

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 OKLAHOMA

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	87,933	56,111	30,770	1,019	33	0	872,807	564,348	301,783	6,381	295	0
Age												
5 and younger	2	0	1	0	1	0	24	0	12	0	12	0
6-14	16	0	11	0	5	0	144	0	98	0	46	0
15-20	142	0	132	2	8	0	895	0	838	14	43	0
21-44	11,996	12	11,547	427	10	0	116,564	89	114,096	2,275	104	0
45-64	18,634	185	18,032	413	4	0	183,560	1,579	179,160	2,791	30	0
65-74	21,784	20,704	985	93	2	0	217,469	209,723	7,088	634	24	0
75-84	20,355	20,244	48	62	1	0	207,214	206,306	378	518	12	0
85 and older	15,004	14,966	14	22	2	0	146,937	146,651	113	149	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	58,972	41,914	16,416	624	18	0	591,168	426,616	160,676	3,719	157	0
Male	28,961	14,197	14,354	395	15	0	281,639	137,732	141,107	2,662	138	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	68,522	44,379	23,400	720	23	0	678,953	443,780	230,290	4,669	214	0
African American	10,536	6,059	4,303	168	6	0	104,872	62,213	41,691	905	63	0
Other/unknown	8,875	5,673	3,067	131	4	0	88,982	58,355	29,802	807	18	0
Use of Nursing Facilities^c												
Entire year	12,635	11,439	1,171	19	6	0	131,964	118,827	12,886	179	72	0
Part year	8,854	7,829	1,008	16	1	0	77,637	67,679	9,801	145	12	0
None	66,444	36,843	28,591	984	26	0	663,206	377,842	279,096	6,057	211	0
Maintenance Assistance Status												
Cash	32,664	17,376	14,592	695	1	0	336,558	187,955	143,832	4,759	12	0
Medically needy	83	19	50	14	0	0	607	173	350	84	0	0
Poverty-related	18,665	10,327	8,260	67	11	0	174,873	100,613	73,879	309	72	0
Other/unknown	36,521	28,389	7,868	243	21	0	360,769	275,607	83,722	1,229	211	0
Dual Medicare Status^d												
Full dual, all year	85,923	54,889	30,030	972	32	0	852,450	551,742	294,497	5,928	283	0
Full dual, part year	2,010	1,222	740	47	1	0	20,357	12,606	7,286	453	12	0
Managed Care Status												
FFS all year	84,530	55,730	28,021	750	29	0	854,466	561,860	286,884	5,445	277	0
FFS part year, with Rx claims	2,713	323	2,194	192	4	0	15,424	2,168	12,529	709	18	0
FFS part year, no Rx claims	690	58	555	77	0	0	2,917	320	2,370	227	0	0

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

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	88.4 %	33.2	\$1,972	\$59	\$10,548	18.7 %	87,933
Age							
5 and younger	100.0	76.5	6,688	87	15,584	42.9	2
6-14	100.0	42.3	8,775	207	11,337	77.4	16
15-20	71.1	18.1	2,237	124	11,380	19.7	142
21-44	80.6	20.3	1,997	99	12,963	15.4	11,996
45-64	87.7	30.9	2,289	74	10,379	22.1	18,634
65-74	86.6	30.2	1,697	56	6,491	26.1	21,784
75-84	91.4	38.8	1,973	51	10,279	19.2	20,355
85 and older	94.2	43.4	1,947	45	15,075	12.9	15,004
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	90.5	37.0	1,872	51	10,183	18.4	56,111
Disabled	85.4	27.1	2,192	81	11,480	19.1	30,770
Adults	64.6	10.6	736	69	2,276	32.3	1,019
Children	81.8	40.1	5,392	134	18,844	28.6	33
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	91.3	36.3	2,033	56	10,261	19.8	58,972
Male	82.3	27.0	1,848	68	11,135	16.6	28,961
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	89.3	35.6	2,109	59	11,381	18.5	68,522
African American	85.6	26.7	1,578	59	8,321	19.0	10,536
Other/unknown	84.7	22.9	1,388	61	6,768	20.5	8,875
Use of Nursing Facilities^d							
Entire year	98.2	70.5	3,386	48	28,064	12.1	12,635
Part year	96.6	47.7	2,417	51	15,494	15.6	8,854
None	85.4	24.2	1,644	68	6,559	25.1	66,444
Maintenance Assistance Status							
Cash	85.9	18.2	1,298	71	2,630	49.4	32,664
Medically needy	51.8	4.3	474	112	2,769	17.1	83
Poverty related	80.6	16.1	1,109	69	2,317	47.9	18,665
Other/unknown	94.6	55.5	3,020	54	21,855	13.8	36,521

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

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	\$199	18.7 %	11.6 %	20.4 %	18.2 %	30.9 %	14.9 %	4.0 %	\$1,063	87,933	872,807
Age												
5 and younger	6.4	557	42.9	0.0	0.0	0.0	50.0	50.0	0.0	1,299	2	24
6-14	4.7	975	77.4	0.0	0.0	12.5	62.5	18.8	6.3	1,260	16	144
15-20	2.9	355	19.7	28.9	24.6	8.5	22.5	9.2	6.3	1,806	142	895
21-44	2.1	206	15.4	19.4	30.6	18.5	24.3	5.4	1.7	1,334	11,996	116,564
45-64	3.1	232	22.1	12.3	19.8	19.6	33.8	10.7	3.8	1,054	18,634	183,560
65-74	3.0	170	26.1	13.4	22.5	19.5	29.2	11.4	3.9	650	21,784	217,469
75-84	3.8	194	19.2	8.6	17.6	18.0	31.2	19.4	5.1	1,010	20,355	207,214
85 and older	4.4	199	12.9	5.8	13.5	14.3	34.8	26.9	4.7	1,539	15,004	146,937
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^c												
Aged	3.7	186	18.4	9.5	18.4	17.7	31.4	18.5	4.5	1,013	56,111	564,348
Disabled	2.8	224	19.1	14.6	23.9	19.2	30.4	8.8	3.0	1,171	30,770	301,783
Adults	1.7	118	32.3	35.4	23.0	14.4	21.3	3.9	2.0	364	1,019	6,381
Children	4.5	603	28.6	18.2	15.2	9.1	24.2	27.3	6.1	2,108	33	295
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.6	203	19.8	8.7	18.1	18.7	33.5	16.5	4.5	1,024	58,972	591,168
Male	2.8	190	16.6	17.7	24.9	17.1	25.7	11.7	2.9	1,145	28,961	281,639
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.6	213	18.5	10.7	18.5	17.4	32.2	16.6	4.6	1,149	68,522	678,953
African American	2.7	159	19.0	14.4	24.6	20.0	28.7	10.4	1.8	836	10,536	104,872
Other/unknown	2.3	139	20.5	15.3	30.0	22.1	23.8	7.1	1.7	675	8,875	88,982
use of nursing Facilities^d												
Entire year	6.7	324	12.1	1.8	5.0	6.5	29.0	42.7	15.0	2,687	12,635	131,964
Part year	5.4	276	15.6	3.4	9.3	10.9	35.7	32.9	7.8	1,767	8,854	77,637
None	2.4	165	25.1	14.6	24.8	21.3	30.6	7.3	1.4	657	66,444	663,206
Maintenance Assistance Status												
Cash	1.8	126	49.4	14.1	28.6	25.3	30.9	0.7	0.3	255	32,664	336,558
Medically needy	0.6	65	17.1	48.2	38.6	9.6	1.2	0.0	2.4	379	83	607
Poverty related	1.7	118	47.9	19.4	28.7	23.5	26.5	1.5	0.4	247	18,665	174,873
Other/unknown	5.6	306	13.8	5.4	8.7	9.0	33.2	34.6	9.1	2,212	36,521	360,769

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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.

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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, 0.1 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

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	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos			
																Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.1	\$22	\$18	\$1	\$2	\$72	\$123	\$85	\$17	140,892	\$10,172,041	44,164	50.2 %	472,315	
Biologics	0.1	0.1	0.0	0.0	11	2	1	7	103	32	1,718	228	433	44,633	360	0.4	4,053	
Antineoplastic Agents	0.5	0.1	0.0	0.3	83	40	10	34	169	304	213	106	23,976	4,043,913	4,869	5.5	48,481	
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	35	26	3	6	46	69	34	19	303,451	13,909,547	38,095	43.3	400,295	
Cardiovascular Agents	1.3	0.4	0.1	0.7	51	30	6	15	40	77	40	20	730,234	28,948,726	54,566	62.1	568,286	
Respiratory Agents	0.6	0.3	0.0	0.2	34	25	2	7	60	82	65	30	143,376	8,579,209	23,733	27.0	250,720	
Gastrointestinal Agents	0.7	0.3	0.0	0.4	43	33	1	9	62	128	93	22	227,581	14,177,549	31,004	35.3	328,024	
Genitourinary Agents	0.5	0.3	0.0	0.1	28	25	0	2	61	77	39	18	61,677	3,773,276	12,721	14.5	136,112	
CNS Drugs	1.0	0.5	0.0	0.4	92	76	4	12	91	142	93	28	440,588	40,265,642	42,219	48.0	438,581	
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.1	0.2	50	31	6	12	103	184	95	50	1,849	189,998	351	0.4	3,828	
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	96	94	0	2	147	155	67	42	29,186	4,288,961	4,349	4.9	44,715	
Analgesics and Anesthetics	0.7	0.2	0.1	0.5	38	24	4	10	55	154	79	21	312,429	17,177,343	43,060	49.0	452,533	
Neuromuscular Agents	0.8	0.3	0.1	0.4	51	34	6	11	64	118	60	27	186,898	12,047,608	22,464	25.5	237,327	
Nutritional Products	0.5	0.0	0.0	0.5	11	0	1	9	20	30	28	19	102,524	2,025,169	18,091	20.6	190,053	
Hematological Agents	0.6	0.3	0.1	0.3	51	42	3	6	81	156	29	22	92,197	7,500,078	14,184	16.1	147,805	
Topical Products	0.4	0.2	0.0	0.2	17	12	1	3	42	62	43	19	118,683	4,972,825	27,420	31.2	296,570	
Miscellaneous Products	0.4	0.2	0.1	0.2	96	62	20	14	229	334	322	80	5,615	1,283,576	1,262	1.4	13,348	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	18	0	0	0	1,347	24,593	654	0.7	7,202	
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.	2,922,936	173,424,687	n.a.	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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_mdmb.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, 0.1 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_mdmb.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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

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	\$ per Rx	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$22,693,983	18,285	20.8 %	194,254	0.6	\$188	\$117
ANTIDEPRESSANTS	13,850,995	34,492	39.2	364,537	0.5	70	38
ULCER DRUGS	11,442,481	28,325	32.2	304,121	0.5	75	38
ANALGESICS - Narcotic	10,053,381	46,071	52.4	492,176	0.4	50	20
ANTI-DIABETIC	9,078,489	25,726	29.3	272,960	0.6	60	33
ANTICONVULSANT	8,959,824	16,340	18.6	174,729	0.7	76	51
ANTI-HYPERTENSIVE	8,456,893	36,638	41.7	391,976	0.5	41	22
ANTI-HYPERLIPIDEMIC	8,189,092	14,714	16.7	159,652	0.5	106	51
ASTHMATIC	6,622,419	24,363	27.7	258,695	0.4	63	26
ANALGESICS - ANTI-INFLAMMATORY	6,233,914	19,824	22.5	217,039	0.4	69	29
Total	105,581,471	264,778		2,830,139	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; 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^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

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	Mean Rx \$
All	1,418,647	\$105,581,471	18,285	20.8 %	194,254	0.6	\$117	34,492	39.2 %	364,537	0.5	\$38					
Female	1,005,254	71,487,704	11,189	19.0	118,760	0.6	100	25,186	42.7	266,853	0.5	38					
Disabled	264,385	24,084,201	3,827	23.3	42,094	0.6	127	8,644	52.7	92,783	0.5	39					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	10	837	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	260	16,310	3	5.1	27	0.1	11	14	23.7	99	0.5	47					
21-44	62,074	6,434,509	1,440	28.7	15,590	0.5	133	2,515	50.1	26,846	0.5	39					
45-64	192,910	16,966,179	2,326	21.8	25,880	0.6	124	5,841	54.9	63,452	0.5	39					
65-74	8,563	638,551	54	8.4	561	0.7	130	257	39.9	2,223	0.5	36					
75-84	383	18,641	4	12.9	36	0.5	75	10	32.3	81	0.5	22					
85 and older	185	9,174	0	0.0	0	0.0	0	7	63.6	82	0.5	44					
Other Eligibles	740,869	47,403,503	7,362	17.3	76,666	0.6	85	16,542	38.9	174,070	0.6	37					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	4	120	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	21	928	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	1,161	105,486	33	11.4	271	0.5	118	76	26.2	527	0.5	43					
45-64	3,301	248,252	27	7.7	277	0.4	122	133	38.0	1,302	0.4	31					
65-74	231,936	16,333,791	1,659	12.0	17,783	0.6	103	4,977	35.9	53,548	0.5	34					
75-84	286,999	18,344,301	2,798	18.0	29,171	0.6	87	6,145	39.6	65,140	0.6	38					
85 and older	217,447	12,370,625	2,845	22.8	29,164	0.6	72	5,211	41.7	53,553	0.6	39					
Male	413,393	34,093,767	7,096	24.5	75,494	0.7	143	9,306	32.1	97,684	0.5	39					
Disabled	200,884	20,514,828	4,379	30.5	48,202	0.7	172	5,134	35.8	55,361	0.5	40					
5 and younger	16	290	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	81	3,208	0	0.0	0	0.0	0	1	11.1	12	0.8	6					
15-20	458	41,850	20	27.4	154	0.6	105	24	32.9	188	0.6	28					
21-44	76,336	9,126,632	2,210	33.9	24,287	0.7	173	2,394	36.7	25,919	0.5	40					
45-64	120,250	11,073,108	2,121	28.7	23,482	0.7	172	2,641	35.8	28,552	0.5	39					
65-74	3,680	265,265	27	7.9	268	0.6	106	69	20.2	645	0.5	38					
75-84	59	4,396	0	0.0	0	0.0	0	4	23.5	34	0.2	25					
85 and older	4	79	1	33.3	11	0.1	3	1	33.3	11	0.1	1					
Other Eligibles	212,509	13,578,939	2,717	18.6	27,292	0.6	93	4,172	28.6	42,323	0.6	38					
5 and younger	14	742	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	52	1,732	0	0.0	0	0.0	0	1	25.0	12	0.8	7					
15-20	43	17,459	0	0.0	0	0.0	0	2	66.7	18	0.4	15					
21-44	919	105,597	22	13.8	218	0.5	153	38	23.9	357	0.4	32					
45-64	1,937	146,770	18	7.1	184	0.7	97	53	21.0	489	0.4	29					
65-74	95,956	6,413,507	964	13.9	10,177	0.7	108	1,636	23.6	17,083	0.6	35					
75-84	75,551	4,706,047	1,099	23.0	10,889	0.6	86	1,548	32.4	15,689	0.6	39					
85 and older	38,037	2,187,085	614	24.7	5,824	0.6	78	894	36.0	8,675	0.6	40					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ULCER DRUGS					ANALGESICS - Narcotic					ANTIDIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	28,325	32.2 %	304,121	0.5	\$38	46,071	52.4 %	492,176	0.4	\$20	25,726	29.3 %	272,960	0.6	\$33
Female	20,660	35.0	222,745	0.5	38	33,386	56.6	358,871	0.4	20	18,816	31.9	200,971	0.6	33
Disabled	4,586	27.9	49,785	0.4	40	10,615	64.7	114,414	0.4	28	4,757	29.0	50,052	0.5	37
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	6	10.2	72	0.4	28	13	22.0	94	0.3	4	4	6.8	21	1.3	101
21-44	994	19.8	10,895	0.4	34	2,914	58.0	31,528	0.4	26	688	13.7	7,277	0.5	34
45-64	3,358	31.5	36,730	0.4	42	7,343	69.0	79,657	0.4	29	3,831	36.0	40,744	0.5	37
65-74	216	33.5	1,952	0.5	43	326	50.6	2,928	0.4	20	222	34.5	1,886	0.6	39
75-84	10	32.3	112	0.6	11	13	41.9	136	0.4	8	10	32.3	100	0.5	22
85 and older	2	18.2	24	0.7	9	6	54.5	71	0.7	9	2	18.2	24	0.8	59
Other Eligibles	16,074	37.8	172,960	0.5	37	22,771	53.5	244,457	0.4	16	14,059	33.0	150,919	0.6	32
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	16	5.5	114	0.4	28	123	42.4	825	0.4	24	21	7.2	158	0.4	26
45-64	58	16.6	568	0.3	30	175	50.0	1,743	0.4	18	94	26.9	883	0.4	31
65-74	4,620	33.3	51,082	0.4	37	7,426	53.5	81,297	0.4	18	5,663	40.8	61,699	0.5	35
75-84	6,041	38.9	65,389	0.5	38	8,424	54.2	91,435	0.4	16	5,559	35.8	59,615	0.6	32
85 and older	5,339	42.7	55,807	0.6	37	6,623	53.0	69,157	0.4	14	2,722	21.8	28,564	0.6	28
Male	7,665	26.5	81,376	0.5	37	12,685	43.8	133,305	0.4	23	6,910	23.9	71,989	0.6	33
Disabled	3,082	21.5	33,834	0.5	40	6,610	46.0	70,309	0.4	29	2,629	18.3	27,589	0.5	35
5 and younger	0	0.0	0	0.0	0	1	100.0	12	0.1	1	0	0.0	0	0.0	0
6-14	3	33.3	24	0.5	60	2	22.2	21	0.3	2	0	0.0	0	0.0	0
15-20	10	13.7	92	0.7	54	12	16.4	96	0.1	1	0	0.0	0	0.0	0
21-44	1,118	17.1	12,493	0.5	39	2,822	43.2	30,333	0.4	29	614	9.4	6,716	0.5	36
45-64	1,861	25.2	20,414	0.5	41	3,646	49.4	38,813	0.5	29	1,911	25.9	19,974	0.5	35
65-74	88	25.8	794	0.5	39	125	36.7	1,011	0.5	33	104	30.5	899	0.6	33
75-84	2	11.8	17	0.5	16	1	5.9	12	0.1	1	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	33.3	11	0.2	3	0	0.0	0	0.0	0
Other Eligibles	4,583	31.4	47,542	0.5	35	6,075	41.6	62,996	0.4	15	4,281	29.3	44,400	0.6	32
5 and younger	1	100.0	12	1.1	61	1	100.0	12	0.1	1	0	0.0	0	0.0	0
6-14	1	25.0	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	100.0	30	0.6	92	1	33.3	12	0.3	4	0	0.0	0	0.0	0
21-44	22	13.8	200	0.3	25	71	44.7	619	0.6	60	13	8.2	118	0.4	39
45-64	38	15.1	337	0.4	26	99	39.3	885	0.6	39	44	17.5	374	0.5	33
65-74	1,849	26.7	19,594	0.5	34	2,786	40.2	29,564	0.4	17	2,232	32.2	23,662	0.6	34
75-84	1,642	34.4	17,143	0.5	36	2,053	43.0	21,491	0.4	13	1,450	30.4	14,965	0.6	31
85 and older	1,027	41.3	10,214	0.6	36	1,064	42.8	10,413	0.4	11	542	21.8	5,281	0.6	27
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANTICONVULSANT				ANTIHYPERTENSIVE				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 \$
All	16,340	18.6 %	174,729	0.7	\$51	36,638	41.7 %	391,976	0.5	\$22	14,714	16.7 %	159,652	0.5	\$51
Female	10,267	17.4	109,586	0.6	48	26,978	45.7	290,083	0.5	22	10,746	18.2	117,343	0.5	52
Disabled	4,640	28.3	50,055	0.7	62	4,937	30.1	52,432	0.5	20	2,591	15.8	27,746	0.4	49
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	4	200.0	16	0.6	48	0	0.0	0	0.0	0
15-20	7	11.9	60	0.8	71	5	8.5	60	0.6	19	0	0.0	0	0.0	0
21-44	1,623	32.3	17,387	0.7	73	620	12.3	6,808	0.4	18	282	5.6	3,084	0.4	44
45-64	2,899	27.2	31,648	0.6	55	4,027	37.8	43,226	0.5	21	2,173	20.4	23,510	0.4	49
65-74	105	16.3	905	0.7	56	267	41.5	2,183	0.5	23	129	20.0	1,077	0.5	61
75-84	5	16.1	43	0.6	53	11	35.5	111	0.6	26	5	16.1	51	0.2	25
85 and older	1	9.1	12	0.4	4	3	27.3	28	0.8	17	2	18.2	24	0.8	82
Other Eligibles	5,627	13.2	59,531	0.6	36	22,041	51.8	237,651	0.5	23	8,155	19.2	89,597	0.5	53
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	7	0.3	6	0	0.0	0	0.0	0
15-20	2	28.6	16	0.7	18	1	14.3	4	1.5	106	0	0.0	0	0.0	0
21-44	39	13.4	289	0.6	56	10	3.4	79	0.3	17	7	2.4	51	0.5	62
45-64	50	14.3	464	0.4	34	120	34.3	1,165	0.4	18	58	16.6	611	0.3	39
65-74	2,018	14.6	21,840	0.6	41	7,099	51.2	77,907	0.5	22	3,599	25.9	39,621	0.5	52
75-84	2,191	14.1	23,148	0.6	35	8,631	55.6	93,610	0.5	23	3,259	21.0	36,160	0.5	53
85 and older	1,327	10.6	13,774	0.7	30	6,179	49.4	64,879	0.6	23	1,232	9.9	13,154	0.6	54
Male	6,073	21.0	65,143	0.7	57	9,660	33.4	101,893	0.5	20	3,968	13.7	42,309	0.5	50
Disabled	4,096	28.5	44,752	0.7	66	3,497	24.4	37,217	0.5	20	1,713	11.9	18,404	0.5	47
5 and younger	0	0.0	0	0.0	0	2	200.0	24	0.6	12	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	7	77.8	81	0.5	10	0	0.0	0	0.0	0
15-20	19	26.0	147	0.8	94	8	11.0	66	0.3	5	0	0.0	0	0.0	0
21-44	1,973	30.2	21,631	0.7	75	924	14.2	10,126	0.5	18	444	6.8	4,913	0.4	43
45-64	2,059	27.9	22,572	0.8	58	2,424	32.8	25,807	0.5	20	1,195	16.2	12,860	0.5	48
65-74	44	12.9	390	0.8	58	128	37.5	1,075	0.5	21	72	21.1	619	0.5	54
75-84	1	5.9	12	0.3	29	4	23.5	38	0.3	12	2	11.8	12	0.6	41
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,977	13.5	20,391	0.7	37	6,163	42.2	64,676	0.5	20	2,255	15.4	23,905	0.5	52
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	12	0.8	48	3	75.0	36	0.8	29	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	22	13.8	161	0.3	51	19	11.9	135	0.3	13	5	3.1	37	0.5	61
45-64	28	11.1	251	0.7	91	61	24.2	549	0.4	15	35	13.9	297	0.4	44
65-74	930	13.4	9,956	0.7	39	2,978	43.0	31,862	0.5	21	1,270	18.3	13,675	0.5	51
75-84	702	14.7	7,169	0.7	35	2,067	43.3	21,748	0.5	20	744	15.6	7,903	0.5	54
85 and older	294	11.8	2,842	0.7	33	1,035	41.6	10,346	0.6	19	201	8.1	1,993	0.6	52
Unknown	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 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - ANTI-INFLAMMATORY				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Benes	No. of Bene Mos
	No. of Users	27.7 %	258,695	0.4	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users											
All	24,363	27.7 %	258,695	0.4	\$26	0.4	19,824	22.5 %	217,039	0.4	\$29	0.4	87,933	872,807					
Female	16,729	28.4	179,073	0.4	25	0.4	14,810	25.1	162,914	0.4	31	0.4	58,972	591,168					
Disabled	4,781	29.1	51,242	0.4	26	0.4	3,886	23.7	42,537	0.3	30	0.3	16,416	160,676					
5 and younger	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	1	50.0	10	0.1	8	0.1	2	14					
15-20	5	8.5	42	0.6	32	0.6	4	6.8	29	0.2	4	0.2	59	367					
21-44	980	19.5	10,677	0.3	20	0.3	969	19.3	10,739	0.3	14	0.3	5,021	49,394					
45-64	3,587	33.7	38,771	0.4	27	0.4	2,772	26.0	30,453	0.4	36	0.4	10,648	105,982					
65-74	204	31.7	1,701	0.5	41	0.5	133	20.7	1,239	0.4	28	0.4	644	4,582					
75-84	5	16.1	51	0.5	25	0.5	4	12.9	31	0.5	66	0.5	31	254					
85 and older	0	0.0	0	0.0	0	0.0	3	27.3	36	0.3	24	0.3	11	83					
Other Eligibles	11,948	28.1	127,831	0.4	25	0.4	10,924	25.7	120,377	0.5	32	0.5	42,556	430,492					
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0					
6-14	1	100.0	7	0.3	11	0.3	0	0.0	0	0.0	0	0.0	1	7					
15-20	0	0.0	0	0.0	0	0.0	1	14.3	12	0.1	1	0.1	7	36					
21-44	23	7.9	203	0.2	10	0.2	25	8.6	173	0.2	9	0.2	290	1,460					
45-64	81	23.1	831	0.4	33	0.4	57	16.3	613	0.3	19	0.3	350	2,555					
65-74	4,492	32.4	48,868	0.4	28	0.4	3,436	24.8	38,276	0.4	31	0.4	13,869	141,970					
75-84	4,301	27.7	46,217	0.4	25	0.4	4,219	27.2	47,054	0.5	32	0.5	15,534	160,359					
85 and older	3,050	24.4	31,705	0.4	21	0.4	3,186	25.5	34,249	0.5	33	0.5	12,505	124,105					
Male	7,634	26.4	79,622	0.4	26	0.4	5,014	17.3	54,125	0.4	21	0.4	28,961	281,639					
Disabled	2,676	18.6	28,368	0.4	25	0.4	2,253	15.7	24,482	0.3	17	0.3	14,354	141,107					
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	12					
6-14	3	33.3	36	0.3	23	0.3	0	0.0	0	0.0	0	0.0	9	84					
15-20	5	6.8	34	0.6	17	0.6	6	8.2	51	0.2	11	0.2	73	471					
21-44	739	11.3	8,091	0.3	19	0.3	904	13.9	9,825	0.3	13	0.3	6,526	64,702					
45-64	1,819	24.6	19,284	0.4	27	0.4	1,294	17.5	14,145	0.4	19	0.4	7,384	73,178					
65-74	107	31.4	894	0.5	32	0.5	46	13.5	443	0.4	25	0.4	341	2,506					
75-84	3	17.6	29	0.3	58	0.3	3	17.6	18	0.3	13	0.3	17	124					
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	3	30					
Other Eligibles	4,958	33.9	51,254	0.5	27	0.5	2,761	18.9	29,643	0.4	25	0.4	14,607	140,532					
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	12					
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4	39					
15-20	0	0.0	0	0.0	0	0.0	1	33.3	12	1.1	1,198	1.1	3	21					
21-44	6	3.8	40	0.2	8	0.2	20	12.6	182	0.3	8	0.3	159	1,008					
45-64	46	18.3	445	0.5	29	0.5	24	9.5	192	0.2	10	0.2	252	1,845					
65-74	2,299	33.2	24,428	0.5	29	0.5	1,214	17.5	13,382	0.4	23	0.4	6,930	68,411					
75-84	1,764	37.0	18,006	0.5	27	0.5	954	20.0	10,287	0.4	23	0.4	4,773	46,477					
85 and older	843	33.9	8,335	0.4	24	0.4	548	22.1	5,588	0.5	29	0.5	2,485	22,719					
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0					

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. 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 2002. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$324	6.7	12,635	131,964
Age				
0-64	485	7.9	1,136	12,481
65-74	399	7.8	1,861	19,420
75-84	332	6.9	4,133	42,742
85 and older	258	6.0	5,505	57,321
Unknown	0	0.0	0	0
Gender				
Female	317	6.8	9,402	98,945
Male	347	6.7	3,233	33,019
Unknown	0	0.0	0	0
Race				
White	326	6.8	11,063	115,114
African American	308	6	941	10,121
Other/unknown	318	6.6	631	6,729
Basis of Eligibility^c				
Aged	307	6.6	11,439	118,827
Disabled	482	7.9	1,171	12,886
Adults	263	5.8	19	179
Children	528	7.2	6	72
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 8,854 beneficiaries who were in nursing facilities for part of their enrollment and their 77,637 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^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

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	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No.	As % of Dual All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.3	0.2	0.0	0.2	\$17	\$13	\$1	\$2	\$50	\$80	\$79	\$16	34,676	\$1,729,574	9,098	72.0 %	100,128
Biologics	0.1	0.1	0.0	0.0	3	2	0	1	29	26	0	38	202	5,958	186	1.5	2,086
Antineoplastic Agents	0.6	0.1	0.1	0.4	86	23	12	51	146	263	211	115	9,449	1,381,190	1,538	12.2	16,058
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	39	29	2	8	34	55	24	15	80,370	2,736,711	6,527	51.7	70,068
Cardiovascular Agents	2.0	0.4	0.2	1.3	51	24	6	21	26	57	30	16	201,291	5,261,852	9,650	76.4	102,832
Respiratory Agents	0.6	0.3	0.0	0.3	31	18	2	10	50	70	54	33	34,804	1,750,967	5,206	41.2	57,189
Gastrointestinal Agents	1.0	0.3	0.0	0.7	47	29	1	17	45	100	64	24	86,771	3,944,794	7,712	61.0	84,272
Genitourinary Agents	0.6	0.4	0.0	0.2	33	30	0	3	56	72	38	16	25,150	1,396,687	3,816	30.2	42,286
CNS Drugs	1.5	0.9	0.1	0.6	126	105	5	15	81	118	73	27	157,392	12,820,332	9,517	75.3	101,943
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.0	0.4	27	14	1	12	49	150	34	28	356	17,403	59	0.5	641
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	104	104	0	1	133	135	0	35	15,383	2,047,685	1,856	14.7	19,603
Analgesics and Anesthetics	0.9	0.2	0.1	0.7	35	22	3	11	39	112	54	16	72,677	2,824,882	7,355	58.2	79,900
Neuromuscular Agents	1.2	0.4	0.1	0.7	59	34	6	19	50	86	53	28	53,827	2,695,811	4,181	33.1	45,538
Nutritional Products	0.8	0.0	0.0	0.7	13	0	1	12	17	29	21	17	41,449	709,847	4,920	38.9	53,288
Hematological Agents	0.9	0.4	0.1	0.5	55	44	3	9	58	121	22	19	30,655	1,790,522	3,040	24.1	32,391
Topical Products	0.5	0.2	0.0	0.2	19	12	2	5	36	55	42	19	44,327	1,616,119	7,818	61.9	86,826
Miscellaneous Products	0.3	0.1	0.0	0.1	11	7	1	3	37	46	323	23	1,078	40,231	334	2.6	3,731
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	2	0	0	0	13	0	0	0	429	5,537	208	1.6	2,351
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.	890,286	42,776,102	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002. A total of 8,854 beneficiaries who were in nursing facilities for part of their enrollment and their 77,637 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 2002. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In Oklahoma, 0.1 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.

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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

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
ANTI PSYCHOTICS	\$7,303,071	6,052	47.9 %	66,015	0.7	\$148	\$111
ANTIDEPRESSANTS	4,428,847	8,164	64.6	88,627	0.8	63	50
ULCER DRUGS	3,186,377	6,875	54.4	75,975	0.7	57	42
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,047,480	1,843	14.6	19,595	0.8	133	104
ANTICONVULSANT	1,860,948	3,507	27.8	38,487	0.9	54	48
ANTIHYPERTENSIVE	1,632,492	6,101	48.3	66,089	0.8	32	25
ANTIDIABETIC	1,614,587	4,386	34.7	47,865	0.8	44	34
ANALGESICS - Narcotic	1,536,192	7,406	58.6	80,988	0.5	36	19
ANTINEOPLASTICS	1,381,190	1,555	12.3	16,336	0.6	146	85
ANTI ASTHMATIC	1,334,819	4,547	36.0	49,915	0.5	55	27
Total	26,326,003	50,436		549,892	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,854 beneficiaries who were in nursing facilities for part of their enrollment and their 77,637 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 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^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Users as %			Mean Rx \$	No. of Users	Users as %		
			No. of Bene Mos among Users	Mean No. of Rx	Mean No. of Rx			Residents	NF	No. of Bene Mos among Users			Mean No. of Rx	Mean No. of Rx	Residents
All	389,624	\$26,326,003	6,052	47.9 %	66,015	0.7	\$111	8,164	64.6 %	88,627	0.8	\$50			
Female	285,929	18,902,771	4,210	44.8	46,137	0.7	104	6,110	65.0	66,635	0.8	50			
Disabled	25,775	2,179,797	411	70.3	4,659	0.9	155	485	82.9	5,468	0.8	57			
64 or younger	24,221	2,080,870	388	70.3	4,399	0.9	158	454	82.2	5,121	0.8	58			
65-74	1,419	92,755	23	71.9	260	0.8	101	27	84.4	299	0.8	44			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	135	6,172	0	0.0	0	0.0	0	4	400.0	48	0.7	64			
Other Eligibles	260,154	16,722,974	3,799	43.1	41,478	0.7	99	5,625	63.8	61,167	0.8	50			
64 or younger	179	16,656	1	20.0	12	0.9	111	6	120.0	63	0.7	60			
65-74	44,194	3,098,310	669	62.5	7,392	0.8	134	869	81.1	9,434	0.8	56			
75-84	100,523	6,597,599	1,450	47.2	15,704	0.7	105	2,140	69.7	23,167	0.8	50			
85 and older	115,258	7,010,409	1,679	35.9	18,370	0.7	80	2,610	55.9	28,503	0.8	47			
Male	103,695	7,423,232	1,842	57.0	19,878	0.8	125	2,054	63.5	21,992	0.8	50			
Disabled	25,069	2,161,302	459	78.3	5,230	0.9	181	447	76.3	5,062	0.8	51			
64 or younger	24,619	2,127,965	452	79.0	5,160	0.9	181	437	76.4	4,960	0.8	51			
65-74	450	33,337	7	50.0	70	1.0	173	10	71.4	102	0.7	41			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	78,626	5,261,930	1,383	52.2	14,648	0.7	105	1,607	60.7	16,930	0.8	49			
64 or younger	229	11,676	1	14.3	12	1.0	35	5	71.4	24	1.0	31			
65-74	26,856	1,877,610	470	63.2	5,142	0.8	122	519	69.8	5,536	0.8	50			
75-84	31,734	2,114,028	596	56.0	6,275	0.7	97	670	63.0	7,000	0.8	49			
85 and older	19,807	1,258,616	316	38.0	3,219	0.7	96	413	49.6	4,370	0.8	49			
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,854 beneficiaries who were in nursing facilities for part of their enrollment and their 77,637 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ULCER DRUGS						MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						ANTICONVULSANT							
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	6,875	54.4 %	0.7	\$42	1,843	14.6 %	0.8	\$105	3,507	27.8 %	0.9	\$48	38,487	0.9	\$48					
Female	5,137	54.6	0.7	42	1,449	15.4	0.8	104	2,309	24.6	0.9	47	25,339	0.9	47					
Disabled	340	58.1	0.8	49	25	4.3	0.7	377	407	69.6	1.0	66	4,540	1.0	66					
64 or younger	319	57.8	0.8	50	21	3.8	0.7	440	383	69.4	1.0	66	4,286	1.0	66					
65-74	20	62.5	0.7	40	3	9.4	0.6	75	23	71.9	1.0	69	242	1.0	69					
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0					
85 and older	1	100.0	1.1	15	1	100.0	0.3	44	1	100.0	0.4	4	12	0.4	4					
Other Eligibles	4,797	54.4	0.7	41	1,424	16.2	0.8	99	1,902	21.6	0.9	43	20,799	0.9	43					
64 or younger	4	80.0	0.9	41	1	20.0	0.1	11	3	60.0	1.0	46	27	1.0	46					
65-74	682	63.7	0.7	43	137	12.8	0.8	101	475	44.4	0.9	52	5,230	0.9	52					
75-84	1,676	54.6	0.7	43	583	19.0	0.8	103	796	25.9	0.9	44	8,640	0.9	44					
85 and older	2,435	52.1	0.7	39	703	15.0	0.8	96	628	13.4	0.8	34	6,902	0.8	34					
Male	1,738	53.8	0.7	43	394	12.2	0.8	105	1,198	37.1	0.9	52	13,148	0.9	52					
Disabled	320	54.6	0.8	52	24	4.1	0.7	242	413	70.5	1.0	63	4,728	1.0	63					
64 or younger	312	54.5	0.8	52	24	4.2	0.6	237	408	71.3	1.0	62	4,678	1.0	62					
65-74	8	57.1	0.9	46	0	0.0	0.0	0	5	35.7	0.9	95	50	0.9	95					
75-84	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0					
85 and older	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0					
Other Eligibles	1,418	53.6	0.7	41	370	14.0	0.8	95	785	29.7	0.9	45	8,420	0.9	45					
64 or younger	7	100.0	0.8	34	0	0.0	0.0	0	3	42.9	1.0	31	23	1.0	31					
65-74	405	54.4	0.7	40	66	8.9	0.8	97	335	45.0	0.9	49	3,701	0.9	49					
75-84	555	52.2	0.7	42	179	16.8	0.8	93	304	28.6	0.8	45	3,237	0.8	45					
85 and older	451	54.2	0.7	42	125	15.0	0.8	98	143	17.2	0.9	37	1,459	0.9	37					
Unknown	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	0.0	0					

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,854 beneficiaries who were in nursing facilities for part of their enrollment and their 77,637 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANALGESICS - Narcotic				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	
All	6,101	48.3 %	0.8	\$25	0.8	4,386	34.7 %	0.8	\$34	0.8	7,406	58.6 %	0.5	\$19	
Female	4,570	48.6	0.8	25	0.8	3,175	33.8	0.8	34	0.8	5,766	61.3	0.5	19	
Disabled	220	37.6	0.8	26	0.8	261	44.6	0.9	42	0.9	426	72.8	0.7	25	
64 or younger	203	36.8	0.8	26	0.8	236	42.8	0.9	42	0.9	399	72.3	0.7	25	
65-74	16	50.0	0.8	22	0.8	23	71.9	0.9	42	0.9	24	75.0	0.6	23	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
85 and older	1	100.0	1.4	32	1.4	2	200.0	0.8	59	0.8	3	300.0	1.2	15	
Other Eligibles	4,350	49.3	0.8	25	0.8	2,914	33.0	0.8	33	0.8	5,340	60.6	0.5	19	
64 or younger	0	0.0	0.0	0	0.0	2	40.0	0.5	34	0.5	6	120.0	0.4	11	
65-74	547	51.1	0.8	28	0.8	638	59.6	0.8	36	0.8	729	68.1	0.6	23	
75-84	1,569	51.1	0.8	26	0.8	1,242	40.5	0.8	35	0.8	1,957	63.8	0.6	21	
85 and older	2,234	47.8	0.8	24	0.8	1,032	22.1	0.7	29	0.7	2,648	56.7	0.5	16	
Male	1,531	47.4	0.8	23	0.8	1,211	37.5	0.8	34	0.8	1,640	50.7	0.5	19	
Disabled	257	43.9	0.8	26	0.8	198	33.8	0.8	34	0.8	324	55.3	0.6	27	
64 or younger	252	44.1	0.8	26	0.8	194	33.9	0.8	34	0.8	320	55.9	0.6	27	
65-74	5	35.7	0.9	40	0.9	4	28.6	1.1	48	1.1	4	28.6	1.0	9	
75-84	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
85 and older	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	
Other Eligibles	1,274	48.1	0.8	23	0.8	1,013	38.3	0.8	33	0.8	1,316	49.7	0.5	16	
64 or younger	5	71.4	0.7	20	0.7	6	85.7	0.4	25	0.4	5	71.4	1.2	19	
65-74	420	56.5	0.8	25	0.8	360	48.4	0.8	36	0.8	375	50.4	0.6	21	
75-84	479	45.0	0.7	22	0.7	410	38.5	0.8	32	0.8	548	51.5	0.5	17	
85 and older	370	44.5	0.7	21	0.7	237	28.5	0.8	32	0.8	388	46.6	0.4	12	
Unknown	0	0.0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0.0	0	

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,854 beneficiaries who were in nursing facilities for part of their enrollment and their 77,637 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 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^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANTINEOPLASTICS					ANTIASTHMATIC						
	Users as %		Users as %		Mean Rx \$	No. of Rx	No. of Bene Mos among Users	Users as %		Mean Rx \$	No. of Rx	No. of Bene Mos among Users
	No. of Users	Residents	No. of Users	Residents				No. of Users	Residents			
All	1,555	12.3 %	16,336	0.6	\$85	4,547	36.0 %	49,915	0.5	\$27	12,635	131,964
Female	1,260	13.4	13,263	0.6	79	3,132	33.3	34,690	0.5	25	9,402	98,945
Disabled	46	7.9	505	0.8	312	218	37.3	2,507	0.6	36	585	6,382
64 or younger	44	8.0	489	0.8	316	212	38.4	2,435	0.6	36	552	6,032
65-74	2	6.3	16	1.0	216	6	18.8	72	0.3	21	32	338
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	12
Other Eligibles	1,214	13.8	12,758	0.6	70	2,914	33.0	32,183	0.4	24	8,817	92,563
64 or younger	1	20.0	12	0.5	508	2	40.0	24	0.3	22	5	51
65-74	93	8.7	1,006	0.6	73	461	43.0	5,136	0.5	31	1,071	11,226
75-84	426	13.9	4,372	0.6	66	1,085	35.4	11,917	0.5	28	3,069	32,016
85 and older	694	14.9	7,368	0.6	71	1,366	29.2	15,106	0.4	20	4,672	49,270
Male	295	9.1	3,073	0.6	108	1,415	43.8	15,225	0.6	30	3,233	33,019
Disabled	43	7.3	478	0.6	138	251	42.8	2,824	0.6	32	586	6,504
64 or younger	42	7.3	475	0.6	138	243	42.5	2,755	0.6	32	572	6,358
65-74	1	7.1	3	0.3	86	8	57.1	69	0.6	30	14	146
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	252	9.5	2,595	0.6	102	1,164	44.0	12,401	0.6	30	2,647	26,515
64 or younger	2	28.6	11	0.3	87	6	85.7	48	1.4	111	7	40
65-74	73	9.8	787	0.6	127	335	45.0	3,607	0.6	32	744	7,710
75-84	99	9.3	1,024	0.6	96	488	45.9	5,257	0.6	30	1,064	10,726
85 and older	78	9.4	773	0.5	85	335	40.3	3,489	0.5	26	832	8,039
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A total of 8,854 beneficiaries who were in nursing facilities for part of their enrollment and their 77,637 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 2002. 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 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE D.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 OKLAHOMA, 2002

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 Dual Rx \$	Total No. of Benes
		35.3 %	2.2	2.2	\$41					
All	31,081	35.3 %	2.2	2.2	\$41	193,573	\$3,646,041	\$19	2.1 %	87,933
Age										
5 and younger	1	50.0	4.5	240	479	53	3.6	2		
6-14	4	25.0	2.2	88	1,403	40	1.0	16		
15-20	19	13.4	0.9	127	2,614	21	0.8	142		
21-44	3,005	25.1	1.3	15,827	379,215	24	1.6	11,996		
45-64	6,130	32.9	2.0	37,329	771,587	21	1.8	18,634		
65-74	6,796	31.2	1.9	40,317	775,984	19	2.1	21,784		
75-84	8,102	39.8	2.6	52,022	924,584	18	2.3	20,355		
85 and older	7,024	46.8	3.2	47,907	790,175	16	2.7	15,004		
Unknown	0	0.0	0.0	0	0	0	0.0	0		
Basis of Eligibility^c										
Aged	21,661	38.6	2.5	138,917	2,459,168	18	2.3	56,111		
Disabled	9,227	30.0	1.8	53,933	1,171,719	22	1.7	30,770		
Adults	179	17.6	0.6	606	11,856	20	1.6	1,019		
Children	14	42.4	3.5	117	3,298	28	1.9	33		
Unknown	0	0.0	0.0	0	0	0	0.0	0		
Gender										
Female	22,823	38.7	2.4	142,620	2,644,269	19	2.2	58,972		
Male	8,258	28.5	1.8	50,953	1,001,772	20	1.9	28,961		
Unknown	0	0.0	0.0	0	0	0	0.0	0		
Race										
White	25,747	37.6	2.4	166,259	3,143,229	19	2.2	68,522		
African American	3,024	28.7	1.6	16,458	307,312	19	1.8	10,536		
Other/unknown	2,310	26.0	1.2	10,856	195,500	18	1.6	8,875		
Use of Nursing Facilities^d										
Entire year	7,144	56.5	5.3	67,092	1,120,839	17	2.6	12,635		
Part year	5,101	57.6	3.5	30,557	510,052	17	2.4	8,854		
None	18,836	28.3	1.4	95,924	2,015,150	21	1.8	66,444		
Maintenance Assistance Status										
Cash	7,525	23.0	0.9	29,145	594,153	20	1.4	32,664		
Medically needy	6	7.2	0.1	8	95	12	0.2	83		
Poverty related	4,125	22.1	0.8	15,710	303,683	19	1.5	18,665		
Other/unknown	19,425	53.2	4.1	148,710	2,748,110	18	2.5	36,521		

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 OKLAHOMA, 2002

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	\$19	\$0	\$1	872,807
All						
Age						
5 and younger	0.4	20	53	0	0	24
6-14	0.2	10	40	1	0	144
15-20	0.1	3	21	1	1	895
21-44	0.1	3	24	0	2	116,564
45-64	0.2	4	21	0	2	183,560
65-74	0.2	4	19	0	1	217,469
75-84	0.3	4	18	0	1	207,214
85 and older	0.3	5	16	0	1	146,937
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	4	18	0	1	564,348
Disabled	0.2	4	22	0	2	301,783
Adults	0.1	2	20	0	1	6,381
Children	0.4	11	28	0	1	295
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	4	19	0	1	591,168
Male	0.2	4	20	0	2	281,639
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	5	19	0	2	678,953
African American	0.2	3	19	0	1	104,872
Other/unknown	0.1	2	18	0	1	88,982
Use of Nursing Facilities^d						
Entire year	0.5	8	17	0	3	131,964
Part year	0.4	7	17	0	2	77,637
None	0.1	3	21	0	1	663,206
Maintenance Assistance Status						
Cash	0.1	2	20	0	1	336,558
Medically needy	0.0	0	12	0	0	607
Poverty related	0.1	2	19	0	1	174,873
Other/unknown	0.4	8	18	0	3	360,769

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

- 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 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG DUALS^{a,b,c}
 OKLAHOMA, 2002

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
All	37,231	\$98	\$3,646,041	100.0 %	193,573	\$19	100.0 %
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	20	22	446	0.0	43	10	0.0
Cough and cold medications	434	254	110,107	3.0	1,472	75	0.8
Vitamins and minerals	17,849	112	2,007,693	55.1	100,998	20	52.2
Non-prescription drugs	72	35	2,518	0.1	163	15	0.1
Barbiturates	880	65	57,289	1.6	7,994	7	4.1
Benzodiazepines	16,947	76	1,291,240	35.4	78,899	16	40.8
Other Part D Excl Rx Drugs	1,029	172	176,748	4.8	4,004	44	2.1

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. 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. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. 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 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 OKLAHOMA, 2002

Total Number of Dual Eligible Beneficiaries, Age 85+ 15,004
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$29,211,160
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,947

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 5.8 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	871	5.8 %	0	0.0 %
1-500	2,844	19.0	679,139	2.3
501-1,000	2,309	15.4	1,699,647	5.8
1,001-1,500	1,815	12.1	2,254,635	7.7
1,501-2,000	1,509	10.1	2,636,889	9.0
2,001-2,500	1,203	8.0	2,697,927	9.2
2,501-3,000	961	6.4	2,639,821	9.0
3,001-3,500	836	5.6	2,710,080	9.3
3,501-4,000	630	4.2	2,354,622	8.1
4,001-4,500	512	3.4	2,168,494	7.4
4,501-5,000	377	2.5	1,791,478	6.1
5,001-5,500	303	2.0	1,585,548	5.4
5,501-6,000	204	1.4	1,170,866	4.0
6,001-6,500	184	1.2	1,149,724	3.9
6,501-7,000	126	0.8	849,951	2.9
7,001-7,500	78	0.5	565,609	1.9
7,501-8,000	78	0.5	603,268	2.1
8,001-8,500	43	0.3	354,882	1.2
8,501-9,000	31	0.2	271,427	0.9
9,001-9,500	19	0.1	175,578	0.6
9,501-10,000	15	0.1	146,314	0.5
10,001+	56	0.4	705,261	2.4

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002.

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^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	88,960	56,143	31,571	1,209	37	896,597	566,313	321,315	8,633	336	0
Age											
5 and younger	3	0	2	0	1	36	0	24	0	12	0
6-14	18	0	11	0	7	175	0	117	0	58	0
15-20	156	0	146	2	8	1,490	0	1,422	17	51	0
21-44	12,532	12	11,958	551	11	127,642	95	123,762	3,663	122	0
45-64	19,038	187	18,369	477	5	192,744	1,645	187,445	3,621	33	0
65-74	21,847	20,727	1,023	95	2	220,206	211,465	8,054	663	24	0
75-84	20,358	20,247	48	62	1	207,318	206,408	378	520	12	0
85 and older	15,008	14,970	14	22	2	146,986	146,700	113	149	24	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	59,564	41,933	16,839	771	21	604,627	427,822	171,283	5,341	181	0
Male	29,396	14,210	14,732	438	16	291,970	138,491	150,032	3,292	155	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	69,235	44,384	23,968	859	24	695,627	444,821	244,413	6,168	225	0
African American	10,707	6,061	4,441	198	7	108,800	62,393	44,944	1,397	66	0
Other/unknown	9,018	5,698	3,162	152	6	92,170	59,099	31,958	1,068	45	0
Use of Nursing Facilities^c											
Entire year	12,635	11,439	1,171	19	6	131,967	118,827	12,889	179	72	0
Part year	8,856	7,829	1,009	17	1	77,852	67,727	9,951	162	12	0
None	67,469	36,875	29,391	1,173	30	686,778	379,759	298,475	8,292	252	0
Maintenance Assistance Status											
Cash	33,397	17,401	15,215	780	1	352,587	189,374	157,192	6,009	12	0
Medically needy	83	19	50	14	0	653	173	380	100	0	0
Poverty related	18,860	10,334	8,435	76	15	181,255	101,082	79,644	416	113	0
Other/unknown	36,620	28,389	7,871	339	21	362,102	275,684	84,099	2,108	211	0
Dual Status^d											
Full dual, all year	86,950	54,921	30,831	1,162	36	876,014	553,689	313,832	8,169	324	0
Full dual, part year	2,010	1,222	740	47	1	20,583	12,624	7,483	464	12	0
Managed Care Status											
FFS all year	84,530	55,730	28,021	750	29	854,466	561,860	286,884	5,445	277	0
FFS part year, with Rx claims	2,713	323	2,194	192	4	27,506	3,593	22,355	1,517	41	0
FFS part year, no Rx claims	690	58	555	77	0	5,974	579	4,855	540	0	0
MC all year, with Rx claims	454	6	359	86	3	3,903	54	3,332	502	15	0
MC all year, no Rx claims	573	26	442	104	1	4,748	227	3,889	629	3	0

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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 2002. 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^a
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2002

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
All	88,960	896,597	87,933	872,807	0	23,790
FFS all year	84,530	854,466	84,530	854,466	0	0
FFS part year, with Rx claims	2,713	27,506	2,713	15,424	0	12,082
FFS part year, with no Rx claims	690	5,974	690	2,917	0	3,057
MC all year, with Rx claims	454	3,903	0	0	0	3,903
MC all year, with no Rx claims	573	4,748	0	0	0	4,748

Source: Data for this table are from the MAX 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

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.