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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
OKLAHOMA**

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TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2006

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>93,953</b>	<b>53,558</b>	<b>39,492</b>	<b>790</b>	<b>12</b>	<b>101</b>	<b>992,764</b>	<b>557,039</b>	<b>428,291</b>	<b>6,620</b>	<b>105</b>	<b>709</b>
<b>Age</b>												
5 and younger	8	0	7	0	1	0	95	0	83	0	12	0
6-14	10	0	8	0	2	0	103	0	94	0	9	0
15-20	179	0	171	0	8	0	1,950	0	1,878	0	72	0
21-44	14,973	0	14,507	450	1	15	160,563	0	156,720	3,703	12	128
45-64	24,161	7	23,837	252	0	65	261,902	82	259,216	2,169	0	435
65-74	22,553	21,537	942	53	0	21	241,249	230,533	10,147	423	0	146
75-84	19,072	19,025	19	28	0	0	200,289	199,880	151	258	0	0
85 and older	12,997	12,989	1	7	0	0	126,613	126,544	2	67	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	61,531	39,326	21,511	592	1	101	652,070	412,118	234,294	4,937	12	709
Male	32,422	14,232	17,981	198	11	0	340,694	144,921	193,997	1,683	93	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	72,080	41,892	29,566	542	6	74	758,595	432,759	320,678	4,594	46	518
African American	11,527	5,627	5,736	147	2	15	123,753	60,108	62,285	1,258	15	87
Other/unknown	10,346	6,039	4,190	101	4	12	110,416	64,172	45,328	768	44	104
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	12,976	11,578	1,395	3	0	0	128,113	112,788	15,302	23	0	0
Part year	6,353	5,464	883	6	0	0	60,089	50,776	9,265	48	0	0
None	74,624	36,516	37,214	781	12	101	804,562	393,475	403,724	6,549	105	709
<b>Maintenance Assistance Status</b>												
Cash	34,680	15,205	18,868	603	4	0	380,390	169,187	205,885	5,292	26	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	24,249	12,429	11,622	92	5	101	254,368	130,742	122,201	671	45	709
Other/unknown	35,024	25,924	9,002	95	3	0	358,006	257,110	100,205	657	34	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	91,082	52,004	38,193	773	12	100	961,720	540,270	414,207	6,441	105	697
Full dual, part year	2,871	1,554	1,299	17	0	1	31,044	16,769	14,084	179	0	12
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	93,953	53,558	39,492	790	12	101	992,764	557,039	428,291	6,620	105	709
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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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, 2006

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>29.6</b>	<b>3.3</b>	<b>\$174</b>	<b>\$53</b>	<b>\$10,446</b>	<b>1.7</b>	<b>93,953</b>
<b>Age</b>							
5 and younger	62.5	15.8	2,108	134	9,320	22.6	8
6-14	40.0	6.3	1,153	183	8,406	13.7	10
15-20	70.4	14.4	1,766	123	12,894	13.7	179
21-44	32.9	4.6	349	76	11,241	3.1	14,973
45-64	34.7	4.4	247	57	10,759	2.3	24,161
65-74	25.9	2.8	122	44	7,101	1.7	22,553
75-84	25.3	2.0	61	30	10,127	0.6	19,072
85 and older	28.9	2.2	66	29	15,191	0.4	12,997
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	26.2	2.3	80	35	10,220	0.8	53,558
Disabled	33.7	4.3	278	65	10,870	2.6	39,492
Adults	56.1	16.2	1,129	70	4,789	23.6	790
Children	58.3	12.5	2,491	199	8,621	28.9	12
Unknown	73.3	18.4	1,548	84	9,198	16.8	101
<b>Gender</b>							
Female	30.8	3.3	153	47	10,064	1.5	61,531
Male	27.3	3.2	212	66	11,171	1.9	32,422
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	31.5	3.4	168	49	11,215	1.5	72,080
African American	23.9	2.9	162	56	8,723	1.9	11,527
Other/unknown	22.9	2.7	228	84	7,009	3.3	10,346
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	44.9	5.1	168	33	27,430	0.6	12,976
Part year	45.5	4.0	143	36	17,332	0.8	6,353
None	25.6	2.9	177	62	6,906	2.6	74,624
<b>Maintenance Assistance Status</b>							
Cash	25.0	2.9	191	66	3,355	5.7	34,680
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	24.1	2.4	140	58	4,560	3.1	24,249
Other/unknown	38.1	4.2	180	43	21,542	0.8	35,024

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

Benef(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, 2006

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
<b>All</b>	<b>0.3</b>	<b>\$16</b>	<b>1.7</b>	<b>70.4</b>	<b>24.2</b>	<b>2.2</b>	<b>2.4</b>	<b>0.7</b>	<b>0.1</b>	<b>\$989</b>	<b>93,953</b>	<b>992,764</b>
<b>Age</b>												
5 and younger	1.3	178	22.6	37.5	37.5	0.0	25.0	0.0	0.0	785	8	95
6-14	0.6	112	13.7	60.0	30.0	0.0	10.0	0.0	0.0	816	10	103
15-20	1.3	162	13.7	29.6	44.1	11.2	10.1	4.5	0.6	1,184	179	1,950
21-44	0.4	33	3.1	67.1	24.5	3.3	4.0	1.0	0.1	1,048	14,973	160,563
45-64	0.4	23	2.3	65.3	27.6	2.8	3.1	1.0	0.1	993	24,161	261,902
65-74	0.3	11	1.7	74.1	21.4	2.0	1.9	0.4	0.2	664	22,553	241,249
75-84	0.2	6	0.6	74.7	22.2	1.3	1.1	0.5	0.1	964	19,072	200,289
85 and older	0.2	7	0.4	71.1	25.0	1.5	1.6	0.7	0.1	1,559	12,997	126,613
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.2	8	0.8	73.8	22.6	1.6	1.4	0.5	0.1	983	53,558	557,039
Disabled	0.4	26	2.6	66.3	26.6	3.0	3.2	0.8	0.1	1,002	39,492	428,291
Adults	1.9	135	23.6	43.9	16.6	8.0	22.9	8.6	0.0	572	790	6,620
Children	1.4	285	28.9	41.7	25.0	16.7	16.7	0.0	0.0	985	12	105
Unknown	2.6	221	16.8	26.7	17.8	12.9	34.7	7.9	0.0	1,310	101	709
<b>Gender</b>												
Female	0.3	15	1.5	69.2	25.4	2.2	2.4	0.7	0.1	950	61,531	652,070
Male	0.3	20	1.9	72.7	21.9	2.3	2.2	0.8	0.1	1,063	32,422	340,694
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	0.3	16	1.5	68.5	26.0	2.3	2.3	0.8	0.1	1,066	72,080	758,595
African American	0.3	15	1.9	76.1	18.6	2.1	2.6	0.6	0.1	813	11,527	123,753
Other/unknown	0.3	21	3.3	77.1	17.8	2.3	2.3	0.5	0.1	657	10,346	110,416
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.5	17	0.6	55.1	36.7	3.4	2.5	1.6	0.6	2,778	12,976	128,113
Part year	0.4	15	0.8	54.5	39.0	2.6	2.4	1.2	0.3	1,833	6,353	60,089
None	0.3	16	2.6	74.4	20.7	2.0	2.3	0.5	0.0	641	74,624	804,562
<b>Maintenance Assistance Status</b>												
Cash	0.3	17	5.7	75.0	19.7	2.1	2.6	0.5	0.0	306	34,680	380,390
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	13	3.1	75.9	19.6	1.9	2.1	0.4	0.0	435	24,249	254,368
Other/unknown	0.4	18	0.8	61.9	31.7	2.6	2.3	1.2	0.3	2,108	35,024	358,006

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 CHARACTERISTICS<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2006

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>0.3</b>	<b>\$16</b>	<b>\$53</b>	<b>0.1</b>	<b>\$12</b>	<b>\$186</b>	<b>0.0</b>	<b>\$1</b>	<b>\$108</b>	<b>0.2</b>	<b>\$4</b>	<b>\$16</b>
<b>Age</b>												
5 and younger	1.3	178	134	0.5	156	285	0.0	1	96	0.7	21	28
6-14	0.6	112	183	0.4	109	262	0.0	0	0	0.2	3	14
15-20	1.3	162	123	0.5	137	275	0.0	5	103	0.8	20	26
21-44	0.4	33	76	0.1	25	232	0.0	1	118	0.3	7	21
45-64	0.4	23	57	0.1	17	214	0.0	1	125	0.3	5	17
65-74	0.3	11	44	0.1	8	148	0.0	1	110	0.2	3	15
75-84	0.2	6	30	0.0	4	117	0.0	0	72	0.2	2	11
85 and older	0.2	7	29	0.0	4	100	0.0	0	62	0.2	2	11
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	0.2	8	35	0.0	5	124	0.0	0	84	0.2	2	13
Disabled	0.4	26	65	0.1	19	226	0.0	1	123	0.3	5	18
Adults	1.9	135	70	0.5	94	180	0.0	6	132	1.4	34	25
Children	1.4	285	199	0.4	255	582	0.1	13	115	0.9	17	19
Unknown	2.6	221	84	0.8	171	201	0.1	9	103	1.7	41	24
<b>Gender</b>												
Female	0.3	15	47	0.1	10	160	0.0	1	110	0.2	4	15
Male	0.3	20	66	0.1	15	234	0.0	1	104	0.2	4	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.3	16	49	0.1	11	173	0.0	1	108	0.3	4	16
African American	0.3	15	56	0.1	11	179	0.0	1	99	0.2	3	17
Other/unknown	0.3	21	84	0.1	17	295	0.0	1	115	0.2	3	17
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.5	17	33	0.1	11	111	0.0	1	68	0.4	5	13
Part year	0.4	15	36	0.1	10	130	0.0	1	76	0.3	4	13
None	0.3	16	62	0.1	12	213	0.0	1	124	0.2	4	18
<b>Maintenance Assistance Status</b>												
Cash	0.3	17	66	0.1	13	223	0.0	1	125	0.2	4	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	13	58	0.0	10	198	0.0	1	114	0.2	3	17
Other/unknown	0.4	18	43	0.1	12	153	0.0	1	93	0.3	5	15

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx>.

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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$28	\$22	\$1	\$5	\$108	\$348	\$216	\$28	10,664	\$1,149,904	3,975	4.2	41,690
Biologicals	0.1	0.1	0.0	0.0	15	13	0	2	138	232	0	34	38	5,262	32	0.0	361
Antineoplastic Agents	0.4	0.1	0.0	0.2	118	104	0	14	327	892	221	56	1,144	374,075	336	0.4	3,179
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	27	22	1	5	59	128	46	17	17,313	1,020,167	3,667	3.9	37,947
Cardiovascular Agents	0.7	0.2	0.0	0.5	31	20	4	7	44	101	129	16	37,181	1,646,088	5,306	5.6	53,881
Respiratory Agents	0.4	0.2	0.0	0.2	29	25	1	4	75	124	75	22	10,662	797,029	2,593	2.8	27,114
Gastrointestinal Agents	0.4	0.2	0.0	0.2	29	23	1	5	71	143	244	21	13,238	941,592	3,094	3.3	32,263
Genitourinary Agents	0.3	0.1	0.0	0.1	21	15	2	3	74	102	118	28	2,840	211,512	995	1.1	10,313
CNS Drugs	0.6	0.1	0.0	0.5	20	14	1	4	36	190	111	9	126,003	4,520,764	20,916	22.3	228,832
Stimulants/Anti-obesity/Anorexia	0.4	0.2	0.0	0.1	43	37	2	4	118	185	93	28	376	44,257	93	0.1	1,039
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	56	53	0	3	183	187	0	142	2,835	520,175	939	1.0	9,330
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	24	8	1	15	46	259	143	31	28,211	1,300,521	5,156	5.5	53,467
Neuromuscular Agents	0.5	0.1	0.0	0.5	25	15	0	9	47	198	79	21	35,719	1,668,171	6,109	6.5	65,967
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	4	15	33	13	14	4,085	60,764	1,342	1.4	13,526
Hematological Agents	0.4	0.1	0.0	0.4	68	64	0	4	158	827	67	11	9,092	1,438,569	2,011	2.1	21,075
Topical Products	0.3	0.1	0.0	0.1	15	10	2	3	55	108	59	20	5,768	319,549	2,031	2.2	21,253
Miscellaneous Products	0.3	0.2	0.0	0.1	154	144	4	5	455	662	440	49	593	270,008	166	0.2	1,755
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	9	0	0	0	32	0	0	0	645	20,466	211	0.2	2,267
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	306,407	16,308,873	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 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.medi-span.com/master-drug-database.aspx>.  
 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.medi-span.com/master-drug-database.aspx>.  
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2006

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	\$2,488,942	2,202	2.3	23,003	0.4	\$268	\$108	
ANTICONVULSANT	1,480,882	5,477	5.8	59,770	0.5	50	25	
MISC. HEMATOLOGICAL	968,411	509	0.5	5,202	0.3	548	186	
ANTIDEPRESSANTS	949,541	4,311	4.6	45,626	0.3	63	21	
ULCER DRUGS	821,218	3,671	3.9	39,309	0.4	59	21	
ANALGESICS - Narcotic	815,697	5,888	6.3	61,614	0.3	39	13	
ANTIDIABETIC	740,358	2,732	2.9	28,679	0.4	73	26	
ANTIHYPERLIPIDEMIC	736,575	1,915	2.0	20,287	0.3	120	36	
ANTIVIRAL	659,092	283	0.3	3,065	0.4	583	215	
ANTIASTHMATIC	657,033	2,690	2.9	28,283	0.3	83	23	
Total	10,317,749	29,678	n.a.	314,838	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>116,297</b>	<b>\$10,317,749</b>	<b>2,202</b>	<b>2.3</b>	<b>23,003</b>	<b>0.4</b>	<b>\$108</b>	<b>5,477</b>	<b>5.8</b>	<b>59,770</b>	<b>0.5</b>	<b>\$25</b>
<b>Female</b>												
All Females	73,944	5,501,582	1,271	2.1	13,224	0.4	89	3,629	5.9	39,733	0.5	22
<b>Female, Disabled</b>												
All Ages	41,714	3,487,371	715	3.3	7,882	0.4	102	2,219	10.3	25,006	0.5	26
5 and younger	1	80	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	479	54,826	10	13.0	120	0.2	61	20	26.0	236	0.5	98
21-44	14,508	1,424,198	388	5.8	4,334	0.4	102	852	12.6	9,553	0.5	36
45-64	24,834	1,842,950	302	2.1	3,250	0.4	105	1,309	9.3	14,795	0.5	19
65-74	1,885	164,381	15	2.4	178	0.3	95	38	6.2	422	0.4	17
75-84	7	936	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	32,230	2,014,211	556	1.4	5,342	0.4	70	1,410	3.5	14,727	0.5	16
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	4	382	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3,979	363,996	79	20.8	828	0.4	121	115	30.3	1,129	0.5	61
45-64	2,347	186,407	29	12.4	287	0.4	89	57	24.5	580	0.4	22
65-74	12,274	800,446	136	1.0	1,380	0.4	85	571	4.0	6,336	0.5	12
75-84	7,689	390,215	150	1.1	1,375	0.3	51	401	2.8	4,072	0.5	11
85 and older	5,937	272,765	162	1.5	1,472	0.3	41	266	2.4	2,610	0.5	9
<b>Male</b>												
All Males	42,353	4,816,167	931	2.9	9,779	0.4	134	1,848	5.7	20,037	0.5	30
<b>Male, Disabled</b>												
All Ages	30,525	3,983,132	712	4.0	7,821	0.5	144	1,404	7.8	15,587	0.6	35
5 and younger	15	1,044	0	0.0	0	0.0	0	2	40.0	24	0.5	42
6-14	6	364	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	833	121,231	45	47.9	517	0.5	139	29	30.9	329	0.6	81
21-44	14,312	1,776,908	471	6.1	5,232	0.4	144	719	9.3	8,064	0.6	44
45-64	14,373	2,009,772	194	2.0	2,054	0.5	147	647	6.6	7,091	0.6	22
65-74	986	73,813	2	0.6	18	0.4	81	7	2.1	79	0.5	14
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

Dual Medicaid 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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>Male, Other Eligibles</b>												
All Ages	11,828	833,035	219	1.5	1,958	0.4	92	444	3.1	4,450	0.5	15
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	8	3,087	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	736	53,706	18	20.9	177	0.3	93	24	27.9	211	0.4	28
45-64	785	60,437	13	14.3	138	0.4	123	15	16.5	152	0.5	21
65-74	6,787	516,341	76	1.0	782	0.5	115	238	3.2	2,549	0.5	16
75-84	2,215	123,309	59	1.2	430	0.4	70	110	2.3	1,056	0.5	12
85 and older	1,297	76,155	53	2.6	431	0.4	61	57	2.8	482	0.4	7
<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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2006

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIDEPRESSANTS					ULCER DRUGS				
	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>509</b>	<b>0.5</b>	<b>5,202</b>	<b>0.3</b>	<b>\$186</b>	<b>4,311</b>	<b>4.6</b>	<b>45,626</b>	<b>0.3</b>	<b>\$21</b>	<b>3,671</b>	<b>3.9</b>	<b>39,309</b>	<b>0.4</b>	<b>\$21</b>
<b>Female</b>															
All Females	309	0.5	3,200	0.3	41	2,958	4.8	31,346	0.3	21	2,471	4.0	26,603	0.3	21
<b>Female, Disabled</b>															
All Ages	119	0.6	1,365	0.3	45	1,668	7.8	18,510	0.3	22	1,041	4.8	11,697	0.3	23
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	26	33.8	302	0.3	15	12	15.6	144	0.4	54
21-44	14	0.2	168	0.2	16	716	10.6	8,069	0.3	24	312	4.6	3,572	0.3	22
45-64	99	0.7	1,125	0.3	49	868	6.2	9,481	0.3	21	642	4.6	7,132	0.3	22
65-74	6	1.0	72	0.3	54	58	9.4	658	0.3	22	75	12.2	849	0.4	31
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	190	0.5	1,835	0.3	39	1,290	3.2	12,836	0.3	20	1,430	3.6	14,906	0.4	19
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	1	100.0	12	0.2	21
21-44	4	1.1	36	0.2	18	210	55.3	2,162	0.4	25	72	18.9	745	0.4	39
45-64	2	0.9	19	0.3	61	103	44.2	992	0.4	32	49	21.0	451	0.4	41
65-74	65	0.5	687	0.4	48	379	2.7	4,078	0.3	19	471	3.3	5,174	0.3	20
75-84	67	0.5	626	0.3	31	316	2.2	3,048	0.3	16	394	2.8	4,070	0.4	16
85 and older	52	0.5	467	0.3	37	282	2.6	2,556	0.3	16	443	4.0	4,454	0.4	14
<b>Male</b>															
All Males	200	0.6	2,002	0.4	418	1,353	4.2	14,280	0.4	20	1,200	3.7	12,706	0.4	22
<b>Male, Disabled</b>															
All Ages	95	0.5	1,024	0.4	774	968	5.4	10,596	0.4	20	674	3.7	7,400	0.4	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.2	4
6-14	0	0.0	0	0.0	0	1	16.7	12	0.2	4	0	0.0	0	0.0	0
15-20	1	1.1	12	0.2	12	35	37.2	413	0.4	26	18	19.1	216	0.3	31
21-44	14	0.2	150	0.3	507	563	7.2	6,249	0.4	19	272	3.5	3,030	0.4	24
45-64	69	0.7	754	0.4	943	356	3.6	3,782	0.4	20	353	3.6	3,793	0.4	24
65-74	11	3.4	108	0.4	52	13	4.0	140	0.2	5	30	9.2	349	0.4	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

Dual Medicaid 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, 2006

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIDEPRESSANTS					ULCER DRUGS				
	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	105	0.7	978	0.3	44	385	2.7	3,684	0.3	21	526	3.6	5,306	0.4	18
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	1	14.3	12	0.3	4
21-44	1	1.2	12	0.8	95	33	38.4	345	0.3	24	18	20.9	172	0.2	11
45-64	1	1.1	8	0.4	97	30	33.0	329	0.4	23	16	17.6	180	0.4	38
65-74	61	0.8	622	0.3	47	173	2.3	1,809	0.3	22	260	3.5	2,814	0.4	20
75-84	26	0.5	204	0.3	34	83	1.7	666	0.4	17	140	2.9	1,354	0.4	15
85 and older	16	0.8	132	0.4	36	66	3.3	535	0.3	17	91	4.5	774	0.4	16
<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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	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>5,888</b>	<b>6.3</b>	<b>61,614</b>	<b>0.3</b>	<b>\$13</b>	<b>2,732</b>	<b>2.9</b>	<b>28,679</b>	<b>0.4</b>	<b>\$26</b>	<b>1,915</b>	<b>2.0</b>	<b>20,287</b>	<b>0.3</b>	<b>\$36</b>
<b>Female</b>															
All Females	3,911	6.4	41,119	0.3	12	1,789	2.9	19,008	0.3	26	1,217	2.0	12,972	0.3	35
<b>Female, Disabled</b>															
All Ages	2,344	10.9	25,788	0.3	11	881	4.1	9,678	0.4	29	582	2.7	6,472	0.3	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	12	0.1	7
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	33	42.9	365	0.3	3	4	5.2	48	0.4	73	4	5.2	48	0.3	41
21-44	945	14.0	10,452	0.3	11	189	2.8	2,079	0.3	26	102	1.5	1,138	0.3	32
45-64	1,255	8.9	13,690	0.3	12	611	4.3	6,711	0.4	28	407	2.9	4,499	0.3	38
65-74	110	17.9	1,269	0.3	8	77	12.5	840	0.4	37	67	10.9	763	0.3	42
75-84	1	6.3	12	0.1	1	0	0.0	0	0.0	0	1	6.3	12	0.5	78
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	1,567	3.9	15,331	0.4	14	908	2.3	9,330	0.3	23	635	1.6	6,500	0.3	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	100.0	12	0.1	0	1	100.0	12	0.1	11	0	0.0	0	0.0	0
21-44	325	85.5	3,257	0.5	22	31	8.2	325	0.4	31	24	6.3	265	0.3	34
45-64	175	75.1	1,708	0.5	21	64	27.5	630	0.4	40	32	13.7	299	0.4	45
65-74	519	3.6	5,428	0.3	12	448	3.2	4,791	0.4	25	318	2.2	3,448	0.3	36
75-84	287	2.0	2,653	0.3	8	234	1.6	2,314	0.3	18	160	1.1	1,544	0.3	29
85 and older	260	2.4	2,273	0.3	6	130	1.2	1,258	0.3	12	101	0.9	944	0.3	30
<b>Male</b>															
All Males	1,977	6.1	20,495	0.4	16	943	2.9	9,671	0.4	26	698	2.2	7,315	0.3	38
<b>Male, Disabled</b>															
All Ages	1,425	7.9	15,185	0.3	16	505	2.8	5,509	0.4	29	416	2.3	4,542	0.3	39
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	1	16.7	12	0.3	27
15-20	36	38.3	409	0.2	2	3	3.2	36	0.3	29	1	1.1	12	0.3	19
21-44	684	8.8	7,412	0.3	11	152	2.0	1,704	0.4	29	123	1.6	1,373	0.3	34
45-64	650	6.6	6,728	0.4	24	318	3.3	3,429	0.4	30	252	2.6	2,702	0.3	40
65-74	55	16.8	636	0.5	10	32	9.8	340	0.4	26	39	11.9	443	0.3	49
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 Medicaid 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, 2006

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month		Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Mean Rx \$ Benefit per Benefit Month	
<b>Male, Other Eligibles</b>															
All Ages	552	3.8	5,310	0.4	13	438	3.0	4,162	0.4	22	282	2.0	2,773	0.3	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	14.3	10	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	75	87.2	647	0.4	15	8	9.3	60	0.5	18	6	7.0	70	0.5	56
45-64	64	70.3	691	0.5	19	13	14.3	116	0.5	30	10	11.0	92	0.4	48
65-74	280	3.8	2,974	0.4	14	279	3.8	2,884	0.4	23	177	2.4	1,857	0.3	39
75-84	73	1.5	587	0.3	5	99	2.0	749	0.3	16	59	1.2	492	0.3	31
85 and older	59	2.9	401	0.3	6	39	1.9	353	0.3	23	30	1.5	262	0.2	20
<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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC						
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ Benefit per Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>283</b>	<b>0.3</b>	<b>3,065</b>	<b>0.4</b>	<b>\$215</b>	<b>2,690</b>	<b>2.9</b>	<b>28,283</b>	<b>0.3</b>	<b>\$23</b>	<b>93,953</b>	<b>992,764</b>
<b>Female</b>												
All Females	149	0.2	1,652	0.3	147	1,749	2.8	18,455	0.3	23	61,531	652,070
<b>Female, Disabled</b>												
All Ages	110	0.5	1,255	0.3	180	993	4.6	11,008	0.3	23	21,511	234,294
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	23
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	0	0.0	0	0.0	0	14	18.2	165	0.4	35	77	864
21-44	59	0.9	683	0.3	160	276	4.1	3,086	0.2	17	6,736	73,084
45-64	49	0.3	548	0.4	212	631	4.5	6,937	0.3	26	14,062	153,444
65-74	2	0.3	24	0.1	17	72	11.7	820	0.3	27	615	6,735
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	16	118
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
<b>Female, Other Eligibles</b>												
All Ages	39	0.1	397	0.2	42	756	1.9	7,447	0.3	21	40,020	417,776
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
21-44	12	3.2	118	0.2	40	86	22.6	835	0.3	18	380	3,133
45-64	5	2.1	51	0.4	170	71	30.5	661	0.3	22	233	1,881
65-74	8	0.1	86	0.1	17	318	2.2	3,344	0.3	25	14,222	153,433
75-84	9	0.1	97	0.1	16	173	1.2	1,571	0.2	22	14,213	151,172
85 and older	5	0.0	45	0.1	8	108	1.0	1,036	0.2	11	10,971	108,145
<b>Male</b>												
All Males	134	0.4	1,413	0.4	295	941	2.9	9,828	0.3	25	32,422	340,694
<b>Male, Disabled</b>												
All Ages	118	0.7	1,261	0.5	313	593	3.3	6,440	0.3	24	17,981	193,997
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	70
15-20	2	2.1	24	0.1	6	21	22.3	250	0.2	13	94	1,014
21-44	68	0.9	694	0.4	250	203	2.6	2,264	0.3	20	7,771	83,636
45-64	48	0.5	543	0.6	408	315	3.2	3,320	0.3	26	9,775	105,772
65-74	0	0.0	0	0.0	0	54	16.5	606	0.3	31	327	3,412
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	33
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0



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, 2006

Beneficiary Characteristics	ANTIVIRAL					ANTIASTHMATIC					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 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 Month	Mean Rx \$ per Benefit Month			
<b>Male, Other Eligibles</b>													
All Ages	16	0.1	152	0.3	143	348	2.4	3,388	0.3	26	14,441	146,697	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	9	
15-20	1	14.3	12	0.3	253	0	0.0	0	0.0	0	7	60	
21-44	1	1.2	10	0.1	18	23	26.7	237	0.3	22	86	710	
45-64	0	0.0	0	0.0	0	9	9.9	104	0.3	37	91	805	
65-74	10	0.1	107	0.3	169	211	2.9	2,270	0.3	28	7,389	77,669	
75-84	2	0.0	18	0.1	8	67	1.4	546	0.3	22	4,840	48,966	
85 and older	2	0.1	5	0.4	59	38	1.9	231	0.4	20	2,025	18,466	
<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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2006

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>\$17</b>	<b>0.5</b>	<b>12,976</b>	<b>128,113</b>
<b>Age</b>				
0-64	36	1.0	1,397	15,313
65-74	25	0.7	2,105	21,742
75-84	14	0.5	4,022	39,423
85 and older	10	0.4	5,452	51,635
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	14	0.5	9,562	94,767
Male	25	0.6	3,414	33,346
Unknown	0	0.0	0	0
<b>Race</b>				
White	17	0.5	11,407	111,991
African American	15	0.4	922	9,488
Other/unknown	19	0.5	647	6,634
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	15	0.5	11,578	112,788
Disabled	36	1.0	1,395	15,302
Adults	0	0.0	3	23
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 6,353 beneficiaries who were in nursing facilities for part of their enrollment and their 60,089 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 Medicaid 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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total	Patented Brand-Name	Off-Patent Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
Anti-infective Agents	0.3	0.1	0.0	0.2	\$17	\$12	\$0	\$5	\$69	\$193	\$57	\$27	1,262	\$87,020	537	4.1	5,038
Biologicals	0.1	0.0	0.0	0.1	4	0	0	4	35	0	0	35	12	418	11	0.1	114
Antineoplastic Agents	0.3	0.0	0.0	0.3	23	6	0	17	80	610	0	60	244	19,624	106	0.8	853
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	25	20	0	4	46	87	46	14	3,074	141,991	613	4.7	5,776
Cardiovascular Agents	0.8	0.2	0.0	0.6	20	11	2	7	26	65	88	12	7,744	203,604	1,068	8.2	10,074
Respiratory Agents	0.4	0.2	0.0	0.2	22	18	1	3	62	106	71	18	1,326	82,063	392	3.0	3,744
Gastrointestinal Agents	0.5	0.1	0.0	0.3	20	13	0	7	44	115	117	20	3,058	135,768	696	5.4	6,747
Genitourinary Agents	0.3	0.2	0.0	0.1	19	15	1	3	61	77	72	31	799	48,912	262	2.0	2,521
CNS Drugs	0.6	0.1	0.0	0.5	16	11	1	4	26	121	70	8	30,469	782,175	4,575	35.3	47,889
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	53	52	0	1	147	196	0	10	50	7,365	13	0.1	139
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	68	67	0	0	142	142	0	139	1,407	199,948	326	2.5	2,949
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	17	4	1	13	33	114	102	26	3,071	101,221	619	4.8	5,814
Neuromuscular Agents	0.7	0.1	0.0	0.6	21	9	0	12	31	131	48	19	6,003	185,059	866	6.7	8,930
Nutritional Products	0.4	0.0	0.0	0.4	5	0	0	5	13	17	10	13	1,420	17,932	399	3.1	3,747
Hematological Agents	0.6	0.1	0.0	0.5	13	8	0	5	22	134	0	8	4,020	86,649	651	5.0	6,625
Topical Products	0.4	0.1	0.1	0.2	16	8	4	4	44	81	56	19	1,648	71,971	486	3.7	4,581
Miscellaneous Products	0.3	0.1	0.0	0.2	10	8	0	3	34	56	0	16	53	1,816	21	0.2	179
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	8	0	0	0	17	0	0	0	325	5,441	64	0.5	674
<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>65,985</b>	<b>2,178,977</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 6,353 beneficiaries who were in nursing facilities for part of their enrollment and their 60,089 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 2006. 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.medi-span.com/master-drug-database.aspx>.  
 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.medi-span.com/master-drug-database.aspx>.  
 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.  
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	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	\$335,479	447	3.4	4,267	0.5	\$174	\$79	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	205,133	451	3.5	4,122	0.4	133	50	
ULCER DRUGS	166,331	1,011	7.8	10,544	0.4	37	16	
HYPNOTICS	162,280	1,132	8.7	12,074	0.6	23	13	
ANTICONVULSANT	153,284	819	6.3	8,521	0.6	29	18	
ANTIDEPRESSANTS	145,023	739	5.7	7,257	0.4	52	20	
ANTI ANXIETY AGENTS	139,393	3,489	26.9	36,960	0.5	7	4	
ANTIDIABETIC	103,890	490	3.8	4,670	0.4	53	22	
ANTIHYPERLIPIDEMIC	85,746	266	2.0	2,622	0.4	83	33	
ANTI ASTHMATIC	68,236	322	2.5	3,041	0.3	78	22	
Total	1,564,795	9,166	n.a.	94,078	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 6,353 beneficiaries who were in nursing facilities for part of their enrollment and their 60,089 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 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; n.a. = not applicable.

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, 2006

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>45,758</b>	<b>\$1,564,795</b>	<b>447</b>	<b>3.4</b>	<b>4,267</b>	<b>0.5</b>	<b>\$79</b>	<b>451</b>	<b>3.5</b>	<b>4,122</b>	<b>0.4</b>	<b>\$50</b>
<b>Female</b>												
All Females	31,586	986,152	303	3.2	2,936	0.4	65	316	3.3	2,962	0.4	46
<b>Female, Disabled</b>												
All Ages	4,871	149,128	32	4.7	339	0.4	74	27	4.0	316	0.2	20
64 or younger	4,871	149,128	32	4.7	339	0.4	74	27	4.0	316	0.2	20
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	26,715	837,024	271	3.1	2,597	0.4	63	289	3.3	2,646	0.4	49
64 or younger	1	9	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,599	240,978	52	4.2	560	0.7	123	34	2.7	342	0.4	50
75-84	9,935	308,163	103	3.5	946	0.3	53	116	3.9	1,081	0.5	56
85 and older	10,180	287,874	116	2.5	1,091	0.3	42	139	3.0	1,223	0.3	44
<b>Male</b>												
All Males	14,172	578,643	144	4.2	1,331	0.5	110	135	4.0	1,160	0.4	59
<b>Male, Disabled</b>												
All Ages	5,609	236,425	36	5.0	398	0.7	153	21	2.9	229	0.4	95
64 or younger	5,609	236,425	36	5.0	398	0.7	153	21	2.9	229	0.4	95
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>Male, Other Eligibles</b>												
All Ages	8,563	342,218	108	4.0	933	0.5	91	114	4.2	931	0.4	50
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,643	159,584	33	3.9	326	0.6	131	31	3.6	303	0.3	43
75-84	3,228	106,629	40	3.8	298	0.4	71	42	4.0	328	0.4	57
85 and older	1,692	76,005	35	4.4	309	0.4	69	41	5.2	300	0.4	49
<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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 6,353 beneficiaries who were in nursing facilities for part of their enrollment and their 60,089 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 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, 2006

Beneficiary Characteristics	ULCER DRUGS					HYPNOTICS					ANTICONSULTANT				
	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>1,011</b>	<b>7.8</b>	<b>10,544</b>	<b>0.4</b>	<b>\$16</b>	<b>1,132</b>	<b>8.7</b>	<b>12,074</b>	<b>0.6</b>	<b>\$13</b>	<b>819</b>	<b>6.3</b>	<b>8,521</b>	<b>0.6</b>	<b>\$18</b>
<b>Female</b>															
All Females	701	7.3	7,330	0.4	15	789	8.3	8,319	0.6	14	565	5.9	5,866	0.6	16
<b>Female, Disabled</b>															
All Ages	82	12.1	890	0.5	21	109	16.1	1,247	0.7	10	127	18.8	1,446	0.7	23
64 or younger	82	12.1	890	0.5	21	109	16.1	1,247	0.7	10	127	18.8	1,446	0.7	23
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	619	7.0	6,440	0.4	14	680	7.7	7,072	0.5	14	438	4.9	4,420	0.6	14
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	121	9.7	1,345	0.4	15	154	12.3	1,713	0.6	12	125	10.0	1,375	0.6	17
75-84	211	7.1	2,159	0.4	17	253	8.5	2,646	0.6	13	163	5.5	1,541	0.6	15
85 and older	287	6.2	2,936	0.4	12	273	5.9	2,713	0.5	17	150	3.2	1,504	0.5	11
<b>Male</b>															
All Males	310	9.1	3,214	0.4	17	343	10.0	3,755	0.6	13	254	7.4	2,655	0.7	22
<b>Male, Disabled</b>															
All Ages	74	10.3	824	0.5	23	121	16.9	1,424	0.7	11	104	14.5	1,126	0.8	32
64 or younger	74	10.3	824	0.5	23	121	16.9	1,424	0.7	11	104	14.5	1,126	0.8	32
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	236	8.8	2,390	0.4	15	222	8.2	2,331	0.6	14	150	5.6	1,529	0.6	15
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	95	11.1	1,048	0.4	16	95	11.1	1,048	0.6	12	69	8.1	759	0.5	13
75-84	81	7.7	816	0.4	16	87	8.3	889	0.6	15	50	4.8	487	0.6	22
85 and older	60	7.5	526	0.4	13	40	5.0	394	0.5	21	31	3.9	283	0.5	9
<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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 6,353 beneficiaries who were in nursing facilities for part of their enrollment and their 60,089 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTI-ANXIETY 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 \$	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>739</b>	<b>5.7</b>	<b>7,257</b>	<b>0.4</b>	<b>\$20</b>	<b>3,489</b>	<b>26.9</b>	<b>36,960</b>	<b>0.5</b>	<b>\$4</b>	<b>490</b>	<b>3.8</b>	<b>4,670</b>	<b>0.4</b>	<b>\$22</b>
<b>Female</b>															
All Females	531	5.6	5,213	0.4	18	2,571	26.9	27,383	0.5	4	302	3.2	2,952	0.4	18
<b>Female, Disabled</b>															
All Ages	58	8.6	638	0.4	24	260	38.4	2,924	0.6	5	42	6.2	427	0.4	27
64 or younger	58	8.6	638	0.4	24	260	38.4	2,924	0.6	5	42	6.2	427	0.4	27
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	473	5.3	4,575	0.4	18	2,311	26.0	24,459	0.5	4	260	2.9	2,525	0.4	16
64 or younger	0	0.0	0	0.0	0	1	50.0	4	0.3	2	0	0.0	0	0.0	0
65-74	98	7.8	1,068	0.4	23	415	33.2	4,539	0.5	4	79	6.3	828	0.5	23
75-84	173	5.8	1,670	0.4	18	816	27.4	8,596	0.5	4	112	3.8	1,063	0.3	16
85 and older	202	4.3	1,837	0.3	14	1,079	23.2	11,320	0.4	3	69	1.5	634	0.3	9
<b>Male</b>															
All Males	208	6.1	2,044	0.4	24	918	26.9	9,577	0.5	4	188	5.5	1,718	0.5	30
<b>Male, Disabled</b>															
All Ages	63	8.8	690	0.5	27	267	37.2	3,056	0.6	5	47	6.5	445	0.7	46
64 or younger	63	8.8	690	0.5	27	267	37.2	3,056	0.6	5	47	6.5	445	0.7	46
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	145	5.4	1,354	0.4	23	651	24.1	6,521	0.5	4	141	5.2	1,273	0.4	24
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	57	6.7	591	0.4	29	227	26.6	2,420	0.5	4	57	6.7	601	0.5	32
75-84	49	4.7	407	0.4	21	252	24.1	2,515	0.5	4	58	5.5	424	0.4	13
85 and older	39	4.9	356	0.4	17	172	21.6	1,586	0.4	3	26	3.3	248	0.3	25
<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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. A total of 6,353 beneficiaries who were in nursing facilities for part of their enrollment and their 60,089 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		
<b>All</b>	<b>266</b>	<b>2.0</b>	<b>2,622</b>	<b>0.4</b>	<b>\$33</b>	<b>322</b>	<b>2.5</b>	<b>3,041</b>	<b>0.3</b>	<b>\$22</b>	<b>12,976</b>	<b>128,113</b>
<b>Female</b>												
All Females	180	1.9	1,802	0.4	30	210	2.2	2,016	0.3	19	9,562	94,767
<b>Female, Disabled</b>												
All Ages	22	3.2	245	0.4	33	20	3.0	209	0.3	18	677	7,426
64 or younger	22	3.2	245	0.4	33	20	3.0	209	0.3	18	677	7,426
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	158	1.8	1,557	0.4	30	190	2.1	1,807	0.2	19	8,885	87,341
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	11
65-74	41	3.3	449	0.4	39	35	2.8	379	0.4	36	1,251	13,022
75-84	57	1.9	538	0.3	24	88	3.0	792	0.2	18	2,975	29,653
85 and older	60	1.3	570	0.4	28	67	1.4	636	0.2	11	4,657	44,655
<b>Male</b>												
All Males	86	2.5	820	0.4	38	112	3.3	1,025	0.4	29	3,414	33,346
<b>Male, Disabled</b>												
All Ages	28	3.9	287	0.6	55	38	5.3	412	0.4	32	718	7,876
64 or younger	28	3.9	287	0.6	55	38	5.3	412	0.4	32	718	7,876
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>Male, Other Eligibles</b>												
All Ages	58	2.2	533	0.4	30	74	2.7	613	0.3	28	2,696	25,470
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	23	2.7	237	0.4	37	25	2.9	252	0.4	44	854	8,720
75-84	21	2.0	163	0.4	29	23	2.2	205	0.2	11	1,047	9,770
85 and older	14	1.8	133	0.2	18	26	3.3	156	0.4	24	795	6,980
<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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 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 2006. A total of 6,353 beneficiaries who were in nursing facilities for part of their enrollment and their 60,089 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.  
 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, 2006

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>22,217</b>	<b>23.6</b>	<b>1.4</b>	<b>130,497</b>	<b>\$17</b>	<b>\$1,557,009</b>	<b>\$12</b>	<b>9.5</b>	<b>93,953</b>
<b>Age</b>									
5 and younger	4	50.0	2.0	16	170	1,360	85	8.1	8
6-14	0	0.0	0.0	0	0	0	0	0.0	10
15-20	35	19.6	1.2	210	21	3,782	18	1.2	179
21-44	3,348	22.4	1.4	20,423	20	299,560	15	5.7	14,973
45-64	6,896	28.5	1.9	45,027	22	523,666	12	8.8	24,161
65-74	4,601	20.4	1.2	26,716	13	290,010	11	10.5	22,553
75-84	4,170	21.9	1.2	22,780	13	251,164	11	21.7	19,072
85 and older	3,163	24.3	1.2	15,325	14	187,467	12	22.0	12,997
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	11,737	21.9	1.2	63,846	13	717,544	11	16.8	53,558
Disabled	10,229	25.9	1.7	65,426	21	822,606	13	7.5	39,492
Adults	217	27.5	1.4	1,115	19	15,074	14	1.7	790
Children	1	8.3	0.3	4	54	648	162	2.2	12
Unknown	33	32.7	1.0	106	11	1,137	11	0.7	101
<b>Gender</b>									
Female	15,535	25.2	1.4	89,172	17	1,063,654	12	11.3	61,531
Male	6,682	20.6	1.3	41,325	15	493,355	12	7.2	32,422
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	18,748	26.0	1.6	112,863	19	1,358,694	12	11.2	72,080
African American	1,902	16.5	0.8	9,617	9	105,748	11	5.7	11,527
Other/unknown	1,567	15.1	0.8	8,017	9	92,567	12	3.9	10,346
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	5,009	38.6	2.7	34,798	34	438,892	13	20.1	12,976
Part year	2,611	41.1	2.0	12,615	23	143,487	11	15.8	6,353
None	14,597	19.6	1.1	83,084	13	974,630	12	7.4	74,624
<b>Maintenance Assistance Status</b>									
Cash	6,290	18.1	1.0	34,450	11	395,599	11	6.0	34,680
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	4,311	17.8	0.9	22,089	10	247,904	11	7.3	24,249
Other/unknown	11,616	33.2	2.1	73,958	26	913,506	12	14.5	35,024

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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, 2006

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>0.1</b>	<b>\$2</b>	<b>\$12</b>	<b>\$0</b>	<b>\$1</b>	<b>992,764</b>
<b>Age</b>						
5 and younger	0.2	14	85	0	0	95
6-14	0.0	0	0	0	0	103
15-20	0.1	2	18	0	1	1,950
21-44	0.1	2	15	0	2	160,563
45-64	0.2	2	12	0	2	261,902
65-74	0.1	1	11	0	1	241,249
75-84	0.1	1	11	0	1	200,289
85 and older	0.1	1	12	0	1	126,613
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.1	1	11	0	1	557,039
Disabled	0.2	2	13	0	2	428,291
Adults	0.2	2	14	0	1	6,620
Children	0.0	6	162	0	0	105
Unknown	0.1	2	11	0	1	709
<b>Gender</b>						
Female	0.1	2	12	0	1	652,070
Male	0.1	1	12	0	1	340,694
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.1	2	12	0	1	758,595
African American	0.1	1	11	0	1	123,753
Other/unknown	0.1	1	12	0	1	110,416
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	3	13	0	2	128,113
Part year	0.2	2	11	0	2	60,089
None	0.1	1	12	0	1	804,562
<b>Maintenance Assistance Status</b>						
Cash	0.1	1	11	0	1	380,390
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	11	0	1	254,368
Other/unknown	0.2	3	12	0	2	358,006

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Total Number Rx.	\$ per Rx	Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Percentage of All Part D Excluded Rx				
<b>All</b>	<b>24,050</b>	<b>\$65</b>	<b>\$1,557,009</b>	<b>100.0</b>		<b>130,497</b>	<b>\$12</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	3	25	76	0.0		8	10	0.0	
Cough and cold medications	10	49	492	0.0		15	33	0.0	
Vitamins and minerals	1,241	43	53,791	3.5		3,733	14	2.9	
Non-prescription drugs	2,136	109	232,552	14.9		8,060	29	6.2	
Barbiturates	717	63	44,998	2.9		6,373	7	4.9	
Benzodiazepines	19,564	62	1,203,861	77.3		111,094	11	85.1	
Other Part D Excl Rx Drugs	379	56	21,239	1.4		1,214	17	0.9	

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 OKLAHOMA, 2006

Total Number of Dual Eligible Beneficiaries: 93,953  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$16,308,873  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$173

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	66,113	70.4	\$0	0.0
1-500	23,052	24.5	1,856,504	11.4
501-1,000	1,406	1.5	1,012,835	6.2
1,001-1,500	808	0.9	993,259	6.1
1,501-2,000	553	0.6	963,549	5.9
2,001-2,500	392	0.4	881,909	5.4
2,501-3,000	269	0.3	736,717	4.5
3,001-3,500	232	0.2	751,461	4.6
3,501-4,000	179	0.2	669,185	4.1
4,001-4,500	153	0.2	650,525	4.0
4,501-5,000	126	0.1	599,203	3.7
5,001-5,500	100	0.1	523,481	3.2
5,501-6,000	74	0.1	426,402	2.6
6,001-6,500	63	0.1	393,768	2.4
6,501-7,000	50	0.1	337,443	2.1
7,001-7,500	42	0.0	303,493	1.9
7,501-8,000	39	0.0	303,406	1.9
8,001-8,500	38	0.0	315,275	1.9
8,501-9,000	29	0.0	253,687	1.6
9,001-9,500	20	0.0	184,922	1.1
9,501-10,000	26	0.0	254,226	1.6
10,001+	189	0.2	3,897,623	23.9

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a</sup>, b, c  
 OKLAHOMA, 2006

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 38,530  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$10,517,851  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$273

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65			
\$0	25,598	66.4		\$0	0.0
1-500	10,179	26.4		922,411	8.8
501-1,000	753	2.0		545,472	5.2
1,001-1,500	422	1.1		516,505	4.9
1,501-2,000	318	0.8		553,848	5.3
2,001-2,500	225	0.6		507,337	4.8
2,501-3,000	143	0.4		392,991	3.7
3,001-3,500	141	0.4		456,413	4.3
3,501-4,000	107	0.3		400,138	3.8
4,001-4,500	93	0.2		396,649	3.8
4,501-5,000	78	0.2		372,415	3.5
5,001-5,500	59	0.2		307,625	2.9
5,501-6,000	50	0.1		288,934	2.7
6,001-6,500	43	0.1		268,636	2.6
6,501-7,000	36	0.1		242,759	2.3
7,001-7,500	30	0.1		216,708	2.1
7,501-8,000	31	0.1		240,973	2.3
8,001-8,500	24	0.1		199,793	1.9
8,501-9,000	17	0.0		148,519	1.4
9,001-9,500	14	0.0		129,487	1.2
9,501-10,000	19	0.0		185,538	1.8
10,001+	150	0.4		3,224,700	30.7

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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.

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65+: 54,622  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$4,771,248  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$87

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	40,217	73.6	\$0	0.0
1-500	12,695	23.2	904,888	19.0
501-1,000	585	1.1	420,044	8.8
1,001-1,500	335	0.6	413,477	8.7
1,501-2,000	204	0.4	356,812	7.5
2,001-2,500	134	0.2	302,110	6.3
2,501-3,000	97	0.2	265,665	5.6
3,001-3,500	75	0.1	243,671	5.1
3,501-4,000	55	0.1	204,731	4.3
4,001-4,500	45	0.1	190,721	4.0
4,501-5,000	37	0.1	174,382	3.7
5,001-5,500	28	0.1	146,746	3.1
5,501-6,000	18	0.0	103,083	2.2
6,001-6,500	13	0.0	81,140	1.7
6,501-7,000	10	0.0	67,759	1.4
7,001-7,500	10	0.0	72,401	1.5
7,501-8,000	7	0.0	54,583	1.1
8,001-8,500	12	0.0	98,914	2.1
8,501-9,000	7	0.0	60,853	1.3
9,001-9,500	4	0.0	37,278	0.8
9,501-10,000	3	0.0	29,546	0.6
10,001+	31	0.1	542,444	11.4

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74<sup>a, b</sup>  
 OKLAHOMA, 2006

Total Number of Dual Eligible Beneficiaries, Age 65-74: 22,553  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$2,761,284  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$122

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	16,718	74.1	\$0	0.0
1-500	4,910	21.8	389,807	14.1
501-1,000	276	1.2	197,891	7.2
1,001-1,500	164	0.7	205,264	7.4
1,501-2,000	114	0.5	198,731	7.2
2,001-2,500	83	0.4	187,232	6.8
2,501-3,000	62	0.3	169,535	6.1
3,001-3,500	48	0.2	156,671	5.7
3,501-4,000	28	0.1	103,966	3.8
4,001-4,500	30	0.1	126,581	4.6
4,501-5,000	24	0.1	112,818	4.1
5,001-5,500	16	0.1	84,470	3.1
5,501-6,000	10	0.0	57,417	2.1
6,001-6,500	8	0.0	50,141	1.8
6,501-7,000	8	0.0	54,058	2.0
7,001-7,500	4	0.0	29,120	1.1
7,501-8,000	1	0.0	7,905	0.3
8,001-8,500	11	0.0	90,699	3.3
8,501-9,000	4	0.0	34,906	1.3
9,001-9,500	4	0.0	37,278	1.4
9,501-10,000	2	0.0	19,608	0.7
10,001+	28	0.1	447,186	16.2

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 OKLAHOMA, 2006

Total Number of Dual Eligible Beneficiaries, Age 75-84: 19,072  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$1,157,333  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$60

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,254	74.7	\$0	0.0
1-500	4,398	23.1	284,511	24.6
501-1,000	146	0.8	103,546	8.9
1,001-1,500	96	0.5	118,331	10.2
1,501-2,000	57	0.3	100,692	8.7
2,001-2,500	26	0.1	58,603	5.1
2,501-3,000	20	0.1	54,939	4.7
3,001-3,500	13	0.1	42,615	3.7
3,501-4,000	14	0.1	52,515	4.5
4,001-4,500	9	0.0	38,401	3.3
4,501-5,000	8	0.0	37,730	3.3
5,001-5,500	9	0.0	46,618	4.0
5,501-6,000	6	0.0	34,138	2.9
6,001-6,500	2	0.0	12,596	1.1
6,501-7,000	2	0.0	13,701	1.2
7,001-7,500	3	0.0	21,841	1.9
7,501-8,000	4	0.0	31,331	2.7
8,001-8,500	1	0.0	8,215	0.7
8,501-9,000	3	0.0	25,947	2.2
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	1	0.0	71,063	6.1

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries



SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 OKLAHOMA, 2006

Total Number of Dual Eligible Beneficiaries, Age 85+: 12,997  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$852,631  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$65

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,245	71.1	\$0	0.0
1-500	3,387	26.1	230,570	27.0
501-1,000	163	1.3	118,607	13.9
1,001-1,500	75	0.6	89,882	10.5
1,501-2,000	33	0.3	57,389	6.7
2,001-2,500	25	0.2	56,275	6.6
2,501-3,000	15	0.1	41,191	4.8
3,001-3,500	14	0.1	44,385	5.2
3,501-4,000	13	0.1	48,250	5.7
4,001-4,500	6	0.0	25,739	3.0
4,501-5,000	5	0.0	23,834	2.8
5,001-5,500	3	0.0	15,658	1.8
5,501-6,000	2	0.0	11,528	1.4
6,001-6,500	3	0.0	18,403	2.2
6,501-7,000	0	0.0	0	0.0
7,001-7,500	3	0.0	21,440	2.5
7,501-8,000	2	0.0	15,347	1.8
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	1	0.0	9,938	1.2
10,001+	2	0.0	24,195	2.8

Source: Data for this table are from the MAX 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006.

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

Dual Medicaid Beneficiaries

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, 2006

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
<b>All</b>	<b>93,953</b>	<b>53,558</b>	<b>39,492</b>	<b>790</b>	<b>12</b>	<b>101</b>	<b>992,764</b>	<b>557,039</b>	<b>428,291</b>	<b>6,620</b>	<b>105</b>	<b>709</b>
<b>Age</b>												
5 and younger	8	0	7	0	1	0	95	0	83	0	12	0
6-14	10	0	8	0	2	0	103	0	94	0	9	0
15-20	179	0	171	0	8	0	1,950	0	1,878	0	72	0
21-44	14,973	0	14,507	450	1	15	160,563	0	156,720	3,703	12	128
45-64	24,161	7	23,837	252	0	65	261,902	82	259,216	2,169	0	435
65-74	22,553	21,537	942	53	0	21	241,249	230,533	10,147	423	0	146
75-84	19,072	19,025	19	28	0	0	200,289	199,880	151	258	0	0
85 and older	12,997	12,989	1	7	0	0	126,613	126,544	2	67	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	61,531	39,326	21,511	592	1	101	652,070	412,118	234,294	4,937	12	709
Male	32,422	14,232	17,981	198	11	0	340,694	144,921	193,997	1,683	93	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	72,080	41,892	29,566	542	6	74	758,595	432,759	320,678	4,594	46	518
African American	11,527	5,627	5,736	147	2	15	123,753	60,108	62,285	1,258	15	87
Other/unknown	10,346	6,039	4,190	101	4	12	110,416	64,172	45,328	768	44	104
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	12,976	11,578	1,395	3	0	0	128,113	112,788	15,302	23	0	0
Part year	6,353	5,464	883	6	0	0	60,089	50,776	9,265	48	0	0
None	74,624	36,516	37,214	781	12	101	804,562	393,475	403,724	6,549	105	709
<b>Maintenance Assistance Status</b>												
Cash	34,680	15,205	18,868	603	4	0	380,390	169,187	205,885	5,292	26	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	24,249	12,429	11,622	92	5	101	254,368	130,742	122,201	671	45	709
Other/unknown	35,024	25,924	9,002	95	3	0	358,006	257,110	100,205	657	34	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	91,082	52,004	38,193	773	12	100	961,720	540,270	414,207	6,441	105	697
Full dual, part year	2,871	1,554	1,299	17	0	1	31,044	16,769	14,084	179	0	12
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	93,953	53,558	39,492	790	12	101	992,764	557,039	428,291	6,620	105	709
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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.  
 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 2006. 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, 2006

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>93,953</b>	<b>992,764</b>	<b>93,953</b>	<b>992,764</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	93,953	992,764	93,953	992,764	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 2006 file for Oklahoma, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 Medicaid Beneficiaries