,198	0.3	10	71	22.5	757	0.3	13
75-84	7	87.5	71	0.3	11	0	0.0	0	0.0	0	1	12.5	12	0.6	15
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,417	3.9	56,731	0.6	20	6,326	4.6	58,609	0.3	10	3,950	2.9	39,503	0.3	16
5 and younger	45	0.1	364	0.5	5	411	0.8	2,105	0.2	2	140	0.3	546	0.3	12
6-14	425	0.8	3,642	0.5	8	536	1.0	3,407	0.2	2	256	0.5	1,565	0.2	3
15-20	74	0.5	771	0.5	8	559	3.6	4,186	0.2	2	469	3.0	3,859	0.2	3
21-44	33	1.3	128	0.7	21	253	10.3	988	0.6	14	81	3.3	318	0.4	12
45-64	43	8.0	233	0.4	16	75	14.0	380	0.4	9	30	5.6	141	0.4	14
65-74	2,037	37.5	22,560	0.5	21	1,895	34.9	20,827	0.4	12	1,262	23.2	14,394	0.3	18
75-84	1,687	41.2	18,039	0.6	21	1,487	36.3	15,627	0.4	11	1,001	24.5	11,123	0.4	18
85 and older	1,073	37.1	10,994	0.6	21	1,110	38.4	11,089	0.4	9	711	24.6	7,557	0.4	19
Unknown	2	0.1	24	0.6	24	0	0.0	0	0.0	0	1	0.1	12	0.1	1

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 OKLAHOMA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-DIABETIC				No. of Bene Mos			
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users		Mean No. of Rx	Mean Rx \$	
All	36,944	8.8 %	341,914	0.4	\$18	22,778	5.4 %	243,043	0.6	\$25	418,049	2,121,787
Female	22,426	9.0	214,645	0.4	17	17,172	6.9	183,719	0.6	25	247,862	1,284,098
Disabled	8,599	24.9	90,752	0.4	18	6,161	17.8	65,452	0.5	26	34,521	337,172
5 and younger	277	40.3	2,644	0.4	16	0	0.0	0	0.0	0	688	5,565
6-14	564	26.9	5,725	0.5	23	5	0.2	54	0.6	15	2,096	18,971
15-20	381	21.8	3,787	0.4	20	52	3.0	519	0.8	41	1,744	15,734
21-44	1,997	16.5	21,008	0.3	13	1,020	8.4	10,669	0.4	22	12,112	118,304
45-64	5,194	30.0	55,526	0.4	19	4,904	28.3	52,288	0.5	26	17,310	172,992
65-74	185	33.3	2,050	0.5	23	174	31.4	1,866	0.6	30	555	5,459
75-84	0	0.0	0	0.0	0	5	45.5	44	0.8	29	11	116
85 and older	1	20.0	12	0.1	5	1	20.0	12	0.8	34	5	31
Other Eligibles	13,826	6.5	123,881	0.4	17	11,011	5.2	118,267	0.6	24	213,341	946,926
5 and younger	1,528	3.0	7,571	0.3	8	3	0.0	7	1.3	55	50,180	153,624
6-14	1,317	2.5	7,713	0.3	12	36	0.1	192	0.9	35	51,727	170,677
15-20	737	2.7	4,400	0.4	12	32	0.1	151	1.0	34	27,177	89,356
21-44	877	2.0	2,939	0.5	15	232	0.5	817	0.7	27	43,054	118,773
45-64	83	4.6	657	0.5	27	92	5.1	689	0.6	35	1,814	5,926
65-74	3,399	28.7	37,768	0.4	19	4,029	34.0	45,226	0.6	26	11,843	126,599
75-84	3,325	24.1	35,895	0.4	18	4,280	31.0	46,916	0.6	24	13,807	144,844
85 and older	2,560	18.6	26,938	0.4	16	2,307	16.8	24,269	0.6	20	13,739	137,127
Male	14,518	8.6	127,269	0.4	18	5,606	3.3	59,324	0.6	25	168,652	831,523
Disabled	5,531	18.2	56,841	0.4	19	2,840	9.3	30,535	0.5	25	30,462	294,319
5 and younger	431	44.9	3,934	0.4	17	4	0.4	43	0.3	10	959	7,538
6-14	1,023	28.3	10,131	0.5	22	11	0.3	99	0.9	74	3,614	32,314
15-20	520	20.5	5,210	0.5	19	28	1.1	280	1.0	43	2,538	23,399
21-44	1,020	8.5	10,874	0.3	13	678	5.6	7,434	0.5	25	12,011	119,484
45-64	2,432	22.1	25,591	0.5	21	2,045	18.6	21,862	0.5	25	11,016	108,473
65-74	104	33.0	1,089	0.5	17	74	23.5	817	0.6	24	315	3,037
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	62
85 and older	1	100.0	12	0.2	6	0	0.0	0	0.0	0	1	12
Other Eligibles	8,986	6.5	70,424	0.4	18	2,766	2.0	28,789	0.6	25	138,190	537,204
5 and younger	2,302	4.3	11,514	0.4	10	2	0.0	24	0.1	2	53,438	163,340
6-14	1,885	3.5	10,374	0.4	16	27	0.1	173	0.7	23	53,704	178,703
15-20	539	3.4	3,863	0.4	14	25	0.2	185	1.1	42	15,654	61,977
21-44	36	1.5	161	0.5	17	25	1.0	110	0.5	16	2,449	7,382
45-64	31	5.8	251	0.5	26	27	5.0	102	0.4	20	536	1,984
65-74	1,842	33.9	19,873	0.5	21	1,290	23.8	14,144	0.6	27	5,428	56,431
75-84	1,448	35.4	15,074	0.5	20	920	22.5	9,656	0.6	23	4,091	40,501
85 and older	903	31.2	9,314	0.4	19	450	15.6	4,395	0.6	20	2,890	26,886
Unknown	2	0.1	16	0.2	2	0	0.0	0	0.0	0	1,535	6,166

All Medicaid Beneficiaries

Table 7D

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 OKLAHOMA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$214	5.7	14,901	158,399
Age				
0-64	298	6.4	1,824	20,028
65-74	260	6.4	2,062	22,388
75-84	218	5.9	4,357	45,701
85 and older	172	5.1	6,658	70,282
Unknown	0	0.0	0	0
Gender				
Female	210	5.8	11,160	119,355
Male	226	5.5	3,741	39,044
Unknown	0	0.0	0	0
Race				
White	217	5.8	13,017	137,988
African American	186	4.9	1,129	12,358
Other/unknown	203	5.2	755	8,053
Basis of Eligibility				
Aged	201	5.6	13,006	137,576
Disabled	296	6.4	1,877	20,783
Adults	46	2.8	6	17
Children	0	0.0	12	23
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 10,596 beneficiaries who were in nursing facilities for part of their enrollment and their 93,679 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 OKLAHOMA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos	Users			
														Patented Brand-Name	Off-Patent Brand-Name	Generic	
Anti-infective Agents	0.3	0.2	0.0	0.2	\$18	\$16	\$0	\$2	\$54	\$89	\$55	\$12	39,096	\$2,093,543	10,554	70.8 %	117,049
Biologicals	0.1	0.0	0.0	0.1	2	1	0	1	23	22	0	23	337	7,717	322	2.2	3,634
Antineoplastic Agents	0.5	0.1	0.2	0.2	64	24	30	10	125	246	163	42	5,614	703,902	1,014	6.8	11,055
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.5	26	19	2	6	26	41	17	12	70,492	1,801,984	6,261	42.0	68,240
Cardiovascular Agents	1.8	0.5	0.4	0.9	42	18	11	13	24	40	29	14	205,937	4,898,541	10,734	72.0	115,966
Respiratory Agents	0.6	0.3	0.0	0.4	24	13	0	11	37	48	52	29	36,233	1,347,583	5,054	33.9	55,996
Gastrointestinal Agents	0.9	0.3	0.1	0.6	43	22	5	16	46	88	64	26	84,344	3,881,121	8,155	54.7	89,984
Genitourinary Agents	0.5	0.2	0.0	0.2	19	13	0	6	39	55	32	24	18,343	713,542	3,428	23.0	38,207
CNS Drugs	1.3	0.6	0.1	0.6	77	54	12	11	57	90	81	18	150,484	8,601,201	10,281	69.0	111,945
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.1	0.3	12	1	4	7	31	148	39	26	246	7,667	57	0.4	629
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.1	79	76	0	3	109	116	64	39	8,048	874,604	1,049	7.0	11,038
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	28	13	6	9	34	71	62	16	70,638	2,395,283	7,882	52.9	86,403
Neuromuscular Agents	1.1	0.2	0.2	0.7	42	17	9	16	38	73	43	23	54,383	2,039,718	4,319	29.0	48,426
Nutritional Products	0.8	0.0	0.3	0.5	12	0	6	6	16	23	22	13	44,769	725,181	5,435	36.5	59,469
Hematological Agents	0.9	0.1	0.2	0.5	34	13	8	13	39	125	34	25	27,408	1,071,179	2,923	19.6	31,445
Topical Products	0.5	0.2	0.1	0.2	14	9	3	3	31	43	36	14	46,159	1,414,402	8,827	59.2	99,170
Miscellaneous Products	0.3	0.1	0.0	0.3	7	2	1	4	23	30	100	18	1,577	36,002	447	3.0	4,908
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	15	0	0	0	30	0	0	0	40,561	1,216,390	6,967	46.8	78,512
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.	904,669	33,829,560	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,596 beneficiaries who were in nursing facilities for part of their enrollment and their 93,679 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 1999. 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/products/product_mddb.asp (May 13 2003).

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/products/product_mddb.asp (May 13 2003).

In Oklahoma, 5.0 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 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}
 OKLAHOMA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$3,884,623	6,206	41.6 %	68,856	0.7	\$82	\$56
ANTIDEPRESSANTS	3,421,093	7,769	52.1	85,106	0.7	54	40
ULCER DRUGS	2,803,866	7,488	50.3	83,516	0.6	56	34
ANTHYPERTENSIVE	1,611,784	6,276	42.1	68,016	0.8	31	24
ANTICONVULSANT	1,312,830	3,179	21.3	35,649	0.9	41	37
ANALGESICS - ANTI-INFLAMMATORY	1,136,907	4,604	30.9	51,691	0.5	43	22
ANALGESICS - Narcotic	1,136,678	7,205	48.4	78,874	0.5	30	14
ANTIIDIABETIC	1,102,482	3,943	26.5	43,243	0.8	34	25
ANTIASTHMATIC	1,077,506	4,285	28.8	47,099	0.6	42	23
CALCIUM BLOCKERS	1,074,030	2,959	19.9	32,339	0.8	41	33

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,596 beneficiaries who were in nursing facilities for part of their enrollment and their 93,679 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d} OKLAHOMA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	No. of Users	Residents	Mean No. of Users among NF Mos	Mean No. of Rx	Mean Rx \$	No. of Users	Residents	Mean No. of Users among NF Mos	No. of Users	Residents	Mean No. of Users among NF Mos	Mean No. of Rx	Mean Rx \$
All	394,062	\$18,561,799	6,206	41.6 %	68,856	0.7	\$56	7,769	52.1 %	85,106	0.7	\$40			
Female	291,432	13,472,735	4,397	39.4	48,929	0.7	54	5,957	53.4	65,539	0.7	40			
Disabled	37,776	2,185,243	673	66.4	7,742	0.8	97	711	70.2	8,109	0.8	46			
64 or younger	36,186	2,104,058	646	66.1	7,437	0.8	98	681	69.7	7,776	0.8	46			
65-74	1,590	81,185	27	75.0	305	1.0	88	30	83.3	333	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			
Other Eligibles	253,656	11,287,492	3,724	36.7	41,187	0.6	45	5,246	51.7	57,430	0.7	39			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	43,365	2,238,620	685	57.2	7,806	0.7	75	823	68.8	9,100	0.7	43			
75-84	93,690	4,207,364	1,423	43.1	15,724	0.7	48	2,000	60.6	21,702	0.8	40			
85 and older	116,601	4,841,508	1,616	28.7	17,657	0.6	31	2,423	43.0	26,628	0.7	37			
Male	102,630	5,089,064	1,809	48.4	19,927	0.7	63	1,812	48.4	19,567	0.7	41			
Disabled	30,335	1,727,554	547	63.3	6,182	0.9	97	461	53.4	5,210	0.8	46			
64 or younger	29,266	1,680,598	532	64.2	6,013	0.9	98	448	54.0	5,059	0.8	47			
65-74	1,069	46,956	15	42.9	169	0.8	69	13	37.1	151	0.6	21			
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			
Other Eligibles	72,295	3,361,510	1,262	43.9	13,745	0.7	48	1,351	47.0	14,357	0.7	39			
64 or younger	15	519	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	25,193	1,212,784	447	56.3	4,971	0.7	59	437	55.0	4,682	0.7	40			
75-84	26,777	1,254,852	507	48.0	5,482	0.6	46	502	47.5	5,328	0.7	39			
85 and older	20,310	893,355	308	30.1	3,292	0.6	35	412	40.3	4,347	0.7	39			
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 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,596 beneficiaries who were in nursing facilities for part of their enrollment and their 93,679 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 OKLAHOMA, 1999

Beneficiary Characteristics	ULCER DRUGS						ANTIHYPERTENSIVE						ANTICONVULSANT						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Mean No. of Rx	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	7,488	50.3 %	0.6	\$34	6,276	42.1 %	0.8	\$24	3,179	21.3 %	0.9	\$37	35,649	0.9	\$37				
Female	5,597	50.2	0.6	33	4,656	41.7	0.8	23	2,099	18.8	0.9	36	23,577	0.9	36				
Disabled	536	52.9	0.6	35	330	32.6	0.8	24	578	57.1	1.0	48	6,564	1.0	48				
64 or younger	521	53.3	0.6	35	317	32.4	0.8	24	561	57.4	1.0	48	6,466	1.0	48				
65-74	15	41.7	0.8	31	13	36.1	0.8	26	17	47.2	0.9	33	198	0.9	33				
75-84	0	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	0				
Other Eligibles	5,061	49.9	0.6	33	4,326	42.6	0.8	23	1,521	15.0	0.8	31	16,913	0.8	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	0				
65-74	681	56.9	0.6	35	588	49.1	0.8	25	407	34.0	0.9	36	4,568	0.9	36				
75-84	1,731	52.4	0.6	33	1,507	45.7	0.8	24	621	18.8	0.8	31	6,833	0.8	31				
85 and older	2,649	47.0	0.6	32	2,231	39.6	0.8	22	493	8.7	0.8	26	5,512	0.8	26				
Male	1,891	50.5	0.6	35	1,620	43.3	0.8	25	1,080	28.9	0.9	39	12,072	0.9	39				
Disabled	451	52.2	0.6	36	351	40.6	0.8	27	473	54.7	1.0	45	5,423	1.0	45				
64 or younger	434	52.4	0.6	36	338	40.8	0.8	27	455	54.9	1.0	45	5,207	1.0	45				
65-74	17	48.6	0.7	37	13	37.1	0.8	30	18	51.4	1.2	50	216	1.2	50				
75-84	0	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	0				
Other Eligibles	1,440	50.1	0.6	35	1,269	44.1	0.8	25	607	21.1	0.9	34	6,649	0.9	34				
64 or younger	1	20.0	0.9	37	2	40.0	1.0	20	0	0.0	0.0	0	0	0.0	0				
65-74	432	54.4	0.6	32	391	49.2	0.8	26	283	35.6	0.9	34	3,227	0.9	34				
75-84	517	49.0	0.6	39	480	45.5	0.7	23	194	18.4	0.9	36	2,092	0.9	36				
85 and older	490	47.9	0.6	34	396	38.7	0.8	25	130	12.7	0.8	31	1,330	0.8	31				
Unknown	0	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 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,596 beneficiaries who were in nursing facilities for part of their enrollment and their 93,679 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 OKLAHOMA, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY						ANALGESICS - Narcotic						ANTIDIABETIC					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	4,604	51,691	0.5	7,205	48.4 %	0.5	78,874	0.5	3,943	26.5 %	0.5	3,943	43,243	0.8	26			
Female	3,600	40,445	0.5	5,681	50.9	0.5	62,403	0.5	2,992	26.8	0.5	2,992	33,014	0.8	25			
Disabled	316	3,638	0.5	534	52.7	19	5,981	0.5	339	33.5	18	339	3,799	0.8	30			
64 or younger	302	3,480	0.5	518	53.0	20	5,814	0.5	317	32.4	19	317	3,547	0.8	30			
65-74	14	158	0.5	16	44.4	12	167	0.6	22	61.1	15	22	252	0.8	28			
75-84	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			
Other Eligibles	3,284	36,807	0.5	5,147	50.7	22	56,422	0.5	2,653	26.1	14	2,653	29,215	0.7	25			
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	0.0	0			
65-74	445	5,081	0.5	674	56.3	23	7,529	0.6	539	45.0	20	539	6,096	0.8	28			
75-84	1,139	12,662	0.5	1,736	52.6	22	18,954	0.5	1,130	34.2	14	1,130	12,334	0.8	26			
85 and older	1,700	19,064	0.5	2,737	48.6	23	29,939	0.4	984	17.5	13	984	10,785	0.7	21			
Male	1,004	11,246	0.5	1,524	40.7	22	16,471	0.5	951	25.4	14	951	10,229	0.8	26			
Disabled	230	2,608	0.6	363	44.3	20	4,238	0.6	212	24.5	19	212	2,422	0.8	29			
64 or younger	222	2,512	0.6	373	45.0	20	4,123	0.6	202	24.4	20	202	2,304	0.8	30			
65-74	8	96	0.5	10	28.6	15	115	0.3	10	28.6	4	10	118	0.8	17			
75-84	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			
Other Eligibles	774	8,638	0.5	1,141	39.7	22	12,233	0.4	739	25.7	12	739	7,807	0.8	26			
64 or younger	0	0	0.0	2	40.0	0	13	0.2	0	0.0	3	0	0	0.0	0			
65-74	221	2,496	0.5	322	40.6	21	3,538	0.5	272	34.3	16	272	2,975	0.8	28			
75-84	280	3,140	0.5	412	39.0	22	4,410	0.4	304	28.8	11	304	3,183	0.8	25			
85 and older	273	3,002	0.5	405	39.6	23	4,272	0.4	163	15.9	11	163	1,649	0.7	22			
Unknown	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 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,596 beneficiaries who were in nursing facilities for part of their enrollment and their 93,679 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 OKLAHOMA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					CALCIUM BLOCKERS					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene Mos among Users		Mean Rx	Users as %		No. of Bene Mos among Users		Mean Rx		
	No. of Users	Residents	No. of Users	NF Residents		No. of Users	NF Residents	No. of Users	NF Residents			
All	4,285	28.8 %	47,099	0.6	\$23	2,959	19.9 %	32,339	0.8	\$33	14,901	158,399
Female	2,894	25.9	31,982	0.5	21	2,337	20.9	25,599	0.8	33	11,160	119,355
Disabled	302	29.8	3,355	0.7	27	133	13.1	1,499	0.8	37	1,013	11,347
64 or younger	289	29.6	3,203	0.6	26	126	12.9	1,415	0.8	37	977	10,944
65-74	13	36.1	152	1.0	53	7	19.4	84	0.9	47	36	403
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
Other Eligibles	2,592	25.5	28,627	0.5	20	2,204	21.7	24,100	0.8	33	10,147	108,008
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	13
65-74	466	38.9	5,215	0.6	25	269	22.5	3,007	0.8	37	1,197	13,094
75-84	954	28.9	10,362	0.5	21	763	23.1	8,297	0.8	32	3,301	34,935
85 and older	1,172	20.8	13,050	0.4	18	1,172	20.8	12,796	0.8	33	5,636	59,966
Male	1,391	37.2	15,117	0.6	27	622	16.6	6,740	0.8	33	3,741	39,044
Disabled	252	29.2	2,819	0.8	34	131	15.2	1,445	0.8	37	864	9,436
64 or younger	243	29.3	2,711	0.8	35	123	14.8	1,355	0.8	37	829	9,044
65-74	9	25.7	108	0.7	19	8	22.9	90	0.7	41	35	392
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
Other Eligibles	1,139	39.6	12,298	0.6	26	491	17.1	5,295	0.8	32	2,877	29,608
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	27
65-74	345	43.5	3,781	0.6	28	165	20.8	1,825	0.8	32	794	8,499
75-84	450	42.6	4,754	0.6	26	185	17.5	1,997	0.8	32	1,056	10,766
85 and older	344	33.7	3,763	0.6	24	141	13.8	1,473	0.8	31	1,022	10,316
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 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,596 beneficiaries who were in nursing facilities for part of their enrollment and their 93,679 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
OKLAHOMA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	507,493	51,898	65,150	77,213	313,232	0	4,548,018	534,347	692,127	568,903	2,752,641	0
Age												
5 and younger	136,662	1	1,694	5	134,962	0	1,178,690	2	17,574	20	1,161,094	0
6-14	139,634	3	5,765	59	133,807	0	1,278,726	29	62,369	385	1,215,943	0
15-20	57,662	2	4,296	10,878	42,486	0	481,257	23	45,056	69,341	366,837	0
21-44	87,511	30	24,155	62,882	444	0	732,350	277	257,734	471,770	2,569	0
45-64	31,793	101	28,343	3,349	0	0	328,821	1,091	300,594	27,136	0	0
65-74	18,142	17,245	870	27	0	0	192,155	183,421	8,560	174	0	0
75-84	17,917	17,894	19	4	0	0	185,690	185,484	178	28	0	0
85 and older	16,635	16,620	6	8	1	0	164,086	163,996	43	45	2	0
Unknown	1,537	2	2	1	1,532	0	6,243	24	19	4	6,196	0
Gender												
Female	302,425	39,462	34,601	73,318	155,044	0	2,686,259	409,961	370,380	542,668	1,363,250	0
Male	205,068	12,436	30,549	3,895	158,188	0	1,861,759	124,386	321,747	26,235	1,389,391	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	324,247	41,082	46,854	49,585	186,726	0	2,911,586	419,064	497,222	356,584	1,638,716	0
African American	88,665	5,672	10,799	14,074	58,120	0	832,354	60,666	115,868	117,838	537,982	0
Other/unknown	94,581	5,144	7,497	13,554	68,386	0	804,078	54,617	79,037	94,481	575,943	0
Use of Nursing Facilities												
All year	14,902	13,006	1,877	6	13	0	158,400	137,576	20,783	17	24	0
Part year	10,622	8,052	2,051	207	312	0	96,546	71,075	21,001	1,612	2,858	0
None	481,969	30,840	61,222	77,000	312,907	0	4,293,072	325,696	650,343	567,274	2,749,759	0
Maintenance Assistance Status												
Cash	118,498	22,415	53,947	10,137	31,999	0	1,171,079	247,152	569,826	74,031	280,070	0
Medically needy	1,360	19	219	730	392	0	10,317	176	1,928	4,869	3,344	0
Poverty related	297,074	312	260	33,028	263,474	0	2,516,204	3,316	2,795	210,220	2,299,873	0
Other/unknown	90,561	29,152	10,724	33,318	17,367	0	850,418	283,703	117,578	279,783	169,354	0
Dual Status^c												
Full dual, all year	70,331	48,491	21,498	327	15	0	742,353	505,380	234,218	2,598	157	0
Full dual, part year	1,825	1,299	519	7	0	0	19,909	14,167	5,672	70	0	0
Non-dual, all year	435,337	2,108	43,133	76,879	313,217	0	3,785,756	14,800	452,237	566,235	2,752,484	0
Managed Care Status												
FFS all year	155,235	51,640	48,863	10,372	44,360	0	1,307,996	531,588	506,764	30,903	238,741	0
FFS part year, with Rx claims	101,791	181	12,240	22,747	66,623	0	1,004,540	2,006	141,848	195,902	664,784	0
FFS part year, no Rx claims	161,023	77	3,882	23,801	133,263	0	1,404,859	753	41,644	189,091	1,173,371	0
MC all year, with Rx claims	24,265	0	59	5,842	18,364	0	248,434	0	671	48,374	199,389	0
MC all year, no Rx claims	65,179	0	106	14,451	50,622	0	582,189	0	1,200	104,633	476,356	0

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and 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
 OKLAHOMA, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	507,493	4,548,018	418,049	2,121,787	89,444	2,426,231
FFS all year	155,235	1,307,996	155,235	1,307,996	0	0
FFS part year, with Rx claims	101,791	1,004,540	101,791	352,003	0	652,537
FFS part year, with no Rx claims	161,023	1,404,859	161,023	461,788	0	943,071
MC all year, with Rx claims	24,265	248,434	0	0	24,265	248,434
MC all year, with no Rx claims	65,179	582,189	0	0	65,179	582,189

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.