

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

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TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, OREGON, 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>187,331</b>	<b>376</b>	<b>16,308</b>	<b>45,699</b>	<b>124,703</b>	<b>245</b>	<b>902,957</b>	<b>2,853</b>	<b>134,610</b>	<b>188,158</b>	<b>575,410</b>	<b>1,926</b>
<b>Age</b>												
5 and younger	55,019	0	725	113	54,181	0	231,964	0	5,919	426	225,619	0
6-14	52,063	0	1,898	92	50,073	0	266,046	0	17,271	539	248,236	0
15-20	27,708	0	1,807	5,470	20,429	2	137,179	0	15,499	20,231	101,439	10
21-44	41,734	0	5,181	36,482	12	59	190,866	0	41,271	149,136	103	356
45-64	10,422	28	6,681	3,527	2	184	74,130	231	54,570	17,767	2	1,560
65-74	153	128	14	11	0	0	1,007	896	61	50	0	0
75-84	128	126	1	1	0	0	988	977	8	3	0	0
85 and older	102	94	1	3	4	0	773	749	11	6	7	0
Unknown	2	0	0	0	2	0		0	0	0	4	0
<b>Gender</b>												
Female	107,175	244	8,134	36,945	61,607	245	509,405	1,864	69,153	151,497	284,965	1,926
Male	80,155	132	8,174	8,753	63,096	0	393,551	989	65,457	36,660	290,445	0
Unknown	1	0	0	1	0	0		0	0	1	0	0
<b>Race</b>												
White	131,324	291	13,720	36,629	80,479	205	663,434	2,345	113,312	150,335	395,785	1,657
African American	7,874	5	711	1,954	5,202	2	33,492	18	5,121	6,485	21,849	19
Other/unknown	48,133	80	1,877	7,116	39,022	38	206,031	490	16,177	31,338	157,776	250
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	260	39	220	1	0	0	2,292	331	1,950	11	0	0
Part year	485	30	427	24	4	0	3,748	261	3,263	179	45	0
None	186,586	307	15,661	45,674	124,699	245	896,917	2,261	129,397	187,968	575,365	1,926
<b>Maintenance Assistance Status</b>												
Cash	67,512	133	13,209	20,463	33,707	0	361,020	1,039	117,917	83,772	158,292	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	78,472	0	6	11,384	66,837	245	299,163	0	38	33,933	263,266	1,926
Other/unknown	41,347	243	3,093	13,852	24,159	0	242,774	1,814	16,655	70,453	153,852	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	80,015	297	11,953	16,507	51,021	237	643,810	2,582	118,099	116,026	405,216	1,887
FFS part year, with Rx claims	28,359	31	3,086	12,734	12,502	6	105,096	141	13,359	40,502	51,058	36
FFS part year, no Rx claims	78,957	48	1,269	16,458	61,180	2	154,051	130	3,152	31,630	119,136	3

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, OREGON, 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>38.2 %</b>	<b>4.7</b>	<b>\$292</b>	<b>\$62</b>	<b>\$3,108</b>	<b>9.4 %</b>	<b>187,331</b>
<b>Age</b>							
5 and younger	27.9	1.0	36	35	1,943	1.9	55,019
6-14	28.9	2.1	158	76	1,817	8.7	52,063
15-20	39.8	3.3	185	56	2,953	6.2	27,708
21-44	53.3	7.1	466	66	4,347	10.7	41,734
45-64	73.8	30.5	1,867	61	10,854	17.2	10,422
65-74	47.7	15.4	550	36	8,185	6.7	153
75-84	75.0	43.1	1,778	41	12,987	13.7	128
85 and older	82.4	43.5	1,678	39	14,831	11.3	102
Unknown	0.0	0.0	0	0	0	0.0	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	68.9	33.8	1,354	40	11,624	11.6	376
Disabled	74.4	27.6	2,190	80	13,019	16.8	16,308
Adults	50.4	5.0	216	43	3,288	6.6	45,699
Children	28.8	1.5	67	45	1,705	3.9	124,703
Unknown	76.7	18.0	1,114	62	10,915	10.2	245
<b>Gender</b>							
Female	41.5	5.3	281	53	3,181	8.8	107,175
Male	33.9	3.9	306	79	3,011	10.2	80,155
Unknown	0.0	0.0	0	0	170	0.0	1
<b>Race</b>							
White	42.3	5.7	348	61	3,360	10.4	131,324
African American	32.7	3.4	187	56	3,113	6.0	7,874
Other/unknown	27.9	2.3	156	68	2,421	6.5	48,133
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	95.8	67.2	3,660	55	58,348	6.3	260
Part year	95.5	59.3	3,594	61	44,520	8.1	485
None	38.0	4.5	279	62	2,924	9.5	186,586
<b>Maintenance Assistance Status</b>							
Cash	45.5	8.2	571	70	4,129	13.8	67,512
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	26.7	1.1	41	36	1,567	2.6	78,472
Other/unknown	48.2	5.9	314	53	4,368	7.2	41,347

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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 \$ <sup>d</sup>	Beneficiaries	Benefit Months
All	1.0	\$61	9.4 %	61.8 %	25.2 %	4.3 %	5.0 %	2.5 %	1.2 %	\$645	187,331	902,957
Age												
5 and younger	0.2	9	1.9	72.1	25.9	1.3	0.5	0.1	0.0	461	55,019	231,964
6-14	0.4	31	8.7	71.1	22.9	2.6	2.3	0.8	0.3	356	52,063	266,046
15-20	0.7	37	6.2	60.2	27.7	5.0	4.7	1.6	0.7	597	27,708	137,179
21-44	1.6	102	10.7	46.7	27.7	8.5	10.1	4.8	2.3	950	41,734	190,866
45-64	4.3	263	17.2	26.2	17.0	9.0	21.1	17.2	9.5	1,526	10,422	74,130
65-74	2.3	84	6.7	52.3	15.0	6.5	13.1	11.1	2.0	1,244	153	1,007
75-84	5.6	230	13.7	25.0	9.4	3.9	31.3	18.8	11.7	1,683	128	988
85 and older	5.7	222	11.3	17.6	4.9	9.8	26.5	30.4	10.8	1,957	102	773
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	4
Basis of Eligibility <sup>e</sup>												
Aged	4.5	178	11.6	31.1	12.2	6.9	23.4	18.9	7.4	1,532	376	2,853
Disabled	3.3	265	16.8	25.6	23.4	9.3	20.0	14.2	7.5	1,577	16,308	134,610
Adults	1.2	53	6.6	49.6	27.9	8.1	8.7	3.8	1.8	799	45,699	188,158
Children	0.3	15	3.9	71.2	24.5	2.2	1.5	0.5	0.2	370	124,703	575,410
Unknown	2.3	142	10.2	23.3	29.4	16.7	21.2	9.0	0.4	1,388	245	1,926
Gender												
Female	1.1	59	8.8	58.5	26.3	4.9	5.7	3.0	1.5	669	107,175	509,405
Male	0.8	62	10.2	66.1	23.7	3.4	4.0	1.9	0.9	613	80,155	393,551
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	170	1	1
Race												
White	1.1	69	10.4	57.7	26.6	4.9	6.0	3.1	1.6	665	131,324	663,434
African American	0.8	44	6.0	67.3	21.6	3.7	4.3	2.1	1.1	732	7,874	33,492
Other/unknown	0.5	37	6.5	72.1	21.9	2.6	2.2	0.9	0.3	566	48,133	206,031
Use of Nursing Facilities <sup>f</sup>												
Entire year	7.6	415	6.3	4.2	3.8	6.5	25.4	34.2	25.8	6,619	260	2,292
Part year	7.7	465	8.1	4.5	4.7	4.9	27.4	29.9	28.5	5,761	485	3,748
None	0.9	58	9.5	62.0	25.3	4.3	4.9	2.4	1.1	608	186,586	896,917
Maintenance Assistance Status												
Cash	1.5	107	13.8	54.5	25.7	5.5	7.8	4.4	2.2	772	67,512	361,020
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	11	2.6	73.3	22.3	2.3	1.5	0.4	0.1	411	78,472	299,163
Other/unknown	1.0	53	7.2	51.8	30.0	5.9	6.9	3.4	1.9	744	41,347	242,774

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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
<b>All</b>	<b>1.0</b>	<b>\$61</b>	<b>\$62</b>	<b>0.3</b>	<b>\$45</b>	<b>\$144</b>	<b>0.0</b>	<b>\$4</b>	<b>\$86</b>	<b>0.6</b>	<b>\$12</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	0.2	9	35	0.1	6	104	0.0	1	41	0.2	2	12
6-14	0.4	31	76	0.2	26	142	0.0	1	75	0.2	4	17
15-20	0.7	37	56	0.3	28	107	0.0	3	68	0.4	7	18
21-44	1.6	102	66	0.5	76	167	0.1	6	89	1.0	19	19
45-64	4.3	263	61	1.2	183	147	0.2	18	102	2.9	61	22
65-74	2.3	84	36	0.6	58	96	0.1	3	36	1.7	23	14
75-84	5.6	230	41	1.7	161	95	0.3	12	47	3.6	57	16
85 and older	5.7	222	39	1.9	167	89	0.3	9	34	3.6	46	13
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	4.5	178	40	1.3	127	94	0.2	9	45	2.9	42	15
Disabled	3.3	265	80	1.1	202	186	0.2	17	106	2.1	47	22
Adults	1.2	53	43	0.3	35	107	0.0	3	68	0.8	14	16
Children	0.3	15	45	0.1	11	92	0.0	1	52	0.2	3	15
Unknown	2.3	142	62	0.7	110	167	0.1	4	60	1.6	27	18
<b>Gender</b>												
Female	1.1	59	53	0.3	42	123	0.1	4	79	0.7	14	19
Male	0.8	62	79	0.3	50	177	0.0	3	100	0.5	10	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.1	69	61	0.4	51	139	0.0	4	91	0.7	14	20
African American	0.8	44	56	0.2	32	138	0.0	3	76	0.5	9	18
Other/unknown	0.5	37	68	0.2	29	187	0.0	2	58	0.4	6	16
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.6	415	55	2.3	285	124	0.5	35	77	4.8	95	20
Part year	7.7	465	61	2.2	326	150	0.3	28	86	5.2	111	22
None	0.9	58	62	0.3	43	145	0.0	3	86	0.6	11	19
<b>Maintenance Assistance Status</b>												
Cash	1.5	107	70	0.5	80	167	0.1	7	98	1.0	20	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	11	36	0.1	7	87	0.0	1	43	0.2	3	14
Other/unknown	1.0	53	53	0.3	39	114	0.0	3	73	0.6	11	18

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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 Oregon, 0.2 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.medispn.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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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 of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$10	\$1	\$3	\$53	\$139	\$67	\$18	81,693	\$4,295,747	35,891	19.2 %	311,043
Biologicals	0.2	0.2	0.0	0.0	100	88	2	10	586	582	456	672	641	375,611	393	0.2	3,766
Antineoplastic Agents	0.6	0.2	0.0	0.4	135	119	1	16	243	648	94	43	2,136	519,238	407	0.2	3,834
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	27	20	2	6	45	92	33	18	74,366	3,337,759	15,041	8.0	121,686
Cardiovascular Agents	1.1	0.3	0.0	0.8	34	21	1	12	31	81	33	15	84,454	2,577,587	8,688	4.6	76,760
Respiratory Agents	0.4	0.2	0.0	0.3	21	17	0	4	49	101	34	16	71,032	3,511,893	18,491	9.9	163,624
Gastrointestinal Agents	0.5	0.2	0.0	0.3	32	23	3	7	61	139	159	19	37,921	2,306,774	8,011	4.3	71,862
Genitourinary Agents	0.3	0.1	0.0	0.2	13	9	1	3	44	85	41	18	8,693	385,372	3,386	1.8	30,179
CNS Drugs	1.3	0.6	0.1	0.7	99	79	5	15	77	141	89	23	218,217	16,742,545	25,045	13.4	168,507
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	61	52	1	7	74	88	102	35	33,929	2,516,891	5,112	2.7	41,484
Miscellaneous Psychological/																	
Neurological Agents	0.3	0.2	0.0	0.1	100	93	2	5	289	383	103	58	2,453	709,935	797	0.4	7,105
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	30	17	2	12	45	193	155	20	129,763	5,879,770	23,580	12.6	192,847
Neuromuscular Agents	0.8	0.3	0.1	0.4	61	41	11	9	76	134	146	22	66,728	5,060,505	9,380	5.0	82,833
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	10	32	16	9	30,805	299,623	11,361	6.1	95,223
Hematological Agents	0.7	0.2	0.0	0.5	346	339	2	5	521	2,095	38	12	9,533	4,970,380	1,585	0.8	14,376
Topical Products	0.2	0.0	0.0	0.2	5	2	1	2	27	66	56	16	26,566	709,226	14,804	7.9	133,759
Miscellaneous Products	0.6	0.2	0.0	0.3	139	92	22	24	232	404	462	75	2,023	470,216	357	0.2	3,385
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	30	0	0	0	1,281	38,186	630	0.3	5,961
<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>882,234</b>	<b>54,707,258</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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 Oregon, 0.2 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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	\$6,630,391	5,633	3.0 %	54,645	0.7	\$181	\$121
ANTIDEPRESSANTS	4,775,921	16,710	8.9	155,672	0.6	56	31
ANALGESICS - Narcotic	4,191,476	25,247	13.5	225,467	0.4	44	19
ANTICONVULSANT	4,158,717	5,904	3.2	57,426	0.7	98	72
MISC. HEMATOLOGICAL	4,060,056	358	0.2	3,518	0.6	2,075	1,154
ANTIASTHMATIC	2,562,548	16,228	8.7	151,857	0.3	55	17
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,180,672	5,012	2.7	47,111	0.7	71	46
ANTIVIRAL	1,745,534	1,461	0.8	13,491	0.4	353	129
ULCER DRUGS	1,537,538	7,910	4.2	75,145	0.4	53	20
ANTIDIABETIC	1,465,737	4,041	2.2	37,591	0.7	59	39
Total	33,308,590	88,504		821,923	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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

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

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>397,101</b>	<b>\$33,308,590</b>	<b>5,633</b>	<b>3.0 %</b>	<b>54,645</b>	<b>0.7</b>	<b>\$121</b>	<b>16,710</b>	<b>8.9 %</b>	<b>155,672</b>	<b>0.6</b>	<b>\$31</b>
<b>Female</b>	244,363	16,757,427	3,098	2.9	29,960	0.6	109	12,003	11.2	110,654	0.5	31
<b>Disabled</b>	131,794	10,866,889	1,770	21.8	18,410	0.7	132	4,311	53.0	45,793	0.6	36
	951	50,522	4	1.2	44	0.2	26	3	0.9	25	0.6	5
5 and younger	3,923	290,990	54	8.4	548	0.7	79	57	8.9	574	0.7	25
6-14	5,570	471,617	120	16.8	1,233	0.7	98	179	25.1	1,891	0.7	38
15-20	36,103	3,229,223	694	25.9	7,015	0.7	128	1,351	50.5	14,215	0.6	33
21-44	85,138	6,819,494	896	23.8	9,550	0.7	144	2,718	72.1	29,061	0.6	38
45-64	54	1,868	1	16.7	12	0.1	8	2	33.3	16	0.6	16
65-74	44	2,543	1	100.0	8	1.3	157	0	0.0	0	0.0	0
75-84	11	632	0	0.0	0	0.0	0	1	100.0	11	0.8	56
85 and older	112,569	5,890,538	1,328	1.3	11,550	0.5	72	7,692	7.8	64,861	0.5	27
<b>Other Eligibles</b>	3,614	176,499	6	0.0	66	0.5	66	11	0.0	106	0.3	5
5 and younger	15,167	931,161	233	0.9	2,212	0.6	94	557	2.3	5,246	0.5	22
6-14	16,024	802,576	278	1.8	2,285	0.6	80	1,338	8.8	11,397	0.5	23
15-20	61,994	3,101,494	661	2.2	5,602	0.4	58	4,922	16.4	40,387	0.4	27
21-44	13,043	731,158	112	4.9	1,006	0.4	69	767	33.6	6,791	0.6	35
45-64	403	17,688	2	2.5	24	0.5	22	16	19.8	165	0.7	25
65-74	1,322	74,142	14	16.7	151	0.9	135	40	47.6	372	0.7	28
75-84	1,002	55,820	22	32.8	204	0.8	96	41	61.2	397	0.8	35
85 and older	152,738	16,551,163	2,535	3.2	24,685	0.7	136	4,707	5.9	45,018	0.6	31
<b>Male</b>	90,936	12,712,116	1,656	20.3	16,978	0.8	157	2,441	29.9	25,081	0.6	34
<b>Disabled</b>	1,379	212,742	8	2.0	76	0.7	73	5	1.2	56	0.4	11
5 and younger	10,684	2,530,745	254	20.2	2,727	0.7	112	199	15.9	2,161	0.7	31
6-14	8,666	798,810	238	21.8	2,422	0.8	132	254	23.2	2,665	0.7	34
15-20	25,790	5,098,720	638	25.5	6,440	0.8	176	752	30.0	7,606	0.6	36
21-44	44,384	4,069,781	517	17.8	5,311	0.8	167	1,229	42.2	12,589	0.6	34
45-64	33	1,318	1	12.5	2	1.0	145	2	25.0	4	1.0	38
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	61,802	3,839,047	879	1.2	7,707	0.6	92	2,266	3.1	19,937	0.5	27
<b>Other Eligibles</b>	5,737	321,991	25	0.1	241	0.6	62	13	0.0	133	0.4	13
5 and younger	25,846	1,663,619	398	1.6	3,753	0.7	95	676	2.7	6,598	0.6	26
6-14	12,318	776,037	259	2.4	2,129	0.7	85	685	6.4	5,904	0.5	26
15-20	10,719	587,910	128	2.0	967	0.5	92	607	9.3	4,713	0.4	25
21-44	5,760	401,181	47	3.2	392	0.5	100	242	16.6	2,171	0.5	33
45-64	353	22,021	4	6.9	48	0.8	200	11	19.0	110	0.6	33
65-74	634	36,229	8	18.6	73	0.6	78	21	48.8	215	0.8	36
75-84	435	30,059	10	30.3	104	0.7	93	11	33.3	93	0.9	45
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					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
<b>All</b>	<b>25,247</b>	<b>13.5 %</b>	<b>225,467</b>	<b>0.4</b>	<b>\$19</b>	<b>5,904</b>	<b>3.2 %</b>	<b>57,426</b>	<b>0.7</b>	<b>\$72</b>	<b>358</b>	<b>0.2 %</b>	<b>3,518</b>	<b>0.6</b>	<b>\$1,154</b>
<b>Female</b>	18,209	17.0	161,235	0.4	17	3,611	3.4	34,764	0.7	67	188	0.2	1,891	0.5	55
<b>Disabled</b>	5,029	61.8	52,591	0.6	37	2,213	27.2	22,899	0.8	80	159	2.0	1,624	0.5	55
18	18	5.6	197	0.1	1	44	13.7	467	0.6	39	1	0.3	12	0.1	5
5 and younger	71	11.0	797	0.1	1	152	23.6	1,598	0.8	82	0	0.0	0	0.0	0
6-14	161	22.5	1,743	0.2	13	156	21.8	1,672	0.9	93	1	0.1	12	0.1	6
15-20	1,578	58.9	16,245	0.6	31	801	29.9	7,922	0.8	89	17	0.6	179	0.4	50
21-44	3,196	84.8	33,566	0.7	42	1,056	28.0	11,204	0.8	72	140	3.7	1,421	0.5	56
45-64	4	66.7	32	0.4	3	3	50.0	28	0.6	34	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	100.0	8	0.6	12	0	0.0	0	0.0	0
75-84	1	100.0	11	0.2	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	13,180	13.3	108,644	0.3	7	1,398	1.4	11,865	0.5	44	29	0.0	267	0.6	55
<b>Other Eligibles</b>	264	1.0	2,550	0.1	1	33	0.1	307	0.5	45	1	0.0	12	0.3	23
5 and younger	666	2.7	6,447	0.1	1	146	0.6	1,401	0.6	49	2	0.0	6	0.7	10
6-14	2,072	13.7	17,574	0.2	1	219	1.4	1,784	0.7	53	0	0.0	0	0.0	0
15-20	9,076	30.3	72,388	0.4	8	815	2.7	6,682	0.5	39	8	0.0	82	0.6	53
21-44	1,001	43.8	8,722	0.5	14	160	7.0	1,456	0.6	47	10	0.4	95	0.5	56
45-64	24	29.6	240	0.2	2	4	4.9	41	0.4	50	1	1.2	5	0.8	94
65-74	37	44.0	325	0.6	27	15	17.9	138	1.0	58	4	4.8	34	0.7	71
75-84	40	59.7	398	0.6	27	6	9.0	56	0.8	20	3	4.5	33	0.7	56
85 and older															
<b>Male</b>	7,038	8.8	64,232	0.4	23	2,293	2.9	22,662	0.8	80	170	0.2	1,627	0.6	2,432
<b>Disabled</b>	3,060	37.4	30,369	0.6	41	1,676	20.5	17,401	0.9	89	139	1.7	1,409	0.6	2,762
18	28	6.9	294	0.2	1	51	12.7	546	0.7	70	2	0.5	24	1.2	5,108
5 and younger	107	8.5	1,171	0.2	2	235	18.7	2,471	0.9	95	7	0.6	72	0.5	21,787
6-14	184	16.8	1,924	0.3	5	205	18.8	2,100	0.9	99	0	0.0	0	0.0	0
15-20	919	36.7	9,035	0.5	37	638	25.5	6,807	0.9	97	11	0.4	119	1.0	17,940
21-44	1,819	62.5	17,939	0.7	50	547	18.8	5,477	0.8	76	119	4.1	1,194	0.6	54
45-64	3	37.5	6	2.3	55	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	3,978	5.5	33,863	0.3	7	617	0.9	5,261	0.6	50	31	0.0	218	0.6	301
<b>Other Eligibles</b>	387	1.4	3,723	0.1	1	33	0.1	294	0.5	51	1	0.0	10	1.2	5,540
5 and younger	712	2.8	6,974	0.1	1	195	0.8	1,778	0.7	43	0	0.0	0	0.0	0
6-14	832	7.7	7,464	0.2	1	140	1.3	1,119	0.8	58	0	0.0	0	0.0	0
15-20	1,514	23.1	11,287	0.4	11	163	2.5	1,288	0.6	47	8	0.1	42	0.6	50
21-44	480	32.9	3,925	0.5	21	74	5.1	657	0.5	59	16	1.1	112	0.4	42
45-64	17	29.3	170	0.4	8	3	5.2	36	0.6	28	1	1.7	12	0.1	10
65-74	22	51.2	223	0.5	24	7	16.3	65	0.8	34	1	2.3	8	0.4	45
75-84	14	42.4	97	0.5	8	2	6.1	24	0.9	46	4	12.1	34	1.0	87
85 and older															
<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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIVIRAL				
	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
<b>All</b>	<b>16,228</b>	<b>8.7 %</b>	<b>151,857</b>	<b>0.3</b>	<b>\$17</b>	<b>5,012</b>	<b>2.7 %</b>	<b>47,111</b>	<b>0.7</b>	<b>\$46</b>	<b>1,461</b>	<b>0.8 %</b>	<b>13,491</b>	<b>0.4</b>	<b>\$129</b>
<b>Female</b>	9,506	8.9	89,066	0.3	17	1,661	1.5	15,908	0.6	44	1,019	1.0	9,281	0.3	80
<b>Disabled</b>	3,073	37.8	32,732	0.4	27	303	3.7	3,142	0.6	53	319	3.9	3,260	0.4	137
5 and younger	110	34.2	1,162	0.3	13	4	1.2	29	0.6	75	8	2.5	96	0.3	61
6-14	144	22.4	1,597	0.3	17	90	14.0	948	0.7	38	9	1.4	101	0.5	97
15-20	118	16.5	1,266	0.4	24	56	7.8	591	0.8	57	13	1.8	132	0.2	6
21-44	714	26.7	7,556	0.3	20	73	2.7	779	0.5	49	123	4.6	1,148	0.4	133
45-64	1,982	52.6	21,115	0.5	32	80	2.1	795	0.6	69	166	4.4	1,783	0.4	156
65-74	5	83.3	36	0.3	11	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
<b>Other Eligibles</b>	6,433	6.5	56,334	0.2	12	1,358	1.4	12,766	0.6	42	700	0.7	6,021	0.3	49
5 and younger	1,329	5.0	11,968	0.2	9	42	0.2	403	0.5	39	21	0.1	235	0.1	6
6-14	1,445	5.8	13,532	0.2	10	877	3.5	8,552	0.6	41	51	0.2	515	0.2	19
15-20	964	6.4	8,440	0.2	10	244	1.6	2,221	0.6	44	120	0.8	1,080	0.2	18
21-44	2,305	7.7	18,883	0.3	13	167	0.6	1,345	0.4	47	447	1.5	3,633	0.3	65
45-64	347	15.2	3,083	0.4	22	24	1.1	210	0.5	57	54	2.4	497	0.3	54
65-74	10	12.3	109	0.4	50	1	1.2	12	0.3	34	1	1.2	12	0.1	4
75-84	20	23.8	189	0.6	35	0	0.0	0	0.0	0	1	1.2	12	0.1	2
85 and older	13	19.4	130	0.4	21	3	4.5	23	0.2	10	5	7.5	37	0.2	15
<b>Male</b>	6,722	8.4	62,791	0.3	16	3,351	4.2	31,203	0.7	47	442	0.6	4,210	0.5	239
<b>Disabled</b>	1,772	21.7	18,247	0.4	27	701	8.6	7,122	0.7	55	293	3.6	2,881	0.6	293
5 and younger	152	37.7	1,565	0.3	16	12	3.0	131	0.5	29	2	0.5	24	0.3	37
6-14	307	24.5	3,406	0.4	23	392	31.2	3,999	0.7	49	13	1.0	154	0.7	217
15-20	137	12.5	1,524	0.4	18	197	18.0	1,951	0.7	55	3	0.3	26	0.2	187
21-44	320	12.8	3,299	0.4	21	53	2.1	576	0.6	49	139	5.6	1,208	0.5	227
45-64	851	29.2	8,444	0.5	35	47	1.6	465	0.7	124	136	4.7	1,469	0.7	362
65-74	5	62.5	9	0.8	41	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
<b>Other Eligibles</b>	4,950	6.9	44,544	0.2	12	2,650	3.7	24,081	0.7	45	149	0.2	1,329	0.4	121
5 and younger	2,096	7.6	18,793	0.2	10	94	0.3	914	0.5	29	21	0.1	217	0.2	10
6-14	1,801	7.1	16,797	0.3	12	1,935	7.6	17,666	0.7	46	27	0.1	262	0.2	10
15-20	579	5.4	5,080	0.3	13	576	5.4	5,139	0.6	45	29	0.3	276	0.4	93
21-44	308	4.7	2,419	0.3	15	34	0.5	293	0.6	61	47	0.7	347	0.4	163
45-64	138	9.5	1,162	0.4	22	10	0.7	57	0.8	57	25	1.7	227	0.7	326
65-74	6	10.3	58	0.4	15	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	7	16.3	76	0.3	30	1	2.3	12	0.3	58	0	0.0	0	0.0	0
85 and older	15	45.5	159	0.5	39	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					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		
<b>All</b>	<b>7,910</b>	<b>4.2 %</b>	<b>75,145</b>	<b>0.4</b>	<b>\$21</b>	<b>4,041</b>	<b>2.2 %</b>	<b>37,591</b>	<b>0.7</b>	<b>\$39</b>	<b>187,331</b>	<b>902,957</b>
<b>Female</b>	5,337	5.0	51,020	0.4	20	2,656	2.5	25,058	0.6	37	107,175	509,405
<b>Disabled</b>	2,570	31.6	27,134	0.5	27	1,571	19.3	16,494	0.7	42	8,134	69,153
	58	18.0	666	0.4	12	1	0.3	12	0.9	5	322	2,805
5 and younger	75	11.7	802	0.5	28	11	1.7	108	0.9	52	643	5,974
6-14	87	12.2	948	0.5	25	28	3.9	268	0.6	44	714	6,352
15-20	666	24.9	6,976	0.4	22	308	11.5	3,249	0.6	42	2,677	21,722
21-44	1,681	44.6	17,714	0.5	29	1,223	32.4	12,857	0.7	42	3,770	32,246
45-64	1	16.7	12	0.5	6	0	0.0	0	0.0	0	6	35
65-74	2	200.0	16	1.8	75	0	0.0	0	0.0	0	1	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
85 and older	2,767	2.8	23,886	0.3	12	1,085	1.1	8,564	0.6	27	99,041	440,252
<b>Other Eligibles</b>	196	0.7	1,593	0.3	15	6	0.0	56	0.6	32	26,625	110,477
5 and younger	197	0.8	1,901	0.2	8	70	0.3	577	0.8	40	24,751	123,053
6-14	399	2.6	3,450	0.2	7	83	0.5	656	0.6	28	15,147	69,276
15-20	1,580	5.3	13,381	0.3	12	615	2.0	4,680	0.5	24	30,002	123,292
21-44	322	14.1	2,824	0.4	19	262	11.5	2,122	0.6	34	2,284	12,428
45-64	9	11.1	97	0.6	20	15	18.5	146	0.6	15	81	575
65-74	36	42.9	382	0.6	31	26	31.0	265	0.8	22	84	659
75-84	28	41.8	258	0.6	17	8	11.9	62	0.6	14	67	492
85 and older												
<b>Male</b>	2,573	3.2	24,125	0.4	22	1,385	1.7	12,533	0.7	43	80,153	393,547
<b>Disabled</b>	1,486	18.2	15,033	0.5	26	900	11.0	8,747	0.7	45	8,174	65,457
	69	17.1	692	0.3	22	3	0.7	21	1.0	26	403	3,114
5 and younger	91	7.3	1,031	0.5	32	16	1.3	182	0.7	51	1,255	11,297
6-14	101	9.2	1,071	0.4	21	17	1.6	185	0.8	38	1,093	9,147
15-20	387	15.5	3,869	0.5	25	152	6.1	1,497	0.8	67	2,504	19,549
21-44	837	28.8	8,369	0.5	27	710	24.4	6,858	0.7	40	2,911	22,324
45-64	1	12.5	1	2.0	45	2	25.0	4	1.0	34	8	26
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	1,087	1.5	9,092	0.3	14	485	0.7	3,786	0.7	39	71,979	328,090
<b>Other Eligibles</b>	237	0.9	1,875	0.3	11	10	0.0	70	0.8	66	27,669	115,568
5 and younger	141	0.6	1,367	0.2	10	52	0.2	453	0.7	49	25,414	125,722
6-14	175	1.6	1,470	0.3	11	61	0.6	521	0.9	52	10,754	52,404
15-20	339	5.2	2,637	0.3	16	190	2.9	1,433	0.6	32	6,551	26,303
21-44	156	10.7	1,337	0.4	19	149	10.2	1,090	0.6	35	1,457	7,132
45-64	10	17.2	116	0.7	23	6	10.3	61	0.9	46	58	371
65-74	18	41.9	186	0.5	28	14	32.6	139	0.8	48	43	321
75-84	11	33.3	104	0.7	36	3	9.1	19	1.4	75	33	269
85 and older												
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	5

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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>\$415</b>	<b>7.6</b>	<b>260</b>	<b>2,292</b>
<b>Age</b>				
0-64	440	7.7	219	1,958
65-74	313	5.1	5	32
75-84	316	8.2	17	123
85 and older	235	6.9	19	179
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	414	8.0	145	1,345
Male	417	7.1	115	947
Unknown	0	0.0	0	0
<b>Race</b>				
White	400	7.5	226	1,975
African American	480	8.2	13	119
Other/unknown	527	8.9	21	198
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	271	7.2	39	331
Disabled	436	7.7	220	1,950
Adults	973	7.1	1	11
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 485 beneficiaries who were in nursing facilities for part of their enrollment and their 3,748 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<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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	\$28	\$18	\$2	\$7	\$53	\$112	\$54	\$22	869	\$45,972	176	67.7 %	1,658
Biologicals	0.1	0.1	0.0	0.0	3	2	0	1	31	27	0	40	36	1,123	29	11.2	338
Antineoplastic Agents	0.7	0.1	0.0	0.5	64	29	0	34	94	210	0	64	58	5,470	9	3.5	86
Endocrine/Metabolic Drugs	1.2	0.4	0.1	0.7	36	21	5	10	31	60	42	14	1,164	35,688	109	41.9	984
Cardiovascular Agents	1.9	0.4	0.0	1.5	47	29	0	18	24	68	17	12	2,252	54,525	137	52.7	1,169
Respiratory Agents	0.9	0.4	0.0	0.5	49	41	0	9	57	99	19	19	717	40,727	86	33.1	825
Gastrointestinal Agents	1.1	0.2	0.0	0.8	43	26	3	14	40	109	73	18	1,496	59,392	144	55.4	1,367
Genitourinary Agents	0.7	0.2	0.1	0.4	30	17	3	9	45	87	55	22	403	18,029	56	21.5	600
CNS Drugs	1.9	0.9	0.1	1.0	144	119	5	21	74	136	69	21	3,609	268,307	199	76.5	1,857
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.0	39	38	0	1	71	72	0	35	20	1,412	3	1.2	36
Miscellaneous Psychological/																	
Neurological Agents	0.9	0.8	0.0	0.0	132	130	0	3	153	156	0	74	124	18,926	13	5.0	143
Analgesics and Anesthetics	1.5	0.4	0.1	1.1	76	52	3	21	52	148	63	20	2,068	107,794	158	60.8	1,416
Neuromuscular Agents	1.7	0.5	0.2	1.0	154	86	31	37	88	158	146	37	2,623	230,637	147	56.5	1,502
Nutritional Products	0.9	0.0	0.1	0.7	10	0	1	8	11	17	13	11	799	9,160	100	38.5	931
Hematological Agents	1.3	0.2	0.1	0.9	72	64	1	6	57	280	10	7	608	34,519	60	23.1	482
Topical Products	0.5	0.1	0.0	0.3	11	5	1	5	24	43	36	16	481	11,464	98	37.7	1,030
Miscellaneous Products	0.2	0.1	0.0	0.2	38	37	0	1	155	486	48	7	39	6,060	15	5.8	158
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	21	0	0	0	106	2,260	25	9.6	247
<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>17,472</b>	<b>951,465</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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 485 beneficiaries who were in nursing facilities for part of their enrollment and their 3,748 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.medispanspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Oregon, 0.2 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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	\$134,171	101	38.8 %	1,000	0.9	\$153	\$134
ANTICONVULSANT	172,543	152	58.5	1,504	1.1	105	115
ANTIDEPRESSANTS	78,877	188	72.3	1,850	0.9	48	43
ANALGESICS - Narcotic	93,865	179	68.8	1,559	1.1	56	60
DIETARY PRODUCTS	53,917	14	5.4	168	0.9	362	321
ULCER DRUGS	46,747	158	60.8	1,563	0.7	43	30
MUSCULOSKELETAL THERAPY AGENTS	44,091	67	25.8	766	0.9	63	58
ANTIASTHMATIC	37,714	105	40.4	1,012	0.5	69	37
ANTIANKXIETY AGENTS	12,257	105	40.4	1,015	0.6	19	12
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	18,843	14	5.4	156	0.8	153	121
Total	693,025	1,083		10,593	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 485 beneficiaries who were in nursing facilities for part of their enrollment and their 3,748 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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 \$
<b>All</b>	<b>9,063</b>	<b>\$693,025</b>	<b>101</b>	<b>38.8 %</b>	<b>1,000</b>	<b>0.9</b>	<b>\$134</b>	<b>152</b>	<b>58.5 %</b>	<b>1,504</b>	<b>1.1</b>	<b>\$115</b>
<b>Female</b>	5,579	418,019	68	46.9	704	0.9	135	88	60.7	927	1.1	119
<b>Disabled</b>	4,863	376,888	59	51.8	614	0.9	144	83	72.8	890	1.1	122
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	716	41,131	9	29.0	90	0.7	73	5	16.1	37	1.1	33
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	36	4,905	0	0.0	0	0.0	0	1	50.0	5	0.4	54
65-74	238	15,435	2	13.3	19	0.7	126	2	13.3	8	1.8	33
75-84	442	20,791	7	50.0	71	0.7	59	2	14.3	24	1.1	28
85 and older												
<b>Male</b>	3,484	275,006	33	28.7	296	0.9	131	64	55.7	577	1.1	109
<b>Disabled</b>	3,232	255,830	29	27.4	263	0.9	138	62	58.5	554	1.1	110
64 or younger	3,210	255,056	28	26.9	261	0.9	138	62	59.6	554	1.1	110
65-74	22	774	1	50.0	2	1.0	145	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	252	19,176	4	44.4	33	1.0	78	2	22.2	23	1.2	67
64 or younger	41	5,376	0	0.0	0	0.0	0	1	100.0	11	1.4	102
65-74	11	156	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	128	8,506	1	50.0	12	1.2	96	1	50.0	12	1.0	35
85 and older	72	5,138	3	60.0	21	1.0	68	0	0.0	0	0.0	0
<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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 485 beneficiaries who were in nursing facilities for part of their enrollment and their 3,748 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					DIETARY PRODUCTS				
	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>188</b>	<b>72.3 %</b>	<b>1,850</b>	<b>0.9</b>	<b>\$43</b>	<b>179</b>	<b>68.8 %</b>	<b>1,559</b>	<b>1.1</b>	<b>\$60</b>	<b>14</b>	<b>5.4 %</b>	<b>168</b>	<b>0.9</b>	<b>\$321</b>
<b>Female</b>	112	77.2	1,110	0.9	38	97	66.9	883	1.1	68	7	4.8	84	0.9	263
<b>Disabled</b>	89	78.1	876	0.8	38	67	58.8	622	1.3	82	7	6.1	84	0.9	263
64 or younger	89	78.1	876	0.8	38	67	58.8	622	1.3	82	7	6.1	84	0.9	263
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
<b>Other Eligibles</b>	23	74.2	234	0.9	37	30	96.8	261	0.7	35	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	50.0	5	0.6	23	2	100.0	10	0.3	5	0	0.0	0	0.0	0
75-84	7	46.7	55	1.1	48	12	80.0	72	0.9	46	0	0.0	0	0.0	0
85 and older	15	107.1	174	0.8	35	16	114.3	179	0.7	32	0	0.0	0	0.0	0
<b>Male</b>	76	66.1	740	0.9	50	82	71.3	676	1.0	51	7	6.1	84	0.9	379
<b>Disabled</b>	70	66.0	683	0.9	50	76	71.7	619	1.0	55	7	6.6	84	0.9	379
64 or younger	69	66.3	681	0.9	50	74	71.2	615	1.0	55	7	6.7	84	0.9	379
65-74	1	50.0	2	1.0	6	2	100.0	4	2.3	22	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
<b>Other Eligibles</b>	6	66.7	57	1.1	56	6	66.7	57	0.4	3	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	3	150.0	36	1.2	61	3	150.0	36	0.5	4	0	0.0	0	0.0	0
85 and older	3	60.0	21	1.0	48	3	60.0	21	0.2	2	0	0.0	0	0.0	0
<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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 485 beneficiaries who were in nursing facilities for part of their enrollment and their 3,748 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ULCER DRUGS					MUSCULOSKELETAL THERAPY AGENTS					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>158</b>	<b>60.8 %</b>	<b>1,563</b>	<b>0.7</b>	<b>\$30</b>	<b>67</b>	<b>25.8 %</b>	<b>766</b>	<b>0.9</b>	<b>\$58</b>	<b>105</b>	<b>40.4 %</b>	<b>1,012</b>	<b>0.5</b>	<b>\$37</b>
<b>Female</b>	96	66.2	969	0.7	30	32	22.1	361	1.0	37	68	46.9	644	0.6	40
<b>Disabled</b>	83	72.8	850	0.7	31	31	27.2	349	1.0	38	60	52.6	578	0.6	34
64 or younger	83	72.8	850	0.7	31	31	27.2	349	1.0	38	60	52.6	578	0.6	34
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
<b>Other Eligibles</b>	13	41.9	119	0.6	23	1	3.2	12	0.3	7	8	25.8	66	0.7	94
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	50.0	5	0.8	81	0	0.0	0	0.0	0	2	100.0	24	1.0	169
75-84	9	60.0	84	0.5	24	0	0.0	0	0.0	0	5	33.3	36	0.6	56
85 and older	3	21.4	30	1.0	9	1	7.1	12	0.3	7	1	7.1	6	0.5	24
<b>Male</b>	62	53.9	594	0.7	30	35	30.4	405	0.8	76	37	32.2	368	0.4	33
<b>Disabled</b>	60	56.6	571	0.7	24	34	32.1	394	0.9	77	34	32.1	332	0.4	29
64 or younger	60	57.7	571	0.7	24	34	32.7	394	0.9	77	30	28.8	324	0.3	28
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	200.0	8	0.8	43
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	22.2	23	1.2	176	1	11.1	11	0.8	35	3	33.3	36	0.6	72
64 or younger	1	100.0	11	1.5	353	1	100.0	11	0.8	35	0	0.0	0	0.0	0
65-74	1	100.0	12	0.9	13	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	3	60.0	36	0.6	72
<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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 485 beneficiaries who were in nursing facilities for part of their enrollment and their 3,748 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OREGON, 2004

Beneficiary Characteristics	ANTIANXIETY AGENTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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
<b>All</b>	<b>105</b>	<b>40.4 %</b>	<b>1,015</b>	<b>0.6</b>	<b>\$12</b>	<b>14</b>	<b>5.4 %</b>	<b>156</b>	<b>0.8</b>	<b>\$121</b>	<b>260</b>	<b>2,292</b>
<b>Female</b>	59	40.7	607	0.7	12	8	5.5	91	0.9	153	145	1,345
<b>Disabled</b>	52	45.6	535	0.7	13	3	2.6	36	0.6	212	114	1,095
64 or younger	52	45.6	535	0.7	13	3	2.6	36	0.6	212	114	1,095
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	7	22.6	72	0.3	3	5	16.1	55	1.1	115	31	250
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	17
75-84	3	20.0	31	0.2	1	2	13.3	19	1.1	147	15	99
85 and older	4	28.6	41	0.5	5	3	21.4	36	1.1	98	14	134
<b>Male</b>	46	40.0	408	0.6	12	6	5.2	65	0.7	76	115	947
<b>Disabled</b>	44	41.5	390	0.6	13	3	2.8	29	0.2	11	106	855
64 or younger	43	41.3	388	0.6	12	3	2.9	29	0.2	11	104	852
65-74	1	50.0	2	1.5	20	0	0.0	0	0.0	0	2	3
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>	2	22.2	18	0.4	5	3	33.3	36	1.1	128	9	92
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	1	50.0	12	0.1	2	3	150.0	36	1.1	128	2	24
85 and older	1	20.0	6	1.2	13	0	0.0	0	0.0	0	5	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 Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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 485 beneficiaries who were in nursing facilities for part of their enrollment and their 3,748 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.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
OREGON, 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
<b>All</b>	<b>24,986</b>	<b>13.3 %</b>	<b>0.6</b>	<b>116,445</b>	<b>\$9</b>	<b>\$1,619,915</b>	<b>\$14</b>	<b>3.0 %</b>	<b>187,331</b>
<b>Age</b>									
5 and younger	6,539	11.9	0.3	14,789	4	211,541	14	10.6	55,019
6-14	4,078	7.8	0.2	11,012	4	224,441	20	2.7	52,063
15-20	2,323	8.4	0.2	6,857	4	99,439	15	1.9	27,708
21-44	7,416	17.8	0.9	36,251	11	472,859	13	2.4	41,734
45-64	4,445	42.7	4.3	44,874	57	589,523	13	3.0	10,422
65-74	44	28.8	2.7	419	23	3,532	8	4.2	153
75-84	71	55.5	8.0	1,025	66	8,425	8	3.7	128
85 and older	70	68.6	11.9	1,218	100	10,155	8	5.9	102
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	187	49.7	7.0	2,642	55	20,842	8	4.1	376
Disabled	6,571	40.3	4.1	66,865	68	1,105,385	17	3.1	16,308
Adults	6,818	14.9	0.5	22,580	5	223,239	10	2.3	45,699
Children	11,327	9.1	0.2	23,945	2	267,299	11	3.2	124,703
Unknown	83	33.9	1.7	413	13	3,150	8	1.2	245
<b>Gender</b>									
Female	15,758	14.7	0.7	72,923	9	939,619	13	3.1	107,175
Male	9,228	11.5	0.5	43,522	8	680,296	16	2.8	80,155
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Race</b>									
White	18,487	14.1	0.7	94,478	10	1,347,583	14	2.9	131,324
African American	786	10.0	0.4	3,256	6	46,734	14	3.2	7,874
Other/unknown	5,713	11.9	0.4	18,711	5	225,598	12	3.0	48,133
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	207	79.6	11.8	3,071	366	95,056	31	10.0	260
Part year	396	81.6	11.1	5,360	198	96,129	18	5.5	485
None	24,383	13.1	0.6	108,014	8	1,428,730	13	2.7	186,586
<b>Maintenance Assistance Status</b>									
Cash	12,260	18.2	1.1	76,315	16	1,104,982	14	2.9	67,512
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	6,187	7.9	0.2	12,217	2	120,451	10	3.8	78,472
Other/unknown	6,539	15.8	0.7	27,913	10	394,482	14	3.0	41,347

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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<sup>a,b</sup>  
OREGON, 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
<b>All</b>	<b>0.1</b>	<b>\$2</b>	<b>\$14</b>	<b>\$0</b>	<b>\$1</b>	<b>902,957</b>
<b>Age</b>						
5 and younger	0.1	1	14	0	0	231,964
6-14	0.0	1	20	0	0	266,046
15-20	0.1	1	15	0	0	137,179
21-44	0.2	2	13	0	1	190,866
45-64	0.6	8	13	0	3	74,130
65-74	0.4	4	8	0	0	1,007
75-84	1.0	9	8	0	1	988
85 and older	1.6	13	8	0	2	773
Unknown	0.0	0	0	0	0	4
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.9	7	8	0	1	2,853
Disabled	0.5	8	17	0	3	134,610
Adults	0.1	1	10	0	0	188,158
Children	0.0	0	11	0	0	575,410
Unknown	0.2	2	8	0	1	1,926
<b>Gender</b>						
Female	0.1	2	13	0	1	509,405
Male	0.1	2	16	0	1	393,551
Unknown	0.0	0	0	0	0	1
<b>Race</b>						
White	0.1	2	14	0	1	663,434
African American	0.1	1	14	0	0	33,492
Other/unknown	0.1	1	12	0	0	206,031
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.3	41	31	1	7	2,292
Part year	1.4	26	18	0	5	3,748
None	0.1	2	13	0	1	896,917
<b>Maintenance Assistance Status</b>						
Cash	0.2	3	14	0	1	361,020
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	10	0	0	299,163
Other/unknown	0.1	2	14	0	0	242,774

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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<sup>a,b,c</sup>  
OREGON, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
<b>All</b>	<b>32,176</b>	<b>\$50</b>	<b>\$1,619,915</b>	<b>100.0 %</b>	<b>116,445</b>	<b>\$14</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	4	166	665	0.0	21	32	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	1	1	1	0.0	1	1	0.0
Cough and cold medications	6,353	27	172,399	10.6	10,664	16	9.2
Vitamins and minerals	5,126	39	197,621	12.2	16,860	12	14.5
Non-prescription drugs	12,106	51	611,669	37.8	45,482	13	39.1
Barbiturates	230	62	14,283	0.9	1,895	8	1.6
Benzodiazepines	7,498	68	509,866	31.5	38,696	13	33.2
Other Part D Excl Rx Drugs	858	132	113,411	7.0	2,826	40	2.4

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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<sup>a, b</sup>  
NONDUAL BENEFICIARIES, OREGON, 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>381,247</b>	<b>919</b>	<b>39,903</b>	<b>84,460</b>	<b>255,720</b>	<b>245</b>	<b>3,306,639</b>	<b>8,983</b>	<b>425,632</b>	<b>680,038</b>	<b>2,190,030</b>	<b>1,956</b>
<b>Age</b>												
5 and younger	114,732	0	1,508	133	113,091	0	965,213	0	16,044	694	948,475	0
6-14	107,692	0	4,592	124	102,976	0	965,572	0	50,842	935	913,795	0
15-20	51,898	0	3,709	8,574	39,613	2	432,997	0	39,873	65,610	327,504	10
21-44	81,946	1	12,979	68,878	29	59	690,662	12	137,140	552,905	234	371
45-64	24,088	92	17,077	6,732	3	184	243,814	976	181,477	59,783	3	1,575
65-74	469	423	33	13	0	0	4,550	4,247	211	92	0	0
75-84	275	271	3	1	0	0	2,600	2,563	32	5	0	0
85 and older	144	132	2	5	5	0	1,223	1,185	13	14	11	0
Unknown	3	0	0	0	3	0		0	0	0	8	0
<b>Gender</b>												
Female	216,082	591	20,823	68,633	125,790	245	1,870,720	5,840	224,821	558,072	1,080,031	1,956
Male	165,164	328	19,080	15,826	129,930	0	1,435,917	3,143	200,811	121,964	1,109,999	0
Unknown	1	0	0	1	0	0		0	0	2	0	0
<b>Race</b>												
White	268,194	716	33,117	68,356	165,800	205	2,334,718	7,089	352,633	550,500	1,422,809	1,687
African American	20,090	25	2,304	4,284	13,475	2	184,192	235	24,706	36,837	122,395	19
Other/unknown	92,963	178	4,482	11,820	76,445	38	787,729	1,659	48,293	92,701	644,826	250
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	412	48	362	1	1	0	4,070	429	3,617	12	12	0
Part year	712	35	642	29	6	0	7,080	335	6,377	307	61	0
None	380,123	836	38,899	84,430	255,713	245	3,295,489	8,219	415,638	679,719	2,189,957	1,956
<b>Maintenance Assistance Status</b>												
Cash	153,208	591	35,078	40,349	77,190	0	1,433,619	6,170	387,834	335,956	703,659	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	144,798	0	6	17,299	127,248	245	1,102,169	0	55	99,691	1,000,467	1,956
Other/unknown	83,241	328	4,819	26,812	51,282	0	770,851	2,813	37,743	244,391	485,904	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	80,015	297	11,953	16,507	51,021	237	643,810	2,582	118,099	116,026	405,216	1,887
FFS part year, with Rx claims	28,359	31	3,086	12,734	12,502	6	273,717	322	31,452	117,486	124,402	55
FFS part year, no Rx claims	78,957	48	1,269	16,458	61,180	2	655,263	426	10,637	123,982	520,204	14
MC all year, with Rx claims	35,756	165	13,096	13,476	9,019	0	369,041	1,768	150,172	130,360	86,741	0
MC all year, no Rx claims	158,160	378	10,499	25,285	121,998	0	1,364,808	3,885	115,272	192,184	1,053,467	0

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

- 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<sup>a</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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
<b>All</b>	<b>381,247</b>	<b>3,306,639</b>	<b>187,331</b>	<b>902,957</b>	<b>0</b>	<b>2,403,682</b>
Fee-for-service (FFS) all year	80,015	643,810	80,015	643,810	0	0
FFS part year, with Rx claims	28,359	273,717	28,359	105,096	0	168,621
FFS part year, with no Rx claims	78,957	655,263	78,957	154,051	0	501,212
Managed care (MC) all year, with Rx claims	35,756	369,041	0	0	0	369,041
MC all year, with no Rx claims	158,160	1,364,808	0	0	0	1,364,808

Source: Data for this table are from the MAX 2004 file for Oregon, released by CMS in 01/2008. This table was produced on 03/25/2008.

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.