

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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		
<b>All</b>	<b>72,066</b>	<b>49,790</b>	<b>22,016</b>	<b>246</b>	<b>14</b>	<b>0</b>	<b>759,063</b>	<b>519,427</b>	<b>238,294</b>	<b>1,233</b>	<b>109</b>	<b>0</b>		
<b>Age</b>														
5 and younger	7	0	6	0	1	0	29	0	27	0	2	0		
6-14	9	0	5	0	4	0	92	0	58	0	34	0		
15-20	98	1	88	1	8	0	972	11	888	6	67	0		
21-44	9,279	11	9,112	155	1	0	99,215	125	98,302	782	6	0		
45-64	12,140	37	12,041	62	0	0	132,000	398	131,340	262	0	0		
65-74	17,176	16,414	741	21	0	0	183,549	175,963	7,462	124	0	0		
75-84	17,356	17,334	18	4	0	0	181,908	181,705	175	28	0	0		
85 and older	15,999	15,991	5	3	0	0	161,274	161,201	42	31	0	0		
Unknown	2	2	0	0	0	0	24	24	0	0	0	0		
<b>Gender</b>														
Female	49,977	37,935	11,865	169	8	0	528,643	399,075	128,708	809	51	0		
Male	22,089	11,855	10,151	77	6	0	230,420	120,352	109,586	424	58	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	56,645	39,691	16,790	154	10	0	593,045	410,316	181,858	783	88	0		
African American	8,614	5,469	3,084	58	3	0	92,594	59,090	33,192	293	19	0		
Other/unknown	6,807	4,630	2,142	34	1	0	73,424	50,021	23,244	157	2	0		
<b>Use of Nursing Facilities</b>														
All year	13,838	12,758	1,079	1	0	0	147,093	134,985	12,107	1	0	0		
Part year	8,894	7,890	999	5	0	0	79,985	69,733	10,222	30	0	0		
None	49,334	29,142	19,938	240	14	0	531,985	314,709	215,965	1,202	109	0		
<b>Maintenance Assistance Status</b>														
Cash	37,359	21,527	15,777	55	0	0	408,994	239,112	169,575	307	0	0		
Medically needy	84	18	54	12	0	0	706	169	457	80	0	0		
Poverty-related	609	307	253	40	9	0	6,133	3,276	2,626	169	62	0		
Other/unknown	34,014	27,938	5,932	139	5	0	343,230	276,870	65,636	677	47	0		
<b>Dual Medicare Status<sup>c</sup></b>														
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		
<b>Managed Care Status</b>														
FFS all year	71,343	49,745	21,488	101	9	0	754,044	519,035	234,280	639	90	0		
FFS part year, with Rx claims	527	33	402	89	3	0	3,844	288	3,174	367	15	0		
FFS part year, no Rx claims	196	12	126	56	2	0	1,175	104	840	227	4	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 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 12  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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 \$ <sup>c</sup>	No. of Benes
All	89.3 %	32.9	\$1,431	\$43	\$8,995	15.9 %	\$18	72,066
<b>Age</b>								
5 and younger	42.9	2.4	102	42	530	19.3	0	7
6-14	88.9	60.4	6,555	109	13,091	50.1	0	9
15-20	76.5	20.5	1,845	90	11,244	16.4	1	98
21-44	79.9	19.1	1,336	70	12,111	11.0	8	9,279
45-64	88.9	30.6	1,613	53	8,973	18.0	26	12,140
65-74	87.5	30.7	1,327	43	5,837	22.7	25	17,176
75-84	91.7	37.6	1,477	39	8,291	17.8	20	17,356
85 and older	94.5	40.2	1,406	35	11,348	12.4	9	15,999
Unknown	100.0	27.0	1,307	48	2,512	52.0	0	2
<b>Basis of Eligibility</b>								
Aged	91.2	36.2	1,407	39	8,468	16.6	18	49,790
Disabled	85.4	25.9	1,498	58	10,271	14.6	18	22,016
Adults	53.7	6.3	408	65	1,692	24.1	3	246
Children	71.4	29.6	2,773	94	7,592	36.5	0	14
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	92.0	35.6	1,478	42	8,615	17.2	21	49,977
Male	83.3	26.9	1,326	49	9,855	13.5	13	22,089
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	90.5	35.6	1,537	43	9,684	15.9	17	56,645
African American	86.5	25.5	1,108	43	6,978	15.9	23	8,614
Other/unknown	83.0	20.5	958	47	5,819	16.5	19	6,807
<b>Use of Nursing Facilities</b>								
Entire year	97.9	60.4	2,222	37	19,385	11.5	20	13,838
Part year	96.0	41.4	1,653	40	11,076	14.9	17	8,894
None	85.7	23.7	1,170	49	5,706	20.5	18	49,334
<b>Maintenance Assistance Status</b>								
Cash	85.3	18.1	939	52	2,436	38.6	13	37,359
Medically needy	50.0	5.8	323	56	2,434	13.3	3	84
Poverty related	68.6	8.1	403	50	1,428	28.2	7	609
Other/unknown	94.1	49.8	1,993	40	16,352	12.2	24	34,014

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 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

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

c. 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 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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				More than 10
All	3.1	\$136	15.9 %	10.7 %	21.9 %	18.2 %	32.0 %	14.1 %	3.1 %	\$854	72,066	759,063
<b>Age</b>												
5 and younger	0.6	25	19.3	57.1	14.3	14.3	0.0	14.3	0.0	128	7	29
6-14	5.9	641	50.1	11.1	0.0	0.0	33.3	55.6	0.0	1,281	9	92
15-20	2.1	186	16.4	23.5	40.8	6.1	20.4	6.1	3.1	1,134	98	972
21-44	1.8	125	11.0	20.1	34.5	18.8	22.0	3.8	0.8	1,133	9,279	99,215
45-64	2.8	148	18.0	11.1	23.2	20.8	33.0	8.8	3.1	825	12,140	132,000
65-74	2.9	124	22.7	12.5	23.8	19.3	30.0	11.2	3.2	546	17,176	183,549
75-84	3.6	141	17.8	8.3	18.6	17.3	33.5	18.2	4.1	791	17,356	181,908
85 and older	4.0	140	12.4	5.5	15.1	15.6	37.7	22.8	3.2	1,126	15,999	161,274
Unknown	2.3	109	52.0	0.0	50.0	0.0	50.0	0.0	0.0	209	2	24
<b>Basis of Eligibility</b>												
Aged	3.5	135	16.6	8.8	19.2	17.5	33.7	17.4	3.5	812	49,790	519,427
Disabled	2.4	138	14.6	14.6	28.0	19.9	28.5	6.8	2.1	949	22,016	238,294
Adults	1.3	82	24.1	46.3	24.0	7.3	16.3	2.4	3.7	338	246	1,233
Children	3.8	356	36.5	28.6	28.6	7.1	7.1	14.3	14.3	975	14	109
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	3.4	140	17.2	8.0	19.6	18.9	34.5	15.4	3.5	815	49,977	528,643
Male	2.6	127	13.5	16.7	27.1	16.6	26.5	11.0	2.2	945	22,089	230,420
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	3.4	147	15.9	9.5	19.4	17.6	33.8	16.0	3.7	925	56,645	593,045
African American	2.4	103	15.9	13.5	26.5	21.2	30.0	7.7	1.1	649	8,614	92,594
Other/unknown	1.9	89	16.5	17.0	36.9	19.6	19.6	6.0	1.0	539	6,807	73,424
<b>Use of Nursing Facilities</b>												
Entire year	5.7	209	11.5	2.1	7.6	9.2	35.5	36.9	8.9	1,824	13,838	147,093
Part year	4.6	184	14.9	4.0	12.4	13.6	38.2	27.1	4.8	1,232	8,894	79,985
None	2.2	109	20.5	14.3	27.6	21.5	30.0	5.4	1.2	529	49,334	531,985
<b>Maintenance Assistance Status</b>												
Cash	1.6	86	38.6	14.7	31.4	24.9	28.7	0.3	0.1	223	37,359	408,994
Medically needy	0.7	38	13.3	50.0	36.9	6.0	4.8	2.4	0.0	290	84	706
Poverty related	0.8	40	28.2	31.4	47.8	13.8	5.7	1.0	0.3	142	609	6,133
Other/unknown	4.9	198	12.2	5.9	10.9	10.9	36.3	29.5	6.5	1,621	34,014	343,230

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 13

Dual Eligible Beneficiaries

- a. Table 13 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 14  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.1</b>	<b>\$136</b>	<b>\$43</b>	<b>1.1</b>	<b>\$79</b>	<b>\$74</b>	<b>0.5</b>	<b>\$24</b>	<b>\$50</b>	<b>1.4</b>	<b>\$27</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.6	25	42	0.3	18	65	0.0	2	69	0.2	2	11
6-14	5.9	641	109	2.2	432	200	1.3	182	145	2.4	25	10
15-20	2.1	186	90	0.8	122	154	0.4	44	114	0.8	18	23
21-44	1.8	125	70	0.7	82	126	0.2	21	86	0.8	18	23
45-64	2.8	148	53	1.0	92	88	0.4	25	64	1.3	27	21
65-74	2.9	124	43	1.1	73	69	0.4	22	50	1.2	24	19
75-84	3.6	141	39	1.2	80	65	0.6	26	45	1.6	29	18
85 and older	4.0	140	35	1.2	74	61	0.7	27	40	1.9	33	17
Unknown	2.3	109	48	1.0	80	77	0.5	17	34	0.6	5	8
<b>Basis of Eligibility</b>												
Aged	3.5	135	39	1.2	76	65	0.6	25	44	1.6	28	18
Disabled	2.4	138	58	0.9	88	99	0.3	23	71	1.1	23	22
Adults	1.3	82	65	0.4	46	111	0.2	18	92	0.6	12	20
Children	3.8	356	94	1.8	194	110	0.8	138	175	1.1	19	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	3.4	140	42	1.2	81	69	0.5	25	48	1.5	28	18
Male	2.6	127	49	0.8	75	89	0.4	23	56	1.2	25	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.4	147	43	1.2	85	73	0.5	26	50	1.5	29	19
African American	2.4	103	43	0.8	59	73	0.4	20	51	1.1	20	19
Other/unknown	1.9	89	47	0.7	55	80	0.3	15	53	0.8	15	18
<b>Use of Nursing Facilities</b>												
Entire year	5.7	209	37	1.8	116	66	0.8	34	42	2.8	51	18
Part year	4.6	184	40	1.5	106	70	0.7	31	45	2.2	40	18
None	2.2	109	49	0.8	65	79	0.4	21	57	0.9	18	20
<b>Maintenance Assistance Status</b>												
Cash	1.6	86	52	0.6	52	81	0.3	17	61	0.6	13	20
Medically needy	0.7	38	56	0.3	29	92	0.1	4	47	0.3	5	18
Poverty related	0.8	40	50	0.3	23	78	0.1	8	69	0.3	6	18
Other/unknown	4.9	198	40	1.6	113	70	0.7	34	45	2.3	43	18

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

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

Table 14

Dual Eligible Beneficiaries



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](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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$16	\$14	\$0	\$2	\$55	\$92	\$59	\$14	118,019	\$6,530,083	37,962	52.7 %	417,289
Biologics	0.1	0.0	0.0	0.0	8	3	1	4	87	57	1,637	90	589	51,039	535	0.7	6,063
Antineoplastic Agents	0.5	0.1	0.2	0.2	61	30	24	8	132	211	156	45	13,468	1,778,541	2,801	3.9	28,950
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	23	17	2	4	32	47	25	14	213,680	6,796,345	27,561	38.2	301,859
Cardiovascular Agents	1.3	0.4	0.3	0.5	40	21	12	8	32	50	38	15	598,963	19,325,496	44,128	61.2	477,733
Respiratory Agents	0.6	0.3	0.0	0.3	23	15	1	7	41	54	46	27	109,289	4,491,629	17,750	24.6	193,591
Gastrointestinal Agents	0.6	0.2	0.1	0.4	35	22	5	9	56	98	75	26	183,528	10,229,352	26,648	37.0	290,377
Genitourinary Agents	0.4	0.2	0.0	0.2	16	12	0	4	41	55	35	24	39,766	1,634,725	9,459	13.1	104,013
CNS Drugs	0.9	0.4	0.1	0.4	59	40	11	8	64	102	99	19	332,033	21,107,111	33,372	46.3	360,120
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.1	0.3	22	3	8	11	51	85	72	39	753	38,642	160	0.2	1,745
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	65	61	0	4	110	126	75	36	15,191	1,664,778	2,423	3.4	25,578
Analgesics and Anesthetics	0.6	0.1	0.1	0.4	26	13	6	7	42	88	72	19	235,336	9,876,594	34,652	48.1	378,535
Neuromuscular Agents	0.8	0.2	0.2	0.4	36	19	7	10	47	95	45	24	134,479	6,367,182	15,961	22.1	176,073
Nutritional Products	0.6	0.0	0.2	0.3	10	0	6	4	18	27	25	13	92,881	1,690,517	15,648	21.7	167,588
Hematological Agents	0.6	0.1	0.2	0.3	30	14	8	8	48	150	36	26	65,656	3,167,163	9,999	13.9	107,018
Topical Products	0.4	0.2	0.1	0.1	13	8	3	2	33	46	37	15	101,445	3,365,983	23,943	33.2	264,550
Miscellaneous Products	0.4	0.1	0.1	0.2	65	30	30	6	152	256	280	27	6,030	915,111	1,308	1.8	14,011
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	15	0	0	0	36	0	0	0	112,872	4,116,474	25,297	35.1	279,904
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,373,978	103,146,765	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 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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](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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$9,819,667	14,262	19.8 %	155,104	0.6	\$106
ANTIDEPRESSANTS	8,201,307	24,611	34.2	267,213	0.5	58
ULCER DRUGS	7,761,882	25,410	35.3	280,145	0.4	66
ANTIHYPERTENSIVE	6,025,041	27,336	37.9	298,969	0.6	36
ANALGESICS - ANTI-INFLAMMATORY	4,871,819	22,184	30.8	250,373	0.3	57
ANTIDIABETIC	4,688,099	17,274	24.0	190,010	0.6	44
CALCIUM BLOCKERS	4,678,529	14,332	19.9	157,751	0.6	49
ANALGESICS - Narcotic	4,544,315	32,627	45.3	356,408	0.4	35
ANTICONVULSANT	4,469,765	10,731	14.9	118,458	0.7	55
ANTIASTHMATIC	3,596,623	18,036	25.0	196,192	0.4	43

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 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16A  
 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx
<b>All</b>	<b>1,100,086</b>	<b>\$58,657,047</b>	<b>14,262</b>	<b>19.8 %</b>	<b>155,104</b>	<b>0.6</b>	<b>\$63</b>	<b>24,611</b>	<b>34.2 %</b>	<b>267,213</b>	<b>0.5</b>	<b>\$31</b>
<b>Female</b>	801,389	41,120,126	9,056	18.1	98,021	0.6	53	18,515	37.0	201,494	0.5	30
<b>Disabled</b>	175,876	11,551,875	2,520	21.2	28,723	0.6	83	5,495	46.3	62,194	0.4	30
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	18	435	0	0.0	0	0.0	0	1	100.0	10	0.8	9
15-20	217	15,331	8	21.6	93	0.4	75	9	24.3	100	0.3	25
21-44	44,593	3,397,604	1,039	26.3	11,840	0.5	88	1,802	45.6	20,444	0.4	31
45-64	123,230	7,720,888	1,401	19.0	16,017	0.6	80	3,503	47.4	39,745	0.5	30
65-74	7,590	409,094	71	15.0	761	0.5	51	173	36.7	1,820	0.5	30
75-84	182	6,051	1	9.1	12	0.6	2	5	45.5	52	0.1	9
85 and older	46	2,472	0	0.0	0	0.0	0	2	50.0	23	0.5	35
<b>Other Eligibles</b>	625,491	29,566,731	6,536	17.2	69,298	0.6	41	13,020	34.2	139,300	0.6	30
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	93	6,673	3	42.9	34	0.7	71	2	28.6	22	0.4	13
21-44	442	25,380	10	8.2	80	0.3	39	16	13.1	126	0.6	47
45-64	779	56,195	6	10.2	47	0.4	82	24	40.7	221	0.4	21
65-74	181,001	9,355,323	1,471	13.0	16,238	0.6	57	3,684	32.6	40,477	0.5	28
75-84	234,356	11,054,508	2,390	17.8	25,316	0.6	42	4,756	35.5	50,729	0.6	31
85 and older	208,820	9,068,652	2,656	20.1	27,583	0.5	29	4,538	34.3	47,725	0.6	31
<b>Male</b>	298,697	17,536,921	5,206	23.6	57,083	0.6	81	6,096	27.6	65,719	0.5	32
<b>Disabled</b>	128,821	9,440,785	2,918	28.7	33,497	0.7	108	2,995	29.5	33,879	0.5	34
5 and younger	4	101	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	71	4,907	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	478	35,434	2	3.9	24	0.5	162	11	21.6	119	0.5	38
21-44	52,471	4,597,043	1,637	31.7	18,789	0.7	114	1,521	29.5	17,293	0.5	33
45-64	71,968	4,629,751	1,246	26.7	14,338	0.7	101	1,405	30.2	15,825	0.5	34
65-74	3,789	171,512	33	12.3	346	0.8	59	58	21.6	642	0.5	22
75-84	37	1,746	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
<b>Other Eligibles</b>	169,876	8,096,136	2,288	19.2	23,586	0.6	43	3,101	26.0	31,840	0.6	30
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	63	2,643	3	100.0	36	0.4	25	1	33.3	12	0.3	11
15-20	17	595	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	200	11,612	4	8.9	33	0.2	26	10	22.2	85	0.2	13
45-64	250	18,195	7	17.5	73	0.5	47	7	17.5	62	0.7	55
65-74	72,274	3,569,053	790	15.4	8,505	0.6	54	1,200	23.3	12,744	0.5	29
75-84	58,261	2,768,508	876	22.3	9,002	0.6	41	1,063	27.1	10,856	0.6	31
85 and older	38,811	1,725,530	608	21.9	5,937	0.5	31	820	29.6	8,081	0.6	32
<b>Unknown</b>	22	1,520	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 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>25,410</b>	<b>35.3 %</b>	<b>280,145</b>	<b>0.4</b>	<b>\$28</b>	<b>27,336</b>	<b>37.9 %</b>	<b>298,969</b>	<b>0.6</b>	<b>\$20</b>	<b>22,184</b>	<b>30.8 %</b>	<b>250,373</b>	<b>0.3</b>	<b>\$20</b>
<b>Female</b>	18,834	37.7	207,944	0.4	28	20,450	40.9	223,757	0.6	20	17,325	34.7	195,729	0.3	20
<b>Disabled</b>	3,703	31.2	42,238	0.3	26	3,168	26.7	35,757	0.5	19	4,178	35.2	48,010	0.3	19
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	10	0.2	2	0	0.0	0	0.0	0
15-20	8	21.6	92	0.3	26	1	2.7	12	0.5	4	3	8.1	33	0.2	2
21-44	934	23.6	10,664	0.3	24	474	12.0	5,270	0.4	16	1,070	27.1	12,232	0.2	15
45-64	2,605	35.3	29,748	0.3	27	2,494	33.8	28,453	0.5	19	2,935	39.8	33,909	0.3	20
65-74	151	32.0	1,691	0.4	29	190	40.3	1,932	0.5	22	162	34.3	1,748	0.3	20
75-84	4	36.4	40	0.4	30	6	54.5	64	0.7	25	5	45.5	60	0.5	14
85 and older	1	25.0	3	0.3	6	2	50.0	16	0.2	10	3	75.0	28	0.4	28
<b>Other Eligibles</b>	15,130	39.7	165,694	0.4	28	17,280	45.3	187,976	0.6	20	13,146	34.5	147,707	0.4	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	28.6	24	0.3	19	0	0.0	0	0.0	0	1	14.3	12	0.2	1
21-44	8	6.6	57	0.4	24	6	4.9	24	0.4	16	10	8.2	79	0.3	18
45-64	20	33.9	206	0.3	28	15	25.4	139	0.5	17	18	30.5	197	0.4	39
65-74	4,132	36.6	46,525	0.4	26	5,144	45.6	57,336	0.5	20	4,177	37.0	47,746	0.3	21
75-84	5,419	40.4	59,739	0.4	28	6,530	48.7	71,490	0.6	21	4,859	36.2	54,946	0.4	21
85 and older	5,549	42.0	59,143	0.5	29	5,585	42.2	58,987	0.6	20	4,081	30.9	44,727	0.4	21
<b>Male</b>	6,576	29.8	72,201	0.4	28	6,886	31.2	75,212	0.5	20	4,859	22.0	54,644	0.3	16
<b>Disabled</b>	2,380	23.4	27,216	0.4	27	2,164	21.3	24,359	0.5	19	1,937	19.1	22,118	0.3	13
5 and younger	1	25.0	5	0.2	7	2	50.0	10	0.2	6	0	0.0	0	0.0	0
6-14	2	50.0	24	0.3	55	6	150.0	72	0.3	15	1	25.0	12	0.1	1
15-20	14	27.5	167	0.5	29	9	17.6	108	0.5	12	2	3.9	24	0.3	5
21-44	897	17.4	10,388	0.3	26	630	12.2	7,157	0.5	17	785	15.2	8,995	0.2	10
45-64	1,378	29.6	15,660	0.4	28	1,395	29.9	15,661	0.5	20	1,083	23.3	12,373	0.3	16
65-74	86	32.0	952	0.4	22	115	42.8	1,280	0.5	18	65	24.2	702	0.3	13
75-84	1	14.3	8	0.3	39	7	100.0	71	0.3	11	1	14.3	12	0.6	15
85 and older	1	100.0	12	0.1	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4,196	35.1	44,985	0.4	29	4,722	39.6	50,853	0.6	21	2,922	24.5	32,526	0.4	18
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	66.7	24	1.1	33	0	0.0	0	0.0	0
15-20	1	33.3	12	0.1	1	0	0.0	0	0.0	0	1	33.3	11	0.1	6
21-44	3	6.7	32	0.4	30	5	11.1	39	0.3	7	5	11.1	46	0.3	6
45-64	6	15.0	55	0.8	83	4	10.0	26	0.3	4	3	7.5	22	0.4	22
65-74	1,626	31.6	18,004	0.4	26	1,988	38.6	22,075	0.5	21	1,224	23.8	13,997	0.3	19
75-84	1,397	35.6	14,921	0.5	32	1,659	42.2	17,765	0.6	21	981	25.0	10,920	0.4	18
85 and older	1,163	41.9	11,961	0.5	30	1,064	38.4	10,924	0.6	21	708	25.5	7,530	0.4	19
<b>Unknown</b>	1	50.0	12	0.2	60	2	100.0	24	0.6	24	1	50.0	12	0.1	1

Table 16B

Dual Eligible 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 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Beneficiary Characteristics	ANTIDIABETIC					CALCIUM BLOCKERS					ANALGESICS - Narcotic				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>17,274</b>	<b>24.0 %</b>	<b>190,010</b>	<b>0.6</b>	<b>\$25</b>	<b>14,332</b>	<b>19.9 %</b>	<b>157,751</b>	<b>0.6</b>	<b>\$30</b>	<b>32,627</b>	<b>45.3 %</b>	<b>356,408</b>	<b>0.4</b>	<b>\$13</b>
<b>Female</b>	13,255	26.5	146,465	0.6	25	11,248	22.5	123,892	0.6	30	24,364	48.8	266,826	0.4	13
<b>Disabled</b>	2,877	24.2	32,487	0.5	27	1,694	14.3	19,184	0.5	28	6,547	55.2	73,947	0.3	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	100.0	10	0.8	33	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	3	8.1	36	0.6	24	17	45.9	191	0.2	1
21-44	420	10.6	4,741	0.4	22	228	5.8	2,549	0.5	26	1,969	49.8	22,387	0.3	11
45-64	2,297	31.1	26,025	0.5	27	1,356	18.4	15,412	0.5	28	4,309	58.4	48,674	0.4	17
65-74	154	32.6	1,665	0.6	29	103	21.8	1,142	0.5	29	244	51.7	2,599	0.4	15
75-84	5	45.5	44	0.8	29	1	9.1	12	0.6	1	7	63.6	84	0.5	7
85 and older	1	25.0	12	0.8	34	2	50.0	23	0.3	11	1	25.0	12	0.2	1
<b>Other Eligibles</b>	10,378	27.2	113,978	0.6	24	9,553	25.1	104,696	0.6	30	17,817	46.8	192,879	0.4	12
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	28.6	22	0.1	2
21-44	6	4.9	70	0.7	32	3	2.5	36	1.0	60	27	22.1	183	0.4	22
45-64	13	22.0	148	0.6	44	12	20.3	139	0.4	28	30	50.8	307	0.5	39
65-74	3,876	34.3	43,635	0.6	26	2,779	24.6	31,019	0.6	31	5,212	46.2	57,897	0.4	12
75-84	4,216	31.4	46,267	0.6	24	3,583	26.7	39,297	0.6	30	6,352	47.4	69,177	0.4	12
85 and older	2,267	17.1	23,858	0.6	20	3,176	24.0	34,205	0.7	30	6,194	46.8	65,293	0.4	11
<b>Male</b>	4,019	18.2	43,545	0.6	25	3,084	14.0	33,859	0.6	30	8,263	37.4	89,582	0.4	13
<b>Disabled</b>	1,397	13.8	15,723	0.5	25	950	9.4	10,667	0.5	32	3,807	37.5	42,445	0.4	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	75.0	36	0.9	69	4	100.0	48	0.1	1
15-20	0	0.0	0	0.0	0	6	11.8	63	0.9	71	15	29.4	166	0.1	1
21-44	361	7.0	4,099	0.5	24	269	5.2	3,093	0.4	29	1,788	34.7	20,136	0.3	15
45-64	971	20.8	10,905	0.5	26	617	13.2	6,874	0.6	32	1,900	40.8	20,998	0.4	17
65-74	65	24.2	719	0.6	25	54	20.1	590	0.6	34	100	37.2	1,097	0.3	9
75-84	0	0.0	0	0.0	0	1	14.3	11	0.3	41	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2,622	22.0	27,822	0.6	25	2,134	17.9	23,192	0.6	29	4,456	37.3	47,137	0.4	11
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	1
15-20	0	0.0	0	0.0	0	2	66.7	23	0.7	22	0	0.0	0	0.0	0
21-44	1	2.2	12	0.4	14	3	6.7	18	0.6	40	20	44.4	171	0.5	23
45-64	4	10.0	12	0.4	21	4	10.0	29	1.0	61	13	32.5	102	0.2	6
65-74	1,264	24.6	13,905	0.6	27	969	18.8	10,835	0.6	30	1,854	36.0	20,408	0.4	12
75-84	906	23.1	9,512	0.6	24	716	18.2	7,779	0.6	28	1,464	37.3	15,404	0.4	11
85 and older	447	16.1	4,381	0.6	20	440	15.9	4,508	0.6	27	1,104	39.8	11,040	0.4	9
<b>Unknown</b>	0	0.0	0	0.0	0	1	50.0	12	0.3	19	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table 16C



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 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Beneficiary Characteristics	ANTICONVULSANT				ANTIASTHMATIC							
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
<b>All</b>	<b>10,731</b>	<b>14.9 %</b>	<b>118,458</b>	<b>0.7</b>	<b>\$38</b>	<b>18,036</b>	<b>25.0 %</b>	<b>196,192</b>	<b>0.4</b>	<b>\$18</b>	<b>72,066</b>	<b>759,063</b>
<b>Female</b>	6,680	13.4	73,631	0.7	35	12,335	24.7	134,972	0.4	18	49,975	528,619
<b>Disabled</b>	2,903	24.5	32,848	0.7	46	3,200	27.0	35,918	0.4	17	11,865	128,708
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	10
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10
15-20	8	21.6	88	0.6	22	6	16.2	72	0.1	4	37	402
21-44	1,195	30.2	13,624	0.7	52	612	15.5	6,929	0.3	12	3,955	42,547
45-64	1,640	22.2	18,544	0.7	41	2,403	32.5	26,930	0.4	18	7,383	80,843
65-74	60	12.7	592	0.7	43	178	37.7	1,975	0.5	23	472	4,750
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	116
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.1	5	4	30
<b>Other Eligibles</b>	3,777	9.9	40,783	0.6	27	9,135	24.0	99,054	0.4	18	38,110	399,911
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	2
15-20	1	14.3	10	0.1	6	3	42.9	36	1.4	90	7	49
21-44	13	10.7	74	0.5	24	12	9.8	108	0.7	28	122	614
45-64	6	10.2	60	0.8	80	19	32.2	224	0.4	21	59	416
65-74	1,368	12.1	15,113	0.6	30	3,291	29.2	36,581	0.4	19	11,289	121,886
75-84	1,424	10.6	15,342	0.7	27	3,282	24.5	35,453	0.4	18	13,411	142,221
85 and older	965	7.3	10,184	0.7	23	2,528	19.1	26,652	0.4	16	13,221	134,723
<b>Male</b>	4,051	18.3	44,827	0.7	42	5,701	25.8	61,220	0.5	20	22,089	230,420
<b>Disabled</b>	2,760	27.2	31,423	0.7	47	1,575	15.5	17,619	0.4	19	10,151	109,586
5 and younger	0	0.0	0	0.0	0	1	25.0	5	0.2	2	4	17
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	1	4	48
15-20	21	41.2	225	0.8	66	6	11.8	68	0.3	18	51	486
21-44	1,468	28.5	16,681	0.7	51	440	8.5	5,044	0.3	13	5,157	55,755
45-64	1,228	26.4	14,013	0.8	43	1,030	22.1	11,465	0.5	21	4,658	50,497
65-74	42	15.6	492	0.8	37	96	35.7	1,013	0.5	17	269	2,712
75-84	1	14.3	12	0.1	2	0	0.0	0	0.0	0	7	59
85 and older	0	0.0	0	0.0	0	1	100.0	12	0.2	6	1	12
<b>Other Eligibles</b>	1,291	10.8	13,404	0.7	29	4,126	34.6	43,601	0.5	20	11,938	120,834
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	1	33.3	12	1.0	47	2	66.7	24	0.2	10	3	32
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	35
21-44	6	13.3	57	0.5	54	2	4.4	20	0.2	15	45	299
45-64	6	15.0	65	0.6	47	3	7.5	36	0.5	16	40	244
65-74	636	12.4	6,832	0.7	28	1,791	34.8	19,350	0.5	21	5,146	54,201
75-84	392	10.0	4,036	0.7	29	1,426	36.3	14,867	0.5	20	3,927	39,512
85 and older	250	9.0	2,402	0.7	28	902	32.5	9,304	0.4	19	2,773	26,509
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24

Table 16D

Dual Eligible 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 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 17  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>\$209</b>	<b>5.7</b>	<b>13,838</b>	<b>147,093</b>
<b>Age</b>				
0-64	298	6.4	1,020	11,445
65-74	260	6.4	1,979	21,469
75-84	219	6.0	4,269	44,792
85 and older	172	5.1	6,570	69,387
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	205	5.7	10,473	111,957
Male	223	5.5	3,365	35,136
Unknown	0	0.0	0	0
<b>Race</b>				
White	212	5.8	12,205	129,320
African American	176	4.8	990	10,827
Other/unknown	198	5.2	643	6,946
<b>Basis of Eligibility</b>				
Aged	201	5.6	12,758	134,985
Disabled	296	6.4	1,079	12,107
Adults	96	5.0	1	1
Children	0	0.0	0	0
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 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 8,894 beneficiaries who were in nursing facilities for part of their enrollment and their 79,985 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 18

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	No.	As % of Dual All-Year NF Residents	No. of Bene Mos				
		Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic	Brand-Name	Brand-Name	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.2	\$17	\$15	\$0	\$2	\$52	\$87	\$53	\$12	36,150	\$1,892,407	9,867	71.3 %	109,412
Biologics	0.1	0.0	0.0	0.1	2	1	0	1	24	24	0	24	287	6,793	273	2.0	3,081
Antineoplastic Agents	0.5	0.1	0.2	0.2	59	20	30	10	116	208	161	42	5,340	621,755	965	7.0	10,519
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.5	26	19	1	6	26	41	17	12	65,524	1,671,001	5,847	42.3	63,620
Cardiovascular Agents	1.8	0.5	0.4	0.9	42	18	11	13	24	39	28	14	195,018	4,606,658	10,134	73.2	109,372
Respiratory Agents	0.6	0.3	0.0	0.4	23	12	0	11	37	47	57	29	33,145	1,221,403	4,722	34.1	52,303
Gastrointestinal Agents	0.9	0.3	0.1	0.6	43	22	5	16	46	88	64	26	78,256	3,591,893	7,593	54.9	83,778
Genitourinary Agents	0.5	0.2	0.0	0.2	18	13	0	6	39	55	31	23	17,052	660,347	3,210	23.2	35,778
CNS Drugs	1.3	0.6	0.1	0.6	73	52	11	10	56	86	80	17	135,342	7,558,420	9,507	68.7	103,327
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.1	0.3	13	1	4	8	31	317	38	26	225	6,964	51	0.4	557
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.1	79	77	0	3	109	116	64	39	7,879	857,051	1,025	7.4	10,787
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	27	13	6	9	34	71	62	16	65,082	2,199,111	7,362	53.2	80,690
Neuromuscular Agents	1.1	0.2	0.2	0.7	40	16	9	15	37	71	45	23	46,284	1,721,443	3,808	27.5	42,575
Nutritional Products	0.8	0.0	0.3	0.5	12	0	6	6	16	23	22	12	42,441	681,220	5,155	37.3	56,363
Hematological Agents	0.9	0.1	0.2	0.5	34	13	8	13	39	120	34	25	25,663	998,363	2,749	19.9	29,577
Topical Products	0.5	0.2	0.1	0.2	14	8	3	3	30	42	36	14	42,822	1,299,507	8,229	59.5	92,404
Miscellaneous Products	0.3	0.1	0.0	0.2	7	2	1	4	24	31	101	18	1,304	31,230	402	2.9	4,416
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	15	0	0	0	30	0	0	0	37,636	1,124,942	6,493	46.9	73,062
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.	835,450	30,750,508	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 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 8,894 beneficiaries who were in nursing facilities for part of their enrollment and their 79,985 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](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](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 18

Dual Eligible 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.

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>72,156</b>	<b>49,790</b>	<b>22,017</b>	<b>334</b>	<b>15</b>	<b>762,262</b>	<b>519,547</b>	<b>239,890</b>	<b>2,668</b>	<b>157</b>	<b>0</b>
<b>Age</b>											
5 and younger	7	0	6	0	1	46	0	37	0	9	0
6-14	9	0	5	0	4	96	0	58	0	38	0
15-20	99	1	88	1	9	1,047	11	921	11	104	0
21-44	9,335	11	9,113	210	1	101,040	125	99,246	1,663	6	0
45-64	12,172	37	12,041	94	0	133,092	398	131,912	782	0	0
65-74	17,177	16,414	741	22	0	183,718	176,066	7,499	153	0	0
75-84	17,356	17,334	18	4	0	181,922	181,719	175	28	0	0
85 and older	15,999	15,991	5	3	0	161,277	161,204	42	31	0	0
Unknown	2	2	0	0	0	24	24	0	0	0	0
<b>Gender</b>											
Female	50,028	37,935	11,866	218	9	530,692	399,166	129,671	1,767	88	0
Male	22,128	11,855	10,151	116	6	231,570	120,381	110,219	901	69	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	56,710	39,691	16,791	217	11	595,147	410,341	182,992	1,695	119	0
African American	8,625	5,469	3,084	69	3	93,277	59,098	33,539	614	26	0
Other/unknown	6,821	4,630	2,142	48	1	73,838	50,108	23,359	359	12	0
<b>Use of Nursing Facilities</b>											
All year	13,838	12,758	1,079	1	0	147,093	134,985	12,107	1	0	0
Part year	8,894	7,890	999	5	0	80,021	69,733	10,244	44	0	0
None	49,424	29,142	19,939	328	15	535,148	314,829	217,539	2,623	157	0
<b>Maintenance Assistance Status</b>											
Cash	37,394	21,527	15,778	89	0	410,939	239,228	170,980	731	0	0
Medically needy	84	18	54	12	0	781	169	507	105	0	0
Poverty related	614	307	253	44	10	6,376	3,276	2,729	268	103	0
Other/unknown	34,064	27,938	5,932	189	5	344,166	276,874	65,674	1,564	54	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	70,331	48,491	21,498	327	15	742,353	505,380	234,218	2,598	157	0
Full dual, part year	1,825	1,299	519	7	0	19,909	14,167	5,672	70	0	0
<b>Managed Care Status</b>											
FFS all year	71,343	49,745	21,488	101	9	754,044	519,035	234,280	639	90	0
FFS part year, with Rx claims	527	33	402	89	3	5,702	377	4,403	886	36	0
FFS part year, no Rx claims	196	12	126	56	2	1,821	135	1,195	472	19	0
MC all year, with Rx claims	41	0	1	39	1	337	0	12	313	12	0
MC all year, no Rx claims	49	0	0	49	0	358	0	0	358	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 A.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 1999

Beneficiary Characteristics	Benees and					
	Bene Mo(s) in Cell F of Table 1	Benees in Cell G of Table 1		Excluded from Cell G of Table 1		
	No. of Benees	No. of Benees	No. of Benees	No. of Benees	No. of Benees	No. of Benees
<b>All</b>	<b>72,156</b>	<b>762,262</b>	<b>72,066</b>	<b>759,063</b>	<b>90</b>	<b>3,199</b>
FFS all year	71,343	754,044	71,343	754,044	0	0
FFS part year, with Rx claims	527	5,702	527	3,844	0	1,858
FFS part year, with no Rx claims	196	1,821	196	1,175	0	646
MC all year, with Rx claims	41	337	0	0	41	337
MC all year, with no Rx claims	49	358	0	0	49	358

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.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 OKLAHOMA, 1999

Total Number of Dual Eligible Beneficiaries 72,066  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$103,146,765  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,431

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	7,702	10.7 %	\$0	0.0 %
1-500	18,121	25.1	4,021,901	3.9
501-1,000	12,773	17.7	9,443,744	9.2
1,001-1,500	9,445	13.1	11,698,179	11.3
1,501-2,000	6,732	9.3	11,673,380	11.3
2,001-2,500	4,743	6.6	10,597,650	10.3
2,501-3,000	3,248	4.5	8,902,218	8.6
3,001-3,500	2,310	3.2	7,478,837	7.3
3,501-4,000	1,660	2.3	6,212,021	6.0
4,001-4,500	1,277	1.8	5,407,521	5.2
4,501-5,000	891	1.2	4,218,721	4.1
5,001-5,500	704	1.0	3,684,031	3.6
5,501-6,000	551	0.8	3,163,215	3.1
6,001-6,500	402	0.6	2,497,717	2.4
6,501-7,000	296	0.4	2,001,342	1.9
7,001-7,500	236	0.3	1,711,221	1.7
7,501-8,000	199	0.3	1,541,693	1.5
8,001-8,500	144	0.2	1,188,231	1.2
8,501-9,000	103	0.1	903,039	0.9
9,001-9,500	91	0.1	841,759	0.8
9,501-10,000	71	0.1	691,000	0.7
10,001+	367	0.5	5,269,345	5.1

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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



SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 OKLAHOMA, 1999

Total Number of Dual Eligible Beneficiaries, Age 65-74                      17,176  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74        \$22,798,567  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74        \$1,327

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,141	12.5 %	0	0.0
1-500	4,346	25.3	964,838	4.2
501-1,000	3,138	18.3	2,322,555	10.2
1,001-1,500	2,265	13.2	2,799,645	12.3
1,501-2,000	1,567	9.1	2,714,258	11.9
2,001-2,500	1,048	6.1	2,344,059	10.3
2,501-3,000	680	4.0	1,863,973	8.2
3,001-3,500	475	2.8	1,541,105	6.8
3,501-4,000	364	2.1	1,358,633	6.0
4,001-4,500	275	1.6	1,169,601	5.1
4,501-5,000	185	1.1	877,339	3.8
5,001-5,500	155	0.9	809,530	3.6
5,501-6,000	147	0.9	841,652	3.7
6,001-6,500	83	0.5	515,815	2.3
6,501-7,000	70	0.4	473,821	2.1
7,001-7,500	59	0.3	427,404	1.9
7,501-8,000	49	0.3	379,840	1.7
8,001-8,500	22	0.1	182,838	0.8
8,501-9,000	24	0.1	210,978	0.9
9,001-9,500	17	0.1	157,129	0.7
9,501-10,000	15	0.1	146,062	0.6
10,001+	51	0.3	697,492	3.1

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

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SUPPLEMENTAL TABLE 1C

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
OKLAHOMA, 1999

Total Number of Dual Eligible Beneficiaries, Age 75-84 17,356  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$25,626,062  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,477

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,433	8.3 %	0	0.0 %
1-500	3,939	22.7	917,197	3.6
501-1,000	3,147	18.1	2,330,239	9.1
1,001-1,500	2,438	14.0	3,022,304	11.8
1,501-2,000	1,824	10.5	3,153,507	12.3
2,001-2,500	1,291	7.4	2,882,995	11.3
2,501-3,000	917	5.3	2,513,481	9.8
3,001-3,500	636	3.7	2,056,424	8.0
3,501-4,000	463	2.7	1,735,878	6.8
4,001-4,500	372	2.1	1,572,896	6.1
4,501-5,000	239	1.4	1,131,193	4.4
5,001-5,500	201	1.2	1,052,916	4.1
5,501-6,000	130	0.7	748,323	2.9
6,001-6,500	93	0.5	576,752	2.3
6,501-7,000	67	0.4	453,715	1.8
7,001-7,500	36	0.2	261,011	1.0
7,501-8,000	32	0.2	246,939	1.0
8,001-8,500	31	0.2	255,731	1.0
8,501-9,000	17	0.1	149,334	0.6
9,001-9,500	14	0.1	130,172	0.5
9,501-10,000	10	0.1	97,444	0.4
10,001+	26	0.1	337,611	1.3

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 15,999  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$22,494,525  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,406

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 5.5 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	887	24.2	0	0.0 %
1-500	3,877	19.5	925,111	4.1
501-1,000	3,120	14.7	2,316,991	10.3
1,001-1,500	2,359	10.9	2,926,074	13.0
1,501-2,000	1,745	8.2	3,032,293	13.5
2,001-2,500	1,309	5.5	2,922,777	13.0
2,501-3,000	880	3.8	2,407,319	10.7
3,001-3,500	602	2.5	1,943,106	8.6
3,501-4,000	401	1.8	1,499,719	6.7
4,001-4,500	290	1.1	1,226,769	5.5
4,501-5,000	176	0.8	832,314	3.7
5,001-5,500	121	0.4	633,114	2.8
5,501-6,000	68	0.3	390,110	1.7
6,001-6,500	45	0.2	278,940	1.2
6,501-7,000	30	0.1	202,693	0.9
7,001-7,500	23	0.1	166,715	0.7
7,501-8,000	12	0.1	92,662	0.4
8,001-8,500	17	0.1	139,179	0.6
8,501-9,000	10	0.0	87,187	0.4
9,001-9,500	4	0.0	37,011	0.2
9,501-10,000	6	0.0	58,236	0.3
10,001+	17	0.1	376,205	1.7

Source: Data for this table are from the MAX 1999 file for Oklahoma, released by CMS in 1/2004. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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