

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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	584,645	1,538	52,022	86,725	444,360	0	5,276,092	13,526	538,515	602,809	4,121,242	0
Age												
5 and younger	183,192	14	2,333	0	180,845	0	1,648,185	67	25,157	0	1,622,961	0
6-14	193,868	9	6,490	29	187,340	0	1,894,637	66	72,343	213	1,822,015	0
15-20	88,916	15	4,832	8,693	75,376	0	782,431	104	51,520	58,792	672,015	0
21-44	91,617	9	16,867	73,944	797	0	692,380	43	174,005	514,097	4,235	0
45-64	25,494	63	21,375	4,054	2	0	244,478	431	214,341	29,690	16	0
65-74	855	730	123	2	0	0	8,120	6,967	1,146	7	0	0
75-84	460	458	1	1	0	0	4,134	4,130	1	3	0	0
85 and older	243	240	1	2	0	0	1,727	1,718	2	7	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	330,924	1,075	27,226	82,404	220,219	0	2,912,823	9,549	284,083	576,848	2,042,343	0
Male	253,721	463	24,796	4,321	224,141	0	2,363,269	3,977	254,432	25,961	2,078,899	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	343,720	882	35,652	54,129	253,057	0	3,073,035	7,447	366,485	370,354	2,328,749	0
African American	96,733	207	9,543	15,084	71,899	0	919,785	1,873	100,930	118,280	698,702	0
Other/unknown	144,192	449	6,827	17,512	119,404	0	1,283,272	4,206	71,100	114,175	1,093,791	0
Use of Nursing Facilities^c												
Entire year	1,326	250	1,074	2	0	0	13,622	2,510	11,093	19	0	0
Part year	846	73	754	14	5	0	8,130	674	7,306	105	45	0
None	582,473	1,215	50,194	86,709	444,355	0	5,254,340	10,342	520,116	602,685	4,121,197	0
Maintenance Assistance Status												
Cash	138,067	709	42,406	48,270	46,682	0	1,262,848	7,100	448,069	360,310	447,369	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	425,829	268	4,062	37,681	383,818	0	3,808,839	1,902	30,187	240,414	3,536,336	0
Other/unknown	20,749	561	5,554	774	13,860	0	204,405	4,524	60,259	2,085	137,537	0
Managed Care (MC) Status						0						
Fee-for-service (FFS) all year	584,645	1,538	52,022	86,725	444,360	0	5,276,092	13,526	538,515	602,809	4,121,242	0
FFS part year, with Rx claims	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
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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	61.3 %	5.5	\$365	\$66	\$2,308	15.8 %	584,645
Age							
5 and younger	61.8	3.2	164	51	1,619	10.1	183,192
6-14	54.5	3.6	287	79	1,464	19.6	193,868
15-20	59.7	4.8	298	62	2,299	13.0	88,916
21-44	70.4	8.7	546	63	3,660	14.9	91,617
45-64	81.1	27.2	1,921	71	8,396	22.9	25,494
65-74	70.8	25.0	1,463	59	10,102	14.5	855
75-84	70.7	27.0	1,446	54	9,501	15.2	460
85 and older	52.3	23.8	1,080	45	8,631	12.5	243
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	66.4	24.5	1,335	55	9,207	14.5	1,538
Disabled	80.4	22.8	2,059	91	10,141	20.3	52,022
Adults	69.4	6.3	254	40	2,046	12.4	86,725
Children	57.4	3.3	185	56	1,418	13.0	444,360
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	63.5	6.0	337	56	2,240	15.0	330,924
Male	58.3	5.0	401	81	2,396	16.7	253,721
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	65.4	6.6	442	68	2,567	17.2	343,720
African American	53.8	4.5	299	66	2,053	14.6	96,733
Other/unknown	56.5	3.8	224	58	1,862	12.0	144,192
Use of Nursing Facilities^f							
Entire year	97.4	89.2	5,762	65	41,719	13.8	1,326
Part year	96.8	56.8	3,872	68	34,016	11.4	846
None	61.1	5.3	347	66	2,172	16.0	582,473
Maintenance Assistance Status							
Cash	68.3	10.1	762	75	3,087	24.7	138,067
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	58.6	3.4	178	52	1,377	12.9	425,829
Other/unknown	70.4	19.3	1,551	80	16,222	9.6	20,749

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 ND.3 includes beneficiaries represented by Cell K of Table 1.

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

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

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

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

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

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.6	\$40	15.8 %	38.7 %	50.7 %	5.2 %	4.6 %	0.7 %	0.1 %	\$256	584,645	5,276,092
Age												
5 and younger	0.4	18	10.1	38.2	58.2	2.7	0.9	0.1	0.0	180	183,192	1,648,185
6-14	0.4	29	19.6	45.5	49.0	3.3	2.0	0.2	0.0	150	193,868	1,894,637
15-20	0.5	34	13.0	40.3	50.8	5.5	3.1	0.4	0.0	261	88,916	782,431
21-44	1.1	72	14.9	29.6	47.7	10.9	10.5	1.2	0.1	484	91,617	692,380
45-64	2.8	200	22.9	18.9	21.4	15.0	34.9	8.1	1.6	876	25,494	244,478
65-74	2.6	154	14.5	29.2	21.5	11.6	26.7	8.5	2.5	1,064	855	8,120
75-84	3.0	161	15.2	29.3	20.7	9.1	25.0	13.7	2.2	1,057	460	4,134
85 and older	3.4	152	12.5	47.7	9.1	7.8	17.3	12.8	5.3	1,214	243	1,727
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility ^e												
Aged	2.8	152	14.5	33.6	20.0	9.8	23.5	10.3	2.9	1,047	1,538	13,526
Disabled	2.2	199	20.3	19.6	31.8	14.1	27.3	6.0	1.1	980	52,022	538,515
Adults	0.9	37	12.4	30.6	51.4	10.1	7.4	0.5	0.0	294	86,725	602,809
Children	0.4	20	13.0	42.6	52.8	3.1	1.4	0.1	0.0	153	444,360	4,121,242
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	0.7	38	15.0	36.5	51.5	5.8	5.3	0.8	0.1	255	330,924	2,912,823
Male	0.5	43	16.7	41.7	49.6	4.3	3.8	0.6	0.1	257	253,721	2,363,269
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.7	50	17.2	34.6	52.3	6.1	5.9	0.9	0.1	287	343,720	3,073,035
African American	0.5	32	14.6	46.2	45.6	4.3	3.4	0.4	0.1	216	96,733	919,785
Other/unknown	0.4	25	12.0	43.5	50.1	3.5	2.4	0.3	0.0	209	144,192	1,283,272
Use of Nursing Facilities ^f												
Entire year	8.7	561	13.8	2.6	2.3	3.1	21.8	40.3	29.9	4,061	1,326	13,622
Part year	5.9	403	11.4	3.2	8.6	9.3	31.7	34.5	12.6	3,540	846	8,130
None	0.6	39	16.0	38.9	50.8	5.2	4.6	0.6	0.0	241	582,473	5,254,340
Maintenance Assistance Status												
Cash	1.1	83	24.7	31.7	44.0	9.8	12.9	1.5	0.0	338	138,067	1,262,848
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	20	12.9	41.4	53.3	3.5	1.6	0.1	0.0	154	425,829	3,808,839
Other/unknown	2.0	158	9.6	29.6	40.2	7.1	12.7	7.6	2.9	1,647	20,749	204,405

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

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

TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary 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
All	0.6	\$40	\$66	0.2	\$31	\$143	0.0	\$2	\$73	0.4	\$7	\$19
Age												
5 and younger	0.4	18	51	0.1	14	105	0.0	1	43	0.2	3	15
6-14	0.4	29	79	0.2	23	136	0.0	1	64	0.2	5	28
15-20	0.5	34	62	0.2	26	136	0.0	2	65	0.3	6	17
21-44	1.1	72	63	0.3	53	170	0.1	6	88	0.8	13	17
45-64	2.8	200	71	0.9	150	171	0.1	15	105	1.8	36	20
65-74	2.6	154	59	0.9	118	137	0.1	6	62	1.7	30	18
75-84	3.0	161	54	1.0	122	117	0.1	7	49	1.8	32	18
85 and older	3.4	152	45	1.3	111	87	0.2	9	45	1.9	32	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.8	152	55	1.0	115	121	0.1	7	55	1.7	30	18
Disabled	2.2	199	91	0.8	155	205	0.1	13	106	1.3	31	24
Adults	0.9	37	40	0.2	24	113	0.1	3	64	0.6	10	15
Children	0.4	20	56	0.1	15	107	0.0	1	50	0.2	4	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.7	38	56	0.2	28	129	0.0	3	71	0.4	7	17
Male	0.5	43	81	0.2	34	160	0.0	2	78	0.3	7	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.7	50	68	0.3	38	143	0.0	3	78	0.4	9	20
African American	0.5	32	66	0.2	24	154	0.0	2	67	0.3	6	19
Other/unknown	0.4	25	58	0.1	19	135	0.0	2	59	0.3	4	16
Use of Nursing Facilities^e												
Entire year	8.7	561	65	2.9	424	144	0.4	35	77	5.3	103	19
Part year	5.9	403	68	1.9	303	163	0.3	28	91	3.7	72	19
None	0.6	39	66	0.2	29	143	0.0	2	73	0.3	7	19
Maintenance Assistance Status												
Cash	1.1	83	75	0.4	64	179	0.1	5	94	0.7	14	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	20	52	0.1	15	107	0.0	1	50	0.2	4	17
Other/unknown	2.0	158	80	0.7	123	165	0.1	10	91	1.1	24	22

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

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.1	0.0	0.1	\$9	\$6	\$1	\$2	\$41	\$81	\$66	\$18	598,788	\$24,815,494	252,624	43.2 %	2,619,557
Biologicals	0.3	0.3	0.0	0.0	349	333	0	15	1120	1,138	140	953	6,090	6,823,623	2,079	0.4	19,563
Antineoplastic Agents	0.4	0.1	0.0	0.3	122	99	2	21	299	962	193	72	5,636	1,684,779	1,316	0.2	13,784
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.1	17	13	2	3	59	127	42	19	255,354	15,151,428	84,495	14.5	871,858
Cardiovascular Agents	0.7	0.2	0.0	0.5	28	20	1	7	39	109	48	14	229,176	9,010,489	30,773	5.3	321,633
Respiratory Agents	0.4	0.2	0.0	0.2	21	19	0	2	60	98	44	13	440,853	26,439,478	118,525	20.3	1,251,818
Gastrointestinal Agents	0.3	0.1	0.0	0.2	20	14	2	4	63	148	91	19	136,915	8,597,918	42,331	7.2	437,702
Genitourinary Agents	0.2	0.1	0.0	0.1	10	6	2	2	49	91	44	23	37,617	1,858,637	19,995	3.4	194,596
CNS Drugs	0.7	0.3	0.0	0.3	74	64	3	7	113	209	98	21	447,445	50,508,088	66,380	11.4	685,482
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	44	35	1	9	77	104	67	39	120,510	9,324,512	19,381	3.3	211,707
Miscellaneous Psychological/																	
Neurological Agents	0.3	0.3	0.0	0.1	110	104	1	4	331	387	115	84	5,010	1,656,481	1,424	0.2	15,056
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	12	7	1	4	33	194	190	13	415,606	13,911,844	119,137	20.4	1,199,134
Neuromuscular Agents	0.6	0.2	0.1	0.3	43	29	8	6	77	159	122	20	200,107	15,413,987	34,585	5.9	362,317
Nutritional Products	0.2	0.0	0.0	0.2	5	1	1	3	22	32	28	19	61,213	1,329,879	28,560	4.9	260,317
Hematological Agents	0.4	0.2	0.0	0.3	328	259	2	66	730	1,656	58	265	20,533	14,993,302	4,408	0.8	45,683
Topical Products	0.2	0.1	0.0	0.1	7	4	0	2	40	78	48	22	235,420	9,531,870	123,165	21.1	1,303,822
Miscellaneous Products	0.1	0.1	0.0	0.0	15	12	1	1	111	110	482	60	16,147	1,798,566	11,256	1.9	123,395
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	5	0	0	0	34	0	0	0	11,472	387,631	7,002	1.2	75,091
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.	3,243,892	213,238,006	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispans.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.medispans.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$34,353,630	25,946	4.4 %	284,887	0.5	\$266	\$121
ANTIASTHMATIC	20,381,969	119,305	20.4	1,280,971	0.2	64	16
ANTIDEPRESSANTS	14,264,796	54,351	9.3	563,472	0.4	68	25
ANTICONVULSANT	13,591,600	21,495	3.7	232,116	0.5	108	59
MISC. HEMATOLOGICAL	12,725,594	1,535	0.3	16,796	0.4	1,778	758
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	9,324,512	23,503	4.0	259,232	0.5	77	36
ANALGESICS - Narcotic	8,884,211	134,425	23.0	1,362,515	0.2	29	7
PASSIVE IMMUNIZING AGENTS	6,553,006	1,598	0.3	14,412	0.4	1,206	455
DERMATOLOGICAL	6,372,978	91,329	15.6	987,908	0.1	48	6
ULCER DRUGS	5,629,283	37,786	6.5	395,794	0.2	57	14
Total	132,081,579	511,273		5,398,103	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIASTHMATIC				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,452,398	\$132,081,579	25,946	4.4 %	284,887	0.5	\$121	119,305	20.4 %	1,280,971	0.2	\$16
Female	823,946	61,766,953	13,113	4.0	141,752	0.4	109	59,567	18.0	634,014	0.2	15
Disabled	330,377	32,861,358	7,310	26.8	82,238	0.5	138	11,119	40.8	125,008	0.3	24
	5,599	997,217	12	1.3	130	0.3	52	581	61.1	6,670	0.3	29
5 and younger	19,064	1,987,047	420	18.2	4,856	0.5	120	884	38.3	10,169	0.4	32
6-14	16,232	1,794,888	440	22.5	5,017	0.5	127	578	29.6	6,651	0.3	26
15-20	104,895	11,078,249	3,060	33.2	34,300	0.4	129	2,859	31.0	32,296	0.3	16
21-44	183,728	16,932,654	3,358	26.4	37,722	0.5	150	6,195	48.8	68,995	0.4	25
45-64	859	71,303	20	24.1	213	0.5	152	22	26.5	227	0.3	19
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	493,569	28,905,595	5,803	1.9	59,514	0.3	71	48,448	16.0	509,006	0.2	13
Other Eligibles	77,882	6,042,684	126	0.1	1,378	0.3	59	17,682	20.0	190,556	0.2	12
5 and younger	123,436	8,426,340	1,665	1.8	18,507	0.4	84	15,626	17.0	171,504	0.2	16
6-14	89,873	4,963,088	1,434	3.0	15,118	0.3	70	6,631	13.8	69,127	0.2	13
15-20	176,709	7,826,603	2,232	3.1	20,994	0.3	56	7,679	10.8	69,554	0.2	10
21-44	16,950	1,026,022	175	5.4	1,715	0.3	59	627	19.2	6,011	0.3	17
45-64	4,081	324,324	90	18.4	969	0.7	160	112	22.9	1,245	0.4	21
65-74	3,018	201,062	50	15.3	508	0.8	112	68	20.8	758	0.4	22
75-84	1,620	95,472	31	15.6	325	0.6	92	23	11.6	251	0.5	24
85 and older												
Male	628,452	70,314,626	12,833	5.1	143,135	0.5	132	59,738	23.5	646,957	0.3	17
Disabled	245,334	37,887,113	6,905	27.8	78,146	0.5	162	7,446	30.0	83,294	0.4	27
	8,460	1,480,742	76	5.5	891	0.4	88	995	72.0	11,396	0.3	27
5 and younger	42,395	11,967,291	1,335	31.9	15,416	0.5	128	1,671	40.0	19,430	0.4	31
6-14	26,508	3,969,094	907	31.5	10,437	0.5	150	764	26.6	8,731	0.4	27
15-20	72,597	10,608,841	2,740	35.8	30,761	0.5	172	1,133	14.8	12,630	0.3	18
21-44	95,066	9,837,579	1,840	21.2	20,563	0.6	182	2,873	33.1	31,001	0.4	29
45-64	308	23,566	7	17.5	78	0.8	128	10	25.0	106	0.4	22
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	383,118	32,427,513	5,928	2.6	64,989	0.4	95	52,292	22.8	563,663	0.2	15
Other Eligibles	102,453	8,758,706	287	0.3	3,252	0.4	68	25,721	27.8	275,858	0.2	13
5 and younger	200,680	17,394,586	3,783	4.0	42,472	0.4	96	21,403	22.4	233,944	0.3	18
6-14	64,307	5,178,156	1,633	4.5	17,211	0.4	97	4,679	13.0	49,514	0.3	17
15-20	8,799	577,378	120	3.4	969	0.4	79	292	8.2	2,503	0.3	15
21-44	3,849	240,421	25	2.9	219	0.4	98	120	14.1	1,152	0.4	28
45-64	1,927	187,721	52	21.5	582	0.7	166	49	20.2	454	0.4	26
65-74	904	73,364	23	17.4	241	0.8	134	21	15.9	176	0.4	28
75-84	199	17,181	5	11.6	43	0.6	117	7	16.3	62	0.3	29
85 and older												
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 benefit; \$ = Medicaid reimbursement.

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	54,351	9.3 %	563,472	0.4	\$25	21,495	3.7 %	232,116	0.5	\$59	1,535	0.3 %	16,796	0.4	\$758
Female	38,443	11.6	390,791	0.4	25	13,143	4.0	140,777	0.5	54	902	0.3	9,980	0.4	57
Disabled	13,950	51.2	156,204	0.4	30	7,811	28.7	87,773	0.6	64	752	2.8	8,468	0.4	57
14	14	1.5	160	0.4	9	162	17.0	1,818	0.6	66	2	0.2	24	0.4	143
5 and younger	411	17.8	4,773	0.5	27	519	22.5	6,005	0.7	85	2	0.1	24	0.1	12
6-14	619	31.7	7,020	0.5	32	474	24.2	5,346	0.7	99	3	0.2	27	0.2	108
15-20	5,159	55.9	57,465	0.4	30	3,081	33.4	34,606	0.6	67	80	0.9	893	0.3	47
21-44	7,714	60.7	86,435	0.4	31	3,559	28.0	39,817	0.6	52	663	5.2	7,476	0.4	58
45-64	33	39.8	351	0.5	34	16	19.3	181	0.5	32	2	2.4	24	0.3	70
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	24,493	8.1	234,587	0.3	21	5,332	1.8	53,004	0.4	38	150	0.0	1,512	0.4	54
Other Eligibles	115	0.1	1,301	0.3	9	249	0.3	2,690	0.4	37	0	0.0	0	0.0	0
5 and younger	3,136	3.4	34,581	0.4	19	789	0.9	8,759	0.5	49	1	0.0	12	0.3	5
6-14	5,915	12.3	60,560	0.3	20	997	2.1	10,489	0.4	47	3	0.0	22	0.1	207
15-20	13,824	19.4	123,844	0.3	22	2,866	4.0	26,799	0.4	32	49	0.1	466	0.3	41
21-44	1,238	37.9	11,476	0.4	25	318	9.7	3,035	0.4	41	36	1.1	355	0.3	46
45-64	127	25.9	1,413	0.5	28	64	13.1	706	0.6	41	22	4.5	250	0.5	59
65-74	94	28.7	993	0.6	35	34	10.4	373	0.6	29	23	7.0	236	0.6	70
75-84	44	22.1	419	0.7	39	15	7.5	153	1.0	58	16	8.0	171	0.7	63
85 and older															
Male	15,908	6.3	172,681	0.4	27	8,352	3.3	91,339	0.6	66	633	0.2	6,816	0.5	1,784
Disabled	7,421	29.9	82,796	0.5	31	5,657	22.8	63,536	0.6	73	534	2.2	5,855	0.5	1,637
26	26	1.9	309	0.5	22	201	14.5	2,324	0.6	70	2	0.1	24	0.7	4,477
5 and younger	976	23.3	11,235	0.5	28	884	21.1	10,181	0.7	75	14	0.3	168	1.1	43,007
6-14	846	29.4	9,651	0.5	33	686	23.8	7,822	0.7	91	4	0.1	48	0.8	13,957
15-20	2,654	34.7	29,450	0.4	34	2,184	28.6	24,502	0.7	83	44	0.6	480	0.5	1,710
21-44	2,913	33.6	32,090	0.5	29	1,698	19.6	18,671	0.6	53	468	5.4	5,111	0.5	149
45-64	6	15.0	61	0.5	29	4	10.0	36	0.9	142	2	5.0	24	0.6	44
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	8,487	3.7	89,885	0.4	23	2,695	1.2	27,803	0.5	47	99	0.0	961	0.4	2,676
Other Eligibles	191	0.2	2,105	0.3	9	280	0.3	3,003	0.4	42	10	0.0	108	0.4	6,177
5 and younger	4,542	4.8	50,234	0.4	21	1,254	1.3	13,668	0.5	46	20	0.0	222	0.7	7,929
6-14	3,000	8.3	31,038	0.4	25	792	2.2	8,113	0.5	55	4	0.0	44	0.2	2,609
15-20	480	13.4	3,906	0.3	22	247	6.9	1,887	0.4	38	20	0.6	163	0.3	51
21-44	182	21.4	1,590	0.4	29	75	8.8	629	0.5	37	24	2.8	193	0.4	50
45-64	56	23.1	641	0.6	39	31	12.8	341	0.7	43	13	5.4	149	0.4	39
65-74	28	21.2	313	0.6	35	15	11.4	150	0.6	28	8	6.1	82	0.5	70
75-84	8	18.6	58	0.7	66	1	2.3	12	1.0	54	0	0.0	0	0.0	0
85 and older															
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANALGESICS - Narcotic					PASSIVE IMMUNIZING AGENTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	23,503	4.0 %	259,232	0.5	\$36	134,425	23.0 %	1,362,515	0.2	\$7	1,598	0.3 %	14,412	0.4	\$455
Female	6,624	2.0	73,050	0.4	35	99,122	30.0	984,452	0.2	6	848	0.3	7,681	0.3	397
Disabled	991	3.6	11,382	0.5	45	20,123	73.9	225,254	0.4	17	117	0.4	1,255	0.4	595
23	23	2.4	266	0.3	22	151	15.9	1,763	0.1	1	108	11.4	1,164	0.4	517
5 and younger	555	24.0	6,370	0.5	44	420	18.2	4,858	0.1	2	0	0.0	0	0.0	0
6-14	162	8.3	1,867	0.5	38	825	42.2	9,387	0.2	4	2	0.1	17	0.2	27
15-20	142	1.5	1,637	0.4	63	7,645	82.9	85,778	0.3	13	6	0.1	62	0.3	2,292
21-44	108	0.8	1,230	0.4	49	11,030	86.8	122,932	0.4	21	1	0.0	12	0.7	220
45-64	1	1.2	12	0.1	49	52	62.7	536	0.4	7	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,633	1.9	61,668	0.4	33	78,999	26.0	759,198	0.2	3	731	0.2	6,426	0.3	359
328	328	0.4	3,561	0.3	22	4,148	4.7	45,813	0.1	1	557	0.6	4,887	0.4	461
5 and younger	4,254	4.6	46,971	0.4	33	8,974	9.8	99,969	0.1	1	1	0.0	6	0.5	1,336
6-14	764	1.6	8,431	0.4	36	18,746	38.9	188,695	0.1	1	43	0.1	409	0.1	70
15-20	258	0.4	2,393	0.3	36	44,625	62.7	400,670	0.2	4	130	0.2	1,124	0.1	12
21-44	25	0.8	267	0.4	40	2,065	63.2	19,420	0.4	13	0	0.0	0	0.0	0
45-64	2	0.4	24	0.1	9	232	47.3	2,465	0.3	8	0	0.0	0	0.0	0
65-74	1	0.3	9	0.2	28	154	47.1	1,645	0.3	13	0	0.0	0	0.0	0
75-84	1	0.5	12	0.3	9	55	27.6	521	0.4	8	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
Male	16,879	6.7	186,182	0.5	37	35,303	13.9	378,063	0.2	8	750	0.3	6,731	0.4	520
Disabled	2,386	9.6	27,397	0.5	45	10,912	44.0	119,715	0.4	20	123	0.5	1,364	0.4	553
115	115	8.3	1,326	0.4	23	219	15.8	2,522	0.1	1	119	8.6	1,324	0.4	540
5 and younger	1,630	39.0	18,798	0.5	46	663	15.9	7,811	0.1	1	2	0.0	24	1.4	1,192
6-14	493	17.1	5,597	0.6	48	747	26.0	8,484	0.2	4	1	0.0	12	0.3	449
15-20	108	1.4	1,233	0.6	51	3,615	47.3	39,578	0.3	18	0	0.0	0	0.0	0
21-44	40	0.5	443	0.4	58	5,652	65.2	61,170	0.5	27	1	0.0	4	0.5	1,401
45-64	0	0.0	0	0.0	0	16	40.0	150	0.5	6	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	14,493	6.3	158,785	0.5	35	24,391	10.7	258,348	0.1	2	627	0.3	5,367	0.4	512
849	849	0.9	9,423	0.3	21	5,636	6.1	61,920	0.1	1	625	0.7	5,343	0.4	505
5 and younger	11,762	12.3	129,284	0.5	35	8,907	9.3	98,824	0.1	1	2	0.0	24	1.9	2,143
6-14	1,864	5.2	19,934	0.5	40	7,548	21.0	78,716	0.1	1	0	0.0	0	0.0	0
15-20	16	0.4	125	0.3	28	1,701	47.6	13,498	0.4	18	0	0.0	0	0.0	0
21-44	2	0.2	19	0.3	5	493	57.9	4,299	0.4	18	0	0.0	0	0.0	0
45-64	0	0.0	0	0.0	0	69	28.5	731	0.4	19	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	29	22.0	297	0.3	19	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	8	18.6	63	0.3	7	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	DERMATOLOGICAL					ULCER DRUGS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	91,329	15.6 %	987,908	0.1	\$7	37,786	6.5 %	395,794	0.2	\$14	584,645	5,276,092
Female	52,024	15.7	559,616	0.1	7	25,061	7.6	260,799	0.2	14	330,924	2,912,823
Disabled	6,245	22.9	71,693	0.2	8	8,220	30.2	92,957	0.3	23	27,226	284,083
5 and younger	376	39.5	4,263	0.2	6	150	15.8	1,705	0.4	24	951	10,172
6-14	658	28.5	7,665	0.1	8	252	10.9	2,923	0.4	33	2,309	25,719
15-20	453	23.2	5,296	0.2	9	286	14.6	3,266	0.3	23	1,955	20,860
21-44	1,849	20.1	21,308	0.1	8	2,447	26.5	27,903	0.3	20	9,221	96,634
45-64	2,895	22.8	33,008	0.2	9	5,051	39.8	56,821	0.4	24	12,706	129,914
65-74	14	16.9	153	0.2	4	34	41.0	339	0.5	31	83	783
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	45,779	15.1	487,923	0.1	6	16,841	5.5	167,842	0.2	9	303,698	2,628,740
5 and younger	19,964	22.6	213,336	0.1	5	2,979	3.4	28,624	0.2	6	88,318	790,434
6-14	14,303	15.6	159,630	0.1	8	3,230	3.5	36,226	0.2	7	91,773	892,985
15-20	5,614	11.7	59,838	0.1	7	3,591	7.5	37,447	0.2	7	48,148	414,132
21-44	5,350	7.5	49,508	0.1	7	6,116	8.6	56,428	0.2	10	71,176	497,500
45-64	325	9.9	3,166	0.2	8	629	19.3	5,938	0.3	19	3,267	24,527
65-74	79	16.1	869	0.2	7	128	26.1	1,425	0.4	25	490	4,698
75-84	86	26.3	926	0.3	10	109	33.3	1,180	0.5	29	327	3,003
85 and older	58	29.1	650	0.2	9	59	29.6	574	0.6	24	199	1,461
Male	39,305	15.5	428,292	0.1	6	12,725	5.0	134,995	0.3	15	253,721	2,363,269
Disabled	4,595	18.5	52,381	0.2	9	4,705	19.0	52,544	0.4	25	24,796	254,432
5 and younger	461	33.4	5,339	0.1	5	206	14.9	2,274	0.3	19	1,382	14,985
6-14	922	22.1	10,855	0.1	7	385	9.2	4,541	0.3	27	4,181	46,624
15-20	582	20.2	6,745	0.2	10	328	11.4	3,734	0.4	26	2,877	30,660
21-44	1,122	14.7	12,799	0.2	8	1,399	18.3	15,722	0.4	24	7,646	77,371
45-64	1,502	17.3	16,571	0.2	10	2,376	27.4	26,150	0.4	26	8,669	84,427
65-74	6	15.0	72	0.2	3	11	27.5	123	0.4	18	40	363
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	1	2
Other Eligibles	34,710	15.2	375,911	0.1	6	8,020	3.5	82,451	0.2	8	228,925	2,108,837
5 and younger	19,445	21.0	206,378	0.1	5	3,510	3.8	34,020	0.2	7	92,541	832,594
6-14	11,393	11.9	127,957	0.1	6	2,626	2.7	29,272	0.2	8	95,605	929,309
15-20	3,535	9.8	38,329	0.1	9	1,407	3.9	14,901	0.2	9	35,936	316,779
21-44	157	4.4	1,396	0.1	9	274	7.7	2,318	0.3	17	3,574	20,875
45-64	69	8.1	673	0.1	6	111	13.0	1,002	0.3	27	852	5,610
65-74	53	21.9	599	0.2	7	58	24.0	626	0.5	25	242	2,276
75-84	43	32.6	462	0.2	8	23	17.4	226	0.5	26	132	1,130
85 and older	15	34.9	117	0.4	16	11	25.6	86	0.4	41	43	264
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Table ND7D

Nondual Beneficiaries

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

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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
All	\$561	8.7	1,326	13,622
Age				
0-64	602	9.1	1,068	11,039
65-74	451	6.9	103	1,085
75-84	377	7.0	92	906
85 and older	276	6.5	63	592
Unknown	0	0.0	0	0
Gender				
Female	586	9.1	779	8,077
Male	524	8.1	547	5,545
Unknown	0	0.0	0	0
Race				
White	571	8.9	997	10,245
African American	539	8	184	1,909
Other/unknown	521	8.1	145	1,468
Basis of Eligibility^c				
Aged	383	6.8	250	2,510
Disabled	601	9.1	1,074	11,093
Adults	389	8.2	2	19
Children	0	0.0	0	0
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 846 beneficiaries who were in nursing facilities for part of their enrollment and their 8,130 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, OKLAHOMA, 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.3	\$38	\$29	\$4	\$5	\$81	\$159	\$122	\$21	4,610	\$373,766	928	70.0 %	9,846
Biologicals	0.1	0.0	0.0	0.1	8	0	0	8	80	15	0	95	49	3,937	42	3.2	482
Antineoplastic Agents	0.6	0.0	0.0	0.5	90	26	0	63	162	748	269	122	721	116,786	126	9.5	1,301
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	57	46	4	8	44	79	28	13	9,963	438,600	711	53.6	7,652
Cardiovascular Agents	2.0	0.5	0.0	1.5	53	34	1	18	27	75	27	12	18,961	509,089	906	68.3	9,560
Respiratory Agents	0.8	0.4	0.0	0.4	49	41	0	7	62	104	55	18	5,361	331,818	640	48.3	6,804
Gastrointestinal Agents	1.2	0.2	0.0	0.9	47	26	1	20	40	128	30	21	10,958	436,979	883	66.6	9,270
Genitourinary Agents	0.6	0.4	0.0	0.2	41	32	5	4	66	88	106	19	2,496	164,559	369	27.8	4,005
CNS Drugs	2.2	1.1	0.1	1.0	252	223	8	21	113	197	78	21	26,151	2,946,060	1,099	82.9	11,713
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.1	43	41	0	2	117	168	0	14	82	9,622	20	1.5	224
Miscellaneous Psychological/																	
Neurological Agents	0.8	0.8	0.0	0.0	161	160	0	1	205	207	0	52	1,185	242,587	140	10.6	1,511
Analgesics and Anesthetics	1.3	0.3	0.0	1.0	70	48	5	17	54	174	351	17	11,960	644,990	874	65.9	9,265
Neuromuscular Agents	1.5	0.4	0.2	0.9	96	48	23	25	65	136	105	27	12,370	801,572	755	56.9	8,353
Nutritional Products	0.8	0.0	0.0	0.8	13	0	0	13	17	19	18	17	3,946	67,310	487	36.7	5,061
Hematological Agents	0.9	0.3	0.1	0.5	84	75	3	6	92	218	61	11	3,317	306,791	358	27.0	3,637
Topical Products	0.6	0.2	0.0	0.3	25	15	2	7	42	68	53	23	5,659	235,468	872	65.8	9,496
Miscellaneous Products	0.3	0.0	0.0	0.3	8	1	0	7	25	18	232	25	220	5,534	67	5.1	737
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	15	0	0	0	322	4,713	86	6.5	940
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.	118,331	7,640,181	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 846 beneficiaries who were in nursing facilities for part of their enrollment and their 8,130 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.medispn.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, OKLAHOMA, 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	\$2,189,219	997	75.2 %	11,134	0.9	\$226	\$197
ANTICONVULSANT	674,935	837	63.1	9,359	0.9	77	72
ANTIDEPRESSANTS	617,870	1,125	84.8	12,307	0.8	61	50
ANALGESICS - Narcotic	478,395	1,072	80.8	11,269	0.7	59	42
ANTIDIABETIC	334,681	766	57.8	8,106	0.8	51	41
ULCER DRUGS	317,477	848	64.0	8,985	0.8	46	35
ANTIASTHMATIC	253,964	637	48.0	6,825	0.5	70	37
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	243,459	171	12.9	1,829	0.7	202	133
ANTIHYPERTENSIVE	198,931	285	21.5	3,107	0.8	84	64
DERMATOLOGICAL	191,135	1,382	104.2	15,188	0.3	42	13
Total	5,500,066	8,120		88,109	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 846 beneficiaries who were in nursing facilities for part of their enrollment and their 8,130 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 ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	61,960	\$5,500,066	997	75.2 %	11,134	0.9	\$197	837	63.1 %	9,359	0.9	\$72
Female	38,331	3,454,632	626	80.4	6,988	0.9	200	492	63.2	5,461	1.0	75
Disabled	32,429	3,003,035	522	87.3	5,882	0.9	210	435	72.7	4,850	1.0	79
64 or younger	32,188	2,980,525	516	87.5	5,837	0.9	210	430	72.9	4,790	1.0	80
65-74	241	22,510	6	75.0	45	0.8	189	5	62.5	60	0.5	17
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	5,902	451,597	104	57.5	1,106	0.9	143	57	31.5	611	0.9	41
64 or younger	96	10,806	1	50.0	3	0.3	30	2	100.0	6	1.2	25
65-74	2,116	192,180	41	68.3	436	1.0	197	25	41.7	271	0.9	42
75-84	2,225	158,192	37	57.8	392	0.9	118	18	28.1	200	0.8	28
85 and older	1,465	90,419	25	45.5	275	0.7	95	12	21.8	134	1.1	59
Male	23,629	2,045,434	371	67.8	4,146	0.9	192	345	63.1	3,898	0.9	68
Disabled	21,459	1,850,860	325	68.3	3,641	0.9	194	319	67.0	3,606	0.9	70
64 or younger	21,330	1,835,750	319	67.3	3,575	0.9	195	318	67.1	3,594	0.9	69
65-74	129	15,110	6	300.0	66	0.8	150	1	50.0	12	1.3	148
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,170	194,574	46	64.8	505	0.8	175	26	36.6	292	0.8	50
64 or younger	80	4,918	0	0.0	0	0.0	0	1	50.0	7	0.6	40
65-74	1,119	113,238	22	66.7	256	0.8	205	12	36.4	144	0.9	72
75-84	833	65,533	21	75.0	218	0.8	145	12	42.9	129	0.6	26
85 and older	138	10,885	3	37.5	31	0.5	138	1	12.5	12	1.0	54
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 846 beneficiaries who were in nursing facilities for part of their enrollment and their 8,130 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	1,125	84.8 %	12,307	0.8	\$50	1,072	80.8 %	11,269	0.7	\$43	766	57.8 %	8,106	0.8	\$41
Female	715	91.8	7,794	0.8	51	673	86.4	7,096	0.7	45	487	62.5	5,059	0.8	42
Disabled	592	99.0	6,481	0.8	52	554	92.6	5,886	0.8	49	393	65.7	4,127	0.9	45
64 or younger	586	99.3	6,419	0.8	52	548	92.9	5,844	0.8	49	389	65.9	4,088	0.9	45
65-74	6	75.0	62	0.9	42	6	75.0	42	0.4	9	4	50.0	39	0.6	44
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	123	68.0	1,313	0.8	48	119	65.7	1,210	0.5	28	94	51.9	932	0.7	28
64 or younger	1	50.0	12	1.0	80	2	100.0	24	1.1	297	2	100.0	24	1.3	96
65-74	44	73.3	496	0.8	49	40	66.7	419	0.5	25	40	66.7	407	0.7	29
75-84	47	73.4	506	0.8	49	52	81.3	526	0.5	26	38	59.4	372	0.6	26
85 and older	31	56.4	299	0.8	43	25	45.5	241	0.5	7	14	25.5	129	0.9	17
Male	410	75.0	4,513	0.8	49	399	72.9	4,173	0.7	38	279	51.0	3,047	0.8	40
Disabled	363	76.3	3,980	0.9	49	360	75.6	3,773	0.7	39	249	52.3	2,769	0.8	42
64 or younger	361	76.2	3,959	0.9	49	359	75.7	3,764	0.7	39	248	52.3	2,757	0.8	42
65-74	2	100.0	21	0.7	44	1	50.0	9	1.1	28	1	50.0	12	0.2	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	47	66.2	533	0.8	45	39	54.9	400	0.5	33	30	42.3	278	0.7	26
64 or younger	1	50.0	12	0.7	36	3	150.0	31	0.3	4	2	100.0	19	1.3	46
65-74	22	66.7	264	0.8	49	18	54.5	195	0.5	60	10	30.3	112	0.7	29
75-84	21	75.0	236	0.8	39	14	50.0	149	0.4	6	13	46.4	120	0.6	23
85 and older	3	37.5	21	0.8	65	4	50.0	25	0.4	14	5	62.5	27	0.5	12
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 846 beneficiaries who were in nursing facilities for part of their enrollment and their 8,130 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	848	64.0 %	8,985	0.8	\$35	637	48.0 %	6,825	0.5	\$37	171	12.9 %	1,829	0.7	\$133
Female	505	64.8	5,383	0.8	36	395	50.7	4,265	0.5	38	108	13.9	1,142	0.7	124
Disabled	403	67.4	4,332	0.8	36	344	57.5	3,717	0.5	41	57	9.5	632	0.6	121
64 or younger	397	67.3	4,280	0.8	36	342	58.0	3,693	0.5	41	55	9.3	608	0.6	121
65-74	6	75.0	52	0.7	67	2	25.0	24	0.3	27	2	25.0	24	1.0	126
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	102	56.4	1,051	0.7	34	51	28.2	548	0.4	21	51	28.2	510	0.8	128
64 or younger	2	100.0	15	0.9	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	30	50.0	330	0.7	39	15	25.0	153	0.3	15	9	15.0	86	0.5	232
75-84	36	56.3	368	0.7	39	22	34.4	238	0.4	27	21	32.8	211	0.8	109
85 and older	34	61.8	338	0.7	25	14	25.5	157	0.5	16	21	38.2	213	0.9	104
Male	343	62.7	3,602	0.8	35	242	44.2	2,560	0.5	36	63	11.5	687	0.6	148
Disabled	307	64.5	3,247	0.8	36	219	46.0	2,367	0.5	35	45	9.5	484	0.6	171
64 or younger	306	64.6	3,235	0.8	36	215	45.4	2,325	0.5	36	43	9.1	460	0.6	176
65-74	1	50.0	12	0.7	5	4	200.0	42	0.3	9	2	100.0	24	0.6	71
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	36	50.7	355	0.8	30	23	32.4	193	0.6	45	18	25.4	203	0.7	94
64 or younger	2	100.0	19	1.1	114	1	50.0	7	0.9	111	0	0.0	0	0.0	0
65-74	19	57.6	220	0.8	26	7	21.2	84	0.6	49	6	18.2	72	0.8	109
75-84	10	35.7	88	0.8	16	13	46.4	86	0.6	41	11	39.3	124	0.6	85
85 and older	5	62.5	28	0.9	53	2	25.0	16	0.3	23	1	12.5	7	1.4	105
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 846 beneficiaries who were in nursing facilities for part of their enrollment and their 8,130 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	285	21.5 %	3,107	0.8	\$64	1,382	104.2 %	15,188	0.3	\$13	1,326	13,622
Female	172	22.1	1,850	0.8	64	817	104.9	9,044	0.3	12	779	8,077
Disabled	142	23.7	1,514	0.8	65	678	113.4	7,547	0.3	13	598	6,267
	141	23.9	1,502	0.8	65	677	114.7	7,535	0.3	13	590	6,200
64 or younger	1	12.5	12	0.9	94	1	12.5	12	0.3	2	8	67
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	30	16.6	336	0.8	59	139	76.8	1,497	0.3	10	181	1,810
Other Eligibles	0	0.0	0	0.0	0	2	100.0	24	0.2	3	2	15
64 or younger	14	23.3	159	0.8	60	42	70.0	454	0.2	8	60	623
65-74	10	15.6	115	0.8	67	54	84.4	557	0.4	11	64	640
75-84	6	10.9	62	1.0	41	41	74.5	462	0.2	9	55	532
85 and older												
Male	113	20.7	1,257	0.7	64	565	103.3	6,144	0.3	13	547	5,545
Disabled	105	22.1	1,174	0.7	67	500	105.0	5,461	0.3	14	476	4,826
	104	21.9	1,165	0.7	67	500	105.5	5,461	0.3	14	474	4,805
64 or younger	1	50.0	9	0.1	15	0	0.0	0	0.0	0	2	21
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	8	11.3	83	0.5	32	65	91.5	683	0.3	9	71	719
Other Eligibles	0	0.0	0	0.0	0	4	200.0	43	0.2	6	2	19
64 or younger	4	12.1	40	0.8	52	27	81.8	300	0.3	10	33	374
65-74	3	10.7	36	0.1	8	25	89.3	268	0.2	8	28	266
75-84	1	12.5	7	0.9	40	9	112.5	72	0.3	15	8	60
85 and older												
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 846 beneficiaries who were in nursing facilities for part of their enrollment and their 8,130 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 ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
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 Nondual Rx \$	Total Number of Beneficiaries
All	62,044	10.6 %	0.3	191,782	\$6	\$3,442,019	\$18	1.6 %	584,645
Age									
5 and younger	14,833	8.1	0.2	27,996	4	655,737	23	2.2	183,192
6-14	18,704	9.6	0.2	44,097	5	989,166	22	1.8	193,868
15-20	7,344	8.3	0.2	17,915	4	332,671	19	1.3	88,916
21-44	11,977	13.1	0.5	48,915	8	732,302	15	1.5	91,617
45-64	8,756	34.3	2.0	50,260	27	693,639	14	1.4	25,494
65-74	237	27.7	1.6	1,391	26	22,189	16	1.8	855
75-84	129	28.0	1.6	741	21	9,528	13	1.4	460
85 and older	64	26.3	1.9	467	28	6,787	15	2.6	243
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	409	26.6	1.6	2,502	24	37,215	15	1.8	1,538
Disabled	15,213	29.2	1.7	86,038	32	1,645,094	19	1.5	52,022
Adults	8,649	10.0	0.3	27,597	3	302,635	11	1.4	86,725
Children	37,773	8.5	0.2	75,645	3	1,457,075	19	1.8	444,360
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	36,647	11.1	0.4	118,198	6	1,978,546	17	1.8	330,924
Male	25,397	10.0	0.3	73,584	6	1,463,473	20	1.4	253,721
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	42,593	12.4	0.4	140,289	7	2,550,370	18	1.7	343,720
African American	7,638	7.9	0.2	21,826	3	335,060	15	1.2	96,733
Other/unknown	11,813	8.2	0.2	29,667	4	556,589	19	1.7	144,192
Use of Nursing Facilities^d									
Entire year	886	66.8	7.7	10,208	106	141,084	14	1.8	1,326
Part year	577	68.2	5.2	4,412	81	68,188	15	2.1	846
None	60,581	10.4	0.3	177,162	6	3,232,747	18	1.6	582,473
Maintenance Assistance Status									
Cash	22,411	16.2	0.7	89,947	11	1,501,725	17	1.4	138,067
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	35,211	8.3	0.2	71,223	3	1,334,980	19	1.8	425,829
Other/unknown	4,422	21.3	1.5	30,612	29	605,314	20	1.9	20,749

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
OKLAHOMA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.0	\$1	\$18	\$0	\$0	5,276,092
Age						
5 and younger	0.0	0	23	0	0	1,648,185
6-14	0.0	1	22	0	0	1,894,637
15-20	0.0	0	19	0	0	782,431
21-44	0.1	1	15	0	0	692,380
45-64	0.2	3	14	0	1	244,478
65-74	0.2	3	16	0	1	8,120
75-84	0.2	2	13	0	0	4,134
85 and older	0.3	4	15	0	1	1,727
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	3	15	0	1	13,526
Disabled	0.2	3	19	0	1	538,515
Adults	0.0	1	11	0	0	602,809
Children	0.0	0	19	0	0	4,121,242
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.0	1	17	0	0	2,912,823
Male	0.0	1	20	0	0	2,363,269
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	1	18	0	0	3,073,035
African American	0.0	0	15	0	0	919,785
Other/unknown	0.0	0	19	0	0	1,283,272
Use of Nursing Facilities^d						
Entire year	0.7	10	14	0	4	13,622
Part year	0.5	8	15	0	3	8,130
None	0.0	1	18	0	0	5,254,340
Maintenance Assistance Status						
Cash	0.1	1	17	0	1	1,262,848
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	19	0	0	3,808,839
Other/unknown	0.1	3	20	0	1	204,405

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
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
All	67,709	\$51	\$3,442,019	100.0 %	191,782	\$18	100.0 %
Anorexia or weight loss/gain	5	82	408	0.0	10	41	0.0
Fertility drugs	5	77	386	0.0	5	77	0.0
Drugs for cosmetic purposes	129	17	2,151	0.1	189	11	0.1
Cough and cold medications	930	41	38,055	1.1	1,301	29	0.7
Vitamins and minerals	6,708	65	437,639	12.7	22,453	19	11.7
Non-prescription drugs	36,822	35	1,280,055	37.2	72,888	18	38.0
Barbiturates	1,113	52	58,304	1.7	7,934	7	4.1
Benzodiazepines	17,922	62	1,109,004	32.2	76,860	14	40.1
Other Part D Excl Rx Drugs	4,075	127	516,017	15.0	10,142	51	5.3

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, OKLAHOMA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	584,645	1,538	52,022	86,725	444,360	0	5,276,092	13,526	538,515	602,809	4,121,242	0
Age												
5 and younger	183,192	14	2,333	0	180,845	0	1,648,185	67	25,157	0	1,622,961	0
6-14	193,868	9	6,490	29	187,340	0	1,894,637	66	72,343	213	1,822,015	0
15-20	88,916	15	4,832	8,693	75,376	0	782,431	104	51,520	58,792	672,015	0
21-44	91,617	9	16,867	73,944	797	0	692,380	43	174,005	514,097	4,235	0
45-64	25,494	63	21,375	4,054	2	0	244,478	431	214,341	29,690	16	0
65-74	855	730	123	2	0	0	8,120	6,967	1,146	7	0	0
75-84	460	458	1	1	0	0	4,134	4,130	1	3	0	0
85 and older	243	240	1	2	0	0	1,727	1,718	2	7	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	330,924	1,075	27,226	82,404	220,219	0	2,912,823	9,549	284,083	576,848	2,042,343	0
Male	253,721	463	24,796	4,321	224,141	0	2,363,269	3,977	254,432	25,961	2,078,899	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	343,720	882	35,652	54,129	253,057	0	3,073,035	7,447	366,485	370,354	2,328,749	0
African American	96,733	207	9,543	15,084	71,899	0	919,785	1,873	100,930	118,280	698,702	0
Other/unknown	144,192	449	6,827	17,512	119,404	0	1,283,272	4,206	71,100	114,175	1,093,791	0
Use of Nursing Facilities^c												
Entire year	1,326	250	1,074	2	0	0	13,622	2,510	11,093	19	0	0
Part year	846	73	754	14	5	0	8,130	674	7,306	105	45	0
None	582,473	1,215	50,194	86,709	444,355	0	5,254,340	10,342	520,116	602,685	4,121,197	0
Maintenance Assistance Status												
Cash	138,067	709	42,406	48,270	46,682	0	1,262,848	7,100	448,069	360,310	447,369	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	425,829	268	4,062	37,681	383,818	0	3,808,839	1,902	30,187	240,414	3,536,336	0
Other/unknown	20,749	561	5,554	774	13,860	0	204,405	4,524	60,259	2,085	137,537	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	584,645	1,538	52,022	86,725	444,360	0	5,276,092	13,526	538,515	602,809	4,121,242	0
FFS part year, with Rx claims	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
MC all year, with Rx claims	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						
						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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, OKLAHOMA, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	584,645	5,276,092	584,645	5,276,092	0	0
Fee-for-service (FFS) all year	584,645	5,276,092	584,645	5,276,092	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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.