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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	176,316	411	18,221	41,318	116,027	339	889,854	2,980	140,171	173,513	570,361	2,829
Age												
5 and younger	51,627	0	759	115	50,753	0	228,979	0	5,931	537	222,511	0
6-14	47,208	0	1,953	88	45,167	0	259,027	0	17,166	493	241,368	0
15-20	26,167	0	1,944	4,517	19,703	3	136,382	0	16,159	16,240	103,968	15
21-44	39,724	1	5,937	33,312	396	78	185,231	12	43,365	138,844	2,491	519
45-64	11,164	25	7,600	3,282	1	256	77,237	211	57,378	17,365	1	2,282
65-74	188	158	25	3	0	2	1,178	987	146	32	0	13
75-84	132	131	1	0	0	0	1,040	1,028	12	0	0	0
85 and older	104	96	2	1	5	0	765	742	14	2	7	0
Unknown	2	0	0	0	2	0	15	0	0	0	15	0
Gender												
Female	100,470	237	9,058	33,534	57,302	339	498,794	1,698	71,268	139,175	283,824	2,829
Male	75,846	174	9,163	7,784	58,725	0	391,060	1,282	68,903	34,338	286,537	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	122,109	289	15,216	32,711	73,613	280	649,393	2,168	117,641	137,952	389,198	2,434
African American	7,026	12	775	1,625	4,608	6	28,688	85	4,457	4,717	19,393	36
Other/unknown	47,181	110	2,230	6,982	37,806	53	211,773	727	18,073	30,844	161,770	359
Use of Nursing Facilities^c												
Entire year	295	48	244	3	0	0	2,488	393	2,091	4	0	0
Part year	451	27	410	9	2	3	3,425	188	3,096	85	22	34
None	175,570	336	17,567	41,306	116,025	336	883,941	2,399	134,984	173,424	570,339	2,795
Maintenance Assistance Status												
Cash	62,920	166	13,658	17,379	31,717	0	346,196	1,282	117,843	71,404	155,667	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	69,910	1	5	11,327	58,238	339	275,902	12	34	32,878	240,149	2,829
Other/unknown	43,486	244	4,558	12,612	26,072	0	267,756	1,686	22,294	69,231	174,545	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	82,837	312	13,234	17,096	51,859	336	673,284	2,610	120,608	122,575	424,680	2,811
FFS part year, with Rx claims	24,134	59	3,422	9,447	11,203	3	87,047	275	15,152	26,167	45,435	18
FFS part year, no Rx claims	69,345	40	1,565	14,775	52,965	0	129,523	95	4,411	24,771	100,246	0

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

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

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	39.7	5.0	\$330	\$66	\$3,448	9.6	176,316
Age							
5 and younger	29.7	1.1	44	39	2,203	2.0	51,627
6-14	32.4	2.3	177	76	2,020	8.8	47,208
15-20	41.2	3.5	218	62	3,137	6.9	26,167
21-44	51.5	7.1	504	71	4,602	11.0	39,724
45-64	69.3	28.9	1,907	66	11,521	16.5	11,164
65-74	51.1	18.8	919	49	10,762	8.5	188
75-84	78.8	35.9	1,728	48	13,360	12.9	132
85 and older	83.7	39.0	1,472	38	15,694	9.4	104
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility^e							
Aged	68.9	29.8	1,451	49	12,145	11.9	411
Disabled	68.3	25.0	2,100	84	12,898	16.3	18,221
Adults	49.0	5.1	231	45	3,427	6.7	41,318
Children	31.6	1.7	81	49	1,913	4.2	116,027
Unknown	84.1	18.8	1,106	59	12,864	8.6	339
Gender							
Female	42.4	5.6	313	56	3,480	9.0	100,470
Male	36.0	4.2	353	84	3,406	10.4	75,846
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	44.0	6.0	397	66	3,708	10.7	122,109
African American	30.1	3.2	196	62	3,381	5.8	7,026
Other/unknown	29.9	2.6	177	69	2,787	6.4	47,181
Use of Nursing Facilities^f							
Entire year	95.9	71.0	4,010	57	60,480	6.6	295
Part year	96.2	56.4	3,503	62	50,436	6.9	451
None	39.4	4.7	316	67	3,232	9.8	175,570
Maintenance Assistance Status							
Cash	46.2	8.6	634	74	4,569	13.9	62,920
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	28.6	1.3	47	38	1,818	2.6	69,910
Other/unknown	48.0	5.8	344	60	4,447	7.7	43,486

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

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

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

c. In 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 ND.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS ^d	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
All	1.0	\$65	9.6	60.3	26.5	4.4	4.9	2.5	1.3	\$683	176,316	889,854
Age												
5 and younger	0.3	10	2.0	70.3	27.7	1.4	0.6	0.1	0.0	497	51,627	228,979
6-14	0.4	32	8.8	67.6	25.9	3.1	2.4	0.7	0.3	368	47,208	259,027
15-20	0.7	42	6.9	58.8	29.3	5.2	4.5	1.6	0.7	602	26,167	136,382
21-44	1.5	108	11.0	48.5	27.2	8.2	9.4	4.5	2.3	987	39,724	185,231
45-64	4.2	276	16.5	30.7	16.1	9.0	20.3	15.2	8.7	1,665	11,164	77,237
65-74	3.0	147	8.5	48.9	16.0	6.4	9.0	14.9	4.8	1,718	188	1,178
75-84	4.6	219	12.9	21.2	12.1	8.3	28.0	20.5	9.8	1,696	132	1,040
85 and older	5.3	200	9.4	16.3	13.5	5.8	29.8	25.0	9.6	2,134	104	765
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	15
Basis of Eligibility^e												
Aged	4.1	200	11.9	31.1	15.6	6.3	20.0	19.7	7.3	1,675	411	2,980
Disabled	3.3	273	16.3	31.7	21.5	9.3	18.1	12.3	6.9	1,677	18,221	140,171
Adults	1.2	55	6.7	51.0	27.7	7.8	8.2	3.6	1.8	816	41,318	173,513
Children	0.3	17	4.2	68.4	27.0	2.4	1.6	0.4	0.2	389	116,027	570,361
Unknown	2.3	133	8.6	15.9	34.5	17.4	22.4	8.8	0.9	1,542	339	2,829
Gender												
Female	1.1	63	9.0	57.6	27.3	5.0	5.5	3.0	1.6	701	100,470	498,794
Male	0.8	69	10.4	64.0	25.5	3.7	4.1	1.8	0.9	661	75,846	391,060
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.1	75	10.7	56.0	28.1	5.2	6.0	3.1	1.6	697	122,109	649,393
African American	0.8	48	5.8	69.9	19.5	3.6	4.2	1.6	1.1	828	7,026	28,688
Other/unknown	0.6	40	6.4	70.1	23.6	2.6	2.3	1.0	0.4	621	47,181	211,773
Use of Nursing Facilities^f												
Entire year	8.4	475	6.6	4.1	5.4	3.4	21.4	34.6	31.2	7,171	295	2,488
Part year	7.4	461	6.9	3.8	6.9	8.4	26.2	31.3	23.5	6,641	451	3,425
None	0.9	63	9.8	60.6	26.6	4.4	4.8	2.3	1.2	642	175,570	883,941
Maintenance Assistance Status												
Cash	1.6	115	13.9	53.8	26.1	5.8	7.6	4.4	2.4	830	62,920	346,196
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	12	2.6	71.4	24.1	2.4	1.5	0.4	0.1	461	69,910	275,902
Other/unknown	0.9	56	7.7	52.0	31.1	5.8	6.6	3.0	1.6	722	43,486	267,756

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

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

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

c. In 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 ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL BENEFICIARIES, OREGON, 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
All	1.0	\$65	\$66	0.3	\$49	\$156	0.0	\$3	\$100	0.6	\$14	\$22
Age												
5 and younger	0.3	10	39	0.1	7	117	0.0	0	41	0.2	2	13
6-14	0.4	32	76	0.2	28	143	0.0	1	75	0.2	4	18
15-20	0.7	42	62	0.3	33	123	0.0	2	69	0.4	7	18
21-44	1.5	108	71	0.4	82	186	0.0	4	101	1.0	22	21
45-64	4.2	276	66	1.2	187	158	0.1	15	132	2.9	74	26
65-74	3.0	147	49	0.9	109	127	0.1	3	51	2.1	35	17
75-84	4.6	219	48	1.4	139	98	0.1	8	73	3.0	72	24
85 and older	5.3	200	38	1.5	145	95	0.1	4	32	3.6	51	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	4.1	200	49	1.2	140	113	0.1	5	56	2.8	56	20
Disabled	3.3	273	84	1.0	205	197	0.1	13	129	2.1	55	26
Adults	1.2	55	45	0.3	37	118	0.0	3	78	0.9	15	18
Children	0.3	17	49	0.1	13	104	0.0	1	53	0.2	3	15
Unknown	2.3	133	59	0.6	99	155	0.0	3	63	1.6	31	20
Gender												
Female	1.1	63	56	0.3	45	135	0.0	3	86	0.8	16	21
Male	0.8	69	84	0.3	54	187	0.0	3	127	0.5	12	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.1	75	66	0.4	55	152	0.0	3	104	0.7	16	22
African American	0.8	48	62	0.2	35	142	0.0	2	121	0.5	11	21
Other/unknown	0.6	40	69	0.2	31	190	0.0	2	78	0.4	7	18
Use of Nursing Facilities^e												
Entire year	8.4	475	57	2.2	289	131	0.3	28	82	5.8	155	27
Part year	7.4	461	62	1.9	314	162	0.2	16	97	5.3	130	25
None	0.9	63	67	0.3	47	157	0.0	3	101	0.6	13	21
Maintenance Assistance Status												
Cash	1.6	115	74	0.5	86	176	0.0	5	117	1.0	24	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	12	38	0.1	9	95	0.0	1	46	0.2	3	14
Other/unknown	0.9	56	60	0.3	42	134	0.0	2	82	0.6	12	20

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

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oregon, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

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

TABLE ND.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
NONDUAL BENEFICIARIES, OREGON, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented		Off-Brand-Name Generic	Total	Patented		Off-Brand-Name Generic	Total	Patented		Off-Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Patent Brand-Name			Brand-Name	Patent Brand-Name			Brand-Name	Patent Brand-Name						
Anti-infective Agents	0.3	0.0	0.0	0.2	\$14	\$9	\$2	\$3	\$53	\$180	\$78	\$18	86,322	\$4,596,673	36,903	20.9	328,752
Biologicals	0.2	0.2	0.0	0.0	95	94	1	0	538	604	73	28	923	496,791	528	0.3	5,230
Antineoplastic Agents	0.6	0.2	0.0	0.4	133	116	0	17	222	591	360	43	2,556	567,483	459	0.3	4,257
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	28	19	2	7	48	101	60	18	72,483	3,496,792	14,608	8.3	123,847
Cardiovascular Agents	1.1	0.3	0.0	0.8	39	27	0	12	36	92	29	15	85,525	3,077,949	8,768	5.0	78,857
Respiratory Agents	0.4	0.2	0.0	0.2	23	19	0	3	54	111	43	13	73,493	3,944,522	19,092	10.8	173,398
Gastrointestinal Agents	0.5	0.2	0.0	0.3	32	26	0	6	63	154	58	17	36,115	2,293,146	7,768	4.4	71,417
Genitourinary Agents	0.3	0.1	0.0	0.2	14	9	1	3	48	96	57	20	8,754	416,600	3,298	1.9	30,237
CNS Drugs	1.3	0.6	0.0	0.7	102	87	1	15	81	153	111	22	208,534	16,963,375	23,571	13.4	165,562
Stimulants/Anti-obesity/Anorexia	0.8	0.6	0.0	0.2	68	61	1	6	82	96	154	33	35,170	2,867,951	5,131	2.9	42,206
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	126	121	0	5	322	390	88	62	2,208	711,143	604	0.3	5,638
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	33	10	5	18	51	209	240	31	128,896	6,532,024	22,909	13.0	195,141
Neuromuscular Agents	0.8	0.3	0.0	0.5	62	46	3	14	79	150	104	31	67,511	5,344,934	9,457	5.4	85,523
Nutritional Products	0.3	0.0	0.0	0.3	3	0	0	3	9	27	11	9	29,756	275,632	10,884	6.2	95,350
Hematological Agents	0.6	0.2	0.0	0.4	337	331	1	5	533	1,923	32	12	9,745	5,192,187	1,678	1.0	15,409
Topical Products	0.2	0.0	0.0	0.2	5	3	0	3	28	76	40	17	27,567	775,466	15,231	8.6	141,200
Miscellaneous Products	0.6	0.3	0.0	0.3	174	133	11	30	278	419	603	104	2,147	596,548	365	0.2	3,428
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	10	0	0	0	51	0	0	0	1,015	52,212	535	0.3	5,057
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	878,720	58,201,428	n.a.	n.a.	n.a.

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

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oregon, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispn.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.

Nondual Beneficiaries

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, OREGON, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$7,372,686	5,799	3.3	56,076	0.7	\$192	\$131
ANALGESICS - Narcotic	4,798,896	25,196	14.3	232,517	0.4	49	21
MISC. HEMATOLOGICAL	4,392,070	362	0.2	3,526	0.6	2,039	1,246
ANTIDEPRESSANTS	4,345,818	15,674	8.9	149,007	0.5	55	29
ANTICONVULSANT	4,323,361	5,966	3.4	58,920	0.7	101	73
ANTIASTHMATIC	3,023,912	17,278	9.8	164,775	0.3	62	18
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,518,252	5,048	2.9	47,254	0.7	78	53
ANTIVIRAL	2,059,709	1,417	0.8	13,630	0.4	409	151
ANTIDIABETIC	1,590,595	4,250	2.4	40,360	0.6	63	39
ULCER DRUGS	1,559,294	7,608	4.3	72,960	0.4	52	21
Total	35,984,593	88,598		839,025	n.a.	n.a.	n.a.

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

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	401,072	\$35,984,593	5,799	3.3	56,076	0.7	\$132	25,196	14.3	232,517	0.4	\$21
Female												
All Females	242,469	17,618,100	3,128	3.1	30,179	0.6	119	18,119	18.0	165,685	0.4	18
Female, Disabled												
All Ages	132,485	11,511,936	1,753	19.4	17,870	0.7	147	5,113	56.4	52,850	0.6	41
5 and younger	919	54,359	1	0.3	12	0.4	40	19	5.6	199	0.1	1
6-14	4,045	328,068	68	10.3	663	0.8	107	75	11.4	787	0.1	1
15-20	5,809	584,470	135	17.0	1,392	0.7	131	189	23.9	2,015	0.2	5
21-44	35,681	3,435,200	665	22.0	6,608	0.7	152	1,570	52.0	16,176	0.5	35
45-64	85,826	7,091,899	880	20.7	9,179	0.7	149	3,253	76.7	33,640	0.7	47
65-74	151	13,099	4	40.0	16	1.3	382	7	70.0	33	1.1	34
75-84	19	2,370	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	35	2,471	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	109,984	6,106,164	1,375	1.5	12,309	0.5	77	13,006	14.2	112,835	0.3	7
5 and younger	3,718	195,057	7	0.0	68	0.4	36	281	1.1	2,823	0.1	1
6-14	15,703	1,024,828	250	1.1	2,353	0.7	107	709	3.2	7,037	0.1	1
15-20	16,056	857,866	307	2.2	2,609	0.6	81	2,161	15.3	18,990	0.2	1
21-44	58,417	3,040,210	631	2.3	5,599	0.4	64	8,667	31.2	73,268	0.3	8
45-64	14,018	881,128	151	6.8	1,418	0.4	65	1,109	49.6	10,015	0.5	16
65-74	437	23,248	4	5.1	23	0.6	89	16	20.3	118	0.3	4
75-84	959	52,597	12	15.4	121	0.7	127	34	43.6	325	0.5	23
85 and older	676	31,230	13	20.6	118	0.7	69	29	46.0	259	0.4	10
Male												
All Males	158,603	18,366,493	2,671	3.5	25,897	0.8	147	7,077	9.3	66,832	0.4	28
Male, Disabled												
All Ages	93,567	13,676,349	1,807	19.7	18,062	0.8	162	3,090	33.7	30,731	0.6	48
5 and younger	1,533	88,692	5	1.2	36	0.7	82	28	6.6	304	0.1	1
6-14	10,010	2,344,328	269	20.8	2,669	0.8	115	102	7.9	1,098	0.1	1
15-20	10,125	1,045,503	303	26.3	3,176	0.8	144	203	17.6	2,079	0.2	5
21-44	25,616	5,645,104	660	22.6	6,455	0.8	187	883	30.3	8,541	0.6	43
45-64	46,088	4,543,159	565	16.8	5,683	0.7	168	1,864	55.5	18,627	0.7	59
65-74	193	9,539	5	33.3	43	0.5	60	9	60.0	80	0.7	21
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	24	0	0.0	0	0.0	0	1	100.0	2	0.5	8

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANALGESICS - Narcotic				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	65,036	4,690,144	864	1.3	7,835	0.7	111	3,987	6.0	36,101	0.3	10
5 and younger	6,003	445,915	21	0.1	211	0.6	82	376	1.4	3,685	0.1	1
6-14	27,099	1,966,335	395	1.7	3,826	0.8	118	732	3.2	7,280	0.1	1
15-20	13,104	903,060	273	2.7	2,308	0.7	111	899	8.9	8,181	0.2	2
21-44	10,451	676,039	95	1.6	782	0.4	99	1,463	24.5	12,231	0.4	15
45-64	6,271	550,318	46	3.5	425	0.5	89	452	34.1	4,100	0.6	31
65-74	651	52,262	9	10.7	92	0.8	161	16	19.0	159	0.5	7
75-84	906	62,821	16	30.2	113	0.7	67	25	47.2	236	0.8	65
85 and older	551	33,394	9	23.1	78	0.5	61	24	61.5	229	0.5	11
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 Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	362	0.2	3,526	0.6	\$1,246	15,674	8.9	149,007	0.5	\$29	5,966	3.4	58,920	0.7	\$73
Female															
All Females	194	0.2	1,884	0.6	60	11,138	11.1	105,535	0.5	29	3,684	3.7	36,033	0.7	68
Female, Disabled															
All Ages	161	1.8	1,613	0.6	61	4,237	46.8	44,302	0.6	35	2,260	25.0	23,416	0.8	81
5 and younger	0	0.0	0	0.0	0	4	1.2	48	0.7	22	46	13.6	422	0.7	58
6-14	0	0.0	0	0.0	0	72	10.9	763	0.7	25	148	22.5	1,528	0.8	84
15-20	1	0.1	11	0.2	14	180	22.7	1,857	0.7	27	181	22.9	1,876	0.8	112
21-44	18	0.6	167	0.4	48	1,295	42.9	13,313	0.6	34	788	26.1	8,239	0.8	90
45-64	142	3.3	1,435	0.6	63	2,679	63.2	28,286	0.6	37	1,090	25.7	11,306	0.8	70
65-74	0	0.0	0	0.0	0	6	60.0	23	0.6	37	5	50.0	21	1.0	20
75-84	0	0.0	0	0.0	0	1	100.0	12	0.8	6	1	100.0	12	0.8	192
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.0	35
Female, Other Eligibles															
All Ages	33	0.0	271	0.5	52	6,901	7.5	61,233	0.4	24	1,424	1.6	12,617	0.5	45
5 and younger	1	0.0	7	0.1	1	5	0.0	53	0.2	9	42	0.2	382	0.6	49
6-14	1	0.0	2	1.0	79	526	2.4	5,041	0.5	17	166	0.7	1,589	0.6	56
15-20	0	0.0	0	0.0	0	1,295	9.2	11,345	0.4	21	226	1.6	1,887	0.6	56
21-44	6	0.0	58	0.5	59	4,221	15.2	36,802	0.4	25	795	2.9	6,845	0.4	38
45-64	14	0.6	112	0.4	39	771	34.5	7,288	0.5	31	181	8.1	1,800	0.5	48
65-74	3	3.8	24	0.7	30	24	30.4	195	1.0	37	3	3.8	27	0.6	105
75-84	5	6.4	41	0.8	67	28	35.9	240	0.8	31	6	7.7	56	1.0	50
85 and older	3	4.8	27	0.9	97	31	49.2	269	0.7	29	5	7.9	31	0.9	40
Male															
All Males	168	0.2	1,642	0.7	2,606	4,536	6.0	43,472	0.6	30	2,282	3.0	22,887	0.8	81
Male, Disabled															
All Ages	127	1.4	1,280	0.7	3,173	2,417	26.4	24,367	0.6	33	1,684	18.4	17,333	0.9	91
5 and younger	0	0.0	0	0.0	0	4	0.9	35	0.3	7	55	13.0	586	0.7	50
6-14	8	0.6	96	1.0	14,913	186	14.4	1,880	0.7	27	219	16.9	2,261	0.8	93
15-20	0	0.0	0	0.0	0	279	24.2	2,870	0.7	29	233	20.2	2,412	0.9	117
21-44	7	0.2	68	0.9	37,599	758	26.0	7,567	0.6	35	626	21.4	6,543	0.9	99
45-64	110	3.3	1,103	0.7	66	1,183	35.2	11,958	0.6	35	550	16.4	5,525	0.8	73
65-74	2	13.3	13	0.2	24	7	46.7	57	0.7	37	1	6.7	6	1.0	27
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

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	41	0.1	362	0.6	602	2,119	3.2	19,105	0.5	25	598	0.9	5,554	0.6	52
5 and younger	2	0.0	13	1.0	10,104	14	0.1	122	0.4	17	45	0.2	437	0.3	28
6-14	3	0.0	36	0.1	1,784	621	2.7	6,076	0.6	23	196	0.9	1,856	0.7	58
15-20	0	0.0	0	0.0	0	644	6.4	5,379	0.5	23	147	1.5	1,318	0.7	55
21-44	6	0.1	36	0.3	29	536	9.0	4,597	0.4	24	131	2.2	1,148	0.6	42
45-64	17	1.3	150	0.4	57	244	18.4	2,365	0.5	31	66	5.0	662	0.5	46
65-74	2	2.4	11	0.4	43	19	22.6	195	0.7	32	6	7.1	72	1.1	184
75-84	4	7.5	44	1.1	120	25	47.2	215	0.8	43	5	9.4	38	0.9	53
85 and older	7	17.9	72	0.8	97	16	41.0	156	0.8	46	2	5.1	23	0.7	47
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 Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIVIRAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	17,278	9.8	164,775	0.3	\$18	5,048	2.9	47,254	0.7	\$53	1,417	0.8	13,630	0.4	\$151
Female															
All Females	10,027	10.0	95,659	0.3	19	1,654	1.6	15,935	0.6	52	967	1.0	9,210	0.3	88
Female, Disabled															
All Ages	3,259	36.0	34,429	0.4	30	333	3.7	3,491	0.6	65	288	3.2	3,052	0.3	142
5 and younger	98	29.1	1,062	0.3	12	4	1.2	41	0.6	100	1	0.3	12	0.3	63
6-14	171	26.0	1,902	0.3	15	109	16.6	1,131	0.6	49	8	1.2	96	0.1	21
15-20	134	16.9	1,405	0.3	35	61	7.7	628	0.8	59	11	1.4	114	0.2	17
21-44	771	25.5	8,126	0.3	21	73	2.4	782	0.6	68	98	3.2	1,040	0.3	148
45-64	2,077	49.0	21,879	0.4	35	86	2.0	909	0.5	86	170	4.0	1,790	0.4	153
65-74	7	70.0	43	0.9	90	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	1	100.0	12	0.8	129	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	6,768	7.4	61,230	0.2	12	1,321	1.4	12,444	0.6	49	679	0.7	6,158	0.3	61
5 and younger	1,383	5.6	12,793	0.2	10	24	0.1	229	0.5	73	33	0.1	339	0.1	5
6-14	1,567	7.0	14,755	0.2	11	810	3.6	7,826	0.7	47	57	0.3	573	0.1	5
15-20	1,081	7.6	9,653	0.2	9	287	2.0	2,656	0.6	45	124	0.9	1,155	0.2	18
21-44	2,264	8.1	19,718	0.3	13	164	0.6	1,402	0.5	59	411	1.5	3,581	0.3	76
45-64	442	19.8	4,066	0.4	25	33	1.5	300	0.4	44	53	2.4	498	0.4	153
65-74	6	7.6	35	0.3	23	2	2.5	24	0.4	49	1	1.3	12	0.1	2
75-84	19	24.4	152	0.4	29	1	1.3	7	0.1	1	0	0.0	0	0.0	0
85 and older	6	9.5	58	0.5	46	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	7,251	9.6	69,116	0.3	18	3,394	4.5	31,319	0.7	54	450	0.6	4,420	0.5	284
Male, Disabled															
All Ages	1,846	20.1	19,129	0.4	30	712	7.8	6,875	0.8	67	271	3.0	2,729	0.6	355
5 and younger	157	37.2	1,659	0.3	18	13	3.1	125	0.6	28	5	1.2	47	0.1	6
6-14	329	25.4	3,448	0.3	26	372	28.7	3,517	0.8	60	11	0.8	100	0.6	128
15-20	198	17.2	2,081	0.4	21	202	17.5	2,014	0.8	62	6	0.5	65	0.3	128
21-44	291	10.0	2,997	0.4	23	73	2.5	718	0.6	65	107	3.7	981	0.6	318
45-64	867	25.8	8,920	0.5	38	52	1.5	501	0.7	142	142	4.2	1,536	0.7	413
65-74	4	26.7	24	1.0	65	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

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIVIRAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean
				Rx per Benefit Month	Rx \$ per Benefit Month				Rx per Benefit Month	Rx \$ per Benefit Month				Rx per Benefit Month	Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	5,405	8.1	49,987	0.2	13	2,682	4.0	24,444	0.7	50	179	0.3	1,691	0.4	169
5 and younger	2,205	8.4	20,064	0.2	11	93	0.4	891	0.5	34	30	0.1	292	0.2	11
6-14	2,005	8.8	18,998	0.3	14	1,935	8.4	17,864	0.7	50	52	0.2	495	0.2	8
15-20	662	6.6	6,128	0.3	13	603	6.0	5,267	0.7	53	33	0.3	311	0.3	87
21-44	324	5.4	2,873	0.3	16	37	0.6	290	0.5	64	34	0.6	268	0.6	379
45-64	165	12.4	1,452	0.4	28	13	1.0	120	0.5	57	28	2.1	301	0.8	502
65-74	9	10.7	102	0.6	52	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	16	30.2	177	0.3	17	1	1.9	12	0.6	119	1	1.9	12	0.1	3
85 and older	19	48.7	193	0.5	41	0	0.0	0	0.0	0	1	2.6	12	0.1	1
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 Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	4,250	2.4	40,360	0.6	\$39	7,608	4.3	72,960	0.4	\$21	176,316	889,854
Female												
All Females	2,818	2.8	26,743	0.6	38	5,082	5.1	48,980	0.4	21	100,469	498,782
Female, Disabled												
All Ages	1,714	18.9	17,394	0.6	43	2,469	27.3	25,726	0.5	28	9,058	71,268
5 and younger	1	0.3	12	0.2	1	55	16.3	563	0.4	19	337	2,678
6-14	11	1.7	111	0.5	21	64	9.7	714	0.5	30	658	5,980
15-20	35	4.4	390	0.5	40	91	11.5	1,015	0.4	27	792	6,481
21-44	304	10.1	3,103	0.6	43	614	20.3	6,359	0.4	24	3,018	22,501
45-64	1,358	32.0	13,755	0.6	43	1,639	38.6	17,043	0.5	30	4,241	33,553
65-74	5	50.0	23	0.6	19	5	50.0	20	0.4	14	10	51
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	1	100.0	12	1.1	42	1	12
Female, Other Eligibles												
All Ages	1,104	1.2	9,349	0.5	29	2,613	2.9	23,254	0.3	12	91,411	427,514
5 and younger	6	0.0	56	1.1	47	203	0.8	1,697	0.3	14	24,643	108,545
6-14	68	0.3	562	0.8	49	192	0.9	1,853	0.2	12	22,347	119,938
15-20	109	0.8	941	0.5	31	395	2.8	3,501	0.2	7	14,151	67,728
21-44	622	2.2	5,233	0.5	24	1,410	5.1	12,399	0.3	12	27,813	116,714
45-64	257	11.5	2,159	0.6	36	346	15.5	3,223	0.3	15	2,237	13,056
65-74	6	7.6	63	0.9	64	14	17.7	122	0.7	32	79	472
75-84	26	33.3	240	0.7	20	29	37.2	247	0.7	31	78	611
85 and older	10	15.9	95	0.8	19	24	38.1	212	0.6	20	63	450
Male												
All Males	1,432	1.9	13,617	0.7	42	2,526	3.3	23,980	0.4	23	75,845	391,057
Male, Disabled												
All Ages	961	10.5	9,614	0.7	42	1,457	15.9	14,568	0.5	29	9,163	68,903
5 and younger	0	0.0	0	0.0	0	83	19.7	846	0.5	27	422	3,253
6-14	13	1.0	128	0.8	55	72	5.6	761	0.5	32	1,295	11,186
15-20	18	1.6	206	0.9	51	95	8.2	982	0.5	25	1,152	9,678
21-44	167	5.7	1,646	0.7	47	391	13.4	3,863	0.5	28	2,919	20,864
45-64	759	22.6	7,596	0.7	41	808	24.1	8,061	0.5	29	3,359	23,825
65-74	4	26.7	38	0.6	13	7	46.7	53	0.5	13	15	95
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	1	100.0	2	0.5	4	1	2

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, ^b, ^c
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	471	0.7	4,003	0.6	43	1,069	1.6	9,412	0.3	14	66,682	322,154
5 and younger	2	0.0	24	0.1	4	262	1.0	2,174	0.3	11	26,225	114,503
6-14	61	0.3	526	0.8	48	158	0.7	1,565	0.2	9	22,908	121,923
15-20	67	0.7	575	0.7	50	177	1.8	1,535	0.3	11	10,072	52,495
21-44	139	2.3	1,148	0.6	39	289	4.8	2,482	0.3	18	5,974	25,152
45-64	152	11.5	1,219	0.6	39	140	10.6	1,264	0.4	20	1,327	6,803
65-74	18	21.4	170	0.8	55	12	14.3	111	0.7	15	84	560
75-84	29	54.7	311	0.7	44	19	35.8	149	0.6	36	53	417
85 and older	3	7.7	30	0.8	9	12	30.8	132	0.6	21	39	301
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	15

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

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

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, OREGON, 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
All	\$475	8.4	295	2,488
Age				
0-64	512	8.8	245	2,093
65-74	309	7.1	8	38
75-84	322	7.0	19	166
85 and older	241	6.1	23	191
Unknown	0	0.0	0	0
Gender				
Female	480	8.5	153	1,346
Male	471	8.3	142	1,142
Unknown	0	0.0	0	0
Race				
White	445	8.2	255	2,117
African American	663	9.5	16	150
Other/unknown	635	10.1	24	221
Basis of Eligibility^c				
Aged	282	6.6	48	393
Disabled	513	8.8	244	2,091
Adults	43	3.0	3	4
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 451 beneficiaries who were in nursing facilities for part of their enrollment and their 3,425 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.

Nondual Beneficiaries

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, OREGON, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Off-Patented Brand-Name	Patent Brand-Name	Generic	Total	Off-Patented Brand-Name	Patent Brand-Name	Generic	Total	Off-Patented Brand-Name	Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.6	0.1	0.0	0.4	\$29	\$14	\$6	\$10	\$50	\$132	\$130	\$22	1,075	\$53,683	194	65.8	1,840
Biologicals	0.1	0.1	0.0	0.1	3	1	0	2	30	25	0	35	37	1,110	33	11.2	345
Antineoplastic Agents	0.7	0.1	0.0	0.6	52	22	0	30	70	226	0	47	92	6,442	14	4.7	125
Endocrine/Metabolic Drugs	1.1	0.2	0.1	0.7	33	17	5	11	30	67	43	16	1,224	36,955	120	40.7	1,126
Cardiovascular Agents	2.0	0.4	0.0	1.6	54	30	0	24	27	69	8	15	2,822	75,712	161	54.6	1,404
Respiratory Agents	0.8	0.4	0.0	0.4	47	39	0	7	57	103	0	17	845	47,971	114	38.6	1,022
Gastrointestinal Agents	1.1	0.2	0.1	0.8	52	31	4	17	45	127	73	20	1,654	75,141	161	54.6	1,451
Genitourinary Agents	0.6	0.1	0.0	0.4	23	13	2	8	37	92	65	18	396	14,712	66	22.4	639
CNS Drugs	2.0	0.9	0.0	1.1	154	131	1	22	76	147	35	20	4,154	314,697	231	78.3	2,048
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	40	37	0	3	73	124	0	11	20	1,468	5	1.7	37
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.1	147	140	0	7	168	183	0	66	208	34,958	25	8.5	238
Analgesics and Anesthetics	1.8	0.1	0.1	1.6	105	10	18	77	59	118	134	49	2,816	166,372	185	62.7	1,578
Neuromuscular Agents	1.8	0.6	0.1	1.2	152	94	8	51	85	166	101	44	3,005	254,245	175	59.3	1,672
Nutritional Products	1.0	0.1	0.1	0.9	18	6	1	11	18	94	16	13	1,042	18,668	116	39.3	1,053
Hematological Agents	1.1	0.3	0.1	0.8	72	64	1	7	64	238	12	9	796	50,890	86	29.2	706
Topical Products	0.5	0.2	0.0	0.3	16	9	1	6	31	50	53	20	586	18,337	115	39.0	1,159
Miscellaneous Products	0.6	0.1	0.0	0.4	14	1	0	13	25	11	5	29	73	1,844	16	5.4	132
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	42	0	0	0	98	0	0	0	98	9,641	24	8.1	229
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	20,943	1,182,846	n.a.	n.a.	n.a.

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

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 451 beneficiaries who were in nursing facilities for part of their enrollment and their 3,425 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2005. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Oregon, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

Nondual Beneficiaries

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, OREGON, 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	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$176,830	117	39.7	1,142	0.8	\$183	\$155
ANTICONVULSANT	212,754	175	59.3	1,744	1.2	105	122
ANTIDEPRESSANTS	92,520	232	78.6	2,106	0.8	52	44
ANALGESICS - Narcotic	145,629	223	75.6	1,895	1.2	62	77
DIETARY PRODUCTS	68,268	13	4.4	144	1.0	455	474
ULCER DRUGS	63,030	178	60.3	1,653	0.8	49	38
ANTIASTHMATIC	44,260	125	42.4	1,212	0.5	69	37
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	35,176	32	10.8	297	0.7	164	118
MUSCULOSKELETAL THERAPY AGENTS	32,219	75	25.4	759	1.0	44	42
ANTIDIABETIC	30,981	104	35.3	944	1.0	32	33
Total	901,667	1,274		11,896	n.a.	n.a.	n.a.

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 451 beneficiaries who were in nursing facilities for part of their enrollment and their 3,425 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.

Nondual Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	11,095	\$901,667	117	39.7	1,142	0.8	\$155	175	59.3	1,744	1.2	\$122
Female												
All Females	6,015	512,242	72	47.1	678	0.9	169	99	64.7	1,005	1.1	128
Female, Disabled												
All Ages	5,523	489,775	61	49.6	605	0.9	179	96	78.0	983	1.1	129
64 or younger	5,517	489,432	61	50.0	605	0.9	179	94	77.0	981	1.1	129
65-74	6	343	0	0.0	0	0.0	0	2	200.0	2	1.0	47
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
Female, Other Eligibles												
All Ages	492	22,467	11	36.7	73	0.9	94	3	10.0	22	1.0	59
64 or younger	3	35	1	50.0	2	0.5	2	0	0.0	0	0.0	0
65-74	46	2,711	2	50.0	4	0.8	233	0	0.0	0	0.0	0
75-84	194	9,266	2	20.0	17	0.9	171	1	10.0	6	1.0	106
85 and older	249	10,455	6	42.9	50	0.9	61	2	14.3	16	0.9	41
Male												
All Males	5,080	389,425	45	31.7	464	0.8	134	76	53.5	739	1.2	114
Male, Disabled												
All Ages	4,479	343,450	36	29.8	391	0.8	142	74	61.2	715	1.2	115
64 or younger	4,479	343,450	36	30.0	391	0.8	142	74	61.7	715	1.2	115
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
Male, Other Eligibles												
All Ages	601	45,975	9	42.9	73	0.7	86	2	9.5	24	1.1	83
64 or younger	1	19	1	100.0	1	1.0	19	0	0.0	0	0.0	0
65-74	48	2,626	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	380	28,434	5	55.6	40	0.7	82	1	11.1	12	1.2	77
85 and older	172	14,896	3	33.3	32	0.7	93	1	11.1	12	1.1	89
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 Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 451 beneficiaries who were in nursing facilities for part of their enrollment and their 3,425 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					DIETARY PRODUCTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	232	78.6	2,106	0.8	\$44	223	75.6	1,895	1.2	\$77	13	4.4	144	1.0	\$474
Female															
All Females	121	79.1	1,119	0.8	43	112	73.2	959	1.3	85	7	4.6	84	1.0	416
Female, Disabled															
All Ages	98	79.7	948	0.8	44	87	70.7	784	1.5	101	7	5.7	84	1.0	416
64 or younger	97	79.5	947	0.8	44	87	71.3	784	1.5	101	7	5.7	84	1.0	416
65-74	1	100.0	1	1.0	37	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
Female, Other Eligibles															
All Ages	23	76.7	171	0.9	36	25	83.3	175	0.6	14	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	1	50.0	2	1.0	16	0	0.0	0	0.0	0
65-74	8	200.0	24	1.1	52	4	100.0	10	0.7	13	0	0.0	0	0.0	0
75-84	4	40.0	41	1.0	29	9	90.0	74	0.5	8	0	0.0	0	0.0	0
85 and older	11	78.6	106	0.8	36	11	78.6	89	0.6	19	0	0.0	0	0.0	0
Male															
All Males	111	78.2	987	0.9	45	111	78.2	936	1.1	68	6	4.2	60	1.1	555
Male, Disabled															
All Ages	96	79.3	852	0.9	44	100	82.6	827	1.1	67	6	5.0	60	1.1	555
64 or younger	96	80.0	852	0.9	44	100	83.3	827	1.1	67	6	5.0	60	1.1	555
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
Male, Other Eligibles															
All Ages	15	71.4	135	0.9	51	11	52.4	109	1.1	82	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	1	50.0	12	0.1	1	0	0.0	0	0.0	0
75-84	8	88.9	74	0.9	49	6	66.7	60	1.7	136	0	0.0	0	0.0	0
85 and older	7	77.8	61	0.9	53	4	44.4	37	0.5	21	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 451 beneficiaries who were in nursing facilities for part of their enrollment and their 3,425 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	178	60.3	1,653	0.8	\$38	125	42.4	1,212	0.5	\$37	32	10.8	297	0.7	\$118
Female															
All Females	92	60.1	864	0.8	41	69	45.1	676	0.5	31	14	9.2	122	0.7	173
Female, Disabled															
All Ages	81	65.9	770	0.8	43	62	50.4	620	0.5	32	11	8.9	101	0.8	200
64 or younger	79	64.8	768	0.8	43	61	50.0	619	0.5	31	11	9.0	101	0.8	200
65-74	2	200.0	2	1.0	42	1	100.0	1	1.0	129	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
Female, Other Eligibles															
All Ages	11	36.7	94	0.9	28	7	23.3	56	0.5	22	3	10.0	21	0.4	41
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	2	50.0	6	0.8	26	1	25.0	2	0.5	7	0	0.0	0	0.0	0
75-84	5	50.0	48	0.9	44	3	30.0	18	1.1	61	0	0.0	0	0.0	0
85 and older	4	28.6	40	1.0	9	3	21.4	36	0.2	3	3	21.4	21	0.4	41
Male															
All Males	86	60.6	789	0.8	35	56	39.4	536	0.5	44	18	12.7	175	0.7	81
Male, Disabled															
All Ages	83	68.6	761	0.8	34	47	38.8	449	0.5	42	10	8.3	95	0.5	43
64 or younger	83	69.2	761	0.8	34	47	39.2	449	0.5	42	10	8.3	95	0.5	43
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
Male, Other Eligibles															
All Ages	3	14.3	28	1.0	69	9	42.9	87	0.6	54	8	38.1	80	1.0	126
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	50.0	12	0.8	9	1	50.0	12	1.0	78	0	0.0	0	0.0	0
75-84	1	11.1	4	1.5	52	0	0.0	0	0.0	0	7	77.8	70	1.0	123
85 and older	1	11.1	12	1.1	135	8	88.9	75	0.5	50	1	11.1	10	1.0	143
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 Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 451 beneficiaries who were in nursing facilities for part of their enrollment and their 3,425 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, OREGON, 2005

Beneficiary Characteristics	MUSCULOSKELETAL THERAPY AGENTS						ANTIDIABETIC					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	75	25.4	759	1.0	\$42	104	35.3	944	1.0	\$33	295	2,488
Female												
All Females	42	27.5	434	1.0	36	50	32.7	480	0.9	24	153	1,346
Female, Disabled												
All Ages	40	32.5	425	1.0	36	48	39.0	458	0.9	23	123	1,128
64 or younger	40	32.8	425	1.0	36	48	39.3	458	0.9	23	122	1,127
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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
Female, Other Eligibles												
All Ages	2	6.7	9	0.6	27	2	6.7	22	1.3	33	30	218
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	3
65-74	1	25.0	4	1.0	59	0	0.0	0	0.0	0	4	12
75-84	1	10.0	5	0.2	2	2	20.0	22	1.3	33	10	89
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	114
Male												
All Males	33	23.2	325	0.9	51	54	38.0	464	1.2	42	142	1,142
Male, Disabled												
All Ages	33	27.3	325	0.9	51	45	37.2	366	1.1	40	121	963
64 or younger	33	27.5	325	0.9	51	45	37.5	366	1.1	40	120	962
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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
Male, Other Eligibles												
All Ages	0	0.0	0	0.0	0	9	42.9	98	1.2	53	21	179
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	0	0.0	0	0.0	0	1	50.0	12	2.2	132	2	24
75-84	0	0.0	0	0.0	0	7	77.8	80	1.2	45	9	77
85 and older	0	0.0	0	0.0	0	1	11.1	6	0.3	11	9	77
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 Oregon, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2005. A total of 451 beneficiaries who were in nursing facilities for part of their enrollment and their 3,425 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 ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
OREGON, 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 Nondual Rx \$	Total Number of Beneficiaries
All	25,544	14.5	0.7	123,423	\$9	\$1,628,587	\$13	2.8	176,316
Age									
5 and younger	6,165	11.9	0.3	14,422	4	211,108	15	9.3	51,627
6-14	4,381	9.3	0.3	11,978	5	219,920	18	2.6	47,208
15-20	2,698	10.3	0.3	8,039	5	122,480	15	2.2	26,167
21-44	7,434	18.7	0.9	37,487	12	469,154	13	2.3	39,724
45-64	4,671	41.8	4.4	48,741	52	579,372	12	2.7	11,164
65-74	57	30.3	4.3	801	36	6,806	8	3.9	188
75-84	71	53.8	7.4	983	69	9,129	9	4.0	132
85 and older	67	64.4	9.3	972	102	10,618	11	6.9	104
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
Basis of Eligibility^c									
Aged	187	45.5	6.3	2,577	62	25,313	10	4.2	411
Disabled	6,943	38.1	4.0	72,400	57	1,043,971	14	2.7	18,221
Adults	6,604	16.0	0.5	22,343	5	224,974	10	2.4	41,318
Children	11,672	10.1	0.2	25,431	3	327,447	13	3.5	116,027
Unknown	138	40.7	2.0	672	20	6,882	10	1.8	339
Gender									
Female	15,911	15.8	0.8	76,973	10	999,964	13	3.2	100,470
Male	9,633	12.7	0.6	46,450	8	628,623	14	2.3	75,846
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	18,874	15.5	0.8	99,568	11	1,338,319	13	2.8	122,109
African American	693	9.9	0.4	3,004	7	49,512	16	3.6	7,026
Other/unknown	5,977	12.7	0.4	20,851	5	240,756	12	2.9	47,181
Use of Nursing Facilities^d									
Entire year	235	79.7	13.1	3,853	420	123,904	32	10.5	295
Part year	375	83.1	10.1	4,539	130	58,528	13	3.7	451
None	24,934	14.2	0.7	115,031	8	1,446,155	13	2.6	175,570
Maintenance Assistance Status									
Cash	12,206	19.4	1.3	80,709	18	1,112,196	14	2.8	62,920
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	6,095	8.7	0.2	12,599	2	122,681	10	3.7	69,910
Other/unknown	7,243	16.7	0.7	30,115	9	393,710	13	2.6	43,486

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

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
OREGON, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$13	\$0	\$1	889,854
Age						
5 and younger	0.1	1	15	0	0	228,979
6-14	0.0	1	18	0	0	259,027
15-20	0.1	1	15	0	0	136,382
21-44	0.2	3	13	0	1	185,231
45-64	0.6	8	12	0	3	77,237
65-74	0.7	6	8	0	1	1,178
75-84	0.9	9	9	0	1	1,040
85 and older	1.3	14	11	0	1	765
Unknown	0.0	0	0	0	0	15
Basis of Eligibility^c						
Aged	0.9	8	10	0	1	2,980
Disabled	0.5	7	14	0	3	140,171
Adults	0.1	1	10	0	1	173,513
Children	0.0	1	13	0	0	570,361
Unknown	0.2	2	10	0	1	2,829
Gender						
Female	0.2	2	13	0	1	498,794
Male	0.1	2	14	0	0	391,060
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	2	13	0	1	649,393
African American	0.1	2	16	0	0	28,688
Other/unknown	0.1	1	12	0	0	211,773
Use of Nursing Facilities^d						
Entire year	1.5	50	32	0	7	2,488
Part year	1.3	17	13	0	5	3,425
None	0.1	2	13	0	1	883,941
Maintenance Assistance Status						
Cash	0.2	3	14	0	1	346,196
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	10	0	0	275,902
Other/unknown	0.1	1	13	0	0	267,756

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

a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
OREGON, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	33,008	\$49	\$1,628,587	100.0	123,423	\$13	100.0
Anorexia or weight loss/gain	7	156	1,090	0.1	26	42	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	6,426	26	165,999	10.2	10,748	15	8.7
Vitamins and minerals	4,903	37	181,093	11.1	16,138	11	13.1
Non-prescription drugs	13,013	56	727,572	44.7	53,311	14	43.2
Barbiturates	224	56	12,433	0.8	1,761	7	1.4
Benzodiazepines	7,734	64	493,626	30.3	39,283	13	31.8
Other Part D Excl Rx Drugs	701	67	46,774	2.9	2,156	22	1.7

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

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

b. Includes OTC drugs as well as prescription drugs.

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

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

Nondual Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, OREGON, 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	392,223	1,031	42,333	87,539	260,980	340	3,429,439	9,880	440,029	708,588	2,268,087	2,855
Age												
5 and younger	116,947	0	1,524	139	115,284	0	994,836	0	16,060	821	977,955	0
6-14	107,848	0	4,652	112	103,084	0	979,107	0	51,211	878	927,018	0
15-20	53,300	0	4,020	7,590	41,687	3	451,770	0	42,924	55,433	353,398	15
21-44	86,640	2	13,560	72,085	915	78	732,279	24	138,582	583,466	9,683	524
45-64	26,467	86	18,519	7,603	2	257	261,978	942	190,827	67,903	3	2,303
65-74	565	501	55	7	0	2	5,295	4,811	399	72	0	13
75-84	309	307	1	1	0	0	2,964	2,940	12	12	0	0
85 and older	144	135	2	2	5	0	1,194	1,163	14	3	14	0
Unknown	3	0	0	0	3	0	16	0	0	0	16	0
Gender												
Female	222,589	623	21,968	70,728	128,930	340	1,941,989	6,055	232,396	575,313	1,125,370	2,855
Male	169,634	408	20,365	16,811	132,050	0	1,487,450	3,825	207,633	133,275	1,142,717	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	271,410	725	34,859	69,820	165,725	281	2,377,175	6,995	361,386	566,285	1,440,049	2,460
African American	20,553	39	2,452	4,437	13,619	6	192,291	414	25,618	38,434	127,789	36
Other/unknown	100,260	267	5,022	13,282	81,636	53	859,973	2,471	53,025	103,869	700,249	359
Use of Nursing Facilities^c												
Entire year	455	62	389	3	1	0	4,239	516	3,705	6	12	0
Part year	670	37	613	15	2	3	6,452	321	5,912	162	23	34
None	391,098	932	41,331	87,521	260,977	337	3,418,748	9,043	430,412	708,420	2,268,052	2,821
Maintenance Assistance Status												
Cash	155,112	688	36,043	39,728	78,653	0	1,445,042	7,270	395,913	329,061	712,798	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	142,508	1	7	18,306	123,854	340	1,088,607	12	80	103,599	982,061	2,855
Other/unknown	94,603	342	6,283	29,505	58,473	0	895,790	2,598	44,036	275,928	573,228	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	82,837	312	13,234	17,096	51,859	336	673,284	2,610	120,608	122,575	424,680	2,811
FFS part year, with Rx claims	24,134	59	3,422	9,447	11,203	3	234,875	635	35,420	86,362	112,426	32
FFS part year, no Rx claims	69,345	40	1,565	14,775	52,965	0	569,693	287	13,593	108,069	447,744	0
MC all year, with Rx claims	37,950	192	13,329	15,369	9,060	0	395,308	1,997	152,494	152,203	88,614	0
MC all year, no Rx claims	177,957	428	10,783	30,852	135,893	1	1,556,279	4,351	117,914	239,379	1,194,623	12

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

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

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

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

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, OREGON, 2005

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	392,223	3,429,439	176,316	889,854	0	2,539,585
Fee-for-service (FFS) all year	82,837	673,284	82,837	673,284	0	0
FFS part year, with Rx claims	24,134	234,875	24,134	87,047	0	147,828
FFS part year, with no Rx claims	69,345	569,693	69,345	129,523	0	440,170
Managed care (MC) all year, with Rx claims	37,950	395,308	0	0	0	395,308
MC all year, with no Rx claims	177,957	1,556,279	0	0	0	1,556,279

Source: Data for this table are from the MAX 2005 file for Oregon, 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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract;

MC = managed care; Rx = pharmacy benefit.

Nondual Beneficiaries