

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	17,946	12,921	4,337	683	5	0	106,368	80,328	24,483	1,535	22	0
Age												
5 and younger	2	0	1	0	1	3		0	2	0	1	0
6-14	6	0	4	0	2	0	56	0	44	0	12	0
15-20	33	0	30	1	2	0	185	0	175	1	9	0
21-44	2,139	0	1,818	321	0	0	11,379	0	10,615	764	0	0
45-64	2,527	15	2,210	302	0	0	12,682	99	11,920	663	0	0
65-74	3,359	3,223	79	57	0	0	17,766	17,287	376	103	0	0
75-84	5,154	5,080	72	2	0	0	32,402	31,856	542	4	0	0
85 and older	4,726	4,603	123	0	0	0	31,895	31,086	809	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	11,691	9,204	2,188	297	2	0	74,039	60,514	12,836	677	12	0
Male	6,255	3,717	2,149	386	3	0	32,329	19,814	11,647	858	10	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	16,550	12,055	3,926	565	4	0	99,240	75,706	22,279	1,234	21	0
African American	407	231	144	32	0	0	2,227	1,528	660	49	0	0
Other/unknown	989	635	267	86	1	0	4,901	3,094	1,554	252	1	0
Use of Nursing Facilities												
All year	2,993	2,867	125	1	0	0	20,735	19,914	820	1	0	0
Part year	1,974	1,801	168	5	0	0	11,422	10,466	948	8	0	0
None	12,979	8,253	4,044	677	5	0	74,211	49,948	22,715	1,526	22	0
Maintenance Assistance Status												
Cash	2,906	1,230	1,645	30	1	0	15,511	6,628	8,785	97	1	0
Medically needy	648	134	514	0	0	0	3,875	855	3,020	0	0	0
Poverty-related	632	235	387	10	0	0	3,573	1,431	2,123	19	0	0
Other/unknown	13,760	11,322	1,791	643	4	0	83,409	71,414	10,555	1,419	21	0
Dual Medicare Status^c												
Full dual, all year	16,576	12,239	3,668	664	5	0	97,774	75,796	20,542	1,414	22	0
Full dual, part year	1,370	682	669	19	0	0	8,594	4,532	3,941	121	0	0
Managed Care Status												
FFS all year	8,015	6,811	1,096	108	0	0	64,674	54,200	10,076	398	0	0
FFS part year, with Rx claims	8,022	5,033	2,618	366	5	0	35,560	22,411	12,335	792	22	0
FFS part year, no Rx claims	1,909	1,077	623	209	0	0	6,134	3,717	2,072	345	0	0

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 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	82.0 %	34.3	\$1,268	\$37	\$12,152	10.4 %	\$54	17,946
Age								
5 and younger	100.0	8.5	854	101	2,491	34.3	24	2
6-14	100.0	38.7	4,553	118	12,630	36.0	11	6
15-20	66.7	21.2	1,554	73	6,346	24.5	66	33
21-44	72.4	22.9	1,574	69	15,553	10.1	33	2,139
45-64	78.7	33.8	1,603	47	15,356	10.4	63	2,527
65-74	76.1	31.7	1,120	35	9,147	12.2	52	3,359
75-84	85.5	38.8	1,253	32	11,094	11.3	55	5,154
85 and older	88.6	36.8	1,065	29	12,235	8.7	58	4,726
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	84.4	36.4	1,159	32	11,048	10.5	55	12,921
Disabled	78.5	31.9	1,708	54	16,923	10.1	57	4,337
Adults	59.4	10.5	537	51	2,789	19.2	7	683
Children	100.0	24.0	1,685	70	7,490	22.5	10	5
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	85.3	38.4	1,309	34	11,308	11.6	59	11,691
Male	76.0	26.7	1,192	45	13,731	8.7	45	6,255
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	83.1	35.4	1,303	37	12,307	10.6	54	16,550
African American	70.0	21.8	797	37	13,296	6.0	46	407
Other/unknown	69.4	21.6	870	40	9,099	9.6	45	989
Use of Nursing Facilities								
Entire year	94.6	47.7	1,555	33	19,465	8.0	51	2,993
Part year	93.7	43.9	1,474	34	13,378	11.0	62	1,974
None	77.4	29.8	1,170	39	10,280	11.4	53	12,979
Maintenance Assistance Status								
Cash	71.7	23.3	1,088	47	8,590	12.7	40	2,906
Medically needy	93.8	42.0	2,325	55	6,030	38.6	48	648
Poverty related	57.9	14.3	685	48	3,111	22.0	17	632
Other/unknown	84.8	37.2	1,283	35	13,608	9.4	59	13,760

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 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	5.8	\$214	10.4 %	18.0 %	10.4 %	7.1 %	21.4 %	22.8 %	20.3 %	\$2,050	17,946	106,368
Age												
5 and younger	5.7	569	34.3	0.0	0.0	0.0	50.0	50.0	0.0	1,661	2	3
6-14	4.1	488	36.0	0.0	0.0	33.3	16.7	50.0	0.0	1,353	6	56
15-20	3.8	277	24.5	33.3	15.2	12.1	15.2	9.1	15.2	1,132	33	185
21-44	4.3	296	10.1	27.6	15.1	6.8	17.6	14.4	18.5	2,924	2,139	11,379
45-64	6.7	319	10.4	21.3	9.0	6.6	16.9	18.8	27.4	3,060	2,527	12,682
65-74	6.0	212	12.2	23.9	10.9	6.3	17.7	20.6	20.6	1,730	3,359	17,766
75-84	6.2	199	11.3	14.5	8.5	6.8	23.3	25.7	21.2	1,765	5,154	32,402
85 and older	5.4	158	8.7	11.4	10.8	8.1	26.2	27.2	16.2	1,813	4,726	31,895
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	5.8	186	10.5	15.6	9.9	7.2	23.0	25.0	19.3	1,777	12,921	80,328
Disabled	5.7	303	10.1	21.5	12.1	6.8	17.7	18.1	23.7	2,998	4,337	24,483
Adults	4.7	239	19.2	40.6	9.2	5.9	15.2	11.4	17.7	1,241	683	1,535
Children	5.5	383	22.5	0.0	0.0	0.0	40.0	40.0	20.0	1,702	5	22
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	6.1	207	11.6	14.7	9.9	7.0	22.2	25.2	20.9	1,786	11,691	74,039
Male	5.2	231	8.7	24.0	11.3	7.1	20.0	18.4	19.2	2,657	6,255	32,329
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	5.9	217	10.6	16.9	10.1	7.1	21.6	23.4	20.9	2,052	16,550	99,240
African American	4.0	146	6.0	30.0	13.5	4.9	23.3	16.2	12.0	2,430	407	2,227
Other/unknown	4.4	176	9.6	30.6	15.0	7.8	17.9	15.6	13.1	1,836	989	4,901
Use of Nursing Facilities												
Entire year	6.9	225	8.0	5.4	5.9	6.8	26.9	31.4	23.5	2,810	2,993	20,735
Part year	7.6	255	11.0	6.3	7.0	6.0	24.4	27.5	28.8	2,312	1,974	11,422
None	5.2	205	11.4	22.6	12.0	7.3	19.7	20.1	18.3	1,798	12,979	74,211
Maintenance Assistance Status												
Cash	4.4	204	12.7	28.3	14.7	8.0	16.6	15.0	17.3	1,609	2,906	15,511
Medically needy	7.0	389	38.6	6.2	7.9	7.3	25.3	28.7	24.7	1,008	648	3,875
Poverty related	2.5	121	22.0	42.1	20.1	5.4	12.5	11.9	8.1	550	632	3,573
Other/unknown	6.1	212	9.4	15.2	9.2	6.9	22.7	24.7	21.3	2,245	13,760	83,409

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 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
All	5.8	\$214	\$37	1.9	\$130	\$68	0.7	\$34	\$46	2.9	\$43	\$15
Age												
5 and younger	5.7	569	101	2.3	549	235	0.3	6	19	3.0	14	5
6-14	4.1	488	118	1.9	404	210	0.4	40	111	1.8	39	23
15-20	3.8	277	73	1.4	202	147	0.7	42	63	1.6	28	17
21-44	4.3	296	69	1.6	200	122	0.6	50	90	2.0	41	20
45-64	6.7	319	47	2.4	203	85	0.8	53	68	3.4	56	17
65-74	6.0	212	35	2.1	128	62	0.7	31	43	3.0	45	15
75-84	6.2	199	32	2.0	116	58	0.8	32	39	3.1	44	14
85 and older	5.4	158	29	1.6	89	56	0.8	26	35	2.8	36	13
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility												
Aged	5.8	186	32	1.9	109	58	0.8	29	38	3.0	41	14
Disabled	5.7	303	54	2.0	197	97	0.7	50	72	2.8	49	18
Adults	4.7	239	51	1.6	154	98	0.5	42	84	2.5	40	16
Children	5.5	383	70	0.9	187	206	1.0	113	108	3.4	73	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	6.1	207	34	2.0	124	62	0.8	33	43	3.1	43	14
Male	5.2	231	45	1.7	143	84	0.7	37	54	2.6	44	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.9	217	37	1.9	132	68	0.8	35	46	3.0	44	15
African American	4.0	146	37	1.2	86	70	0.5	20	43	2.1	33	16
Other/unknown	4.4	176	40	1.6	110	70	0.6	30	50	2.1	30	15
Use of Nursing Facilities												
Entire year	6.9	225	33	2.2	135	61	0.8	33	39	3.5	49	14
Part year	7.6	255	34	2.4	154	63	0.9	36	39	3.9	55	14
None	5.2	205	39	1.7	124	72	0.7	35	50	2.6	40	15
Maintenance Assistance Status												
Cash	4.4	204	47	1.5	129	84	0.6	36	62	2.1	34	16
Medically needy	7.0	389	55	2.7	259	97	0.8	60	77	3.4	62	18
Poverty related	2.5	121	48	0.9	79	84	0.2	17	75	1.3	23	18
Other/unknown	6.1	212	35	2.0	126	64	0.8	34	42	3.1	45	14

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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 Oregon, 3.2 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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 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 Dual Benes	As % of Benes	No. of Bene Mos				
														Generic	Generic	Generic	Generic
Anti-infective Agents	0.5	0.2	0.0	0.2	\$23	\$19	\$0	\$3	\$48	\$85	\$65	\$14	26,939	\$1,305,485	7,595	42.3 %	56,851
Biologics	0.1	0.1	0.0	0.1	2	1	0	2	19	12	0	25	341	6,331	314	1.7	2,609
Antineoplastic Agents	0.8	0.3	0.1	0.3	123	90	21	12	162	309	141	38	2,404	389,854	463	2.6	3,174
Endocrine/Metabolic Drugs	1.4	0.6	0.1	0.6	30	23	1	6	22	35	16	10	64,280	1,420,762	6,799	37.9	46,703
Cardiovascular Agents	2.2	0.6	0.5	1.1	53	26	13	14	24	42	29	12	140,602	3,360,945	9,444	52.6	63,966
Respiratory Agents	1.1	0.4	0.0	0.6	36	23	1	12	34	52	30	20	32,282	1,083,970	4,238	23.6	30,086
Gastrointestinal Agents	0.9	0.2	0.1	0.5	43	24	8	11	50	97	65	22	32,355	1,625,276	5,206	29.0	37,639
Genitourinary Agents	0.6	0.3	0.0	0.3	22	15	0	6	34	51	33	18	10,114	342,297	2,063	11.5	15,772
CNS Drugs	1.8	0.8	0.2	0.8	98	70	16	12	54	84	93	15	116,055	6,299,594	9,968	55.5	64,426
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.2	0.6	32	6	11	16	39	107	65	26	514	20,178	99	0.6	622
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.1	82	79	1	2	113	121	80	28	2,577	290,771	513	2.9	3,553
Analgesics and Anesthetics	1.2	0.3	0.1	0.8	41	23	9	9	34	87	69	12	61,615	2,115,776	7,538	42.0	51,352
Neuromuscular Agents	1.2	0.4	0.2	0.7	57	32	10	15	46	81	54	23	34,281	1,591,467	3,951	22.0	27,718
Nutritional Products	0.9	0.0	0.2	0.7	14	0	5	9	16	14	22	13	27,797	433,942	4,245	23.7	30,343
Hematological Agents	1.1	0.1	0.4	0.6	46	25	11	10	43	214	29	18	19,926	863,071	2,661	14.8	18,623
Topical Products	0.5	0.2	0.0	0.2	15	10	1	3	29	44	34	14	17,977	519,971	4,522	25.2	35,699
Miscellaneous Products	0.7	0.2	0.1	0.4	140	79	44	17	190	338	302	47	1,887	358,506	344	1.9	2,561
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	19	0	0	0	31	0	0	0	23,506	726,612	4,992	27.8	37,990
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.	615,452	22,754,808	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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 (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 Oregon, 3.2 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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 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
ANTIDEPRESSANTS	\$2,047,308	6,401	35.7 %	53,668	0.8	\$48
ANTIPSYCHOTICS	1,479,061	2,718	15.1	22,275	0.7	89
ANALGESICS - Narcotic	1,110,131	6,934	38.6	56,075	0.6	31
ULCER DRUGS	937,820	3,618	20.2	30,255	0.6	51
ANTIHYPERTENSIVE	855,951	4,091	22.8	32,247	0.8	32
ANTICONVULSANT	835,885	2,295	12.8	18,779	0.9	50
ANTIASTHMATIC	760,747	3,884	21.6	31,232	0.6	39
ANTIDIABETIC	732,018	3,046	17.0	24,356	0.9	35
CALCIUM BLOCKERS	561,135	2,065	11.5	16,694	0.8	40
ANALGESICS - ANTI-INFLAMMATORY	435,447	2,335	13.0	20,006	0.5	44

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ANTIPSYCHOTICS				
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	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 \$
All	221,627	\$9,755,503	6,401	0.8	35.7 %	53,668	0.8	\$38	2,718	15.1 %	22,275	0.7	\$66
Female	161,621	6,830,468	4,645	0.8	39.7	40,043	0.8	37	1,800	15.4	15,518	0.7	54
Disabled	29,477	1,619,977	880	0.8	40.2	7,259	0.8	49	316	14.4	2,685	0.8	98
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	16	1,260	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	127	7,809	2	0.6	14.3	24	0.6	32	1	7.1	12	0.3	37
21-44	8,563	562,272	278	0.9	35.8	2,365	0.9	54	139	17.9	1,170	0.9	123
45-64	17,755	941,743	519	0.8	44.7	4,214	0.8	49	148	12.7	1,274	0.8	89
65-74	489	19,598	17	0.6	29.3	129	0.6	35	3	5.2	35	0.4	10
75-84	1,098	38,413	22	0.7	32.8	182	0.7	26	5	7.5	44	0.5	8
85 and older	1,429	48,882	42	0.9	38.9	345	0.9	43	20	18.5	150	0.4	30
Other Eligibles	132,144	5,210,491	3,765	0.8	39.6	32,784	0.8	34	1,484	15.6	12,833	0.7	44
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	14	173	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	375	21,113	26	0.7	18.8	136	0.7	49	9	6.5	51	0.5	36
45-64	506	23,282	16	1.3	11.7	97	1.3	78	1	0.7	2	4.5	316
65-74	27,296	1,141,249	638	0.8	30.6	5,401	0.8	34	251	12.1	2,155	0.7	57
75-84	54,896	2,184,735	1,549	0.8	44.1	13,680	0.8	35	595	16.9	5,160	0.7	45
85 and older	49,057	1,839,939	1,536	0.8	42.3	13,470	0.8	33	628	17.3	5,465	0.6	38
Male	60,006	2,925,035	1,756	0.8	28.1	13,625	0.8	42	918	14.7	6,757	0.9	96
Disabled	19,648	1,264,055	518	0.9	24.1	4,257	0.9	50	332	15.4	2,557	1.2	164
5 and younger	1	29	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	13	568	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	97	5,101	2	0.5	12.5	23	0.5	4	2	12.5	6	1.5	207
21-44	7,768	610,657	221	0.8	21.2	1,828	0.8	48	176	16.9	1,355	1.4	193
45-64	11,331	628,926	284	0.9	27.1	2,295	0.9	52	150	14.3	1,162	1.1	134
65-74	222	9,447	5	0.6	23.8	47	0.6	31	1	4.8	4	0.3	57
75-84	90	4,849	3	0.6	60.0	36	0.6	42	1	20.0	12	0.1	9
85 and older	126	4,478	3	0.6	20.0	28	0.6	28	2	13.3	18	0.2	5
Other Eligibles	40,358	1,660,980	1,238	0.8	30.2	9,368	0.8	38	586	14.3	4,200	0.7	54
5 and younger	1	5	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
15-20	13	725	2	0.6	100.0	16	0.6	43	1	50.0	8	0.1	1
21-44	426	28,684	16	0.6	8.7	88	0.6	35	17	9.3	83	1.1	187
45-64	483	22,262	15	0.8	8.3	77	0.8	48	9	5.0	53	0.6	110
65-74	11,348	477,316	310	0.8	25.9	2,424	0.8	35	141	11.8	1,029	0.8	69
75-84	17,771	725,719	565	0.9	36.0	4,216	0.9	40	259	16.5	1,813	0.7	51
85 and older	10,316	406,269	330	0.8	33.9	2,547	0.8	36	159	16.3	1,214	0.5	35
Unknown	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 Oregon, released by CMS in 1/2003. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTIHYPERTENSIVE				
	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 \$
All	6,934	38.6 %	56,075	0.6	\$20	3,618	20.2 %	30,255	0.6	\$31	4,091	22.8 %	32,247	0.8	\$27
Female	5,043	43.1	41,852	0.6	20	2,605	22.3	22,563	0.6	30	2,890	24.7	23,814	0.9	27
Disabled	954	43.6	7,800	0.7	27	481	22.0	4,084	0.5	30	362	16.5	2,905	0.8	27
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	1	50.0	11	0.1	1	0	0.0	0	0.0	0	1	50.0	11	0.2	7
15-20	6	42.9	64	0.5	40	1	7.1	12	0.7	111	3	21.4	36	0.6	9
21-44	285	36.7	2,428	0.6	28	125	16.1	1,020	0.5	28	62	8.0	528	0.8	24
45-64	559	48.1	4,414	0.7	30	298	25.6	2,526	0.6	31	218	18.8	1,639	0.9	29
65-74	20	34.5	157	0.4	6	10	17.2	69	0.7	22	9	15.5	54	1.0	40
75-84	44	65.7	386	0.5	8	20	29.9	195	0.5	26	29	43.3	283	0.8	30
85 and older	39	36.1	340	0.5	9	27	25.0	262	0.5	24	40	37.0	354	0.8	21
Other Eligibles	4,089	43.0	34,052	0.6	18	2,124	22.4	18,479	0.6	30	2,528	26.6	20,909	0.9	27
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	50.0	11	0.3	8
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	26	18.8	150	0.8	46	8	5.8	40	0.4	14	2	1.4	11	0.8	29
45-64	28	20.4	168	0.5	6	6	4.4	44	0.5	49	8	5.8	62	0.9	37
65-74	837	40.2	6,876	0.6	18	414	19.9	3,569	0.6	31	504	24.2	4,028	0.8	27
75-84	1,563	44.5	13,455	0.6	17	850	24.2	7,522	0.6	30	1,011	28.8	8,518	0.9	28
85 and older	1,635	45.0	13,403	0.6	20	846	23.3	7,304	0.7	30	1,002	27.6	8,279	0.9	26
Male	1,891	30.2	14,223	0.6	20	1,013	16.2	7,692	0.6	34	1,201	19.2	8,433	0.8	26
Disabled	596	27.7	4,615	0.6	24	283	13.2	2,210	0.6	37	252	11.7	1,818	0.7	28
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	50.0	10	0.4	19	0	0.0	0	0.0	0
15-20	2	12.5	24	0.1	1	3	18.8	25	0.6	19	2	12.5	15	0.2	7
21-44	268	25.7	2,042	0.5	27	108	10.4	862	0.5	37	73	7.0	605	0.6	27
45-64	320	30.5	2,491	0.7	22	159	15.2	1,204	0.6	38	163	15.6	1,093	0.8	29
65-74	3	14.3	23	0.8	11	5	23.8	40	0.4	17	7	33.3	52	0.8	27
75-84	1	20.0	12	0.1	1	4	80.0	48	0.4	29	1	20.0	12	0.1	3
85 and older	2	13.3	23	0.1	4	3	20.0	21	0.7	48	6	40.0	41	0.8	20
Other Eligibles	1,295	31.5	9,608	0.6	17	730	17.8	5,482	0.6	33	949	23.1	6,615	0.8	26
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	1	50.0	8	0.3	4	0	0.0	0	0.0	0
21-44	24	13.1	137	1.0	17	7	3.8	36	0.4	28	9	4.9	27	0.6	11
45-64	36	20.0	174	0.8	18	11	6.1	75	0.3	20	19	10.6	81	0.8	22
65-74	343	28.6	2,472	0.6	17	192	16.0	1,408	0.6	31	261	21.8	1,775	0.9	27
75-84	546	34.8	4,103	0.6	17	316	20.1	2,361	0.6	34	417	26.6	2,920	0.8	26
85 and older	346	35.6	2,722	0.6	19	203	20.9	1,594	0.7	34	243	25.0	1,812	0.8	26
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 1999

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIIDIABETIC				
	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 \$
All	2,295	12.8 %	18,779	0.9	\$45	3,884	21.6 %	31,232	0.6	\$24	3,046	17.0 %	24,356	0.9	\$30
Female	1,429	12.2	12,131	0.9	40	2,781	23.8	23,321	0.6	25	2,116	18.1	17,659	0.9	29
Disabled	465	21.3	3,767	0.9	54	565	25.8	4,700	0.6	25	386	17.6	3,040	0.9	41
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	50.0	73	0.5	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	172	22.1	1,441	1.0	70	137	17.6	1,185	0.5	22	70	9.0	573	0.9	35
45-64	265	22.8	2,082	0.8	48	362	31.2	2,966	0.6	27	262	22.5	2,047	0.9	46
65-74	7	12.1	39	0.5	10	19	32.8	147	0.4	16	20	34.5	120	0.8	33
75-84	7	10.4	71	0.5	13	26	38.8	211	0.5	23	16	23.9	163	0.9	24
85 and older	7	6.5	61	0.7	14	21	19.4	191	0.6	21	18	16.7	137	0.8	12
Other Eligibles	964	10.1	8,364	0.9	34	2,216	23.3	18,621	0.6	25	1,730	18.2	14,619	0.8	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	13	9.4	69	0.7	51	7	5.1	29	0.3	6	2	1.4	18	0.4	16
45-64	11	8.0	54	0.7	49	20	14.6	145	0.4	17	10	7.3	53	0.9	23
65-74	213	10.2	1,899	0.9	40	635	30.5	4,989	0.7	32	520	25.0	4,349	0.8	32
75-84	428	12.2	3,806	0.9	35	937	26.7	8,067	0.6	24	762	21.7	6,442	0.8	27
85 and older	299	8.2	2,536	0.9	29	617	17.0	5,391	0.6	20	436	12.0	3,757	0.8	21
Male	866	13.8	6,648	0.9	52	1,103	17.6	7,911	0.7	23	930	14.9	6,697	0.9	32
Disabled	414	19.3	3,068	1.0	63	275	12.8	1,970	0.6	25	261	12.1	1,747	0.9	42
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	12.5	23	0.9	47	3	18.8	26	0.9	54	0	0.0	0	0.0	0
21-44	210	20.2	1,571	0.9	69	67	6.4	481	0.4	11	52	5.0	356	1.1	56
45-64	199	19.0	1,451	1.0	58	204	19.5	1,452	0.7	29	193	18.4	1,256	0.9	40
65-74	1	4.8	5	0.2	5	0	0.0	0	0.0	0	12	57.1	87	0.7	33
75-84	1	20.0	12	0.4	11	0	0.0	0	0.0	0	3	60.0	36	0.4	26
85 and older	1	6.7	6	1.7	23	1	6.7	11	0.3	3	1	6.7	12	1.1	25
Other Eligibles	452	11.0	3,580	0.9	42	828	20.2	5,941	0.7	23	669	16.3	4,950	0.9	28
5 and younger	0	0.0	0	0.0	0	1	100.0	1	1.0	5	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	15	8.2	70	1.1	71	6	3.3	29	0.2	5	3	1.6	4	1.3	59
45-64	5	2.8	24	1.2	83	8	4.4	42	0.4	10	13	7.2	81	0.5	24
65-74	149	12.4	1,220	0.9	43	275	23.0	1,744	0.8	29	216	18.0	1,408	1.0	35
75-84	196	12.5	1,543	1.0	43	334	21.3	2,415	0.7	23	288	18.4	2,217	0.8	26
85 and older	87	8.9	723	0.8	36	204	21.0	1,710	0.5	17	149	15.3	1,240	0.9	24
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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 (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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS				ANALGESICS - ANTI-INFLAMMATORY				Mean Rx \$	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	No. of Bene Mos
	No. of Users	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 \$									
All	2,055	11.5 %	16,694	0.8	\$34	2,335	13.0 %	20,006	0.5	\$22	17,946	106,368					
Female	1,566	13.4	13,050	0.8	33	1,798	15.4	15,712	0.5	23	11,691	74,039					
Disabled	182	8.3	1,524	0.8	37	438	20.0	3,481	0.5	25	2,188	12,836					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
6-14	2	100.0	22	0.6	54	0	0.0	0	0.0	0	2	22					
15-20	2	14.3	23	0.6	47	0	0.0	0	0.0	0	14	97					
21-44	31	4.0	273	0.8	41	128	16.5	1,043	0.4	22	777	4,719					
45-64	107	9.2	853	0.8	37	272	23.4	2,115	0.5	29	1,162	6,503					
65-74	5	8.6	36	1.1	74	10	17.2	72	0.3	9	58	275					
75-84	16	23.9	145	0.6	31	11	16.4	110	0.5	23	67	503					
85 and older	19	17.6	172	0.9	27	17	15.7	141	0.5	12	108	717					
Other Eligibles	1,384	14.6	11,526	0.9	33	1,360	14.3	12,231	0.5	22	9,503	61,203					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
6-14	1	50.0	11	1.0	8	0	0.0	0	0.0	0	2	12					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1					
21-44	1	0.7	6	1.0	38	10	7.2	42	0.6	15	138	317					
45-64	4	2.9	33	1.0	34	12	8.8	73	0.6	30	137	353					
65-74	271	13.0	2,124	0.8	35	290	13.9	2,480	0.5	19	2,082	11,613					
75-84	586	16.7	4,895	0.9	33	561	16.0	5,237	0.5	23	3,513	23,420					
85 and older	521	14.4	4,457	0.9	31	487	13.4	4,399	0.5	22	3,630	25,487					
Male	499	8.0	3,644	0.8	36	537	8.6	4,294	0.5	19	6,255	32,329					
Disabled	138	6.4	1,016	0.7	37	206	9.6	1,579	0.5	23	2,149	11,647					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2					
6-14	2	100.0	22	0.4	17	0	0.0	0	0.0	0	2	22					
15-20	3	18.8	14	0.9	50	1	6.3	4	0.3	1	16	78					
21-44	41	3.9	319	0.7	43	84	8.1	634	0.3	17	1,041	5,896					
45-64	83	7.9	580	0.8	35	116	11.1	888	0.6	27	1,048	5,417					
65-74	5	23.8	34	0.9	42	4	19.0	42	0.6	27	21	101					
75-84	3	60.0	35	0.7	22	0	0.0	0	0.0	0	5	39					
85 and older	1	6.7	12	1.0	15	1	6.7	11	1.5	94	15	92					
Other Eligibles	361	8.8	2,628	0.8	35	331	8.1	2,715	0.5	17	4,106	20,682					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	1	50.0	8	0.1	1	2	9					
21-44	1	0.5	9	0.6	44	12	6.6	75	0.3	10	183	447					
45-64	7	3.9	26	0.9	50	15	8.3	97	0.5	7	180	409					
65-74	106	8.8	746	0.8	34	94	7.8	792	0.5	17	1,198	5,777					
75-84	163	10.4	1,232	0.9	35	127	8.1	1,036	0.5	17	1,569	8,440					
85 and older	84	8.6	615	0.8	35	82	8.4	707	0.5	19	973	5,599					
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 Oregon, released by CMS in 11/2003. 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 (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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 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	\$225	6.9	2,993	20,735
Age				
0-64	358	8.5	106	688
65-74	295	8.2	328	2,031
75-84	238	7.0	1,142	7,858
85 and older	191	6.4	1,417	10,158
Unknown	0	0.0	0	0
Gender				
Female	206	6.7	2,005	14,857
Male	273	7.3	988	5,878
Unknown	0	0.0	0	0
Race				
White	224	6.9	2,856	19,886
African American	212	5.9	42	297
Other/unknown	237	6.8	95	552
Basis of Eligibility				
Aged	220	6.8	2,867	19,914
Disabled	325	8.4	125	820
Adults	0	0.0	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 Oregon, released by CMS in 11/2003. 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 1,974 beneficiaries who were in nursing facilities for part of their enrollment and their 11,422 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^{a, b, c, d, e}
DUAL ELIGIBLE BENEFICIARIES, OREGON, 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 # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic							
Anti-infective Agents	0.5	0.2	0.0	0.2	\$16	\$0	\$3	\$41	\$68	\$75	\$12	6,831	\$282,093	1,799	60.1 %	14,697
Biologics	0.1	0.1	0.0	0.1	2	1	0	17	10	0	25	192	3,279	178	5.9	1,515
Antineoplastic Agents	0.7	0.1	0.2	0.4	81	40	29	111	269	139	31	488	54,126	95	3.2	670
Endocrine/Metabolic Drugs	1.5	0.6	0.1	0.8	26	17	1	18	31	12	9	13,124	234,177	1,217	40.7	9,026
Cardiovascular Agents	2.2	0.5	0.4	1.2	42	17	11	19	34	24	11	29,266	563,770	1,869	62.4	13,518
Respiratory Agents	0.8	0.2	0.0	0.6	23	11	0	28	47	33	20	4,712	132,049	751	25.1	5,697
Gastrointestinal Agents	1.0	0.2	0.1	0.6	40	19	8	41	82	54	22	8,275	340,785	1,105	36.9	8,564
Genitourinary Agents	0.6	0.3	0.0	0.4	20	12	1	31	47	33	20	2,651	82,143	514	17.2	4,159
CNS Drugs	1.8	1.0	0.1	0.6	90	72	11	51	73	77	12	26,432	1,350,288	2,061	68.9	14,972
Stimulants/Anti-obesity/Anorexia	0.8	0.0	0.0	0.7	11	1	0	14	163	0	13	112	1,593	23	0.8	149
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	89	89	0	106	107	138	30	603	63,970	106	3.5	715
Analgesics and Anesthetics	1.3	0.4	0.1	0.8	43	27	8	32	67	56	10	15,133	482,408	1,547	51.7	11,282
Neuromuscular Agents	1.4	0.4	0.2	0.7	60	28	13	43	65	59	25	9,901	425,149	901	30.1	7,128
Nutritional Products	1.0	0.0	0.2	0.8	16	0	4	15	14	22	14	7,587	116,465	1,008	33.7	7,430
Hematological Agents	1.4	0.1	0.5	0.8	59	36	11	41	279	22	15	6,140	252,118	613	20.5	4,288
Topical Products	0.5	0.2	0.0	0.2	11	8	1	24	39	28	11	4,356	106,535	1,097	36.7	9,319
Miscellaneous Products	0.3	0.0	0.0	0.3	6	1	0	19	45	168	17	223	4,249	108	3.6	732
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	16	0	0	24	0	0	0	6,632	159,905	1,259	42.1	10,148
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.	142,658	4,655,102	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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 1,974 beneficiaries who were in nursing facilities for part of their enrollment and their 11,422 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 Oregon, 3.2 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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OREGON, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	56,722	34,465	20,381	1,871	5	580,724	342,110	224,532	14,038	44	0
Age											
5 and younger	3	0	2	0	1	36	0	24	0	12	0
6-14	12	1	9	0	2	125	12	98	0	15	0
15-20	95	0	86	7	2	975	0	906	52	17	0
21-44	10,176	2	9,398	776	0	111,028	24	105,055	5,949	0	0
45-64	11,091	36	10,182	873	0	118,913	406	111,749	6,758	0	0
65-74	12,679	12,212	257	210	0	132,058	128,511	2,307	1,240	0	0
75-84	12,646	12,473	170	3	0	124,232	122,445	1,763	24	0	0
85 and older	10,020	9,741	277	2	0	93,357	90,712	2,630	15	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	36,205	24,885	10,480	838	2	373,811	251,002	116,206	6,588	15	0
Male	20,517	9,580	9,901	1,033	3	206,913	91,108	108,326	7,450	29	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	50,157	29,885	18,648	1,620	4	510,789	292,761	205,769	12,220	39	0
African American	1,555	800	678	77	0	16,188	8,440	7,189	559	0	0
Other/unknown	5,010	3,780	1,055	174	1	53,747	40,909	11,574	1,259	5	0
Use of Nursing Facilities											
All year	6,758	6,301	456	1	0	63,315	58,733	4,580	2	0	0
Part year	3,854	3,386	455	13	0	34,530	29,768	4,639	123	0	0
None	46,110	24,778	19,470	1,857	5	482,879	253,609	215,313	13,913	44	0
Maintenance Assistance Status											
Cash	25,631	11,973	13,541	116	1	285,842	133,463	151,284	1,083	12	0
Medically needy	702	149	553	0	0	7,355	1,538	5,817	0	0	0
Poverty related	659	242	400	17	0	7,007	2,589	4,321	97	0	0
Other/unknown	29,730	22,101	5,887	1,738	4	280,520	204,520	63,110	12,858	32	0
Dual Status^c											
Full dual, all year	55,325	33,773	19,695	1,852	5	565,565	334,622	217,033	13,866	44	0
Full dual, part year	1,397	692	686	19	0	15,159	7,488	7,499	172	0	0
Managed Care Status											
FFS all year	8,015	6,811	1,096	108	0	64,674	54,200	10,076	398	0	0
FFS part year, with Rx claims	8,022	5,033	2,618	366	5	76,203	46,197	26,993	2,969	44	0
FFS part year, no Rx claims	1,909	1,077	623	209	0	15,128	8,552	5,332	1,244	0	0
MC all year, with Rx claims	23,729	12,389	10,657	683	0	262,501	133,927	122,229	6,345	0	0
MC all year, no Rx claims	15,047	9,155	5,387	505	0	162,218	99,234	59,902	3,082	0	0

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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, OREGON, 1999

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Bene Mos in Cell G of Table 1		Bene Mos in Cell H 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	56,722	580,724	17,946	106,368	38,776	474,356
FFS all year	8,015	64,674	8,015	64,674	0	0
FFS part year, with Rx claims	8,022	76,203	8,022	35,560	0	40,643
FFS part year, with no Rx claims	1,909	15,128	1,909	6,134	0	8,994
MC all year, with Rx claims	23,729	262,501	0	0	23,729	262,501
MC all year, with no Rx claims	15,047	162,218	0	0	15,047	162,218

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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^{a, b}
 OREGON, 1999

Total Number of Dual Eligible Beneficiaries 17,946
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$22,754,808
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,268

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,222	18.0 %	\$0	0.0 %
1-500	5,339	29.8	1,060,988	4.7
501-1,000	2,572	14.3	1,891,142	8.3
1,001-1,500	1,791	10.0	2,209,626	9.7
1,501-2,000	1,294	7.2	2,243,517	9.9
2,001-2,500	882	4.9	1,977,560	8.7
2,501-3,000	668	3.7	1,824,011	8.0
3,001-3,500	515	2.9	1,667,564	7.3
3,501-4,000	366	2.0	1,363,107	6.0
4,001-4,500	269	1.5	1,141,353	5.0
4,501-5,000	208	1.2	982,582	4.3
5,001-5,500	153	0.9	804,485	3.5
5,501-6,000	116	0.6	666,473	2.9
6,001-6,500	118	0.7	737,060	3.2
6,501-7,000	74	0.4	500,524	2.2
7,001-7,500	80	0.4	578,643	2.5
7,501-8,000	32	0.2	247,755	1.1
8,001-8,500	40	0.2	329,497	1.4
8,501-9,000	32	0.2	280,757	1.2
9,001-9,500	22	0.1	203,758	0.9
9,501-10,000	20	0.1	195,266	0.9
10,001+	133	0.7	1,849,140	8.1

Source: Data for this table are from the MAX 1999 file for Oregon, released by CMS in 11/2003. 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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