

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 OKLAHOMA

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>87,580</b>	<b>52,338</b>	<b>34,524</b>	<b>686</b>	<b>32</b>	<b>0</b>	<b>923,717</b>	<b>544,839</b>	<b>372,876</b>	<b>5,656</b>	<b>346</b>	<b>0</b>
<b>Age</b>												
5 and younger	8	0	5	0	3	0	76	0	55	0	21	0
6-14	12	0	8	0	4	0	120	0	86	0	34	0
15-20	147	0	139	2	6	0	1,604	0	1,509	23	72	0
21-44	13,368	8	13,012	335	13	0	143,106	88	140,235	2,636	147	0
45-64	20,560	151	20,184	222	3	0	222,180	1,414	218,911	1,819	36	0
65-74	21,375	20,177	1,126	70	2	0	227,689	215,453	11,557	655	24	0
75-84	18,920	18,834	45	40	1	0	199,189	198,302	478	397	12	0
85 and older	13,190	13,168	5	17	0	0	129,753	129,582	45	126	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	57,780	38,748	18,537	483	12	0	612,523	407,179	201,199	4,010	135	0
Male	29,800	13,590	15,987	203	20	0	311,194	137,660	171,677	1,646	211	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	67,486	40,938	26,046	480	22	0	709,287	423,326	281,711	4,010	240	0
African American	10,703	5,655	4,924	122	2	0	114,729	60,477	53,229	999	24	0
Other/unknown	9,391	5,745	3,554	84	8	0	99,701	61,036	37,936	647	82	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,353	12,002	1,333	13	5	0	133,513	118,806	14,547	100	60	0
Part year	6,340	5,411	916	13	0	0	59,645	50,050	9,483	112	0	0
None	67,887	34,925	32,275	660	27	0	730,559	375,983	348,846	5,444	286	0
<b>Maintenance Assistance Status</b>												
Cash	36,684	17,852	18,225	604	3	0	402,467	198,818	198,511	5,102	36	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	21,681	11,872	9,723	78	8	0	226,610	124,587	101,459	506	58	0
Other/unknown	29,215	22,614	6,576	4	21	0	294,640	221,434	72,906	48	252	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	81,946	48,861	32,401	652	32	0	862,736	507,321	349,742	5,327	346	0
Full dual, part year	5,634	3,477	2,123	34	0	0	60,981	37,518	23,134	329	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	87,580	52,338	34,524	686	32	0	923,717	544,839	372,876	5,656	346	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
  - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>89.8 %</b>	<b>37.1</b>	<b>\$2,428</b>	<b>\$65</b>	<b>\$11,362</b>	<b>21.4 %</b>	<b>87,580</b>
<b>Age</b>							
5 and younger	100.0	38.5	5,230	136	12,731	41.1	8
6-14	83.3	47.0	13,328	284	15,324	87.0	12
15-20	78.2	18.0	3,287	182	11,252	29.2	147
21-44	84.0	24.6	2,520	103	12,400	20.3	13,368
45-64	89.8	37.3	2,949	79	11,490	25.7	20,560
65-74	88.3	35.3	2,114	60	7,583	27.9	21,375
75-84	92.3	42.0	2,299	55	11,266	20.4	18,920
85 and older	94.5	45.7	2,197	48	16,366	13.4	13,190
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	91.4	40.4	2,207	55	11,148	19.8	52,338
Disabled	87.5	32.4	2,783	86	11,815	23.6	34,524
Adults	77.7	18.9	1,375	73	3,831	35.9	686
Children	87.5	39.3	4,749	121	33,491	14.2	32
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	92.5	40.3	2,483	62	11,113	22.3	57,780
Male	84.4	30.8	2,322	75	11,843	19.6	29,800
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	90.6	39.3	2,586	66	12,276	21.1	67,486
African American	86.9	30.9	2,000	65	9,147	21.9	10,703
Other/unknown	87.1	28.2	1,785	63	7,318	24.4	9,391
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.1	73.5	3,847	52	29,411	13.1	13,353
Part year	97.4	52.9	2,951	56	17,607	16.8	6,340
None	87.4	28.5	2,100	74	7,228	29.1	67,887
<b>Maintenance Assistance Status</b>							
Cash	87.6	25.7	1,870	73	4,389	42.6	36,684
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	86.1	28.2	1,984	70	6,732	29.5	21,681
Other/unknown	95.1	58.1	3,459	60	23,553	14.7	29,215

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>3.5</b>	<b>\$230</b>	<b>21.4 %</b>	<b>10.2 %</b>	<b>18.7 %</b>	<b>14.6 %</b>	<b>37.2 %</b>	<b>15.5 %</b>	<b>3.7 %</b>	<b>\$1,077</b>	<b>87,580</b>	<b>923,717</b>
<b>Age</b>												
5 and younger	4.1	551	41.1	0.0	0.0	25.0	50.0	25.0	0.0	1,340	8	76
6-14	4.7	1,333	87.0	16.7	0.0	8.3	50.0	25.0	0.0	1,532	12	120
15-20	1.7	301	29.2	21.8	38.8	12.9	20.4	6.1	0.0	1,031	147	1,604
21-44	2.3	235	20.3	16.0	29.9	16.3	30.6	6.5	0.8	1,158	13,368	143,106
45-64	3.5	273	25.7	10.2	17.3	14.5	41.7	13.5	2.8	1,063	20,560	222,180
65-74	3.3	199	27.9	11.7	19.8	15.5	37.2	12.4	3.5	712	21,375	227,689
75-84	4.0	218	20.4	7.7	15.7	14.3	37.4	19.2	5.7	1,070	18,920	199,189
85 and older	4.6	223	13.4	5.5	12.1	12.0	36.7	27.8	5.9	1,664	13,190	129,753
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.9	212	19.8	8.6	16.4	14.2	37.1	18.8	4.9	1,071	52,338	544,839
Disabled	3.0	258	23.6	12.5	22.2	15.2	37.4	10.8	2.0	1,094	34,524	372,876
Adults	2.3	167	35.9	22.3	23.3	16.5	32.8	4.7	0.4	465	686	5,656
Children	3.6	439	14.2	12.5	6.3	21.9	46.9	9.4	3.1	3,098	32	346
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	3.8	234	22.3	7.5	16.4	14.6	40.1	17.3	4.1	1,048	57,780	612,523
Male	3.0	222	19.6	15.6	23.2	14.6	31.5	12.1	3.0	1,134	29,800	311,194
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	3.7	246	21.1	9.4	17.0	13.9	38.0	17.3	4.3	1,168	67,486	709,287
African American	2.9	187	21.9	13.1	23.0	16.5	34.6	10.9	1.8	853	10,703	114,729
Other/unknown	2.7	168	24.4	12.9	26.0	16.9	34.4	8.1	1.7	689	9,391	99,701
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.3	385	13.1	1.9	3.9	4.9	25.8	44.7	18.8	2,942	13,353	133,513
Part year	5.6	314	16.8	2.6	7.6	8.5	37.4	35.2	8.6	1,872	6,340	59,645
None	2.6	195	29.1	12.6	22.7	17.1	39.4	7.9	0.3	672	67,887	730,559
<b>Maintenance Assistance Status</b>												
Cash	2.3	170	42.6	12.4	25.6	18.7	39.2	4.1	0.1	400	36,684	402,467
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.7	190	29.5	13.9	23.0	16.9	37.3	7.9	1.0	644	21,681	226,610
Other/unknown	5.8	343	14.7	4.9	6.9	7.7	34.6	35.5	10.4	2,335	29,215	294,640

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.5</b>	<b>\$230</b>	<b>\$65</b>	<b>1.2</b>	<b>\$172</b>	<b>\$145</b>	<b>0.2</b>	<b>\$16</b>	<b>\$80</b>	<b>2.1</b>	<b>\$42</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	4.1	551	136	1.7	470	272	0.4	44	118	1.9	37	19
6-14	4.7	1,333	284	2.2	1,221	547	0.2	63	261	2.2	48	22
15-20	1.7	301	182	0.7	269	378	0.1	15	139	0.8	17	21
21-44	2.3	235	103	0.8	184	232	0.1	19	130	1.3	32	24
45-64	3.5	273	79	1.1	205	181	0.2	22	110	2.1	46	22
65-74	3.3	199	60	1.1	147	132	0.2	13	73	2.0	38	19
75-84	4.0	218	55	1.4	161	117	0.2	13	58	2.4	44	19
85 and older	4.6	223	48	1.5	159	105	0.3	12	47	2.8	51	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.9	212	55	1.3	156	119	0.2	13	60	2.3	43	19
Disabled	3.0	258	86	1.0	197	196	0.2	21	116	1.8	40	22
Adults	2.3	167	73	0.7	118	173	0.1	16	128	1.5	33	22
Children	3.6	439	121	1.5	382	261	0.1	8	59	2.0	49	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	3.8	234	62	1.3	173	136	0.2	16	73	2.3	45	19
Male	3.0	222	75	1.0	169	169	0.2	16	97	1.8	37	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	3.7	246	66	1.3	183	144	0.2	17	82	2.2	45	20
African American	2.9	187	65	0.9	142	152	0.1	11	79	1.8	34	19
Other/unknown	2.7	168	63	0.9	126	148	0.2	13	68	1.6	29	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.3	385	52	2.5	283	113	0.4	22	52	4.4	80	18
Part year	5.6	314	56	1.9	231	119	0.3	19	62	3.4	64	19
None	2.6	195	74	0.9	147	167	0.2	15	96	1.6	33	21
<b>Maintenance Assistance Status</b>												
Cash	2.3	170	73	0.8	129	165	0.1	13	94	1.4	28	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.7	190	70	0.9	144	158	0.2	14	91	1.6	32	20
Other/unknown	5.8	343	60	1.9	252	130	0.3	22	68	3.5	68	20

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oklahoma, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$22	\$17	\$2	\$4	\$73	\$156	\$113	\$20	161,240	\$11,794,212	49,143	56.1 %	544,334
Biologicals	0.1	0.0	0.0	0.1	18	1	1	16	169	41	112	223	861	145,319	711	0.8	8,083
Antineoplastic Agents	0.4	0.0	0.0	0.4	68	28	1	40	154	571	144	102	21,987	3,377,884	4,885	5.6	49,489
Endocrine/Metabolic Drugs	0.7	0.3	0.1	0.3	40	31	3	6	56	107	36	18	317,931	17,800,170	40,372	46.1	443,237
Cardiovascular Agents	1.3	0.4	0.0	0.9	52	37	2	13	41	105	43	15	773,869	31,971,043	56,741	64.8	617,176
Respiratory Agents	0.5	0.3	0.0	0.2	33	29	0	4	66	105	45	17	146,887	9,767,461	26,951	30.8	295,917
Gastrointestinal Agents	0.6	0.2	0.0	0.4	38	27	2	9	59	147	47	22	244,606	14,480,327	35,184	40.2	384,591
Genitourinary Agents	0.4	0.3	0.0	0.1	33	27	2	4	76	100	65	29	63,772	4,871,861	13,667	15.6	149,708
CNS Drugs	1.0	0.4	0.0	0.5	102	86	4	11	102	194	102	22	509,528	51,743,312	46,627	53.2	506,470
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.2	62	52	3	7	138	204	147	38	3,437	475,861	679	0.8	7,646
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	124	123	0	1	178	183	114	50	47,793	8,517,272	6,546	7.5	68,765
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	43	29	4	10	59	202	272	18	393,698	23,345,666	49,351	56.3	541,393
Neuromuscular Agents	0.8	0.2	0.1	0.4	56	28	16	11	74	158	113	26	230,098	16,973,055	27,415	31.3	303,673
Nutritional Products	0.5	0.0	0.0	0.5	9	0	0	8	17	27	27	17	102,806	1,791,669	19,073	21.8	205,929
Hematological Agents	0.6	0.2	0.1	0.3	55	46	4	5	96	219	68	16	87,719	8,457,001	14,154	16.2	153,422
Topical Products	0.4	0.2	0.0	0.2	17	12	1	4	46	78	50	20	125,796	5,835,075	30,540	34.9	338,773
Miscellaneous Products	0.3	0.1	0.0	0.2	69	56	4	8	228	427	285	54	4,522	1,032,825	1,377	1.6	15,064
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	20	0	0	0	13,960	276,876	4,695	5.4	52,731
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>3,250,510</b>	<b>212,656,889</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$33,123,471	21,818	24.9 %	239,122	0.6	\$240	\$139
ANTIDEPRESSANTS	15,502,751	41,133	47.0	450,584	0.5	68	34
ANALGESICS - Narcotic	14,592,272	59,576	68.0	659,201	0.4	54	22
ANTICONVULSANT	13,677,133	20,846	23.8	230,865	0.6	95	59
ANTIHYPERLIPIDEMIC	12,726,608	20,743	23.7	233,519	0.4	132	54
ANTIDIABETIC	11,661,961	29,504	33.7	324,597	0.5	69	36
ULCER DRUGS	11,336,929	33,503	38.3	369,068	0.5	66	31
NEUROLOGICAL	8,549,328	7,903	9.0	83,427	0.6	177	102
ANTIASTHMATIC	8,036,870	27,813	31.8	306,810	0.4	73	26
ANTIHYPERTENSIVE	7,650,365	41,101	46.9	454,319	0.5	35	17
Total	136,857,688	303,940		3,351,512	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,601,049</b>	<b>\$136,857,688</b>	<b>21,818</b>	<b>24.9 %</b>	<b>239,122</b>	<b>0.6</b>	<b>\$139</b>	<b>41,133</b>	<b>47.0 %</b>	<b>450,584</b>	<b>0.5</b>	<b>\$34</b>
<b>Female</b>	1,109,839	90,234,572	13,046	22.6	142,536	0.6	121	29,637	51.3	325,262	0.5	34
<b>Disabled</b>	356,498	36,661,572	5,744	31.0	65,467	0.5	139	12,479	67.3	141,108	0.4	34
5 and younger	34	1,576	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	10	959	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	552	58,222	15	24.6	173	0.5	156	27	44.3	296	0.5	47
21-44	87,245	10,540,374	2,253	38.6	25,796	0.4	138	3,802	65.2	42,917	0.4	34
45-64	255,147	24,980,788	3,383	28.5	38,456	0.5	139	8,311	69.9	94,135	0.4	35
65-74	13,193	1,053,773	91	12.6	1,018	0.5	141	329	45.4	3,641	0.4	31
75-84	273	21,830	2	6.5	24	0.2	29	10	32.3	119	0.5	33
85 and older	44	4,050	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	753,341	53,573,000	7,302	18.6	77,069	0.6	105	17,158	43.7	184,154	0.6	34
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	13	800	1	33.3	12	0.1	2	1	33.3	12	0.3	20
21-44	2,822	270,789	49	18.3	481	0.3	78	174	64.9	1,708	0.4	31
45-64	3,669	337,275	48	21.7	434	0.5	114	135	61.1	1,305	0.4	30
65-74	253,598	19,455,623	1,902	14.1	21,042	0.6	126	5,718	42.5	64,010	0.5	32
75-84	284,775	20,229,396	2,708	19.0	28,498	0.6	102	6,217	43.6	66,725	0.6	35
85 and older	208,464	13,279,117	2,594	23.5	26,602	0.6	93	4,913	44.6	50,394	0.7	37
<b>Male</b>	491,210	46,623,116	8,772	29.4	96,586	0.6	165	11,496	38.6	125,322	0.5	35
<b>Disabled</b>	264,105	30,586,782	6,156	38.5	70,137	0.6	184	7,019	43.9	79,127	0.5	35
5 and younger	18	167	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	95	2,929	0	0.0	0	0.0	0	1	16.7	12	0.8	21
15-20	656	85,112	22	28.2	254	0.5	172	18	23.1	208	0.5	36
21-44	97,827	13,250,063	3,098	43.1	35,259	0.5	179	3,150	43.9	35,486	0.5	35
45-64	159,233	16,763,896	2,983	35.9	34,134	0.7	189	3,745	45.1	42,380	0.5	35
65-74	6,215	479,456	51	12.7	476	0.6	158	105	26.2	1,041	0.5	29
75-84	43	2,376	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	18	2,783	2	100.0	14	0.5	141	0	0.0	0	0.0	0
<b>Other Eligibles</b>	227,105	16,036,334	2,616	18.9	26,449	0.6	114	4,477	32.4	46,195	0.6	34
5 and younger	6	215	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	12	135	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	54	9,352	2	40.0	24	1.1	354	1	20.0	12	0.6	39
21-44	794	74,526	11	12.5	117	1.0	242	28	31.8	255	0.3	29
45-64	1,639	126,495	19	12.3	171	0.4	114	71	45.8	644	0.4	26
65-74	108,080	7,913,096	958	14.1	10,252	0.6	133	1,916	28.3	20,621	0.5	32
75-84	81,034	5,599,402	1,021	22.1	10,136	0.6	105	1,634	35.4	16,711	0.6	36
85 and older	35,486	2,313,113	605	28.0	5,749	0.6	93	827	38.2	7,952	0.7	37
<b>Unknown</b>	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 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICONVULSANT					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>59,576</b>	<b>68.0 %</b>	<b>659,201</b>	<b>0.4</b>	<b>\$22</b>	<b>20,846</b>	<b>23.8 %</b>	<b>230,865</b>	<b>0.6</b>	<b>\$59</b>	<b>20,743</b>	<b>23.7 %</b>	<b>233,519</b>	<b>0.4</b>	<b>\$55</b>
<b>Female</b>	42,676	73.9	474,346	0.4	21	13,362	23.1	147,924	0.6	56	14,782	25.6	166,916	0.4	55
<b>Disabled</b>	16,709	90.1	188,822	0.4	28	6,685	36.1	75,493	0.6	68	4,170	22.5	47,566	0.4	50
5 and younger	0	0.0	0	0.0	0	2	100.0	24	0.9	57	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	34	55.7	388	0.2	3	11	18.0	132	0.6	69	1	1.6	12	0.1	2
21-44	5,010	85.9	56,500	0.4	24	2,331	40.0	26,350	0.6	78	497	8.5	5,631	0.3	42
45-64	11,103	93.4	125,628	0.4	31	4,186	35.2	47,318	0.6	64	3,412	28.7	38,993	0.4	51
65-74	543	74.9	6,101	0.4	22	151	20.8	1,629	0.6	46	247	34.1	2,790	0.4	52
75-84	19	61.3	205	0.3	3	3	9.7	28	0.6	110	11	35.5	116	0.3	47
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.3	55	2	66.7	24	0.8	63
<b>Other Eligibles</b>	25,967	66.2	285,524	0.4	16	6,677	17.0	72,431	0.6	43	10,612	27.0	119,350	0.4	57
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.3	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	268	100.0	2,683	0.4	38	80	29.9	809	0.4	57	5	1.9	39	0.3	40
45-64	179	81.0	1,866	0.5	37	61	27.6	589	0.5	70	57	25.8	632	0.3	43
65-74	9,643	71.6	108,784	0.4	16	2,519	18.7	28,105	0.6	49	4,747	35.2	54,137	0.4	56
75-84	9,341	65.5	103,496	0.4	16	2,460	17.2	26,522	0.6	40	4,230	29.7	47,505	0.4	58
85 and older	6,535	59.3	68,683	0.4	15	1,557	14.1	16,406	0.6	33	1,573	14.3	17,037	0.5	58
<b>Male</b>	16,900	56.7	184,855	0.4	26	7,484	25.1	82,941	0.7	66	5,961	20.0	66,603	0.4	54
<b>Disabled</b>	9,868	61.7	110,067	0.4	33	5,263	32.9	59,743	0.7	74	2,701	16.9	30,713	0.4	50
5 and younger	3	100.0	31	0.2	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	66.7	48	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	27	34.6	310	0.2	2	24	30.8	280	0.5	77	1	1.3	12	0.5	36
21-44	4,163	58.0	46,273	0.4	30	2,505	34.9	28,445	0.7	84	674	9.4	7,730	0.4	45
45-64	5,437	65.5	60,857	0.5	35	2,663	32.1	30,252	0.7	66	1,915	23.1	21,730	0.4	52
65-74	224	55.9	2,437	0.5	26	70	17.5	759	0.6	44	110	27.4	1,229	0.4	55
75-84	8	57.1	87	0.2	17	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	100.0	24	0.1	0	1	50.0	7	0.3	3	1	50.0	12	0.2	24
<b>Other Eligibles</b>	7,032	50.9	74,788	0.4	16	2,221	16.1	23,198	0.6	43	3,260	23.6	35,890	0.5	57
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	80.0	48	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	63	71.6	612	0.5	19	14	15.9	121	0.6	115	11	12.5	98	0.5	63
45-64	97	62.6	882	0.5	24	29	18.7	280	0.6	57	33	21.3	326	0.4	44
65-74	3,522	51.9	38,620	0.4	18	1,100	16.2	11,887	0.6	46	1,870	27.6	20,956	0.4	57
75-84	2,272	49.2	23,962	0.4	14	788	17.1	8,081	0.6	41	1,076	23.3	11,704	0.5	58
85 and older	1,073	49.6	10,652	0.4	10	290	13.4	2,829	0.6	33	270	12.5	2,806	0.5	55
<b>Unknown</b>	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 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>29,504</b>	<b>33.7 %</b>	<b>324,597</b>	<b>0.5</b>	<b>\$36</b>	<b>33,503</b>	<b>38.3 %</b>	<b>369,068</b>	<b>0.5</b>	<b>\$31</b>	<b>7,903</b>	<b>9.0 %</b>	<b>83,427</b>	<b>0.6</b>	<b>\$103</b>
<b>Female</b>	20,959	36.3	231,962	0.5	36	24,173	41.8	266,937	0.5	31	5,941	10.3	63,051	0.6	106
<b>Disabled</b>	6,243	33.7	70,798	0.5	39	6,957	37.5	79,349	0.4	29	696	3.8	7,982	0.4	225
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.8	16	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	100.0	24	0.3	28	0	0.0	0	0.0	0
15-20	2	3.3	24	0.3	35	17	27.9	204	0.3	11	1	1.6	12	0.1	1
21-44	989	17.0	11,306	0.4	34	1,630	28.0	18,693	0.3	24	185	3.2	2,146	0.4	312
45-64	4,896	41.2	55,469	0.5	40	5,006	42.1	57,051	0.4	31	472	4.0	5,391	0.4	204
65-74	351	48.4	3,939	0.5	37	290	40.0	3,237	0.4	32	35	4.8	397	0.4	59
75-84	3	9.7	36	0.4	36	11	35.5	128	0.3	25	1	3.2	12	0.3	45
85 and older	2	66.7	24	0.4	40	0	0.0	0	0.0	0	2	66.7	24	0.2	34
<b>Other Eligibles</b>	14,716	37.5	161,164	0.5	35	17,216	43.9	187,588	0.5	32	5,245	13.4	55,069	0.6	88
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	33.3	12	0.1	2	0	0.0	0	0.0	0
21-44	21	7.8	173	0.5	61	46	17.2	464	0.3	15	4	1.5	29	0.2	187
45-64	91	41.2	951	0.5	41	75	33.9	810	0.4	31	10	4.5	83	0.6	140
65-74	6,239	46.3	70,061	0.5	37	5,683	42.2	63,924	0.4	31	851	6.3	9,291	0.5	88
75-84	5,666	39.7	61,954	0.5	34	6,381	44.7	70,017	0.5	32	2,287	16.0	24,107	0.6	85
85 and older	2,699	24.5	28,025	0.6	30	5,030	45.6	52,361	0.6	33	2,093	19.0	21,559	0.7	91
<b>Male</b>	8,545	28.7	92,635	0.5	36	9,330	31.3	102,131	0.5	30	1,962	6.6	20,376	0.6	93
<b>Disabled</b>	3,603	22.5	39,936	0.5	38	4,352	27.2	49,278	0.4	30	418	2.6	4,775	0.4	129
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	66.7	48	0.6	46	0	0.0	0	0.0	0
15-20	1	1.3	12	2.2	133	12	15.4	141	0.6	49	0	0.0	0	0.0	0
21-44	828	11.5	9,371	0.5	37	1,549	21.6	17,636	0.4	30	129	1.8	1,501	0.3	156
45-64	2,608	31.4	28,797	0.5	39	2,655	32.0	30,061	0.5	30	278	3.3	3,181	0.4	117
65-74	164	40.9	1,738	0.6	42	129	32.2	1,363	0.4	32	10	2.5	86	0.8	100
75-84	2	14.3	18	0.1	10	2	14.3	22	0.1	7	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	50.0	7	0.6	50	1	50.0	7	0.1	20
<b>Other Eligibles</b>	4,942	35.8	52,699	0.6	34	4,978	36.0	52,853	0.5	29	1,544	11.2	15,601	0.6	82
5 and younger	0	0.0	0	0.0	0	2	66.7	14	0.3	10	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	12	0.1	5	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	1	20.0	12	0.1	0	0	0.0	0	0.0	0
21-44	18	20.5	157	0.4	24	16	18.2	154	0.3	9	0	0.0	0	0.0	0
45-64	43	27.7	389	0.5	31	29	18.7	275	0.4	28	5	3.2	60	0.2	28
65-74	2,658	39.2	29,292	0.5	35	2,198	32.4	24,227	0.5	30	408	6.0	4,402	0.5	70
75-84	1,689	36.6	18,003	0.6	35	1,771	38.4	18,781	0.5	29	680	14.7	6,788	0.6	86
85 and older	534	24.7	4,858	0.6	30	960	44.4	9,378	0.6	29	451	20.8	4,351	0.7	89
<b>Unknown</b>	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 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>27,813</b>	<b>31.8 %</b>	<b>306,810</b>	<b>0.4</b>	<b>\$26</b>	<b>41,101</b>	<b>46.9 %</b>	<b>454,319</b>	<b>0.5</b>	<b>\$17</b>	<b>87,580</b>	<b>923,717</b>
<b>Female</b>	19,241	33.3	213,504	0.3	26	29,660	51.3	328,416	0.5	18	57,780	612,523
<b>Disabled</b>	6,908	37.3	78,662	0.3	24	6,825	36.8	77,217	0.4	15	18,537	201,199
5 and younger	1	50.0	12	0.2	2	0	0.0	0	0.0	0	2	24
6-14	2	100.0	24	0.1	12	0	0.0	0	0.0	0	2	24
15-20	15	24.6	162	0.3	18	11	18.0	132	0.4	9	61	662
21-44	1,562	26.8	17,876	0.2	16	949	16.3	10,851	0.4	13	5,831	63,242
45-64	4,994	42.0	56,960	0.3	26	5,416	45.6	61,211	0.4	16	11,882	129,340
65-74	329	45.4	3,574	0.4	28	435	60.0	4,865	0.4	15	725	7,548
75-84	5	16.1	54	0.4	28	12	38.7	134	0.2	12	31	333
85 and older	0	0.0	0	0.0	0	2	66.7	24	0.3	5	3	26
<b>Other Eligibles</b>	12,333	31.4	134,842	0.4	27	22,835	58.2	251,199	0.5	19	39,243	411,324
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	1	3
15-20	2	66.7	22	0.2	22	0	0.0	0	0.0	0	3	35
21-44	55	20.5	549	0.2	12	29	10.8	261	0.4	9	268	2,124
45-64	93	42.1	967	0.3	22	96	43.4	1,013	0.4	14	221	2,016
65-74	5,004	37.2	56,440	0.4	29	7,969	59.2	89,834	0.5	18	13,468	145,245
75-84	4,357	30.6	47,396	0.4	27	8,814	61.8	97,703	0.5	19	14,261	152,002
85 and older	2,822	25.6	29,468	0.4	23	5,927	53.8	62,388	0.6	19	11,021	109,899
<b>Male</b>	8,572	28.8	93,306	0.4	27	11,441	38.4	125,903	0.5	14	29,800	311,194
<b>Disabled</b>	3,561	22.3	40,055	0.4	24	4,782	29.9	53,763	0.5	14	15,987	171,677
5 and younger	1	33.3	12	0.1	1	2	66.7	24	0.5	5	3	31
6-14	1	16.7	12	0.2	2	4	66.7	48	0.8	8	6	62
15-20	9	11.5	100	0.4	15	10	12.8	120	0.5	12	78	847
21-44	1,110	15.5	12,562	0.3	18	1,288	17.9	14,455	0.4	13	7,181	76,993
45-64	2,267	27.3	25,496	0.4	27	3,288	39.6	37,025	0.5	14	8,302	89,571
65-74	170	42.4	1,837	0.4	32	186	46.4	2,043	0.5	13	401	4,009
75-84	3	21.4	36	0.1	4	4	28.6	48	0.3	10	14	145
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	19
<b>Other Eligibles</b>	5,011	36.3	53,251	0.4	29	6,659	48.2	72,140	0.5	14	13,813	139,517
5 and younger	1	33.3	12	0.1	5	1	33.3	2	0.5	6	3	21
6-14	0	0.0	0	0.0	0	2	66.7	14	0.6	5	3	31
15-20	0	0.0	0	0.0	0	2	40.0	24	0.5	15	5	60
21-44	7	8.0	60	0.2	8	14	15.9	137	0.4	12	88	747
45-64	40	25.8	392	0.3	30	55	35.5	534	0.4	11	155	1,253
65-74	2,541	37.5	27,881	0.4	30	3,365	49.6	37,445	0.5	14	6,781	70,887
75-84	1,667	36.1	17,479	0.4	28	2,291	49.7	24,693	0.5	14	4,614	46,709
85 and older	755	34.9	7,427	0.4	28	929	42.9	9,291	0.6	13	2,164	19,809
<b>Unknown</b>	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 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

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
<b>All</b>	<b>\$385</b>	<b>7.3</b>	<b>13,353</b>	<b>133,513</b>
<b>Age</b>				
0-64	591	8.8	1,282	13,999
65-74	469	8.4	2,089	21,657
75-84	389	7.5	4,221	42,085
85 and older	297	6.4	5,761	55,772
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	374	7.4	9,811	98,724
Male	416	7.3	3,542	34,789
Unknown	0	0.0	0	0
<b>Race</b>				
White	385	7.4	11,653	116,117
African American	384	6.9	1,004	10,425
Other/unknown	377	7.1	696	6,971
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	360	7.2	12,002	118,806
Disabled	588	8.8	1,333	14,547
Adults	296	5.4	13	100
Children	545	8.1	5	60
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 6,340 beneficiaries who were in nursing facilities for part of their enrollment and their 59,645 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$18	\$13	\$1	\$4	\$52	\$96	\$76	\$19	35,028	\$1,824,930	9,521	71.3 %	100,135
Biologicals	0.1	0.0	0.0	0.1	3	0	0	2	31	17	116	35	440	13,550	413	3.1	4,671
Antineoplastic Agents	0.5	0.0	0.0	0.5	73	11	0	62	134	466	132	120	9,962	1,339,021	1,886	14.1	18,281
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.5	49	39	3	7	42	78	20	13	87,374	3,640,955	7,181	53.8	74,393
Cardiovascular Agents	2.0	0.4	0.1	1.5	50	30	1	19	25	71	25	12	215,433	5,378,899	10,472	78.4	107,075
Respiratory Agents	0.6	0.3	0.0	0.3	34	28	0	5	57	94	37	18	35,633	2,027,977	5,769	43.2	60,534
Gastrointestinal Agents	1.1	0.2	0.1	0.8	42	25	2	15	40	126	33	19	95,182	3,810,535	8,631	64.6	90,202
Genitourinary Agents	0.6	0.4	0.0	0.2	42	34	2	5	67	86	64	27	27,661	1,849,642	4,198	31.4	44,567
CNS Drugs	1.6	0.8	0.1	0.7	143	122	7	14	88	146	77	20	172,890	15,158,110	10,237	76.7	106,091
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	46	43	1	2	92	131	34	14	642	59,112	119	0.9	1,283
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	133	133	0	0	148	149	118	35	28,640	4,236,802	3,076	23.0	31,794
Analgesics and Anesthetics	1.0	0.2	0.0	0.7	42	32	1	9	44	132	110	13	82,331	3,639,586	8,301	62.2	86,543
Neuromuscular Agents	1.2	0.3	0.2	0.7	68	31	18	20	58	108	83	29	60,986	3,529,467	4,861	36.4	51,557
Nutritional Products	0.8	0.0	0.0	0.8	12	0	0	11	15	26	12	15	42,099	641,734	5,247	39.3	54,360
Hematological Agents	0.9	0.3	0.1	0.5	64	52	5	7	69	165	66	12	30,393	2,104,902	3,222	24.1	33,039
Topical Products	0.6	0.2	0.0	0.3	22	14	2	6	39	67	46	19	51,322	2,015,224	8,541	64.0	91,218
Miscellaneous Products	0.3	0.1	0.0	0.2	12	5	1	7	39	63	125	29	1,211	46,994	364	2.7	3,908
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	5	0	0	0	14	0	0	0	3,658	52,158	927	6.9	9,979
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.	980,885	51,369,598	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 6,340 beneficiaries who were in nursing facilities for part of their enrollment and their 59,645 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 2004. 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.medspan.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.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Oklahoma, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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	\$9,743,937	6,606	49.5 %	70,170	0.8	\$181	\$139
ANTIDEPRESSANTS	4,590,928	9,397	70.4	98,600	0.8	57	47
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,241,164	3,645	27.3	37,805	0.8	148	112
ULCER DRUGS	2,867,055	7,763	58.1	81,671	0.8	46	35
ANTICONVULSANT	2,598,401	4,364	32.7	46,704	0.9	65	56
ANTIDIABETIC	2,121,388	5,465	40.9	57,173	0.8	48	37
ANALGESICS - Narcotic	2,077,992	8,586	64.3	89,994	0.6	41	23
ANTIASTHMATIC	1,656,119	5,219	39.1	54,563	0.5	67	30
ANTIHYPERTENSIVE	1,604,627	2,285	17.1	24,055	0.8	87	67
ANTINEOPLASTICS	1,339,021	1,916	14.3	18,586	0.5	134	72
Total	32,840,632	55,246		579,321	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 6,340 beneficiaries who were in nursing facilities for part of their enrollment and their 59,645 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 2004. 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 2004 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

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 \$
<b>All</b>	<b>412,655</b>	<b>\$32,840,632</b>	<b>6,606</b>	<b>49.5 %</b>	<b>70,170</b>	<b>0.8</b>	<b>\$139</b>	<b>9,397</b>	<b>70.4 %</b>	<b>98,600</b>	<b>0.8</b>	<b>\$47</b>
<b>Female</b>	297,797	23,137,495	4,542	46.3	48,478	0.8	131	7,008	71.4	73,765	0.8	46
<b>Disabled</b>	31,148	3,035,682	455	70.3	5,141	0.9	198	628	97.1	7,037	0.8	52
64 or younger	29,694	2,903,267	428	69.8	4,828	0.9	200	603	98.4	6,750	0.9	52
65-74	1,454	132,415	27	79.4	313	0.8	169	25	73.5	287	0.8	49
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
<b>Other Eligibles</b>	266,649	20,101,813	4,087	44.6	43,337	0.7	123	6,380	69.6	66,728	0.8	45
64 or younger	221	19,104	5	62.5	36	0.8	166	5	62.5	44	0.8	82
65-74	51,484	4,205,938	779	64.3	8,681	0.8	164	1,091	90.1	11,924	0.8	48
75-84	101,261	7,768,644	1,543	50.3	16,275	0.8	124	2,400	78.3	25,018	0.8	46
85 and older	113,683	8,108,127	1,760	36.1	18,345	0.7	103	2,884	59.1	29,742	0.8	43
<b>Male</b>	114,858	9,703,137	2,064	58.3	21,692	0.8	156	2,389	67.4	24,835	0.8	49
<b>Disabled</b>	30,908	3,121,431	578	84.3	6,551	0.9	214	568	82.8	6,352	0.9	54
64 or younger	29,705	3,024,108	560	85.5	6,382	0.9	216	545	83.2	6,148	0.8	54
65-74	1,203	97,323	18	58.1	169	0.8	166	23	74.2	204	1.0	59
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
<b>Other Eligibles</b>	83,950	6,581,706	1,486	52.0	15,141	0.8	131	1,821	63.8	18,483	0.8	47
64 or younger	140	8,256	0	0.0	0	0.0	0	6	100.0	35	0.7	31
65-74	29,992	2,435,295	477	58.7	5,103	0.8	159	615	75.6	6,449	0.8	49
75-84	34,485	2,688,593	623	54.0	6,355	0.7	122	754	65.3	7,670	0.8	46
85 and older	19,333	1,449,562	386	43.7	3,683	0.7	107	446	50.5	4,329	0.8	45
<b>Unknown</b>	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 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 6,340 beneficiaries who were in nursing facilities for part of their enrollment and their 59,645 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>3,645</b>	<b>27.3 %</b>	<b>37,805</b>	<b>0.8</b>	<b>\$112</b>	<b>7,763</b>	<b>58.1 %</b>	<b>81,671</b>	<b>0.8</b>	<b>\$35</b>	<b>4,364</b>	<b>32.7 %</b>	<b>46,704</b>	<b>0.9</b>	<b>\$56</b>
<b>Female</b>	2,770	28.2	28,971	0.8	112	5,670	57.8	59,808	0.8	36	2,862	29.2	30,685	0.8	53
<b>Disabled</b>	85	13.1	953	0.7	394	417	64.5	4,650	0.7	38	503	77.7	5,643	0.9	70
64 or younger	76	12.4	855	0.7	427	396	64.6	4,411	0.7	39	482	78.6	5,402	1.0	72
65-74	9	26.5	98	0.8	105	21	61.8	239	0.8	30	21	61.8	241	0.8	42
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
<b>Other Eligibles</b>	2,685	29.3	28,018	0.8	102	5,253	57.3	55,158	0.8	36	2,359	25.7	25,042	0.8	49
64 or younger	4	50.0	24	1.1	123	4	50.0	48	0.8	24	5	62.5	41	0.7	75
65-74	279	23.0	3,024	0.8	105	794	65.6	8,685	0.8	37	578	47.7	6,320	0.9	62
75-84	1,095	35.7	11,414	0.8	105	1,836	59.9	19,467	0.8	37	944	30.8	9,962	0.8	50
85 and older	1,307	26.8	13,556	0.8	100	2,619	53.7	26,958	0.8	35	832	17.1	8,719	0.8	39
<b>Male</b>	875	24.7	8,834	0.8	113	2,093	59.1	21,863	0.7	33	1,502	42.4	16,019	0.9	61
<b>Disabled</b>	75	10.9	867	0.7	216	436	63.6	4,831	0.8	38	557	81.2	6,315	1.0	76
64 or younger	70	10.7	821	0.6	221	420	64.1	4,701	0.8	38	540	82.4	6,130	1.0	77
65-74	5	16.1	46	1.0	129	16	51.6	130	0.7	34	17	54.8	185	0.9	52
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
<b>Other Eligibles</b>	800	28.0	7,967	0.8	102	1,657	58.0	17,032	0.7	31	945	33.1	9,704	0.8	51
64 or younger	0	0.0	0	0.0	0	3	50.0	17	1.2	76	4	66.7	29	1.2	32
65-74	172	21.2	1,864	0.8	100	523	64.3	5,585	0.8	35	394	48.5	4,164	0.9	57
75-84	362	31.4	3,561	0.8	104	645	55.9	6,685	0.8	30	378	32.8	3,871	0.8	49
85 and older	266	30.1	2,542	0.8	99	486	55.0	4,745	0.7	29	169	19.1	1,640	0.8	39
<b>Unknown</b>	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 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 6,340 beneficiaries who were in nursing facilities for part of their enrollment and their 59,645 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 2004. 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 2004 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>5,465</b>	<b>40.9 %</b>	<b>57,173</b>	<b>0.8</b>	<b>\$37</b>	<b>8,586</b>	<b>64.3 %</b>	<b>89,994</b>	<b>0.6</b>	<b>\$23</b>	<b>5,219</b>	<b>39.1 %</b>	<b>54,563</b>	<b>0.5</b>	<b>\$30</b>
<b>Female</b>	3,867	39.4	40,683	0.8	37	6,596	67.2	69,492	0.6	24	3,613	36.8	38,104	0.4	29
<b>Disabled</b>	385	59.5	4,322	0.9	46	549	84.9	6,074	0.6	32	298	46.1	3,352	0.5	36
64 or younger	366	59.7	4,104	0.9	47	523	85.3	5,781	0.6	31	286	46.7	3,216	0.5	37
65-74	19	55.9	218	0.7	44	26	76.5	293	0.6	50	12	35.3	136	0.2	13
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
<b>Other Eligibles</b>	3,482	38.0	36,361	0.8	36	6,047	66.0	63,418	0.6	23	3,315	36.2	34,752	0.4	28
64 or younger	4	50.0	43	0.5	15	5	62.5	60	0.6	26	1	12.5	12	0.1	5
65-74	766	63.3	8,407	0.8	40	946	78.1	10,363	0.6	29	590	48.7	6,464	0.5	39
75-84	1,450	47.3	15,013	0.8	36	2,086	68.0	22,019	0.6	25	1,165	38.0	12,072	0.5	30
85 and older	1,262	25.9	12,898	0.7	33	3,010	61.7	30,976	0.5	19	1,559	32.0	16,204	0.4	23
<b>Male</b>	1,598	45.1	16,490	0.8	38	1,990	56.2	20,502	0.6	22	1,606	45.3	16,459	0.5	33
<b>Disabled</b>	343	50.0	3,652	0.8	42	452	65.9	4,957	0.6	25	301	43.9	3,355	0.5	31
64 or younger	317	48.4	3,447	0.8	42	430	65.6	4,726	0.6	24	288	44.0	3,209	0.5	29
65-74	26	83.9	205	0.9	33	22	71.0	231	0.6	40	13	41.9	146	0.8	63
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
<b>Other Eligibles</b>	1,255	43.9	12,838	0.8	37	1,538	53.9	15,545	0.5	21	1,305	45.7	13,104	0.5	34
64 or younger	1	16.7	12	1.0	77	4	66.7	19	0.6	38	0	0.0	0	0.0	0
65-74	450	55.4	4,814	0.8	38	455	56.0	4,784	0.6	27	395	48.6	4,011	0.5	35
75-84	539	46.7	5,688	0.8	37	611	52.9	6,254	0.5	21	536	46.4	5,434	0.5	34
85 and older	265	30.0	2,324	0.8	34	468	53.0	4,488	0.5	14	374	42.4	3,659	0.5	33
<b>Unknown</b>	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 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 6,340 beneficiaries who were in nursing facilities for part of their enrollment and their 59,645 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 2004. 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 2004 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVES					ANTINEOPLASTICS					Benefit Months Among All-Year Nursing Facility Residents	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<b>All</b>	<b>2,285</b>	<b>17.1 %</b>	<b>24,055</b>	<b>0.8</b>	<b>\$67</b>	<b>1,916</b>	<b>14.3 %</b>	<b>18,586</b>	<b>0.5</b>	<b>\$72</b>	<b>13,353</b>	<b>133,513</b>
<b>Female</b>	1,615	16.5	17,172	0.8	66	1,502	15.3	14,735	0.5	68	9,811	98,724
<b>Disabled</b>	175	27.0	1,977	0.8	68	53	8.2	560	0.6	101	647	7,075
64 or younger	161	26.3	1,813	0.8	69	48	7.8	508	0.6	108	613	6,691
65-74	14	41.2	164	0.8	65	5	14.7	52	0.5	25	34	384
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
<b>Other Eligibles</b>	1,440	15.7	15,195	0.8	66	1,449	15.8	14,175	0.5	66	9,164	91,649
64 or younger	1	12.5	12	0.2	14	0	0.0	0	0.0	0	8	56
65-74	292	24.1	3,252	0.8	67	133	11.0	1,401	0.5	58	1,211	12,706
75-84	640	20.9	6,706	0.8	66	469	15.3	4,563	0.5	64	3,067	30,981
85 and older	507	10.4	5,225	0.8	66	847	17.4	8,211	0.6	69	4,878	47,906
<b>Male</b>	670	18.9	6,883	0.8	67	414	11.7	3,851	0.5	89	3,542	34,789
<b>Disabled</b>	130	19.0	1,436	0.7	67	42	6.1	448	0.5	103	686	7,472
64 or younger	120	18.3	1,334	0.7	66	39	6.0	413	0.5	102	655	7,207
65-74	10	32.3	102	0.8	80	3	9.7	35	0.5	115	31	265
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
<b>Other Eligibles</b>	540	18.9	5,447	0.8	68	372	13.0	3,403	0.5	88	2,856	27,317
64 or younger	4	66.7	35	1.0	91	1	16.7	12	0.1	11	6	45
65-74	205	25.2	2,143	0.8	74	94	11.6	959	0.6	81	813	8,302
75-84	228	19.8	2,294	0.8	67	137	11.9	1,233	0.5	100	1,154	11,104
85 and older	103	11.7	975	0.7	54	140	15.9	1,199	0.5	80	883	7,866
<b>Unknown</b>	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 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 6,340 beneficiaries who were in nursing facilities for part of their enrollment and their 59,645 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
OKLAHOMA, 2004

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	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>37,128</b>	<b>42.4 %</b>	<b>2.7</b>	<b>236,642</b>	<b>\$41</b>	<b>\$3,570,957</b>	<b>\$15</b>	<b>1.7 %</b>	<b>87,580</b>
<b>Age</b>									
5 and younger	3	37.5	3.6	29	291	2,325	80	5.6	8
6-14	4	33.3	1.8	21	31	377	18	0.2	12
15-20	30	20.4	1.0	149	30	4,395	29	0.9	147
21-44	4,223	31.6	1.9	24,799	34	452,816	18	1.3	13,368
45-64	8,991	43.7	2.8	57,553	42	857,063	15	1.4	20,560
65-74	8,483	39.7	2.4	51,560	36	779,880	15	1.7	21,375
75-84	8,701	46.0	3.0	56,318	43	811,113	14	1.9	18,920
85 and older	6,693	50.7	3.5	46,213	50	662,988	14	2.3	13,190
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	23,468	44.8	2.9	151,946	42	2,220,428	15	1.9	52,338
Disabled	13,444	38.9	2.4	83,655	39	1,336,587	16	1.4	34,524
Adults	202	29.4	1.4	950	18	12,614	13	1.3	686
Children	14	43.8	2.8	91	42	1,328	15	0.9	32
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	26,820	46.4	3.0	171,804	44	2,529,291	15	1.8	57,780
Male	10,308	34.6	2.2	64,838	35	1,041,666	16	1.5	29,800
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	30,011	44.5	2.9	198,930	45	3,018,959	15	1.7	67,486
African American	3,900	36.4	2.0	21,835	30	321,168	15	1.5	10,703
Other/unknown	3,217	34.3	1.7	15,877	25	230,830	15	1.4	9,391
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	8,087	60.6	5.7	76,269	78	1,044,530	14	2.0	13,353
Part year	4,127	65.1	4.2	26,760	60	381,062	14	2.0	6,340
None	24,914	36.7	2.0	133,613	32	2,145,365	16	1.5	67,887
<b>Maintenance Assistance Status</b>									
Cash	12,315	33.6	1.7	61,323	27	985,461	16	1.4	36,684
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	7,844	36.2	1.9	41,609	28	602,722	14	1.4	21,681
Other/unknown	16,969	58.1	4.6	133,710	68	1,982,774	15	2.0	29,215

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
OKLAHOMA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$4</b>	<b>\$15</b>	<b>\$0</b>	<b>\$1</b>	<b>923,717</b>
<b>Age</b>						
5 and younger	0.4	31	80	0	14	76
6-14	0.2	3	18	0	0	120
15-20	0.1	3	29	0	2	1,604
21-44	0.2	3	18	0	1	143,106
45-64	0.3	4	15	0	2	222,180
65-74	0.2	3	15	0	1	227,689
75-84	0.3	4	14	0	1	199,189
85 and older	0.4	5	14	0	1	129,753
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	4	15	0	1	544,839
Disabled	0.2	4	16	0	1	372,876
Adults	0.2	2	13	0	1	5,656
Children	0.3	4	15	0	2	346
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.3	4	15	0	1	612,523
Male	0.2	3	16	0	1	311,194
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	4	15	0	1	709,287
African American	0.2	3	15	0	1	114,729
Other/unknown	0.2	2	15	0	1	99,701
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.6	8	14	0	2	133,513
Part year	0.4	6	14	0	2	59,645
None	0.2	3	16	0	1	730,559
<b>Maintenance Assistance Status</b>						
Cash	0.2	2	16	0	1	402,467
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	3	14	0	1	226,610
Other/unknown	0.5	7	15	0	2	294,640

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
OKLAHOMA, 2004

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
<b>All</b>	<b>47,450</b>	<b>\$75</b>	<b>\$3,570,957</b>	<b>100.0 %</b>	<b>236,642</b>	<b>\$15</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	29	23	671	0.0	62	11	0.0
Cough and cold medications	136	144	19,600	0.5	264	74	0.1
Vitamins and minerals	18,851	94	1,778,230	49.8	102,182	17	43.2
Non-prescription drugs	5,158	70	362,035	10.1	13,271	27	5.6
Barbiturates	908	61	55,541	1.6	8,241	7	3.5
Benzodiazepines	20,919	51	1,073,754	30.1	107,233	10	45.3
Other Part D Excl Rx Drugs	1,449	194	281,126	7.9	5,389	52	2.3

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 OKLAHOMA, 2004

Total Number of Dual Eligible Beneficiaries	87,580
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$212,656,889
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,428

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	8,970	10.2 %	\$0	0.0 %
1-500	16,694	19.1	3,513,926	1.7
501-1,000	10,420	11.9	7,709,386	3.6
1,001-1,500	8,561	9.8	10,649,626	5.0
1,501-2,000	7,203	8.2	12,569,745	5.9
2,001-2,500	6,085	6.9	13,660,213	6.4
2,501-3,000	5,145	5.9	14,102,435	6.6
3,001-3,500	4,235	4.8	13,721,708	6.5
3,501-4,000	3,513	4.0	13,148,446	6.2
4,001-4,500	2,799	3.2	11,887,926	5.6
4,501-5,000	2,273	2.6	10,777,117	5.1
5,001-5,500	1,794	2.0	9,404,208	4.4
5,501-6,000	1,475	1.7	8,476,548	4.0
6,001-6,500	1,328	1.5	8,297,378	3.9
6,501-7,000	1,018	1.2	6,865,880	3.2
7,001-7,500	870	1.0	6,304,042	3.0
7,501-8,000	712	0.8	5,506,571	2.6
8,001-8,500	601	0.7	4,950,493	2.3
8,501-9,000	521	0.6	4,554,993	2.1
9,001-9,500	419	0.5	3,871,414	1.8
9,501-10,000	369	0.4	3,595,225	1.7
10,001+	2,575	2.9	39,089,609	18.4

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 OKLAHOMA, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	33,348
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$93,743,486
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$2,811

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,134	12.4 %	0	0.0 %
1-500	6,824	20.5	1,356,591	1.4
501-1,000	3,513	10.5	2,574,900	2.7
1,001-1,500	2,796	8.4	3,475,945	3.7
1,501-2,000	2,267	6.8	3,955,543	4.2
2,001-2,500	1,910	5.7	4,284,264	4.6
2,501-3,000	1,605	4.8	4,393,466	4.7
3,001-3,500	1,383	4.1	4,479,220	4.8
3,501-4,000	1,175	3.5	4,406,740	4.7
4,001-4,500	1,021	3.1	4,345,436	4.6
4,501-5,000	869	2.6	4,122,776	4.4
5,001-5,500	686	2.1	3,599,729	3.8
5,501-6,000	644	1.9	3,697,201	3.9
6,001-6,500	558	1.7	3,487,357	3.7
6,501-7,000	427	1.3	2,878,008	3.1
7,001-7,500	403	1.2	2,922,570	3.1
7,501-8,000	358	1.1	2,770,366	3.0
8,001-8,500	292	0.9	2,407,572	2.6
8,501-9,000	271	0.8	2,370,837	2.5
9,001-9,500	232	0.7	2,144,888	2.3
9,501-10,000	219	0.7	2,133,238	2.3
10,001+	1,761	5.3	27,936,839	29.8

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	53,485
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$117,665,142
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,200

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	4,692	8.8 %	0	0.0 %
1-500	9,657	18.1	2,116,249	1.8
501-1,000	6,809	12.7	5,063,394	4.3
1,001-1,500	5,715	10.7	7,111,442	6.0
1,501-2,000	4,889	9.1	8,533,166	7.3
2,001-2,500	4,135	7.7	9,286,631	7.9
2,501-3,000	3,516	6.6	9,644,301	8.2
3,001-3,500	2,831	5.3	9,173,733	7.8
3,501-4,000	2,321	4.3	8,679,006	7.4
4,001-4,500	1,757	3.3	7,452,014	6.3
4,501-5,000	1,400	2.6	6,635,671	5.6
5,001-5,500	1,096	2.0	5,741,888	4.9
5,501-6,000	824	1.5	4,739,669	4.0
6,001-6,500	764	1.4	4,772,524	4.1
6,501-7,000	586	1.1	3,954,668	3.4
7,001-7,500	464	0.9	3,359,647	2.9
7,501-8,000	348	0.7	2,689,590	2.3
8,001-8,500	304	0.6	2,501,520	2.1
8,501-9,000	248	0.5	2,166,544	1.8
9,001-9,500	187	0.3	1,726,526	1.5
9,501-10,000	147	0.3	1,432,115	1.2
10,001+	795	1.5	10,884,844	9.3

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 OKLAHOMA, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	21,375
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$45,190,530
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,114

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,499	11.7 %	0	0.0 %
1-500	4,163	19.5	869,243	1.9
501-1,000	2,601	12.2	1,940,444	4.3
1,001-1,500	2,206	10.3	2,735,470	6.1
1,501-2,000	1,879	8.8	3,275,762	7.2
2,001-2,500	1,523	7.1	3,422,965	7.6
2,501-3,000	1,302	6.1	3,570,229	7.9
3,001-3,500	1,032	4.8	3,341,116	7.4
3,501-4,000	825	3.9	3,078,638	6.8
4,001-4,500	631	3.0	2,674,383	5.9
4,501-5,000	480	2.2	2,273,756	5.0
5,001-5,500	404	1.9	2,115,759	4.7
5,501-6,000	277	1.3	1,593,452	3.5
6,001-6,500	264	1.2	1,652,232	3.7
6,501-7,000	212	1.0	1,429,958	3.2
7,001-7,500	176	0.8	1,276,587	2.8
7,501-8,000	133	0.6	1,030,052	2.3
8,001-8,500	112	0.5	921,194	2.0
8,501-9,000	106	0.5	926,236	2.0
9,001-9,500	81	0.4	747,943	1.7
9,501-10,000	68	0.3	662,482	1.5
10,001+	401	1.9	5,652,629	12.5

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 OKLAHOMA, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	18,920
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$43,501,670
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,299

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,463	7.7 %	0	0.0 %
1-500	3,164	16.7	710,623	1.6
501-1,000	2,390	12.6	1,775,819	4.1
1,001-1,500	2,014	10.6	2,512,665	5.8
1,501-2,000	1,789	9.5	3,132,496	7.2
2,001-2,500	1,500	7.9	3,369,457	7.7
2,501-3,000	1,283	6.8	3,521,156	8.1
3,001-3,500	1,055	5.6	3,418,837	7.9
3,501-4,000	876	4.6	3,278,027	7.5
4,001-4,500	662	3.5	2,810,087	6.5
4,501-5,000	547	2.9	2,594,794	6.0
5,001-5,500	399	2.1	2,091,944	4.8
5,501-6,000	331	1.7	1,903,511	4.4
6,001-6,500	290	1.5	1,809,368	4.2
6,501-7,000	234	1.2	1,580,452	3.6
7,001-7,500	163	0.9	1,180,065	2.7
7,501-8,000	136	0.7	1,048,680	2.4
8,001-8,500	124	0.7	1,020,267	2.3
8,501-9,000	92	0.5	802,783	1.8
9,001-9,500	65	0.3	599,657	1.4
9,501-10,000	57	0.3	555,653	1.3
10,001+	286	1.5	3,785,329	8.7

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	13,190
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$28,972,942
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,197

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	730	5.5 %	0	0.0 %
1-500	2,330	17.7	536,383	1.9
501-1,000	1,818	13.8	1,347,131	4.6
1,001-1,500	1,495	11.3	1,863,307	6.4
1,501-2,000	1,221	9.3	2,124,908	7.3
2,001-2,500	1,112	8.4	2,494,209	8.6
2,501-3,000	931	7.1	2,552,916	8.8
3,001-3,500	744	5.6	2,413,780	8.3
3,501-4,000	620	4.7	2,322,341	8.0
4,001-4,500	464	3.5	1,967,544	6.8
4,501-5,000	373	2.8	1,767,121	6.1
5,001-5,500	293	2.2	1,534,185	5.3
5,501-6,000	216	1.6	1,242,706	4.3
6,001-6,500	210	1.6	1,310,924	4.5
6,501-7,000	140	1.1	944,258	3.3
7,001-7,500	125	0.9	902,995	3.1
7,501-8,000	79	0.6	610,858	2.1
8,001-8,500	68	0.5	560,059	1.9
8,501-9,000	50	0.4	437,525	1.5
9,001-9,500	41	0.3	378,926	1.3
9,501-10,000	22	0.2	213,980	0.7
10,001+	108	0.8	1,446,886	5.0

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>87,580</b>	<b>52,338</b>	<b>34,524</b>	<b>686</b>	<b>32</b>	<b>0</b>	<b>923,717</b>	<b>544,839</b>	<b>372,876</b>	<b>5,656</b>	<b>346</b>	<b>0</b>
<b>Age</b>												
5 and younger	8	0	5	0	3	0	76	0	55	0	21	0
6-14	12	0	8	0	4	0	120	0	86	0	34	0
15-20	147	0	139	2	6	0	1,604	0	1,509	23	72	0
21-44	13,368	8	13,012	335	13	0	143,106	88	140,235	2,636	147	0
45-64	20,560	151	20,184	222	3	0	222,180	1,414	218,911	1,819	36	0
65-74	21,375	20,177	1,126	70	2	0	227,689	215,453	11,557	655	24	0
75-84	18,920	18,834	45	40	1	0	199,189	198,302	478	397	12	0
85 and older	13,190	13,168	5	17	0	0	129,753	129,582	45	126	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	57,780	38,748	18,537	483	12	0	612,523	407,179	201,199	4,010	135	0
Male	29,800	13,590	15,987	203	20	0	311,194	137,660	171,677	1,646	211	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	67,486	40,938	26,046	480	22	0	709,287	423,326	281,711	4,010	240	0
African American	10,703	5,655	4,924	122	2	0	114,729	60,477	53,229	999	24	0
Other/unknown	9,391	5,745	3,554	84	8	0	99,701	61,036	37,936	647	82	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,353	12,002	1,333	13	5	0	133,513	118,806	14,547	100	60	0
Part year	6,340	5,411	916	13	0	0	59,645	50,050	9,483	112	0	0
None	67,887	34,925	32,275	660	27	0	730,559	375,983	348,846	5,444	286	0
<b>Maintenance Assistance Status</b>												
Cash	36,684	17,852	18,225	604	3	0	402,467	198,818	198,511	5,102	36	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	21,681	11,872	9,723	78	8	0	226,610	124,587	101,459	506	58	0
Other/unknown	29,215	22,614	6,576	4	21	0	294,640	221,434	72,906	48	252	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	81,946	48,861	32,401	652	32	0	862,736	507,321	349,742	5,327	346	0
Full dual, part year	5,634	3,477	2,123	34	0	0	60,981	37,518	23,134	329	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	87,580	52,338	34,524	686	32	0	923,717	544,839	372,876	5,656	346	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0



Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>87,580</b>	<b>923,717</b>	<b>87,580</b>	<b>923,717</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	87,580	923,717	87,580	923,717	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for Oklahoma, released by CMS in 01/2008. This table was produced on 03/06/2008.

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

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