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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
OKLAHOMA

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
OKLAHOMA, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	783335 (A)	110901 (E)	672434 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	763581 (B)	94563 (F)	669018 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	763581 (C)	94563 (G)	669018 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	13787 (D)	12527 (H)	1260 (L)

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.
a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2007 (based on MAX data element "Eligible Restricted Benefits Flag").
c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2007, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for Oklahoma in 2007 was $308,614,435, of which $385,370 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TN, TX, and WV). These lists were constructed from the CMS 2007 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.
f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2007. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2007. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.
Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a, b]
OKLAHOMA, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**763,581**	**54,279**	**98,647**	**120,550**	**483,432**	**6,673**	**7,245,242**	**568,437**	**1,057,112**	**862,688**	**4,719,325**	**37,680**
Age												
5 and younger	198,915	1	2,964	0	195,950	0	1,864,451	12	31,196	0	1,833,243	0
6-14	209,748	0	8,284	18	201,446	0	2,162,294	0	92,339	158	2,069,797	0
15-20	104,719	0	6,292	12,705	85,404	318	972,088	0	67,856	89,499	812,704	2,029
21-44	136,325	1	31,514	100,324	629	3,857	1,081,485	1	336,773	719,323	3,568	21,820
45-64	58,269	23	48,395	7,404	3	2,444	582,846	230	516,159	52,857	13	13,587
65-74	23,759	22,462	1,174	69	0	54	253,187	239,812	12,585	546	0	244
75-84	19,221	19,173	22	26	0	0	203,380	202,926	197	257	0	0
85 and older	12,625	12,619	2	4	0	0	125,511	125,456	7	48	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	447,286	39,467	52,428	109,502	239,216	6,673	4,153,608	416,762	565,363	794,357	2,339,446	37,680
Male	316,295	14,812	46,219	11,048	244,216	0	3,091,634	151,675	491,749	68,331	2,379,879	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	460,897	41,885	68,840	78,957	266,438	4,777	4,344,297	435,550	739,142	566,837	2,575,688	27,080
African American	115,195	5,736	17,205	16,647	74,981	626	1,131,156	61,626	184,487	127,616	753,928	3,499
Other/unknown	187,489	6,658	12,602	24,946	142,013	1,270	1,769,789	71,261	133,483	168,235	1,389,709	7,101
Use of Nursing Facilities[c]												
Entire year	13,787	11,355	2,421	6	4	1	138,947	112,587	26,268	43	48	1
Part year	7,364	5,537	1,799	22	2	4	71,700	53,031	18,431	188	22	28
None	742,430	37,387	94,427	120,522	483,426	6,668	7,034,595	402,819	1,012,413	862,457	4,719,255	37,651
Maintenance Assistance Status												
Cash	163,845	15,118	63,335	40,266	45,126	0	1,607,391	167,468	684,010	306,607	449,306	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	499,932	12,981	18,049	39,881	422,348	6,673	4,715,901	136,639	181,112	256,449	4,104,021	37,680
Other/unknown	99,804	26,180	17,263	40,403	15,958	0	921,950	264,330	191,990	299,632	165,998	0
Dual Medicare Status[d]												
Full dual, all year	91,895	51,182	39,852	736	18	107	977,534	537,222	433,292	6,165	174	681
Full dual, part year	2,668	1,412	1,240	16	0	0	28,678	15,198	13,323	157	0	0
Non-dual, all year	669,018	1,685	57,555	119,798	483,414	6,566	6,239,030	16,017	610,497	856,366	4,719,151	36,999
Managed Care (MC) Status												
Fee-for-service (FFS) all year	763,581	54,279	98,647	120,550	483,432	6,673	7,245,242	568,437	1,057,112	862,688	4,719,325	37,680
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 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

a. Table 2 includes the beneficiaries represented by Cell C 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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The “Full dual, part year” group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. 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.

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
OKLAHOMA, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**58.3**	**5.8**	**$404**	**$70**	**$4,174**	**9.7**	**763,581**
Age							
5 and younger	65.9	3.7	193	52	2,198	8.8	198,915
6-14	60.2	4.4	362	83	2,029	17.9	209,748
15-20	62.5	5.3	458	86	3,165	14.5	104,719
21-44	55.0	7.4	478	65	4,969	9.6	136,325
45-64	58.7	18.2	1,301	72	11,947	10.9	58,269
65-74	25.7	3.5	162	47	8,103	2.0	23,759
75-84	22.0	1.6	38	24	11,170	0.3	19,221
85 and older	22.5	1.4	24	18	16,783	0.1	12,625
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	23.4	2.2	80	36	11,325	0.7	54,279
Disabled	62.3	17.2	1,589	93	13,053	12.2	98,647
Adults	54.7	5.5	237	43	2,523	9.4	120,550
Children	62.3	3.9	240	61	1,971	12.2	483,432
Unknown	59.3	6.6	392	59	4,123	9.5	6,673
Gender							
Female	58.2	6.0	354	59	4,174	8.5	447,286
Male	58.4	5.5	474	86	4,173	11.3	316,295
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	59.8	6.6	471	71	4,853	9.7	460,897
African American	53.5	4.9	370	75	3,692	10.0	115,195
Other/unknown	57.5	4.2	260	61	2,800	9.3	187,489
Use of Nursing Facilities[f]							
Entire year	42.8	11.8	647	55	32,565	2.0	13,787
Part year	46.7	10.2	623	61	23,778	2.6	7,364
None	58.7	5.6	397	71	3,452	11.5	742,430
Maintenance Assistance Status							
Cash	62.4	10.4	851	82	4,555	18.7	163,845
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	60.8	3.9	229	58	2,232	10.2	499,932
Other/unknown	38.9	7.5	547	73	13,273	4.1	99,804

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.
a. Table 3 includes beneficiaries represented by Cell C of Table 1.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
d. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a, b]
OKLAHOMA, 2007

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**0.6**	**$43**	**9.7**	**41.7**	**47.6**	**4.9**	**4.7**	**0.9**	**0.1**	**$440**	**763,581**	**7,245,242**
Age												
5 and younger	0.4	21	8.8	34.1	61.3	3.3	1.1	0.1	0.0	235	198,915	1,864,451
6-14	0.4	35	17.9	39.8	53.3	4.1	2.5	0.2	0.0	197	209,748	2,162,294
15-20	0.6	49	14.5	37.5	52.7	5.7	3.4	0.5	0.1	341	104,719	972,088
21-44	0.9	60	9.6	45.0	36.3	8.1	9.2	1.3	0.1	626	136,325	1,081,485
45-64	1.8	130	10.9	41.3	22.6	8.0	20.1	6.8	1.2	1,194	58,269	582,846
65-74	0.3	15	2.0	74.3	20.2	1.8	2.6	0.8	0.2	760	23,759	253,187
75-84	0.2	4	0.3	78.0	20.4	0.9	0.6	0.2	0.0	1,056	19,221	203,380
85 and older	0.1	2	0.1	77.5	21.2	0.7	0.4	0.1	0.0	1,688	12,625	125,511
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	0.2	8	0.7	76.6	20.6	1.2	1.1	0.4	0.1	1,081	54,279	568,437
Disabled	1.6	148	12.2	37.7	29.2	8.7	17.9	5.5	1.0	1,218	98,647	1,057,112
Adults	0.8	33	9.4	45.3	39.0	7.9	7.2	0.7	0.0	353	120,550	862,688
Children	0.4	25	12.2	37.7	56.7	3.8	1.7	0.1	0.0	202	483,432	4,719,325
Unknown	1.2	69	9.5	40.7	34.0	11.1	12.7	1.6	0.0	730	6,673	37,680
Gender												
Female	0.6	38	8.5	41.8	46.7	5.1	5.2	1.0	0.2	450	447,286	4,153,608
Male	0.6	48	11.3	41.6	48.8	4.6	4.1	0.8	0.1	427	316,295	3,091,634
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.7	50	9.7	40.2	47.1	5.6	5.8	1.2	0.2	515	460,897	4,344,297
African American	0.5	38	10.0	46.5	44.6	4.3	3.8	0.7	0.1	376	115,195	1,131,156
Other/unknown	0.4	28	9.3	42.5	50.5	3.7	2.8	0.5	0.1	297	187,489	1,769,789
Use of Nursing Facilities[f]												
Entire year	1.2	64	2.0	57.2	30.8	2.7	2.2	3.8	3.4	3,231	13,787	138,947
Part year	1.0	64	2.6	53.3	33.4	2.0	4.5	4.9	1.9	2,442	7,364	71,700
None	0.6	42	11.5	41.3	48.0	5.0	4.8	0.8	0.1	364	742,430	7,034,595
Maintenance Assistance Status												
Cash	1.1	87	18.7	37.6	38.6	8.4	13.2	2.2	0.0	464	163,845	1,607,391
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	24	10.2	39.2	54.4	4.1	2.1	0.2	0.0	237	499,932	4,715,901
Other/unknown	0.8	59	4.1	61.1	28.2	3.1	4.0	2.7	0.9	1,437	99,804	921,950

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.
a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. In eight states (DE, IA, IL, NE, NY, TN, TX, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
OKLAHOMA, 2007

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**0.6**	**$43**	**$70**	**0.2**	**$33**	**$178**	**0.0**	**$2**	**$111**	**0.4**	**$8**	**$19**
Age												
5 and younger	0.4	21	52	0.1	14	125	0.0	1	76	0.3	5	20
6-14	0.4	35	83	0.2	29	156	0.0	1	101	0.2	5	22
15-20	0.6	49	86	0.2	41	224	0.0	2	122	0.4	6	17
21-44	0.9	60	65	0.2	45	199	0.0	3	133	0.7	12	18
45-64	1.8	130	72	0.5	97	205	0.1	7	138	1.3	26	20
65-74	0.3	15	47	0.1	11	169	0.0	1	103	0.3	3	13
75-84	0.2	4	24	0.0	2	132	0.0	0	77	0.1	1	9
85 and older	0.1	2	18	0.0	1	104	0.0	0	66	0.1	1	8
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	0.2	8	36	0.0	5	156	0.0	0	98	0.2	2	11
Disabled	1.6	148	93	0.5	119	251	0.0	7	139	1.1	23	21
Adults	0.8	33	43	0.2	22	134	0.0	2	120	0.6	9	16
Children	0.4	25	61	0.1	19	133	0.0	1	87	0.2	5	19
Unknown	1.2	69	59	0.3	53	191	0.0	3	130	0.9	14	16
Gender												
Female	0.6	38	59	0.2	28	159	0.0	2	112	0.4	8	18
Male	0.6	48	86	0.2	39	202	0.0	2	110	0.3	7	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.7	50	71	0.2	39	180	0.0	2	115	0.5	9	19
African American	0.5	38	75	0.2	30	194	0.0	1	119	0.3	6	18
Other/unknown	0.4	28	61	0.1	21	161	0.0	1	94	0.3	6	18
Use of Nursing Facilities[e]												
Entire year	1.2	64	55	0.3	48	176	0.0	2	97	0.9	14	16
Part year	1.0	64	61	0.2	46	210	0.0	3	104	0.8	15	19
None	0.6	42	71	0.2	32	178	0.0	2	112	0.4	8	19
Maintenance Assistance Status												
Cash	1.1	87	82	0.3	69	224	0.0	4	131	0.7	14	19
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	24	58	0.1	18	137	0.0	1	89	0.3	5	18
Other/unknown	0.8	59	73	0.2	45	194	0.0	3	130	0.6	11	20

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.
a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oklahoma, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

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 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]
OKLAHOMA, 2007

	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx						Users[e]		
Therapeutic Category	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx $	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.2	0.0	0.0	0.2	$9	$4	$1	$4	$39	$222	$98	$21	728,898	$28,369,313	303,137	39.7	3,198,495
Biologicals	0.2	0.2	0.0	0.0	300	300	0	0	1233	1,233	0	0	5,025	6,197,785	2,083	0.3	20,654
Antineoplastic Agents	0.5	0.2	0.0	0.3	157	144	3	10	347	832	1,703	37	9,682	3,357,306	2,026	0.3	21,395
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	18	14	0	4	62	142	43	22	339,495	21,016,344	110,892	14.5	1,162,998
Cardiovascular Agents	0.7	0.1	0.0	0.6	29	19	3	8	40	146	87	13	334,416	13,270,338	43,422	5.7	453,780
Respiratory Agents	0.4	0.3	0.0	0.1	30	26	1	3	78	102	98	23	630,352	49,317,615	154,816	20.3	1,656,696
Gastrointestinal Agents	0.3	0.1	0.0	0.2	24	15	3	5	69	162	131	23	210,964	14,551,554	58,913	7.7	614,693
Genitourinary Agents	0.2	0.1	0.0	0.1	9	6	0	3	47	111	111	20	44,453	2,068,537	22,494	2.9	220,761
CNS Drugs	0.7	0.2	0.0	0.4	64	57	1	6	96	262	143	15	660,141	63,692,611	94,358	12.4	993,356
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.2	61	57	1	3	98	125	50	22	166,423	16,230,422	24,096	3.2	266,753
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.0	40	38	0	1	201	205	158	129	17,231	3,459,151	8,277	1.1	87,461
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	12	4	1	7	33	337	275	20	547,430	18,254,357	144,385	18.9	1,460,731
Neuromuscular Agents	0.6	0.2	0.0	0.3	48	38	4	6	86	198	167	17	292,999	25,149,596	49,252	6.5	519,580
Nutritional Products	0.2	0.1	0.0	0.1	7	5	0	2	30	54	29	14	71,756	2,134,439	31,191	4.1	287,855
Hematological Agents	0.5	0.2	0.0	0.3	336	332	0	4	736	2,002	85	13	34,206	25,159,651	7,125	0.9	74,861
Topical Products	0.2	0.0	0.0	0.1	7	5	1	2	41	98	75	17	285,790	11,859,695	150,022	19.6	1,611,437
Miscellaneous Products	0.1	0.1	0.0	0.0	21	19	0	1	158	172	400	50	22,058	3,482,708	15,296	2.0	169,022
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	71	0	0	0	9,266	657,643	5,558	0.7	60,755
TOTAL NO. OF RX AND RX $	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,410,585	308,229,065	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.
a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
For information about this classification method, see Wolters Kluwer Health, http://www.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 2007.
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 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
OKLAHOMA, 2007

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$49,858,868	31,996	4.2	351,207	0.5	$294	$142
ANTIASTHMATIC	40,689,136	168,349	22.0	1,834,882	0.3	88	22
ANTICONVULSANT	22,891,754	34,615	4.5	375,362	0.5	112	61
MISC. HEMATOLOGICAL	21,713,188	2,434	0.3	26,495	0.5	1,818	820
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	16,230,442	28,784	3.8	321,005	0.5	98	51
ANALGESICS - Narcotic	12,201,444	166,831	21.8	1,694,084	0.2	29	7
ULCER DRUGS	11,044,885	50,577	6.6	532,576	0.3	72	21
ANTIDEPRESSANTS	9,967,784	60,405	7.9	632,108	0.4	42	16
ANTIDIABETIC	9,206,514	20,473	2.7	216,428	0.5	90	43
ANTIVIRAL	7,374,232	15,306	2.0	165,331	0.2	292	45
Total	201,178,247	579,770	n.a.	6,149,478	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.
a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. 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 2007. 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.