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STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
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, 2007**

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>94,563</b>	<b>52,594</b>	<b>41,092</b>	<b>752</b>	<b>18</b>	<b>107</b>	<b>1,006,212</b>	<b>552,420</b>	<b>446,615</b>	<b>6,322</b>	<b>174</b>	<b>681</b>
<b>Age</b>												
5 and younger	11	0	10	0	1	0	115	0	110	0	5	0
6-14	10	0	9	0	1	0	113	0	108	0	5	0
15-20	190	0	171	6	13	0	2,058	0	1,877	44	137	0
21-44	15,107	0	14,655	432	3	17	161,995	0	158,424	3,435	27	109
45-64	25,502	7	25,205	229	0	61	277,364	77	274,827	2,044	0	416
65-74	22,605	21,499	1,021	56	0	29	242,189	230,443	11,088	502	0	156
75-84	18,741	18,697	19	25	0	0	198,796	198,373	174	249	0	0
85 and older	12,397	12,391	2	4	0	0	123,582	123,527	7	48	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	61,547	38,345	22,563	526	6	107	657,288	405,986	246,115	4,448	58	681
Male	33,016	14,249	18,529	226	12	0	348,924	146,434	200,500	1,874	116	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	72,198	41,032	30,555	529	11	71	765,580	427,711	332,843	4,471	104	451
African American	11,658	5,462	6,052	129	2	13	125,841	58,997	65,660	1,083	11	90
Other/unknown	10,707	6,100	4,485	94	5	23	114,791	65,712	48,112	768	59	140
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	12,527	11,115	1,410	2	0	0	125,696	110,082	15,590	24	0	0
Part year	6,438	5,436	994	8	0	0	62,505	52,083	10,345	77	0	0
None	75,598	36,043	38,688	742	18	107	818,011	390,255	420,680	6,221	174	681
<b>Maintenance Assistance Status</b>												
Cash	33,997	14,313	19,120	559	5	0	372,112	159,112	208,038	4,925	37	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	25,238	12,720	12,308	96	7	107	266,686	134,614	130,692	633	66	681
Other/unknown	35,328	25,561	9,664	97	6	0	367,414	258,694	107,885	764	71	0
<b>Dual Medicare Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	94,563	52,594	41,092	752	18	107	1,006,212	552,420	446,615	6,322	174	681
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 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 2007. 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, 2007**

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>26.7</b>	<b>2.5</b>	<b>\$107</b>	<b>\$43</b>	<b>\$11,246</b>	<b>1.0</b>	<b>94,563</b>
<b>Age</b>							
5 and younger	54.5	11.1	569	51	34,536	1.6	11
6-14	40.0	25.6	4,313	169	18,873	22.9	10
15-20	67.9	13.7	1,642	120	14,723	11.1	190
21-44	30.0	3.5	233	66	11,451	2.0	15,107
45-64	33.6	3.7	156	42	11,457	1.4	25,502
65-74	23.4	2.2	77	35	7,774	1.0	22,605
75-84	21.2	1.2	17	14	11,197	0.2	18,741
85 and older	22.2	1.2	17	14	16,882	0.1	12,397
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	22.2	1.6	36	23	11,248	0.3	52,594
Disabled	31.9	3.5	175	50	11,357	1.5	41,092
Adults	54.8	14.7	1,128	77	5,092	22.2	752
Children	66.7	20.8	2,787	134	19,832	14.1	18
Unknown	73.8	16.0	1,309	82	9,251	14.1	107
<b>Gender</b>							
Female	28.0	2.6	103	40	10,884	0.9	61,547
Male	24.3	2.4	115	48	11,920	1.0	33,016
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	28.5	2.7	110	41	12,111	0.9	72,198
African American	21.4	2.1	102	49	9,286	1.1	11,658
Other/unknown	20.7	2.0	92	45	7,546	1.2	10,707
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	37.6	3.5	79	23	30,415	0.3	12,527
Part year	39.5	2.5	64	25	19,029	0.3	6,438
None	23.8	2.4	115	49	7,406	1.6	75,598
<b>Maintenance Assistance Status</b>							
Cash	23.7	2.5	130	52	3,550	3.7	33,997
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	21.2	1.8	81	46	4,868	1.7	25,238
Other/unknown	33.5	3.1	103	34	23,207	0.4	35,328

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2007

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>	Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
				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			
<b>All</b>	<b>0.2</b>	<b>\$10</b>	<b>1.0</b>	<b>73.3</b>	<b>23.1</b>	<b>1.8</b>	<b>1.5</b>	<b>0.3</b>	<b>0.0</b>	<b>\$1,057</b>	<b>94,563</b>	<b>1,006,212</b>
<b>Age</b>												
5 and younger	1.1	54	1.6	45.5	18.2	18.2	18.2	0.0	0.0	3,304	11	115
6-14	2.3	382	22.9	60.0	0.0	20.0	10.0	0.0	10.0	1,670	10	113
15-20	1.3	152	11.1	32.1	43.2	9.5	10.0	4.7	0.5	1,359	190	2,058
21-44	0.3	22	2.0	70.0	23.7	2.8	3.0	0.5	0.0	1,068	15,107	161,995
45-64	0.3	14	1.4	66.4	28.0	2.6	2.5	0.4	0.1	1,053	25,502	277,364
65-74	0.2	7	1.0	76.6	20.4	1.5	1.3	0.2	0.1	726	22,605	242,189
75-84	0.1	2	0.2	78.8	20.3	0.7	0.2	0.0	0.0	1,056	18,741	198,796
85 and older	0.1	2	0.1	77.8	21.3	0.7	0.2	0.0	0.0	1,694	12,397	123,582
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	0.1	3	0.3	77.8	20.6	0.9	0.5	0.1	0.0	1,071	52,594	552,420
Disabled	0.3	16	1.5	68.1	26.4	2.6	2.4	0.4	0.1	1,045	41,092	446,615
Adults	1.8	134	22.2	45.2	16.5	8.1	24.5	5.7	0.0	606	752	6,322
Children	2.2	288	14.1	33.3	33.3	11.1	11.1	11.1	0.0	2,052	18	174
Unknown	2.5	206	14.1	26.2	16.8	20.6	29.0	7.5	0.0	1,454	107	681
<b>Gender</b>												
Female	0.2	10	0.9	72.0	24.3	1.8	1.6	0.3	0.0	1,019	61,547	657,288
Male	0.2	11	1.0	75.7	20.8	1.7	1.4	0.3	0.1	1,128	33,016	348,924
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	10	0.9	71.5	24.8	1.8	1.5	0.3	0.0	1,142	72,198	765,580
African American	0.2	10	1.1	78.6	18.1	1.5	1.5	0.2	0.0	860	11,658	125,841
Other/unknown	0.2	9	1.2	79.3	17.2	1.6	1.7	0.2	0.0	704	10,707	114,791
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	0.3	8	0.3	62.4	33.5	2.6	0.9	0.4	0.2	3,031	12,527	125,696
Part year	0.3	7	0.3	60.5	37.0	1.3	0.8	0.4	0.0	1,960	6,438	62,505
None	0.2	11	1.6	76.2	20.2	1.7	1.7	0.2	0.0	685	75,598	818,011
<b>Maintenance Assistance Status</b>												
Cash	0.2	12	3.7	76.3	19.6	1.8	2.2	0.2	0.0	324	33,997	372,112
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	8	1.7	78.8	18.5	1.5	1.2	0.1	0.0	461	25,238	266,686
Other/unknown	0.3	10	0.4	66.5	29.8	2.0	1.2	0.4	0.1	2,231	35,328	367,414

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 D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In eight states (DE, IA, IL, NE, NY, 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 D.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2007**

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>0.2</b>	<b>\$10</b>	<b>\$43</b>	<b>0.0</b>	<b>\$7</b>	<b>\$203</b>	<b>0.0</b>	<b>\$1</b>	<b>\$128</b>	<b>0.2</b>	<b>\$3</b>	<b>\$13</b>
<b>Age</b>												
5 and younger	1.1	54	51	0.2	37	196	0.0	0	0	0.9	17	20
6-14	2.3	382	169	0.9	348	405	0.1	8	105	1.3	27	20
15-20	1.3	152	120	0.5	130	279	0.0	4	206	0.8	17	22
21-44	0.3	22	66	0.1	17	261	0.0	1	135	0.3	4	16
45-64	0.3	14	42	0.0	10	190	0.0	1	147	0.3	4	14
65-74	0.2	7	35	0.0	5	159	0.0	0	99	0.2	2	12
75-84	0.1	2	14	0.0	1	114	0.0	0	70	0.1	1	8
85 and older	0.1	2	14	0.0	1	110	0.0	0	45	0.1	1	8
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	0.1	3	23	0.0	2	141	0.0	0	95	0.1	1	10
Disabled	0.3	16	50	0.1	12	221	0.0	1	141	0.3	4	14
Adults	1.8	134	77	0.4	99	225	0.0	6	123	1.3	30	23
Children	2.2	288	134	0.8	253	315	0.0	0	0	1.4	35	26
Unknown	2.5	206	82	0.8	165	216	0.1	6	97	1.7	35	21
<b>Gender</b>												
Female	0.2	10	40	0.0	7	190	0.0	1	135	0.2	3	13
Male	0.2	11	48	0.0	8	228	0.0	0	114	0.2	3	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.3	10	41	0.0	7	203	0.0	1	135	0.2	3	13
African American	0.2	10	49	0.0	7	209	0.0	0	113	0.2	2	14
Other/unknown	0.2	9	45	0.0	6	194	0.0	0	98	0.2	2	14
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	0.3	8	23	0.0	5	126	0.0	0	81	0.3	3	10
Part year	0.3	7	25	0.0	4	173	0.0	0	91	0.2	2	10
None	0.2	11	49	0.0	8	217	0.0	1	136	0.2	3	14
<b>Maintenance Assistance Status</b>												
Cash	0.2	12	52	0.0	9	217	0.0	1	115	0.2	3	15
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	8	46	0.0	5	219	0.0	0	122	0.1	2	14
Other/unknown	0.3	10	34	0.0	6	179	0.0	1	147	0.3	3	11

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 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, 2007

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	0.2	0.0	0.0	0.2	\$24	\$18	\$1	\$5	\$101	\$434	\$223	\$26	6,272	\$632,809	2,475	2.6	26,717
Biologicals	0.1	0.1	0.0	0.0	6	6	0	0	50	50	0	0	18	907	14	0.0	154
Antineoplastic Agents	0.3	0.1	0.0	0.2	122	93	23	6	370	623	4,694	34	616	227,847	177	0.2	1,868
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	30	26	0	4	72	155	52	16	9,912	712,480	2,220	2.3	23,879
Cardiovascular Agents	0.7	0.1	0.0	0.5	25	14	4	7	39	126	83	14	20,429	796,180	2,961	3.1	31,229
Respiratory Agents	0.4	0.2	0.0	0.2	36	29	3	4	88	123	160	28	7,389	648,403	1,680	1.8	18,178
Gastrointestinal Agents	0.4	0.1	0.0	0.2	31	21	4	6	81	183	125	24	7,489	607,108	1,835	1.9	19,621
Genitourinary Agents	0.3	0.1	0.0	0.1	20	15	0	4	76	115	124	33	1,402	106,817	499	0.5	5,412
CNS Drugs	0.5	0.0	0.0	0.5	14	9	0	4	26	214	118	9	117,011	3,040,676	19,626	20.8	216,245
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.1	60	58	0	2	129	180	59	16	353	45,641	70	0.1	757
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	25	24	0	1	148	149	0	144	2,124	315,209	1,130	1.2	12,669
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	24	9	1	14	48	527	272	29	19,528	946,679	3,698	3.9	39,446
Neuromuscular Agents	0.5	0.1	0.0	0.5	19	14	1	5	36	213	157	11	32,281	1,167,193	5,416	5.7	59,920
Nutritional Products	0.3	0.0	0.0	0.3	4	1	0	4	16	51	25	14	2,062	32,534	725	0.8	7,746
Hematological Agents	0.5	0.1	0.0	0.4	28	25	0	3	62	495	77	8	7,861	490,412	1,595	1.7	17,283
Topical Products	0.2	0.1	0.0	0.1	12	9	0	3	55	117	72	19	2,551	140,697	1,105	1.2	12,002
Miscellaneous Products	0.3	0.2	0.0	0.1	166	154	7	5	501	829	557	36	347	173,793	98	0.1	1,047
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	17	0	0	0	85	0	0	0	464	39,522	204	0.2	2,314
<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.	238,109	10,124,907	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 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, 0.4 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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,563,549	1,275	1.3	13,772	0.4	\$315	\$114
ANTICONVULSANT	1,045,839	5,007	5.3	55,776	0.5	36	19
ANTIANKXIETY AGENTS	670,514	15,798	16.7	174,949	0.5	8	4
ANALGESICS - Narcotic	609,792	4,042	4.3	43,102	0.3	43	14
ANTIASTHMATIC	539,714	1,904	2.0	20,841	0.3	94	26
ANTIDIABETIC	522,831	1,646	1.7	17,811	0.3	88	29
ULCER DRUGS	445,149	2,252	2.4	24,493	0.3	62	18
ANTIDEPRESSANTS	418,649	2,652	2.8	28,755	0.3	47	15
HYPNOTICS	387,964	4,681	5.0	51,927	0.5	17	7
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	350,998	1,567	1.7	17,576	0.2	122	20
Total	6,554,999	40,824	n.a.	449,002	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 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 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; n.a. = not applicable.

**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, 2007**

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	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>181,518</b>	<b>\$6,554,999</b>	<b>1,275</b>	<b>1.3</b>	<b>13,772</b>	<b>0.4</b>	<b>\$114</b>	<b>5,007</b>	<b>5.3</b>	<b>55,776</b>	<b>0.5</b>	<b>\$19</b>							
<b>Female</b>																			
All Females	122,268	4,171,527	760	1.2	8,160	0.3	105	3,350	5.4	37,187	0.5	17							
<b>Female, Disabled</b>																			
All Ages	65,012	2,736,909	551	2.4	6,026	0.3	112	2,160	9.6	24,255	0.5	19							
5 and younger	4	232	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
6-14	11	465	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	526	69,331	23	32.4	259	0.5	173	21	29.6	224	0.5	71							
21-44	18,251	1,025,052	287	4.2	3,110	0.3	114	784	11.4	8,800	0.5	30							
45-64	44,270	1,551,107	234	1.6	2,574	0.3	102	1,322	8.9	14,845	0.5	12							
65-74	1,942	90,648	7	1.0	83	0.5	113	33	4.9	386	0.4	11							
75-84	8	74	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	57,256	1,434,618	209	0.5	2,134	0.3	88	1,190	3.1	12,932	0.5	13							
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	15	526	0	0.0	0	0.0	0	1	9.1	12	0.2	34							
21-44	3,320	283,114	64	18.4	643	0.3	92	94	27.1	857	0.5	67							
45-64	2,125	149,914	23	11.3	226	0.3	82	51	25.0	512	0.4	32							
65-74	23,513	630,057	74	0.5	827	0.4	112	546	3.9	6,132	0.5	10							
75-84	16,615	220,354	26	0.2	282	0.3	48	324	2.3	3,569	0.5	5							
85 and older	11,668	150,653	22	0.2	156	0.3	20	174	1.7	1,850	0.5	4							
<b>Male</b>																			
All Males	59,250	2,383,472	515	1.6	5,612	0.4	126	1,657	5.0	18,589	0.5	23							
<b>Male, Disabled</b>																			
All Ages	41,298	1,876,107	428	2.3	4,752	0.4	135	1,304	7.0	14,842	0.6	25							
5 and younger	10	231	0	0.0	0	0.0	0	2	25.0	24	0.2	7							
6-14	41	3,322	0	0.0	0	0.0	0	0	0.0	0	0.0	0							
15-20	786	108,063	31	31.0	364	0.4	144	28	28.0	331	0.6	92							
21-44	16,325	945,320	283	3.6	3,169	0.4	135	629	8.1	7,218	0.5	31							
45-64	23,011	755,503	109	1.1	1,159	0.4	130	626	6.1	7,049	0.6	15							
65-74	1,125	63,668	5	1.4	60	0.4	153	19	5.4	220	0.4	22							
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	17,952	507,365	87	0.6	860	0.4	74	353	2.4	3,747	0.5	14							
5 and younger	3	132	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	81	5,919	0	0.0	0	0.0	0	4	50.0	46	0.5	46							
21-44	1,300	92,792	13	12.4	131	0.5	205	33	31.4	304	0.6	48							
45-64	859	52,583	8	8.6	70	0.2	74	17	18.3	179	0.6	38							
65-74	9,896	272,216	52	0.7	548	0.4	53	195	2.6	2,140	0.5	11							
75-84	4,307	57,376	8	0.2	61	0.2	19	74	1.5	789	0.6	5							
85 and older	1,506	26,347	6	0.3	50	0.2	27	30	1.5	289	0.4	4							
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>							

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**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, 2007

Beneficiary Characteristics	ANTI-ANXIETY AGENTS					ANALGESICS - Narcotic					ANTI-ASTHMATIC				
	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>15,798</b>	<b>16.7</b>	<b>174,949</b>	<b>0.5</b>	<b>\$4</b>	<b>4,042</b>	<b>4.3</b>	<b>43,102</b>	<b>0.3</b>	<b>\$14</b>	<b>1,904</b>	<b>2.0</b>	<b>20,841</b>	<b>0.3</b>	<b>\$26</b>
<b>Female</b>															
All Females	11,263	18.3	124,899	0.5	4	2,747	4.5	29,414	0.3	14	1,324	2.2	14,530	0.3	25
<b>Female, Disabled</b>															
All Ages	4,774	21.2	54,229	0.5	4	1,939	8.6	21,312	0.3	12	925	4.1	10,300	0.3	25
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	100.0	24	0.1	9
6-14	1	25.0	12	0.5	6	2	50.0	24	0.1	1	1	25.0	12	0.2	20
15-20	11	15.5	118	0.3	3	27	38.0	292	0.2	4	6	8.5	66	0.3	25
21-44	1,275	18.5	14,328	0.4	4	708	10.3	7,784	0.3	11	212	3.1	2,356	0.2	18
45-64	3,393	22.7	38,707	0.5	4	1,117	7.5	12,265	0.3	13	647	4.3	7,220	0.3	28
65-74	93	13.9	1,052	0.4	4	85	12.7	947	0.4	7	57	8.5	622	0.3	27
75-84	1	7.7	12	0.7	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	6,489	16.6	70,670	0.4	3	808	2.1	8,102	0.4	18	399	1.0	4,230	0.3	25
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	9.1	12	0.2	1	4	36.4	44	0.1	1	1	9.1	12	0.2	5
21-44	96	27.7	951	0.3	3	250	72.0	2,392	0.5	29	72	20.7	684	0.3	25
45-64	57	27.9	551	0.4	4	161	78.9	1,593	0.4	17	45	22.1	443	0.2	18
65-74	2,285	16.2	25,582	0.5	4	306	2.2	3,258	0.3	14	244	1.7	2,763	0.3	27
75-84	2,240	16.1	24,467	0.4	3	53	0.4	503	0.1	3	26	0.2	246	0.2	13
85 and older	1,810	17.3	19,107	0.4	3	34	0.3	312	0.2	3	11	0.1	82	0.2	10
<b>Male</b>															
All Males	4,535	13.7	50,050	0.5	4	1,295	3.9	13,688	0.3	15	580	1.8	6,311	0.3	28
<b>Male, Disabled</b>															
All Ages	2,822	15.2	31,912	0.5	4	979	5.3	10,438	0.3	16	420	2.3	4,600	0.3	27
5 and younger	0	0.0	0	0.0	0	1	12.5	12	0.1	1	1	12.5	8	0.1	2
6-14	1	20.0	12	0.1	0	2	40.0	24	0.3	2	2	40.0	24	0.8	60
15-20	13	13.0	149	0.3	3	23	23.0	268	0.3	3	16	16.0	192	0.4	31
21-44	1,031	13.3	11,611	0.5	4	442	5.7	4,723	0.3	10	138	1.8	1,556	0.3	21
45-64	1,729	16.8	19,616	0.5	5	463	4.5	4,877	0.3	23	223	2.2	2,364	0.3	27
65-74	48	13.6	524	0.5	4	48	13.6	534	0.4	15	40	11.4	456	0.4	40
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	1,713	11.8	18,138	0.4	3	316	2.2	3,250	0.4	13	160	1.1	1,711	0.3	31
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	5	0.2	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	1	12.5	12	0.2	2	3	37.5	34	0.1	1	1	12.5	11	0.2	13
21-44	18	17.1	204	0.4	3	87	82.9	841	0.5	14	18	17.1	184	0.3	42
45-64	21	22.6	209	0.4	4	51	54.8	510	0.5	33	24	25.8	260	0.2	26
65-74	864	11.5	9,411	0.5	4	154	2.1	1,687	0.3	7	102	1.4	1,145	0.3	32
75-84	573	11.8	6,017	0.4	3	12	0.2	101	0.2	3	6	0.1	50	0.2	23
85 and older	236	12.1	2,285	0.3	3	9	0.5	77	0.2	2	8	0.4	56	0.3	16
<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 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

**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, 2007**

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,646</b>	<b>1.7</b>	<b>17,811</b>	<b>0.3</b>	<b>\$29</b>	<b>2,252</b>	<b>2.4</b>	<b>24,493</b>	<b>0.3</b>	<b>\$18</b>	<b>2,652</b>	<b>2.8</b>	<b>28,755</b>	<b>0.3</b>	<b>\$15</b>
<b>Female</b>															
All Females	1,081	1.8	11,810	0.3	30	1,529	2.5	16,595	0.3	18	1,868	3.0	20,251	0.3	15
<b>Female, Disabled</b>															
All Ages	694	3.1	7,623	0.3	29	833	3.7	9,301	0.3	20	1,342	5.9	14,902	0.3	15
5 and younger	0	0.0	0	0.0	0	1	50.0	12	0.1	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	1	25.0	12	0.1	12	0	0.0	0	0.0	0
15-20	2	2.8	24	0.3	49	8	11.3	96	0.3	11	20	28.2	219	0.4	11
21-44	126	1.8	1,387	0.3	26	217	3.2	2,441	0.2	15	486	7.1	5,414	0.3	16
45-64	511	3.4	5,577	0.3	29	553	3.7	6,142	0.3	22	778	5.2	8,617	0.3	14
65-74	55	8.2	635	0.4	34	53	7.9	598	0.3	25	58	8.7	652	0.3	12
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	387	1.0	4,187	0.4	32	696	1.8	7,294	0.3	15	526	1.3	5,349	0.3	16
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	1	9.1	10	0.5	3	0	0.0	0	0.0	0
21-44	29	8.4	311	0.4	48	49	14.1	445	0.4	28	141	40.6	1,402	0.3	19
45-64	41	20.1	422	0.5	58	49	24.0	466	0.3	30	111	54.4	1,053	0.4	21
65-74	243	1.7	2,704	0.4	29	259	1.8	2,834	0.3	20	203	1.4	2,212	0.3	14
75-84	57	0.4	588	0.3	21	170	1.2	1,797	0.2	8	39	0.3	362	0.2	8
85 and older	17	0.2	162	0.3	14	168	1.6	1,742	0.3	7	32	0.3	320	0.2	4
<b>Male</b>															
All Males	565	1.7	6,001	0.3	28	723	2.2	7,898	0.3	19	784	2.4	8,504	0.3	14
<b>Male, Disabled</b>															
All Ages	355	1.9	3,777	0.3	26	450	2.4	4,997	0.3	22	604	3.3	6,627	0.3	13
5 and younger	0	0.0	0	0.0	0	2	25.0	24	0.1	2	0	0.0	0	0.0	0
6-14	2	40.0	24	0.3	50	1	20.0	12	0.4	52	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	17	17.0	204	0.4	45	34	34.0	397	0.4	22
21-44	95	1.2	1,016	0.3	20	191	2.5	2,144	0.3	22	307	4.0	3,444	0.3	14
45-64	240	2.3	2,528	0.3	27	215	2.1	2,333	0.3	19	243	2.4	2,557	0.3	12
65-74	18	5.1	209	0.3	38	24	6.8	280	0.4	30	20	5.7	229	0.2	10
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	210	1.4	2,224	0.4	32	273	1.9	2,901	0.3	13	180	1.2	1,877	0.4	16
5 and younger	0	0.0	0	0.0	0	1	100.0	5	0.4	19	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	2	25.0	22	0.3	47	3	37.5	35	0.4	40	4	50.0	46	0.6	25
21-44	21	20.0	223	0.4	40	26	24.8	280	0.4	21	52	49.5	537	0.4	25
45-64	11	11.8	116	0.4	34	19	20.4	182	0.3	15	36	38.7	358	0.4	17
65-74	158	2.1	1,716	0.4	33	143	1.9	1,565	0.3	14	74	1.0	823	0.4	12
75-84	14	0.3	118	0.3	16	55	1.1	562	0.2	6	8	0.2	75	0.2	2
85 and older	4	0.2	29	0.2	10	26	1.3	272	0.3	7	6	0.3	38	0.2	7
<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 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. 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 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); 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, 2007**

Beneficiary Characteristics	HYPNOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	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 Beneficiaries	Number of Benefit Months
<b>All</b>	<b>4,681</b>	<b>5.0</b>	<b>51,927</b>	<b>0.5</b>	<b>\$8</b>	<b>1,567</b>	<b>1.7</b>	<b>17,576</b>	<b>0.2</b>	<b>\$20</b>	<b>94,563</b>	<b>1,006,212</b>
<b>Female</b>												
All Females	3,068	5.0	34,065	0.4	8	1,049	1.7	11,820	0.2	21	61,547	657,288
<b>Female, Disabled</b>												
All Ages	1,266	5.6	14,454	0.4	6	666	3.0	7,589	0.2	19	22,563	246,115
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	18
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
15-20	7	9.9	82	0.3	7	1	1.4	12	0.1	9	71	758
21-44	323	4.7	3,689	0.4	7	165	2.4	1,868	0.1	19	6,885	74,503
45-64	914	6.1	10,430	0.4	6	477	3.2	5,439	0.2	19	14,917	163,365
65-74	22	3.3	253	0.3	8	23	3.4	270	0.1	12	669	7,291
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	13	125
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	7
<b>Female, Other Eligibles</b>												
All Ages	1,802	4.6	19,611	0.5	9	383	1.0	4,231	0.2	25	38,984	411,173
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	1	5
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	97
21-44	43	12.4	406	0.3	15	28	8.1	292	0.2	64	347	2,731
45-64	19	9.3	184	0.3	18	12	5.9	135	0.2	112	204	1,735
65-74	693	4.9	7,801	0.4	7	218	1.5	2,494	0.2	18	14,103	152,475
75-84	625	4.5	6,750	0.5	8	82	0.6	891	0.2	18	13,877	148,913
85 and older	422	4.0	4,470	0.5	12	43	0.4	419	0.2	24	10,441	105,217
<b>Male</b>												
All Males	1,613	4.9	17,862	0.5	7	518	1.6	5,756	0.2	19	33,016	348,924
<b>Male, Disabled</b>												
All Ages	947	5.1	10,755	0.5	6	329	1.8	3,788	0.1	18	18,529	200,500
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	92
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	60
15-20	4	4.0	48	0.3	11	0	0.0	0	0.0	0	100	1,119
21-44	304	3.9	3,457	0.5	6	114	1.5	1,289	0.1	19	7,770	83,921
45-64	618	6.0	7,005	0.5	6	209	2.0	2,432	0.2	18	10,288	111,462
65-74	21	6.0	245	0.4	8	6	1.7	67	0.1	9	352	3,797
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	49
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	666	4.6	7,107	0.5	8	189	1.3	1,968	0.2	19	14,487	148,424
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	5
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
15-20	2	25.0	23	0.1	1	0	0.0	0	0.0	0	8	84
21-44	10	9.5	107	0.2	18	7	6.7	63	0.2	17	105	840
45-64	8	8.6	78	0.3	14	10	10.8	112	0.2	21	93	802
65-74	329	4.4	3,607	0.5	7	114	1.5	1,257	0.2	19	7,481	78,626
75-84	217	4.5	2,306	0.5	8	43	0.9	413	0.2	17	4,845	49,709
85 and older	100	5.1	986	0.5	12	15	0.8	123	0.2	21	1,954	18,358
<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 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.  
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 2007. 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 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); 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, 2007**

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>\$8</b>	<b>0.3</b>	<b>12,527</b>	<b>125,696</b>
<b>Age</b>				
0-64	23	0.8	1,410	15,601
65-74	16	0.5	2,121	21,826
75-84	4	0.3	3,880	38,687
85 and older	3	0.2	5,116	49,582
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	7	0.3	9,171	92,529
Male	10	0.4	3,356	33,167
Unknown	0	0.0	0	0
<b>Race</b>				
White	8	0.3	10,980	109,546
African American	12	0.3	898	9,453
Other/unknown	4	0.3	649	6,697
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	6	0.3	11,115	110,082
Disabled	23	0.8	1,410	15,590
Adults	0	0.0	2	24
Children	0	0.0	0	0
Unknown	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 D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 6,438 beneficiaries who were in nursing facilities for part of their enrollment and their 62,505 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE 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, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users		\$ per Benefit Month Among Users									\$ per Rx		Users			
	Total	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Generic	Patented Total	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent Generic	Patented Total	Off-Patent Brand-Name	Patented Brand-Name	Off-Patent 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	\$15	\$9	\$0	\$5	\$51	\$153	\$167	\$23	387	\$19,608	133	1.1	1,336
Biologics	0.1	0.1	0.0	0.0	2	2	0	0	29	29	0	0	2	57	2	0.0	24
Antineoplastic Agents	0.2	0.0	0.0	0.2	16	6	0	11	67	156	0	51	62	4,130	27	0.2	252
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.3	40	37	0	3	60	107	21	10	1,004	59,886	149	1.2	1,497
Cardiovascular Agents	1.0	0.2	0.1	0.8	29	15	4	10	28	99	57	12	2,433	67,118	233	1.9	2,340
Respiratory Agents	0.4	0.1	0.0	0.2	23	14	5	4	60	104	109	21	424	25,322	107	0.9	1,100
Gastrointestinal Agents	0.5	0.1	0.0	0.4	27	15	4	8	51	194	112	18	928	47,339	172	1.4	1,732
Genitourinary Agents	0.4	0.3	0.0	0.2	29	22	0	7	66	83	103	39	318	20,853	67	0.5	713
CNS Drugs	0.6	0.1	0.0	0.6	11	6	0	5	18	124	88	8	26,171	476,326	4,038	32.2	43,064
Stimulants/Anti-obesity/Anorexia	0.8	0.8	0.0	0.0	148	148	0	0	194	194	0	0	29	5,621	4	0.0	38
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.0	60	60	0	1	145	144	0	178	369	53,346	88	0.7	886
Analgesics and Anesthetics	0.6	0.0	0.0	0.6	17	0	1	15	27	91	176	25	1,240	34,012	194	1.5	2,042
Neuromuscular Agents	0.7	0.0	0.0	0.7	13	6	0	7	18	151	45	10	5,316	95,107	671	5.4	7,436
Nutritional Products	0.4	0.0	0.0	0.4	5	0	0	4	13	11	10	13	489	6,194	126	1.0	1,343
Hematological Agents	0.7	0.0	0.0	0.6	10	6	0	4	14	201	0	6	3,668	52,784	505	4.0	5,426
Topical Products	0.3	0.1	0.0	0.2	17	11	1	4	49	112	64	20	402	19,865	114	0.9	1,160
Miscellaneous Products	0.3	0.1	0.0	0.3	7	3	0	4	22	54	0	16	59	1,273	17	0.1	177
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	11	0	0	0	40	0	0	0	133	5,288	43	0.3	480
<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>43,434</b>	<b>994,129</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 6,438 beneficiaries who were in nursing facilities for part of their enrollment and their 62,505 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 2007. 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, 0.4 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.

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, 2007**

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	
HYPNOTICS	\$153,354	994	7.9	10,658	0.6	\$24	\$14	
ANTI-ANXIETY AGENTS	145,992	3,372	26.9	36,008	0.5	8	4	
ANTI-PSYCHOTICS	140,487	141	1.1	1,489	0.5	195	94	
ANTI-CONVULSANTS	87,147	666	5.3	7,390	0.7	17	12	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	57,266	169	1.3	1,728	0.3	122	33	
ULCER DRUGS	52,761	492	3.9	5,346	0.3	33	10	
ANTI-DIABETIC	45,684	132	1.1	1,361	0.5	61	34	
ANTI-DEPRESSANTS	36,493	181	1.4	2,008	0.5	40	18	
HEMATOPOIETIC AGENTS	31,327	454	3.6	4,911	0.7	9	6	
ANALGESICS - Narcotic	29,037	161	1.3	1,634	0.5	36	18	
Total	779,548	6,762	n.a.	72,533	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 6,438 beneficiaries who were in nursing facilities for part of their enrollment and their 62,505 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 2007. 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 2007 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, 2007**

Beneficiary Characteristics	All Top 10 Drug Groups		HYPNOTICS					ANTI-ANXIETY AGENTS				
	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>38,160</b>	<b>\$779,548</b>	<b>994</b>	<b>7.9</b>	<b>10,658</b>	<b>0.6</b>	<b>\$14</b>	<b>3,372</b>	<b>26.9</b>	<b>36,008</b>	<b>0.5</b>	<b>\$4</b>
<b>Female</b>												
All Females	26,598	521,067	662	7.2	7,076	0.6	15	2,517	27.4	26,939	0.5	4
<b>Female, Disabled</b>												
All Ages	5,410	152,424	96	14.2	1,083	0.7	12	280	41.5	3,210	0.6	6
64 or younger	5,410	152,424	96	14.2	1,083	0.7	12	280	41.5	3,210	0.6	6
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	21,188	368,643	566	6.7	5,993	0.6	15	2,237	26.3	23,729	0.5	4
64 or younger	1	4	0	0.0	0	0.0	0	1	100.0	12	0.1	0
65-74	5,825	156,782	154	12.4	1,699	0.6	13	408	33.0	4,481	0.5	5
75-84	7,392	108,301	205	7.2	2,151	0.6	16	774	27.0	8,128	0.5	4
85 and older	7,970	103,556	207	4.7	2,143	0.5	17	1,054	24.0	11,108	0.4	3
<b>Male</b>												
All Males	11,562	258,481	332	9.9	3,582	0.6	13	855	25.5	9,069	0.5	4
<b>Male, Disabled</b>												
All Ages	4,513	114,239	116	15.8	1,319	0.7	12	260	35.4	2,942	0.6	5
64 or younger	4,513	114,239	116	15.8	1,319	0.7	12	260	35.4	2,942	0.6	5
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	7,049	144,242	216	8.2	2,263	0.6	14	595	22.7	6,127	0.5	4
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3,722	93,052	96	10.9	1,048	0.6	10	239	27.1	2,496	0.5	4
75-84	2,333	31,440	70	6.9	713	0.6	14	238	23.4	2,439	0.5	4
85 and older	994	19,750	50	6.9	502	0.5	22	118	16.4	1,192	0.4	3
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 6,438 beneficiaries who were in nursing facilities for part of their enrollment and their 62,505 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 2007. 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 2007 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, 2007**

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTICONVULSANT					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>141</b>	<b>1.1</b>	<b>1,489</b>	<b>0.5</b>	<b>\$94</b>	<b>666</b>	<b>5.3</b>	<b>7,390</b>	<b>0.7</b>	<b>\$12</b>	<b>169</b>	<b>1.3</b>	<b>1,728</b>	<b>0.3</b>	<b>\$33</b>
<b>Female</b>															
All Females	80	0.9	850	0.5	97	440	4.8	4,948	0.7	12	108	1.2	1,146	0.3	31
<b>Female, Disabled</b>															
All Ages	16	2.4	192	0.7	103	117	17.3	1,381	0.7	18	25	3.7	279	0.3	45
64 or younger	16	2.4	192	0.7	103	117	17.4	1,381	0.7	18	25	3.7	279	0.3	45
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	64	0.8	658	0.4	95	323	3.8	3,567	0.7	9	83	1.0	867	0.2	26
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	28	2.3	315	0.6	151	108	8.7	1,210	0.7	15	26	2.1	293	0.3	32
75-84	23	0.8	251	0.3	50	117	4.1	1,266	0.7	8	29	1.0	312	0.2	25
85 and older	13	0.3	92	0.3	26	98	2.2	1,091	0.6	5	28	0.6	262	0.2	21
<b>Male</b>															
All Males	61	1.8	639	0.5	91	226	6.7	2,442	0.7	12	61	1.8	582	0.3	38
<b>Male, Disabled</b>															
All Ages	20	2.7	233	0.6	160	112	15.2	1,240	0.8	14	7	1.0	84	0.5	70
64 or younger	20	2.7	233	0.6	160	112	15.2	1,240	0.8	14	7	1.0	84	0.5	70
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	41	1.6	406	0.4	52	114	4.3	1,202	0.6	10	54	2.1	498	0.3	32
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	28	3.2	306	0.5	62	62	7.0	658	0.6	13	26	2.9	257	0.4	41
75-84	8	0.8	61	0.2	19	37	3.6	385	0.7	7	20	2.0	169	0.2	23
85 and older	5	0.7	39	0.2	27	15	2.1	159	0.4	3	8	1.1	72	0.2	23
<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 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 6,438 beneficiaries who were in nursing facilities for part of their enrollment and their 62,505 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 2007. 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 2007 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, 2007**

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIDEPRESSANTS				
	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>492</b>	<b>3.9</b>	<b>5,346</b>	<b>0.3</b>	<b>\$10</b>	<b>132</b>	<b>1.1</b>	<b>1,361</b>	<b>0.5</b>	<b>\$34</b>	<b>181</b>	<b>1.4</b>	<b>2,008</b>	<b>0.5</b>	<b>\$18</b>
<b>Female</b>															
All Females	346	3.8	3,805	0.3	9	71	0.8	731	0.5	33	117	1.3	1,315	0.5	20
<b>Female, Disabled</b>															
All Ages	55	8.1	658	0.4	15	24	3.6	271	0.6	37	50	7.4	591	0.6	27
64 or younger	55	8.2	658	0.4	15	24	3.6	271	0.6	37	50	7.4	591	0.6	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	291	3.4	3,147	0.3	8	47	0.6	460	0.5	31	67	0.8	724	0.4	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	69	5.6	775	0.3	12	25	2.0	272	0.7	50	27	2.2	304	0.6	26
75-84	94	3.3	998	0.2	6	13	0.5	104	0.2	4	19	0.7	198	0.2	10
85 and older	128	2.9	1,374	0.3	7	9	0.2	84	0.2	5	21	0.5	222	0.2	4
<b>Male</b>															
All Males	146	4.4	1,541	0.3	12	61	1.8	630	0.6	34	64	1.9	693	0.4	14
<b>Male, Disabled</b>															
All Ages	41	5.6	432	0.3	20	16	2.2	162	0.7	30	28	3.8	311	0.4	16
64 or younger	41	5.6	432	0.3	20	16	2.2	162	0.7	30	28	3.8	311	0.4	16
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	105	4.0	1,109	0.3	8	45	1.7	468	0.5	35	36	1.4	382	0.5	13
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	53	6.0	574	0.3	10	38	4.3	427	0.6	37	25	2.8	286	0.5	16
75-84	34	3.3	344	0.3	7	3	0.3	12	1.1	35	7	0.7	71	0.2	2
85 and older	18	2.5	191	0.3	7	4	0.6	29	0.2	10	4	0.6	25	0.2	3
<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 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 6,438 beneficiaries who were in nursing facilities for part of their enrollment and their 62,505 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 2007. 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 2007 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, 2007

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic							
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
<b>All</b>	<b>454</b>	<b>3.6</b>	<b>4,911</b>	<b>0.7</b>	<b>\$6</b>	<b>161</b>	<b>1.3</b>	<b>1,634</b>	<b>0.5</b>	<b>\$18</b>	<b>12,527</b>	<b>125,696</b>	
<b>Female</b>													
All Females	284	3.1	3,088	0.7	7	113	1.2	1,200	0.5	22	9,171	92,529	
<b>Female, Disabled</b>													
All Ages	34	5.0	395	0.6	22	49	7.3	575	0.6	33	675	7,552	
64 or younger	34	5.0	395	0.6	22	49	7.3	575	0.6	33	674	7,551	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
<b>Female, Other Eligibles</b>													
All Ages	250	2.9	2,693	0.7	4	64	0.8	625	0.4	12	8,496	84,977	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
65-74	39	3.2	422	0.7	4	32	2.6	338	0.6	19	1,237	12,856	
75-84	105	3.7	1,133	0.7	4	13	0.5	120	0.1	2	2,863	28,941	
85 and older	106	2.4	1,138	0.7	5	19	0.4	167	0.2	4	4,395	43,168	
<b>Male</b>													
All Males	170	5.1	1,823	0.7	6	48	1.4	434	0.4	6	3,356	33,167	
<b>Male, Disabled</b>													
All Ages	39	5.3	412	0.7	4	23	3.1	227	0.4	8	735	8,038	
64 or younger	39	5.3	412	0.7	4	23	3.1	227	0.4	8	735	8,038	
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	131	5.0	1,411	0.6	7	25	1.0	207	0.4	4	2,621	25,129	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	65	7.4	724	0.7	10	16	1.8	151	0.4	5	883	8,969	
75-84	45	4.4	465	0.6	4	4	0.4	22	0.4	3	1,017	9,746	
85 and older	21	2.9	222	0.6	3	5	0.7	34	0.2	2	721	6,414	
<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 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

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 2007. A total of 6,438 beneficiaries who were in nursing facilities for part of their enrollment and their 62,505 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 2007. 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 2007 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, 2007**

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>21,290</b>	<b>22.5</b>	<b>1.4</b>	<b>128,977</b>	<b>\$13</b>	<b>\$1,262,406</b>	<b>\$10</b>	<b>12.5</b>	<b>94,563</b>	
<b>Age</b>										
5 and younger	3	27.3	0.9	10	51	563	56	9.0	11	
6-14	2	20.0	2.9	29	45	453	16	1.1	10	
15-20	36	18.9	1.2	227	11	2,108	9	0.7	190	
21-44	3,274	21.7	1.4	20,608	14	207,417	10	5.9	15,107	
45-64	7,020	27.5	1.9	47,301	17	436,070	9	10.9	25,502	
65-74	4,421	19.6	1.2	26,577	11	246,511	9	14.2	22,605	
75-84	3,785	20.2	1.1	20,702	11	211,251	10	66.6	18,741	
85 and older	2,749	22.2	1.1	13,523	13	158,033	12	77.1	12,397	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	10,756	20.5	1.1	59,723	12	606,842	10	32.0	52,594	
Disabled	10,312	25.1	1.7	68,178	16	645,432	9	9.0	41,092	
Adults	185	24.6	1.3	947	12	8,925	9	1.1	752	
Children	4	22.2	0.6	10	9	161	16	0.3	18	
Unknown	33	30.8	1.1	119	10	1,046	9	0.7	107	
<b>Gender</b>										
Female	14,885	24.2	1.4	88,556	14	868,707	10	13.7	61,547	
Male	6,405	19.4	1.2	40,421	12	393,699	10	10.4	33,016	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	17,835	24.7	1.5	110,529	15	1,088,466	10	13.7	72,198	
African American	1,850	15.9	0.8	9,765	8	88,966	9	7.5	11,658	
Other/unknown	1,605	15.0	0.8	8,683	8	84,974	10	8.7	10,707	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	4,744	37.9	2.6	32,054	30	375,794	12	37.8	12,527	
Part year	2,405	37.4	1.7	11,194	18	112,768	10	27.5	6,438	
None	14,141	18.7	1.1	85,729	10	773,844	9	8.9	75,598	
<b>Maintenance Assistance Status</b>										
Cash	6,006	17.7	1.0	34,452	9	301,095	9	6.8	33,997	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	4,165	16.5	0.9	23,156	8	203,932	9	9.9	25,238	
Other/unknown	11,119	31.5	2.0	71,369	21	757,379	11	20.7	35,328	

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007**

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>\$1</b>	<b>\$10</b>	<b>\$0</b>	<b>\$1</b>	<b>1,006,212</b>
<b>Age</b>						
5 and younger	0.1	5	56	0	0	115
6-14	0.3	4	16	0	1	113
15-20	0.1	1	9	0	1	2,058
21-44	0.1	1	10	0	1	161,995
45-64	0.2	2	9	0	1	277,364
65-74	0.1	1	9	0	1	242,189
75-84	0.1	1	10	0	1	198,796
85 and older	0.1	1	12	0	1	123,582
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.1	1	10	0	1	552,420
Disabled	0.2	1	9	0	1	446,615
Adults	0.1	1	9	0	1	6,322
Children	0.1	1	16	0	0	174
Unknown	0.2	2	9	0	1	681
<b>Gender</b>						
Female	0.1	1	10	0	1	657,288
Male	0.1	1	10	0	1	348,924
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.1	1	10	0	1	765,580
African American	0.1	1	9	0	1	125,841
Other/unknown	0.1	1	10	0	1	114,791
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.3	3	12	0	2	125,696
Part year	0.2	2	10	0	2	62,505
None	0.1	1	9	0	1	818,011
<b>Maintenance Assistance Status</b>						
Cash	0.1	1	9	0	1	372,112
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	9	0	1	266,686
Other/unknown	0.2	2	11	0	2	367,414

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 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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007**

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
<b>All</b>	<b>22,531</b>	<b>\$56</b>	<b>\$1,262,406</b>	<b>100.0</b>	<b>128,977</b>	<b>\$10</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	0	0	0	0.0	0	0	0.0
Cough and cold medications	6	41	245	0.0	14	18	0.0
Vitamins and minerals	625	40	25,295	2.0	1,780	14	1.4
Non-prescription drugs	1,222	64	78,234	6.2	4,348	18	3.4
Barbiturates	662	66	43,806	3.5	6,308	7	4.9
Benzodiazepines	19,471	55	1,071,918	84.9	114,675	9	88.9
Other Part D Excl Rx Drugs	545	79	42,908	3.4	1,852	23	1.4

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 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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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, 2007

Total Number of Dual Eligible Beneficiaries: 94,563  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$10,124,907  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$107

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	69,293	73.3	\$0	0.0
1-500	22,234	23.5	1,537,793	15.2
501-1,000	931	1.0	668,118	6.6
1,001-1,500	509	0.5	622,314	6.1
1,501-2,000	332	0.4	577,098	5.7
2,001-2,500	250	0.3	561,639	5.5
2,501-3,000	201	0.2	550,314	5.4
3,001-3,500	148	0.2	482,044	4.8
3,501-4,000	110	0.1	409,809	4.0
4,001-4,500	91	0.1	385,323	3.8
4,501-5,000	66	0.1	314,307	3.1
5,001-5,500	46	0.0	239,734	2.4
5,501-6,000	48	0.1	274,215	2.7
6,001-6,500	34	0.0	213,451	2.1
6,501-7,000	43	0.0	291,330	2.9
7,001-7,500	28	0.0	202,100	2.0
7,501-8,000	20	0.0	155,536	1.5
8,001-8,500	18	0.0	148,081	1.5
8,501-9,000	15	0.0	131,217	1.3
9,001-9,500	18	0.0	165,799	1.6
9,501-10,000	17	0.0	165,814	1.6
10,001+	111	0.1	2,028,871	20.0

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. 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 2007.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 OKLAHOMA, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 40,050  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$6,864,112  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$171

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	27,280	68.1		\$0	0.0
1-500	10,770	26.9		878,495	12.8
501-1,000	599	1.5		431,069	6.3
1,001-1,500	321	0.8		388,849	5.7
1,501-2,000	229	0.6		397,310	5.8
2,001-2,500	151	0.4		340,356	5.0
2,501-3,000	124	0.3		339,280	4.9
3,001-3,500	99	0.2		322,955	4.7
3,501-4,000	90	0.2		335,542	4.9
4,001-4,500	60	0.1		255,103	3.7
4,501-5,000	38	0.1		180,531	2.6
5,001-5,500	28	0.1		145,462	2.1
5,501-6,000	33	0.1		188,235	2.7
6,001-6,500	23	0.1		145,413	2.1
6,501-7,000	35	0.1		236,878	3.5
7,001-7,500	15	0.0		108,749	1.6
7,501-8,000	16	0.0		125,088	1.8
8,001-8,500	15	0.0		123,177	1.8
8,501-9,000	12	0.0		105,070	1.5
9,001-9,500	16	0.0		147,572	2.1
9,501-10,000	13	0.0		126,658	1.8
10,001+	83	0.2		1,542,320	22.5

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 53,743  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$2,259,595  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$42

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	41,718	77.6	\$0	0.0
1-500	11,280	21.0	629,935	27.9
501-1,000	262	0.5	188,002	8.3
1,001-1,500	147	0.3	183,809	8.1
1,501-2,000	73	0.1	127,355	5.6
2,001-2,500	75	0.1	166,745	7.4
2,501-3,000	50	0.1	136,459	6.0
3,001-3,500	29	0.1	93,099	4.1
3,501-4,000	11	0.0	41,118	1.8
4,001-4,500	19	0.0	79,700	3.5
4,501-5,000	17	0.0	81,860	3.6
5,001-5,500	12	0.0	63,018	2.8
5,501-6,000	7	0.0	39,447	1.7
6,001-6,500	7	0.0	43,492	1.9
6,501-7,000	7	0.0	47,642	2.1
7,001-7,500	9	0.0	64,879	2.9
7,501-8,000	2	0.0	15,116	0.7
8,001-8,500	1	0.0	8,124	0.4
8,501-9,000	1	0.0	8,837	0.4
9,001-9,500	2	0.0	18,227	0.8
9,501-10,000	2	0.0	19,510	0.9
10,001+	12	0.0	203,221	9.0

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 22,605  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$1,737,746  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$76

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	17,309	76.6	\$0	0.0
1-500	4,715	20.9	309,395	17.8
501-1,000	170	0.8	122,777	7.1
1,001-1,500	102	0.5	127,411	7.3
1,501-2,000	61	0.3	106,937	6.2
2,001-2,500	70	0.3	155,213	8.9
2,501-3,000	47	0.2	128,432	7.4
3,001-3,500	27	0.1	87,055	5.0
3,501-4,000	10	0.0	37,501	2.2
4,001-4,500	19	0.1	79,700	4.6
4,501-5,000	16	0.1	76,861	4.4
5,001-5,500	12	0.1	63,018	3.6
5,501-6,000	7	0.0	39,447	2.3
6,001-6,500	6	0.0	37,279	2.1
6,501-7,000	7	0.0	47,642	2.7
7,001-7,500	9	0.0	64,879	3.7
7,501-8,000	2	0.0	15,116	0.9
8,001-8,500	1	0.0	8,124	0.5
8,501-9,000	0	0.0	0	0.0
9,001-9,500	2	0.0	18,227	1.0
9,501-10,000	1	0.0	9,511	0.5
10,001+	12	0.1	203,221	11.7

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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 18,741  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$317,009  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$16

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	14,764	78.8	\$0	0.0
1-500	3,885	20.7	193,470	61.0
501-1,000	44	0.2	31,418	9.9
1,001-1,500	29	0.2	36,310	11.5
1,501-2,000	7	0.0	12,003	3.8
2,001-2,500	5	0.0	11,532	3.6
2,501-3,000	3	0.0	8,027	2.5
3,001-3,500	1	0.0	3,038	1.0
3,501-4,000	0	0.0	0	0.0
4,001-4,500	0	0.0	0	0.0
4,501-5,000	1	0.0	4,999	1.6
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	1	0.0	6,213	2.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
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	9,999	3.2
10,001+	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. 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 2007.

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, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 12,397  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$204,840  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$16

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	9,645	77.8	\$0	0.0
1-500	2,680	21.6	127,070	62.0
501-1,000	48	0.4	33,807	16.5
1,001-1,500	16	0.1	20,088	9.8
1,501-2,000	5	0.0	8,415	4.1
2,001-2,500	0	0.0	0	0.0
2,501-3,000	0	0.0	0	0.0
3,001-3,500	1	0.0	3,006	1.5
3,501-4,000	1	0.0	3,617	1.8
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	1	0.0	8,837	4.3
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	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. 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 2007.

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

**APPENDIX TABLE A.3**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**DUAL ELIGIBLE BENEFICIARIES, OKLAHOMA, 2007**

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>94,563</b>	<b>52,594</b>	<b>41,092</b>	<b>752</b>	<b>18</b>	<b>107</b>	<b>1,006,212</b>	<b>552,420</b>	<b>446,615</b>	<b>6,322</b>	<b>174</b>	<b>681</b>
<b>Age</b>												
5 and younger	11	0	10	0	1	0	115	0	110	0	5	0
6-14	10	0	9	0	1	0	113	0	108	0	5	0
15-20	190	0	171	6	13	0	2,058	0	1,877	44	137	0
21-44	15,107	0	14,655	432	3	17	161,995	0	158,424	3,435	27	109
45-64	25,502	7	25,205	229	0	61	277,364	77	274,827	2,044	0	416
65-74	22,605	21,499	1,021	56	0	29	242,189	230,443	11,088	502	0	156
75-84	18,741	18,697	19	25	0	0	198,796	198,373	174	249	0	0
85 and older	12,397	12,391	2	4	0	0	123,582	123,527	7	48	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	61,547	38,345	22,563	526	6	107	657,288	405,986	246,115	4,448	58	681
Male	33,016	14,249	18,529	226	12	0	348,924	146,434	200,500	1,874	116	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	72,198	41,032	30,555	529	11	71	765,580	427,711	332,843	4,471	104	451
African American	11,658	5,462	6,052	129	2	13	125,841	58,997	65,660	1,083	11	90
Other/unknown	10,707	6,100	4,485	94	5	23	114,791	65,712	48,112	768	59	140
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	12,527	11,115	1,410	2	0	0	125,696	110,082	15,590	24	0	0
Part year	6,438	5,436	994	8	0	0	62,505	52,083	10,345	77	0	0
None	75,598	36,043	38,688	742	18	107	818,011	390,255	420,680	6,221	174	681
<b>Maintenance Assistance Status</b>												
Cash	33,997	14,313	19,120	559	5	0	372,112	159,112	208,038	4,925	37	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	25,238	12,720	12,308	96	7	107	266,686	134,614	130,692	633	66	681
Other/unknown	35,328	25,561	9,664	97	6	0	367,414	258,694	107,885	764	71	0
<b>Dual Status<sup>d</sup></b>												
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
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	94,563	52,594	41,092	752	18	107	1,006,212	552,420	446,615	6,322	174	681
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
	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 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 2007. 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, 2007**

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>94,563</b>	<b>1,006,212</b>	<b>94,563</b>	<b>1,006,212</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	94,563	1,006,212	94,563	1,006,212	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 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.

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.