

**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001
OKLAHOMA**

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OKLAHOMA, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month ^a	631,321 (A)	92,310 (E)	539,011 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	614,307 (B)	83,613 (F)	530,694 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	399,756 (C)	82,774 (G)	316,982 (K)
4. Benes who were all-year nursing facility residents ^f	13,931 (D)	12,858 (H)	1,073 (L)

Source: Data for this table are from the MAX 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 2001, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 21 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 21 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
- d. The total Medicaid pharmacy reimbursement for Oklahoma in 2001 was \$231,026,273, of which \$34,607,158 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K.
- Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2001. All benefit months of such dual eligible beneficiaries, of which 0.9 percent were restricted benefit months without a pharmacy benefit in Oklahoma, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 OKLAHOMA, 2001

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	399,756	56,382	47,817	56,175	239,382	0		1,884,913	578,911	391,935	157,489	756,578	0	
Age														
5 and younger	103,843	11	779	0	103,053	0		302,121	40	2,536	0	299,545	0	
6-14	100,992	13	2,118	26	98,835	0		331,373	84	9,478	86	321,725	0	
15-20	45,811	6	2,068	7,604	36,133	0		162,587	38	11,946	20,557	130,046	0	
21-44	63,604	32	17,769	45,465	338	0		272,489	260	146,336	125,043	850	0	
45-64	26,752	201	23,777	2,773	1	0		220,423	1,679	209,509	9,232	3	0	
65-74	21,347	19,903	1,264	180	0	0		222,313	209,203	11,747	1,363	0	0	
75-84	20,339	20,213	32	94	0	0		211,913	210,713	286	914	0	0	
85 and older	16,044	16,001	10	33	0	0		157,271	156,880	97	294	0	0	
Unknown	1,024	2	0	0	1,022	0		4,423	14	0	0	4,409	0	
Gender														
Female	239,074	42,471	25,185	52,835	118,583	0		1,167,152	440,975	206,796	146,220	373,161	0	
Male	160,682	13,911	22,632	3,340	120,799	0		717,761	137,936	185,139	11,269	383,417	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Race														
White	256,568	44,686	35,486	36,514	139,882	0		1,295,878	456,049	297,054	103,017	439,758	0	
African American	60,109	6,091	7,010	9,072	37,936	0		269,744	64,423	54,160	23,980	127,181	0	
Other/unknown	83,079	5,605	5,321	10,589	61,564	0		319,291	58,439	40,721	30,492	189,639	0	
Use of Nursing Facilities^c														
Entire year	13,931	11,910	1,991	15	15	0		149,240	126,944	22,215	53	28	0	
Part year	10,849	8,329	1,974	191	355	0		94,389	73,505	17,651	818	2,415	0	
None	374,976	36,143	43,852	55,969	239,012	0		1,641,284	378,462	352,069	156,618	754,135	0	
Maintenance Assistance Status														
Cash	54,028	17,863	24,939	4,029	7,197	0		408,704	198,172	180,003	12,686	17,843	0	
Medically needy	1,174	41	197	486	450	0		5,404	364	1,502	1,899	1,639	0	
Poverty-related	267,283	8,494	9,618	25,124	224,047	0		898,258	86,731	71,052	69,271	671,204	0	
Other/unknown	77,271	29,984	13,063	26,536	7,688	0		572,547	293,644	139,378	73,633	65,892	0	
Dual Medicare Status^d														
Full dual, all year	81,073	53,190	26,970	893	20	0		841,861	554,297	281,437	5,974	153	0	
Full dual, part year	1,701	1,033	617	51	0	0		18,319	11,291	6,495	533	0	0	
Non-dual, all year	316,982	2,159	20,230	55,231	239,362	0		1,024,733	13,323	104,003	150,982	756,425	0	
Managed Care Status														
FFS all year	143,280	55,908	33,108	10,775	43,489	0		1,213,599	576,353	341,780	37,281	258,185	0	
FFS part year, with Rx claims	102,410	347	9,837	21,536	70,690	0		286,493	2,083	36,779	59,384	188,247	0	
FFS part year, no Rx claims	154,066	127	4,872	23,864	125,203	0		384,821	475	13,376	60,824	310,146	0	

Source: Data for this table are from the MAX 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

- a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 OKLAHOMA, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	48.6 %	9.3	\$491	\$53	\$4,081	12.0 %	399,756
Age							
5 and younger	37.7	1.8	65	37	1,416	4.6	103,843
6-14	33.1	1.9	117	60	1,404	8.3	100,992
15-20	39.4	2.7	146	55	2,454	6.0	45,811
21-44	50.1	6.6	485	73	5,636	8.6	63,604
45-64	77.8	26.8	1,674	63	10,381	16.1	26,752
65-74	85.1	30.6	1,549	51	6,877	22.5	21,347
75-84	89.7	38.2	1,755	46	10,326	17.0	20,339
85 and older	91.2	41.4	1,668	40	14,787	11.3	16,044
Unknown	0.4	0.0	4	102	39	11.1	1,024
Basis of Eligibility^c							
Aged	88.6	36.6	1,666	46	10,417	16.0	56,382
Disabled	76.1	23.4	1,635	70	13,468	12.1	47,817
Adults	42.3	2.3	86	38	1,358	6.3	56,175
Children	35.2	1.8	81	46	1,353	6.0	239,382
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	51.6	11.0	541	49	4,072	13.3	239,074
Male	44.2	6.9	418	60	4,095	10.2	160,682
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	54.8	11.9	623	52	4,898	12.7	256,568
African American	34.2	6.0	337	57	3,169	10.6	60,109
Other/unknown	39.9	3.9	198	51	2,218	8.9	83,079
Use of Nursing Facilities^d							
Entire year	98.1	68.4	3,061	45	28,727	10.7	13,931
Part year	93.8	43.5	2,079	48	16,086	12.9	10,849
None	45.5	6.2	350	57	2,818	12.4	374,976

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
Maintenance Assistance Status							
Cash	67.9	12.5	811	65	2,710	29.9	54,028
Medically needy	33.6	2.4	137	57	2,061	6.6	1,174
Poverty related	38.4	2.5	119	48	1,328	8.9	267,283
Other/unknown	70.6	31.1	1,562	50	14,597	10.7	77,271

Source: Data for this table are from the MAX 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

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

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

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

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

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 3

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 OKLAHOMA, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	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	2.0	\$104	12.0 %	51.4 %	21.0 %	8.8 %	11.4 %	5.3 %	2.1 %	\$866	399,756	1,884,913
Age												
5 and younger	0.6	22	4.6	62.3	22.2	6.1	6.0	2.3	1.0	487	103,843	302,121
6-14	0.6	36	8.3	66.9	19.6	5.1	5.3	1.9	1.1	428	100,992	331,373
15-20	0.8	41	6.0	60.6	22.8	6.5	6.5	2.3	1.3	692	45,811	162,587
21-44	1.6	113	8.6	49.9	22.8	9.9	11.1	4.0	2.2	1,316	63,604	272,489
45-64	3.3	203	16.1	22.2	19.1	15.6	25.4	11.3	6.4	1,260	26,752	220,423
65-74	2.9	149	22.5	14.9	23.9	19.4	26.6	11.4	3.9	660	21,347	222,313
75-84	3.7	168	17.0	10.3	18.4	17.3	30.5	18.9	4.6	991	20,339	211,913
85 and older	4.2	170	11.3	8.8	13.6	14.4	34.1	25.3	3.8	1,509	16,044	157,271
Unknown	0.0	1	11.1	99.6	0.1	0.2	0.1	0.0	0.0	9	1,024	4,423
Basis of Eligibility^c												
Aged	3.6	162	16.0	11.4	19.0	17.1	30.2	18.2	4.2	1,015	56,382	578,911
Disabled	2.9	200	12.1	23.9	22.2	15.3	23.3	9.6	5.7	1,643	47,817	391,935
Adults	0.8	31	6.3	57.7	22.4	8.1	7.7	2.7	1.4	485	56,175	157,489
Children	0.6	26	6.0	64.8	20.9	5.6	5.6	2.1	1.0	428	239,382	756,578
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	2.2	111	13.3	48.4	20.9	9.4	12.8	6.1	2.3	834	239,074	1,167,152
Male	1.6	94	10.2	55.8	21.1	7.7	9.4	4.2	1.8	917	160,682	717,761
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	123	12.7	45.2	21.6	9.8	13.9	6.8	2.7	970	256,568	1,295,878
African American	1.3	75	10.6	65.8	16.4	6.6	7.5	2.7	0.9	706	60,109	269,744
Other/unknown	1.0	52	8.9	60.1	22.4	7.0	6.8	2.5	1.1	577	83,079	319,291
Use of Nursing Facilities^d												
Entire year	6.4	286	10.7	1.9	5.6	6.8	31.1	42.1	12.4	2,682	13,931	149,240
Part year	5.0	239	12.9	6.2	11.5	12.1	34.8	28.4	7.0	1,849	10,849	94,389
None	1.4	80	12.4	54.5	21.9	8.7	10.0	3.3	1.6	644	374,976	1,641,284

Table 4

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	No.	
				None	More than 0, 1, but 2 or Less		More than 2, but 5 or Less					More than 5, but 10 or Less
					More than 1 or Less	Less	More than 2, but 5 or Less	Less				
Maintenance Assistance Status												
Cash	1.7	107	29.9	32.1	24.6	18.3	20.7	2.2	2.2	358	54,028	408,704
Medically needy	0.5	30	6.6	66.4	21.2	5.4	5.4	1.1	0.6	448	1,174	5,404
Poverty related	0.7	35	8.9	61.6	21.7	6.9	6.7	2.1	1.0	395	267,283	898,258
Other/unknown	4.2	211	10.7	29.4	16.1	8.7	21.4	18.8	5.6	1,970	77,271	572,547

Source: Data for this table are from the MAX 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

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

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

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

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

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 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 OKLAHOMA, 2001

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx	No. of Rx	\$ per Rx
All	2.0	\$104	0.9	\$76	0.2	\$89	1.0	\$54
Age								
5 and younger	0.6	22	0.3	18	0.0	63	0.3	27
6-14	0.6	36	0.3	28	0.0	89	0.2	65
15-20	0.8	41	0.4	32	0.0	90	0.3	56
21-44	1.6	113	0.7	86	0.1	132	0.8	80
45-64	3.3	203	1.4	151	0.2	107	1.6	68
65-74	2.9	149	1.3	109	0.2	83	1.4	49
75-84	3.7	168	1.6	120	0.3	77	1.8	46
85 and older	4.2	170	1.6	113	0.4	71	2.2	43
Unknown	0.0	1	0.0	1	0.0	245	0.0	67
Basis of Eligibility^d								
Aged	3.6	162	1.5	114	0.3	77	1.8	46
Disabled	2.9	200	1.3	151	0.2	120	1.4	75
Adults	0.8	31	0.3	21	0.1	75	0.5	44
Children	0.6	26	0.3	20	0.0	72	0.3	46
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	2.2	111	1.0	80	0.2	83	1.1	52
Male	1.6	94	0.7	70	0.1	104	0.8	60
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.4	123	1.0	90	0.2	89	1.2	55
African American	1.3	75	0.6	55	0.1	96	0.7	55
Other/unknown	1.0	52	0.4	39	0.1	89	0.5	49
Use of Nursing Facilities^e								
Entire year	6.4	286	2.5	198	0.5	80	3.4	46
Part year	5.0	239	2.0	168	0.4	84	2.6	52
None	1.4	80	0.6	60	0.1	94	0.7	58

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
Maintenance Assistance Status								
Cash	1.7	107	0.8	80	0.1	10	0.7	17
Medically needy	0.5	30	0.2	23	0.0	3	0.3	5
Poverty related	0.7	35	0.3	27	0.0	2	0.3	6
Other/unknown	4.2	211	1.7	151	0.3	17	2.1	42

Source: Data for this table are from the MAX 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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, 0.2 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).

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

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

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 OKLAHOMA, 2001

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.	As % of All Benes	No. of Bene Mos			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.4	0.2	0.0	0.2	\$20	\$17	\$0	\$2	\$48	\$82	\$67	\$12	314,049	\$15,175,055	121,398	30.4 %	770,324
Biologics	0.2	0.2	0.0	0.0	173	165	3	5	721	795	1,969	160	2,100	1,514,566	1,135	0.3	8,778
Antineoplastic Agents	0.5	0.1	0.2	0.2	81	40	29	12	164	282	185	62	23,989	3,944,998	4,915	1.2	48,420
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	30	25	2	4	42	61	29	14	351,904	14,604,086	56,900	14.2	479,858
Cardiovascular Agents	1.3	0.5	0.1	0.7	47	30	4	13	37	60	36	19	792,094	29,022,588	60,986	15.3	612,786
Respiratory Agents	0.7	0.4	0.0	0.3	34	27	1	7	51	65	36	28	271,786	13,807,232	62,325	15.6	401,621
Gastrointestinal Agents	0.7	0.2	0.0	0.4	37	27	2	8	54	116	92	19	254,651	13,803,186	40,335	10.1	371,558
Genitourinary Agents	0.4	0.3	0.0	0.1	22	19	0	3	51	65	38	21	71,080	3,600,881	18,818	4.7	164,238
CNS Drugs	1.0	0.5	0.1	0.4	86	67	7	11	83	126	114	25	551,818	46,075,570	60,510	15.1	538,542
Stimulants/Anti-obesity/Anorexia	0.8	0.4	0.1	0.3	44	31	3	10	56	71	51	34	31,061	1,740,810	6,244	1.6	39,663
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.1	77	75	0	2	125	134	59	37	25,084	3,143,174	3,953	1.0	40,854
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	31	20	3	8	46	116	81	17	382,562	17,482,181	70,880	17.7	560,211
Neuromuscular Agents	0.8	0.3	0.1	0.4	49	34	4	10	58	106	43	24	235,686	13,653,716	30,451	7.6	280,491
Nutritional Products	0.5	0.0	0.2	0.4	11	1	5	6	20	28	28	15	128,609	2,534,780	29,458	7.4	234,340
Hematological Agents	0.6	0.2	0.1	0.3	53	42	3	8	83	180	24	29	95,411	7,951,863	14,754	3.7	151,394
Topical Products	0.4	0.2	0.0	0.2	14	9	2	3	34	53	40	16	186,198	6,323,330	63,061	15.8	449,426
Miscellaneous Products	0.5	0.2	0.0	0.3	72	34	14	24	150	217	283	87	12,974	1,941,110	3,471	0.9	26,998
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	23	0	0	0	4,297	99,989	2,069	0.5	17,932
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.	3,735,353	196,419,115	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2001. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oklahoma, 0.2 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 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 OKLAHOMA, 2001

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene. Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTI-PSYCHOTICS	\$22,849,077	22,519	234,355	0.6	\$158	\$97
ANTI-DEPRESSANTS	15,757,710	42,263	425,875	0.5	68	37
ULCER DRUGS	10,721,065	31,864	329,398	0.5	66	33
ANTI-CONVULSANTS	10,080,802	19,840	206,200	0.7	70	49
ANALGESICS - Narcotic	9,302,266	56,346	547,687	0.4	43	17
ANTI-HYPERTENSIVE	8,716,116	38,213	408,516	0.5	39	21
ANTI-DIABETIC	8,624,775	26,513	282,136	0.5	56	31
ANTI-ASTHMATIC	7,695,592	37,618	340,687	0.4	54	23
ANTI-HYPERLIPIDEMIC	6,544,239	13,416	147,478	0.5	90	44
ANALGESICS - ANTI-INFLAMMATORY	6,161,166	24,814	254,939	0.4	60	24
Total	106,452,808	313,406	3,177,271	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. 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 2001. 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.