

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL 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	355,041	2,981	22,659	58,843	270,558	0	1,070,178	17,156	108,587	146,900	797,535	0		
Age														
5 and younger	115,372	6	863	1	114,502	0	315,082	14	2,446	9	312,613	0		
6-14	113,427	8	2,349	39	111,031	0	352,405	31	10,177	79	342,118	0		
15-20	53,975	9	2,213	7,142	44,611	0	171,767	49	11,523	18,403	141,792	0		
21-44	57,028	25	7,671	48,921	411	0	160,913	101	38,350	121,460	1,002	0		
45-64	12,197	88	9,382	2,724	3	0	52,473	404	45,172	6,887	10	0		
65-74	1,394	1,210	177	7	0	0	9,270	8,344	901	25	0	0		
75-84	900	890	2	8	0	0	5,089	5,040	13	36	0	0		
85 and older	748	745	2	1	0	0	3,179	3,173	5	1	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	203,654	2,285	11,689	55,284	134,336	0	601,242	13,409	55,750	137,669	394,414	0		
Male	151,387	696	10,970	3,559	136,162	0	468,936	3,747	52,837	9,231	403,121	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	212,010	2,160	15,944	38,057	155,849	0	636,554	11,859	78,981	94,653	451,061	0		
African American	54,615	369	3,592	9,188	41,466	0	163,667	2,340	14,841	21,444	125,042	0		
Other/unknown	88,416	452	3,123	11,598	73,243	0	269,957	2,957	14,765	30,803	221,432	0		
Use of Nursing Facilities^c														
Entire year	1,253	318	926	6	3	0	12,059	2,654	9,336	64	5	0		
Part year	1,424	260	819	121	224	0	9,489	1,941	5,871	408	1,269	0		
None	352,364	2,403	20,914	58,716	270,331	0	1,048,630	12,561	93,380	146,428	796,261	0		
Maintenance Assistance Status														
Cash	52,996	745	11,663	25,624	14,964	0	144,727	5,358	32,970	62,953	43,446	0		
Medically needy	927	4	122	427	374	0	3,635	16	703	1,612	1,304	0		
Poverty-related	268,876	595	4,636	25,896	237,749	0	708,139	3,383	14,159	67,143	623,454	0		
Other/unknown	32,242	1,637	6,238	6,896	17,471	0	213,677	8,399	60,755	15,192	129,331	0		
Managed Care Status														
FFS all year	75,450	2,812	9,895	10,897	51,846	0	400,123	16,525	74,362	28,758	280,478	0		
FFS part year, with Rx claims	115,956	106	8,155	23,862	83,833	0	301,088	447	23,561	62,687	214,393	0		
FFS part year, no Rx claims	163,635	63	4,609	24,084	134,879	0	368,967	184	10,664	55,455	302,664	0		

Table ND2

Nondual 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 ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	40.3 %	3.1	\$187	\$60	\$2,258	8.3 %	355,041
Age							
5 and younger	39.8	1.9	78	40	1,424	5.5	115,372
6-14	35.3	2.1	145	69	1,400	10.3	113,427
15-20	40.6	2.7	161	59	2,316	6.9	53,975
21-44	45.8	4.0	267	67	3,846	7.0	57,028
45-64	61.3	18.3	1,187	65	9,537	12.4	12,197
65-74	66.7	17.8	1,016	57	6,719	15.1	1,394
75-84	53.0	16.7	825	50	5,321	15.5	900
85 and older	35.6	14.1	614	43	4,906	12.5	748
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^c							
Aged	54.6	16.8	875	52	5,955	14.7	2,981
Disabled	63.3	17.2	1,402	81	14,402	9.7	22,659
Adults	44.2	2.3	90	39	1,529	5.9	58,843
Children	37.4	2.0	99	50	1,358	7.3	270,558
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	41.7	3.2	171	53	2,091	8.2	203,654
Male	38.4	3.0	209	70	2,482	8.4	151,387
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	45.0	3.8	234	61	2,528	9.2	212,010
African American	25.3	1.9	127	67	2,088	6.1	54,615
Other/unknown	38.3	2.3	113	50	1,713	6.6	88,416
Use of Nursing Facilities^d							
Entire year	96.4	73.5	4,364	59	35,447	12.3	1,253
Part year	82.9	36.4	2,337	64	22,365	10.5	1,424
None	39.9	2.7	164	60	2,058	7.9	352,364
Maintenance Assistance Status							
Cash	42.1	3.4	247	73	1,951	12.7	52,996
Medically needy	37.4	2.4	156	64	2,089	7.5	927
Poverty related	37.8	1.9	90	47	1,212	7.4	268,876
Other/unknown	58.2	13.0	902	70	11,484	7.9	32,242

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL 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	1.0	\$62	8.3 %	59.7 %	20.9 %	6.8 %	7.5 %	3.2 %	1.9 %	\$749	355,041	1,070,178
Age												
5 and younger	0.7	29	5.5	60.2	22.4	6.5	6.8	2.7	1.3	521	115,372	315,082
6-14	0.7	47	10.3	64.7	20.0	5.7	5.8	2.3	1.3	451	113,427	352,405
15-20	0.9	51	6.9	59.4	22.1	7.1	7.2	2.8	1.5	728	53,975	171,767
21-44	1.4	95	7.0	54.2	20.6	8.6	9.9	4.2	2.5	1,363	57,028	160,913
45-64	4.2	276	12.4	38.7	13.6	8.8	16.6	12.3	10.1	2,217	12,197	52,473
65-74	2.7	153	15.1	33.3	20.1	13.2	21.7	8.3	3.4	1,010	1,394	9,270
75-84	2.9	146	15.5	47.0	12.9	9.7	17.3	11.0	2.1	941	900	5,089
85 and older	3.3	144	12.5	64.4	5.2	6.1	12.0	9.4	2.8	1,154	748	3,179
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	2.9	152	14.7	45.4	14.2	10.2	17.7	9.6	2.9	1,035	2,981	17,156
Disabled	3.6	293	9.7	36.7	16.0	9.6	17.0	11.5	9.2	3,005	22,659	108,587
Adults	0.9	36	5.9	55.8	22.0	8.6	8.7	3.2	1.7	613	58,843	146,900
Children	0.7	34	7.3	62.6	21.2	6.1	6.3	2.5	1.3	461	270,558	797,535
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.1	58	8.2	58.3	21.5	7.1	7.8	3.3	1.9	708	203,654	601,242
Male	1.0	68	8.4	61.6	20.2	6.4	7.0	3.1	1.8	801	151,387	468,936
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.3	78	9.2	55.0	22.1	7.7	8.8	4.0	2.4	842	212,010	636,554
African American	0.6	42	6.1	74.7	14.9	4.2	4.0	1.4	0.8	697	54,615	163,667
Other/unknown	0.7	37	6.6	61.7	21.9	6.3	6.4	2.5	1.2	561	88,416	269,957
Use of Nursing Facilities^d												
Entire year	7.6	453	12.3	3.6	3.7	5.5	24.7	41.1	21.5	3,683	1,253	12,059
Part year	5.5	351	10.5	17.1	14.5	9.1	22.5	21.7	15.1	3,356	1,424	9,489
None	0.9	55	7.9	60.1	21.0	6.8	7.3	3.0	1.7	692	352,364	1,048,630
Maintenance Assistance Status												
Cash	1.2	90	12.7	57.9	17.6	7.6	9.2	4.0	3.7	715	52,996	144,727
Medically needy	0.6	40	7.5	62.6	21.0	6.0	7.1	2.3	1.0	533	927	3,635
Poverty related	0.7	34	7.4	62.2	20.5	6.6	6.7	2.6	1.4	460	268,876	708,139
Other/unknown	2.0	136	7.9	41.8	30.0	7.5	11.1	6.7	2.8	1,733	32,242	213,677

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K 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 ND.5

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.0	\$62	0.4	\$46	0.1	\$5	0.5	\$11
Age								
5 and younger	0.7	29	0.3	22	0.0	2	44	5
6-14	0.7	47	0.3	33	0.1	6	77	8
15-20	0.9	51	0.4	38	0.1	5	61	8
21-44	1.4	95	0.5	72	0.1	7	54	15
45-64	4.2	276	1.6	204	0.3	18	60	54
65-74	2.7	153	1.0	110	0.2	10	52	33
75-84	2.9	146	1.2	103	0.2	11	43	33
85 and older	3.3	144	1.2	95	0.3	11	41	38
Unknown	0.0	0	0.0	0	0.0	0	0	0
Basis of Eligibility^d								
Aged	2.9	152	1.1	108	0.2	10	47	34
Disabled	3.6	293	1.5	229	0.3	19	68	45
Adults	0.9	36	0.3	23	0.1	4	41	9
Children	0.7	34	0.3	24	0.1	4	63	6
Unknown	0.0	0	0.0	0	0.0	0	0	0
Gender								
Female	1.1	58	0.4	42	0.1	5	56	11
Male	1.0	68	0.4	51	0.1	5	68	11
Unknown	0.0	0	0.0	0	0.0	0	0	0
Race								
White	1.3	78	0.5	58	0.1	7	62	14
African American	0.6	42	0.3	33	0.0	3	62	7
Other/unknown	0.7	37	0.3	27	0.1	4	53	6
Use of Nursing Facilities^e								
Entire year	7.6	453	2.7	325	0.5	26	55	102
Part year	5.5	351	2.1	261	0.4	23	61	67
None	0.9	55	0.4	41	0.1	5	61	9
Maintenance Assistance Status								
Cash	1.2	90	0.5	72	0.1	6	59	13
Medically needy	0.6	40	0.3	31	0.1	3	52	5
Poverty related	0.7	34	0.3	24	0.1	4	57	7
Other/unknown	2.0	136	0.8	103	0.2	10	66	23

Table ND5

Nondual 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 ND.5 includes the beneficiaries represented by Cell K 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 ND.6

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

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	No.	As % of All Benes	No. of Bene Mos				
														Generic	Brand-Name	Generic	Brand-Name
Anti-infective Agents	0.6	0.3	0.0	0.3	\$25	\$17	\$3	\$4	\$40	\$66	\$69	\$14	212,410	\$8,507,792	93,881	26.4 %	346,081
Biologics	0.6	0.5	0.0	0.0	531	528	0	3	960	976	133	287	1,869	1,793,884	728	0.2	3,377
Antineoplastic Agents	0.6	0.2	0.1	0.3	177	133	13	31	284	552	232	95	2,556	726,099	606	0.2	4,097
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	36	26	5	5	50	83	39	19	80,475	4,060,860	27,152	7.6	113,262
Cardiovascular Agents	1.2	0.3	0.1	0.8	45	26	5	14	36	79	42	18	78,942	2,871,089	11,270	3.2	63,838
Respiratory Agents	0.9	0.5	0.1	0.3	49	37	6	6	55	71	79	22	166,636	9,223,100	49,585	14.0	188,900
Gastrointestinal Agents	0.8	0.3	0.0	0.5	44	32	2	9	58	125	127	19	52,432	3,030,879	14,423	4.1	69,661
Genitourinary Agents	0.5	0.3	0.0	0.1	22	19	1	3	45	57	39	18	14,478	657,946	6,947	2.0	29,760
CNS Drugs	1.2	0.7	0.0	0.5	123	105	4	13	99	149	90	28	162,577	16,148,608	25,814	7.3	131,605
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.2	0.4	52	18	16	18	63	82	73	47	32,476	2,060,359	7,033	2.0	39,475
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	137	133	0	4	206	231	0	48	1,347	277,927	287	0.1	2,028
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	26	14	3	9	35	160	60	15	104,597	3,649,473	37,260	10.5	143,091
Neuromuscular Agents	1.1	0.5	0.1	0.5	80	62	6	12	73	127	61	23	73,315	5,324,282	12,278	3.5	66,195
Nutritional Products	0.6	0.0	0.2	0.4	13	1	4	8	22	28	25	20	28,543	624,324	13,072	3.7	48,843
Hematological Agents	0.8	0.3	0.1	0.4	310	260	3	47	411	849	30	130	10,763	4,420,843	2,181	0.6	14,278
Topical Products	0.5	0.2	0.0	0.3	16	10	2	5	32	59	47	16	81,854	2,627,398	41,241	11.6	164,427
Miscellaneous Products	0.4	0.3	0.0	0.1	43	30	7	5	106	104	342	58	3,907	412,726	2,243	0.6	9,582
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	4	0	0	0	17	0	0	0	437	7,268	328	0.1	1,710
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.	1,109,614	66,424,857	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 ND.6 includes the beneficiaries represented by Cell K 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 category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oklahoma, 0.1 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_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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$7,728,031	7,268	2.0 %	60,861	0.7	\$193	\$127
ANTIDEPRESSANTS	3,968,664	13,714	3.9	96,922	0.6	70	41
ANTICONVULSANT	3,901,607	6,376	1.8	51,927	0.8	91	75
ANTIASTHMATIC	2,827,872	18,283	5.1	104,854	0.5	59	27
MISC. HEMATOLOGICAL	1,823,665	732	0.2	6,115	0.6	488	298
ANALGESICS - Narcotic	1,613,322	17,828	5.0	97,844	0.4	40	16
ULCER DRUGS	1,594,705	7,194	2.0	49,828	0.5	65	32
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	1,357,007	5,191	1.5	38,039	0.6	64	36
ANTHISTAMINES	1,319,215	13,901	3.9	79,464	0.3	48	17
ANTIDIABETIC	1,124,407	3,659	1.0	27,440	0.7	61	41
Total	27,258,495	94,146		613,294	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 ND.7 includes the beneficiaries represented by Cell K 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	323,304	\$27,258,495	7,268	2.0 %	60,861	0.7	\$127	13,714	3.9 %	96,922	0.6	\$41					
Female	178,567	13,364,701	3,374	1.7	27,886	0.6	122	8,491	4.2	55,853	0.6	42					
Disabled	93,511	8,283,251	1,649	14.1	14,685	0.8	152	2,995	25.6	24,578	0.7	51					
5 and younger	746	64,583	0	0.0	0	0.0	0	2	0.6	12	0.7	68					
6-14	3,833	354,316	75	8.8	515	0.6	111	100	11.8	771	0.7	42					
15-20	6,057	635,275	142	14.7	1,245	0.7	143	196	20.2	1,605	0.7	57					
21-44	24,902	2,396,332	560	14.3	4,587	0.8	151	931	23.8	7,427	0.7	55					
45-64	57,146	4,767,168	856	15.6	8,222	0.8	156	1,739	31.8	14,586	0.7	49					
65-74	809	65,113	16	12.5	116	0.7	139	27	21.1	177	0.7	51					
75-84	13	275	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	5	189	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	85,056	5,081,450	1,725	0.9	13,201	0.5	88	5,496	2.9	31,275	0.5	35					
5 and younger	10,270	444,833	40	0.1	310	0.3	49	62	0.1	517	0.3	14					
6-14	25,671	1,848,521	710	1.3	6,436	0.5	86	1,320	2.4	10,649	0.5	30					
15-20	16,608	1,038,848	459	1.5	3,445	0.5	80	1,510	4.8	9,841	0.5	33					
21-44	16,214	637,478	253	0.5	750	0.5	85	1,969	4.2	5,736	0.6	43					
45-64	1,843	117,316	29	1.4	109	0.5	61	180	8.7	583	0.6	47					
65-74	7,093	541,460	124	13.9	1,218	0.7	138	212	23.8	1,892	0.6	40					
75-84	4,445	288,211	63	9.0	524	0.7	87	154	22.0	1,305	0.6	40					
85 and older	2,912	164,783	47	7.7	409	0.7	100	89	14.6	752	0.8	46					
Male	144,737	13,893,794	3,894	2.6	32,975	0.7	132	5,223	3.5	41,069	0.6	40					
Disabled	70,808	8,232,789	1,777	16.2	15,837	0.8	167	1,893	17.3	16,043	0.7	51					
5 and younger	1,163	104,076	12	2.4	80	0.5	85	6	1.2	70	0.2	13					
6-14	7,678	1,616,218	219	14.6	1,678	0.7	140	201	13.4	1,457	0.7	44					
15-20	8,797	1,105,088	261	21.0	2,412	0.8	173	238	19.1	2,048	0.7	56					
21-44	24,046	2,918,496	680	18.1	5,928	0.8	184	675	17.9	5,856	0.7	57					
45-64	28,955	2,477,424	604	15.5	5,727	0.8	156	768	19.7	6,586	0.7	47					
65-74	165	11,456	1	2.0	12	0.6	178	5	10.2	26	0.6	18					
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	4	31	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	73,929	5,661,005	2,117	1.5	17,138	0.5	99	3,330	2.4	25,026	0.5	32					
5 and younger	14,622	787,380	86	0.1	626	0.5	81	78	0.1	583	0.4	19					
6-14	38,904	3,248,617	1,292	2.3	10,760	0.5	98	1,826	3.2	14,516	0.5	31					
15-20	14,753	1,223,158	631	3.1	4,848	0.5	95	1,171	5.7	8,472	0.5	34					
21-44	1,410	88,551	23	0.8	106	0.4	154	116	4.0	387	0.6	35					
45-64	921	58,638	6	0.8	22	0.7	55	50	6.8	270	0.6	38					
65-74	1,815	155,478	44	13.5	465	0.8	151	40	12.3	389	0.6	43					
75-84	952	66,256	26	13.2	238	0.9	108	28	14.2	219	0.7	39					
85 and older	552	32,927	9	6.6	73	0.9	123	21	15.4	190	0.8	50					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table ND7A

Nondual 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 ND.7A includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					MISC. HEMATOLOGICAL				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
All	6,376	1.8 %	51,927	0.8	\$75	18,283	5.1 %	104,854	0.5	\$27	732	0.2 %	6,115	0.6	\$298
Female	3,462	1.7	27,219	0.8	71	9,323	4.6	54,342	0.5	27	481	0.2	4,107	0.6	63
Disabled	2,156	18.4	19,551	0.9	81	2,204	18.9	18,613	0.6	39	302	2.6	2,665	0.6	63
5 and younger	29	8.1	170	1.1	106	60	16.7	327	0.9	95	0	0.0	0	0.0	0
6-14	128	15.0	1,110	0.9	97	132	15.5	1,172	0.7	66	0	0.0	0	0.0	0
15-20	216	22.3	1,994	0.9	104	144	14.9	1,223	0.8	62	0	0.0	0	0.0	0
21-44	802	20.5	7,291	0.9	93	457	11.7	3,776	0.5	28	35	0.9	328	0.4	42
45-64	967	17.7	8,895	0.9	64	1,379	25.2	11,900	0.5	36	259	4.7	2,275	0.6	66
65-74	14	10.9	91	0.8	31	32	25.0	215	0.4	40	8	6.3	62	0.5	54
75-84	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
Other Eligibles	1,306	0.7	7,668	0.6	46	7,119	3.7	35,729	0.4	21	179	0.1	1,442	0.6	62
5 and younger	87	0.2	527	0.6	42	2,425	4.4	12,534	0.4	19	1	0.0	2	2.0	1,888
6-14	298	0.5	2,308	0.6	47	2,075	3.8	10,834	0.4	23	1	0.0	2	0.5	4
15-20	303	1.0	1,997	0.5	50	1,122	3.6	5,901	0.4	19	1	0.0	12	0.1	2
21-44	401	0.9	1,162	0.6	41	1,045	2.2	3,028	0.5	20	13	0.0	38	0.7	72
45-64	50	2.4	190	0.6	54	101	4.9	326	0.6	28	8	0.4	29	0.5	77
65-74	99	11.1	921	0.7	47	175	19.6	1,531	0.4	26	58	6.5	468	0.6	67
75-84	35	5.0	285	0.7	41	123	17.5	1,168	0.5	31	59	8.4	551	0.6	53
85 and older	33	5.4	278	0.7	27	53	8.7	407	0.4	23	38	6.2	340	0.6	59
Male	2,914	1.9	24,708	0.8	80	8,960	5.9	50,512	0.5	27	251	0.2	2,008	0.7	780
Disabled	1,925	17.5	17,574	0.9	94	1,439	13.1	11,701	0.6	42	190	1.7	1,544	0.7	798
5 and younger	38	7.5	195	1.4	196	128	25.4	732	0.8	63	0	0.0	0	0.0	0
6-14	234	15.6	1,908	0.9	98	264	17.6	1,988	0.8	59	7	0.5	38	1.0	23,059
15-20	288	23.2	2,674	1.0	109	166	13.3	1,465	0.7	46	1	0.1	2	1.5	39,793
21-44	812	21.6	7,813	1.0	106	269	7.1	2,501	0.5	31	19	0.5	175	0.6	1,041
45-64	548	14.0	4,942	0.9	61	607	15.5	4,977	0.6	36	161	4.1	1,305	0.7	72
65-74	5	10.2	42	0.6	42	5	10.2	38	0.6	42	2	4.1	24	0.6	19
75-84	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
Other Eligibles	989	0.7	7,134	0.6	46	7,521	5.4	38,811	0.4	22	61	0.0	464	0.7	720
5 and younger	98	0.2	619	0.7	54	3,543	6.0	17,925	0.4	20	4	0.0	38	2.4	2,359
6-14	460	0.8	3,538	0.6	42	2,990	5.3	15,379	0.4	23	6	0.0	27	0.6	8,341
15-20	310	1.5	2,301	0.6	52	830	4.1	4,496	0.4	22	0	0.0	0	0.0	0
21-44	63	2.2	206	0.8	51	48	1.7	154	0.6	26	8	0.3	32	0.5	55
45-64	18	2.4	97	0.8	33	31	4.2	163	0.6	60	13	1.8	79	0.7	61
65-74	26	8.0	237	0.8	31	50	15.3	459	0.4	27	15	4.6	136	0.5	48
75-84	10	5.1	102	0.5	34	17	8.6	119	0.5	16	7	3.6	78	0.4	49
85 and older	4	2.9	34	0.9	22	12	8.8	116	0.3	14	8	5.9	74	0.5	32
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B
 Nondual 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 ND.7B includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic				ULCER DRUGS				STIMULANTS/ANTI-OBESITY/ANOREXIANTS						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	17,828	5.0 %	97,844	0.4	\$17	7,194	2.0 %	49,828	0.5	\$32	5,191	1.5 %	38,039	0.6	\$36
Female	12,676	6.2	65,766	0.4	17	4,520	2.2	30,830	0.5	31	1,543	0.8	12,200	0.5	34
Disabled	3,158	27.0	25,287	0.6	34	1,834	15.7	16,651	0.6	41	145	1.2	1,204	0.6	50
5 and younger	11	3.1	84	0.2	1	39	10.9	250	0.7	48	2	0.6	14	0.4	11
6-14	64	7.5	560	0.2	2	70	8.2	707	0.6	59	75	8.8	563	0.6	41
15-20	107	11.0	874	0.2	5	73	7.5	658	0.6	47	38	3.9	319	0.6	40
21-44	915	23.4	6,784	0.5	30	473	12.1	4,512	0.5	38	14	0.4	158	0.6	80
45-64	2,018	36.9	16,722	0.6	38	1,152	21.0	10,321	0.6	41	15	0.3	141	0.6	81
65-74	39	30.5	235	0.5	25	27	21.1	203	0.5	32	1	0.8	9	0.1	14
75-84	2	200.0	24	0.4	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	200.0	4	1.3	47	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	9,518	5.0	40,479	0.4	6	2,686	1.4	14,179	0.4	18	1,398	0.7	10,996	0.5	33
5 and younger	433	0.8	2,267	0.2	2	657	1.2	2,863	0.3	11	97	0.2	795	0.4	17
6-14	1,021	1.9	5,836	0.2	2	419	0.8	2,487	0.2	8	1,131	2.1	8,875	0.5	34
15-20	2,377	7.6	11,321	0.3	3	506	1.6	2,943	0.3	11	150	0.5	1,246	0.5	31
21-44	4,823	10.4	14,913	0.5	7	605	1.3	1,832	0.4	16	17	0.0	47	0.6	111
45-64	284	13.7	992	0.7	34	78	3.8	297	0.5	33	2	0.1	21	0.2	51
65-74	256	28.7	2,319	0.5	14	193	21.7	1,697	0.5	40	1	0.1	12	0.1	1
75-84	197	28.1	1,720	0.4	16	134	19.1	1,204	0.5	38	0	0.0	0	0.0	0
85 and older	127	20.8	1,111	0.5	11	94	15.4	856	0.6	30	0	0.0	0	0.0	0
Male	5,152	3.4	32,078	0.4	16	2,674	1.8	18,998	0.5	34	3,648	2.4	25,839	0.6	36
Disabled	1,932	17.6	14,561	0.5	27	1,166	10.6	10,964	0.6	48	314	2.9	2,152	0.7	48
5 and younger	13	2.6	60	0.3	3	21	4.2	149	0.7	46	13	2.6	96	0.4	28
6-14	85	5.7	801	0.2	5	85	5.7	818	0.6	50	194	13.0	1,111	0.8	53
15-20	145	11.7	1,178	0.3	18	108	8.7	1,016	0.5	45	75	6.0	617	0.7	44
21-44	659	17.5	4,785	0.4	22	388	10.3	3,880	0.6	50	28	0.7	287	0.6	49
45-64	1,022	26.2	7,700	0.6	35	557	14.3	5,056	0.7	46	4	0.1	41	0.6	48
65-74	6	12.2	31	0.3	5	7	14.3	45	1.0	74	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	200.0	6	0.7	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,220	2.3	17,517	0.3	6	1,508	1.1	8,034	0.4	15	3,334	2.4	23,687	0.6	35
5 and younger	642	1.1	3,520	0.2	2	758	1.3	3,248	0.3	11	215	0.4	1,385	0.5	35
6-14	1,029	1.8	5,960	0.2	2	339	0.6	1,977	0.3	13	2,689	4.7	18,944	0.6	35
15-20	984	4.8	5,558	0.2	3	236	1.2	1,486	0.3	13	426	2.1	3,335	0.5	37
21-44	351	12.2	1,051	0.6	25	45	1.6	160	0.6	49	3	0.1	11	0.4	133
45-64	106	14.3	437	0.7	33	23	3.1	134	0.4	33	1	0.1	12	0.5	117
65-74	66	20.2	595	0.4	23	55	16.9	534	0.5	28	0	0.0	0	0.0	0
75-84	30	15.2	265	0.4	19	34	17.3	321	0.5	31	0	0.0	0	0.0	0
85 and older	12	8.8	131	0.6	18	18	13.2	174	0.7	38	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C
 Nondual 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 ND.7C includes the beneficiaries represented by Cell K 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 ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANTHISTAMINES				ANTIDIABETIC							
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	13,901	3.9 %	79,464	0.3	\$17	3,659	1.0 %	27,440	0.7	\$41	355,041	1,070,178
Female	7,975	3.9	43,834	0.3	16	2,619	1.3	19,730	0.7	40	203,654	601,242
Disabled	968	8.3	9,098	0.3	16	1,571	13.4	13,395	0.7	42	11,689	55,750
5 and younger	25	7.0	93	0.6	27	0	0.0	0	0.0	0	359	1,016
6-14	85	10.0	767	0.3	18	3	0.4	16	0.7	21	851	3,810
15-20	104	10.7	954	0.4	26	28	2.9	208	0.6	44	969	4,884
21-44	279	7.1	2,744	0.4	18	195	5.0	1,579	0.6	39	3,905	18,576
45-64	471	8.6	4,507	0.3	13	1,299	23.7	11,253	0.7	43	5,475	26,796
65-74	4	3.1	33	0.2	5	45	35.2	327	0.6	38	128	654
75-84	0	0.0	0	0.0	0	1	100.0	12	0.3	10	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
Other Eligibles	7,007	3.7	34,736	0.3	15	1,048	0.5	6,335	0.6	36	191,965	545,492
5 and younger	1,915	3.4	9,648	0.3	11	13	0.0	29	1.1	71	55,530	152,255
6-14	2,293	4.2	13,246	0.3	20	76	0.1	341	0.9	58	54,343	167,485
15-20	1,393	4.4	6,819	0.3	15	93	0.3	519	0.8	49	31,338	92,329
21-44	1,242	2.7	3,559	0.5	10	313	0.7	1,003	0.8	39	46,477	115,172
45-64	23	1.1	93	0.4	8	104	5.0	466	0.6	35	2,075	5,202
65-74	55	6.2	542	0.3	9	269	30.2	2,349	0.6	33	891	6,155
75-84	42	6.0	399	0.2	7	131	18.7	1,193	0.6	33	701	4,192
85 and older	44	7.2	430	0.3	8	49	8.0	435	0.5	25	610	2,702
Male	5,926	3.9	35,630	0.3	18	1,040	0.7	7,710	0.7	42	151,387	468,936
Disabled	682	6.2	6,436	0.4	19	736	6.7	5,948	0.7	42	10,970	52,837
5 and younger	39	7.7	226	0.3	11	0	0.0	0	0.0	0	504	1,430
6-14	161	10.7	1,353	0.4	24	6	0.4	36	0.6	49	1,498	6,367
15-20	139	11.2	1,379	0.4	25	19	1.5	165	0.7	46	1,244	6,639
21-44	191	5.1	1,986	0.4	20	119	3.2	1,047	0.8	48	3,766	19,774
45-64	152	3.9	1,492	0.3	10	580	14.8	4,637	0.7	40	3,907	18,376
65-74	0	0.0	0	0.0	0	12	24.5	63	0.4	25	49	247
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
Other Eligibles	5,244	3.7	29,194	0.3	18	304	0.2	1,762	0.7	45	140,417	416,099
5 and younger	2,245	3.8	11,273	0.3	13	17	0.0	60	0.7	44	58,979	160,381
6-14	2,417	4.3	14,277	0.3	21	66	0.1	319	0.9	57	56,735	174,743
15-20	522	2.6	3,198	0.3	22	54	0.3	303	1.0	79	20,424	67,915
21-44	24	0.8	96	0.4	15	51	1.8	148	0.8	40	2,880	7,391
45-64	8	1.1	69	0.4	14	36	4.9	172	0.7	47	740	2,099
65-74	12	3.7	132	0.1	4	53	16.3	506	0.5	25	326	2,214
75-84	9	4.6	76	0.3	7	22	11.2	211	0.7	35	197	884
85 and older	7	5.1	73	0.3	6	5	3.7	43	0.5	11	136	472
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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	\$453	7.6	1,253	12,059
Age				
0-64	491	8.0	929	9,324
65-74	400	6.6	130	1,165
75-84	261	5.8	99	792
85 and older	286	6.6	95	778
Unknown	0	0.0	0	0
Gender				
Female	460	8.0	761	7,370
Male	443	7.0	492	4,689
Unknown	0	0.0	0	0
Race				
White	466	7.8	948	9,113
African American	408	6.8	172	1,668
Other/unknown	425	7.2	133	1,278
Basis of Eligibility^c				
Aged	325	6.3	318	2,654
Disabled	491	8.0	926	9,336
Adults	353	7.3	6	64
Children	0	0.0	3	5
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,424 beneficiaries who were in nursing facilities for part of their enrollment and their 9,489 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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos						
	Users			Users								Total	Patented	Off-Patent	Generic		
	Total	Patented	Off-Patent	Total	Patented	Off-Patent											
Anti-infective Agents	0.4	0.2	0.0	0.2	\$33	\$27	\$2	\$4	\$76	\$132	\$83	\$18	3,532	\$266,695	788	62.9 %	8,171
Biologicals	0.1	0.0	0.0	0.0	2	1	0	1	20	17	0	24	17	345	16	1.3	187
Antineoplastic Agents	0.6	0.1	0.1	0.4	130	69	15	45	227	540	268	117	596	135,492	104	8.3	1,043
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	50	35	3	11	39	60	35	19	7,795	305,234	604	48.2	6,131
Cardiovascular Agents	1.9	0.4	0.2	1.3	52	25	6	20	28	60	36	16	15,131	419,575	812	64.8	8,083
Respiratory Agents	0.7	0.3	0.0	0.4	38	23	2	14	52	71	53	36	3,856	199,957	509	40.6	5,206
Gastrointestinal Agents	1.1	0.2	0.0	0.9	49	25	1	23	44	109	149	26	8,516	374,994	750	59.9	7,686
Genitourinary Agents	0.6	0.4	0.0	0.2	37	34	0	3	61	80	47	17	2,073	125,651	312	24.9	3,378
CNS Drugs	2.1	1.1	0.1	0.9	221	186	7	28	104	162	77	31	21,434	2,220,524	996	79.5	10,053
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	54	47	0	7	92	144	0	27	56	5,153	9	0.7	96
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	146	144	0	2	190	193	0	69	449	85,124	64	5.1	583
Analgesics and Anesthetics	1.1	0.2	0.1	0.9	50	30	5	15	44	145	66	17	8,292	361,354	724	57.8	7,271
Neuromuscular Agents	1.5	0.5	0.1	0.9	80	50	6	23	55	108	53	27	10,035	549,967	659	52.6	6,898
Nutritional Products	0.8	0.0	0.0	0.8	15	0	1	13	18	30	24	18	3,228	59,119	403	32.2	3,990
Hematological Agents	0.9	0.3	0.1	0.5	59	50	2	7	63	149	22	14	2,813	178,314	301	24.0	3,003
Topical Products	0.5	0.2	0.1	0.3	23	13	4	5	43	69	62	20	4,011	172,073	709	56.6	7,485
Miscellaneous Products	0.3	0.1	0.0	0.2	13	6	0	7	39	51	0	33	194	7,656	55	4.4	586
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	3	0	0	0	34	0	0	0	15	510	13	1.0	148
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	92,043	5,467,737	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,424 beneficiaries who were in nursing facilities for part of their enrollment and their 9,489 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 ND.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}
 NONDUAL 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	
ANTIPSYCHOTICS	\$1,552,584	834	66.6 %	9,023	0.9	\$191	\$172	
ANTIDEPRESSANTS	517,005	895	71.4	9,264	0.9	66	56	
ANTICONVULSANT	442,724	647	51.6	6,987	1.0	64	63	
ULCER DRUGS	276,195	664	53.0	7,003	0.8	52	39	
ANALGESICS - Narcotic	253,536	764	61.0	7,850	0.7	48	32	
ANTIDIABETIC	220,177	551	44.0	5,833	0.8	49	38	
ANTIASTHMATIC	156,391	472	37.7	4,841	0.5	60	32	
ANTIHYPERTENSIVE	138,739	499	39.8	5,186	0.8	32	27	
DERMATOLOGICAL	140,305	1,015	81.0	11,069	0.3	46	13	
ANTINEOPLASTICS	135,492	107	8.5	1,071	0.6	227	127	
Total	3,833,148	6,448		68,127	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,424 beneficiaries who were in nursing facilities for part of their enrollment and their 9,489 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 ND.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} NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS					
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	Users of All-Year		Mean No. of Rx	No. of Bene Mos among Users	No. of Bene Mos among Users	Users as %		Mean No. of Rx	Mean Rx \$
			Residents	NF	Residents			Residents	Residents							
All	48,738	\$3,833,148	834	66.6 %	9,023	0.9	895	71.4 %	9,264	0.9	9,264	0.9	895	71.4 %	9,264	\$56
Female	30,405	2,359,742	505	66.4	5,513	0.9	575	75.6	5,981	0.9	5,981	0.9	575	75.6	5,981	57
Disabled	24,173	1,954,480	392	76.9	4,431	0.9	437	85.7	4,759	0.8	4,759	0.8	437	85.7	4,759	58
64 or younger	23,838	1,933,111	389	77.5	4,395	0.9	432	86.1	4,710	0.8	4,710	0.8	432	86.1	4,710	58
65-74	335	21,369	3	37.5	36	0.7	5	62.5	49	1.2	49	1.2	5	62.5	49	88
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	6,232	405,262	113	45.0	1,082	0.9	138	55.0	1,222	0.9	1,222	0.9	138	55.0	1,222	54
64 or younger	84	4,301	2	25.0	17	0.6	1	12.5	12	1.6	12	1.6	1	12.5	12	118
65-74	2,954	235,253	63	71.6	634	0.9	60	68.2	562	0.8	562	0.8	60	68.2	562	55
75-84	1,449	76,378	25	33.3	221	1.0	38	50.7	302	0.9	302	0.9	38	50.7	302	52
85 and older	1,745	89,330	23	28.8	210	0.8	39	48.8	346	1.0	346	1.0	39	48.8	346	53
Male	18,333	1,473,406	329	66.9	3,510	0.9	320	65.0	3,283	0.9	3,283	0.9	320	65.0	3,283	54
Disabled	16,294	1,307,129	283	68.0	3,043	0.9	276	66.3	2,879	0.9	2,879	0.9	276	66.3	2,879	53
64 or younger	16,266	1,305,660	283	68.7	3,043	0.9	275	66.7	2,867	0.9	2,867	0.9	275	66.7	2,867	53
65-74	28	1,469	0	0.0	0	0.0	1	25.0	12	1.0	12	1.0	1	25.0	12	7
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	2,039	166,277	46	60.5	467	0.9	44	57.9	404	0.8	404	0.8	44	57.9	404	56
64 or younger	201	10,823	1	14.3	12	0.5	3	42.9	36	0.9	36	0.9	3	42.9	36	61
65-74	721	84,339	23	76.7	255	0.9	13	43.3	138	0.8	138	0.8	13	43.3	138	61
75-84	695	48,279	18	75.0	166	1.0	15	62.5	111	0.9	111	0.9	15	62.5	111	53
85 and older	422	22,836	4	26.7	34	0.9	13	86.7	119	0.8	119	0.8	13	86.7	119	53
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,424 beneficiaries who were in nursing facilities for part of their enrollment and their 9,489 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 ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANTICONVULSANT						ULCER DRUGS						ANALGESICS - Narcotic						
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %			
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	
All	647	6,987	1.0	664	7,003	0.8	664	7,003	0.8	664	7,003	0.8	764	7,650	0.7	764	7,650	0.7	\$32
Female	398	4,396	1.0	418	4,423	0.7	418	4,423	0.7	418	4,423	0.7	491	5,085	0.6	491	5,085	0.6	28
Disabled	342	3,848	1.0	305	3,364	0.7	305	3,364	0.7	305	3,364	0.7	367	3,992	0.7	367	3,992	0.7	31
64 or younger	340	3,824	1.0	301	3,316	0.7	301	3,316	0.7	301	3,316	0.7	361	3,942	0.7	361	3,942	0.7	31
65-74	2	25.0	1.0	4	50.0	1.0	4	50.0	1.0	4	50.0	1.0	6	50	0.4	6	50	0.4	19
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
Other Eligibles	56	22.3	1.0	113	45.0	0.8	113	45.0	0.8	113	45.0	0.8	124	1,093	0.6	124	1,093	0.6	16
64 or younger	0	0.0	0.0	2	25.0	1.4	2	25.0	1.4	2	25.0	1.4	6	40	0.5	6	40	0.5	14
65-74	38	43.2	1.0	41	46.6	0.7	41	46.6	0.7	41	46.6	0.7	45	405	0.7	45	405	0.7	20
75-84	10	13.3	1.2	32	42.7	0.8	32	42.7	0.8	32	42.7	0.8	30	242	0.6	30	242	0.6	15
85 and older	8	10.0	0.8	38	47.5	0.8	38	47.5	0.8	38	47.5	0.8	43	406	0.6	43	406	0.6	13
Male	249	2,591	1.0	246	2,580	0.8	246	2,580	0.8	246	2,580	0.8	273	2,765	0.7	273	2,765	0.7	41
Disabled	228	2,392	1.0	205	2,160	0.8	205	2,160	0.8	205	2,160	0.8	244	2,492	0.7	244	2,492	0.7	41
64 or younger	228	2,392	1.0	202	2,151	0.8	202	2,151	0.8	202	2,151	0.8	244	2,492	0.7	244	2,492	0.7	41
65-74	0	0.0	0.0	3	75.0	1.0	3	75.0	1.0	3	75.0	1.0	0	0	0.0	0	0	0.0	0
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
Other Eligibles	21	27.6	0.7	41	53.9	0.7	41	53.9	0.7	41	53.9	0.7	29	273	0.8	29	273	0.8	42
64 or younger	4	57.1	0.8	2	28.6	0.8	2	28.6	0.8	2	28.6	0.8	4	39	1.9	4	39	1.9	72
65-74	7	23.3	0.9	13	43.3	0.8	13	43.3	0.8	13	43.3	0.8	9	87	0.6	9	87	0.6	35
75-84	6	25.0	0.5	16	66.7	0.7	16	66.7	0.7	16	66.7	0.7	9	68	0.5	9	68	0.5	53
85 and older	4	26.7	0.9	10	66.7	0.8	10	66.7	0.8	10	66.7	0.8	7	79	0.7	7	79	0.7	25
Unknown	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 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,424 beneficiaries who were in nursing facilities for part of their enrollment and their 9,489 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 ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-ASTHMATIC					ANTI-HYPERTENSIVE							
	Users as %					Users as %					Users as %							
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$
All	551	5,833	0.8	\$38	0.5	472	4,841	0.5	\$32	0.5	499	5,186	0.8	\$27	499	5,186	0.8	\$27
Female	381	3,981	0.8	39	0.5	276	2,772	0.5	30	0.5	301	3,100	0.8	25	301	3,100	0.8	25
Disabled	299	3,243	0.8	41	0.5	220	2,338	0.5	32	0.5	199	2,173	0.8	27	199	2,173	0.8	27
64 or younger	291	3,147	0.8	41	0.5	212	2,275	0.5	31	0.5	195	2,125	0.8	27	195	2,125	0.8	27
65-74	8	96	0.9	44	0.5	8	63	0.5	54	0.5	4	48	0.6	16	4	48	0.6	16
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
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
Other Eligibles	82	738	0.7	30	0.4	56	434	0.4	21	0.4	102	927	0.9	22	102	927	0.9	22
64 or younger	0	0	0.0	0	0.0	1	3	0.7	10	0.7	2	12	0.8	5	2	12	0.8	5
65-74	54	459	0.7	38	0.5	25	204	0.5	23	0.5	38	356	0.8	25	38	356	0.8	25
75-84	12	113	0.8	15	0.4	13	96	0.4	20	0.4	27	218	0.8	19	27	218	0.8	19
85 and older	16	166	0.6	15	0.3	17	131	0.3	20	0.3	35	341	0.9	22	35	341	0.9	22
Male	170	1,852	0.7	36	0.6	196	2,069	0.6	35	0.6	198	2,086	0.9	29	198	2,086	0.9	29
Disabled	151	1,653	0.7	37	0.6	169	1,815	0.6	37	0.6	169	1,828	0.9	29	169	1,828	0.9	29
64 or younger	151	1,653	0.7	37	0.6	169	1,815	0.6	37	0.6	168	1,825	0.9	29	168	1,825	0.9	29
65-74	0	0	0.0	0	0.0	0	0	0.0	0	0.0	1	3	1.0	34	1	3	1.0	34
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
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
Other Eligibles	19	199	0.7	27	0.4	27	254	0.4	18	0.4	29	258	0.8	24	29	258	0.8	24
64 or younger	2	15	0.4	15	0.3	1	12	0.3	35	0.3	1	12	0.8	25	1	12	0.8	25
65-74	4	48	0.6	18	0.4	9	84	0.4	16	0.4	8	72	0.9	29	8	72	0.9	29
75-84	10	102	0.8	38	0.5	10	74	0.5	20	0.5	13	118	0.8	22	13	118	0.8	22
85 and older	3	34	0.6	13	0.3	7	84	0.3	16	0.3	7	56	0.7	22	7	56	0.7	22
Unknown	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 2002 file for Oklahoma, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,424 beneficiaries who were in nursing facilities for part of their enrollment and their 9,489 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 ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	DERMATOLOGICAL					ANTINEOPLASTICS						
	Users as %		Users as %		Mean Rx \$	No. of Rx	No. of Bene Mos among Users	Users as %		Mean Rx \$	All-Year NF Residents	Bene Mos among All-Year NF Residents
	No. of Users	Residents	No. of Users	Residents				No. of Bene Mos among Users	No. of Rx			
All	1,015	81.0 %	11,069	0.3	\$13	107	8.5 %	1,071	0.6	\$127	1,253	12,059
Female	648	85.2	7,054	0.3	13	75	9.9	734	0.6	119	761	7,370
Disabled	490	96.1	5,447	0.3	14	42	8.2	455	0.5	120	510	5,321
64 or younger	483	96.2	5,363	0.3	14	42	8.4	455	0.5	120	502	5,245
65-74	7	87.5	84	0.2	4	0	0.0	0	0.0	0	8	76
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	158	62.9	1,607	0.3	10	33	13.1	279	0.6	117	251	2,049
64 or younger	1	12.5	3	1.7	56	1	12.5	3	2.0	260	8	39
65-74	59	67.0	618	0.3	10	9	10.2	99	0.5	177	88	782
75-84	52	69.3	486	0.3	11	8	10.7	65	0.8	78	75	583
85 and older	46	57.5	500	0.3	9	15	18.8	112	0.7	84	80	645
Male	367	74.6	4,015	0.3	13	32	6.5	337	0.5	143	492	4,689
Disabled	319	76.7	3,514	0.3	12	24	5.8	241	0.6	126	416	4,015
64 or younger	318	77.2	3,511	0.3	12	23	5.6	238	0.6	124	412	3,994
65-74	1	25.0	3	0.3	15	1	25.0	3	1.0	225	4	21
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	48	63.2	501	0.3	15	8	10.5	96	0.3	186	76	674
64 or younger	6	85.7	45	0.5	45	1	14.3	12	0.3	80	7	46
65-74	11	36.7	120	0.2	5	3	10.0	36	0.5	419	30	286
75-84	18	75.0	194	0.3	20	0	0.0	0	0.0	0	24	209
85 and older	13	86.7	142	0.2	6	4	26.7	48	0.2	38	15	133
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,424 beneficiaries who were in nursing facilities for part of their enrollment and their 9,489 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, 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	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nonduals Rx \$	Total No. of Benes
Age									
5 and younger	1,427	1.2	0.0	3,251	1	102,124	31	1.1	115,372
6-14	1,847	1.6	0.0	4,884	2	236,764	48	1.4	113,427
15-20	2,064	3.8	0.1	5,245	4	220,091	42	2.5	53,975
21-44	3,634	6.4	0.2	12,915	4	248,334	19	1.6	57,028
45-64	2,668	21.9	1.3	16,296	25	309,515	19	2.1	12,197
65-74	300	21.5	1.3	1,798	25	34,898	19	2.5	1,394
75-84	185	20.6	1.1	980	17	15,382	16	2.1	900
85 and older	130	17.4	0.9	681	13	9,361	14	2.0	748
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	612	20.5	1.2	3,447	19	58,067	17	2.2	2,981
Disabled	4,596	20.3	1.2	28,154	29	662,458	24	2.1	22,659
Adults	2,541	4.3	0.1	5,673	1	76,391	13	1.4	58,843
Children	4,506	1.7	0.0	8,776	1	379,553	43	1.4	270,558
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	8,035	3.9	0.1	30,139	3	700,190	23	2.0	203,654
Male	4,220	2.8	0.1	15,911	3	476,279	30	1.5	151,387
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	9,167	4.3	0.2	35,501	4	901,042	25	1.8	212,010
African American	1,039	1.9	0.1	4,384	2	103,621	24	1.5	54,615
Other/unknown	2,049	2.3	0.1	6,165	2	171,806	28	1.7	88,416
Use of Nursing Facilities^d									
Entire year	751	59.9	6.3	7,838	116	145,299	19	2.7	1,253
Part year	604	42.4	2.9	4,062	55	78,240	19	2.4	1,424
None	10,900	3.1	0.1	34,150	3	952,930	28	1.7	352,364
Maintenance Assistance Status									
Cash	3,296	6.2	0.2	8,980	3	164,940	18	1.3	52,996
Medically needy	49	5.3	0.1	112	4	3,411	30	2.4	927
Poverty related	4,908	1.8	0.0	9,465	1	343,713	36	1.4	268,876
Other/unknown	4,002	12.4	0.9	27,493	21	664,405	24	2.3	32,242

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS 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.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.0	\$1	\$26	\$0	\$0	1,070,178
Age						
5 and younger	0.0	0	31	0	0	315,082
6-14	0.0	1	48	0	0	352,405
15-20	0.0	1	42	0	0	171,767
21-44	0.1	2	19	0	1	160,913
45-64	0.3	6	19	0	3	52,473
65-74	0.2	4	19	0	1	9,270
75-84	0.2	3	16	0	1	5,089
85 and older	0.2	3	14	0	1	3,179
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	17	0	1	17,156
Disabled	0.3	6	24	0	4	108,587
Adults	0.0	1	13	0	0	146,900
Children	0.0	0	43	0	0	797,535
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	1	23	0	0	601,242
Male	0.0	1	30	0	0	468,936
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	1	25	0	1	636,554
African American	0.0	1	24	0	0	163,667
Other/unknown	0.0	1	28	0	0	269,957
Use of Nursing Facilities^d						
Entire year	0.7	12	19	0	6	12,059
Part year	0.4	8	19	0	4	9,489
None	0.0	1	28	0	0	1,048,630
Maintenance Assistance Status						
Cash	0.1	1	18	0	1	144,727
Medically needy	0.0	1	30	0	0	3,635
Poverty related	0.0	0	36	0	0	708,139
Other/unknown	0.1	3	24	0	2	213,677

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{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	13,638	\$86	\$1,176,469	100.0 %	46,050	\$26	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	200	400	0.0	3	133	0.0
Drugs for cosmetic purposes	38	14	514	0.0	47	11	0.1
Cough and cold medications	2,672	126	336,401	28.6	5,039	67	10.9
Vitamins and minerals	2,868	83	239,024	20.3	11,270	21	24.5
Non-prescription drugs	436	18	7,648	0.7	660	12	1.4
Barbiturates	626	53	32,894	2.8	4,237	8	9.2
Benzodiazepines	5,919	82	488,045	41.5	22,204	22	48.2
Other Part D Excl Rx Drugs	1,077	66	71,543	6.1	2,590	28	5.6

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual 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 ND11.

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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, OKLAHOMA, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	609,762	3,187	50,409	90,652	465,514	4,920,880	20,203	487,076	613,391	3,800,210	0
Age											
5 and younger	190,955	8	2,114	3	188,830	1,534,721	49	18,458	24	1,516,190	0
6-14	202,754	13	6,395	55	196,291	1,737,948	102	62,544	337	1,674,965	0
15-20	93,686	11	4,679	9,487	79,509	708,415	92	45,394	58,667	604,262	0
21-44	93,868	30	16,403	76,554	881	692,320	178	164,599	522,762	4,781	0
45-64	25,259	117	20,603	4,536	3	227,155	869	194,756	31,518	12	0
65-74	1,526	1,309	209	8	0	11,186	9,855	1,298	33	0	0
75-84	957	946	3	8	0	5,861	5,795	19	47	0	0
85 and older	757	753	3	1	0	3,274	3,263	8	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	346,351	2,427	26,754	85,741	231,429	2,746,751	15,496	260,767	584,345	1,886,143	0
Male	263,411	760	23,655	4,911	234,085	2,174,129	4,707	226,309	29,046	1,914,067	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	363,524	2,219	34,647	57,711	268,947	2,911,459	12,773	335,135	379,580	2,183,971	0
African American	105,520	381	9,086	16,044	80,009	892,637	2,622	88,174	124,901	676,940	0
Other/unknown	140,718	587	6,676	16,897	116,558	1,116,784	4,808	63,767	108,910	939,299	0
Use of Nursing Facilities^c											
Entire year	1,256	318	929	6	3	12,097	2,657	9,371	64	5	0
Part year	1,517	260	880	132	245	13,656	1,973	8,327	1,058	2,298	0
None	606,989	2,609	48,600	90,514	465,266	4,895,127	15,573	469,378	612,269	3,797,907	0
Maintenance Assistance Status											
Cash	101,052	892	35,991	36,388	27,781	892,946	7,462	355,420	298,027	232,037	0
Medically needy	934	4	122	430	378	6,726	24	960	2,646	3,096	0
Poverty related	465,087	654	8,038	37,273	419,122	3,711,996	4,262	67,253	224,683	3,415,798	0
Other/unknown	42,689	1,637	6,258	16,561	18,233	309,212	8,455	63,443	88,035	149,279	0
Managed Care Status											
FFS all year	75,450	2,812	9,895	10,897	51,846	400,123	16,525	74,362	28,758	280,478	0
FFS part year, with Rx claims	115,956	106	8,155	23,862	83,833	1,086,668	1,003	81,027	195,600	809,038	0
FFS part year, no Rx claims	163,635	63	4,609	24,084	134,879	1,368,985	538	40,875	179,356	1,148,216	0
MC all year, with Rx claims	73,942	38	11,835	7,972	54,097	688,747	406	128,228	56,545	503,568	0
MC all year, no Rx claims	180,779	168	15,915	23,837	140,859	1,376,357	1,731	162,584	153,132	1,058,910	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.1 includes the beneficiaries represented by Cell J 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.

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.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, OKLAHOMA, 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	609,762	4,920,880	355,041	1,070,178	0	3,850,702
FFS all year	75,450	400,123	75,450	400,123	0	0
FFS part year, with Rx claims	115,956	1,086,668	115,956	301,088	0	785,580
FFS part year, with no Rx claims	163,635	1,368,985	163,635	368,967	0	1,000,018
MC all year, with Rx claims	73,942	688,747	0	0	0	688,747
MC all year, with no Rx claims	180,779	1,376,357	0	0	0	1,376,357

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.