

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL BENEFICIARIES, OREGON, 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	272,023	552	17,819	113,267	140,385	0	1,328,397	4,107	141,713	531,967	650,610	0
Age												
5 and younger	63,343	0	861	84	62,398	0	274,492	0	6,717	295	267,480	0
6-14	58,332	0	2,279	83	55,970	0	294,917	0	19,261	411	275,245	0
15-20	32,181	1	1,936	8,262	21,982	0	157,786	12	15,798	34,242	107,734	0
21-44	85,523	37	5,720	79,741	25	0	399,709	222	44,580	354,796	111	0
45-64	32,159	134	7,001	25,022	2	0	198,282	1,125	55,294	141,851	12	0
65-74	212	139	18	55	0	0	1,184	860	45	279	0	0
75-84	144	133	2	9	0	0	1,060	1,016	4	40	0	0
85 and older	122	108	2	10	2	0	929	872	14	41	2	0
Unknown	7	0	0	1	6	0	38	0	0	12	26	0
Gender												
Female	150,317	407	9,136	71,808	68,966	0	739,322	3,069	73,456	342,934	319,863	0
Male	121,705	145	8,683	41,459	71,418	0	589,074	1,038	68,257	189,033	330,746	0
Unknown	1	0	0	0	1	1	0	0	0	0	1	0
Race												
White	199,472	461	14,851	92,869	91,291	0	1,000,489	3,558	118,853	433,127	444,951	0
African American	12,005	7	885	4,737	6,376	0	52,395	29	5,622	18,963	27,781	0
Other/unknown	60,546	84	2,083	15,661	42,718	0	275,513	520	17,238	79,877	177,878	0
Use of Nursing Facilities^c												
Entire year	274	48	220	5	1	0	2,342	447	1,883	8	4	0
Part year	535	30	418	85	2	0	3,928	255	3,067	582	24	0
None	271,214	474	17,181	113,177	140,382	0	1,322,127	3,405	136,763	531,377	650,582	0
Maintenance Assistance Status												
Cash	67,594	167	14,770	19,090	33,567	0	361,289	1,151	123,125	79,778	157,235	0
Medically needy	3	0	3	0	0	3	0	0	3	0	0	0
Poverty-related	94,355	155	12	11,891	82,297	0	374,606	1,220	72	39,242	334,072	0
Other/unknown	110,071	230	3,034	82,286	24,521	0	592,499	1,736	18,513	412,947	159,303	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	98,979	394	9,229	36,228	53,128	0	720,051	3,261	93,892	234,619	388,279	0
FFS part year, with Rx claims	66,029	102	6,604	39,323	20,000	0	331,082	606	39,226	192,002	99,248	0
FFS part year, no Rx claims	107,015	56	1,986	37,716	67,257	0	277,264	240	8,595	105,346	163,083	0

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 1/01/2007.

- 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, OREGON, 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	43.4 %	5.2	\$277	\$53	\$2,459	11.3 %	272,023
Age							
5 and younger	30.8	1.1	36	32	1,652	2.2	63,343
6-14	30.5	2.0	139	69	1,800	7.7	58,332
15-20	40.6	3.1	168	54	2,613	6.4	32,181
21-44	52.2	6.2	353	57	2,541	13.9	85,523
45-64	70.3	18.3	905	50	4,757	19.0	32,159
65-74	56.1	13.6	519	38	5,916	8.8	212
75-84	73.6	33.3	1,267	38	12,552	10.1	144
85 and older	75.4	40.8	1,440	35	13,938	10.3	122
Unknown	28.6	0.4	5	13	969	0.6	7
Basis of Eligibility^e							
Aged	72.8	27.6	1,113	40	11,814	9.4	552
Disabled	78.2	27.5	2,032	74	11,922	17.0	17,819
Adults	53.3	6.2	266	43	2,048	13.0	113,267
Children	30.8	1.4	61	42	1,552	3.9	140,385
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	48.0	6.1	289	47	2,557	11.3	150,317
Male	37.6	4.0	263	65	2,338	11.3	121,705
Unknown	0.0	0.0	0	0	0	0.0	1
Race							
White	46.9	6.1	325	54	2,607	12.5	199,472
African American	36.0	3.4	161	48	2,555	6.3	12,005
Other/unknown	33.0	2.7	145	54	1,952	7.4	60,546
Use of Nursing Facilities^f							
Entire year	97.4	67.5	3,668	54	54,468	6.7	274
Part year	97.4	53.9	3,026	56	35,469	8.5	535
None	43.2	5.0	269	53	2,341	11.5	271,214
Maintenance Assistance Status							
Cash	47.9	8.5	558	66	3,984	14.0	67,594
Medically needy	66.7	1.0	41	41	133	30.8	3
Poverty related	28.9	1.1	38	34	1,287	3.0	94,355
Other/unknown	52.9	6.7	311	47	2,527	12.3	110,071

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, OREGON, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
			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			
All	1.1	\$57	11.3 %	56.6 %	27.4 %	5.4 %	6.3 %	2.9 %	1.3 %	\$504	272,023	1,328,397	
Age													
5 and younger	0.3	8	2.2	69.2	28.6	1.5	0.6	0.1	0.0	381	63,343	274,492	
6-14	0.4	28	7.7	69.5	24.9	2.6	2.1	0.6	0.3	356	58,332	294,917	
15-20	0.6	34	6.4	59.4	29.4	5.0	4.2	1.4	0.6	533	32,181	157,786	
21-44	1.3	75	13.9	47.8	29.1	8.3	9.4	3.7	1.7	544	85,523	399,709	
45-64	3.0	147	19.0	29.7	23.5	10.8	19.0	11.6	5.5	772	32,159	198,282	
65-74	2.4	93	8.8	43.9	21.7	6.1	15.1	7.1	6.1	1,059	212	1,184	
75-84	4.5	172	10.1	26.4	18.8	6.9	22.9	16.0	9.0	1,705	144	1,060	
85 and older	5.4	189	10.3	24.6	6.6	10.7	20.5	27.9	9.8	1,830	122	929	
Unknown	0.1	1	0.6	71.4	28.6	0.0	0.0	0.0	0.0	179	7	38	
Basis of Eligibility^e													
Aged	3.7	150	9.4	27.2	19.4	10.1	21.9	14.7	6.7	1,588	552	4,107	
Disabled	3.5	256	17.0	21.8	24.3	9.9	20.2	15.5	8.3	1,499	17,819	141,713	
Adults	1.3	57	13.0	46.7	28.9	8.6	10.2	4.0	1.7	436	113,267	531,967	
Children	0.3	13	3.9	69.2	26.7	2.2	1.4	0.4	0.2	335	140,385	650,610	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	1.2	59	11.3	52.0	29.1	6.2	7.4	3.6	1.7	520	150,317	739,322	
Male	0.8	54	11.3	62.4	25.4	4.4	5.0	2.0	0.9	483	121,705	589,074	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	1	
Race													
White	1.2	65	12.5	53.1	28.2	6.2	7.5	3.5	1.6	520	199,472	1,000,489	
African American	0.8	37	6.3	64.0	24.3	4.4	4.6	1.8	0.9	585	12,005	52,395	
Other/unknown	0.6	32	7.4	67.0	25.6	3.1	2.8	1.1	0.4	429	60,546	275,513	
Use of Nursing Facilities^f													
Entire year	7.9	429	6.7	2.6	3.6	5.5	23.0	39.1	26.3	6,372	274	2,342	
Part year	7.3	412	8.5	2.6	7.9	6.5	26.5	32.0	24.5	4,831	535	3,928	
None	1.0	55	11.5	56.8	27.5	5.4	6.3	2.8	1.3	480	271,214	1,322,127	
Maintenance Assistance Status													
Cash	1.6	104	14.0	52.1	27.3	5.6	7.8	4.8	2.4	745	67,594	361,289	
Medically needy	1.0	41	30.8	33.3	33.3	33.3	0.0	0.0	0.0	133	3	3	
Poverty related	0.3	10	3.0	71.1	24.8	2.4	1.3	0.3	0.1	324	94,355	374,606	
Other/unknown	1.2	58	12.3	47.1	29.7	7.9	9.7	3.9	1.7	469	110,071	592,499	

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, OREGON, 2003

Beneficiary	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$	Number of Rx	Rx \$
Beneficiary Characteristics								
All	1.1	\$57	0.4	\$44	0.0	\$1	0.7	\$11
		\$53		\$117		\$58		\$17
Age								
5 and younger	0.3	8	0.1	6	0.0	0	0.2	2
6-14	0.4	28	0.2	23	0.0	1	0.2	4
15-20	0.6	34	0.3	27	0.0	1	0.3	6
21-44	1.3	75	0.5	60	0.0	2	0.8	13
45-64	3.0	147	1.0	110	0.1	3	1.9	34
65-74	2.4	93	0.8	68	0.1	3	1.5	22
75-84	4.5	172	1.6	128	0.1	3	2.8	41
85 and older	5.4	189	1.9	138	0.1	2	3.3	49
Unknown	0.1	1	0.0	0	0.0	0	0.1	1
Basis of Eligibility^d								
Aged	3.7	150	1.3	114	0.1	3	2.3	32
Disabled	3.5	256	1.4	207	0.1	7	2.0	42
Adults	1.3	57	0.4	43	0.0	1	0.9	13
Children	0.3	13	0.1	10	0.0	0	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	1.2	59	0.4	45	0.0	1	0.8	13
Male	0.8	54	0.3	44	0.0	1	0.5	9
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	1.2	65	0.4	50	0.0	1	0.7	13
African American	0.8	37	0.2	28	0.0	1	0.5	8
Other/unknown	0.6	32	0.2	26	0.0	1	0.4	6
Use of Nursing Facilities^e								
Entire year	7.9	429	2.8	318	0.2	10	4.8	101
Part year	7.3	412	2.5	305	0.2	11	4.7	95
None	1.0	55	0.4	43	0.0	1	0.6	11
Maintenance Assistance Status								
Cash	1.6	104	0.6	84	0.0	3	0.9	18
Medically needy	1.0	41	0.3	29	0.0	0	0.7	12
Poverty related	0.3	10	0.1	7	0.0	0	0.2	2
Other/unknown	1.2	58	0.4	44	0.0	1	0.8	13

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 Oregon, 0.3 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, OREGON, 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	0.3	0.1	0.0	0.2	\$16	\$13	\$0	\$3	\$59	\$134	\$87	\$18	120,045	\$7,108,311	55,696	20.5 %	441,502
Biologicals	0.2	0.2	0.0	0.0	108	95	10	3	572	552	2,209	275	832	476,000	474	0.2	4,400
Antineoplastic Agents	0.5	0.3	0.0	0.2	167	156	2	8	327	569	133	39	2,912	952,115	683	0.3	5,712
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.3	24	17	1	6	36	62	28	16	132,909	4,834,669	27,213	10.0	202,171
Cardiovascular Agents	1.1	0.3	0.0	0.8	26	14	0	12	25	57	23	14	155,370	3,813,455	18,692	6.9	145,161
Respiratory Agents	0.4	0.2	0.0	0.3	18	14	0	4	41	87	43	15	107,182	4,403,029	29,784	10.9	239,913
Gastrointestinal Agents	0.5	0.2	0.0	0.3	28	20	2	7	55	121	320	20	59,008	3,250,879	14,569	5.4	117,167
Genitourinary Agents	0.3	0.2	0.0	0.1	11	10	0	2	41	61	34	14	11,665	476,257	4,925	1.8	41,713
CNS Drugs	1.3	0.7	0.0	0.6	89	77	1	10	69	117	80	17	372,848	25,795,988	46,052	16.9	291,332
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.3	53	40	2	11	69	86	69	41	32,463	2,252,172	5,477	2.0	42,697
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	49	38	0	11	176	248	0	90	3,460	609,656	1,516	0.6	12,480
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	25	14	1	9	37	185	74	16	213,664	7,819,822	42,794	15.7	317,693
Neuromuscular Agents	0.8	0.4	0.0	0.4	56	47	1	8	73	133	47	20	108,515	7,955,060	18,348	6.7	141,331
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	10	37	15	9	35,669	344,563	14,085	5.2	112,370
Hematological Agents	0.6	0.2	0.0	0.4	182	176	1	5	301	1,162	24	12	12,756	3,835,389	2,535	0.9	21,037
Topical Products	0.2	0.1	0.0	0.2	5	3	0	2	23	53	47	13	37,628	878,089	21,259	7.8	177,641
Miscellaneous Products	0.6	0.2	0.0	0.3	103	72	13	18	187	401	262	56	2,534	473,503	548	0.2	4,594
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	41	0	0	0	4,621	189,131	2,567	0.9	23,437
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.	1,414,081	75,468,088	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 Oregon, 0.3 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, OREGON, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
ANTIDEPRESSANTS	\$8,747,730	30,927	11.4 %	257,472	0.6	\$58
ANTIPSYCHOTICS	7,942,302	7,779	2.9	69,408	0.7	170
ANTICONVULSANT	5,980,885	10,195	3.7	88,795	0.7	94
ANALGESICS - Narcotic	5,250,313	44,566	16.4	359,433	0.4	34
ANTIVIRAL	3,391,327	2,632	1.0	21,993	0.4	381
ANTIASTHMATIC	3,175,254	24,158	8.9	204,166	0.3	48
MISC. HEMATOLOGICAL	2,966,671	526	0.2	4,580	0.6	1,164
ULCER DRUGS	2,175,788	14,468	5.3	122,353	0.4	47
ANTI-DIABETIC	2,139,384	8,504	3.1	69,139	0.6	48
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	1,998,636	5,504	2.0	48,564	0.6	67
Total	43,768,290	149,259		1,245,903	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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-ad77847b6615> (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, OREGON, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS						
	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 Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
All	613,291	\$43,768,290	30,927	11.4 %	257,472	0.6	\$34	7,779	2.9 %	69,408	0.7	\$114					
Female																	
Disabled	380,802	23,280,250	21,580	14.4	179,183	0.6	34	4,328	2.9	38,482	0.6	101					
5 and younger	139,707	10,887,469	4,600	50.4	45,401	0.7	40	1,882	20.6	18,319	0.8	132					
6-14	935	51,453	4	1.0	45	0.5	7	3	0.8	24	0.7	102					
15-20	4,352	376,369	73	9.4	759	0.7	31	47	6.1	448	0.7	117					
21-44	5,953	483,649	201	24.5	2,023	0.7	39	130	15.9	1,287	0.6	101					
45-64	43,459	3,698,006	1,543	50.2	15,120	0.7	40	771	25.1	7,401	0.7	135					
65-74	84,926	6,273,082	2,772	68.1	27,412	0.7	41	930	22.9	9,155	0.8	135					
75-84	37	1,286	6	50.0	30	0.3	8	1	8.3	4	0.3	47					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	45	3,624	1	50.0	12	0.8	108	0	0.0	0	0.0	0					
Male																	
Other Eligibles	241,095	12,392,781	16,980	12.0	133,782	0.6	32	2,446	1.7	20,163	0.5	74					
5 and younger	4,205	186,528	18	0.1	182	0.4	15	15	0.0	141	0.5	46					
6-14	14,856	891,867	602	2.2	5,663	0.6	28	185	0.7	1,730	0.6	97					
15-20	17,121	870,925	1,629	9.3	13,018	0.5	25	272	1.6	2,219	0.6	76					
21-44	121,172	6,106,318	9,803	18.8	73,953	0.5	31	1,362	2.6	10,659	0.5	68					
45-64	80,851	4,185,186	4,826	36.0	39,980	0.6	36	571	4.3	5,029	0.5	75					
65-74	591	32,762	22	18.8	182	0.6	28	5	4.3	33	0.7	121					
75-84	1,204	61,621	41	45.1	426	0.6	25	15	16.5	146	0.9	112					
85 and older	1,095	57,574	39	51.3	378	0.8	44	21	27.6	206	0.9	91					
Male																	
Disabled	232,489	20,488,040	9,347	7.7	78,289	0.6	34	3,451	2.8	30,926	0.7	131					
5 and younger	94,917	11,826,562	2,476	28.5	24,219	0.7	40	1,713	19.7	16,586	0.9	161					
6-14	1,760	245,096	6	1.3	69	0.4	14	8	1.7	86	0.5	58					
15-20	11,118	2,120,351	267	17.8	2,680	0.7	36	249	16.6	2,476	0.8	125					
21-44	8,351	797,024	232	20.8	2,292	0.8	45	219	19.6	2,108	0.9	157					
45-64	29,247	4,903,997	749	28.3	7,316	0.7	42	691	26.1	6,537	0.9	183					
65-74	44,388	3,758,372	1,221	41.6	11,859	0.7	38	546	18.6	5,379	0.8	156					
75-84	53	1,722	1	16.7	3	0.7	4	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	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Female																	
Other Eligibles	137,570	8,661,446	6,871	6.1	54,070	0.5	31	1,738	1.5	14,340	0.6	95					
5 and younger	6,180	264,942	22	0.1	207	0.3	9	34	0.1	335	0.6	75					
6-14	26,721	1,726,773	840	2.9	7,794	0.6	31	396	1.4	3,732	0.7	100					
15-20	12,884	789,191	809	6.3	6,595	0.5	30	272	2.1	2,332	0.6	84					
21-44	46,505	3,051,420	3,019	10.9	21,663	0.5	32	711	2.6	5,203	0.5	107					
45-64	43,849	2,752,073	2,137	18.2	17,375	0.6	31	303	2.6	2,552	0.5	79					
65-74	429	22,242	14	18.2	135	0.4	28	6	7.8	59	0.5	64					
75-84	554	30,370	18	35.3	176	0.8	31	9	17.6	68	0.7	70					
85 and older	448	24,435	12	27.3	125	0.6	29	7	15.9	59	0.9	64					
Unknown	2	32	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 Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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.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.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, OREGON, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIVIRAL				
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	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	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	Mean of Rx per Benefit Month
All	10,195	3.7 %	88,795	0.7	\$67	44,566	16.4 %	359,433	0.4	\$15	2,632	1.0 %	21,993	0.4	\$154
Female															
Disabled	6,245	4.2	54,142	0.7	64	29,959	19.9	243,157	0.4	13	1,572	1.0	13,100	0.3	101
5 and younger	2,583	28.3	25,354	0.8	83	5,565	60.9	53,537	0.6	31	312	3.4	3,069	0.4	172
6-14	36	9.4	358	0.6	57	21	5.5	218	0.1	1	5	1.3	54	0.1	19
15-20	162	20.9	1,712	1.0	106	74	9.5	762	0.1	1	13	1.7	156	0.4	67
21-44	180	22.0	1,820	0.9	93	193	23.5	2,021	0.3	10	7	0.9	65	0.3	10
45-64	1,034	33.6	9,889	0.9	92	1,970	64.1	18,697	0.5	24	140	4.6	1,340	0.4	166
65-74	1,170	28.8	11,568	0.8	70	3,301	81.1	31,805	0.6	37	146	3.6	1,442	0.4	203
75-84	1	8.3	7	1.0	48	4	33.3	10	0.6	14	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	0	0.0	0	0.0	0	2	100.0	24	1.0	90	1	50.0	12	0.3	3
Other Eligibles	3,662	2.6	28,788	0.6	47	24,394	17.3	189,620	0.4	8	1,260	0.9	10,031	0.3	80
5 and younger	45	0.1	420	0.5	45	282	0.9	2,537	0.1	1	24	0.1	221	0.2	10
6-14	153	0.6	1,345	0.7	54	753	2.7	6,875	0.2	1	39	0.1	338	0.2	19
15-20	287	1.6	2,168	0.6	52	2,572	14.7	20,424	0.2	1	120	0.7	1,008	0.2	37
21-44	2,084	4.0	15,845	0.5	46	15,465	29.7	115,103	0.4	7	773	1.5	5,799	0.3	84
45-64	1,064	7.9	8,764	0.6	47	5,205	38.8	43,583	0.5	13	298	2.2	2,599	0.3	103
65-74	7	6.0	47	0.6	51	29	24.8	241	0.6	18	0	0.0	0	0.0	0
75-84	12	13.2	122	1.3	58	47	51.6	452	0.3	14	3	3.3	33	0.4	41
85 and older	10	13.2	77	0.7	17	41	53.9	405	0.5	12	3	3.9	33	0.2	5
Male															
Disabled	3,950	3.2	34,653	0.8	73	14,607	12.0	116,276	0.4	19	1,060	0.9	8,893	0.5	232
5 and younger	1,916	22.1	18,897	0.9	94	3,180	36.6	29,995	0.6	38	364	4.2	3,350	0.6	267
6-14	64	13.4	689	0.8	84	39	8.2	394	0.1	1	4	0.8	42	0.1	1
15-20	249	16.6	2,551	0.9	101	131	8.7	1,391	0.1	2	18	1.2	142	0.6	162
21-44	218	19.5	2,125	0.9	99	194	17.4	1,941	0.2	5	8	0.7	73	0.2	5
45-64	755	28.5	7,482	0.9	108	996	37.7	9,270	0.6	43	205	7.8	1,779	0.6	233
65-74	628	21.4	6,044	0.8	73	1,815	61.9	16,985	0.7	42	129	4.4	1,314	0.7	349
75-84	2	33.3	6	1.0	63	5	83.3	14	2.6	79	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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	2,034	1.8	15,756	0.6	49	11,427	10.1	86,281	0.4	12	696	0.6	5,543	0.5	211
6-14	44	0.1	318	0.5	37	437	1.4	3,891	0.1	1	25	0.1	241	0.1	6
15-20	238	0.8	2,157	0.7	42	792	2.8	7,081	0.1	1	37	0.1	362	0.3	61
21-44	180	1.4	1,468	0.7	58	1,099	8.6	9,026	0.2	1	35	0.3	316	0.3	33
45-64	903	3.3	6,410	0.6	49	5,687	20.5	39,551	0.4	12	382	1.4	2,793	0.5	205
65-74	655	5.6	5,245	0.6	50	3,364	28.6	26,288	0.5	21	215	1.8	1,809	0.6	311
75-84	5	6.5	51	1.0	37	17	22.1	153	0.5	10	1	1.3	10	0.1	15
85 and older	6	11.8	71	0.8	33	20	39.2	180	0.6	42	0	0.0	0	0.0	0
Unknown	3	6.8	36	0.6	17	11	25.0	111	0.6	21	1	2.3	12	0.1	3
	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 Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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, OREGON, 2003

Beneficiary Characteristics	ANTIASTHMATIC				MISC. HEMATOLOGICAL				ULCER DRUGS					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month
All	24,158	8.9%	204,166	0.3	\$16	526	0.2%	4,580	0.6	\$648	14,468	5.3%	122,353	0.4
Female	14,882	9.9	125,675	0.3	16	288	0.2	2,519	0.5	47	9,513	6.3	80,971	0.4
Disabled	3,460	37.9	33,450	0.4	24	150	1.6	1,373	0.6	54	2,882	31.5	27,602	0.5
5 and younger	112	29.2	1,131	0.3	13	0	0.0	0	0.0	0	60	15.7	616	0.4
6-14	164	21.2	1,622	0.4	20	0	0.0	0	0.0	0	75	9.7	800	0.6
15-20	151	18.4	1,466	0.4	16	0	0.0	0	0.0	0	88	10.7	905	0.5
21-44	954	31.0	8,989	0.3	19	16	0.5	133	0.5	45	829	27.0	7,914	0.4
45-64	2,079	51.1	20,242	0.5	28	134	3.3	1,240	0.6	55	1,825	44.9	17,342	0.5
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	33.3	13	0.7
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	1	50.0	12	0.7
Other Eligibles	11,422	8.1	92,225	0.3	13	138	0.1	1,146	0.4	38	6,631	4.7	53,369	0.3
5 and younger	1,570	5.1	13,325	0.2	9	1	0.0	12	0.1	6	204	0.7	1,591	0.3
6-14	1,559	5.7	13,655	0.2	11	3	0.0	28	0.5	27	201	0.7	1,790	0.2
15-20	1,092	6.3	9,019	0.2	9	1	0.0	12	0.4	32	479	2.7	3,830	0.2
21-44	4,635	8.9	34,936	0.3	12	27	0.1	212	0.3	28	3,188	6.1	24,765	0.3
45-64	2,524	18.8	20,853	0.4	18	97	0.7	812	0.4	39	2,470	18.4	20,479	0.4
65-74	13	11.1	123	0.6	46	3	2.6	16	0.8	75	18	15.4	137	0.4
75-84	16	17.6	184	0.4	18	5	5.5	43	0.5	48	38	41.8	420	0.5
85 and older	13	17.1	130	0.4	22	1	1.3	11	1.0	111	33	43.4	357	0.6
Male	9,276	7.6	78,491	0.3	15	238	0.2	2,061	0.6	1,382	4,955	4.1	41,382	0.4
Disabled	1,885	21.7	18,599	0.5	27	120	1.4	1,138	0.8	2,476	1,547	17.8	14,819	0.5
5 and younger	164	34.3	1,626	0.4	21	2	0.4	22	1.3	5,438	66	13.8	672	0.6
6-14	338	22.5	3,520	0.4	24	5	0.3	42	1.6	26,783	90	6.0	958	0.5
15-20	124	11.1	1,298	0.4	23	1	0.1	12	0.3	4	79	7.1	847	0.5
21-44	327	12.4	3,310	0.4	21	11	0.4	108	2.1	14,074	435	16.4	4,045	0.4
45-64	929	31.7	8,836	0.5	31	101	3.4	954	0.6	55	877	29.9	8,297	0.5
65-74	3	50.0	9	0.6	17	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
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	7,390	6.5	59,889	0.3	12	118	0.1	923	0.4	35	3,408	3.0	26,563	0.3
5 and younger	2,362	7.4	19,600	0.2	9	0	0.0	0	0.0	0	237	0.7	1,800	0.3
6-14	1,888	6.6	16,339	0.3	13	0	0.0	0	0.0	0	175	0.6	1,667	0.2
15-20	676	5.3	5,613	0.3	12	0	0.0	0	0.0	0	211	1.6	1,698	0.2
21-44	1,348	4.9	9,500	0.3	13	17	0.1	152	0.5	41	1,358	4.9	9,820	0.3
45-64	1,079	9.2	8,511	0.4	17	96	0.8	737	0.4	32	1,378	11.7	11,132	0.4
65-74	11	14.3	69	0.6	23	2	2.6	8	0.4	29	17	22.1	151	0.5
75-84	12	23.5	127	0.2	18	0	0.0	0	0.0	0	19	37.3	180	0.6
85 and older	14	31.8	130	0.6	46	3	6.8	26	1.0	80	13	29.5	115	0.6
Unknown	1	12.5	3	0.7	11	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 Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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, OREGON, 2003

Beneficiary Characteristics	ANTIDIABETIC				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				Number of Beneficiaries	Number of Benefit Months	Mean Rx \$ per 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	8,504	3.1 %	69,139	0.6	5,504	2.0 %	48,564	0.6	272,023	1,328,397	
Female	5,149	3.4	42,488	0.6	1,765	1.2	15,741	0.6	150,315	739,309	
Disabled	1,738	19.0	16,390	0.7	310	3.4	2,933	0.6	9,136	73,456	
5 and younger	0	0.0	0	0.0	7	1.8	63	0.3	383	2,992	
6-14	17	2.2	163	0.8	99	12.8	921	0.6	775	6,622	
15-20	19	2.3	194	0.8	64	7.8	575	0.7	820	6,874	
21-44	348	11.3	3,298	0.7	65	2.1	647	0.5	3,075	24,090	
45-64	1,352	33.2	12,733	0.7	75	1.8	727	0.6	4,068	32,832	
65-74	2	16.7	2	2.0	0	0.0	0	0.0	12	31	
75-84	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	2	14	
Other Eligibles	3,411	2.4	26,098	0.6	1,455	1.0	12,808	0.6	141,179	665,853	
5 and younger	7	0.0	61	0.8	43	0.1	412	0.4	30,518	130,511	
6-14	60	0.2	517	0.7	817	3.0	7,536	0.6	27,469	135,167	
15-20	110	0.6	848	0.5	222	1.3	2,025	0.6	17,453	80,839	
21-44	1,233	2.4	8,936	0.5	265	0.5	2,007	0.5	52,039	236,269	
45-64	1,948	14.5	15,248	0.6	106	0.8	813	0.6	13,416	81,126	
65-74	22	18.8	193	0.7	2	1.7	15	0.3	117	669	
75-84	20	22.0	188	0.8	2	0.0	0	0.0	91	685	
85 and older	11	14.5	107	0.7	0	0.0	0	0.0	76	587	
Male	3,355	2.8	26,651	0.7	3,739	3.1	32,823	0.6	121,700	589,049	
Disabled	973	11.2	8,969	0.7	734	8.5	6,956	0.7	8,683	68,257	
5 and younger	2	0.4	24	0.8	22	4.6	239	0.3	478	3,725	
6-14	13	0.9	137	0.8	452	30.1	4,234	0.7	1,504	12,639	
15-20	14	1.3	132	1.0	167	15.0	1,538	0.8	1,116	8,924	
21-44	192	7.3	1,749	0.7	47	1.8	475	0.6	2,645	20,490	
45-64	751	25.6	6,926	0.7	46	1.6	470	0.7	2,933	22,462	
65-74	1	16.7	1	3.0	0	0.0	0	0.0	6	14	
75-84	0	0.0	0	0.0	0	0.0	0	0.0	1	3	
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
Other Eligibles	2,382	2.1	17,682	0.6	3,005	2.7	25,867	0.6	113,017	520,792	
5 and younger	16	0.1	118	0.7	115	0.4	1,043	0.4	31,963	137,263	
6-14	45	0.2	390	0.7	2,130	7.5	18,652	0.6	28,584	140,489	
15-20	63	0.5	477	0.9	533	4.2	4,556	0.6	12,792	61,149	
21-44	728	2.6	5,011	0.6	165	0.6	1,145	0.5	27,764	118,860	
45-64	1,490	12.7	11,352	0.6	62	0.5	471	0.6	11,742	61,862	
65-74	21	27.3	170	0.7	0	0.0	0	0.0	77	470	
75-84	13	25.5	114	0.8	0	0.0	0	0.0	51	371	
85 and older	6	13.6	50	1.1	0	0.0	0	0.0	44	328	
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	8	39	

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, OREGON, 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
All	\$429	7.9	274	2,342
Age				
0-64	477	8.2	222	1,889
65-74	444	9.2	9	45
75-84	150	5.0	17	153
85 and older	242	7.1	26	255
Unknown	0	0.0	0	0
Gender				
Female	423	8.1	163	1,459
Male	439	7.6	111	883
Unknown	0	0.0	0	0
Race				
White	414	7.9	234	1,960
African American	458	7.7	15	136
Other/unknown	534	8.3	25	246
Basis of Eligibility^c				
Aged	225	6.4	48	447
Disabled	475	8.2	220	1,883
Adults	537	8.9	5	8
Children	1,438	19.3	1	4
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 535 beneficiaries who were in nursing facilities for part of their enrollment and their 3,928 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, OREGON, 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	Generic	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-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.6	0.3	0.0	0.3	\$38	\$28	\$1	\$9	\$59	\$100	\$85	\$26	992	\$58,756	166	60.6 %	1,566
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	19	16	0	32	34	648	30	10.9	330
Antineoplastic Agents	0.8	0.4	0.1	0.3	419	371	14	34	542	868	217	122	58	31,437	11	4.0	75
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	47	34	4	8	36	59	56	12	1,331	47,549	110	40.1	1,022
Cardiovascular Agents	2.0	0.4	0.0	1.6	43	22	0	21	21	52	11	13	2,140	45,703	120	43.8	1,055
Respiratory Agents	0.9	0.4	0.0	0.5	46	34	0	11	51	83	39	23	1,023	51,700	117	42.7	1,122
Gastrointestinal Agents	1.3	0.4	0.0	0.9	50	36	0	14	40	101	37	16	1,655	66,129	147	53.6	1,319
Genitourinary Agents	0.7	0.4	0.0	0.4	36	27	0	8	48	77	17	23	425	20,482	63	23.0	572
CNS Drugs	2.0	0.9	0.0	1.0	141	122	1	18	70	130	38	18	3,803	266,965	216	78.8	1,890
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.1	26	25	0	1	46	58	0	7	12	547	4	1.5	21
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.1	82	67	0	15	103	99	0	123	103	10,610	17	6.2	129
Analgesics and Anesthetics	1.4	0.3	0.0	1.0	60	38	2	21	44	109	44	21	1,978	87,787	174	63.5	1,457
Neuromuscular Agents	1.8	0.8	0.1	1.0	157	113	4	40	87	143	69	42	2,999	260,972	170	62.0	1,659
Nutritional Products	0.8	0.0	0.1	0.7	8	0	1	7	10	17	10	10	705	7,294	93	33.9	884
Hematological Agents	1.2	0.2	0.2	0.9	53	45	2	6	43	239	14	7	524	22,659	53	19.3	424
Topical Products	0.5	0.2	0.0	0.3	16	10	1	5	33	60	26	18	555	18,445	116	42.3	1,143
Miscellaneous Products	0.9	0.1	0.0	0.8	35	0	9	26	39	6	288	33	119	4,599	14	5.1	131
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	20	0	0	0	58	0	0	0	48	2,806	13	4.7	140
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.	18,504	1,005,088	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 535 beneficiaries who were in nursing facilities for part of their enrollment and their 3,928 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 Oregon, 0.3 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, OREGON, 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
ANTIPSYCHOTICS	\$124,523	101	36.9 %	866	0.9	\$152	\$144
ANTICONVULSANT	186,818	175	63.9	1,736	1.1	94	108
ANTIDEPRESSANTS	84,856	180	65.7	1,612	1.0	55	53
ANALGESICS - Narcotic	74,681	188	68.6	1,601	1.0	47	47
ULCER DRUGS	56,762	178	65.0	1,635	0.8	46	35
MUSCULOSKELETAL THERAPY AGENTS	51,560	68	24.8	683	1.1	70	75
ANTIASTHMATIC	46,044	134	48.9	1,331	0.6	61	35
ANTINEOPLASTICS	26,445	12	4.4	84	0.6	509	315
ANTIANKXIETY AGENTS	16,263	118	43.1	1,019	0.8	20	16
ANTI-DIABETIC	23,711	71	25.9	604	1.0	41	39
Total	691,663	1,225		11,171	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 535 beneficiaries who were in nursing facilities for part of their enrollment and their 3,928 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.medispn.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, OREGON, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	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	Mean Rx \$
All	10,113	\$691,663	101	36.9 %	866	0.9	\$144	175	63.9 %	1,736	1.1	\$108					
Female	6,147	432,261	62	38.0	552	0.9	151	108	66.3	1,096	1.2	111					
Disabled	5,441	398,051	51	40.5	463	1.0	164	101	80.2	1,034	1.2	116					
64 or younger	5,431	397,684	51	41.1	463	1.0	164	101	81.5	1,034	1.2	116					
65-74	10	367	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	706	34,210	11	29.7	89	0.8	79	7	18.9	62	0.9	23					
64 or younger	8	258	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	71	6,360	3	100.0	9	1.1	109	2	66.7	6	1.3	97					
75-84	194	7,526	3	23.1	27	0.9	93	2	15.4	24	1.5	23					
85 and older	433	20,066	5	26.3	53	0.7	66	3	15.8	32	0.3	9					
Male	3,966	259,402	39	35.1	314	1.0	132	67	60.4	640	1.1	102					
Disabled	3,573	240,851	33	35.1	259	1.0	148	62	66.0	593	1.1	106					
64 or younger	3,502	238,633	33	35.9	259	1.0	148	60	65.2	587	1.1	107					
65-74	71	2,218	0	0.0	0	0.0	0	2	100.0	6	1.0	63					
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	393	18,551	6	35.3	55	0.7	55	5	29.4	47	1.1	40					
64 or younger	29	872	0	0.0	0	0.0	0	1	25.0	4	3.0	93					
65-74	109	4,761	2	100.0	20	0.4	60	2	100.0	20	1.0	39					
75-84	90	3,861	2	50.0	22	0.7	67	1	25.0	11	1.2	40					
85 and older	165	9,057	2	28.6	13	1.1	27	1	14.3	12	0.7	26					
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 Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 535 beneficiaries who were in nursing facilities for part of their enrollment and their 3,928 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.medispans.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, OREGON, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ULCER DRUGS				
	Number of Users	% of All-Year Nursing Facility Residents	Mean Rx	Number of Months Among Users	Mean Number of Rx	Number of Users	% of All-Year Nursing Facility Residents	Mean Rx	Number of Months Among Users	Mean Number of Rx	Number of Users	% of All-Year Nursing Facility Residents	Mean Rx	Number of Months Among Users	Mean Number of Rx
All	180	65.7 %	\$53	1,612	1.0	188	68.6 %	\$47	1,601	1.0	178	65.0 %	\$47	1,635	0.8
Female	112	68.7	49	1,017	0.9	112	68.7	47	969	0.9	99	60.7	47	955	0.8
Disabled	84	66.7	52	774	0.9	82	65.1	61	682	1.2	83	65.9	61	788	0.8
64 or younger	84	67.7	52	774	0.9	80	64.5	61	680	1.2	82	66.1	61	787	0.8
65-74	0	0.0	0	0	0.0	2	100.0	63	2	1.5	1	50.0	63	1	2.0
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	28	75.7	41	243	0.9	30	81.1	13	287	0.3	16	43.2	13	167	0.8
64 or younger	2	100.0	42	4	1.0	2	100.0	22	4	1.0	0	0.0	22	0	0.0
65-74	3	100.0	22	9	0.9	2	66.7	64	6	1.8	2	66.7	64	6	0.7
75-84	6	46.2	61	51	1.1	7	53.8	5	63	0.3	6	46.2	5	72	0.7
85 and older	17	89.5	36	179	0.9	19	100.0	14	214	0.3	8	42.1	14	89	0.9
Male	68	61.3	59	595	1.0	76	68.5	47	632	1.0	79	71.2	47	680	0.7
Disabled	59	62.8	64	505	1.1	65	69.1	48	539	1.0	74	78.7	48	630	0.7
64 or younger	58	63.0	64	502	1.1	61	66.3	46	531	1.0	74	80.4	46	630	0.7
65-74	1	50.0	4	3	0.7	4	200.0	137	8	4.3	0	0.0	137	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	9	52.9	33	90	0.6	11	64.7	41	93	1.1	5	29.4	41	50	0.7
64 or younger	0	0.0	0	0	0.0	2	50.0	35	3	2.0	1	25.0	35	4	0.3
65-74	3	150.0	10	34	0.2	3	150.0	40	32	1.3	3	150.0	40	34	0.6
75-84	3	75.0	30	29	0.8	3	75.0	28	22	0.6	0	0.0	28	0	0.0
85 and older	3	42.9	63	27	1.0	3	42.9	50	36	1.0	1	14.3	50	12	1.0
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 Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 535 beneficiaries who were in nursing facilities for part of their enrollment and their 3,928 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, OREGON, 2003

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS					ANTIASTHMATIC					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	68	24.8 %	683	1.1	\$76	134	48.9 %	1,331	0.6	\$35	12	4.4 %	84	0.6	\$315
Female	40	24.5	387	1.1	62	73	44.8	769	0.6	36	8	4.9	64	0.5	380
Disabled	40	31.7	387	1.1	62	63	50.0	665	0.6	34	8	6.3	64	0.5	380
64 or younger	40	32.3	387	1.1	62	63	50.8	665	0.6	34	8	6.5	64	0.5	380
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	0	0.0	0	0.0	0	10	27.0	104	0.5	50	0	0.0	0	0.0	0
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	4	133.3	39	0.7	104	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	7.7	12	0.3	3	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	5	26.3	53	0.4	21	0	0.0	0	0.0	0
Male	28	25.2	296	1.0	94	61	55.0	562	0.5	33	4	3.6	20	0.9	105
Disabled	27	28.7	292	1.0	95	56	59.6	520	0.5	32	3	3.2	17	0.9	102
64 or younger	27	29.3	292	1.0	95	53	57.6	511	0.5	33	2	2.2	14	0.9	98
65-74	0	0.0	0	0.0	0	3	150.0	9	0.6	17	1	50.0	3	1.0	122
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1	5.9	4	1.0	39	5	29.4	42	0.7	44	1	5.9	3	1.0	122
64 or younger	1	25.0	4	1.0	39	1	25.0	4	0.8	22	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	50.0	10	0.1	1	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	25.0	4	0.3	6	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	28.6	24	1.1	72	1	14.3	3	1.0	122
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 Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 535 beneficiaries who were in nursing facilities for part of their enrollment and their 3,928 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, OREGON, 2003

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANTI-DIABETIC						
	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	118	43.1 %	1,019	0.8	\$16	71	25.9 %	604	1.0	\$39	274	2,342
Female	68	41.7	616	0.7	15	48	29.4	375	0.9	38	163	1,459
Disabled	57	45.2	527	0.8	17	42	33.3	317	1.0	36	126	1,113
64 or younger	56	45.2	526	0.8	17	40	32.3	315	1.0	36	124	1,111
65-74	1	50.0	1	1.0	8	2	100.0	2	2.0	108	2	2
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	11	29.7	89	0.3	3	6	16.2	58	0.8	47	37	346
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	4
65-74	1	33.3	3	0.3	1	0	0.0	0	0.0	0	3	17
75-84	3	23.1	24	0.4	4	0	0.0	0	0.0	0	13	125
85 and older	7	36.8	62	0.3	3	6	31.6	58	0.8	47	19	200
Male	50	45.0	403	0.9	17	23	20.7	229	1.0	41	111	883
Disabled	47	50.0	380	1.0	18	17	18.1	160	1.0	40	94	770
64 or younger	46	50.0	377	0.9	18	16	17.4	159	1.0	40	92	766
65-74	1	50.0	3	6.0	45	1	50.0	1	3.0	81	2	4
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	3	17.6	23	0.7	7	6	35.3	69	0.9	45	17	113
64 or younger	1	25.0	2	1.5	13	0	0.0	0	0.0	0	4	8
65-74	1	50.0	10	1.0	13	0	0.0	0	0.0	0	2	22
75-84	1	25.0	11	0.2	2	3	75.0	33	0.7	13	4	28
85 and older	0	0.0	0	0.0	0	3	42.9	36	1.1	73	7	55
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 Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 535 beneficiaries who were in nursing facilities for part of their enrollment and their 3,928 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}
 OREGON, 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 \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Excluded Rx	Beneficiary			Excluded Rx \$	%	
All	39,505	14.5%	0.6	165,265	\$8	\$2,093,000	\$13	2.8%	272,023	
Age										
5 and younger	7,774	12.3	0.3	16,853	4	257,884	15	11.4	63,343	
6-14	5,160	8.8	0.2	13,018	5	272,656	21	3.4	58,332	
15-20	3,029	9.4	0.3	8,531	4	128,032	15	2.4	32,181	
21-44	13,568	15.9	0.7	57,272	8	656,782	11	2.2	85,523	
45-64	9,765	30.4	2.1	67,005	24	758,707	11	2.6	32,159	
65-74	55	25.9	1.5	324	14	2,969	9	2.7	212	
75-84	74	51.4	6.6	957	47	6,779	7	3.7	144	
85 and older	79	64.8	10.7	1,304	75	9,185	7	5.2	122	
Unknown	1	14.3	0.1	1	1	6	6	15.8	7	
Basis of Eligibility^c										
Aged	267	48.4	5.1	2,840	38	21,193	7	3.4	552	
Disabled	7,442	41.8	3.9	70,193	64	1,142,040	16	3.2	17,819	
Adults	17,932	15.8	0.6	64,409	5	597,358	9	2.0	113,267	
Children	13,864	9.9	0.2	27,823	2	332,409	12	3.9	140,385	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	25,051	16.7	0.7	106,679	8	1,222,852	11	2.8	150,317	
Male	14,454	11.9	0.5	58,586	7	870,148	15	2.7	121,705	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Race										
White	30,240	15.2	0.7	136,027	9	1,774,842	13	2.7	199,472	
African American	1,147	9.6	0.4	4,241	4	50,548	12	2.6	12,005	
Other/unknown	8,118	13.4	0.4	24,997	4	267,610	11	3.0	60,546	
Use of Nursing Facilities^d										
Entire year	216	78.8	13.5	3,692	270	73,894	20	7.4	274	
Part year	429	80.2	8.6	4,600	117	62,737	14	3.9	535	
None	38,860	14.3	0.6	156,973	7	1,956,369	12	2.7	271,214	
Maintenance Assistance Status										
Cash	13,058	19.3	1.2	78,430	17	1,150,055	15	3.1	67,594	
Medically needy	1	33.3	0.3	1	2	7	7	5.7	3	
Poverty related	8,306	8.8	0.2	15,692	2	165,209	11	4.6	94,355	
Other/unknown	18,140	16.5	0.6	71,142	7	777,729	11	2.3	110,071	

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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}
 OREGON, 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	0.1	\$2	\$13	\$0	\$1	1,328,397
Age						
5 and younger	0.1	1	15	0	0	274,492
6-14	0.0	1	21	0	0	294,917
15-20	0.1	1	15	0	0	157,786
21-44	0.1	2	11	0	1	399,709
45-64	0.3	4	11	0	2	198,282
65-74	0.3	3	9	0	1	1,184
75-84	0.9	6	7	0	1	1,060
85 and older	1.4	10	7	0	1	929
Unknown	0.0	0	6	0	0	38
Basis of Eligibility^c						
Aged	0.7	5	7	0	1	4,107
Disabled	0.5	8	16	0	3	141,713
Adults	0.1	1	9	0	1	531,967
Children	0.0	1	12	0	0	650,610
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	11	0	1	739,322
Male	0.1	1	15	0	1	589,074
Unknown	0.0	0	0	0	0	1
Race						
White	0.1	2	13	0	1	1,000,489
African American	0.1	1	12	0	0	52,395
Other/unknown	0.1	1	11	0	0	275,513
Use of Nursing Facilities^d						
Entire year	1.6	32	20	1	10	2,342
Part year	1.2	16	14	0	5	3,928
None	0.1	1	12	0	1	1,322,127
Maintenance Assistance Status						
Cash	0.2	3	15	0	1	361,289
Medically needy	0.3	2	7	0	0	3
Poverty related	0.0	0	11	0	0	374,606
Other/unknown	0.1	1	11	0	1	592,499

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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}
 OREGON, 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	
			Total Rx \$	Excluded Rx \$	100.0 %	100.0 %			Excluded Rx	100.0 %
All	49,916	\$42	\$2,093,000	\$13	100.0 %	165,265	\$13	100.0 %	165,265	100.0 %
Anorexia or weight loss/gain	5	54	272	0.0	0.0	11	25	0.0	11	0.0
Fertility drugs	0	0	0	0.0	0.0	0	0	0.0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0.0	0	0	0.0	0	0.0
Cough and cold medications	11,750	23	270,498	12.9	12.9	20,095	13	12.2	20,095	12.2
Vitamins and minerals	6,418	33	214,426	10.2	10.2	19,027	11	11.5	19,027	11.5
Non-prescription drugs	16,480	38	622,421	29.7	29.7	53,676	12	32.5	53,676	32.5
Barbiturates	363	47	16,986	0.8	0.8	2,504	7	1.5	2,504	1.5
Benzodiazepines	13,483	59	796,788	38.1	38.1	65,400	12	39.6	65,400	39.6
Other Part D Excl Rx Drugs	1,417	121	171,609	8.2	8.2	4,552	38	2.8	4,552	2.8

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, OREGON, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	460,557	1,072	39,121	166,933	253,431	3,757,490	10,547	423,767	1,198,668	2,124,508	0
Age											
5 and younger	114,091	0	1,539	97	112,455	942,214	0	16,314	468	925,432	0
6-14	106,882	0	4,476	110	102,296	937,874	0	49,653	848	887,373	0
15-20	53,824	1	3,500	11,701	38,622	433,017	12	37,906	83,740	311,359	0
21-44	133,630	39	13,052	120,495	44	987,993	248	140,908	846,555	282	0
45-64	51,151	199	16,514	34,435	3	447,138	1,966	178,808	266,351	13	0
65-74	515	418	32	65	0	4,970	4,362	125	483	0	0
75-84	288	269	5	14	0	2,780	2,635	33	112	0	0
85 and older	167	146	3	15	3	1,447	1,324	20	99	4	0
Unknown	9	0	0	1	8	57	0	0	12	45	0
Gender											
Female	253,472	734	20,580	107,897	124,261	2,098,533	7,152	225,244	821,410	1,044,727	0
Male	207,084	338	18,541	59,036	129,169	1,658,956	3,395	198,523	377,258	1,079,780	0
Unknown	1	0	0	0	1	1	0	0	0	1	0
Race											
White	340,605	892	32,521	138,579	168,613	2,765,939	8,818	352,181	992,978	1,411,962	0
African American	22,587	21	2,279	7,151	13,136	192,814	194	24,731	50,338	117,551	0
Other/unknown	97,365	159	4,321	21,203	71,682	798,737	1,535	46,855	155,352	594,995	0
Use of Nursing Facilities^c											
Entire year	405	58	340	6	1	3,966	533	3,414	14	5	0
Part year	744	38	602	101	3	7,299	363	6,038	862	36	0
None	459,408	976	38,179	166,826	253,427	3,746,225	9,651	414,315	1,197,792	2,124,467	0
Maintenance Assistance Status											
Cash	135,717	610	33,973	33,658	67,476	1,280,603	6,656	378,332	284,038	611,577	0
Medically needy	3	0	3	0	3	0	0	3	0	0	0
Poverty related	156,315	155	12	16,927	139,221	1,177,270	1,240	109	103,737	1,072,184	0
Other/unknown	168,522	307	5,133	116,348	46,734	1,299,614	2,651	45,323	810,893	440,747	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	98,979	394	9,229	36,228	53,128	720,051	3,261	93,892	234,619	388,279	0
FFS part year, with Rx claims	66,029	102	6,604	39,323	20,000	631,951	1,125	73,153	353,128	204,545	0
FFS part year, no Rx claims	107,015	56	1,986	37,716	67,257	849,829	525	19,208	251,627	578,469	0
MC all year, with Rx claims	38,825	178	12,250	17,747	8,650	375,924	1,971	139,620	152,671	81,662	0
MC all year, no Rx claims	149,709	342	9,052	35,919	104,396	1,179,735	3,665	97,894	206,623	871,553	0

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, OREGON, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
All	460,557	272,023	0
Fee-for-service (FFS) all year	98,979	98,979	0
FFS part year, with Rx claims	66,029	66,029	0
FFS part year, with no Rx claims	107,015	107,015	0
Managed care (MC) all year, with Rx claims	38,825	0	0
MC all year, with no Rx claims	149,709	0	0
	3,757,490	1,328,397	2,429,093

Source: Data for this table are from the MAX 2003 file for Oregon, released by CMS in 06/2007. This table was produced on 11/01/2007.

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.