

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 OKLAHOMA

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TABLE D.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	85,591	53,012	31,737	812	30	0	898,050	556,622	335,065	6,071	292	0					
Age																	
5 and younger	3	0	2	0	1	0	26	0	23	0	3	0					
6-14	13	0	11	0	2	0	146	0	122	0	24	0					
15-20	139	0	124	1	14	0	1,341	0	1,209	5	127	0					
21-44	12,444	9	12,056	371	8	0	128,859	88	126,167	2,519	85	0					
45-64	18,992	146	18,539	305	2	0	201,563	1,379	197,790	2,370	24	0					
65-74	20,888	19,862	941	83	2	0	223,605	213,663	9,157	761	24	0					
75-84	19,259	19,172	51	36	0	0	203,542	202,776	473	293	0	0					
85 and older	13,853	13,823	13	16	1	0	138,968	138,716	124	123	5	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Gender																	
Female	57,137	39,556	17,034	535	12	0	603,124	419,091	179,970	3,948	115	0					
Male	28,454	13,456	14,703	277	18	0	294,926	137,531	155,095	2,123	177	0					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	66,377	41,646	24,130	578	23	0	695,483	434,492	256,380	4,396	215	0					
African American	10,285	5,730	4,402	149	4	0	107,940	61,732	45,165	1,002	41	0					
Other/unknown	8,929	5,636	3,205	85	3	0	94,627	60,398	33,520	673	36	0					
Use of Nursing Facilities^c																	
Entire year	12,942	11,691	1,244	3	4	0	133,796	119,836	13,899	20	41	0					
Part year	7,023	6,165	836	22	0	0	64,515	55,913	8,428	174	0	0					
None	65,626	35,156	29,657	787	26	0	699,739	380,873	312,738	5,877	251	0					
Maintenance Assistance Status																	
Cash	35,955	18,200	17,003	748	4	0	387,898	202,942	179,194	5,721	41	0					
Medically needy	23	8	15	0	0	0	89	24	65	0	0	0					
Poverty-related	18,137	10,149	7,917	61	10	0	186,799	106,691	79,715	316	77	0					
Other/unknown	31,476	24,655	6,802	3	16	0	323,264	246,965	76,091	34	174	0					
Dual Medicare Status^d																	
Full dual, all year	81,320	50,418	30,092	780	30	0	851,468	527,896	317,536	5,744	292	0					
Full dual, part year	4,271	2,594	1,645	32	0	0	46,582	28,726	17,529	327	0	0					
Managed Care (MC) Status																	
Fee-for-service (FFS) all year	83,605	52,863	30,058	657	27	0	889,180	555,647	327,668	5,582	283	0					
FFS part year, with Rx claims	1,413	129	1,186	96	2	0	6,996	887	5,768	335	6	0					
FFS part year, no Rx claims	573	20	493	59	1	0	1,874	88	1,629	154	3	0					

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	89.4 %	31.0	\$2,099	\$68	\$11,140	18.8 %	85,591
Age							
5 and younger	66.7	26.7	3,033	114	5,123	59.2	3
6-14	92.3	51.9	9,377	181	13,585	69.0	13
15-20	78.4	19.1	3,003	157	14,164	21.2	139
21-44	82.1	18.6	2,095	112	12,996	16.1	12,444
45-64	88.6	27.9	2,427	87	11,352	21.4	18,992
65-74	88.4	28.4	1,833	65	7,258	25.3	20,888
75-84	92.1	36.6	2,078	57	10,759	19.3	19,259
85 and older	94.7	42.4	2,068	49	15,535	13.3	13,853
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	91.4	35.1	1,987	57	10,700	18.6	53,012
Disabled	86.4	24.5	2,311	94	12,083	19.1	31,737
Adults	71.2	11.3	1,016	90	2,725	37.3	812
Children	86.7	33.5	5,571	166	19,811	28.1	30
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.2	33.5	2,148	64	10,821	19.9	57,137
Male	83.6	25.9	2,001	77	11,782	17.0	28,454
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	90.2	33.1	2,249	68	11,979	18.8	66,377
African American	86.1	25.0	1,683	67	9,028	18.6	10,285
Other/unknown	86.9	22.1	1,467	67	7,340	20.0	8,929
Use of Nursing Facilities^f							
Entire year	98.3	72.6	3,686	51	28,115	13.1	12,942
Part year	97.2	46.8	2,560	55	16,466	15.5	7,023
None	86.8	21.1	1,737	82	7,223	24.0	65,626
Maintenance Assistance Status							
Cash	86.7	18.3	1,479	81	4,214	35.1	35,955
Medically needy	17.4	0.9	194	212	1,083	17.9	23
Poverty related	84.2	19.1	1,498	79	5,652	26.5	18,137
Other/unknown	95.4	52.3	3,155	60	22,222	14.2	31,476

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; 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, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			Percentage of All Medicaid FFS ^c	18.8 %	10.6 %	21.9 %	More than 0, but 1 or Less	20.5 %				34.1 %
All	3.0	\$200	18.8 %	10.6 %	21.9 %	20.5 %	34.1 %	9.7 %	3.1 %	\$1,062	85,591	898,050
Age												
5 and younger	3.1	350	59.2	33.3	33.3	0.0	0.0	33.3	0.0	591	3	26
6-14	4.6	835	69.0	7.7	0.0	23.1	38.5	30.8	0.0	1,210	13	146
15-20	2.0	311	21.2	21.6	36.0	13.7	23.0	5.0	0.7	1,468	139	1,341
21-44	1.8	202	16.1	17.9	33.1	21.2	25.0	2.3	0.5	1,255	12,444	128,859
45-64	2.6	229	21.4	11.4	21.1	22.9	37.8	4.9	2.1	1,070	18,992	201,563
65-74	2.7	171	25.3	11.6	24.1	22.3	33.0	6.1	2.9	678	20,888	223,605
75-84	3.5	197	19.3	7.9	18.7	19.4	36.0	13.1	5.0	1,018	19,259	203,542
85 and older	4.2	206	13.3	5.3	14.2	15.6	36.5	23.6	4.8	1,549	13,853	138,968
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	3.3	189	18.6	8.6	19.5	19.5	35.0	13.2	4.2	1,019	53,012	556,622
Disabled	2.3	219	19.1	13.6	25.8	22.1	33.1	3.9	1.5	1,144	31,737	335,065
Adults	1.5	136	37.3	28.8	28.1	23.8	17.7	1.1	0.5	364	812	6,071
Children	3.4	572	28.1	13.3	13.3	16.7	36.7	20.0	0.0	2,035	30	292
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.2	204	19.9	7.8	19.7	21.2	37.4	10.4	3.5	1,025	57,137	603,124
Male	2.5	193	17.0	16.4	26.3	19.1	27.6	8.2	2.3	1,137	28,454	294,926
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.2	215	18.8	9.8	19.8	19.7	36.2	10.9	3.6	1,143	66,377	695,483
African American	2.4	160	18.6	13.9	26.0	22.1	30.4	6.1	1.5	860	10,285	107,940
Other/unknown	2.1	138	20.0	13.1	32.9	25.0	22.9	4.6	1.6	693	8,929	94,627
use of nursing Facilities^f												
Entire year	7.0	357	13.1	1.7	4.2	5.8	28.0	43.8	16.4	2,720	12,942	133,796
Part year	5.1	279	15.5	2.8	9.6	11.5	39.6	29.5	7.0	1,792	7,023	64,515
None	2.0	163	24.0	13.2	26.7	24.4	34.7	0.8	0.1	677	65,626	699,739
Maintenance Assistance Status												
Cash	1.7	137	35.1	13.3	30.3	27.5	28.3	0.5	0.1	391	35,955	387,898
Medically needy	0.2	50	17.9	82.6	17.4	0.0	0.0	0.0	0.0	280	23	89
Poverty related	1.9	145	26.5	15.8	28.7	25.0	28.6	1.4	0.4	549	18,137	186,799
Other/unknown	5.1	307	14.2	4.6	8.4	9.9	43.9	24.9	8.2	2,164	31,476	323,264

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. 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.
- f. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	3.0	\$200	\$68	1.2	\$155	\$128	0.1	\$6	\$52	1.6	\$38	\$24
Age												
5 and younger	3.1	350	114	1.2	208	169	0.4	126	297	1.4	16	12
6-14	4.6	835	181	2.0	722	355	0.2	61	318	2.4	52	22
15-20	2.0	311	157	0.9	267	290	0.1	14	230	1.0	30	30
21-44	1.8	202	112	0.8	168	210	0.1	7	93	0.9	27	29
45-64	2.6	229	87	1.1	183	166	0.1	7	69	1.4	38	27
65-74	2.7	171	65	1.1	132	119	0.1	5	49	1.4	34	24
75-84	3.5	197	57	1.4	148	104	0.1	6	42	1.9	42	22
85 and older	4.2	206	49	1.6	149	93	0.2	6	34	2.5	51	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.3	189	57	1.3	142	106	0.1	5	42	1.9	41	22
Disabled	2.3	219	94	1.0	177	179	0.1	7	77	1.2	34	28
Adults	1.5	136	90	0.6	111	180	0.1	4	77	0.8	21	25
Children	3.4	572	166	1.4	498	354	0.1	21	203	1.9	54	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.2	204	64	1.3	157	120	0.1	6	49	1.7	40	23
Male	2.5	193	77	1.0	152	151	0.1	6	62	1.4	35	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.2	215	68	1.3	167	128	0.1	6	52	1.7	41	24
African American	2.4	160	67	0.9	124	134	0.1	4	56	1.4	32	23
Other/unknown	2.1	138	67	0.8	107	128	0.1	5	50	1.1	26	23
Use of Nursing Facilities^e												
Entire year	7.0	357	51	2.7	265	98	0.2	8	34	4.1	84	20
Part year	5.1	279	55	2.0	208	106	0.2	7	40	2.9	64	22
None	2.0	163	82	0.9	130	151	0.1	6	63	1.0	28	27
Maintenance Assistance Status												
Cash	1.7	137	81	0.7	109	149	0.1	5	64	0.9	23	26
Medically needy	0.2	50	212	0.1	49	432	0.0	0	14	0.1	1	12
Poverty related	1.9	145	79	0.8	116	145	0.1	4	58	1.0	24	25
Other/unknown	5.1	307	60	2.0	234	116	0.2	8	45	2.9	65	23

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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, 0.4 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- 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 = Centers for Medicare & 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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.1	\$21	\$18	\$0	\$3	128,987	\$10,335,938	43,904	51.3	484,578
Biologics	0.1	0.1	0.0	0.0	15	2	0	12	710	110,769	659	0.8	7,522
Antineoplastic Agents	0.4	0.1	0.0	0.3	84	43	1	40	20,507	3,972,601	4,646	5.4	47,210
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	37	30	2	5	270,664	14,850,050	36,744	42.9	403,865
Cardiovascular Agents	1.1	0.3	0.0	0.7	49	32	2	15	637,568	28,235,759	53,064	62.0	578,647
Respiratory Agents	0.5	0.3	0.0	0.2	31	26	1	5	115,826	7,781,127	22,702	26.5	248,349
Gastrointestinal Agents	0.6	0.2	0.0	0.4	43	33	1	9	208,994	14,148,917	29,908	34.9	327,020
Genitourinary Agents	0.4	0.3	0.0	0.1	31	28	0	2	57,271	4,187,586	12,495	14.6	136,866
CNS Drugs	0.9	0.5	0.0	0.4	97	85	2	10	415,388	43,760,409	41,806	48.8	451,992
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.2	62	45	6	10	2,011	272,933	399	0.5	4,417
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	102	100	0	1	32,602	5,221,856	4,849	5.7	51,370
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	39	28	1	9	292,093	18,191,022	42,725	49.9	467,862
Neuromuscular Agents	0.7	0.3	0.1	0.4	54	39	3	12	185,342	13,764,629	23,315	27.2	257,003
Nutritional Products	0.5	0.0	0.0	0.5	9	0	0	9	87,744	1,713,607	16,817	19.6	181,923
Hematological Agents	0.5	0.2	0.1	0.3	46	39	2	6	76,616	6,667,573	13,311	15.6	144,071
Topical Products	0.4	0.2	0.0	0.2	17	12	1	4	108,491	4,955,310	26,439	30.9	292,853
Miscellaneous Products	0.4	0.2	0.0	0.2	95	66	15	14	4,874	1,200,624	1,158	1.4	12,600
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	5,033	293,815	2,346	2.7	26,385
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,650,721	179,664,525	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 - 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, 0.4 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
 - e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$3,442,963	3,025	3.5 %	18,900	0.8	\$217
ANTIDEPRESSANTS	2,622,151	7,000	8.2	52,195	0.6	83
ANALGESICS - Narcotic	2,568,881	8,950	10.5	70,939	0.5	70
ANTICONVULSANT	2,523,956	3,758	4.4	29,578	0.8	107
ULCER DRUGS	2,245,537	5,062	5.9	41,566	0.6	98
ANTIDIABETIC	1,974,898	5,365	6.3	43,684	0.6	78
ANTIHYPERTENSIVE	1,806,232	3,085	3.6	26,130	0.5	144
ASTHMATIC	1,328,455	4,456	5.2	35,380	0.5	83
ANTIHYPERTENSIVE	1,285,744	6,624	7.7	54,160	0.5	44
ANALGESICS - ANTI-INFLAMMATORY	1,251,569	3,251	3.8	27,030	0.5	98
Total	21,050,386	50,576	n.a.	399,562	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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 FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	226,211	\$21,050,386	3,025	3.5 %	18,900	0.8	\$182	7,000	8.2 %	52,195	0.6	\$50					
Female	158,881	14,318,421	1,757	3.1	11,137	0.8	156	5,005	8.8	38,482	0.6	49					
Disabled	44,757	5,152,379	661	3.9	4,422	0.8	198	1,725	10.1	13,206	0.6	54					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	106	13,947	4	6.2	34	0.3	78	3	4.6	29	0.6	49					
21-44	10,795	1,347,033	263	4.9	1,689	0.8	212	474	8.9	3,261	0.7	59					
45-64	32,260	3,625,267	385	3.5	2,614	0.8	192	1,195	10.9	9,464	0.5	53					
65-74	1,530	160,412	7	1.1	65	0.7	152	50	8.2	427	0.5	61					
75-84	20	1,377	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	46	4,343	2	18.2	20	0.5	53	3	27.3	25	0.3	18					
Other Eligibles	114,124	9,166,042	1,096	2.7	6,715	0.8	129	3,280	8.2	25,276	0.6	46					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	2	184	0	0.0	0	0.0	0	1	16.7	1	1.0	70					
21-44	225	21,794	11	4.0	37	0.5	136	26	9.4	69	0.7	68					
45-64	488	42,450	8	3.1	63	0.5	149	30	11.6	131	0.5	40					
65-74	37,034	3,384,018	278	2.1	1,877	0.7	151	1,013	7.6	8,516	0.5	45					
75-84	46,933	3,708,667	441	3.0	2,672	0.8	123	1,356	9.3	10,527	0.6	45					
85 and older	29,442	2,008,929	358	3.1	2,066	0.8	117	854	7.4	6,032	0.7	48					
Male	67,330	6,731,965	1,268	4.5	7,763	0.9	219	1,995	7.0	13,713	0.7	55					
Disabled	36,992	4,426,119	812	5.5	5,431	0.9	247	1,074	7.3	8,061	0.7	59					
5 and younger	1	99	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	6	146	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	202	29,640	8	13.6	58	0.9	223	9	15.3	55	0.7	82					
21-44	14,652	1,951,930	404	6.0	2,694	0.9	248	495	7.4	3,677	0.7	64					
45-64	21,663	2,401,557	397	5.2	2,657	1.0	246	558	7.4	4,261	0.6	56					
65-74	457	41,802	3	0.9	22	0.9	266	12	3.7	68	0.5	43					
75-84	10	935	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	1	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	30,338	2,305,846	456	3.3	2,332	0.9	156	921	6.7	5,652	0.7	48					
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	28	1,137	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	43	5,270	2	22.2	24	0.8	202	1	11.1	12	0.1	11					
21-44	83	8,922	3	2.7	5	1.2	625	8	7.1	19	0.7	78					
45-64	309	35,688	10	5.2	41	0.9	264	14	7.2	52	0.8	71					
65-74	12,996	1,093,606	142	2.2	851	0.9	165	339	5.1	2,330	0.6	48					
75-84	11,656	848,894	204	4.4	938	1.0	159	367	8.0	2,146	0.7	48					
85 and older	5,223	312,329	95	4.2	473	0.8	117	192	8.5	1,093	0.7	46					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Table D7A

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ULCER DRUGS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	8,950	10.5 %	70,939	0.5	\$36	3,758	4.4 %	29,578	0.8	\$85	5,062	5.9 %	41,566	0.6	\$54
Female	6,525	11.4	53,379	0.5	32	2,394	4.2	19,229	0.7	78	3,708	6.5	31,357	0.5	53
Disabled	1,947	11.4	14,990	0.6	53	1,071	6.3	8,545	0.8	112	890	5.2	7,489	0.5	59
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	4	6.2	41	1.2	159	1	1.5	12	0.3	63
21-44	474	8.9	2,922	0.6	50	366	6.9	2,620	1.0	148	190	3.6	1,478	0.6	67
45-64	1,419	12.9	11,613	0.6	54	677	6.2	5,638	0.8	98	660	6.0	5,661	0.5	57
65-74	53	8.6	450	0.5	41	21	3.4	216	0.6	60	36	5.9	331	0.5	55
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	5.3	2	1.0	69
85 and older	1	9.1	5	0.2	1	3	27.3	30	0.1	6	1	9.1	5	0.4	45
Other Eligibles	4,578	11.4	38,389	0.5	24	1,323	3.3	10,684	0.6	51	2,818	7.0	23,868	0.5	51
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	1	16.7	1	1.0	114
21-44	36	13.0	104	0.7	61	12	4.3	35	0.7	85	4	1.4	9	0.7	6
45-64	43	16.6	254	0.4	24	8	3.1	58	0.6	41	6	2.3	38	0.7	104
65-74	1,473	11.0	12,876	0.5	34	489	3.7	4,262	0.7	64	785	5.9	6,924	0.5	52
75-84	1,832	12.5	15,896	0.5	21	537	3.7	4,185	0.6	43	1,207	8.3	10,544	0.5	52
85 and older	1,194	10.3	9,259	0.5	17	277	2.4	2,144	0.7	43	815	7.0	6,352	0.6	50
Male	2,425	8.5	17,560	0.5	48	1,364	4.8	10,349	0.9	99	1,354	4.8	10,209	0.6	57
Disabled	1,259	8.6	9,169	0.6	68	947	6.4	7,459	1.0	119	636	4.3	5,104	0.6	61
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	8	0.1	12
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	22.2	9	0.3	11
15-20	2	3.4	24	0.2	1	8	13.6	58	1.0	156	3	5.1	28	0.6	82
21-44	467	6.9	3,007	0.6	71	456	6.8	3,662	1.1	145	241	3.6	2,027	0.7	61
45-64	772	10.2	5,997	0.6	68	473	6.3	3,669	0.9	93	377	5.0	2,955	0.6	61
65-74	15	4.6	107	0.6	23	9	2.7	65	0.9	65	12	3.7	77	0.5	47
75-84	2	15.4	24	0.1	2	1	7.7	5	0.6	74	0	0.0	0	0.0	0
85 and older	1	50.0	10	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,166	8.5	8,391	0.5	25	417	3.0	2,890	0.7	47	718	5.2	5,105	0.6	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	1.3	66
15-20	2	22.2	24	0.3	6	1	11.1	12	0.1	2	1	11.1	12	0.3	3
21-44	14	12.5	32	1.1	59	2	1.8	7	1.0	100	2	1.8	3	2.7	255
45-64	25	12.9	94	0.7	47	13	6.7	72	0.6	117	5	2.6	30	0.6	26
65-74	512	7.8	3,954	0.5	36	180	2.7	1,334	0.7	51	267	4.1	1,897	0.6	62
75-84	401	8.7	2,938	0.5	18	156	3.4	1,046	0.7	41	288	6.3	2,099	0.6	46
85 and older	212	9.4	1,349	0.4	9	65	2.9	419	0.6	33	154	6.8	1,052	0.7	47
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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANTI-DIABETIC				ANTI-HYPERLIPIDEMIC				ANTI-ASTHMATIC			
	Number of Users	Users as % of Dual Benefes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benefes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benefes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month
All	5,365	6.3 %	43,684	\$45	3,085	3.6 %	26,130	\$69	4,456	5.2 %	35,380	\$38
Female	3,945	6.9	32,861	45	2,203	3.9	19,333	69	3,119	5.5	25,722	37
Disabled	981	5.8	7,837	52	505	3.0	4,229	71	853	5.0	6,835	36
5 and younger	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
15-20	1	1.5	12	6	0	0.0	0	0	2	3.1	10	245
21-44	143	2.7	942	52	61	1.1	474	85	158	3.0	1,099	27
45-64	773	7.0	6,313	53	414	3.8	3,482	69	651	5.9	5,336	38
65-74	57	9.3	520	42	28	4.6	251	78	40	6.5	382	35
75-84	5	13.2	30	15	1	2.6	12	41	1	2.6	3	63
85 and older	2	18.2	20	41	1	9.1	10	32	1	9.1	5	82
Other Eligibles	2,964	7.4	25,024	42	1,698	4.2	15,104	68	2,266	5.7	18,887	37
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
21-44	4	1.4	9	67	0	0.0	0	0	5	1.8	24	22
45-64	21	8.1	127	36	10	3.9	56	44	17	6.6	94	45
65-74	1,178	8.8	10,020	46	642	4.8	5,738	66	864	6.5	7,472	42
75-84	1,229	8.4	10,672	40	753	5.2	6,799	70	882	6.0	7,540	34
85 and older	532	4.6	4,196	39	293	2.5	2,511	68	498	4.3	3,757	34
Male	1,420	5.0	10,823	47	882	3.1	6,797	70	1,337	4.7	9,658	39
Disabled	544	3.7	4,375	51	392	2.7	3,147	70	465	3.2	3,544	41
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	4	6.8	48	14
21-44	115	1.7	821	64	99	1.5	790	64	133	2.0	978	39
45-64	418	5.5	3,464	48	278	3.7	2,241	72	313	4.1	2,408	43
65-74	11	3.4	90	70	15	4.6	116	77	15	4.6	110	46
75-84	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
Other Eligibles	876	6.4	6,448	44	490	3.6	3,650	71	872	6.3	6,114	38
5 and younger	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
15-20	0	0.0	0	0	0	0.0	0	0	0	0.0	0	0
21-44	1	0.9	1	210	1	0.9	2	77	1	0.9	1	14
45-64	9	4.6	64	47	6	3.1	27	73	7	3.6	41	33
65-74	431	6.5	3,248	44	249	3.8	1,843	70	386	5.9	2,738	39
75-84	317	6.9	2,380	49	177	3.9	1,393	70	333	7.3	2,368	38
85 and older	118	5.2	755	32	57	2.5	385	76	145	6.4	966	32
Unknown	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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANALGESICS - ANTI-INFLAMMATORY						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	6,624	7.7 %	54,160	0.5	3,251	3.8 %	27,030	0.5	\$46	85,591	898,050
Female	4,849	8.5	40,638	0.5	2,479	4.3	21,250	0.5	49	57,137	603,124
Disabled	869	5.1	7,128	0.5	575	3.4	4,662	0.4	55	17,034	179,970
5 and younger	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	2	14
15-20	1	1.5	12	0.6	2	3.1	10	0.2	2	65	636
21-44	117	2.2	858	0.5	139	2.6	1,003	0.4	27	5,328	55,666
45-64	706	6.4	5,902	0.5	406	3.7	3,390	0.5	63	10,977	117,095
65-74	42	6.9	332	0.5	27	4.4	254	0.4	53	613	6,098
75-84	2	5.3	14	0.4	0	0.0	0	0.0	0	38	351
85 and older	1	9.1	10	0.2	1	9.1	5	0.6	160	11	110
Other Eligibles	3,980	9.9	33,510	0.5	1,904	4.7	16,588	0.5	48	40,103	423,154
5 and younger	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
15-20	0	0.0	0	0.0	0	0.0	0	0.0	0	6	43
21-44	7	2.5	15	0.5	13	4.7	48	0.5	15	276	1,843
45-64	21	8.1	125	0.6	9	3.5	46	0.4	20	259	2,175
65-74	1,190	8.9	10,214	0.5	554	4.1	4,807	0.4	52	13,361	145,113
75-84	1,635	11.2	14,163	0.5	792	5.4	7,069	0.5	44	14,617	156,586
85 and older	1,127	9.7	8,993	0.6	536	4.6	4,618	0.6	50	11,584	117,394
Male	1,775	6.2	13,522	0.6	772	2.7	5,780	0.5	35	28,454	294,926
Disabled	693	4.7	5,513	0.6	402	2.7	3,013	0.4	25	14,703	155,095
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	2	23
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	9	108
15-20	3	5.1	6	0.7	2	3.4	24	0.2	2	59	573
21-44	156	2.3	1,230	0.6	145	2.2	1,043	0.4	16	6,728	70,501
45-64	518	6.9	4,163	0.5	253	3.3	1,933	0.5	30	7,562	80,695
65-74	16	4.9	114	0.5	1	0.3	1	9.0	285	328	3,059
75-84	0	0.0	0	0.0	1	7.7	12	0.2	2	13	122
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	2	14
Other Eligibles	1,082	7.9	8,009	0.6	370	2.7	2,767	0.5	46	13,751	139,831
5 and younger	0	0.0	0	0.0	0	0.0	0	0.0	0	1	3
6-14	0	0.0	0	0.0	0	0.0	0	0.0	0	2	24
15-20	1	11.1	12	1.0	1	11.1	12	0.2	2	9	89
21-44	3	2.7	8	0.6	1	0.9	2	0.5	13	112	849
45-64	12	6.2	44	0.6	4	2.1	12	0.5	16	194	1,598
65-74	473	7.2	3,568	0.5	136	2.1	1,089	0.5	60	6,586	69,335
75-84	391	8.5	2,926	0.6	150	3.3	1,128	0.5	38	4,591	46,483
85 and older	202	9.0	1,451	0.6	78	3.5	524	0.6	37	2,256	21,450
Unknown	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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				7.0	12,942
All	\$357		12,942		133,796
Age					
0-64	534	8.3	1,188		13,325
65-74	443	8.1	1,941		20,770
75-84	361	7.2	4,204		42,771
85 and older	280	6.2	5,609		56,930
Unknown	0	0.0	0		0
Gender					
Female	348	7.0	9,612		99,970
Male	381	7.0	3,330		33,826
Unknown	0	0.0	0		0
Race					
White	358	7.1	11,351		116,731
African American	351	6.5	954		10,282
Other/unknown	346	6.8	637		6,783
Basis of Eligibility^c					
Aged	336	6.9	11,691		119,836
Disabled	531	8.2	1,244		13,899
Adults	354	8.4	3		20
Children	402	6.0	4		41
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 7,023 beneficiaries who were in nursing facilities for part of their enrollment and their 64,515 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 = Centers for Medicare & 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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
		Generic	Generic		Generic	Generic		Generic	Generic								
Anti-infective Agents	0.3	0.2	0.0	0.2	\$19	\$14	\$0	\$4	\$55	\$86	\$77	\$24	34,927	\$1,913,695	9,409	72.7 %	101,876
Biologicals	0.1	0.1	0.0	0.0	3	2	0	0	32	33	0	25	375	11,824	366	2.8	4,153
Antineoplastic Agents	0.5	0.1	0.0	0.5	79	17	1	61	150	323	160	130	9,193	1,377,182	1,712	13.2	17,472
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.5	44	35	1	8	38	63	18	15	86,303	3,292,735	6,964	53.8	74,234
Cardiovascular Agents	2.0	0.4	0.1	1.5	51	27	1	22	26	64	18	15	209,773	5,377,975	10,075	77.8	106,089
Respiratory Agents	0.6	0.3	0.0	0.3	30	22	1	8	53	83	53	26	34,402	1,834,782	5,604	43.3	60,782
Gastrointestinal Agents	1.0	0.3	0.0	0.7	47	32	0	14	45	100	70	20	93,331	4,173,658	8,236	63.6	88,929
Genitourinary Agents	0.6	0.4	0.0	0.1	38	34	0	3	64	79	38	21	26,082	1,671,239	4,097	31.7	44,550
CNS Drugs	1.6	1.0	0.0	0.6	137	121	2	14	86	127	74	23	167,526	14,483,647	9,941	76.8	105,670
Stimulants/Anti-obesity/Anorexia	0.5	0.2	0.0	0.3	43	35	1	7	80	169	41	22	448	35,690	74	0.6	838
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	115	115	0	0	143	144	0	41	19,599	2,799,376	2,292	17.7	24,260
Analgesics and Anesthetics	0.9	0.2	0.0	0.7	37	26	1	10	41	124	58	15	77,252	3,141,915	7,843	60.6	84,017
Neuromuscular Agents	1.2	0.4	0.1	0.7	65	41	3	20	55	94	44	31	57,990	3,211,339	4,557	35.2	49,772
Nutritional Products	0.8	0.0	0.0	0.7	13	0	0	12	17	31	17	17	41,824	703,543	5,118	39.5	54,524
Hematological Agents	0.9	0.3	0.1	0.5	51	41	2	8	59	129	23	17	29,376	1,729,546	3,178	24.6	33,621
Topical Products	0.5	0.2	0.0	0.3	21	13	1	6	38	57	46	21	48,219	1,831,758	8,148	63.0	89,270
Miscellaneous Products	0.3	0.1	0.0	0.2	11	7	0	4	40	57	0	26	1,152	45,645	361	2.8	4,030
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	45	0	0	0	1,539	68,993	589	4.6	6,607
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	939,311	47,704,542	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003. A total of 7,023 beneficiaries who were in nursing facilities for part of their enrollment and their 64,515 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Oklahoma, 0.4 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 = Centers for Medicare & 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, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents		Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
			5.3 %	8.0				
ANTIPSYCHOTICS	\$659,533	688	5.3 %	2,942	1.4	\$162	\$224	
ANTIDEPRESSANTS	383,055	1,037	8.0	4,429	1.4	60	86	
ULCER DRUGS	208,173	658	5.1	3,132	1.3	51	66	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	264,273	268	2.1	1,087	1.8	134	243	
ANTICONVULSANT	151,487	400	3.1	1,793	1.5	58	84	
ANTIDIABETIC	132,345	518	4.0	2,106	1.4	43	63	
ANALGESICS - Narcotic	131,367	860	6.6	3,554	1.1	35	37	
ANTIASTMATIC	112,262	509	3.9	2,242	0.8	60	50	
ANTIHYPERTENSIVE	106,624	749	5.8	3,219	1.3	25	33	
ANTINEOPLASTICS	100,827	186	1.4	744	1.0	132	136	
Total	2,249,946	5,873		25,248	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003. A total of 7,023 beneficiaries who were in nursing facilities for part of their enrollment and their 64,515 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIDEPRESSANTS			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Mean Number of Rx	Mean Rx \$
All	32,817	\$2,249,946	688	5.3 %	2,942	1.4	\$224	1,037	8.0 %	4,429	1.4	\$87
Female	23,265	1,557,666	454	4.7	1,913	1.4	216	715	7.4	3,144	1.5	89
Disabled	2,010	164,733	41	6.5	175	1.6	304	48	7.7	194	2.0	133
64 or younger	1,916	159,039	40	6.8	167	1.6	308	46	7.8	178	2.0	132
65-74	92	5,557	1	2.9	8	2.9	226	2	5.9	16	1.6	152
75-84	2	137	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	21,255	1,392,933	413	4.6	1,738	1.4	207	667	7.4	2,950	1.5	86
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,523	267,401	70	6.2	301	1.6	314	101	9.0	418	1.6	100
75-84	8,990	585,500	171	5.5	666	1.5	207	298	9.6	1,280	1.5	87
85 and older	8,742	540,032	172	3.6	771	1.1	165	268	5.6	1,252	1.4	80
Male	9,552	692,280	234	7.0	1,029	1.4	240	322	9.7	1,285	1.3	81
Disabled	2,068	183,503	43	7.0	247	1.5	333	37	6.0	194	1.6	88
64 or younger	2,025	179,362	42	7.1	239	1.5	335	36	6.1	192	1.5	87
65-74	43	4,141	1	4.2	8	1.1	288	1	4.2	2	2.5	177
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	7,484	508,777	191	7.0	782	1.3	210	285	10.5	1,091	1.3	80
64 or younger	18	758	1	100.0	2	0.5	47	2	200.0	4	1.5	62
65-74	2,256	163,359	46	6.1	227	1.3	238	71	9.4	333	1.4	87
75-84	3,331	229,485	101	9.2	380	1.4	211	130	11.8	423	1.4	81
85 and older	1,879	115,175	43	5.0	173	1.3	175	82	9.6	331	1.2	70
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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003. A total of 7,023 beneficiaries who were in nursing facilities for part of their enrollment and their 64,515 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	658	5.1 %	3,132	1.3	\$67	268	2.1 %	1,087	1.8	\$243	400	3.1 %	1,793	1.5	\$85
Female	484	5.0	2,358	1.2	64	195	2.0	804	1.9	256	260	2.7	1,161	1.4	82
Disabled	30	4.8	143	1.4	78	7	1.1	26	1.5	586	31	5.0	147	2.2	150
64 or younger	28	4.7	141	1.4	78	7	1.2	26	1.5	586	30	5.1	139	2.2	157
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2.9	8	1.0	34
75-84	2	200.0	2	1.0	69	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	454	5.1	2,215	1.2	63	188	2.1	778	1.9	245	229	2.5	1,014	1.3	72
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	55	4.9	284	1.3	78	22	2.0	82	2.1	293	48	4.3	182	1.9	108
75-84	181	5.8	880	1.2	60	86	2.8	340	2.0	266	106	3.4	466	1.2	68
85 and older	218	4.6	1,051	1.2	61	80	1.7	356	1.7	213	75	1.6	366	1.2	61
Male	174	5.2	774	1.5	75	73	2.2	283	1.7	207	140	4.2	632	1.5	89
Disabled	32	5.2	160	1.6	112	2	0.3	4	5.5	1,124	38	6.1	190	2.1	139
64 or younger	31	5.2	158	1.6	112	2	0.3	4	5.5	1,124	36	6.1	179	2.2	145
65-74	1	4.2	2	2.5	118	0	0.0	0	0.0	0	2	8.3	11	1.0	44
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	142	5.2	614	1.4	65	71	2.6	279	1.6	194	102	3.8	442	1.3	67
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	200.0	4	1.3	32
65-74	35	4.6	182	1.6	86	8	1.1	33	2.0	258	30	4.0	133	1.5	91
75-84	60	5.5	230	1.5	62	38	3.5	145	1.7	199	50	4.6	206	1.2	59
85 and older	47	5.5	202	1.2	50	25	2.9	101	1.3	165	20	2.3	99	1.1	53
Unknown	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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003. A total of 7,023 beneficiaries who were in nursing facilities for part of their enrollment and their 64,515 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	518	4.0 %	2,106	1.4	\$63	860	6.6 %	3,554	1.1	\$37	509	3.9 %	2,242	0.8	\$50
Female															
Disabled	342	3.6	1,402	1.4	59	635	6.6	2,657	1.1	38	329	3.4	1,541	0.8	47
64 or younger	32	5.1	165	1.5	60	46	7.3	204	1.3	45	10	1.6	49	1.3	83
65-74	31	5.2	157	1.5	58	46	7.8	204	1.3	45	10	1.7	49	1.3	83
75-84	1	2.9	8	1.3	91	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	310	3.4	1,237	1.4	59	589	6.6	2,453	1.1	37	319	3.5	1,492	0.8	46
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	50	4.4	211	1.7	67	72	6.4	264	1.5	68	54	4.8	250	1.1	67
75-84	160	5.2	628	1.2	55	239	7.7	1,040	1.1	39	137	4.4	656	0.8	42
85 and older	100	2.1	398	1.4	61	278	5.8	1,149	1.0	29	128	2.7	586	0.7	40
Male															
Disabled	176	5.3	704	1.6	70	225	6.8	897	0.9	34	180	5.4	701	0.9	57
64 or younger	28	4.5	125	1.9	89	39	6.3	192	1.1	63	19	3.1	108	0.8	60
65-74	28	4.7	125	1.8	86	39	6.6	192	1.1	63	19	3.2	108	0.8	60
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	148	5.5	579	1.5	66	186	6.9	705	0.9	27	161	5.9	593	0.9	57
64 or younger	1	100.0	2	0.5	75	3	300.0	6	0.7	13	0	0.0	0	0.0	0
65-74	48	6.3	177	1.7	80	41	5.4	182	0.9	37	44	5.8	186	0.9	56
75-84	66	6.0	270	1.4	64	82	7.5	295	0.9	29	74	6.7	261	1.0	60
85 and older	33	3.9	130	1.5	52	60	7.0	222	0.8	16	43	5.0	146	0.7	50
Unknown	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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003. A total of 7,023 beneficiaries who were in nursing facilities for part of their enrollment and their 64,515 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANTIHYPERTENSIVE				ANTINEOPLASTICS				Benefit Months Among All-Year Nursing Facility Residents			
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
All	749	5.8 %	3,219	1.3	\$33	186	1.4 %	744	1.0	\$136	12,942	133,796
Female	530	5.5	2,322	1.3	35	145	1.5	581	1.0	132	9,612	99,970
Disabled	18	2.9	97	1.8	61	5	0.8	28	1.6	292	626	7,022
64 or younger	15	2.5	73	2.0	77	5	0.8	28	1.6	292	591	6,653
65-74	3	8.8	24	1.1	13	0	0.0	0	0.0	0	34	368
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	0	0
Other Eligibles	512	5.7	2,225	1.3	34	140	1.6	553	1.0	124	8,986	92,948
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
65-74	72	6.4	304	1.3	31	9	0.8	35	1.8	212	1,124	12,085
75-84	192	6.2	823	1.4	37	56	1.8	226	1.0	124	3,105	32,035
85 and older	248	5.2	1,098	1.3	33	75	1.6	292	0.9	113	4,755	48,804
Male	219	6.6	897	1.2	27	41	1.2	163	1.0	149	3,330	33,826
Disabled	30	4.9	141	1.0	20	5	0.8	27	0.9	104	618	6,877
64 or younger	29	4.9	138	1.0	17	5	0.8	27	0.9	104	594	6,646
65-74	1	4.2	3	2.0	131	0	0.0	0	0.0	0	24	231
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	189	7.0	756	1.3	29	36	1.3	136	1.0	158	2,712	26,949
64 or younger	1	100.0	2	0.5	32	0	0.0	0	0.0	0	1	2
65-74	49	6.5	224	1.3	25	9	1.2	41	0.9	169	759	8,086
75-84	85	7.7	332	1.2	29	18	1.6	53	1.1	164	1,098	10,735
85 and older	54	6.3	198	1.4	32	9	1.1	42	1.1	139	854	8,126
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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003. A total of 7,023 beneficiaries who were in nursing facilities for part of their enrollment and their 64,515 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Dual Rx \$ of Beneficiaries	
					Excluded Rx per Beneficiary	Excluded Rx \$			Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	30,062	35.1 %	2.0	171,188	\$36	\$3,039,429	\$18	1.7 %	85,591	
Age										
5 and younger	0	0.0	0.0	0	0	0	0	0.0	3	
6-14	4	30.8	1.8	24	78	1,012	42	0.8	13	
15-20	32	23.0	1.4	197	44	6,164	31	1.5	139	
21-44	3,050	24.5	1.2	14,911	25	316,411	21	1.2	12,444	
45-64	6,334	33.4	1.8	33,463	34	643,916	19	1.4	18,992	
65-74	6,567	31.4	1.7	35,612	31	652,256	18	1.7	20,888	
75-84	7,611	39.5	2.3	44,681	39	743,559	17	1.9	19,259	
85 and older	6,464	46.7	3.1	42,300	49	676,111	16	2.4	13,853	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	20,368	38.4	2.3	121,270	39	2,047,824	17	1.9	53,012	
Disabled	9,528	30.0	1.6	49,337	31	979,005	20	1.3	31,737	
Adults	155	19.1	0.6	513	12	9,971	19	1.2	812	
Children	11	36.7	2.3	68	88	2,629	39	1.6	30	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	21,892	38.3	2.2	124,070	38	2,184,469	18	1.8	57,137	
Male	8,170	28.7	1.7	47,118	30	854,960	18	1.5	28,454	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	24,657	37.1	2.2	145,709	39	2,602,584	18	1.7	66,377	
African American	3,059	29.7	1.5	15,131	26	271,828	18	1.6	10,285	
Other/unknown	2,346	26.3	1.2	10,348	18	165,017	16	1.3	8,929	
Use of Nursing Facilities^d										
Entire year	7,511	58.0	5.4	70,475	83	1,074,459	15	2.3	12,942	
Part year	4,143	59.0	3.4	23,902	53	373,692	16	2.1	7,023	
None	18,408	28.0	1.2	76,811	24	1,591,278	21	1.4	65,626	
Maintenance Assistance Status										
Cash	8,682	24.1	0.9	33,121	19	685,967	21	1.3	35,955	
Medically needy	1	4.3	0.1	2	0	6	3	0.1	23	
Poverty related	4,742	26.1	1.1	19,360	19	341,878	18	1.3	18,137	
Other/unknown	16,637	52.9	3.8	118,705	64	2,011,578	17	2.0	31,476	

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003.
- 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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$18	\$0	\$1	898,050
Age						
5 and younger	0.0	0	0	0	0	26
6-14	0.2	7	42	0	0	146
15-20	0.1	5	31	0	1	1,341
21-44	0.1	2	21	0	1	128,859
45-64	0.2	3	19	0	1	201,563
65-74	0.2	3	18	0	1	223,605
75-84	0.2	4	17	0	1	203,542
85 and older	0.3	5	16	0	1	138,968
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	4	17	0	1	556,622
Disabled	0.1	3	20	0	1	335,065
Adults	0.1	2	19	0	1	6,071
Children	0.2	9	39	0	1	292
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	4	18	0	1	603,124
Male	0.2	3	18	0	1	294,926
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	4	18	0	1	695,483
African American	0.1	3	18	0	1	107,940
Other/unknown	0.1	2	16	0	1	94,627
Use of Nursing Facilities^d						
Entire year	0.5	8	15	0	3	133,796
Part year	0.4	6	16	0	2	64,515
None	0.1	2	21	0	1	699,739
Maintenance Assistance Status						
Cash	0.1	2	21	0	1	387,898
Medically needy	0.0	0	3	0	0	89
Poverty related	0.1	2	18	0	1	186,799
Other/unknown	0.4	6	17	0	2	323,264

Table D12

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003.
- 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 = Centers for Medicare & 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, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
All	35,650	\$85	\$3,039,429	100.0 %	171,188	\$18	100.0 %		
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0	
Drugs for cosmetic purposes	21	20	428	0.0	40	11	0.0	0.0	
Cough and cold medications	137	133	18,245	0.6	254	72	0.1	0.1	
Vitamins and minerals	16,515	102	1,692,482	55.7	86,308	20	50.4	50.4	
Non-prescription drugs	651	41	26,608	0.9	1,002	27	0.6	0.6	
Barbiturates	803	64	51,411	1.7	7,088	7	4.1	4.1	
Benzodiazepines	16,531	60	993,783	32.7	72,780	14	42.5	42.5	
Other Part D Excl Rx Drugs	992	259	256,472	8.4	3,716	69	2.2	2.2	

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 OKLAHOMA, 2003

Total Number of Dual Eligible Beneficiaries 85,591
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries \$179,664,525
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary \$2,099

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,107	10.6 %	\$0	0.0 %
1-500	17,876	20.9	3,850,497	2.1
501-1,000	11,334	13.2	8,377,436	4.7
1,001-1,500	9,179	10.7	11,392,222	6.3
1,501-2,000	7,362	8.6	12,820,768	7.1
2,001-2,500	6,032	7.0	13,508,017	7.5
2,501-3,000	4,618	5.4	12,660,194	7.0
3,001-3,500	3,807	4.4	12,327,926	6.9
3,501-4,000	3,010	3.5	11,267,836	6.3
4,001-4,500	2,329	2.7	9,873,747	5.5
4,501-5,000	1,839	2.1	8,705,938	4.8
5,001-5,500	1,561	1.8	8,174,308	4.5
5,501-6,000	1,235	1.4	7,092,220	3.9
6,001-6,500	1,059	1.2	6,608,778	3.7
6,501-7,000	826	1.0	5,565,683	3.1
7,001-7,500	678	0.8	4,905,875	2.7
7,501-8,000	607	0.7	4,702,454	2.6
8,001-8,500	437	0.5	3,601,937	2.0
8,501-9,000	382	0.4	3,341,874	1.9
9,001-9,500	349	0.4	3,224,652	1.8
9,501-10,000	265	0.3	2,583,951	1.4
10,001+	1,699	2.0	25,078,212	14.0

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 OKLAHOMA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65 30,732
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65 \$71,608,611
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65 \$2,330

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	0		
\$0	4,202	13.7%	0		0.0%
1-500	7,054	23.0	1,391,281	1.9	
501-1,000	3,661	11.9	2,681,965	3.7	
1,001-1,500	2,810	9.1	3,480,445	4.9	
1,501-2,000	2,183	7.1	3,798,487	5.3	
2,001-2,500	1,746	5.7	3,907,697	5.5	
2,501-3,000	1,422	4.6	3,900,331	5.4	
3,001-3,500	1,150	3.7	3,728,547	5.2	
3,501-4,000	910	3.0	3,409,387	4.8	
4,001-4,500	751	2.4	3,186,872	4.5	
4,501-5,000	600	2.0	2,837,298	4.0	
5,001-5,500	572	1.9	2,995,537	4.2	
5,501-6,000	441	1.4	2,534,206	3.5	
6,001-6,500	428	1.4	2,670,540	3.7	
6,501-7,000	348	1.1	2,345,700	3.3	
7,001-7,500	295	1.0	2,133,148	3.0	
7,501-8,000	289	0.9	2,237,824	3.1	
8,001-8,500	201	0.7	1,657,099	2.3	
8,501-9,000	187	0.6	1,636,864	2.3	
9,001-9,500	178	0.6	1,648,108	2.3	
9,501-10,000	146	0.5	1,423,959	2.0	
10,001+	1,158	3.8	18,003,316	25.1	

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 OKLAHOMA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 54,000
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$106,952,933
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$1,981

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement	
		8.7%	8.7%		0.0%	0.0%
\$0	4,692			0		
1-500	10,552	19.5	19.5	2,409,484	2.3	2.3
501-1,000	7,539	14.0	14.0	5,597,998	5.2	5.2
1,001-1,500	6,321	11.7	11.7	7,851,796	7.3	7.3
1,501-2,000	5,136	9.5	9.5	8,947,265	8.4	8.4
2,001-2,500	4,257	7.9	7.9	9,535,400	8.9	8.9
2,501-3,000	3,170	5.9	5.9	8,688,857	8.1	8.1
3,001-3,500	2,640	4.9	4.9	8,545,238	8.0	8.0
3,501-4,000	2,093	3.9	3.9	7,832,077	7.3	7.3
4,001-4,500	1,562	2.9	2.9	6,618,902	6.2	6.2
4,501-5,000	1,236	2.3	2.3	5,854,785	5.5	5.5
5,001-5,500	982	1.8	1.8	5,142,214	4.8	4.8
5,501-6,000	789	1.5	1.5	4,529,831	4.2	4.2
6,001-6,500	628	1.2	1.2	3,918,977	3.7	3.7
6,501-7,000	472	0.9	0.9	3,179,533	3.0	3.0
7,001-7,500	378	0.7	0.7	2,736,831	2.6	2.6
7,501-8,000	313	0.6	0.6	2,425,678	2.3	2.3
8,001-8,500	235	0.4	0.4	1,936,633	1.8	1.8
8,501-9,000	193	0.4	0.4	1,687,734	1.6	1.6
9,001-9,500	167	0.3	0.3	1,539,961	1.4	1.4
9,501-10,000	119	0.2	0.2	1,159,992	1.1	1.1
10,001+	526	1.0	1.0	6,813,747	6.4	6.4

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 OKLAHOMA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74 20,888
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74 \$38,291,967
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74 \$1,833

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		11.6 %	0.0 %		
\$0	2,425		0		0.0
1-500	4,575	21.9	998,556	2.6	2.6
501-1,000	2,883	13.8	2,124,159	5.5	5.5
1,001-1,500	2,389	11.4	2,967,959	7.8	7.8
1,501-2,000	1,919	9.2	3,334,420	8.7	8.7
2,001-2,500	1,518	7.3	3,398,183	8.9	8.9
2,501-3,000	1,054	5.0	2,891,616	7.6	7.6
3,001-3,500	878	4.2	2,846,959	7.4	7.4
3,501-4,000	648	3.1	2,422,348	6.3	6.3
4,001-4,500	485	2.3	2,057,466	5.4	5.4
4,501-5,000	398	1.9	1,882,729	4.9	4.9
5,001-5,500	326	1.6	1,709,253	4.5	4.5
5,501-6,000	238	1.1	1,367,230	3.6	3.6
6,001-6,500	186	0.9	1,162,380	3.0	3.0
6,501-7,000	161	0.8	1,082,389	2.8	2.8
7,001-7,500	118	0.6	856,466	2.2	2.2
7,501-8,000	112	0.5	867,851	2.3	2.3
8,001-8,500	89	0.4	732,138	1.9	1.9
8,501-9,000	87	0.4	761,079	2.0	2.0
9,001-9,500	71	0.3	653,821	1.7	1.7
9,501-10,000	51	0.2	496,639	1.3	1.3
10,001+	277	1.3	3,678,326	9.6	9.6

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 OKLAHOMA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 13,853
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$28,648,226
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,068

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 5.3 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	738		0	0.0 %
1-500	2,534	18.3	610,410	2.1
501-1,000	1,984	14.3	1,475,690	5.2
1,001-1,500	1,613	11.6	2,005,771	7.0
1,501-2,000	1,372	9.9	2,393,996	8.4
2,001-2,500	1,195	8.6	2,671,931	9.3
2,501-3,000	927	6.7	2,545,050	8.9
3,001-3,500	799	5.8	2,580,780	9.0
3,501-4,000	629	4.5	2,351,549	8.2
4,001-4,500	475	3.4	2,008,831	7.0
4,501-5,000	382	2.8	1,812,023	6.3
5,001-5,500	283	2.0	1,479,935	5.2
5,501-6,000	231	1.7	1,326,661	4.6
6,001-6,500	184	1.3	1,147,866	4.0
6,501-7,000	125	0.9	844,042	2.9
7,001-7,500	106	0.8	768,304	2.7
7,501-8,000	59	0.4	458,573	1.6
8,001-8,500	50	0.4	410,737	1.4
8,501-9,000	42	0.3	368,013	1.3
9,001-9,500	30	0.2	276,410	1.0
9,501-10,000	21	0.2	203,966	0.7
10,001+	74	0.5	907,688	3.2

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 2003.

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, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	86,338	53,018	32,371	918	31	916,190	557,421	350,598	7,844	327	0
Age											
5 and younger	5	0	3	0	2	55	0	35	0	20	0
6-14	14	0	12	0	2	161	0	137	0	24	0
15-20	155	0	140	1	14	1,709	0	1,559	5	145	0
21-44	12,853	9	12,401	435	8	137,800	88	133,969	3,658	85	0
45-64	19,285	147	18,793	343	2	208,832	1,410	204,411	2,987	24	0
65-74	20,911	19,865	958	86	2	225,094	214,405	9,890	775	24	0
75-84	19,261	19,174	51	36	0	203,568	202,802	473	293	0	0
85 and older	13,854	13,823	13	17	1	138,971	138,716	124	126	5	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	57,556	39,560	17,366	617	13	613,632	419,616	188,539	5,332	145	0
Male	28,782	13,458	15,005	301	18	302,558	137,805	162,059	2,512	182	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	66,843	41,649	24,521	649	24	706,999	435,043	266,143	5,563	250	0
African American	10,489	5,732	4,578	175	4	112,667	61,876	49,271	1,479	41	0
Other/unknown	9,006	5,637	3,272	94	3	96,524	60,502	35,184	802	36	0
Use of Nursing Facilities^c											
Entire year	12,942	11,691	1,244	3	4	133,797	119,836	13,900	20	41	0
Part year	7,025	6,165	838	22	0	64,633	55,924	8,535	174	0	0
None	66,371	35,162	30,289	893	27	717,760	381,661	328,163	7,650	286	0
Maintenance Assistance Status											
Cash	36,596	18,205	17,535	852	4	401,886	203,554	190,895	7,389	48	0
Medically needy	23	8	15	0	0	89	24	65	0	0	0
Poverty related	18,242	10,150	8,018	63	11	190,767	106,844	83,397	421	105	0
Other/unknown	31,477	24,655	6,803	3	16	323,448	246,999	76,241	34	174	0
Dual Status^d											
Full dual, all year	82,067	50,424	30,726	886	31	869,242	528,677	332,734	7,504	327	0
Full dual, part year	4,271	2,594	1,645	32	0	46,948	28,744	17,864	340	0	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	83,605	52,863	30,058	657	27	889,180	555,647	327,668	5,582	283	0
FFS part year, with Rx claims	1,413	129	1,186	96	2	14,188	1,498	11,732	934	24	0
FFS part year, no Rx claims	573	20	493	59	1	4,976	211	4,285	472	8	0
MC all year, with Rx claims	36	0	36	0	0	402	0	402	0	0	0
MC all year, no Rx claims	711	6	598	106	1	7,444	65	6,511	856	12	0

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 2003. 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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Beneficiaries and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Benefit Months in Cell F of Table 1 Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries	Benefit Months Number of Beneficiaries
All	86,338	916,190	85,591	898,050	0	18,140	
Fee-for-service (FFS) all year	83,605	889,180	83,605	889,180	0	0	
FFS part year, with Rx claims	1,413	14,188	1,413	6,996	0	7,192	
FFS part year, with no Rx claims	573	4,976	573	1,874	0	3,102	
Managed care (MC) all year, with Rx claims	36	402	0	0	0	402	
MC all year, with no Rx claims	711	7,444	0	0	0	7,444	

Source: Data for this table are from the MAX 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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

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