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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
OKLAHOMA**

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

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>91,755</b>	<b>53,507</b>	<b>37,441</b>	<b>710</b>	<b>31</b>	<b>66</b>	<b>967,588</b>	<b>554,586</b>	<b>406,207</b>	<b>5,983</b>	<b>328</b>	<b>484</b>
<b>Age</b>												
5 and younger	10	0	8	0	2	0	98	0	87	0	11	0
6-14	14	0	11	0	3	0	148	0	112	0	36	0
15-20	148	0	136	3	9	0	1,578	0	1,479	18	81	0
21-44	14,521	0	14,099	398	13	11	156,152	0	152,712	3,200	156	84
45-64	22,669	8	22,415	208	2	36	245,895	85	243,640	1,888	24	258
65-74	22,029	21,203	752	54	1	19	234,200	225,531	8,051	468	8	142
75-84	19,256	19,201	16	38	1	0	201,058	200,596	111	339	12	0
85 and older	13,108	13,095	4	9	0	0	128,459	128,374	15	70	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	60,350	39,546	20,188	538	12	66	638,468	413,139	220,088	4,626	131	484
Male	31,405	13,961	17,253	172	19	0	329,120	141,447	186,119	1,357	197	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	70,690	41,958	28,160	502	21	49	742,202	430,809	306,590	4,224	216	363
African American	11,199	5,669	5,388	130	4	8	119,634	60,683	57,742	1,105	48	56
Other/unknown	9,866	5,880	3,893	78	6	9	105,752	63,094	41,875	654	64	65
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,304	11,937	1,357	6	4	0	130,863	115,821	14,950	48	44	0
Part year	6,212	5,359	847	6	0	0	59,202	50,367	8,788	47	0	0
None	72,239	36,211	35,237	698	27	66	777,523	388,398	382,469	5,888	284	484
<b>Maintenance Assistance Status</b>												
Cash	35,450	16,330	18,568	551	1	0	388,723	181,183	202,606	4,922	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	22,309	11,582	10,559	92	10	66	231,743	119,810	110,784	585	80	484
Other/unknown	33,996	25,595	8,314	67	20	0	347,122	253,593	92,817	476	236	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	84,495	48,814	34,910	674	31	66	888,360	503,515	378,416	5,617	328	484
Full dual, part year	7,260	4,693	2,531	36	0	0	79,228	51,071	27,791	366	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	91,755	53,507	37,441	710	31	66	967,588	554,586	406,207	5,983	328	484
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>89.7</b>	<b>40.5</b>	<b>\$2,733</b>	<b>\$68</b>	<b>\$12,058</b>	<b>22.7</b>	<b>91,755</b>
<b>Age</b>							
5 and younger	90.0	34.0	3,305	97	34,273	9.6	10
6-14	92.9	42.9	10,950	256	18,320	59.8	14
15-20	83.1	23.6	3,287	139	13,736	23.9	148
21-44	84.1	27.3	2,844	104	13,135	21.7	14,521
45-64	90.2	41.8	3,372	81	12,767	26.4	22,669
65-74	88.4	39.5	2,417	61	8,410	28.7	22,029
75-84	91.8	45.1	2,506	56	11,601	21.6	19,256
85 and older	94.1	47.8	2,353	49	16,401	14.3	13,108
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	91.1	43.7	2,443	56	11,592	21.1	53,507
Disabled	88.0	36.3	3,170	87	12,862	24.6	37,441
Adults	76.6	21.0	1,621	77	4,164	38.9	710
Children	93.5	37.4	4,795	128	36,207	13.2	31
Unknown	80.3	14.3	908	64	7,710	11.8	66
<b>Gender</b>							
Female	92.3	43.9	2,770	63	11,694	23.7	60,350
Male	84.6	34.0	2,661	78	12,758	20.9	31,405
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	90.4	42.7	2,888	68	12,931	22.3	70,690
African American	87.2	33.9	2,276	67	9,900	23.0	11,199
Other/unknown	87.2	31.9	2,138	67	8,257	25.9	9,866
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.1	76.5	4,092	54	29,208	14.0	13,304
Part year	97.2	56.5	3,192	57	18,504	17.3	6,212
None	87.5	32.5	2,443	75	8,346	29.3	72,239
<b>Maintenance Assistance Status</b>							
Cash	87.8	28.6	2,150	75	4,916	43.7	35,450
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	85.6	28.6	2,151	75	5,791	37.1	22,309
Other/unknown	94.3	60.7	3,723	61	23,619	15.8	33,996

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

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

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

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

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

TABLE D.4  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

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	3.8	\$259	22.7	10.3	16.5	12.8	36.9	18.9	4.5	\$1,144	91,755	967,588
Age												
5 and younger	3.5	337	9.6	10.0	0.0	20.0	60.0	10.0	0.0	3,497	10	98
6-14	4.1	1,036	59.8	7.1	14.3	7.1	42.9	28.6	0.0	1,733	14	148
15-20	2.2	308	23.9	16.9	33.1	12.8	29.1	7.4	0.7	1,288	148	1,578
21-44	2.5	265	21.7	15.9	27.1	14.7	32.0	9.2	1.1	1,222	14,521	156,152
45-64	3.9	311	26.4	9.8	14.9	12.8	40.2	18.8	3.6	1,177	22,669	245,895
65-74	3.7	227	28.7	11.6	16.8	13.5	37.1	16.6	4.3	791	22,029	234,200
75-84	4.3	240	21.6	8.2	13.8	12.3	37.0	22.3	6.5	1,111	19,256	201,058
85 and older	4.9	240	14.3	5.9	10.8	10.6	36.2	29.2	7.2	1,674	13,108	128,459
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility <sup>e</sup>												
Aged	4.2	236	21.1	8.9	14.2	12.3	36.8	21.8	5.9	1,118	53,507	554,586
Disabled	3.3	292	24.6	12.0	19.6	13.6	37.1	15.0	2.6	1,186	37,441	406,207
Adults	2.5	192	38.9	23.4	21.3	12.8	35.2	7.2	0.1	494	710	5,983
Children	3.5	453	13.2	6.5	19.4	22.6	35.5	12.9	3.2	3,422	31	328
Unknown	1.9	124	11.8	19.7	28.8	15.2	33.3	3.0	0.0	1,051	66	484
Gender												
Female	4.1	262	23.7	7.7	14.2	12.4	39.5	21.2	5.0	1,105	60,350	638,468
Male	3.2	254	20.9	15.4	20.9	13.6	31.9	14.6	3.6	1,217	31,405	329,120
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.1	275	22.3	9.6	14.9	12.2	37.2	20.9	5.1	1,232	70,690	742,202
African American	3.2	213	23.0	12.8	21.3	14.5	35.3	13.7	2.5	927	11,199	119,634
Other/unknown	3.0	200	25.9	12.8	22.2	15.8	36.3	10.7	2.2	770	9,866	105,752
Use of Nursing Facilities <sup>f</sup>												
Entire year	7.8	416	14.0	1.9	3.4	4.4	23.8	44.4	22.1	2,969	13,304	130,863
Part year	5.9	335	17.3	2.8	6.9	8.0	34.3	37.4	10.5	1,942	6,212	59,202
None	3.0	227	29.3	12.5	19.7	14.8	39.5	12.7	0.7	775	72,239	777,523
Maintenance Assistance Status												
Cash	2.6	196	43.7	12.2	22.9	16.4	40.6	7.7	0.1	448	35,450	388,723
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.8	207	37.1	14.4	20.8	15.5	39.1	9.8	0.4	558	22,309	231,743
Other/unknown	5.9	365	15.8	5.7	7.0	7.3	31.6	36.6	11.8	2,313	33,996	347,122

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

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

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

TABLE D.5  
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.8</b>	<b>\$259</b>	<b>\$68</b>	<b>1.3</b>	<b>\$198</b>	<b>\$150</b>	<b>0.1</b>	<b>\$10</b>	<b>\$110</b>	<b>2.4</b>	<b>\$51</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	3.5	337	97	1.0	260	271	0.2	20	106	2.3	58	25
6-14	4.1	1,036	256	1.8	938	528	0.1	45	390	2.2	53	24
15-20	2.2	308	139	1.0	261	270	0.1	16	179	1.1	30	26
21-44	2.5	265	104	0.9	210	237	0.1	12	152	1.6	42	27
45-64	3.9	311	81	1.3	235	182	0.1	16	156	2.4	60	25
65-74	3.7	227	61	1.3	174	135	0.1	8	93	2.3	46	20
75-84	4.3	240	56	1.5	183	120	0.1	7	73	2.7	50	19
85 and older	4.9	240	49	1.6	176	109	0.1	8	66	3.1	55	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	4.2	236	56	1.5	179	122	0.1	8	78	2.6	50	19
Disabled	3.3	292	87	1.1	225	198	0.1	14	154	2.1	53	25
Adults	2.5	192	77	0.7	139	186	0.1	11	155	1.7	43	26
Children	3.5	453	128	1.2	388	318	0.1	8	89	2.2	56	26
Unknown	1.9	124	64	0.5	97	186	0.0	1	31	1.4	26	19
<b>Gender</b>												
Female	4.1	262	63	1.4	198	140	0.1	10	99	2.6	53	21
Male	3.2	254	78	1.1	198	175	0.1	10	137	2.0	45	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.1	275	68	1.4	209	149	0.1	11	110	2.5	54	21
African American	3.2	213	67	1.1	165	155	0.1	8	126	2.0	40	20
Other/unknown	3.0	200	67	1.0	155	156	0.1	7	93	1.9	37	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.8	416	54	2.7	313	116	0.2	13	71	4.9	89	18
Part year	5.9	335	57	2.1	251	122	0.1	11	82	3.7	73	20
None	3.0	227	75	1.0	174	170	0.1	10	129	1.9	43	22
<b>Maintenance Assistance Status</b>												
Cash	2.6	196	75	0.9	154	171	0.1	8	117	1.6	34	21
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.8	207	75	0.9	160	169	0.1	9	129	1.7	38	22
Other/unknown	5.9	365	61	2.0	273	134	0.1	14	100	3.7	77	21

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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 D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic					
Anti-infective Agents	0.3	0.1	0.0	0.2	\$23	\$17	\$3	\$4	\$74	\$218	\$88	\$18	185,354	\$13,796,723	53,239	58.0	590,237
Biologicals	0.1	0.1	0.0	0.0	9	2	1	7	92	23	1,900	291	2,753	253,609	2,414	2.6	27,642
Antineoplastic Agents	0.5	0.1	0.0	0.4	70	40	0	30	155	613	183	78	23,971	3,706,277	5,247	5.7	53,027
Endocrine/Metabolic Drugs	0.8	0.3	0.1	0.4	45	34	4	7	59	121	62	17	362,956	21,469,599	43,537	47.4	478,610
Cardiovascular Agents	1.3	0.4	0.0	0.9	58	45	0	13	44	110	59	14	863,661	38,223,446	60,150	65.6	654,071
Respiratory Agents	0.5	0.3	0.0	0.2	37	34	0	3	71	110	100	15	178,318	12,674,730	30,810	33.6	339,057
Gastrointestinal Agents	0.7	0.3	0.0	0.4	49	38	0	11	68	134	50	25	308,074	21,015,606	39,572	43.1	432,307
Genitourinary Agents	0.4	0.3	0.0	0.1	34	29	0	4	78	104	78	27	70,608	5,491,542	14,834	16.2	163,413
CNS Drugs	1.1	0.5	0.0	0.6	106	95	1	10	100	193	130	18	574,850	57,221,562	49,818	54.3	541,322
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	71	63	3	5	142	198	243	32	4,763	674,984	842	0.9	9,461
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	137	135	0	1	178	181	125	65	59,967	10,647,400	7,434	8.1	77,907
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	44	17	8	20	57	206	287	30	448,219	25,641,056	53,230	58.0	584,536
Neuromuscular Agents	0.8	0.2	0.0	0.6	53	33	2	18	68	175	73	32	262,343	17,938,415	30,576	33.3	338,535
Nutritional Products	0.5	0.0	0.0	0.5	8	0	0	7	15	33	17	15	108,173	1,642,909	20,109	21.9	217,732
Hematological Agents	0.6	0.2	0.0	0.3	69	63	1	5	117	253	93	16	100,738	11,740,271	15,629	17.0	169,931
Topical Products	0.4	0.2	0.0	0.2	19	14	1	4	50	85	50	21	140,250	7,033,507	32,878	35.8	364,270
Miscellaneous Products	0.3	0.1	0.0	0.1	67	59	2	5	248	423	294	44	5,305	1,315,047	1,788	1.9	19,666
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	20	0	0	0	13,528	264,668	4,429	4.8	49,385
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>3,713,831</b>	<b>250,751,351</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispain.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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.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 2005.

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.

Dual Eligible Beneficiaries



TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$37,569,268	22,761	24.8	249,723	0.6	\$251	\$150
ULCER DRUGS	16,725,308	38,159	41.6	420,031	0.5	75	40
ANTIHYPERTENSIVE	16,614,710	25,445	27.7	286,406	0.4	134	58
ANALGESICS - Narcotic	16,143,859	66,890	72.9	740,716	0.4	51	22
ANTIDEPRESSANTS	15,559,326	45,601	49.7	500,539	0.5	61	31
ANTICONVULSANT	14,566,237	23,448	25.6	259,616	0.6	88	56
ANTIDIABETIC	14,094,120	33,321	36.3	368,061	0.5	71	38
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	10,738,564	9,741	10.6	102,432	0.6	175	105
ANTIASTHMATIC	10,607,123	32,481	35.4	358,482	0.4	79	30
ANTIHYPERTENSIVE	8,823,950	44,932	49.0	495,966	0.5	36	18
Total	161,442,465	342,779		3,781,972	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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; n.a. = not applicable.

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean \$ per Benefit Month
<b>All</b>	<b>1,877,760</b>	<b>\$161,442,465</b>	<b>22,761</b>	<b>24.8</b>	<b>249,723</b>	<b>0.6</b>	<b>\$150</b>	<b>38,159</b>	<b>41.6</b>	<b>420,031</b>	<b>0.5</b>	<b>\$40</b>
<b>Female</b>												
All Females	1,296,580	105,993,492	13,541	22.4	147,435	0.6	132	27,558	45.7	303,708	0.5	40
<b>Female, Disabled</b>												
All Ages	442,773	44,710,409	6,377	31.6	72,752	0.5	152	8,628	42.7	98,373	0.4	38
5 and younger	63	3,180	0	0.0	0	0.0	0	2	50.0	23	0.7	34
6-14	13	504	0	0.0	0	0.0	0	2	66.7	21	0.1	13
15-20	607	70,708	18	27.7	216	0.5	129	19	29.2	225	0.2	20
21-44	108,939	12,856,803	2,600	40.4	29,646	0.5	147	2,100	32.6	23,928	0.4	32
45-64	324,017	31,090,572	3,725	28.3	42,501	0.6	156	6,310	47.9	71,940	0.5	40
65-74	9,047	682,428	33	6.7	377	0.5	148	192	39.1	2,215	0.5	42
75-84	84	5,960	1	7.7	12	0.4	42	1	7.7	12	0.6	68
85 and older	3	254	0	0.0	0	0.0	0	2	66.7	9	0.2	27
<b>Female, Other Eligibles</b>												
All Ages	853,807	61,283,083	7,164	17.8	74,683	0.6	112	18,930	47.1	205,335	0.6	41
5 and younger	1	19	0	0.0	0	0.0	0	1	100.0	4	0.3	5
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	18	663	0	0.0	0	0.0	0	1	20.0	4	0.5	68
21-44	3,978	402,732	81	22.8	790	0.4	120	80	22.5	815	0.3	27
45-64	2,553	210,366	29	17.4	300	0.4	118	39	23.4	417	0.4	34
65-74	304,045	23,362,952	1,969	13.9	21,616	0.6	138	6,544	46.3	73,300	0.5	42
75-84	320,296	22,777,605	2,614	18.0	27,309	0.6	109	6,997	48.3	76,377	0.6	42
85 and older	222,916	14,528,746	2,471	22.4	24,668	0.6	93	5,268	47.8	54,418	0.6	40
<b>Male</b>												
All Males	581,180	55,448,973	9,220	29.4	102,288	0.6	177	10,601	33.8	116,323	0.5	39
<b>Male, Disabled</b>												
All Ages	319,240	36,429,679	6,742	39.1	77,056	0.6	194	5,131	29.7	58,168	0.5	39
5 and younger	2	10	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	70	2,552	0	0.0	0	0.0	0	3	37.5	36	0.7	50
15-20	1,117	174,235	38	53.5	422	0.6	213	13	18.3	156	0.4	31
21-44	115,444	15,056,618	3,359	43.8	38,254	0.6	185	1,820	23.7	20,818	0.5	38
45-64	198,673	20,876,919	3,328	36.0	38,181	0.7	203	3,205	34.7	36,123	0.5	40
65-74	3,932	319,325	17	6.5	199	0.6	284	90	34.5	1,035	0.5	44
75-84	2	20	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

Dual Eligible Beneficiaries

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
Beneficiary Characteristics	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit \$ per Month	Number of Users	Users as % of Dual Benes	Mean	Mean Benefit per Rx \$ per Month	Mean Benefit \$ per Month
					Number of Benefit Months Among Users					Number of Benefit Months Among Users		
Male, Other Eligibles												
All Ages	261,940	19,019,294	2,478	17.5	25,232	0.7	126	5,470	38.7	58,155	0.6	39
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	6	404	0	0.0	0	0.0	0	1	33.3	12	0.3	31
15-20	56	3,455	0	0.0	0	0.0	0	2	28.6	14	0.6	11
21-44	577	59,370	16	24.2	164	0.8	166	13	19.7	122	0.3	24
45-64	1,189	104,007	11	12.6	122	0.4	127	21	24.1	204	0.4	48
65-74	131,317	9,896,907	1,027	14.4	11,139	0.7	143	2,541	35.5	27,880	0.5	39
75-84	90,464	6,391,446	894	18.8	8,941	0.7	117	1,965	41.3	20,861	0.6	38
85 and older	38,331	2,563,705	530	25.5	4,866	0.7	102	927	44.5	9,062	0.6	38
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 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>25,445</b>	<b>27.7</b>	<b>286,406</b>	<b>0.4</b>	<b>\$58</b>	<b>66,890</b>	<b>72.9</b>	<b>740,716</b>	<b>0.4</b>	<b>\$22</b>	<b>45,601</b>	<b>49.7</b>	<b>500,539</b>	<b>0.5</b>	<b>\$31</b>
<b>Female</b>															
All Females	17,968	29.8	202,923	0.4	58	47,467	78.7	527,052	0.4	20	32,799	54.3	359,906	0.5	31
<b>Female, Disabled</b>															
All Ages	5,307	26.3	60,584	0.4	53	19,325	95.7	218,701	0.4	28	14,455	71.6	164,328	0.4	31
5 and younger	1	25.0	12	0.3	19	3	75.0	36	0.1	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	2	66.7	21	0.1	1	0	0.0	0	0.0	0
15-20	2	3.1	24	0.4	83	37	56.9	421	0.2	2	20	30.8	230	0.5	24
21-44	708	11.0	8,070	0.4	45	5,807	90.3	65,753	0.4	24	4,491	69.8	50,954	0.4	31
45-64	4,388	33.3	50,101	0.4	54	13,094	99.4	148,222	0.5	30	9,767	74.1	111,160	0.5	32
65-74	205	41.8	2,356	0.4	59	379	77.2	4,222	0.4	14	173	35.2	1,951	0.4	26
75-84	3	23.1	21	0.3	51	3	23.1	26	0.3	2	4	30.8	33	0.2	14
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>Female, Other Eligibles</b>															
All Ages	12,661	31.5	142,339	0.5	60	28,142	70.1	308,351	0.4	15	18,344	45.7	195,578	0.6	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	80.0	48	0.1	7	1	20.0	12	0.8	5
21-44	15	4.2	155	0.2	26	367	103.1	3,582	0.4	26	240	67.4	2,407	0.4	25
45-64	33	19.8	316	0.3	42	157	94.0	1,543	0.5	35	108	64.7	1,054	0.4	23
65-74	5,771	40.9	65,458	0.4	59	10,706	75.8	120,261	0.4	16	6,491	45.9	71,796	0.5	29
75-84	4,956	34.2	55,669	0.5	61	10,113	69.8	111,707	0.4	13	6,558	45.3	69,898	0.6	31
85 and older	1,886	17.1	20,741	0.5	62	6,795	61.6	71,210	0.4	13	4,946	44.9	50,411	0.7	34
<b>Male</b>															
All Males	7,477	23.8	83,483	0.4	58	19,423	61.8	213,664	0.4	26	12,802	40.8	140,633	0.5	31
<b>Male, Disabled</b>															
All Ages	3,481	20.2	39,643	0.4	54	11,526	66.8	128,925	0.5	33	8,057	46.7	91,119	0.5	31
5 and younger	0	0.0	0	0.0	0	2	50.0	24	0.1	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	37.5	30	0.2	1	1	12.5	12	0.6	29
15-20	4	5.6	48	0.6	63	36	50.7	405	0.4	47	38	53.5	436	0.6	36
21-44	860	11.2	9,944	0.4	48	4,631	60.4	51,974	0.4	31	3,559	46.4	40,280	0.5	30
45-64	2,529	27.4	28,649	0.4	56	6,721	72.8	74,948	0.5	35	4,420	47.8	49,938	0.5	31
65-74	88	33.7	1,002	0.4	57	131	50.2	1,520	0.5	9	39	14.9	453	0.4	21
75-84	0	0.0	0	0.0	0	2	66.7	24	0.1	1	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

Dual Eligible Beneficiaries

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>															
All Ages	3,996	28.2	43,840	0.5	61	7,897	55.8	84,739	0.4	15	4,745	33.5	49,514	0.6	33
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	33.3	12	0.2	1	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	4	57.1	38	0.1	1	3	42.9	27	0.5	36
21-44	3	4.5	27	0.4	54	46	69.7	391	0.4	7	17	25.8	164	0.3	29
45-64	23	26.4	234	0.3	52	82	94.3	839	0.5	24	35	40.2	376	0.4	32
65-74	2,290	32.0	25,533	0.4	61	4,177	58.4	46,043	0.4	18	2,187	30.6	23,910	0.5	31
75-84	1,352	28.4	14,682	0.5	62	2,536	53.3	27,073	0.4	11	1,646	34.6	16,948	0.6	34
85 and older	328	15.8	3,364	0.6	63	1,051	50.5	10,343	0.4	9	857	41.2	8,089	0.7	35
<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 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>23,448</b>	<b>25.6</b>	<b>259,616</b>	<b>0.6</b>	<b>\$56</b>	<b>33,321</b>	<b>36.3</b>	<b>368,061</b>	<b>0.5</b>	<b>\$38</b>	<b>9,741</b>	<b>10.6</b>	<b>102,432</b>	<b>0.6</b>	<b>\$105</b>
<b>Female</b>															
All Females	15,192	25.2	167,939	0.6	51	23,575	39.1	261,170	0.5	38	7,220	12.0	76,394	0.6	108
<b>Female, Disabled</b>															
All Ages	7,720	38.2	87,485	0.6	67	7,517	37.2	85,095	0.5	41	1,028	5.1	11,807	0.4	177
5 and younger	2	50.0	22	1.0	63	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	11	16.9	131	0.7	149	4	6.2	48	0.7	47	3	4.6	36	0.1	17
21-44	2,741	42.6	31,036	0.6	80	1,207	18.8	13,621	0.4	37	262	4.1	2,977	0.3	223
45-64	4,883	37.1	55,393	0.6	59	6,061	46.0	68,616	0.5	42	741	5.6	8,530	0.4	166
65-74	81	16.5	889	0.5	39	245	49.9	2,810	0.5	34	21	4.3	252	0.4	61
75-84	2	15.4	14	0.1	2	0	0.0	0	0.0	0	1	7.7	12	0.2	26
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>Female, Other Eligibles</b>															
All Ages	7,472	18.6	80,454	0.6	35	16,058	40.0	176,075	0.6	37	6,192	15.4	64,587	0.7	96
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	117	32.9	1,188	0.5	50	38	10.7	406	0.3	23	15	4.2	160	0.4	322
45-64	50	29.9	500	0.5	42	57	34.1	579	0.4	36	5	3.0	56	0.1	19
65-74	2,922	20.7	32,445	0.6	40	7,000	49.6	78,633	0.5	39	1,083	7.7	11,734	0.5	83
75-84	2,734	18.9	29,299	0.6	32	6,070	41.9	66,645	0.6	36	2,660	18.4	27,766	0.7	94
85 and older	1,649	15.0	17,022	0.6	29	2,893	26.2	29,812	0.6	33	2,429	22.0	24,871	0.7	102
<b>Male</b>															
All Males	8,256	26.3	91,677	0.7	65	9,746	31.0	106,891	0.5	39	2,521	8.0	26,038	0.6	95
<b>Male, Disabled</b>															
All Ages	5,828	33.8	65,897	0.7	76	4,262	24.7	47,761	0.5	41	640	3.7	7,245	0.4	108
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	24	33.8	273	0.8	113	4	5.6	48	0.6	74	0	0.0	0	0.0	0
21-44	2,707	35.3	30,622	0.7	86	1,005	13.1	11,362	0.5	38	208	2.7	2,398	0.3	109
45-64	3,076	33.3	34,779	0.7	66	3,149	34.1	35,169	0.5	41	422	4.6	4,740	0.4	108
65-74	21	8.0	223	0.7	35	104	39.8	1,182	0.5	41	10	3.8	107	0.5	84
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

Dual Eligible Beneficiaries

TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANTICONVULSANT										ANTIDIABETIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month					
Male, Other Eligibles																				
All Ages	2,428	17.2	25,780	0.6	38	5,484	38.8	59,130	0.6	37	1,881	13.3	18,793	0.7	90					
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
21-44	15	22.7	128	0.6	111	6	9.1	40	0.4	22	0	0.0	0	0.0	0					
45-64	22	25.3	238	0.4	39	29	33.3	331	0.4	34	3	3.4	36	0.1	7					
65-74	1,291	18.1	14,266	0.6	42	3,008	42.1	33,185	0.5	38	539	7.5	5,620	0.6	79					
75-84	811	17.0	8,287	0.6	32	1,919	40.3	20,370	0.6	37	790	16.6	7,835	0.7	94					
85 and older	289	13.9	2,861	0.7	28	522	25.1	5,204	0.6	31	549	26.4	5,302	0.7	98					
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 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Dual Eligible Beneficiaries

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>32,481</b>	<b>35.4</b>	<b>358,482</b>	<b>0.4</b>	<b>\$30</b>	<b>44,932</b>	<b>49.0</b>	<b>495,966</b>	<b>0.5</b>	<b>\$18</b>	<b>91,755</b>	<b>967,588</b>
<b>Female</b>												
All Females	22,573	37.4	250,355	0.4	29	32,082	53.2	354,584	0.5	19	60,350	638,468
<b>Female, Disabled</b>												
All Ages	8,424	41.7	95,897	0.3	27	7,796	38.6	88,197	0.4	16	20,188	220,088
5 and younger	4	100.0	47	0.4	16	2	50.0	24	0.1	2	4	47
6-14	3	100.0	30	0.2	7	1	33.3	12	0.2	1	3	33
15-20	14	21.5	167	0.3	34	12	18.5	135	0.4	15	65	712
21-44	1,999	31.1	22,655	0.3	18	1,094	17.0	12,390	0.4	13	6,432	70,092
45-64	6,159	46.7	70,225	0.4	29	6,369	48.3	72,090	0.4	17	13,177	143,843
65-74	241	49.1	2,730	0.4	29	309	62.9	3,486	0.4	18	491	5,258
75-84	4	30.8	43	0.5	52	8	61.5	58	0.4	9	13	92
85 and older	0	0.0	0	0.0	0	1	33.3	2	0.5	4	3	11
<b>Female, Other Eligibles</b>												
All Ages	14,149	35.2	154,458	0.4	30	24,286	60.5	266,387	0.5	20	40,162	418,380
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	41
21-44	86	24.2	884	0.2	10	25	7.0	250	0.3	6	356	2,948
45-64	75	44.9	804	0.3	24	67	40.1	669	0.4	12	167	1,504
65-74	6,057	42.9	67,923	0.4	33	8,665	61.3	97,469	0.5	19	14,127	151,529
75-84	4,776	33.0	52,170	0.4	31	9,338	64.5	102,900	0.5	20	14,483	152,819
85 and older	3,155	28.6	32,677	0.4	26	6,191	56.2	65,099	0.6	20	11,023	109,535
<b>Male</b>												
All Males	9,908	31.5	108,127	0.4	31	12,850	40.9	141,382	0.5	15	31,405	329,120
<b>Male, Disabled</b>												
All Ages	4,349	25.2	48,842	0.4	28	5,529	32.0	62,089	0.5	15	17,253	186,119
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	40
6-14	2	25.0	24	0.2	5	5	62.5	60	0.5	4	8	79
15-20	16	22.5	189	0.2	26	14	19.7	139	0.5	19	71	767
21-44	1,336	17.4	15,129	0.3	21	1,494	19.5	16,780	0.4	14	7,667	82,620
45-64	2,874	31.1	32,093	0.4	31	3,904	42.3	43,836	0.5	15	9,238	99,797
65-74	121	46.4	1,407	0.4	38	112	42.9	1,274	0.4	14	261	2,793
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	19
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4

Dual Eligible Beneficiaries



TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>Male, Other Eligibles</b>												
All Ages	5,559	39.3	59,285	0.4	34	7,321	51.7	79,293	0.5	15	14,152	143,001
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	7
6-14	1	33.3	12	0.1	2	0	0.0	0	0.0	0	3	36
15-20	3	42.9	34	0.6	61	4	57.1	32	0.3	7	7	58
21-44	11	16.7	88	0.3	30	11	16.7	89	0.7	29	66	492
45-64	27	31.0	316	0.3	33	27	31.0	271	0.4	13	87	751
65-74	2,912	40.7	32,079	0.4	36	3,814	53.3	42,370	0.5	15	7,150	74,620
75-84	1,807	38.0	19,065	0.4	33	2,493	52.4	26,886	0.5	15	4,757	48,128
85 and older	798	38.3	7,691	0.4	31	972	46.7	9,645	0.6	14	2,081	18,909
<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 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2005. 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 2005. 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.

Dual Eligible Beneficiaries

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

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>\$416</b>	<b>7.8</b>	<b>13,304</b>	<b>130,863</b>
<b>Age</b>				
0-64	642	9.4	1,359	14,974
65-74	508	9.0	2,120	21,815
75-84	415	7.9	4,221	40,977
85 and older	315	6.7	5,604	53,097
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	400	7.7	9,778	96,563
Male	462	7.9	3,526	34,300
Unknown	0	0.0	0	0
<b>Race</b>				
White	417	7.8	11,638	113,744
African American	422	7.4	983	10,133
Other/unknown	393	7.5	683	6,986
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	387	7.6	11,937	115,821
Disabled	642	9.4	1,357	14,950
Adults	412	7.4	6	48
Children	672	10.0	4	44
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 6,212 beneficiaries who were in nursing facilities for part of their enrollment and their 59,202 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.

Dual Eligible Beneficiaries

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$10,224,647	6,465	48.6	68,048	0.8	\$187	\$150
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	5,255,448	4,277	32.1	43,631	0.8	148	120
ANTIDEPRESSANTS	4,291,163	9,821	73.8	101,745	0.8	52	42
ULCER DRUGS	3,501,005	7,984	60.0	82,703	0.8	55	42
ANTICONVULSANT	2,578,055	4,582	34.4	48,543	0.9	60	53
ANTIDIABETIC	2,365,994	5,787	43.5	60,229	0.8	49	39
ANTIHYPERLIPIDEMIC	2,045,536	2,696	20.3	28,523	0.8	90	72
ANTIASTHMATIC	1,995,748	5,558	41.8	57,595	0.5	76	35
ANALGESICS - Narcotic	1,832,114	9,020	67.8	93,247	0.6	35	20
DERMATOLOGICAL	1,460,707	11,745	88.3	126,559	0.3	40	12
Total	35,550,417	67,935		710,823	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 6,212 beneficiaries who were in nursing facilities for part of their enrollment and their 59,202 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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>465,344</b>	<b>\$35,550,417</b>	<b>6,465</b>	<b>48.6</b>	<b>68,048</b>	<b>0.8</b>	<b>\$150</b>	<b>4,277</b>	<b>32.1</b>	<b>43,631</b>	<b>0.8</b>	<b>\$121</b>
<b>Female</b>												
All Females	332,096	24,760,411	4,446	45.5	46,715	0.8	140	3,242	33.2	33,468	0.8	120
<b>Female, Disabled</b>												
All Ages	36,828	3,414,886	472	72.4	5,349	1.0	221	102	15.6	1,150	0.7	310
64 or younger	36,828	3,414,886	472	72.4	5,349	1.0	221	102	15.6	1,150	0.7	310
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>Female, Other Eligibles</b>												
All Ages	295,268	21,345,525	3,974	43.5	41,366	0.8	130	3,140	34.4	32,318	0.8	113
64 or younger	148	6,482	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	60,805	4,770,267	812	63.7	8,822	0.8	172	358	28.1	3,744	0.8	113
75-84	112,592	8,357,461	1,493	48.0	15,628	0.8	134	1,277	41.1	13,111	0.8	113
85 and older	121,723	8,211,315	1,669	35.2	16,916	0.7	104	1,505	31.8	15,463	0.8	114
<b>Male</b>												
All Males	133,248	10,790,006	2,019	57.3	21,333	0.8	172	1,035	29.4	10,163	0.8	122
<b>Male, Disabled</b>												
All Ages	37,431	3,597,164	589	83.5	6,760	1.0	235	98	13.9	1,112	0.7	203
64 or younger	37,394	3,595,102	589	83.7	6,760	1.0	235	98	13.9	1,112	0.7	203
65-74	37	2,062	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>Male, Other Eligibles</b>												
All Ages	95,817	7,192,842	1,430	50.7	14,573	0.8	142	937	33.2	9,051	0.8	112
64 or younger	55	5,828	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	35,727	2,832,901	518	61.3	5,669	0.8	165	214	25.3	2,174	0.8	109
75-84	37,583	2,796,723	555	50.0	5,616	0.8	138	395	35.6	3,739	0.8	113
85 and older	22,452	1,557,390	357	41.3	3,288	0.7	110	328	38.0	3,138	0.8	112
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 6,212 beneficiaries who were in nursing facilities for part of their enrollment and their 59,202 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>9,821</b>	<b>73.8</b>	<b>101,745</b>	<b>0.8</b>	<b>\$42</b>	<b>7,984</b>	<b>60.0</b>	<b>82,703</b>	<b>0.8</b>	<b>\$42</b>	<b>4,582</b>	<b>34.4</b>	<b>48,543</b>	<b>0.9</b>	<b>\$53</b>
<b>Female</b>															
All Females	7,208	73.7	74,680	0.8	41	5,801	59.3	60,124	0.8	43	3,041	31.1	32,049	0.9	51
<b>Female, Disabled</b>															
All Ages	685	105.1	7,716	0.9	47	446	68.4	5,083	0.8	50	525	80.5	5,926	1.0	79
64 or younger	685	105.1	7,716	0.9	47	446	68.4	5,083	0.8	50	525	80.5	5,926	1.0	79
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>Female, Other Eligibles</b>															
All Ages	6,523	71.5	66,964	0.8	41	5,355	58.7	55,041	0.8	42	2,516	27.6	26,123	0.8	44
64 or younger	2	100.0	24	1.2	14	2	100.0	24	0.9	8	3	150.0	36	1.0	88
65-74	1,168	91.7	12,355	0.8	43	868	68.1	9,274	0.8	45	662	52.0	7,106	0.9	59
75-84	2,474	79.5	25,459	0.8	41	1,932	62.1	19,964	0.8	45	968	31.1	10,031	0.8	43
85 and older	2,879	60.7	29,126	0.8	39	2,553	53.9	25,779	0.8	39	883	18.6	8,950	0.8	33
<b>Male</b>															
All Males	2,613	74.1	27,065	0.8	45	2,183	61.9	22,579	0.8	41	1,541	43.7	16,494	0.9	58
<b>Male, Disabled</b>															
All Ages	674	95.6	7,609	0.8	47	476	67.5	5,338	0.8	46	564	80.0	6,407	1.0	74
64 or younger	674	95.7	7,609	0.8	47	476	67.6	5,338	0.8	46	564	80.1	6,407	1.0	74
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>Male, Other Eligibles</b>															
All Ages	1,939	68.7	19,456	0.8	44	1,707	60.5	17,241	0.8	40	977	34.6	10,087	0.9	48
64 or younger	1	100.0	12	0.3	34	1	100.0	12	0.9	93	1	100.0	12	0.9	97
65-74	693	82.0	7,384	0.8	46	528	62.5	5,573	0.8	43	447	52.9	4,868	0.9	56
75-84	750	67.5	7,520	0.8	43	688	61.9	7,024	0.8	38	373	33.6	3,683	0.8	42
85 and older	495	57.3	4,540	0.8	41	490	56.7	4,632	0.8	39	156	18.1	1,524	0.8	37
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 6,212 beneficiaries who were in nursing facilities for part of their enrollment and their 59,202 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERLIPIDEMIC					ANTIASTHMATIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>5,787</b>	<b>43.5</b>	<b>60,229</b>	<b>0.8</b>	<b>\$39</b>	<b>2,696</b>	<b>20.3</b>	<b>28,523</b>	<b>0.8</b>	<b>\$72</b>	<b>5,558</b>	<b>41.8</b>	<b>57,595</b>	<b>0.5</b>	<b>\$35</b>
<b>Female</b>															
All Females	4,110	42.0	42,692	0.8	39	1,888	19.3	20,110	0.8	71	3,898	39.9	40,600	0.4	33
<b>Female, Disabled</b>															
All Ages	418	64.1	4,704	0.9	49	200	30.7	2,312	0.8	70	318	48.8	3,637	0.5	38
64 or younger	418	64.1	4,704	0.9	49	200	30.7	2,312	0.8	70	318	48.8	3,637	0.5	38
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>Female, Other Eligibles</b>															
All Ages	3,692	40.5	37,988	0.8	38	1,688	18.5	17,798	0.8	71	3,580	39.2	36,963	0.4	32
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	856	67.2	9,253	0.8	42	382	30.0	4,198	0.8	74	674	52.9	7,137	0.5	41
75-84	1,497	48.1	15,498	0.8	38	742	23.9	7,719	0.8	70	1,279	41.1	13,185	0.5	35
85 and older	1,339	28.2	13,237	0.7	35	564	11.9	5,881	0.8	71	1,627	34.3	16,641	0.4	26
<b>Male</b>															
All Males	1,677	47.6	17,537	0.8	40	808	22.9	8,413	0.8	73	1,660	47.1	16,995	0.5	40
<b>Male, Disabled</b>															
All Ages	343	48.7	3,848	0.9	46	177	25.1	1,979	0.8	72	300	42.6	3,411	0.5	40
64 or younger	341	48.4	3,824	0.9	46	176	25.0	1,967	0.8	72	300	42.6	3,411	0.5	40
65-74	2	200.0	24	1.0	17	1	100.0	12	1.0	138	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>Male, Other Eligibles</b>															
All Ages	1,334	47.3	13,689	0.8	38	631	22.4	6,434	0.8	74	1,360	48.2	13,584	0.5	40
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.5	78
65-74	484	57.3	5,241	0.8	41	229	27.1	2,471	0.8	77	449	53.1	4,751	0.6	45
75-84	587	52.8	5,916	0.8	39	279	25.1	2,802	0.8	76	495	44.6	4,976	0.5	39
85 and older	263	30.4	2,532	0.7	32	123	14.2	1,161	0.8	62	415	48.0	3,845	0.4	34
<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 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 6,212 beneficiaries who were in nursing facilities for part of their enrollment and their 59,202 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic						DERMATOLOGICAL					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>9,020</b>	<b>67.8</b>	<b>93,247</b>	<b>0.6</b>	<b>\$20</b>	<b>11,745</b>	<b>88.3</b>	<b>126,559</b>	<b>0.3</b>	<b>\$12</b>	<b>13,304</b>	<b>130,863</b>
<b>Female</b>												
All Females	6,884	70.4	71,383	0.6	20	8,500	86.9	91,743	0.3	11	9,778	96,563
<b>Female, Disabled</b>												
All Ages	581	89.1	6,506	0.7	25	739	113.3	8,530	0.3	12	652	7,185
64 or younger	581	89.1	6,506	0.7	25	739	113.3	8,530	0.3	12	652	7,185
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>Female, Other Eligibles</b>												
All Ages	6,303	69.1	64,877	0.6	20	7,761	85.0	83,213	0.3	11	9,126	89,378
64 or younger	3	150.0	36	0.5	26	5	250.0	60	0.7	31	2	24
65-74	1,090	85.6	11,534	0.6	26	1,257	98.7	14,055	0.3	12	1,274	13,205
75-84	2,190	70.4	22,668	0.6	21	2,688	86.4	28,879	0.3	12	3,110	30,509
85 and older	3,020	63.7	30,639	0.5	17	3,811	80.4	40,219	0.3	11	4,740	45,640
<b>Male</b>												
All Males	2,136	60.6	21,864	0.6	17	3,245	92.0	34,816	0.3	12	3,526	34,300
<b>Male, Disabled</b>												
All Ages	478	67.8	5,367	0.7	22	762	108.1	8,735	0.3	15	705	7,765
64 or younger	478	67.9	5,367	0.7	22	762	108.2	8,735	0.3	15	704	7,753
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
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>Male, Other Eligibles</b>												
All Ages	1,658	58.8	16,497	0.5	16	2,483	88.0	26,081	0.3	11	2,821	26,535
64 or younger	2	200.0	24	1.0	92	0	0.0	0	0.0	0	1	12
65-74	519	61.4	5,440	0.6	19	791	93.6	8,634	0.3	10	845	8,598
75-84	661	59.5	6,602	0.5	16	928	83.5	9,782	0.3	12	1,111	10,468
85 and older	476	55.1	4,431	0.5	12	764	88.4	7,665	0.3	11	864	7,457
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 6,212 beneficiaries who were in nursing facilities for part of their enrollment and their 59,202 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 2005. 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 2005 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 D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
OKLAHOMA, 2005

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>38,387</b>	<b>41.8</b>	<b>2.8</b>	<b>256,498</b>	<b>\$39</b>	<b>\$3,551,088</b>	<b>\$14</b>	<b>1.4</b>	<b>91,755</b>
<b>Age</b>									
5 and younger	7	70.0	3.1	31	336	3,362	108	10.2	10
6-14	7	50.0	2.4	34	71	988	29	0.6	14
15-20	34	23.0	1.1	162	52	7,727	48	1.6	148
21-44	4,511	31.1	2.0	28,316	35	509,923	18	1.2	14,521
45-64	9,911	43.7	3.0	68,138	43	970,477	14	1.3	22,669
65-74	8,626	39.2	2.5	56,075	33	731,646	13	1.4	22,029
75-84	8,585	44.6	3.0	57,607	38	738,731	13	1.5	19,256
85 and older	6,706	51.2	3.5	46,135	45	588,234	13	1.9	13,108
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	23,631	44.2	3.0	158,490	38	2,041,300	13	1.6	53,507
Disabled	14,500	38.7	2.6	96,734	40	1,495,976	15	1.3	37,441
Adults	224	31.5	1.6	1,158	17	12,121	10	1.1	710
Children	10	32.3	1.8	57	35	1,096	19	0.7	31
Unknown	22	33.3	0.9	59	9	595	10	1.0	66
<b>Gender</b>									
Female	27,707	45.9	3.1	185,579	41	2,475,707	13	1.5	60,350
Male	10,680	34.0	2.3	70,919	34	1,075,381	15	1.3	31,405
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	31,067	43.9	3.0	214,880	42	2,958,226	14	1.4	70,690
African American	3,984	35.6	2.1	23,524	30	336,763	14	1.3	11,199
Other/unknown	3,336	33.8	1.8	18,094	26	256,099	14	1.2	9,866
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	8,087	60.8	5.7	76,009	73	966,359	13	1.8	13,304
Part year	4,039	65.0	4.2	25,994	54	336,605	13	1.7	6,212
None	26,261	36.4	2.1	154,495	31	2,248,124	15	1.3	72,239
<b>Maintenance Assistance Status</b>									
Cash	11,563	32.6	1.8	62,736	25	893,794	14	1.2	35,450
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	7,671	34.4	1.8	40,767	24	527,130	13	1.1	22,309
Other/unknown	19,153	56.3	4.5	152,995	63	2,130,164	14	1.7	33,996

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

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

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

TABLE D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
OKLAHOMA, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.3</b>	<b>\$4</b>	<b>\$14</b>	<b>\$0</b>	<b>\$1</b>	<b>967,588</b>
<b>Age</b>						
5 and younger	0.3	34	108	0	11	98
6-14	0.2	7	29	0	0	148
15-20	0.1	5	48	0	0	1,578
21-44	0.2	3	18	0	2	156,152
45-64	0.3	4	14	0	2	245,895
65-74	0.2	3	13	0	1	234,200
75-84	0.3	4	13	0	1	201,058
85 and older	0.4	5	13	0	1	128,459
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	4	13	0	1	554,586
Disabled	0.2	4	15	0	2	406,207
Adults	0.2	2	10	0	1	5,983
Children	0.2	3	19	0	1	328
Unknown	0.1	1	10	0	0	484
<b>Gender</b>						
Female	0.3	4	13	0	1	638,468
Male	0.2	3	15	0	1	329,120
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.3	4	14	0	1	742,202
African American	0.2	3	14	0	1	119,634
Other/unknown	0.2	2	14	0	1	105,752
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.6	7	13	0	2	130,863
Part year	0.4	6	13	0	2	59,202
None	0.2	3	15	0	1	777,523
<b>Maintenance Assistance Status</b>						
Cash	0.2	2	14	0	1	388,723
Medically needy	0.0	0	0	0	0	0
Poverty related	0.2	2	13	0	1	231,743
Other/unknown	0.4	6	14	0	2	347,122

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005.

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

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

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

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

TABLE D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
OKLAHOMA, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
<b>All</b>	<b>47,983</b>	<b>\$74</b>	<b>\$3,551,088</b>	<b>100.0</b>	<b>256,498</b>	<b>\$14</b>	<b>100.0</b>	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	23	26	598	0.0	50	12	0.0	
Cough and cold medications	157	118	18,529	0.5	345	54	0.1	
Vitamins and minerals	19,792	81	1,607,721	45.3	106,972	15	41.7	
Non-prescription drugs	2,383	107	253,852	7.1	7,765	33	3.0	
Barbiturates	870	66	57,724	1.6	8,010	7	3.1	
Benzodiazepines	22,864	55	1,249,113	35.2	126,628	10	49.4	
Other Part D Excl Rx Drugs	1,894	192	363,551	10.2	6,728	54	2.6	

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 OKLAHOMA, 2005

Total Number of Dual Eligible Beneficiaries: 91,755  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$250,751,351  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$2,732

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,474	10.3	\$0	0.0
1-500	16,070	17.5	3,311,075	1.3
501-1,000	9,794	10.7	7,254,183	2.9
1,001-1,500	8,215	9.0	10,215,820	4.1
1,501-2,000	7,026	7.7	12,254,490	4.9
2,001-2,500	6,235	6.8	14,003,183	5.6
2,501-3,000	5,469	6.0	15,008,150	6.0
3,001-3,500	4,794	5.2	15,560,522	6.2
3,501-4,000	3,939	4.3	14,740,065	5.9
4,001-4,500	3,332	3.6	14,124,855	5.6
4,501-5,000	2,719	3.0	12,882,046	5.1
5,001-5,500	2,364	2.6	12,394,117	4.9
5,501-6,000	1,823	2.0	10,477,933	4.2
6,001-6,500	1,570	1.7	9,798,082	3.9
6,501-7,000	1,229	1.3	8,299,877	3.3
7,001-7,500	1,025	1.1	7,421,278	3.0
7,501-8,000	819	0.9	6,344,386	2.5
8,001-8,500	754	0.8	6,219,285	2.5
8,501-9,000	667	0.7	5,826,840	2.3
9,001-9,500	554	0.6	5,125,764	2.0
9,501-10,000	418	0.5	4,075,546	1.6
10,001+	3,465	3.8	55,413,854	22.1

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 OKLAHOMA, 2005

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 36,669  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$117,173,729  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$3,195

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	4,396	12.0	0		0.0
1-500	6,862	18.7	1,308,890		1.1
501-1,000	3,535	9.6	2,602,501		2.2
1,001-1,500	2,812	7.7	3,488,436		3.0
1,501-2,000	2,409	6.6	4,191,653		3.6
2,001-2,500	2,079	5.7	4,666,977		4.0
2,501-3,000	1,823	5.0	5,002,516		4.3
3,001-3,500	1,618	4.4	5,254,998		4.5
3,501-4,000	1,428	3.9	5,345,363		4.6
4,001-4,500	1,183	3.2	5,020,741		4.3
4,501-5,000	1,033	2.8	4,902,358		4.2
5,001-5,500	951	2.6	4,983,051		4.3
5,501-6,000	778	2.1	4,472,742		3.8
6,001-6,500	695	1.9	4,338,694		3.7
6,501-7,000	558	1.5	3,767,598		3.2
7,001-7,500	493	1.3	3,571,000		3.0
7,501-8,000	403	1.1	3,121,431		2.7
8,001-8,500	384	1.0	3,166,484		2.7
8,501-9,000	326	0.9	2,845,030		2.4
9,001-9,500	298	0.8	2,758,182		2.4
9,501-10,000	226	0.6	2,205,537		1.9
10,001+	2,379	6.5	40,159,547		34.3

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

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

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65+: 54,393  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$132,351,902  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$2,433

Annual Pharmacy Reimbursement per Beneficiary	Percent of Dual Beneficiaries, Age 65		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
	Number of Beneficiaries	+		
\$0	4,929	9.1	0	0.0
1-500	9,018	16.6	1,966,408	1.5
501-1,000	6,184	11.4	4,596,479	3.5
1,001-1,500	5,349	9.8	6,659,872	5.0
1,501-2,000	4,579	8.4	7,995,094	6.0
2,001-2,500	4,124	7.6	9,263,306	7.0
2,501-3,000	3,616	6.6	9,922,689	7.5
3,001-3,500	3,150	5.8	10,221,617	7.7
3,501-4,000	2,491	4.6	9,319,933	7.0
4,001-4,500	2,136	3.9	9,048,784	6.8
4,501-5,000	1,676	3.1	7,932,013	6.0
5,001-5,500	1,405	2.6	7,369,249	5.6
5,501-6,000	1,033	1.9	5,936,032	4.5
6,001-6,500	874	1.6	5,453,012	4.1
6,501-7,000	668	1.2	4,512,092	3.4
7,001-7,500	530	1.0	3,835,601	2.9
7,501-8,000	414	0.8	3,207,476	2.4
8,001-8,500	367	0.7	3,028,112	2.3
8,501-9,000	338	0.6	2,955,347	2.2
9,001-9,500	253	0.5	2,340,081	1.8
9,501-10,000	192	0.4	1,870,009	1.4
10,001+	1,067	2.0	14,918,696	11.3

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 OKLAHOMA, 2005

Total Number of Dual Eligible Beneficiaries, Age 65-74: 22,029  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$53,240,638  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$2,416

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		65-74			
\$0	2,565	11.6		0	0.0
1-500	3,814	17.3		795,002	1.5
501-1,000	2,318	10.5		1,720,665	3.2
1,001-1,500	2,000	9.1		2,490,604	4.7
1,501-2,000	1,802	8.2		3,150,972	5.9
2,001-2,500	1,619	7.3		3,635,324	6.8
2,501-3,000	1,357	6.2		3,725,688	7.0
3,001-3,500	1,256	5.7		4,071,409	7.6
3,501-4,000	911	4.1		3,406,376	6.4
4,001-4,500	837	3.8		3,546,545	6.7
4,501-5,000	659	3.0		3,118,500	5.9
5,001-5,500	568	2.6		2,982,317	5.6
5,501-6,000	375	1.7		2,154,108	4.0
6,001-6,500	309	1.4		1,926,349	3.6
6,501-7,000	255	1.2		1,723,201	3.2
7,001-7,500	198	0.9		1,432,959	2.7
7,501-8,000	155	0.7		1,200,410	2.3
8,001-8,500	142	0.6		1,173,843	2.2
8,501-9,000	134	0.6		1,171,733	2.2
9,001-9,500	109	0.5		1,007,903	1.9
9,501-10,000	92	0.4		897,118	1.7
10,001+	554	2.5		7,909,612	14.9

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 OKLAHOMA, 2005

Total Number of Dual Eligible Beneficiaries, Age 75-84: 19,256  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$48,264,048  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$2,506

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,586	8.2	0	0.0
1-500	2,956	15.4	649,493	1.3
501-1,000	2,201	11.4	1,636,240	3.4
1,001-1,500	1,961	10.2	2,446,868	5.1
1,501-2,000	1,600	8.3	2,793,336	5.8
2,001-2,500	1,500	7.8	3,373,101	7.0
2,501-3,000	1,317	6.8	3,608,912	7.5
3,001-3,500	1,149	6.0	3,731,306	7.7
3,501-4,000	966	5.0	3,615,624	7.5
4,001-4,500	769	4.0	3,261,871	6.8
4,501-5,000	591	3.1	2,798,958	5.8
5,001-5,500	499	2.6	2,613,099	5.4
5,501-6,000	406	2.1	2,332,465	4.8
6,001-6,500	341	1.8	2,131,693	4.4
6,501-7,000	254	1.3	1,715,984	3.6
7,001-7,500	219	1.1	1,584,069	3.3
7,501-8,000	155	0.8	1,199,718	2.5
8,001-8,500	122	0.6	1,006,510	2.1
8,501-9,000	134	0.7	1,172,380	2.4
9,001-9,500	93	0.5	859,476	1.8
9,501-10,000	67	0.3	652,049	1.4
10,001+	370	1.9	5,080,896	10.5

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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



SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 2005

Total Number of Dual Eligible Beneficiaries, Age 85+: 13,108  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$30,847,216  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$2,353

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85		Percent of Total Pharmacy Reimbursement
			+ Pharmacy Reimbursement	
\$0	778	5.9	0	0.0
1-500	2,248	17.1	521,913	1.7
501-1,000	1,665	12.7	1,239,574	4.0
1,001-1,500	1,388	10.6	1,722,400	5.6
1,501-2,000	1,177	9.0	2,050,786	6.6
2,001-2,500	1,005	7.7	2,254,881	7.3
2,501-3,000	942	7.2	2,588,089	8.4
3,001-3,500	745	5.7	2,418,902	7.8
3,501-4,000	614	4.7	2,297,933	7.4
4,001-4,500	530	4.0	2,240,368	7.3
4,501-5,000	426	3.2	2,014,555	6.5
5,001-5,500	338	2.6	1,773,833	5.8
5,501-6,000	252	1.9	1,449,459	4.7
6,001-6,500	224	1.7	1,394,970	4.5
6,501-7,000	159	1.2	1,072,907	3.5
7,001-7,500	113	0.9	818,573	2.7
7,501-8,000	104	0.8	807,348	2.6
8,001-8,500	103	0.8	847,759	2.7
8,501-9,000	70	0.5	611,234	2.0
9,001-9,500	51	0.4	472,702	1.5
9,501-10,000	33	0.3	320,842	1.0
10,001+	143	1.1	1,928,188	6.3

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2005.

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

APPENDIX TABLE A.3  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	91,755	53,507	37,441	710	31	66	967,588	554,586	406,207	5,983	328	484
Age												
5 and younger	10	0	8	0	2	0	98	0	87	0	11	0
6-14	14	0	11	0	3	0	148	0	112	0	36	0
15-20	148	0	136	3	9	0	1,578	0	1,479	18	81	0
21-44	14,521	0	14,099	398	13	11	156,152	0	152,712	3,200	156	84
45-64	22,669	8	22,415	208	2	36	245,895	85	243,640	1,888	24	258
65-74	22,029	21,203	752	54	1	19	234,200	225,531	8,051	468	8	142
75-84	19,256	19,201	16	38	1	0	201,058	200,596	111	339	12	0
85 and older	13,108	13,095	4	9	0	0	128,459	128,374	15	70	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	60,350	39,546	20,188	538	12	66	638,468	413,139	220,088	4,626	131	484
Male	31,405	13,961	17,253	172	19	0	329,120	141,447	186,119	1,357	197	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	70,690	41,958	28,160	502	21	49	742,202	430,809	306,590	4,224	216	363
African American	11,199	5,669	5,388	130	4	8	119,634	60,683	57,742	1,105	48	56
Other/unknown	9,866	5,880	3,893	78	6	9	105,752	63,094	41,875	654	64	65
Use of Nursing Facilities <sup>c</sup>												
Entire year	13,304	11,937	1,357	6	4	0	130,863	115,821	14,950	48	44	0
Part year	6,212	5,359	847	6	0	0	59,202	50,367	8,788	47	0	0
None	72,239	36,211	35,237	698	27	66	777,523	388,398	382,469	5,888	284	484
Maintenance Assistance Status												
Cash	35,450	16,330	18,568	551	1	0	388,723	181,183	202,606	4,922	12	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	22,309	11,582	10,559	92	10	66	231,743	119,810	110,784	585	80	484
Other/unknown	33,996	25,595	8,314	67	20	0	347,122	253,593	92,817	476	236	0
Dual Status <sup>d</sup>												
Full dual, all year	84,495	48,814	34,910	674	31	66	888,360	503,515	378,416	5,617	328	484
Full dual, part year	7,260	4,693	2,531	36	0	0	79,228	51,071	27,791	366	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	91,755	53,507	37,441	710	31	66	967,588	554,586	406,207	5,983	328	484
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status. Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2005

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	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>91,755</b>	<b>967,588</b>	<b>91,755</b>	<b>967,588</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	91,755	967,588	91,755	967,588	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 2005 file for Oklahoma, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

Dual Eligible Beneficiaries