

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL 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	Other/ Unknown	
All	456,957	1,785	35,183	69,864	350,125	0	2,900,911	13,771	302,318	324,200	2,260,622	0	2,900,911	13,771	302,318	324,200	2,260,622	0	
Age																			
5 and younger	142,950	7	1,431	1	141,511	0	869,994	18	10,593	1	859,382	0	869,994	18	10,593	1	859,382	0	
6-14	153,395	8	4,052	26	149,309	0	1,047,775	56	34,737	139	1,012,843	0	1,047,775	56	34,737	139	1,012,843	0	
15-20	69,749	7	3,263	7,705	58,774	0	450,821	47	28,457	36,152	386,165	0	450,821	47	28,457	36,152	386,165	0	
21-44	71,215	10	11,817	58,859	529	0	376,501	70	102,423	271,779	2,229	0	376,501	70	102,423	271,779	2,229	0	
45-64	17,816	56	14,493	3,265	2	0	141,598	370	125,142	16,083	3	0	141,598	370	125,142	16,083	3	0	
65-74	905	779	121	5	0	0	8,002	7,030	946	26	0	0	8,002	7,030	946	26	0	0	
75-84	531	525	4	2	0	0	4,060	4,030	16	14	0	0	4,060	4,030	16	14	0	0	
85 and older	396	393	2	1	0	0	2,160	2,150	4	6	0	0	2,160	2,150	4	6	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gender																			
Female	258,965	1,277	18,229	65,975	173,484	0	1,594,734	9,911	158,460	307,463	1,118,900	0	1,594,734	9,911	158,460	307,463	1,118,900	0	
Male	197,992	508	16,954	3,889	176,641	0	1,306,177	3,860	143,858	16,737	1,141,722	0	1,306,177	3,860	143,858	16,737	1,141,722	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	278,002	1,105	25,355	45,297	206,245	0	1,868,623	7,811	226,493	221,748	1,412,571	0	1,868,623	7,811	226,493	221,748	1,412,571	0	
African American	65,689	223	5,037	10,396	50,033	0	316,840	1,832	33,719	36,152	245,137	0	316,840	1,832	33,719	36,152	245,137	0	
Other/unknown	113,266	457	4,791	14,171	93,847	0	715,448	4,128	42,106	66,300	602,914	0	715,448	4,128	42,106	66,300	602,914	0	
Use of Nursing Facilities^c																			
Entire year	1,296	258	1,030	5	3	0	13,471	2,662	10,748	32	29	0	13,471	2,662	10,748	32	29	0	
Part year	838	107	717	12	2	0	6,977	840	6,020	98	19	0	6,977	840	6,020	98	19	0	
None	454,823	1,420	33,436	69,847	350,120	0	2,880,463	10,269	285,550	324,070	2,260,574	0	2,880,463	10,269	285,550	324,070	2,260,574	0	
Maintenance Assistance Status																			
Cash	118,745	756	26,452	39,402	52,135	0	765,225	6,921	224,036	186,406	347,862	0	765,225	6,921	224,036	186,406	347,862	0	
Medically needy	15	0	11	2	2	0	56	0	41	7	8	0	56	0	41	7	8	0	
Poverty-related	315,458	278	3,297	29,866	282,017	0	1,918,533	1,522	20,425	136,254	1,760,332	0	1,918,533	1,522	20,425	136,254	1,760,332	0	
Other/unknown	22,739	751	5,423	594	15,971	0	217,097	5,328	57,816	1,533	152,420	0	217,097	5,328	57,816	1,533	152,420	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	281,161	1,734	27,495	39,328	212,604	0	2,443,585	13,551	279,226	247,009	1,903,799	0	2,443,585	13,551	279,226	247,009	1,903,799	0	
FFS part year, with Rx claims	48,320	34	4,064	12,730	31,492	0	161,726	165	14,365	36,633	110,563	0	161,726	165	14,365	36,633	110,563	0	
FFS part year, no Rx claims	127,476	17	3,624	17,806	106,029	0	295,600	55	8,727	40,558	246,260	0	295,600	55	8,727	40,558	246,260	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 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL 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	49.7 %	3.7	\$247	\$67	\$2,231	11.1 %	456,957
Age							
5 and younger	48.8	2.4	111	47	1,482	7.5	142,950
6-14	44.8	2.7	195	73	1,451	13.5	153,395
15-20	49.8	3.5	215	61	2,364	9.1	69,749
21-44	56.1	4.8	353	73	3,651	9.7	71,215
45-64	73.4	17.9	1,394	78	8,160	17.1	17,816
65-74	67.4	21.3	1,325	62	9,545	13.9	905
75-84	55.7	19.9	1,135	57	7,154	15.9	531
85 and older	38.1	17.0	825	49	6,265	13.2	396
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	57.2	19.1	1,101	58	7,751	14.2	1,785
Disabled	73.7	16.5	1,587	96	11,182	14.2	35,183
Adults	54.0	3.1	133	43	1,743	7.6	69,864
Children	46.4	2.5	131	53	1,401	9.3	350,125
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	51.3	3.8	224	59	2,131	10.5	258,965
Male	47.7	3.6	277	77	2,363	11.7	197,992
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	54.9	4.4	299	68	2,427	12.3	278,002
African American	32.7	2.3	175	77	2,118	8.3	65,689
Other/unknown	46.8	2.8	161	58	1,816	8.9	113,266
Use of Nursing Facilities^f							
Entire year	97.6	82.9	5,168	62	37,903	13.6	1,296
Part year	95.5	48.2	3,367	70	26,195	12.9	838
None	49.5	3.4	227	67	2,085	10.9	454,823
Maintenance Assistance Status							
Cash	54.3	5.1	407	81	2,438	16.7	118,745
Medically needy	6.7	0.4	31	77	1,411	2.2	15
Poverty related	46.6	2.3	117	50	1,279	9.1	315,458
Other/unknown	69.1	15.7	1,219	78	14,363	8.5	22,739

Table ND3

Nondual 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 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. 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	Number of Rx. Percentage with:										Beneficiaries	Number
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	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	Mean \$, All Medicaid FFS ^d		
All	0.6	\$39	11.1 %	50.3 %	40.2 %	5.4 %	3.6 %	0.4 %	0.1 %	\$352	456,957	2,900,911
Age												
5 and younger	0.4	18	7.5	51.2	44.4	3.0	1.2	0.1	0.0	244	142,950	869,994
6-14	0.4	29	13.5	55.2	39.2	3.3	2.0	0.2	0.0	212	153,395	1,047,775
15-20	0.5	33	9.1	50.2	40.8	5.4	3.1	0.4	0.1	366	69,749	450,821
21-44	0.9	67	9.7	43.9	38.1	10.7	6.6	0.5	0.2	691	71,215	376,501
45-64	2.2	175	17.1	26.6	23.9	19.9	23.9	3.7	2.1	1,027	17,816	141,598
65-74	2.4	150	13.9	32.6	23.1	15.9	18.7	7.2	2.5	1,080	905	8,002
75-84	2.6	148	15.9	44.3	13.7	13.9	16.9	8.9	2.3	936	531	4,060
85 and older	3.1	151	13.2	61.9	7.3	3.8	13.9	11.4	1.8	1,149	396	2,160
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	2.5	143	14.2	42.8	17.6	13.0	16.4	8.2	2.1	1,005	1,785	13,771
Disabled	1.9	185	14.2	26.3	30.8	17.2	20.9	3.3	1.5	1,301	35,183	302,318
Adults	0.7	29	7.6	46.0	39.8	9.6	4.4	0.2	0.1	376	69,864	324,200
Children	0.4	20	9.3	53.6	41.4	3.3	1.6	0.1	0.0	217	350,125	2,260,622
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.6	36	10.5	48.7	40.9	6.0	3.9	0.4	0.2	346	258,965	1,594,734
Male	0.5	42	11.7	52.3	39.3	4.6	3.2	0.4	0.1	358	197,992	1,306,177
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.7	45	12.3	45.1	43.8	6.3	4.3	0.5	0.2	361	278,002	1,868,623
African American	0.5	36	8.3	67.3	25.6	4.0	2.7	0.3	0.1	439	65,689	316,840
Other/unknown	0.4	26	8.9	53.2	39.9	4.0	2.4	0.4	0.1	288	113,266	715,448
Use of Nursing Facilities^f												
Entire year	8.0	497	13.6	2.4	3.5	4.4	23.8	41.3	24.6	3,647	1,296	13,471
Part year	5.8	404	12.9	4.5	9.7	9.7	31.0	33.5	11.6	3,146	838	6,977
None	0.5	36	10.9	50.5	40.4	5.4	3.4	0.2	0.1	329	454,823	2,880,463
Maintenance Assistance Status												
Cash	0.8	63	16.7	45.7	37.4	9.5	7.0	0.4	0.1	378	118,745	765,225
Medically needy	0.1	8	2.2	93.3	0.0	6.7	0.0	0.0	0.0	378	15	56
Poverty related	0.4	19	9.1	53.4	41.1	3.7	1.6	0.1	0.0	210	315,458	1,918,533
Other/unknown	1.6	128	8.5	30.9	42.2	7.3	12.9	4.6	2.1	1,504	22,739	217,097

Table ND4

Nondual 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 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. 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary	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	0.6	\$39	\$67	0.3	\$31	\$123	0.0	\$1	\$57	0.3	\$7	\$22
Age												
5 and younger	0.4	18	47	0.2	15	83	0.0	1	43	0.2	3	15
6-14	0.4	29	73	0.2	22	116	0.0	1	69	0.2	6	30
15-20	0.5	33	61	0.2	26	114	0.0	1	58	0.3	6	19
21-44	0.9	67	73	0.3	53	158	0.0	3	54	0.5	11	21
45-64	2.2	175	78	0.9	139	154	0.1	5	60	1.3	31	25
65-74	2.4	150	62	0.9	118	128	0.1	3	39	1.4	29	21
75-84	2.6	148	57	1.1	112	104	0.1	4	53	1.5	32	22
85 and older	3.1	151	49	1.2	111	92	0.1	4	31	1.8	37	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.5	143	58	1.0	109	112	0.1	3	41	1.4	30	21
Disabled	1.9	185	96	0.8	150	180	0.1	6	73	1.0	29	29
Adults	0.7	29	43	0.2	21	99	0.0	1	37	0.4	7	16
Children	0.4	20	53	0.2	16	90	0.0	1	53	0.2	4	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.6	36	59	0.3	28	113	0.0	1	52	0.3	7	20
Male	0.5	42	77	0.2	34	135	0.0	1	65	0.3	7	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.7	45	68	0.3	35	122	0.0	2	60	0.3	8	23
African American	0.5	36	77	0.2	27	139	0.0	1	55	0.3	8	31
Other/unknown	0.4	26	58	0.2	20	118	0.0	1	48	0.2	4	18
Use of Nursing Facilities^e												
Entire year	8.0	497	62	3.0	382	129	0.2	10	46	4.8	106	22
Part year	5.8	404	70	2.2	320	146	0.2	8	52	3.4	76	22
None	0.5	36	67	0.2	28	122	0.0	1	57	0.3	6	22
Maintenance Assistance Status												
Cash	0.8	63	81	0.3	51	154	0.0	2	66	0.4	11	25
Medically needy	0.1	8	77	0.1	8	106	0.0	0	0	0.0	1	18
Poverty related	0.4	19	50	0.2	15	88	0.0	1	48	0.2	4	19
Other/unknown	1.6	128	78	0.7	104	141	0.1	3	61	0.8	21	24

Table ND5

Nondual 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 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, 0.4 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL 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 of Users	Percentage of All Benes	As a Percentage	Number of Benefit Months			
															\$	\$	\$
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$8	\$0	\$2	\$42	\$68	\$64	\$19	359,372	\$15,142,150	157,299	34.4 %	1,448,356
Biologicals	0.2	0.2	0.0	0.0	198	182	0	16	890	865	0	1,355	3,505	3,119,971	1,687	0.4	15,775
Antineoplastic Agents	0.4	0.2	0.0	0.2	136	109	2	24	319	629	155	102	3,083	982,541	762	0.2	7,239
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.1	17	13	2	2	58	95	43	19	127,658	7,463,150	47,314	10.4	443,611
Cardiovascular Agents	0.7	0.2	0.0	0.4	29	20	1	8	45	106	46	19	108,274	4,840,404	17,465	3.8	165,736
Respiratory Agents	0.3	0.2	0.0	0.1	21	18	0	3	61	94	36	18	215,243	13,174,301	66,865	14.6	626,839
Gastrointestinal Agents	0.3	0.1	0.0	0.2	22	17	2	4	67	140	222	20	73,883	4,932,698	22,992	5.0	219,382
Genitourinary Agents	0.2	0.2	0.0	0.1	12	10	0	1	53	66	39	20	19,580	1,037,281	10,309	2.3	87,766
CNS Drugs	0.6	0.4	0.0	0.3	74	66	1	6	116	180	116	25	238,918	27,804,122	40,812	8.9	377,213
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	42	29	3	10	74	94	69	46	64,241	4,755,774	11,625	2.5	112,286
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	107	102	0	5	210	256	0	42	1,813	380,718	343	0.1	3,562
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	11	7	0	4	36	192	60	14	179,989	6,522,653	65,666	14.4	590,393
Neuromuscular Agents	0.5	0.2	0.0	0.3	42	34	2	6	80	146	49	25	108,147	8,640,357	21,876	4.8	208,063
Nutritional Products	0.3	0.0	0.1	0.2	6	1	1	3	22	31	26	20	33,018	739,185	17,296	3.8	129,074
Hematological Agents	0.5	0.2	0.0	0.2	320	245	2	73	689	1,376	42	300	10,777	7,428,743	2,482	0.5	23,199
Topical Products	0.2	0.1	0.0	0.1	7	4	0	2	37	63	46	20	130,080	4,831,411	70,386	15.4	685,387
Miscellaneous Products	0.2	0.1	0.0	0.0	18	15	2	2	121	124	342	64	6,348	768,142	4,317	0.9	41,613
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	31	0	0	0	10,648	333,026	8,362	1.8	81,564
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.	1,694,577	112,896,627	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. 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.medispan.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.medispan.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 ND.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$4,106,085	4,466	1.0 %	26,833	0.7	\$227
ANTIDEPRESSANTS	2,066,269	9,484	2.1	47,853	0.6	71
ANTICONVULSANT	2,057,846	3,986	0.9	22,554	0.8	111
ANTIASTHMATIC	1,890,597	16,228	3.6	64,769	0.5	62
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	1,333,803	4,856	1.1	28,997	0.6	74
ANALGESICS - Narcotic	887,509	16,388	3.6	60,437	0.4	33
PENICILLINS	701,477	23,823	5.2	97,301	0.3	24
ULCER DRUGS	699,110	4,523	1.0	20,229	0.5	70
MISC. ENDOCRINE	674,590	720	0.2	4,602	0.6	256
PASSIVE IMMUNIZING AGENTS	615,833	292	0.1	1,044	0.6	1,039
Total	15,033,119	84,766		374,619	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 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 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.

TABLE ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIDEPRESSANTS						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	183,702	\$15,033,119	4,466	1.0 %	26,833	0.7	\$153	9,484	2.1 %	47,853	0.6	\$43					
Female																	
Disabled																	
5 and younger	96,444	7,051,321	2,083	0.8	11,884	0.6	136	6,084	2.3	28,077	0.6	43					
6-14	28,981	3,228,140	822	4.5	4,450	0.8	183	1,551	8.5	8,819	0.6	54					
15-20	551	72,964	0	0.0	0	0.0	0	1	0.2	1	2.0	68					
21-44	2,185	282,291	72	4.9	467	0.7	160	66	4.5	445	0.7	43					
45-64	3,555	444,856	129	9.5	930	0.7	179	143	10.5	1,027	0.8	59					
65-74	10,241	1,175,201	334	5.3	1,768	0.8	198	579	9.2	3,135	0.7	61					
75-84	12,418	1,249,662	285	3.4	1,279	0.8	175	762	9.0	4,211	0.6	49					
85 and older	31	3,166	2	3.0	6	0.7	106	0	0.0	0	0.0	0					
Other Eligibles																	
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	67,463	3,823,181	1,261	0.5	7,434	0.5	107	4,533	1.9	19,258	0.6	38					
21-44	12,565	670,401	24	0.0	147	0.5	92	35	0.1	210	0.4	15					
45-64	21,427	1,520,422	501	0.7	3,838	0.6	111	904	1.2	6,235	0.6	33					
65-74	14,225	836,901	364	0.9	2,420	0.5	100	1,259	3.2	6,812	0.5	36					
75-84	16,921	647,427	320	0.6	830	0.5	102	2,092	3.7	5,163	0.6	46					
85 and older	1,332	74,501	25	1.0	77	0.6	112	203	7.9	598	0.5	37					
Male																	
Disabled																	
5 and younger	87,258	7,981,798	2,383	1.2	14,949	0.7	167	3,400	1.7	19,776	0.6	43					
6-14	25,922	3,337,038	945	5.6	5,459	0.9	228	1,102	6.5	6,286	0.7	60					
15-20	556	102,438	5	0.6	14	0.6	122	4	0.5	11	0.6	30					
21-44	3,837	450,201	167	6.4	929	0.8	195	163	6.3	874	0.8	49					
45-64	4,658	651,087	166	8.7	1,181	0.8	250	167	8.8	1,168	0.8	60					
65-74	10,226	1,429,469	399	7.2	2,410	0.8	238	426	7.7	2,484	0.7	68					
75-84	6,613	699,864	203	3.4	911	1.0	210	340	5.6	1,741	0.7	53					
85 and older	32	3,979	5	9.3	14	0.9	182	2	3.7	8	0.4	25					
Other Eligibles																	
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	61,336	4,644,760	1,438	0.8	9,490	0.6	132	2,298	1.3	13,490	0.6	36					
21-44	16,524	931,675	54	0.1	357	0.6	100	47	0.1	303	0.4	17					
45-64	32,258	2,595,295	947	1.2	6,375	0.6	123	1,259	1.7	7,764	0.6	33					
65-74	10,828	1,012,429	398	1.4	2,643	0.6	157	833	3.0	4,946	0.6	41					
75-84	1,104	57,755	25	0.8	65	0.6	142	109	3.4	286	0.6	44					
85 and older	335	28,728	4	0.5	17	0.6	176	41	5.4	148	0.5	46					
Unknown																	
5 and younger	116	6,907	6	2.4	16	1.6	217	3	1.2	15	0.7	32					
6-14	144	9,697	4	2.9	17	1.0	149	5	3.6	16	1.6	54					
15-20	27	2,274	0	0.0	0	0.0	0	1	1.3	12	1.3	88					
21-44	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
45-64	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	0	0	0	0.0	0	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					
85 and older	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 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 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANTICONVULSANT				ANTIASTHMATIC				STIMULANTS/ANTI-OBESITY/ANOREXICANTS						
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benefes	Mean of Rx per Benefit Month
All	3,986	0.9 %	22,554	0.8	\$91	16,228	3.6 %	64,769	0.5	\$29	4,856	1.1 %	28,997	0.6	\$46
Female															
Disabled	2,192	0.8	11,686	0.8	86	7,960	3.1	32,111	0.5	29	1,412	0.5	9,468	0.6	44
5 and younger	1,146	6.3	7,208	0.9	105	1,089	6.0	6,413	0.5	42	129	0.7	839	0.7	67
6-14	33	5.5	146	1.0	135	57	9.5	211	0.8	68	3	0.5	8	0.6	254
15-20	93	6.4	629	0.8	92	100	6.9	595	0.5	61	71	4.9	418	0.7	55
21-44	139	10.2	1,059	1.0	137	80	5.9	561	0.4	35	29	2.1	227	0.7	49
45-64	479	7.6	3,062	1.0	113	263	4.2	1,564	0.5	34	17	0.3	131	0.7	89
65-74	402	4.8	2,312	0.7	81	586	6.9	3,473	0.5	42	9	0.1	55	0.5	151
75-84	0	0.0	0	0.0	0	3	4.5	9	1.1	95	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	1,046	0.4	4,478	0.6	54	6,871	2.9	25,698	0.5	25	1,283	0.5	8,629	0.6	42
5 and younger	53	0.1	263	0.5	40	2,353	3.4	9,350	0.4	24	54	0.1	383	0.4	26
6-14	278	0.4	1,594	0.6	50	2,198	3.0	8,653	0.5	28	1,049	1.4	7,162	0.6	42
15-20	233	0.6	1,321	0.6	62	1,042	2.7	4,226	0.4	24	143	0.4	981	0.5	40
21-44	426	0.8	1,105	0.7	51	1,162	2.1	2,950	0.5	22	31	0.1	88	0.5	58
45-64	44	1.7	115	0.7	59	79	3.1	247	0.6	32	6	0.2	15	0.6	115
65-74	6	1.1	36	0.9	89	10	1.9	46	0.6	19	0	0.0	0	0.0	0
75-84	6	1.6	44	0.9	65	20	5.2	176	0.4	29	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	7	2.2	50	1.0	97	0	0.0	0	0.0	0
Male															
Disabled	1,794	0.9	10,868	0.9	97	8,268	4.2	32,658	0.5	30	3,444	1.7	19,529	0.6	47
5 and younger	1,055	6.2	6,740	1.0	121	777	4.6	4,131	0.6	41	281	1.7	1,407	0.8	63
6-14	23	2.8	76	0.8	42	91	10.9	316	0.8	60	5	0.6	7	1.6	86
15-20	150	5.8	824	0.9	110	168	6.5	768	0.6	38	184	7.1	800	0.8	60
21-44	175	9.2	1,337	1.0	126	99	5.2	793	0.5	34	62	3.3	342	0.9	78
45-64	506	9.2	3,526	1.0	132	120	2.2	741	0.5	37	25	0.5	210	0.6	47
65-74	198	3.3	974	1.0	92	299	5.0	1,513	0.5	45	5	0.1	48	0.3	80
75-84	3	5.6	3	1.7	56	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	739	0.4	4,128	0.7	59	7,491	4.1	28,527	0.5	28	3,163	1.7	18,122	0.6	46
5 and younger	84	0.1	340	0.7	56	3,593	4.9	14,118	0.4	24	196	0.3	1,102	0.5	27
6-14	377	0.5	2,298	0.7	55	3,159	4.1	11,510	0.5	33	2,579	3.4	14,701	0.6	47
15-20	212	0.8	1,271	0.7	67	669	2.4	2,707	0.5	27	383	1.4	2,310	0.6	48
21-44	43	1.3	117	0.6	49	48	1.5	123	0.5	23	5	0.2	9	0.9	84
45-64	14	1.8	48	0.5	84	15	2.0	45	0.6	68	0	0.0	0	0.0	0
65-74	3	1.2	13	1.2	51	2	0.8	8	0.3	8	0	0.0	0	0.0	0
75-84	6	4.3	41	0.9	64	5	3.6	16	0.6	26	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
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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 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 ND.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}
NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					PENICILLINS					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	16,388	3.6 %	60,437	\$15	0.4	23,823	5.2 %	97,301	\$7	0.3	4,523	1.0 %	20,229	\$35	0.5
Female	11,902	4.6	41,230	15	0.5	13,147	5.1	52,833	7	0.3	2,862	1.1	12,406	33	0.5
Disabled	1,780	9.8	9,632	42	0.6	618	3.4	4,065	7	0.2	734	4.0	4,963	58	0.6
5 and younger	7	1.2	32	2	0.3	47	7.8	197	10	0.4	27	4.5	134	71	0.9
6-14	34	2.3	279	3	0.2	90	6.2	622	5	0.2	37	2.5	287	7	0.7
15-20	99	7.3	652	6	0.2	96	7.1	699	6	0.2	60	4.4	483	45	0.5
21-44	589	9.4	2,596	36	0.6	211	3.4	1,417	6	0.2	226	3.6	1,578	60	0.6
45-64	1,049	12.4	6,068	51	0.6	174	2.1	1,130	9	0.2	382	4.5	2,474	56	0.5
65-74	2	3.0	5	39	0.6	0	0.0	0	0	0.0	2	3.0	7	1.3	
75-84	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	
Other Eligibles	10,122	4.2	31,598	6	0.4	12,529	5.2	48,768	7	0.3	2,128	0.9	7,443	17	0.4
5 and younger	505	0.7	1,994	2	0.3	5,203	7.6	19,872	7	0.3	494	0.7	1,606	13	0.4
6-14	1,024	1.4	4,370	4	0.3	3,561	4.9	16,285	6	0.3	387	0.5	1,660	14	0.3
15-20	2,461	6.3	8,986	3	0.4	1,747	4.5	7,211	6	0.3	446	1.1	1,935	15	0.4
21-44	5,785	10.3	15,160	8	0.5	1,954	3.5	5,176	8	0.4	699	1.2	1,804	18	0.5
45-64	292	11.4	726	24	0.8	54	2.1	153	12	0.4	67	2.6	172	39	0.6
65-74	12	2.3	65	14	0.9	3	0.6	36	3	0.1	9	1.7	66	47	0.6
75-84	32	8.3	248	12	0.4	4	1.0	25	6	0.2	15	3.9	123	64	0.6
85 and older	11	3.4	49	7	0.6	3	0.9	10	8	0.3	11	3.4	77	45	0.6
Male	4,486	2.3	19,207	15	0.4	10,676	5.4	44,468	8	0.3	1,661	0.8	7,823	37	0.5
Disabled	1,218	7.2	6,101	36	0.5	579	3.4	3,732	11	0.2	534	3.1	3,434	60	0.7
5 and younger	8	1.0	27	3	0.3	77	9.3	275	12	0.4	21	2.5	92	40	0.5
6-14	73	2.8	497	2	0.2	139	5.4	887	7	0.2	45	1.7	342	44	0.5
15-20	83	4.4	597	16	0.3	94	4.9	740	9	0.2	52	2.7	416	44	0.6
21-44	455	8.2	2,330	28	0.5	172	3.1	1,258	7	0.2	204	3.7	1,441	66	0.7
45-64	596	9.9	2,639	54	0.7	97	1.6	572	27	0.3	211	3.5	1,139	65	0.7
65-74	3	5.6	11	92	0.7	0	0.0	0	0	0.0	1	1.9	4	7	
75-84	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	
Other Eligibles	3,268	1.8	13,106	5	0.3	10,097	5.6	40,736	7	0.3	1,127	0.6	4,389	18	0.4
5 and younger	649	0.9	2,739	2	0.3	5,922	8.1	22,213	8	0.3	575	0.8	1,873	15	0.5
6-14	1,113	1.5	4,773	3	0.3	3,258	4.3	14,449	7	0.3	299	0.4	1,329	18	0.4
15-20	1,014	3.7	4,322	3	0.3	844	3.1	3,863	7	0.2	184	0.7	961	16	0.3
21-44	376	11.7	936	23	0.7	61	1.9	158	10	0.4	38	1.2	104	34	0.5
45-64	95	12.5	238	38	0.7	6	0.8	26	4	0.2	20	2.6	38	70	
65-74	8	3.1	39	27	0.6	2	0.8	4	3	0.5	6	2.4	46	23	
75-84	12	8.6	58	7	0.5	4	2.9	23	5	0.2	4	2.9	26	104	
85 and older	1	1.3	1	15	1.0	0	0.0	0	0	0.0	1	1.3	12	78	
Unknown	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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

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 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 ND.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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	MISC. ENDOCRINE				PASSIVE IMMUNIZING AGENTS				Number of Beneficiaries	Number of Benefit Months	Mean of Rx per Benefit Month
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	720	0.2 %	4,602	0.6	\$147	292	0.1 %	1,044	0.6	\$590	2,900,911
Female											
Disabled											
5 and younger	341	0.1	2,220	0.6	112	161	0.1	568	0.5	489	1,594,734
6-14	118	0.6	899	0.5	102	9	0.0	35	0.8	1,129	158,460
15-20	1	0.2	2	1.0	964	8	1.3	23	0.9	1,009	4,347
21-44	14	1.0	106	0.7	273	1	0.1	12	0.7	1,361	12,371
45-64	21	1.5	166	0.5	76	0	0.0	0	0.0	0	1,456
65-74	21	0.3	217	0.6	127	0	0.0	0	0.0	0	6,288
75-84	60	0.7	407	0.5	51	0	0.0	0	0.0	0	54,748
85 and older	1	1.5	1	4.0	252	0	0.0	0	0.0	0	74,617
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	552
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10
6-14	223	0.1	1,321	0.6	119	152	0.1	533	0.5	447	1,436,274
15-20	12	0.0	77	0.4	82	112	0.2	429	0.5	544	417,037
21-44	168	0.2	1,043	0.5	118	1	0.0	3	0.3	236	497,738
45-64	22	0.1	134	0.6	172	9	0.0	24	0.4	35	238,402
65-74	6	0.0	20	0.6	57	30	0.1	77	0.4	39	260,624
75-84	9	0.4	17	0.7	49	0	0.0	0	0.0	0	12,822
85 and older	2	0.4	2	4.0	460	0	0.0	0	0.0	0	530
Unknown	2	0.5	20	0.7	48	0	0.0	0	0.0	0	387
5 and younger	2	0.6	8	1.3	62	0	0.0	0	0.0	0	1,784
6-14	379	0.2	2,382	0.6	179	131	0.1	476	0.6	711	1,306,177
15-20	72	0.4	465	0.7	239	25	0.1	80	0.7	830	143,858
21-44	1	0.1	2	1.0	3,239	24	2.9	68	0.8	944	6,246
45-64	19	0.7	89	0.9	407	0	0.0	0	0.0	0	22,366
65-74	21	1.1	145	0.8	190	1	0.1	12	0.1	184	16,643
75-84	21	0.4	159	0.5	111	0	0.0	0	0.0	0	47,675
85 and older	10	0.2	70	0.6	329	0	0.0	0	0.0	0	50,525
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	54
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3
21-44	307	0.2	1,917	0.6	164	106	0.1	396	0.6	687	1,162,319
45-64	24	0.0	156	0.4	162	106	0.1	396	0.6	678	442,364
65-74	249	0.3	1,523	0.6	143	0	0.0	0	0.0	0	515,300
75-84	32	0.1	234	0.5	309	0	0.0	0	0.0	0	183,962
85 and older	1	0.0	2	1.0	62	0	0.0	0	0.0	0	3,202
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13,454
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	762
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3,634
15-20	1	0.4	2	1.0	63	0	0.0	0	0.0	0	2,209
45-64	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1,024
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	75
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	372
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0
Unknown	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 2003 file for Oklahoma, released by CMS in 06/2007. This table was produced on 12/27/2007.

- 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 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of 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
All	\$497	8.0	1,296	13,471	10,638
Age					
0-64	534	8.4	1,023	10,638	1,273
65-74	433	6.7	116	844	716
75-84	338	6.3	85	0	0
85 and older	248	5.7	72		
Unknown	0	0.0	0		
Gender					
Female	518	8.4	759	8,043	5,428
Male	467	7.4	537	0	0
Unknown	0	0.0	0		
Race					
White	511	8.1	985	10,176	1,827
African American	467	7.5	177	1,468	
Other/unknown	440	7.6	134		
Basis of Eligibility^c					
Aged	350	6.2	258	2,662	10,748
Disabled	535	8.4	1,030	32	29
Adults	583	10.4	5		
Children	28	1.0	3		
Unknown	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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 838 beneficiaries who were in nursing facilities for part of their enrollment and their 6,977 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 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, 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	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months		
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic		
Anti-infective Agents	0.4	0.2	0.0	0.2	\$31	\$25	\$1	\$5	\$73	\$123	\$26	4,086	\$299,031	891	68.8 %	9,631
Biologicals	0.1	0.1	0.0	0.0	2	2	0	0	24	24	0	200	4,712	180	13.9	2,092
Antineoplastic Agents	0.5	0.1	0.0	0.4	131	68	2	62	240	601	169	707	169,948	118	9.1	1,295
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.6	53	41	2	10	43	70	23	8,737	379,751	664	51.2	7,225
Cardiovascular Agents	1.9	0.4	0.0	1.5	54	32	1	21	28	70	21	17,927	493,862	866	66.8	9,222
Respiratory Agents	0.7	0.3	0.0	0.4	40	29	1	11	54	85	67	4,716	254,693	584	45.1	6,301
Gastrointestinal Agents	1.2	0.3	0.0	0.9	50	31	0	19	42	108	87	10,365	436,148	805	62.1	8,696
Genitourinary Agents	0.6	0.4	0.0	0.2	37	34	0	3	66	86	48	2,090	138,548	333	25.7	3,697
CNS Drugs	2.2	1.2	0.0	0.9	244	216	3	25	111	178	77	24,931	2,766,434	1,057	81.6	11,339
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	53	50	0	2	124	168	0	71	8,781	15	1.2	166
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	152	151	0	1	190	192	0	742	140,835	86	6.6	928
Analgesics and Anesthetics	1.1	0.2	0.0	0.9	53	37	1	16	47	174	49	9,498	444,361	778	60.0	8,335
Neuromuscular Agents	1.5	0.5	0.1	0.9	87	58	3	26	59	115	41	11,530	676,233	703	54.2	7,793
Nutritional Products	0.8	0.0	0.0	0.8	15	0	0	14	18	23	17	3,798	68,871	431	33.3	4,629
Hematological Agents	0.9	0.3	0.0	0.5	66	56	1	8	75	166	26	2,972	221,960	318	24.5	3,382
Topical Products	0.5	0.2	0.0	0.3	21	12	3	7	38	55	64	4,724	181,627	781	60.3	8,635
Miscellaneous Products	0.4	0.1	0.0	0.3	13	2	0	11	33	24	0	223	7,392	53	4.1	566
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	38	0	0	109	4,115	55	4.2	616
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.	107,426	6,697,302	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 838 beneficiaries who were in nursing facilities for part of their enrollment and their 6,977 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).

Table ND9

Nondual Beneficiaries

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 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, 2003

	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
Top 10 Drug Groups in Nursing Facilities							
ANTIPTYCHOTICS	\$66,900	82	6.3 %	301	1.6	\$139	\$222
ANTIDEPRESSANTS	33,481	121	9.3	425	1.3	60	79
ANTICONVULSANT	17,257	64	4.9	216	1.6	49	80
ULCER DRUGS	15,282	84	6.5	335	1.2	39	46
ANALGESICS - Narcotic	28,725	101	7.8	319	1.4	63	90
ANTIIDIABETIC	16,250	93	7.2	293	1.3	44	55
ANTIASTHMATIC	10,570	54	4.2	179	0.9	66	59
ANTINEOPLASTICS	5,853	14	1.1	50	0.6	183	117
ANTIHYPERTENSIVE	13,642	34	2.6	130	1.1	92	105
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	6,970	10	0.8	34	1.7	118	205
Total	214,930	657		2,282	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 838 beneficiaries who were in nursing facilities for part of their enrollment and their 6,977 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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL 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 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
All	3,010	\$214,930	82	6.3 %	301	1.6	\$222	121	9.3 %	425	1.3	\$79				
Female	1,772	125,032	41	5.4	161	1.9	226	71	9.4	262	1.3	80				
Disabled	1,406	100,674	29	5.1	109	1.7	241	59	10.4	213	1.3	79				
64 or younger	1,404	100,493	29	5.2	109	1.7	241	59	10.6	213	1.3	79				
65-74	2	181	0	0.0	0	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				
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
Other Eligibles	366	24,358	12	6.3	52	2.2	195	12	6.3	49	1.6	87				
64 or younger	25	1,954	2	25.0	5	1.2	155	2	25.0	3	1.0	36				
65-74	129	6,229	2	3.0	9	6.0	321	4	6.1	18	1.2	78				
75-84	140	11,771	5	8.5	23	1.7	203	4	6.8	23	2.0	103				
85 and older	72	4,404	3	5.1	15	1.1	121	2	3.4	5	1.2	76				
Male	1,238	89,898	41	7.6	140	1.3	218	50	9.3	163	1.3	77				
Disabled	1,132	83,137	35	7.6	123	1.3	221	47	10.2	158	1.2	76				
64 or younger	1,107	81,638	32	7.1	111	1.4	237	45	10.0	150	1.3	79				
65-74	25	1,499	3	27.3	12	0.6	72	2	18.2	8	0.4	25				
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	106	6,761	6	8.1	17	1.1	195	3	4.1	5	4.2	88				
64 or younger	8	284	1	20.0	2	0.5	112	0	0.0	0	0.0	0				
65-74	29	2,726	3	10.0	9	0.6	148	0	0.0	0	0.0	0				
75-84	69	3,751	2	7.7	6	2.0	292	3	11.5	5	3.0	83				
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				
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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 838 beneficiaries who were in nursing facilities for part of their enrollment and their 6,977 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.medispain.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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ULCER DRUGS					ANALGESICS - Narcotic				
	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	64	4.9 %	216	1.6	\$80	84	6.5 %	335	1.2	\$46	101	7.8 %	319	1.4	\$90
Female															
Disabled															
64 or younger	31	4.1	110	1.8	88	42	5.5	181	1.2	39	49	6.5	152	1.8	132
65-74	26	4.6	95	1.6	81	35	6.2	142	1.3	43	37	6.5	122	2.0	158
75-84	26	4.7	95	1.6	81	35	6.3	142	1.3	43	36	6.5	121	2.0	158
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11.1	1	2.0	181
Other Eligibles															
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	5	2.6	15	3.0	135	7	3.6	39	0.8	23	12	6.3	30	0.9	25
85 and older	1	12.5	1	7.0	226	0	0.0	0	0.0	0	2	25.0	2	1.0	100
Male															
Disabled															
64 or younger	2	3.0	8	1.3	74	2	3.0	10	1.3	12	2	3.0	5	1.6	14
65-74	2	3.4	6	2.8	158	1	1.7	3	1.3	26	5	8.5	11	1.2	41
75-84	0	0.0	0	0.0	0	4	6.8	26	0.5	27	3	5.1	12	0.4	3
85 and older	33	6.1	106	1.5	71	42	7.8	154	1.2	54	52	9.7	167	1.1	52
Other Eligibles															
64 or younger	31	6.7	100	1.5	73	38	8.2	134	1.1	56	45	9.7	144	1.2	59
65-74	31	6.9	100	1.5	73	37	8.2	130	1.1	58	44	9.7	140	1.2	60
75-84	0	0.0	0	0.0	0	1	9.1	4	0.8	7	1	9.1	4	0.3	2
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															
64 or younger	2	2.7	6	0.8	45	4	5.4	20	1.4	37	7	9.5	23	0.5	11
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	2	6.7	11	1.4	44	1	3.3	3	0.3	3
85 and older	2	7.7	6	0.8	45	2	7.7	9	1.3	29	6	23.1	20	0.6	12
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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 838 beneficiaries who were in nursing facilities for part of their enrollment and their 6,977 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=09e0ffed-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 ND10B

Nondual Beneficiaries

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}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANTI-DIABETIC					ANTI-ASTHMATIC					ANTI-NEOPLASTICS				
	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	93	7.2 %	293	1.3	\$56	54	4.2 %	179	0.9	\$59	14	1.1 %	50	0.6	\$117
Female	53	7.0	176	1.3	60	23	3.0	81	0.7	39	8	1.1	26	0.4	90
Disabled	45	7.9	158	1.2	59	21	3.7	79	0.6	39	3	0.5	9	0.3	49
64 or younger	45	8.1	158	1.2	59	21	3.8	79	0.6	39	3	0.5	9	0.3	49
65-74	0	0.0	0	0.0	0	0	0.0	0	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
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	8	4.2	18	1.7	70	2	1.0	2	2.0	48	5	2.6	17	0.5	112
64 or younger	2	25.0	2	2.0	197	1	12.5	1	1.0	55	1	12.5	2	0.5	66
65-74	1	1.5	3	3.3	111	0	0.0	0	0.0	0	1	1.5	3	0.3	11
75-84	4	6.8	8	0.6	28	0	0.0	0	0.0	0	2	3.4	11	0.5	135
85 and older	1	1.7	5	2.4	63	1	1.7	1	2.0	35	1	1.7	1	1.0	258
Male	40	7.4	117	1.2	48	31	5.8	98	1.1	76	6	1.1	24	0.9	146
Disabled	38	8.2	109	1.3	51	27	5.8	87	1.1	82	5	1.1	19	0.8	134
64 or younger	35	7.7	97	1.3	55	27	6.0	87	1.1	82	5	1.1	19	0.8	134
65-74	3	27.3	12	0.7	16	0	0.0	0	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
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	2	2.7	8	0.9	19	4	5.4	11	0.6	27	1	1.4	5	1.0	194
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	1	3.3	3	1.0	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	3.8	5	0.8	26	4	15.4	11	0.6	27	1	3.8	5	0.6	79
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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

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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 838 beneficiaries who were in nursing facilities for part of their enrollment and their 6,977 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 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	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-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	34	2.6 %	130	1.1	\$105	10	0.8 %	34	1.7	\$205	1,296	13,471
Female	23	3.0	94	1.2	104	8	1.1	30	1.5	167	759	8,043
Disabled	18	3.2	81	1.2	108	7	1.2	22	1.3	139	567	6,047
64 or younger	18	3.2	81	1.2	108	7	1.3	22	1.3	139	558	5,954
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	93
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	5	2.6	13	1.0	82	1	0.5	8	1.9	246	192	1,996
64 or younger	1	12.5	1	1.0	63	0	0.0	0	0.0	0	8	60
65-74	3	4.5	11	0.9	71	0	0.0	0	0.0	0	66	743
75-84	1	1.7	1	2.0	223	1	1.7	8	1.3	169	59	601
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	59	592
Male	11	2.0	36	1.0	107	2	0.4	4	3.8	490	537	5,428
Disabled	10	2.2	33	1.0	108	2	0.4	4	3.5	481	463	4,701
64 or younger	9	2.0	29	1.1	117	2	0.4	4	3.5	481	452	4,593
65-74	1	9.1	4	0.3	43	0	0.0	0	0.0	0	11	108
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	1	1.4	3	1.0	100	0	0.0	0	0.0	0	74	727
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	31
65-74	1	3.3	3	1.0	100	0	0.0	0	0.0	0	30	329
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	26	243
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	124
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 838 beneficiaries who were in nursing facilities for part of their enrollment and their 6,977 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, 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 Part D Excluded Rx	Total Part D Excluded Rx \$	Total Part D Excluded Rx \$ per Beneficiary	Part D Excluded Rx		Total Number of Beneficiaries
							Excluded Rx	\$ per Part D Excluded Rx	
All	35,937	7.9 %	0.2	96,794	\$2,200,631	\$5	\$23	1.9 %	456,957
Age									
5 and younger	9,956	7.0	0.1	18,170	361,550	3	20	2.3	142,950
6-14	11,327	7.4	0.2	25,759	737,209	5	29	2.5	153,395
15-20	4,263	6.1	0.1	10,300	287,347	4	28	1.9	69,749
21-44	5,827	8.2	0.3	19,481	419,730	6	22	1.7	71,215
45-64	4,210	23.6	1.2	20,859	361,103	20	17	1.5	17,816
65-74	193	21.3	1.4	1,250	20,679	23	17	1.7	905
75-84	97	18.3	1.0	540	7,299	14	14	1.2	531
85 and older	64	16.2	1.1	435	5,714	14	13	1.8	396
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	336	18.8	1.2	2,060	30,478	17	15	1.6	1,785
Disabled	7,786	22.1	1.1	39,507	948,465	27	24	1.7	35,183
Adults	3,983	5.7	0.1	9,324	106,079	2	11	1.1	69,864
Children	23,832	6.8	0.1	45,903	1,115,609	3	24	2.4	350,125
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	20,375	7.9	0.2	55,671	1,211,659	5	22	2.1	258,965
Male	15,562	7.9	0.2	41,123	988,972	5	24	1.8	197,992
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	25,749	9.3	0.3	71,932	1,672,910	6	23	2.0	278,002
African American	2,915	4.4	0.1	8,050	157,879	2	20	1.4	65,689
Other/unknown	7,273	6.4	0.1	16,812	369,842	3	22	2.0	113,266
Use of Nursing Facilities^d									
Entire year	817	63.0	7.2	9,352	150,490	116	16	2.2	1,296
Part year	501	59.8	3.9	3,239	50,502	60	16	1.8	838
None	34,619	7.6	0.2	84,203	1,999,639	4	24	1.9	454,823
Maintenance Assistance Status									
Cash	12,213	10.3	0.3	34,462	784,748	7	23	1.6	118,745
Medically needy	0	0.0	0.0	0	0	0	0	0.0	15
Poverty related	19,913	6.3	0.1	38,039	894,937	3	24	2.4	315,458
Other/unknown	3,811	16.8	1.1	24,293	520,946	23	21	1.9	22,739

Table ND11

Nondual 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 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 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 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, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$1	\$23	\$0	\$0	2,900,911
Age						
5 and younger	0.0	0	20	0	0	869,994
6-14	0.0	1	29	0	0	1,047,775
15-20	0.0	1	28	0	0	450,821
21-44	0.1	1	22	0	0	376,501
45-64	0.1	3	17	0	1	141,598
65-74	0.2	3	17	0	1	8,002
75-84	0.1	2	14	0	0	4,060
85 and older	0.2	3	13	0	1	2,160
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.1	2	15	0	1	13,771
Disabled	0.1	3	24	0	1	302,318
Adults	0.0	0	11	0	0	324,200
Children	0.0	0	24	0	0	2,260,622
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.0	1	22	0	0	1,594,734
Male	0.0	1	24	0	0	1,306,177
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	1	23	0	0	1,868,623
African American	0.0	0	20	0	0	316,840
Other/unknown	0.0	1	22	0	0	715,448
Use of Nursing Facilities^d						
Entire year	0.7	11	16	0	5	13,471
Part year	0.5	7	16	0	3	6,977
None	0.0	1	24	0	0	2,880,463
Maintenance Assistance Status						
Cash	0.0	1	23	0	0	765,225
Medically needy	0.0	0	0	0	0	56
Poverty related	0.0	0	24	0	0	1,918,533
Other/unknown	0.1	2	21	0	1	217,097

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 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 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 OKLAHOMA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
			Total Rx \$	Excluded Rx \$			Excluded Rx	Excluded Rx
All	38,228	\$58	\$2,200,631	100.0 %	96,794	\$23	100.0 %	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	5	71	357	0.0	5	71	0.0	0.0
Drugs for cosmetic purposes	60	13	805	0.0	74	11	0.1	0.1
Cough and cold medications	411	69	28,164	1.3	604	47	0.6	0.6
Vitamins and minerals	3,854	69	264,308	12.0	12,608	21	13.0	13.0
Non-prescription drugs	22,000	43	935,975	42.5	41,362	23	42.7	42.7
Barbiturates	744	60	44,752	2.0	5,470	8	5.7	5.7
Benzodiazepines	9,254	64	592,689	26.9	32,572	18	33.7	33.7
Other Part D Excl Rx Drugs	1,900	176	333,581	15.2	4,099	81	4.2	4.2

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 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 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 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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	564,206	1,801	48,518	85,982	427,905	5,084,908	14,216	508,357	620,610	3,941,725	0
Age											
5 and younger	177,579	9	1,983	1	175,586	1,588,719	59	21,130	1	1,567,529	0
6-14	186,295	8	6,041	28	180,218	1,802,396	69	67,027	210	1,735,090	0
15-20	84,204	7	4,434	8,434	71,329	739,168	67	47,696	56,639	634,766	0
21-44	90,070	11	16,046	73,243	770	703,410	90	167,603	531,380	4,337	0
45-64	24,211	62	19,879	4,268	2	236,602	470	203,801	32,328	3	0
65-74	915	781	129	5	0	8,335	7,226	1,080	29	0	0
75-84	536	530	4	2	0	4,112	4,079	16	17	0	0
85 and older	396	393	2	1	0	2,166	2,156	4	6	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Gender											
Female	320,121	1,291	25,460	81,288	212,082	2,825,957	10,255	269,392	591,270	1,955,040	0
Male	244,085	510	23,058	4,694	215,823	2,258,951	3,961	238,965	29,340	1,986,685	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	335,245	1,110	33,341	54,139	246,655	2,989,375	8,047	348,041	382,239	2,251,048	0
African American	94,891	228	8,872	15,239	70,552	910,198	1,955	94,243	125,873	688,127	0
Other/unknown	134,070	463	6,305	16,604	110,698	1,185,335	4,214	66,073	112,498	1,002,550	0
Use of Nursing Facilities^c											
Entire year	1,296	258	1,030	5	3	13,478	2,662	10,755	32	29	0
Part year	841	107	720	12	2	7,825	843	6,857	104	21	0
None	562,069	1,436	46,768	85,965	427,900	5,063,605	10,711	490,745	620,474	3,941,675	0
Maintenance Assistance Status											
Cash	159,831	765	39,162	51,046	68,858	1,496,860	7,190	417,565	396,906	675,199	0
Medically needy	15	0	11	2	2	56	0	41	7	8	0
Poverty related	381,376	285	3,920	34,279	342,892	3,358,391	1,697	31,829	221,055	3,103,810	0
Other/unknown	22,984	751	5,425	655	16,153	229,601	5,329	58,922	2,642	162,708	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	281,161	1,734	27,495	39,328	212,604	2,443,585	13,551	279,226	247,009	1,903,799	0
FFS part year, with Rx claims	48,320	34	4,064	12,730	31,492	477,337	355	42,527	109,661	324,794	0
FFS part year, no Rx claims	127,476	17	3,624	17,806	106,029	1,182,530	143	35,298	142,510	1,004,579	0
MC all year, with Rx claims	3,696	0	565	439	2,692	34,665	0	6,629	3,659	24,377	0
MC all year, no Rx claims	103,553	16	12,770	15,679	75,088	946,791	167	144,677	117,771	684,176	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.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 = Centers for Medicare & 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, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Number of Beneficiaries	Number of Beneficiaries	Months	Months	Months
All	564,206	5,084,908	2,900,911	456,957	2,183,997
Fee-for-service (FFS) all year	281,161	2,443,585	2,443,585	281,161	0
FFS part year, with Rx claims	48,320	477,337	161,726	48,320	315,611
FFS part year, with no Rx claims	127,476	1,182,530	295,600	127,476	886,930
Managed care (MC) all year, with Rx claims	3,696	34,665	0	0	34,665
MC all year, with no Rx claims	103,553	946,791	0	0	946,791

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.