

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

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

**FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

**FOR DUAL ELIGIBLE BENEFICIARIES**

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

**SUPPLEMENTAL TABLES**

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLE**

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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		
<b>All</b>	<b>82,774</b>	<b>54,223</b>	<b>27,587</b>	<b>944</b>	<b>20</b>	<b>0</b>	<b>860,180</b>	<b>565,588</b>	<b>287,932</b>	<b>6,507</b>	<b>153</b>	<b>0</b>		
<b>Age</b>														
5 and younger	5	0	5	0	0	0	25	0	25	0	0	0		
6-14	19	0	11	0	8	0	136	0	71	0	65	0		
15-20	125	0	108	5	12	0	958	0	851	19	88	0		
21-44	10,813	17	10,470	326	0	0	110,376	171	108,431	1,774	0	0		
45-64	16,300	133	15,842	325	0	0	170,965	1,236	167,492	2,237	0	0		
65-74	20,399	19,120	1,112	167	0	0	215,111	203,092	10,694	1,325	0	0		
75-84	19,728	19,609	29	90	0	0	208,253	207,102	271	880	0	0		
85 and older	15,383	15,342	10	31	0	0	154,342	153,973	97	272	0	0		
Unknown	2	2	0	0	0	0	14	14	0	0	0	0		
<b>Gender</b>														
Female	56,207	40,906	14,697	598	6	0	589,008	431,132	153,633	4,205	38	0		
Male	26,567	13,317	12,890	346	14	0	271,172	134,456	134,299	2,302	115	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	64,853	43,139	20,967	734	13	0	671,244	446,960	219,028	5,140	116	0		
African American	9,810	5,841	3,843	123	3	0	103,504	62,691	40,045	749	19	0		
Other/unknown	8,111	5,243	2,777	87	4	0	85,432	55,937	28,859	618	18	0		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	12,858	11,682	1,171	5	0	0	137,813	124,511	13,267	35	0	0		
Part year	9,252	8,144	1,087	21	0	0	83,194	71,938	11,089	167	0	0		
None	60,664	34,397	25,329	918	20	0	639,173	369,139	263,576	6,305	153	0		
<b>Maintenance Assistance Status</b>														
Cash	31,826	17,323	14,113	390	0	0	344,611	193,889	147,593	3,129	0	0		
Medically needy	122	39	73	10	0	0	1,054	360	631	63	0	0		
Poverty-related	14,343	8,202	6,068	59	14	0	143,826	84,984	58,428	327	87	0		
Other/unknown	36,483	28,659	7,333	485	6	0	370,689	286,355	81,280	2,988	66	0		
<b>Dual Medicare Status<sup>d</sup></b>														
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		
<b>Managed Care Status</b>														
FFS all year	79,718	53,900	25,110	696	12	0	842,791	563,564	273,557	5,549	121	0		
FFS part year, with Rx claims	2,380	272	1,935	167	6	0	14,416	1,758	11,953	681	24	0		
FFS part year, no Rx claims	676	51	542	81	2	0	2,973	266	2,422	277	8	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 D.2 includes the beneficiaries represented by Cell G 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. 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 D.3  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	88.2 %	33.8	\$1,767	\$52	\$10,980	16.1 %	82,774
<b>Age</b>							
5 and younger	60.0	16.2	831	51	1,718	48.4	5
6-14	89.5	33.8	4,504	133	8,648	52.1	19
15-20	74.4	17.4	1,660	96	12,216	13.6	125
21-44	79.7	20.4	1,753	86	14,124	12.4	10,813
45-64	87.6	31.7	2,034	64	10,694	19.0	16,300
65-74	86.3	31.1	1,575	51	6,846	23.0	20,399
75-84	91.2	38.9	1,786	46	10,459	17.1	19,728
85 and older	93.9	42.7	1,721	40	15,219	11.3	15,383
Unknown	100.0	17.5	934	53	2,014	46.4	2
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	90.4	37.4	1,701	46	10,580	16.1	54,223
Disabled	84.9	27.5	1,932	70	12,060	16.0	27,587
Adults	63.3	10.9	649	60	2,396	27.1	944
Children	80.0	31.3	3,907	125	9,596	40.7	20
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	91.3	36.8	1,823	50	10,639	17.1	56,207
Male	81.8	27.4	1,647	60	11,700	14.1	26,567
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	89.4	36.3	1,889	52	11,796	16.0	64,853
African American	84.9	27.1	1,435	53	8,810	16.3	9,810
Other/unknown	83.3	21.6	1,187	55	7,075	16.8	8,111
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	98.3	68.2	2,984	44	28,066	10.6	12,858
Part year	96.1	45.6	2,122	47	15,141	14.0	9,252
None	84.9	24.7	1,454	59	6,724	21.6	60,664
<b>Maintenance Assistance Status</b>							
Cash	86.1	18.4	1,168	64	2,760	42.3	31,826
Medically needy	50.8	7.5	572	77	2,959	19.3	122
Poverty related	77.0	14.6	858	59	2,049	41.9	14,343
Other/unknown	94.6	54.9	2,650	48	21,688	12.2	36,483

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 D.3 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. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

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	3.3	\$170	16.1 %	11.8 %	21.4 %	18.3 %	29.8 %	14.9 %	3.9 %	\$1,057	82,774	860,180
<b>Age</b>												
5 and younger	3.2	166	48.4	40.0	20.0	0.0	40.0	0.0	0.0	344	5	25
6-14	4.7	629	52.1	10.5	10.5	0.0	47.4	26.3	5.3	1,208	19	136
15-20	2.3	217	13.6	25.6	29.6	15.2	20.0	5.6	4.0	1,594	125	958
21-44	2.0	172	12.4	20.3	31.5	18.9	22.5	5.0	1.8	1,384	10,813	110,376
45-64	3.0	194	19.0	12.4	21.9	20.1	31.4	10.1	4.1	1,020	16,300	170,965
65-74	2.9	149	23.0	13.7	24.1	19.8	27.0	11.5	3.9	649	20,399	215,111
75-84	3.7	169	17.1	8.8	18.6	17.6	31.0	19.2	4.7	991	19,728	208,253
85 and older	4.3	172	11.3	6.1	13.9	14.8	35.2	26.1	3.9	1,517	15,383	154,342
Unknown	2.5	133	46.4	0.0	0.0	50.0	50.0	0.0	0.0	288	2	14
<b>Basis of Eligibility<sup>c</sup></b>												
Aged	3.6	163	16.1	9.6	19.2	17.5	30.8	18.5	4.2	1,014	54,223	565,588
Disabled	2.6	185	16.0	15.1	25.6	19.8	28.0	8.2	3.2	1,155	27,587	287,932
Adults	1.6	94	27.1	36.7	24.3	15.9	17.6	3.4	2.2	348	944	6,507
Children	4.1	511	40.7	20.0	25.0	5.0	25.0	15.0	10.0	1,254	20	153
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	3.5	174	17.1	8.7	19.4	18.8	32.3	16.4	4.4	1,015	56,207	589,008
Male	2.7	161	14.1	18.2	25.8	17.0	24.5	11.8	2.8	1,146	26,567	271,172
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	3.5	183	16.0	10.6	19.3	17.7	31.2	16.7	4.5	1,140	64,853	671,244
African American	2.6	136	16.3	15.1	24.8	20.6	28.0	9.9	1.7	835	9,810	103,504
Other/unknown	2.1	113	16.8	16.7	34.8	20.1	20.1	6.8	1.5	672	8,111	85,432
<b>use or nursing Facilities<sup>d</sup></b>												
Entire year	6.4	278	10.6	1.7	5.6	6.9	31.4	42.3	12.1	2,619	12,858	137,813
Part year	5.1	236	14.0	3.9	10.3	12.5	36.9	30.0	6.4	1,684	9,252	83,194
None	2.3	138	21.6	15.1	26.5	21.6	28.3	6.8	1.7	638	60,664	639,173
<b>Maintenance Assistance Status</b>												
Cash	1.7	108	42.3	13.9	30.4	26.0	28.9	0.5	0.3	255	31,826	344,611
Medically needy	0.9	66	19.3	49.2	29.5	10.7	9.0	1.6	0.0	342	122	1,054
Poverty related	1.5	86	41.9	23.0	31.8	22.6	21.7	0.7	0.3	204	14,343	143,826
Other/unknown	5.4	261	12.2	5.4	9.5	9.8	33.7	33.2	8.4	2,135	36,483	370,689

Table D4

Dual Eligible Beneficiaries

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 D.4 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.
- 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 D.5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

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	3.3	\$170	\$52	1.4	\$123	\$89	0.3	\$15	\$54	1.6	\$33	\$20
<b>Age</b>												
5 and younger	3.2	166	51	1.2	142	114	0.0	2	40	2.0	23	12
6-14	4.7	629	133	1.5	485	319	0.6	91	163	2.6	53	20
15-20	2.3	217	96	1.0	161	156	0.2	26	138	1.0	29	28
21-44	2.0	172	86	0.9	132	148	0.2	15	95	0.9	24	26
45-64	3.0	194	64	1.3	144	108	0.2	16	70	1.5	34	23
65-74	2.9	149	51	1.3	109	83	0.2	12	49	1.4	29	21
75-84	3.7	169	46	1.6	120	77	0.3	15	45	1.8	34	19
85 and older	4.3	172	40	1.6	114	71	0.4	17	43	2.2	40	18
Unknown	2.5	133	53	0.8	84	107	0.3	23	81	1.4	26	18
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.6	163	46	1.5	115	77	0.3	14	46	1.8	34	19
Disabled	2.6	185	70	1.2	139	119	0.2	16	77	1.3	30	24
Adults	1.6	94	60	0.7	71	104	0.1	7	54	0.8	17	22
Children	4.1	511	125	1.4	388	277	0.6	82	143	2.1	41	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	3.5	174	50	1.5	125	83	0.3	15	52	1.7	34	20
Male	2.7	161	60	1.1	118	107	0.2	13	60	1.4	30	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.5	183	52	1.5	131	88	0.3	16	54	1.7	35	20
African American	2.6	136	53	1.1	99	91	0.2	11	55	1.3	25	20
Other/unknown	2.1	113	55	0.9	84	94	0.2	9	54	1.0	20	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.4	278	44	2.5	192	78	0.5	22	45	3.4	64	19
Part year	5.1	236	47	2.0	164	81	0.4	22	52	2.6	50	19
None	2.3	138	59	1.1	102	97	0.2	12	58	1.1	23	22
<b>Maintenance Assistance Status</b>												
Cash	1.7	108	64	0.8	80	101	0.2	11	68	0.7	17	23
Medically needy	0.9	66	77	0.4	48	116	0.1	9	97	0.4	9	26
Poverty related	1.5	86	59	0.7	65	95	0.1	7	59	0.7	14	22
Other/unknown	5.4	261	48	2.2	185	84	0.4	22	48	2.8	54	20

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 D.5 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.
- 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](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 D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.3	0.2	0.0	0.1	\$19	\$17	\$0	\$2	\$63	\$106	\$73	\$13	137,402	\$8,676,344	42,621	51.5 %	466,440
Biologics	0.1	0.1	0.0	0.0	9	1	3	5	91	19	1,749	125	544	49,650	477	0.6	5,477
Antineoplastic Agents	0.5	0.1	0.2	0.2	73	32	30	12	152	243	185	62	21,652	3,284,424	4,396	5.3	44,756
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	31	26	1	4	41	59	25	14	285,837	11,675,132	35,212	42.5	382,645
Cardiovascular Agents	1.3	0.5	0.1	0.7	48	31	4	13	37	60	36	19	723,714	26,611,894	51,713	62.5	557,142
Respiratory Agents	0.6	0.3	0.0	0.2	30	22	1	7	51	67	40	31	138,380	7,095,245	21,995	26.6	238,689
Gastrointestinal Agents	0.7	0.2	0.0	0.4	37	27	2	8	54	116	88	20	211,432	11,519,496	28,857	34.9	313,232
Genitourinary Agents	0.4	0.3	0.0	0.1	23	20	0	3	53	68	39	21	58,060	3,075,183	12,516	15.1	136,539
CNS Drugs	1.0	0.5	0.1	0.4	79	62	7	10	81	123	115	25	412,202	33,350,480	39,319	47.5	421,353
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	42	27	4	10	83	143	96	38	1,425	117,738	261	0.3	2,823
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.1	76	74	0	2	125	133	54	37	24,074	3,003,130	3,727	4.5	39,291
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	33	21	3	8	49	115	87	18	295,337	14,450,980	40,243	48.6	436,666
Neuromuscular Agents	0.8	0.3	0.1	0.4	43	29	4	10	56	105	44	25	170,607	9,558,648	20,216	24.4	220,755
Nutritional Products	0.5	0.0	0.2	0.4	10	0	5	5	19	30	28	15	103,569	1,986,184	17,748	21.4	190,412
Hematological Agents	0.6	0.2	0.1	0.3	42	33	3	6	67	144	24	21	86,740	5,811,135	13,054	15.8	139,733
Topical Products	0.4	0.2	0.0	0.2	15	10	2	3	38	54	41	17	116,129	4,365,855	27,232	32.9	299,586
Miscellaneous Products	0.4	0.1	0.1	0.2	84	39	19	26	203	326	285	113	7,523	1,523,714	1,681	2.0	18,039
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	25	0	0	0	3,232	79,704	1,311	1.6	14,414
<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.	2,797,859	146,234,936	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 D.6 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 2001. 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, 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](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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

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	\$17,251,925	16,732	20.2 %	181,917	0.6	\$157
ANTIDEPRESSANTS	12,441,876	31,247	37.7	338,459	0.5	68
ULCER DRUGS	9,472,615	26,172	31.6	287,620	0.5	67
ANTIHYPERTENSIVE	8,122,644	34,364	41.5	376,419	0.5	40
ANALGESICS - Narcotic	7,990,349	42,537	51.4	465,611	0.4	44
ANTIDIABETIC	7,765,063	23,658	28.6	259,180	0.5	56
ANTICONVULSANT	7,084,547	14,435	17.4	158,837	0.7	67
ANTIHYPERLIPIDEMIC	6,149,363	12,463	15.1	139,464	0.5	90
ANALGESICS - ANTI-INFLAMMATORY	5,670,452	19,728	23.8	221,311	0.4	63
CALCIUM BLOCKERS	5,548,343	16,168	19.5	177,418	0.6	54
Total	87,497,177	237,504		2,606,236	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 D.7 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 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](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; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	No. of Rx	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 \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx
<b>All</b>	<b>1,326,403</b>	<b>\$87,497,177</b>	<b>16,732</b>	<b>20.2 %</b>	<b>181,917</b>	<b>0.6</b>	<b>\$95</b>	<b>31,247</b>	<b>37.7 %</b>	<b>338,459</b>	<b>0.5</b>	<b>\$37</b>				
<b>Female</b>	961,478	60,538,211	10,376	18.5	112,325	0.6	81	22,977	40.9	249,479	0.5	36				
<b>Disabled</b>	230,540	18,868,523	3,327	22.6	37,536	0.6	109	7,477	50.9	83,285	0.5	38				
5 and younger	5	219	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	1	130	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	355	27,914	7	14.3	61	0.7	92	20	40.8	192	0.5	35				
21-44	53,408	5,034,564	1,256	27.7	14,081	0.6	117	2,167	47.8	24,013	0.4	39				
45-64	165,671	13,085,910	1,984	21.1	22,512	0.6	105	5,047	53.8	56,485	0.5	37				
65-74	10,765	702,733	75	10.8	824	0.6	69	239	34.4	2,557	0.5	31				
75-84	182	8,966	3	16.7	36	0.4	46	0	0.0	0	0.0	0				
85 and older	153	8,087	2	25.0	22	0.3	34	4	50.0	38	0.6	23				
<b>Other Eligibles</b>	730,929	41,668,895	7,049	17.0	74,789	0.6	67	15,499	37.3	166,192	0.6	36				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	2	33	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
15-20	20	801	0	0.0	0	0.0	0	1	10.0	8	0.9	54				
21-44	936	69,291	23	10.3	152	0.4	101	44	19.6	348	0.4	30				
45-64	2,605	193,293	28	10.6	254	0.4	76	102	38.6	988	0.4	33				
65-74	219,277	13,867,473	1,588	12.2	17,441	0.6	86	4,531	34.8	50,188	0.5	33				
75-84	286,561	16,301,763	2,708	17.8	28,959	0.6	68	5,810	38.2	62,611	0.6	36				
85 and older	221,528	11,236,241	2,702	21.1	27,983	0.6	55	5,011	39.2	52,049	0.6	39				
<b>Male</b>	364,925	26,958,966	6,356	23.9	69,592	0.7	117	8,270	31.1	88,980	0.5	38				
<b>Disabled</b>	175,462	15,997,228	3,801	29.5	43,233	0.7	143	4,381	34.0	48,801	0.5	39				
5 and younger	27	783	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	43	943	0	0.0	0	0.0	0	2	20.0	24	0.2	4				
15-20	487	55,573	13	22.0	117	0.8	96	12	20.3	112	0.6	61				
21-44	67,640	7,246,174	1,942	32.7	21,976	0.7	148	2,071	34.9	23,011	0.5	40				
45-64	102,201	8,389,043	1,804	28.0	20,684	0.7	139	2,208	34.2	24,736	0.5	39				
65-74	5,004	299,026	41	9.8	444	0.7	112	85	20.4	888	0.5	26				
75-84	50	5,326	1	9.1	12	0.5	130	2	18.2	18	0.2	37				
85 and older	10	360	0	0.0	0	0.0	0	1	50.0	12	0.1	1				
<b>Other Eligibles</b>	189,463	10,961,738	2,555	18.7	26,359	0.6	74	3,889	28.4	40,179	0.6	36				
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
6-14	80	3,584	2	28.6	24	0.1	19	2	28.6	24	0.6	13				
15-20	46	5,114	1	14.3	12	0.2	41	2	28.6	24	0.7	24				
21-44	504	35,609	13	10.9	117	0.2	58	30	25.2	236	0.4	33				
45-64	1,388	92,858	12	6.2	134	0.5	110	32	16.5	307	0.4	29				
65-74	82,860	4,959,604	896	14.3	9,614	0.6	84	1,450	23.1	15,463	0.5	34				
75-84	66,121	3,836,675	981	21.9	9,887	0.6	74	1,445	32.2	14,928	0.6	37				
85 and older	38,464	2,028,294	650	25.1	6,571	0.5	59	928	35.8	9,197	0.6	39				
<b>Unknown</b>	9	793	0	0.0	0	0.0	0	1	50.0	2	1.0	48				

Table D7A

Dual Eligible Beneficiaries

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 D.7A 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 2001. 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 2001. 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 D.7B  
 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, 2001

Beneficiary Characteristics	ULCER DRUGS					ANTIHYPERTENSIVE					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>26,172</b>	<b>31.6 %</b>	<b>287,620</b>	<b>0.5</b>	<b>\$33</b>	<b>34,364</b>	<b>41.5 %</b>	<b>376,419</b>	<b>0.5</b>	<b>\$22</b>	<b>42,537</b>	<b>51.4 %</b>	<b>465,611</b>	<b>0.4</b>	<b>\$17</b>
<b>Female</b>	19,280	34.3	212,517	0.5	33	25,482	45.3	279,724	0.5	22	31,086	55.3	341,639	0.4	17
<b>Disabled</b>	4,150	28.2	46,889	0.4	34	4,463	30.4	49,465	0.5	20	9,215	62.7	102,683	0.4	23
5 and younger	0	0.0	0	0.0	0	1	100.0	3	0.3	14	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	14.3	63	0.2	27	6	12.2	72	0.5	27	17	34.7	163	0.2	5
21-44	920	20.3	10,388	0.4	30	599	13.2	6,560	0.4	17	2,494	55.0	27,435	0.3	20
45-64	2,990	31.8	33,912	0.4	35	3,524	37.5	39,277	0.5	21	6,319	67.3	70,853	0.4	25
65-74	220	31.7	2,375	0.4	35	318	45.8	3,394	0.5	21	380	54.7	4,177	0.4	17
75-84	8	44.4	96	0.3	9	10	55.6	104	0.6	22	3	16.7	36	0.3	4
85 and older	5	62.5	55	0.3	20	5	62.5	55	0.6	22	2	25.0	19	0.7	51
<b>Other Eligibles</b>	15,130	36.5	165,628	0.5	32	21,019	50.6	230,259	0.6	22	21,867	52.7	238,928	0.4	14
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	12	0.1	2	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	40.0	26	0.2	3
21-44	14	6.3	145	0.4	25	11	4.9	96	0.6	16	93	41.5	825	0.4	25
45-64	47	17.8	474	0.3	33	86	32.6	817	0.4	19	148	56.1	1,507	0.3	18
65-74	4,112	31.6	46,294	0.4	34	6,641	51.0	74,217	0.5	22	6,912	53.1	77,416	0.4	16
75-84	5,722	37.6	63,269	0.5	33	8,228	54.1	91,188	0.6	22	8,128	53.4	89,819	0.4	14
85 and older	5,235	41.0	55,446	0.6	31	6,052	47.4	63,929	0.6	22	6,582	51.5	69,335	0.4	11
<b>Male</b>	6,892	25.9	75,103	0.5	33	8,882	33.4	96,695	0.5	21	11,451	43.1	123,972	0.4	19
<b>Disabled</b>	2,677	20.8	30,116	0.5	35	3,140	24.4	35,126	0.5	21	5,796	45.0	64,302	0.4	24
5 and younger	1	25.0	12	0.5	41	1	25.0	12	1.3	22	0	0.0	0	0.0	0
6-14	1	10.0	11	0.2	20	7	70.0	62	0.4	7	3	30.0	24	0.3	4
15-20	6	10.2	49	0.4	47	5	8.5	57	0.7	12	13	22.0	131	0.2	2
21-44	969	16.3	11,026	0.4	36	851	14.3	9,591	0.5	18	2,426	40.9	26,994	0.4	23
45-64	1,608	24.9	18,072	0.5	35	2,119	32.8	23,744	0.5	21	3,182	49.3	35,325	0.4	24
65-74	92	22.1	946	0.5	38	152	36.5	1,612	0.6	23	169	40.5	1,808	0.4	17
75-84	0	0.0	0	0.0	0	4	36.4	36	0.2	17	3	27.3	20	0.4	15
85 and older	0	0.0	0	0.0	0	1	50.0	12	0.4	11	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4,215	30.8	44,987	0.5	32	5,742	42.0	61,569	0.5	21	5,655	41.3	59,670	0.4	13
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	5	71.4	40	0.8	28	2	28.6	17	0.1	1
15-20	2	28.6	24	0.3	22	1	14.3	7	0.6	33	1	14.3	12	0.1	1
21-44	8	6.7	67	0.4	33	11	9.2	118	0.5	26	46	38.7	389	0.5	22
45-64	25	12.9	237	0.4	40	52	26.8	477	0.5	15	74	38.1	726	0.4	17
65-74	1,642	26.2	18,020	0.5	30	2,622	41.8	28,816	0.5	21	2,553	40.7	27,571	0.4	15
75-84	1,492	33.3	15,850	0.5	34	1,948	43.4	20,890	0.6	21	1,833	40.9	19,352	0.4	13
85 and older	1,046	40.4	10,789	0.6	34	1,103	42.6	11,221	0.6	21	1,146	44.2	11,603	0.4	10
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	200.0	28	0.3	25

Table D7B Dual Eligible Beneficiaries

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 D.7B 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 2001. 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 2001. 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 D.7C  
 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, 2001

Beneficiary Characteristics	ANTIDIABETIC					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	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>23,658</b>	<b>28.6 %</b>	<b>259,180</b>	<b>0.5</b>	<b>\$30</b>	<b>14,435</b>	<b>17.4 %</b>	<b>158,837</b>	<b>0.7</b>	<b>\$45</b>	<b>12,463</b>	<b>15.1 %</b>	<b>139,464</b>	<b>0.5</b>	<b>\$44</b>
<b>Female</b>	17,608	31.3	193,923	0.5	30	9,089	16.2	99,826	0.6	41	9,399	16.7	105,569	0.5	44
<b>Disabled</b>	4,230	28.8	47,070	0.5	32	4,000	27.2	44,740	0.6	53	2,233	15.2	25,095	0.4	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	4.1	24	0.2	9	11	22.4	113	0.8	79	0	0.0	0	0.0	0
21-44	581	12.8	6,424	0.5	29	1,474	32.5	16,352	0.7	62	228	5.0	2,558	0.4	34
45-64	3,373	35.9	37,705	0.5	33	2,420	25.8	27,259	0.6	48	1,822	19.4	20,556	0.4	43
65-74	270	38.8	2,870	0.5	33	93	13.4	992	0.7	42	180	25.9	1,953	0.5	47
75-84	2	11.1	24	0.6	19	2	11.1	24	0.4	41	1	5.6	12	0.8	49
85 and older	2	25.0	23	0.6	18	0	0.0	0	0.0	0	2	25.0	16	0.7	46
<b>Other Eligibles</b>	13,378	32.2	146,853	0.6	29	5,089	12.3	55,086	0.6	32	7,166	17.3	80,474	0.5	45
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	10.0	4	0.3	12	0	0.0	0	0.0	0
21-44	13	5.8	110	0.7	33	36	16.1	233	0.5	31	7	3.1	60	0.4	40
45-64	78	29.5	827	0.5	29	34	12.9	317	0.4	31	32	12.1	322	0.5	46
65-74	5,202	40.0	58,131	0.5	31	1,820	14.0	20,147	0.6	35	3,074	23.6	34,783	0.5	45
75-84	5,447	35.8	60,091	0.6	29	1,999	13.1	21,822	0.6	31	2,969	19.5	33,466	0.5	45
85 and older	2,638	20.6	27,694	0.6	26	1,199	9.4	12,563	0.6	27	1,084	8.5	11,843	0.6	45
<b>Male</b>	6,050	22.8	65,257	0.5	30	5,346	20.1	59,011	0.7	50	3,064	11.5	33,895	0.5	43
<b>Disabled</b>	2,234	17.3	24,735	0.5	32	3,624	28.1	40,820	0.7	58	1,313	10.2	14,588	0.5	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	1	10.0	5	0.4	7	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	22	37.3	210	0.9	151	0	0.0	0	0.0	0
21-44	511	8.6	5,614	0.5	31	1,791	30.2	20,249	0.7	65	334	5.6	3,721	0.5	39
45-64	1,621	25.1	18,055	0.5	33	1,749	27.1	19,683	0.7	51	919	14.2	10,260	0.5	43
65-74	98	23.5	1,042	0.6	30	60	14.4	661	0.7	35	58	13.9	583	0.6	54
75-84	4	36.4	24	0.3	20	1	9.1	12	0.5	15	1	9.1	12	0.3	32
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.3	18
<b>Other Eligibles</b>	3,816	27.9	40,522	0.6	29	1,722	12.6	18,191	0.7	33	1,751	12.8	19,307	0.5	44
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	14.3	12	1.1	59	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	2	28.6	24	0.5	115	0	0.0	0	0.0	0
21-44	6	5.0	64	0.4	23	12	10.1	79	0.3	30	4	3.4	43	0.4	32
45-64	40	20.6	377	0.4	27	29	14.9	304	0.5	48	24	12.4	228	0.3	28
65-74	1,979	31.6	21,473	0.5	30	814	13.0	8,825	0.7	36	988	15.8	11,068	0.5	44
75-84	1,254	27.9	13,209	0.6	29	576	12.8	6,044	0.7	31	577	12.9	6,276	0.5	45
85 and older	537	20.7	5,399	0.6	25	288	11.1	2,903	0.6	26	158	6.1	1,692	0.5	41
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7C

Dual Eligible Beneficiaries

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 D.7C 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 2001. 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 2001. 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 D.7D  
 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, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY				CALCIUM BLOCKERS							
	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>19,728</b>	<b>23.8 %</b>	<b>221,311</b>	<b>0.4</b>	<b>\$26</b>	<b>16,168</b>	<b>19.5 %</b>	<b>177,418</b>	<b>0.6</b>	<b>\$31</b>	<b>82,774</b>	<b>860,180</b>
<b>Female</b>	14,993	26.7	168,629	0.4	28	12,560	22.3	138,341	0.6	31	56,205	588,994
<b>Disabled</b>	3,652	24.8	41,521	0.3	27	2,006	13.6	22,266	0.5	30	14,697	153,633
5 and younger	0	0.0	0	0.0	0	1	100.0	3	1.3	59	1	3
6-14	0	0.0	0	0.0	0	1	100.0	2	0.5	65	1	2
15-20	2	4.1	22	0.1	1	4	8.2	48	0.7	43	49	382
21-44	906	20.0	10,264	0.3	14	264	5.8	2,924	0.4	24	4,537	46,837
45-64	2,575	27.4	29,423	0.4	31	1,579	16.8	17,611	0.5	30	9,388	99,314
65-74	162	23.3	1,743	0.4	33	148	21.3	1,586	0.6	35	695	6,830
75-84	4	22.2	43	0.3	4	4	22.2	43	0.6	41	18	192
85 and older	3	37.5	26	0.7	51	5	62.5	49	0.4	15	8	73
<b>Other Eligibles</b>	11,341	27.3	127,108	0.4	28	10,554	25.4	116,075	0.6	32	41,508	435,361
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	1	100.0	12	0.1	1	1	12
15-20	1	10.0	6	0.2	1	0	0.0	0	0.0	0	10	45
21-44	25	11.2	231	0.3	5	11	4.9	105	0.5	34	224	1,211
45-64	51	19.3	532	0.3	41	44	16.7	439	0.5	29	264	2,074
65-74	3,495	26.9	40,015	0.4	27	3,169	24.3	35,509	0.5	31	13,016	139,721
75-84	4,386	28.8	49,519	0.4	28	4,158	27.3	46,152	0.6	32	15,212	162,858
85 and older	3,383	26.5	36,805	0.5	30	3,171	24.8	33,858	0.7	32	12,781	129,440
<b>Male</b>	4,735	17.8	52,682	0.4	19	3,608	13.6	39,077	0.6	32	26,567	271,172
<b>Disabled</b>	2,064	16.0	23,307	0.3	15	1,283	10.0	14,295	0.5	33	12,890	134,299
5 and younger	1	25.0	2	0.5	8	1	25.0	12	0.3	2	4	22
6-14	0	0.0	0	0.0	0	4	40.0	31	0.2	3	10	69
15-20	5	8.5	40	0.2	3	4	6.8	42	0.7	58	59	469
21-44	807	13.6	9,141	0.3	13	308	5.2	3,384	0.5	34	5,933	61,594
45-64	1,181	18.3	13,386	0.4	17	891	13.8	10,037	0.5	32	6,454	68,178
65-74	68	16.3	714	0.4	17	74	17.7	777	0.5	32	417	3,864
75-84	2	18.2	24	0.3	34	1	9.1	12	0.2	30	11	79
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
<b>Other Eligibles</b>	2,671	19.5	29,375	0.4	22	2,325	17.0	24,782	0.6	31	13,677	136,873
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	3	42.9	19	0.9	51	7	53
15-20	0	0.0	0	0.0	0	1	14.3	7	0.4	77	7	62
21-44	12	10.1	90	0.2	3	5	4.2	45	0.6	47	119	734
45-64	15	7.7	142	0.3	4	21	10.8	216	0.6	38	194	1,399
65-74	1,121	17.9	12,719	0.4	21	1,048	16.7	11,369	0.6	32	6,271	64,696
75-84	916	20.4	10,112	0.4	21	815	18.2	8,663	0.6	30	4,487	45,124
85 and older	607	23.4	6,312	0.5	25	432	16.7	4,463	0.7	29	2,592	24,805
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14

Table D7D

Dual Eligible Beneficiaries

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 D.7D 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 2001. 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 2001. 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 D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

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>\$278</b>	<b>6.4</b>	<b>12,858</b>	<b>137,813</b>
<b>Age</b>				
0-64	416	7.4	1,115	12,618
65-74	348	7.3	1,870	20,250
75-84	287	6.6	4,108	43,561
85 and older	222	5.7	5,765	61,384
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	272	6.4	9,614	103,636
Male	298	6.2	3,244	34,177
Unknown	0	0.0	0	0
<b>Race</b>				
White	280	6.5	11,293	120,550
African American	259	5.5	943	10,436
Other/unknown	278	6	622	6,827
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	264	6.2	11,682	124,511
Disabled	413	7.4	1,171	13,267
Adults	299	8.4	5	35
Children	0	0.0	0	0
Unknown	0	0.0	0	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2001 Medicaid enrollment. A total of 9,252 beneficiaries who were in nursing facilities for part of their enrollment and their 83,194 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 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, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	No.	Total Rx \$	No. Residents	As % of Dual All-Year NF Residents	No. of Bene Mos		
		Brand-Name	Brand-Name		Brand-Name	Brand-Name		Brand-Name	Brand-Name	Generic							
Anti-infective Agents	0.3	0.2	0.0	0.2	\$17	\$15	\$0	\$2	\$51	\$85	\$59	\$12	35,316	\$1,815,133	9,305	72.4 %	103,965
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	24	18	0	40	244	5,900	217	1.7	2,454
Antineoplastic Agents	0.6	0.1	0.2	0.3	74	19	38	18	132	221	184	65	8,778	1,160,455	1,452	11.3	15,605
Endocrine/Metabolic Drugs	1.1	0.6	0.1	0.5	35	28	1	6	32	50	18	12	76,971	2,461,340	6,345	49.3	69,620
Cardiovascular Agents	1.9	0.6	0.2	1.2	49	27	4	19	26	46	23	16	203,822	5,239,131	9,821	76.4	106,822
Respiratory Agents	0.6	0.3	0.0	0.3	27	17	0	10	44	58	39	32	34,913	1,547,414	5,076	39.5	56,662
Gastrointestinal Agents	1.0	0.2	0.0	0.7	39	24	1	14	39	96	72	19	82,905	3,271,546	7,624	59.3	84,931
Genitourinary Agents	0.5	0.3	0.0	0.2	27	23	0	4	50	65	33	22	23,955	1,190,509	3,979	30.9	44,500
CNS Drugs	1.5	0.8	0.1	0.6	108	88	7	13	74	106	91	24	152,441	11,243,054	9,475	73.7	103,854
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.6	16	3	1	13	27	139	36	23	384	10,304	57	0.4	647
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	91	91	0	1	122	124	32	30	12,271	1,495,528	1,532	11.9	16,364
Analgesics and Anesthetics	0.9	0.2	0.0	0.6	32	21	2	9	36	85	58	15	72,352	2,636,488	7,437	57.8	82,255
Neuromuscular Agents	1.1	0.4	0.1	0.7	51	28	5	17	44	80	39	26	51,866	2,288,947	4,045	31.5	45,288
Nutritional Products	0.8	0.0	0.2	0.5	13	0	5	8	17	30	24	14	42,781	721,000	5,096	39.6	56,114
Hematological Agents	0.9	0.3	0.2	0.4	46	35	3	8	51	115	18	19	30,086	1,527,175	3,042	23.7	33,068
Topical Products	0.5	0.2	0.1	0.2	17	11	2	4	34	50	41	16	44,557	1,496,505	8,041	62.5	90,450
Miscellaneous Products	0.3	0.1	0.0	0.3	38	2	2	34	122	43	173	136	1,983	241,373	567	4.4	6,404
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	6	0	0	0	22	0	0	0	959	21,257	318	2.5	3,607
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.	876,564	38,373,059	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 9,252 beneficiaries who were in nursing facilities for part of their enrollment and their 83,194 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 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.
- 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, 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.

Table D9

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.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$5,804,502	5,786	45.0 %	64,414	0.7	\$127	\$90
ANTIDEPRESSANTS	4,282,911	7,974	62.0	88,087	0.8	63	49
ULCER DRUGS	2,703,288	6,746	52.5	75,730	0.7	51	36
ANTHYPERTENSIVE	1,707,081	6,067	47.2	66,741	0.8	33	26
ANTICONVULSANT	1,563,178	3,312	25.8	37,295	0.9	48	42
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,495,598	1,544	12.0	16,507	0.7	122	91
ANTIDIABETIC	1,462,790	4,220	32.8	46,458	0.7	43	31
ANALGESICS - Narcotic	1,325,246	7,252	56.4	80,687	0.5	32	16
ANALGESICS - ANTI-INFLAMMATORY	1,208,813	3,817	29.7	42,824	0.6	46	28
ANTIASTHMATIC	1,185,553	4,475	34.8	49,721	0.5	48	24
<b>Total</b>	<b>22,738,960</b>	<b>51,193</b>		<b>568,464</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 9,252 beneficiaries who were in nursing facilities for part of their enrollment and their 83,194 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Users as % of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
			No. of Rx	Rx \$	Users as %										No. of Users
<b>All</b>	<b>389,031</b>	<b>\$22,738,960</b>	<b>5,786</b>	<b>45.0 %</b>	<b>64,414</b>	<b>0.7</b>	<b>\$90</b>	<b>7,974</b>	<b>62.0 %</b>	<b>88,087</b>	<b>0.8</b>	<b>\$49</b>			
<b>Female</b>	286,323	16,371,566	4,040	42.0	44,978	0.7	85	6,044	62.9	66,844	0.8	48			
<b>Disabled</b>	24,713	1,715,927	365	64.8	4,226	0.8	137	468	83.1	5,427	0.8	54			
64 or younger	23,531	1,650,857	344	64.3	3,985	0.8	142	446	83.4	5,199	0.8	54			
65-74	1,160	63,613	20	74.1	231	0.7	61	20	74.1	208	0.7	47			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	22	1,457	1	100.0	10	0.5	68	2	200.0	20	0.4	27			
<b>Other Eligibles</b>	261,610	14,655,639	3,675	40.6	40,752	0.7	79	5,576	61.6	61,417	0.8	48			
64 or younger	103	4,512	2	66.7	13	0.2	22	2	66.7	16	0.9	65			
65-74	44,632	2,848,589	678	62.3	7,638	0.8	113	861	79.1	9,703	0.8	53			
75-84	101,279	5,790,432	1,424	46.6	15,851	0.7	81	2,100	68.6	23,166	0.8	48			
85 and older	115,596	6,012,106	1,571	32.1	17,250	0.6	62	2,613	53.3	28,532	0.8	46			
<b>Male</b>	102,708	6,367,394	1,746	53.8	19,436	0.8	103	1,930	59.5	21,243	0.8	49			
<b>Disabled</b>	25,265	1,882,438	432	71.1	5,045	0.9	157	431	70.9	4,936	0.8	56			
64 or younger	23,839	1,793,489	413	71.6	4,817	0.9	158	411	71.2	4,705	0.8	57			
65-74	1,426	88,949	19	61.3	228	0.9	145	20	64.5	231	0.6	34			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	77,443	4,484,956	1,314	49.8	14,391	0.7	84	1,499	56.9	16,307	0.8	47			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	26,188	1,526,650	431	59.5	4,875	0.7	95	448	61.9	4,982	0.8	49			
75-84	30,064	1,775,383	559	53.3	5,956	0.7	84	617	58.8	6,659	0.7	47			
85 and older	21,191	1,182,923	324	37.5	3,560	0.6	71	434	50.3	4,666	0.8	46			
<b>Unknown</b>	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 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 9,252 beneficiaries who were in nursing facilities for part of their enrollment and their 83,194 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

Beneficiary Characteristics	ULCER DRUGS						ANTIHYPERTENSIVE						ANTICONVULSANT							
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx		
<b>All</b>	<b>6,746</b>	<b>52.5 %</b>	<b>0.7</b>	<b>6,067</b>	<b>47.2 %</b>	<b>0.8</b>	<b>3,312</b>	<b>25.8 %</b>	<b>0.9</b>	<b>37,295</b>	<b>0.9</b>	<b>3,312</b>	<b>25.8 %</b>	<b>0.9</b>	<b>37,295</b>	<b>0.9</b>	<b>3,312</b>	<b>25.8 %</b>	<b>0.9</b>	<b>\$42</b>
<b>Female</b>	5,050	52.5	0.7	4,543	47.3	0.8	2,190	22.8	0.9	24,678	0.9	2,190	22.8	0.9	24,678	0.9	2,190	22.8	0.9	41
<b>Disabled</b>	313	55.6	0.7	222	39.4	0.8	393	69.8	1.0	4,550	1.0	393	69.8	1.0	4,550	1.0	393	69.8	1.0	57
64 or younger	299	55.9	0.7	206	38.5	0.8	375	70.1	1.0	4,343	1.0	206	38.5	0.8	4,343	1.0	206	38.5	0.8	58
65-74	13	48.1	0.7	16	59.3	0.9	18	66.7	0.9	207	0.9	16	59.3	0.9	207	0.9	16	59.3	0.9	52
75-84	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
85 and older	1	100.0	0.7	0	0.0	0.0	0	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>	4,737	52.3	0.7	4,321	47.7	0.8	1,797	19.9	0.8	20,128	0.8	4,321	47.7	0.8	20,128	0.8	4,321	47.7	0.8	37
64 or younger	1	33.3	0.3	2	66.7	1.0	1	33.3	1.1	12	1.1	2	66.7	1.0	12	1.1	2	66.7	1.0	96
65-74	663	60.9	0.7	567	52.1	0.8	469	43.1	0.9	5,321	0.9	567	52.1	0.8	5,321	0.9	567	52.1	0.8	41
75-84	1,645	53.8	0.7	1,554	50.8	0.8	735	24.0	0.9	8,287	0.9	1,554	50.8	0.8	8,287	0.9	1,554	50.8	0.8	39
85 and older	2,428	49.5	0.7	2,198	44.8	0.8	592	12.1	0.8	6,508	0.8	2,198	44.8	0.8	6,508	0.8	2,198	44.8	0.8	31
<b>Male</b>	1,696	52.3	0.7	1,524	47.0	0.8	1,122	34.6	0.9	12,617	0.9	1,524	47.0	0.8	12,617	0.9	1,524	47.0	0.8	44
<b>Disabled</b>	322	53.0	0.7	265	43.6	0.8	405	66.6	1.0	4,711	1.0	265	43.6	0.8	4,711	1.0	265	43.6	0.8	51
64 or younger	303	52.5	0.7	244	42.3	0.8	385	66.7	1.0	4,480	1.0	244	42.3	0.8	4,480	1.0	244	42.3	0.8	51
65-74	19	61.3	0.7	21	67.7	0.8	20	64.5	1.0	231	1.0	21	67.7	0.8	231	1.0	21	67.7	0.8	58
75-84	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
85 and older	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
<b>Other Eligibles</b>	1,374	52.1	0.7	1,259	47.8	0.8	717	27.2	0.8	7,906	0.8	1,259	47.8	0.8	7,906	0.8	1,259	47.8	0.8	40
64 or younger	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0
65-74	388	53.6	0.7	401	55.4	0.8	318	43.9	0.9	3,590	0.9	401	55.4	0.8	3,590	0.9	401	55.4	0.8	46
75-84	534	50.9	0.7	475	45.3	0.8	253	24.1	0.8	2,725	0.8	475	45.3	0.8	2,725	0.8	475	45.3	0.8	38
85 and older	452	52.4	0.7	383	44.4	0.8	146	16.9	0.7	1,591	0.7	383	44.4	0.8	1,591	0.7	383	44.4	0.8	29
<b>Unknown</b>	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 9,252 beneficiaries who were in nursing facilities for part of their enrollment and their 83,194 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTI-DIABETIC						ANALGESICS - Narcotic									
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %						
	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx	No. of Users	No. of Bene among Users	Mean No. of Rx				
<b>All</b>	<b>1,544</b>	<b>16,507</b>	<b>0.7</b>	<b>4,220</b>	<b>46,458</b>	<b>0.7</b>	<b>7,252</b>	<b>80,687</b>	<b>56.4 %</b>	<b>7,252</b>	<b>80,687</b>	<b>0.5</b>	<b>16,507</b>	<b>165,070</b>	<b>0.7</b>	<b>4,220</b>	<b>46,458</b>	<b>0.7</b>	<b>7,252</b>	<b>80,687</b>	<b>0.5</b>	<b>\$16</b>
<b>Female</b>	1,217	13,161	0.7	3,115	34,573	0.7	5,658	63,081	58.9	5,658	63,081	0.5	12,167	121,670	0.7	3,115	34,573	0.7	5,658	63,081	0.5	17
<b>Disabled</b>	27	304	0.5	239	2,773	0.8	381	4,386	67.7	381	4,386	0.6	27	304	0.5	239	2,773	0.8	381	4,386	0.6	23
64 or younger	23	256	0.5	218	2,541	0.8	364	4,224	68.0	364	4,224	0.6	23	256	0.5	218	2,541	0.8	364	4,224	0.6	23
65-74	4	48	0.9	21	232	0.7	16	152	59.3	16	152	0.7	4	48	0.9	21	232	0.7	16	152	0.7	22
75-84	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
<b>Other Eligibles</b>	1,190	12,857	0.7	2,876	31,800	0.7	31	58,695	58.3	31	58,695	0.5	1,190	12,857	0.7	2,876	31,800	0.7	31	58,695	0.5	16
64 or younger	0	0	0.0	2	24	1.0	2	16	66.7	2	16	1.4	0	0	0.0	2	24	1.0	2	16	1.4	9
65-74	132	1,412	0.8	617	6,881	0.8	714	7,938	65.6	714	7,938	0.6	132	1,412	0.8	617	6,881	0.8	714	7,938	0.6	24
75-84	493	5,247	0.8	1,223	13,560	0.7	32	21,187	61.9	32	21,187	0.5	493	5,247	0.8	1,223	13,560	0.7	32	21,187	0.5	18
85 and older	565	6,198	0.7	1,034	11,335	0.7	27	29,554	54.4	27	29,554	0.5	565	6,198	0.7	1,034	11,335	0.7	27	29,554	0.5	13
<b>Male</b>	327	3,346	0.7	1,105	11,885	0.8	32	17,606	49.1	32	17,606	0.5	327	3,346	0.7	1,105	11,885	0.8	32	17,606	0.5	16
<b>Disabled</b>	16	172	0.7	186	2,095	0.8	35	3,944	57.2	35	3,944	0.6	16	172	0.7	186	2,095	0.8	35	3,944	0.6	23
64 or younger	16	172	0.7	173	1,939	0.8	33	3,761	57.5	33	3,761	0.6	16	172	0.7	173	1,939	0.8	33	3,761	0.6	23
65-74	0	0	0.0	13	156	0.9	48	183	51.6	16	183	0.5	0	0	0.0	13	156	0.9	48	183	0.5	15
75-84	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
<b>Other Eligibles</b>	311	3,174	0.8	919	9,790	0.8	32	13,662	47.3	32	13,662	0.5	311	3,174	0.8	919	9,790	0.8	32	13,662	0.5	14
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0
65-74	56	576	0.8	323	3,501	0.8	33	3,834	47.5	344	47.5	0.5	56	576	0.8	323	3,501	0.8	33	3,834	0.5	18
75-84	139	1,390	0.8	389	4,063	0.7	33	5,223	45.8	480	45.8	0.4	139	1,390	0.8	389	4,063	0.7	33	5,223	0.4	15
85 and older	116	1,208	0.7	207	2,226	0.7	29	4,605	48.9	422	48.9	0.4	116	1,208	0.7	207	2,226	0.7	29	4,605	0.4	11
<b>Unknown</b>	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 9,252 beneficiaries who were in nursing facilities for part of their enrollment and their 83,194 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC						
	Users as %		Users as %		Mean Rx \$	Users as %		Users as %		Mean Rx \$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Residents	No. of Residents	No. of Rx	No. of Rx			
<b>All</b>	<b>3,817</b>	<b>29.7 %</b>	<b>42,824</b>	<b>0.6</b>	<b>\$28</b>	<b>4,475</b>	<b>34.8 %</b>	<b>49,721</b>	<b>0.5</b>	<b>\$24</b>	<b>12,858</b>	<b>137,813</b>
<b>Female</b>	2,968	30.9	33,305	0.6	30	3,048	31.7	34,131	0.5	23	9,614	103,636
<b>Disabled</b>	207	36.8	2,401	0.6	21	234	41.6	2,587	0.6	31	563	6,425
64 or younger	198	37.0	2,314	0.6	21	225	42.1	2,508	0.6	32	535	6,122
65-74	9	33.3	87	0.6	8	9	33.3	79	0.3	10	27	293
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10
<b>Other Eligibles</b>	2,761	30.5	30,904	0.6	31	2,814	31.1	31,544	0.5	22	9,051	97,211
64 or younger	1	33.3	12	0.4	5	5	166.7	11	0.5	66	3	17
65-74	347	31.9	3,945	0.6	27	482	44.3	5,349	0.5	27	1,088	11,818
75-84	1,008	33.0	11,336	0.6	31	1,051	34.4	11,864	0.5	25	3,059	33,010
85 and older	1,405	28.7	15,611	0.6	31	1,276	26.0	14,320	0.4	18	4,901	52,366
<b>Male</b>	849	26.2	9,519	0.6	23	1,427	44.0	15,590	0.6	26	3,244	34,177
<b>Disabled</b>	169	27.8	1,969	0.6	19	235	38.7	2,666	0.7	32	608	6,842
64 or younger	154	26.7	1,798	0.6	19	210	36.4	2,384	0.7	33	577	6,479
65-74	15	48.4	171	0.6	20	25	80.6	282	0.5	23	31	363
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	680	25.8	7,550	0.6	24	1,192	45.2	12,924	0.5	25	2,636	27,335
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	178	24.6	2,035	0.6	19	353	48.8	3,807	0.6	29	724	7,776
75-84	253	24.1	2,766	0.6	23	482	45.9	5,247	0.5	25	1,049	10,551
85 and older	249	28.9	2,749	0.6	28	357	41.4	3,870	0.4	22	863	9,008
<b>Unknown</b>	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 2001 file for Oklahoma, released by CMS in 06/2005. This table was produced on 09/19/2006.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2001. A total of 9,252 beneficiaries who were in nursing facilities for part of their enrollment and their 83,194 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2001. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2001 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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

TABLE D.11  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 OKLAHOMA, 2001

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene	Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx as % of All Rx \$	Total No. of Benes
	29,316	35.4 %	2.2	182,940	\$3,626,416	\$20	2.5 %	82,774
<b>Age</b>								
5 and younger	1	20.0	0.2	1	40	40	1.0	5
6-14	8	42.1	1.8	34	1,462	43	1.7	19
15-20	24	19.2	1.1	140	6,602	47	3.2	125
21-44	2,626	24.3	1.3	14,109	366,256	26	1.9	10,813
45-64	5,337	32.7	2.0	32,464	741,753	23	2.2	16,300
65-74	6,223	30.5	1.8	37,188	751,415	20	2.3	20,399
75-84	7,785	39.5	2.5	49,815	924,400	19	2.6	19,728
85 and older	7,311	47.5	3.2	49,187	834,475	17	3.2	15,383
Unknown	1	50.0	1.0	2	13	7	0.7	2
<b>Basis of Eligibility<sup>c</sup></b>								
Aged	21,025	38.8	2.5	134,531	2,470,639	18	2.7	54,223
Disabled	8,140	29.5	1.7	47,776	1,139,367	24	2.1	27,587
Adults	143	15.1	0.6	569	14,890	26	2.4	944
Children	8	40.0	3.2	64	1,520	24	1.9	20
Unknown	0	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>								
Female	21,800	38.8	2.4	136,650	2,658,189	19	2.6	56,207
Male	7,516	28.3	1.7	46,290	968,227	21	2.2	26,567
Unknown	0	0.0	0.0	0	0	0	0.0	0
<b>Race</b>								
White	24,458	37.7	2.4	158,491	3,153,444	20	2.6	64,853
African American	2,904	29.6	1.6	15,241	302,517	20	2.1	9,810
Other/unknown	1,954	24.1	1.1	9,208	170,455	19	1.8	8,111
<b>Use of Nursing Facilities<sup>d</sup></b>								
Entire year	7,186	55.9	5.1	65,934	1,186,162	18	3.1	12,858
Part year	5,191	56.1	3.2	29,717	525,921	18	2.7	9,252
None	16,939	27.9	1.4	87,289	1,914,333	22	2.2	60,664
<b>Maintenance Assistance Status</b>								
Cash	7,192	22.6	0.9	27,879	627,353	23	1.7	31,826
Medically needy	21	17.2	0.5	60	1,169	19	1.7	122
Poverty related	2,994	20.9	0.7	10,675	218,650	20	1.8	14,343
Other/unknown	19,109	52.4	4.0	144,326	2,779,244	19	2.9	36,483

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
  - b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
  - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS AMONG DUALS PER BENEFIT MONTH  
 BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 OKLAHOMA, 2001

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazapine \$ per Bene Mo.	No. of Bene Mos
	0.2	\$4	\$20	\$0	\$2	860,180
<b>Age</b>						
5 and younger	0.0	2	40	0	0	25
6-14	0.3	11	43	0	0	136
15-20	0.1	7	47	0	5	958
21-44	0.1	3	26	0	2	110,376
45-64	0.2	4	23	0	2	170,965
65-74	0.2	3	20	0	1	215,111
75-84	0.2	4	19	0	1	208,253
85 and older	0.3	5	17	0	1	154,342
Unknown	0.1	1	7	0	1	14
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	4	18	0	1	565,588
Disabled	0.2	4	24	0	2	287,932
Adults	0.1	2	26	0	1	6,507
Children	0.4	10	24	1	0	153
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	5	19	0	2	589,008
Male	0.2	4	21	0	2	271,172
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	5	20	0	2	671,244
African American	0.1	3	20	0	1	103,504
Other/unknown	0.1	2	19	0	1	85,432
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.5	9	18	0	3	137,813
Part year	0.4	6	18	0	2	83,194
None	0.1	3	22	0	1	639,173
<b>Maintenance Assistance Status</b>						
Cash	0.1	2	23	0	1	344,611
Medically needy	0.1	1	19	0	0	1,054
Poverty related	0.1	2	20	0	1	143,826
Other/unknown	0.4	7	19	0	3	370,689

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001.
- b. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
 USE OF AND REIMBURSEMENT FOR PART D EXCLUDED DRUGS FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 OKLAHOMA, 2001

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
<b>All</b>	<b>35,004</b>	<b>\$104</b>	<b>\$3,626,416</b>	<b>100.0 %</b>	<b>182,940</b>	<b>\$20</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	13	28	361	0.0	35	10	0.0
Cough and cold medications	451	251	113,032	3.1	1,640	69	0.9
Vitamins and minerals	17,160	113	1,932,628	53.3	99,337	19	54.3
Non-prescription drugs	94	28	2,648	0.1	208	13	0.1
Barbiturates	884	62	54,454	1.5	7,704	7	4.2
Benzodiazepines	15,517	89	1,381,916	38.1	70,742	20	38.7
Other Part D Excl Rx Drugs	885	160	141,377	3.9	3,274	43	1.8

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2001. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2001. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility, those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 OKLAHOMA, 2001

Total Number of Dual Eligible Beneficiaries 82,774  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$146,234,936  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$1,767

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,732	11.8 %	\$0	0.0 %
1-500	18,619	22.5	4,101,388	2.8
501-1,000	12,418	15.0	9,180,163	6.3
1,001-1,500	9,819	11.9	12,144,331	8.3
1,501-2,000	7,384	8.9	12,833,970	8.8
2,001-2,500	5,320	6.4	11,899,437	8.1
2,501-3,000	4,209	5.1	11,552,062	7.9
3,001-3,500	3,142	3.8	10,180,015	7.0
3,501-4,000	2,361	2.9	8,821,593	6.0
4,001-4,500	1,905	2.3	8,078,247	5.5
4,501-5,000	1,515	1.8	7,178,260	4.9
5,001-5,500	1,186	1.4	6,209,639	4.2
5,501-6,000	978	1.2	5,618,288	3.8
6,001-6,500	743	0.9	4,643,811	3.2
6,501-7,000	615	0.7	4,143,719	2.8
7,001-7,500	470	0.6	3,399,619	2.3
7,501-8,000	381	0.5	2,949,686	2.0
8,001-8,500	334	0.4	2,749,043	1.9
8,501-9,000	255	0.3	2,226,449	1.5
9,001-9,500	191	0.2	1,763,573	1.2
9,501-10,000	168	0.2	1,637,531	1.1
10,001+	1,029	1.2	14,924,112	10.2

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. 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 2001.

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

SUPPLEMENTAL TABLE 1A  
MEDIACAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
OKLAHOMA, 2001

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65                                   26,436  
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65           \$51,581,650  
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65            \$1,951

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,982	15.1 %	0	0.0 %
1-500	6,514	24.6	1,324,306	2.6
501-1,000	3,504	13.3	2,582,062	5.0
1,001-1,500	2,718	10.3	3,350,219	6.5
1,501-2,000	1,912	7.2	3,319,956	6.4
2,001-2,500	1,379	5.2	3,082,423	6.0
2,501-3,000	1,076	4.1	2,957,544	5.7
3,001-3,500	866	3.3	2,804,889	5.4
3,501-4,000	671	2.5	2,505,300	4.9
4,001-4,500	533	2.0	2,257,882	4.4
4,501-5,000	448	1.7	2,123,419	4.1
5,001-5,500	382	1.4	1,999,585	3.9
5,501-6,000	341	1.3	1,961,858	3.8
6,001-6,500	283	1.1	1,767,362	3.4
6,501-7,000	254	1.0	1,714,103	3.3
7,001-7,500	200	0.8	1,447,928	2.8
7,501-8,000	177	0.7	1,370,784	2.7
8,001-8,500	165	0.6	1,359,112	2.6
8,501-9,000	117	0.4	1,022,946	2.0
9,001-9,500	102	0.4	942,633	1.8
9,501-10,000	94	0.4	917,593	1.8
10,001+	718	2.7	10,769,746	20.9

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. 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 2001.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65+ 55,510  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$93,816,724  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,690

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,474	9.9%	0	0.0%
1-500	11,874	21.4	2,730,515	2.9
501-1,000	8,806	15.9	6,517,630	6.9
1,001-1,500	7,043	12.7	8,722,293	9.3
1,501-2,000	5,438	9.8	9,457,327	10.1
2,001-2,500	3,916	7.1	8,760,923	9.3
2,501-3,000	3,109	5.6	8,528,638	9.1
3,001-3,500	2,266	4.1	7,342,596	7.8
3,501-4,000	1,680	3.0	6,278,476	6.7
4,001-4,500	1,360	2.5	5,769,170	6.1
4,501-5,000	1,059	1.9	5,016,714	5.3
5,001-5,500	799	1.4	4,183,835	4.5
5,501-6,000	634	1.1	3,639,246	3.9
6,001-6,500	459	0.8	2,870,385	3.1
6,501-7,000	359	0.6	2,415,990	2.6
7,001-7,500	267	0.5	1,929,528	2.1
7,501-8,000	203	0.4	1,571,243	1.7
8,001-8,500	167	0.3	1,373,431	1.5
8,501-9,000	137	0.2	1,194,953	1.3
9,001-9,500	89	0.2	820,940	0.9
9,501-10,000	72	0.1	700,403	0.7
10,001+	299	0.5	3,992,488	4.3

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. 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 2001.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1C  
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
OKLAHOMA, 2001

Total Number of Dual Eligible Beneficiaries, Age 65-74                                  20,399  
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74             \$32,118,538  
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74             \$1,575

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,798	13.7 %	0	0.0 %
1-500	4,820	23.6	1,054,861	3.3
501-1,000	3,180	15.6	2,352,456	7.3
1,001-1,500	2,489	12.2	3,068,025	9.6
1,501-2,000	1,808	8.9	3,139,086	9.8
2,001-2,500	1,229	6.0	2,751,392	8.6
2,501-3,000	916	4.5	2,514,492	7.8
3,001-3,500	628	3.1	2,036,050	6.3
3,501-4,000	470	2.3	1,757,061	5.5
4,001-4,500	394	1.9	1,670,289	5.2
4,501-5,000	319	1.6	1,513,117	4.7
5,001-5,500	259	1.3	1,356,228	4.2
5,501-6,000	185	0.9	1,059,890	3.3
6,001-6,500	168	0.8	1,052,253	3.3
6,501-7,000	133	0.7	893,303	2.8
7,001-7,500	107	0.5	773,054	2.4
7,501-8,000	102	0.5	789,229	2.5
8,001-8,500	75	0.4	616,371	1.9
8,501-9,000	55	0.3	480,600	1.5
9,001-9,500	52	0.3	479,059	1.5
9,501-10,000	39	0.2	379,492	1.2
10,001+	173	0.8	2,382,230	7.4

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. 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 2001.
- 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 75 TO 84<sup>a, b</sup>  
 OKLAHOMA, 2001

Total Number of Dual Eligible Beneficiaries, Age 75-84 19,728  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$35,230,157  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$1,786

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,743	8.8 %	0	0.0 %
1-500	3,908	19.8	914,687	2.6
501-1,000	3,102	15.7	2,303,761	6.5
1,001-1,500	2,548	12.9	3,166,415	9.0
1,501-2,000	1,981	10.0	3,444,484	9.8
2,001-2,500	1,460	7.4	3,263,407	9.3
2,501-3,000	1,081	5.5	2,964,925	8.4
3,001-3,500	875	4.4	2,826,440	8.0
3,501-4,000	650	3.3	2,426,662	6.9
4,001-4,500	565	2.9	2,395,913	6.8
4,501-5,000	428	2.2	2,025,324	5.7
5,001-5,500	325	1.6	1,700,488	4.8
5,501-6,000	291	1.5	1,670,556	4.7
6,001-6,500	176	0.9	1,099,358	3.1
6,501-7,000	145	0.7	975,801	2.8
7,001-7,500	117	0.6	846,347	2.4
7,501-8,000	70	0.4	541,380	1.5
8,001-8,500	63	0.3	518,467	1.5
8,501-9,000	57	0.3	495,999	1.4
9,001-9,500	25	0.1	230,768	0.7
9,501-10,000	25	0.1	243,642	0.7
10,001+	93	0.5	1,175,333	3.3

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. 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 2001.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 2001

Total Number of Dual Eligible Beneficiaries, Age 85+ 15,383  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$26,468,029  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,721

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	933	6.1 %	0	0.0 %
1-500	3,146	20.5	760,967	2.9
501-1,000	2,524	16.4	1,861,413	7.0
1,001-1,500	2,006	13.0	2,487,853	9.4
1,501-2,000	1,649	10.7	2,873,757	10.9
2,001-2,500	1,227	8.0	2,746,124	10.4
2,501-3,000	1,112	7.2	3,049,221	11.5
3,001-3,500	763	5.0	2,480,106	9.4
3,501-4,000	560	3.6	2,094,753	7.9
4,001-4,500	401	2.6	1,702,968	6.4
4,501-5,000	312	2.0	1,478,273	5.6
5,001-5,500	215	1.4	1,127,119	4.3
5,501-6,000	158	1.0	908,800	3.4
6,001-6,500	115	0.7	718,774	2.7
6,501-7,000	81	0.5	546,886	2.1
7,001-7,500	43	0.3	310,127	1.2
7,501-8,000	31	0.2	240,634	0.9
8,001-8,500	29	0.2	238,593	0.9
8,501-9,000	25	0.2	218,354	0.8
9,001-9,500	12	0.1	111,113	0.4
9,501-10,000	8	0.1	77,269	0.3
10,001+	33	0.2	434,925	1.6

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. 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 2001.

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

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, 2001

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>83,613</b>	<b>54,242</b>	<b>28,311</b>	<b>1,038</b>	<b>22</b>	<b>882,632</b>	<b>567,288</b>	<b>306,696</b>	<b>8,446</b>	<b>202</b>	<b>0</b>
<b>Age</b>											
5 and younger	5	0	5	0	0	34	0	34	0	0	0
6-14	21	0	12	0	9	196	0	107	0	89	0
15-20	138	0	120	5	13	1,452	0	1,302	37	113	0
21-44	11,217	17	10,817	383	0	120,343	184	117,195	2,964	0	0
45-64	16,684	136	16,186	362	0	180,118	1,315	175,856	2,947	0	0
65-74	20,430	19,131	1,132	167	0	217,745	204,565	11,834	1,346	0	0
75-84	19,732	19,613	29	90	0	208,375	207,224	271	880	0	0
85 and older	15,384	15,343	10	31	0	154,355	153,986	97	272	0	0
Unknown	2	2	0	0	0	14	14	0	0	0	0
<b>Gender</b>											
Female	56,638	40,916	15,048	667	7	601,617	432,215	163,761	5,584	57	0
Male	26,975	13,326	13,263	371	15	281,015	135,073	142,935	2,862	145	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	65,446	43,142	21,499	791	14	687,299	447,896	232,838	6,434	131	0
African American	9,958	5,843	3,964	147	4	107,241	62,878	43,114	1,211	38	0
Other/unknown	8,209	5,257	2,848	100	4	88,092	56,514	30,744	801	33	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	12,858	11,682	1,171	5	0	137,814	124,512	13,267	35	0	0
Part year	9,254	8,144	1,089	21	0	83,504	71,995	11,326	183	0	0
None	61,501	34,416	26,051	1,012	22	661,314	370,781	282,103	8,228	202	0
<b>Maintenance Assistance Status</b>											
Cash	32,450	17,338	14,707	405	0	360,053	195,070	161,523	3,460	0	0
Medically needy	122	39	73	10	0	1,108	365	668	75	0	0
Poverty related	14,482	8,206	6,198	62	16	148,760	85,404	62,770	454	132	0
Other/unknown	36,559	28,659	7,333	561	6	372,711	286,449	81,735	4,457	70	0
<b>Dual Status<sup>d</sup></b>											
Full dual, all year	81,912	53,209	27,694	987	22	864,089	555,967	300,012	7,908	202	0
Full dual, part year	1,701	1,033	617	51	0	18,543	11,321	6,684	538	0	0
<b>Managed Care Status</b>											
FFS all year	79,718	53,900	25,110	696	12	842,791	563,564	273,557	5,549	121	0
FFS part year, with Rx claims	2,380	272	1,935	167	6	25,198	3,008	20,553	1,578	59	0
FFS part year, no Rx claims	676	51	542	81	2	6,063	512	4,933	607	11	0
MC all year, with Rx claims	345	4	312	29	0	3,768	48	3,456	264	0	0
MC all year, no Rx claims	494	15	412	65	2	4,812	156	4,197	448	11	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid 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. 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2001

Beneficiary Characteristics	Bene Mos in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
<b>All</b>	<b>83,613</b>	<b>882,632</b>	<b>82,774</b>	<b>860,180</b>	<b>0</b>	<b>22,452</b>
FFS all year	79,718	842,791	79,718	842,791	0	0
FFS part year, with Rx claims	2,380	25,198	2,380	14,416	0	10,782
FFS part year, with no Rx claims	676	6,063	676	2,973	0	3,090
MC all year, with Rx claims	345	3,768	0	0	0	3,768
MC all year, with no Rx claims	494	4,812	0	0	0	4,812

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.