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

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TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL 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>669,018</b>	<b>1,685</b>	<b>57,555</b>	<b>119,798</b>	<b>483,414</b>	<b>6,566</b>	<b>6,239,030</b>	<b>16,017</b>	<b>610,497</b>	<b>856,366</b>	<b>4,719,151</b>	<b>36,999</b>
<b>Age</b>												
5 and younger	198,904	1	2,954	0	195,949	0	1,864,336	12	31,086	0	1,833,238	0
6-14	209,738	0	8,275	18	201,445	0	2,162,181	0	92,231	158	2,069,792	0
15-20	104,529	0	6,121	12,699	85,391	318	970,030	0	65,979	89,455	812,567	2,029
21-44	121,218	1	16,859	99,892	626	3,840	919,490	1	178,349	715,888	3,541	21,711
45-64	32,767	16	23,190	7,175	3	2,383	305,482	153	241,332	50,813	13	13,171
65-74	1,154	963	153	13	0	25	10,998	9,369	1,497	44	0	88
75-84	480	476	3	1	0	0	4,584	4,553	23	8	0	0
85 and older	228	228	0	0	0	0	1,929	1,929	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	385,739	1,122	29,865	108,976	239,210	6,566	3,496,320	10,776	319,248	789,909	2,339,388	36,999
Male	283,279	563	27,690	10,822	244,204	0	2,742,710	5,241	291,249	66,457	2,379,763	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	388,699	853	38,285	78,428	266,427	4,706	3,578,717	7,839	406,299	562,366	2,575,584	26,629
African American	103,537	274	11,153	16,518	74,979	613	1,005,315	2,629	118,827	126,533	753,917	3,409
Other/unknown	176,782	558	8,117	24,852	142,008	1,247	1,654,998	5,549	85,371	167,467	1,389,650	6,961
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,260	240	1,011	4	4	1	13,251	2,505	10,678	19	48	1
Part year	926	101	805	14	2	4	9,195	948	8,086	111	22	28
None	666,832	1,344	55,739	119,780	483,408	6,561	6,216,584	12,564	591,733	856,236	4,719,081	36,970
<b>Maintenance Assistance Status</b>												
Cash	129,848	805	44,215	39,707	45,121	0	1,235,279	8,356	475,972	301,682	449,269	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	474,694	261	5,741	39,785	422,341	6,566	4,449,215	2,025	50,420	255,816	4,103,955	36,999
Other/unknown	64,476	619	7,599	40,306	15,952	0	554,536	5,636	84,105	298,868	165,927	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	669,018	1,685	57,555	119,798	483,414	6,566	6,239,030	16,017	610,497	856,366	4,719,151	36,999
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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

**TABLE ND.3**  
**ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**NONDUAL 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>62.8</b>	<b>6.2</b>	<b>\$446</b>	<b>\$71</b>	<b>\$3,174</b>	<b>14.0</b>	<b>669,018</b>
<b>Age</b>							
5 and younger	65.9	3.7	193	52	2,196	8.8	198,904
6-14	60.2	4.4	362	83	2,028	17.9	209,738
15-20	62.4	5.3	456	86	3,144	14.5	104,529
21-44	58.1	7.9	509	65	4,161	12.2	121,218
45-64	78.2	29.5	2,193	74	12,329	17.8	32,767
65-74	69.8	28.1	1,839	66	14,551	12.6	1,154
75-84	54.4	15.5	851	55	10,132	8.4	480
85 and older	39.0	11.3	438	39	11,386	3.8	228
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	61.5	23.0	1,437	63	13,731	10.5	1,685
Disabled	84.0	26.9	2,599	96	14,264	18.2	57,555
Adults	54.7	5.4	231	43	2,507	9.2	119,798
Children	62.3	3.9	240	61	1,970	12.2	483,414
Unknown	59.1	6.5	377	58	4,040	9.3	6,566
<b>Gender</b>							
Female	63.1	6.5	394	61	3,103	12.7	385,739
Male	62.3	5.9	515	88	3,270	15.8	283,279
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	65.7	7.3	538	73	3,505	15.3	388,699
African American	57.1	5.3	400	76	3,062	13.1	103,537
Other/unknown	59.7	4.4	270	62	2,513	10.7	176,782
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	94.8	94.5	6,295	67	53,948	11.7	1,260
Part year	97.2	63.5	4,509	71	56,795	7.9	926
None	62.7	6.0	429	72	3,004	14.3	666,832
<b>Maintenance Assistance Status</b>							
Cash	72.5	12.5	1,039	83	4,817	21.6	129,848
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	62.9	4.0	236	59	2,092	11.3	474,694
Other/unknown	41.9	9.9	790	80	7,830	10.1	64,476

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

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

c. In eight states (DE, IA, IL, NE, NY, 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 ND.4**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**NONDUAL 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>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.7</b>	<b>\$48</b>	<b>14.0</b>	<b>37.2</b>	<b>51.0</b>	<b>5.4</b>	<b>5.2</b>	<b>1.0</b>	<b>0.2</b>	<b>\$340</b>	<b>669,018</b>	<b>6,239,030</b>
<b>Age</b>												
5 and younger	0.4	21	8.8	34.1	61.3	3.3	1.1	0.1	0.0	234	198,904	1,864,336
6-14	0.4	35	17.9	39.8	53.3	4.1	2.5	0.2	0.0	197	209,738	2,162,181
15-20	0.6	49	14.5	37.6	52.8	5.7	3.4	0.5	0.1	339	104,529	970,030
21-44	1.0	67	12.2	41.9	37.9	8.8	10.0	1.4	0.1	549	121,218	919,490
45-64	3.2	235	17.8	21.8	18.4	12.2	33.8	11.7	2.1	1,322	32,767	305,482
65-74	2.9	193	12.6	30.2	17.7	9.1	27.9	11.4	3.7	1,527	1,154	10,998
75-84	1.6	89	8.4	45.6	24.4	8.1	15.0	5.8	1.0	1,061	480	4,584
85 and older	1.3	52	3.8	61.0	17.5	4.4	10.5	4.8	1.8	1,346	228	1,929
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	2.4	151	10.5	38.5	19.9	8.0	21.2	9.3	3.1	1,445	1,685	16,017
Disabled	2.5	245	18.2	16.0	31.2	13.0	29.0	9.2	1.6	1,345	57,555	610,497
Adults	0.8	32	9.2	45.3	39.1	7.9	7.1	0.6	0.0	351	119,798	856,366
Children	0.4	25	12.2	37.7	56.7	3.8	1.7	0.1	0.0	202	483,414	4,719,151
Unknown	1.1	67	9.3	40.9	34.2	10.9	12.4	1.5	0.0	717	6,566	36,999
<b>Gender</b>												
Female	0.7	44	12.7	36.9	50.3	5.7	5.8	1.2	0.2	342	385,739	3,496,320
Male	0.6	53	15.8	37.7	52.0	5.0	4.4	0.8	0.1	338	283,279	2,742,710
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	0.8	58	15.3	34.3	51.3	6.3	6.5	1.4	0.2	381	388,699	3,578,717
African American	0.5	41	13.1	42.9	47.6	4.6	4.1	0.7	0.1	315	103,537	1,005,315
Other/unknown	0.5	29	10.7	40.3	52.5	3.9	2.8	0.5	0.1	268	176,782	1,654,998
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	9.0	599	11.7	5.2	4.4	3.2	15.2	37.1	34.9	5,130	1,260	13,251
Part year	6.4	454	7.9	2.8	9.0	6.7	30.0	36.4	15.1	5,720	926	9,195
None	0.6	46	14.3	37.3	51.2	5.4	5.1	0.9	0.1	322	666,832	6,216,584
<b>Maintenance Assistance Status</b>												
Cash	1.3	109	21.6	27.5	43.5	10.2	16.0	2.7	0.1	506	129,848	1,235,279
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.4	25	11.3	37.1	56.3	4.3	2.2	0.2	0.0	223	474,694	4,449,215
Other/unknown	1.1	92	10.1	58.1	27.3	3.8	5.5	3.9	1.4	910	64,476	554,536

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. In eight states (DE, IA, IL, NE, NY, 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 ND.5**  
**AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>**  
**NONDUAL 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>0.7</b>	<b>\$48</b>	<b>\$71</b>	<b>0.2</b>	<b>\$37</b>	<b>\$178</b>	<b>0.0</b>	<b>\$2</b>	<b>\$111</b>	<b>0.4</b>	<b>\$9</b>	<b>\$20</b>
<b>Age</b>												
5 and younger	0.4	21	52	0.1	14	125	0.0	1	76	0.3	5	20
6-14	0.4	35	83	0.2	29	156	0.0	1	101	0.2	5	22
15-20	0.6	49	86	0.2	41	223	0.0	2	122	0.4	6	17
21-44	1.0	67	65	0.3	50	196	0.0	3	133	0.8	14	18
45-64	3.2	235	74	0.9	176	206	0.1	13	138	2.2	46	21
65-74	2.9	193	66	0.8	148	177	0.1	11	107	2.0	34	17
75-84	1.6	89	55	0.5	68	142	0.1	4	80	1.1	17	15
85 and older	1.3	52	39	0.4	34	95	0.1	4	80	0.9	14	15
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	2.4	151	63	0.7	116	167	0.1	8	100	1.6	27	16
Disabled	2.5	245	96	0.8	197	252	0.1	11	139	1.7	36	22
Adults	0.8	32	43	0.2	22	132	0.0	2	120	0.6	9	16
Children	0.4	25	61	0.1	19	133	0.0	1	87	0.2	5	19
Unknown	1.1	67	58	0.3	51	190	0.0	3	132	0.9	13	15
<b>Gender</b>												
Female	0.7	44	61	0.2	32	158	0.0	2	112	0.5	9	19
Male	0.6	53	88	0.2	43	202	0.0	2	110	0.4	8	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	0.8	58	73	0.3	45	179	0.0	3	114	0.5	10	20
African American	0.5	41	76	0.2	33	194	0.0	2	119	0.4	7	19
Other/unknown	0.5	29	62	0.1	22	161	0.0	1	94	0.3	6	18
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	9.0	599	67	2.5	459	183	0.2	22	100	6.2	115	19
Part year	6.4	454	71	1.5	328	213	0.2	21	106	4.6	104	22
None	0.6	46	72	0.2	36	177	0.0	2	111	0.4	8	20
<b>Maintenance Assistance Status</b>												
Cash	1.3	109	83	0.4	87	224	0.0	5	131	0.9	17	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	25	59	0.1	19	136	0.0	1	89	0.3	5	19
Other/unknown	1.1	92	80	0.4	71	195	0.0	4	128	0.7	17	22

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Oklahoma, 0.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

**TABLE ND.6**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>**  
**NONDUAL 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 of Users	As a Percentage of All Beneficiaries	Number of Benefit Months
		Generic	Generic	Generic		Generic	Generic	Generic		Generic							
Anti-infective Agents	0.2	0.0	0.0	0.2	\$9	\$4	\$1	\$4	\$38	\$218	\$97	\$21	722,626	\$27,736,504	300,662	44.9	3,171,778
Biologicals	0.2	0.2	0.0	0.0	302	302	0	0	1238	1,238	0	0	5,007	6,196,878	2,069	0.3	20,500
Antineoplastic Agents	0.5	0.2	0.0	0.3	160	149	1	11	345	849	742	37	9,066	3,129,459	1,849	0.3	19,527
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	18	13	0	4	62	142	42	22	329,583	20,303,864	108,672	16.2	1,139,119
Cardiovascular Agents	0.7	0.1	0.0	0.6	30	19	3	8	40	148	88	13	313,987	12,474,158	40,461	6.0	422,551
Respiratory Agents	0.4	0.3	0.0	0.1	30	26	1	3	78	102	97	23	622,963	48,669,212	153,136	22.9	1,638,518
Gastrointestinal Agents	0.3	0.1	0.0	0.2	23	15	3	5	69	161	132	23	203,475	13,944,446	57,078	8.5	595,072
Genitourinary Agents	0.2	0.1	0.0	0.1	9	6	0	3	46	111	111	20	43,051	1,961,720	21,995	3.3	215,349
CNS Drugs	0.7	0.3	0.0	0.4	78	70	1	7	112	264	145	17	543,130	60,651,935	74,732	11.2	777,111
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.2	61	57	1	3	97	124	50	22	166,070	16,184,781	24,026	3.6	265,996
Miscellaneous Psychological/ Neurological Agents	0.2	0.2	0.0	0.0	42	41	0	2	208	213	158	128	15,107	3,143,942	7,147	1.1	74,792
Analgesics and Anesthetics	0.4	0.0	0.0	0.4	12	4	1	7	33	329	275	20	527,902	17,307,678	140,687	21.0	1,421,285
Neuromuscular Agents	0.6	0.2	0.0	0.3	52	41	5	6	92	198	167	18	260,718	23,982,403	43,836	6.6	459,660
Nutritional Products	0.2	0.1	0.0	0.1	8	5	0	2	30	54	29	14	69,694	2,101,905	30,466	4.6	280,109
Hematological Agents	0.5	0.2	0.0	0.3	428	424	0	4	936	2,117	85	16	26,345	24,669,239	5,530	0.8	57,578
Topical Products	0.2	0.0	0.0	0.1	7	5	1	2	41	98	75	17	283,239	11,718,998	148,917	22.3	1,599,435
Miscellaneous Products	0.1	0.1	0.0	0.0	20	18	0	1	152	166	387	51	21,711	3,308,915	15,198	2.3	167,975
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	70	0	0	0	8,802	618,121	5,354	0.8	58,441
<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.	4,172,476	298,104,158	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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.
  - e. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- f. 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.

Nondual Medicaid Beneficiaries

TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OKLAHOMA, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$48,295,319	30,721	4.6	337,435	0.5	\$293	\$143
ANTIASTHMATIC	40,149,422	166,445	24.9	1,814,041	0.3	88	22
ANTICONVULSANT	21,845,915	29,608	4.4	319,586	0.5	124	68
MISC. HEMATOLOGICAL	21,424,036	2,156	0.3	23,501	0.5	1,942	912
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	16,184,801	28,707	4.3	320,164	0.5	97	51
ANALGESICS - Narcotic	11,591,652	162,789	24.3	1,650,982	0.2	29	7
ULCER DRUGS	10,599,736	48,325	7.2	508,083	0.3	73	21
ANTIDEPRESSANTS	9,549,135	57,753	8.6	603,353	0.4	41	16
ANTIDIABETIC	8,683,683	18,827	2.8	198,617	0.5	90	44
ANTIVIRAL	7,039,749	15,138	2.3	163,450	0.2	284	43
Total	195,363,448	560,469	n.a.	5,939,212	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Medicaid Beneficiaries

TABLE ND.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OKLAHOMA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTIASTHMATIC				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>1,874,576</b>	<b>\$195,363,448</b>	<b>30,721</b>	<b>4.6</b>	<b>337,435</b>	<b>0.5</b>	<b>\$143</b>	<b>166,445</b>	<b>24.9</b>	<b>1,814,041</b>	<b>0.3</b>	<b>\$22</b>
<b>Female</b>												
All Females	1,065,888	89,974,593	15,693	4.1	169,762	0.4	130	82,449	21.4	890,509	0.2	22
<b>Female, Disabled</b>												
All Ages	476,565	49,646,758	8,297	27.8	93,588	0.5	166	14,361	48.1	163,007	0.3	32
5 and younger	6,542	649,988	22	1.7	248	0.4	89	855	67.7	9,723	0.3	34
6-14	23,798	2,936,511	514	18.1	5,973	0.5	138	1,258	44.2	14,655	0.4	33
15-20	22,382	2,967,994	600	24.5	6,923	0.5	158	810	33.1	9,389	0.3	26
21-44	132,545	14,767,915	3,212	34.4	35,872	0.5	154	3,466	37.1	39,210	0.3	25
45-64	290,039	28,222,419	3,936	28.4	44,425	0.6	181	7,927	57.1	89,514	0.4	36
65-74	1,259	101,931	13	14.6	147	0.4	122	45	50.6	516	0.4	41
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	589,323	40,327,835	7,396	2.1	76,174	0.4	86	68,088	19.1	727,502	0.2	19
5 and younger	70,711	5,466,975	108	0.1	1,170	0.4	62	24,962	26.0	271,409	0.2	17
6-14	149,900	13,241,240	1,936	2.0	21,848	0.4	103	23,647	23.9	265,618	0.3	22
15-20	108,555	7,324,853	1,955	3.5	21,214	0.3	86	9,102	16.1	97,237	0.2	19
21-44	214,676	11,098,076	2,864	3.0	26,730	0.3	68	8,889	9.3	79,696	0.2	15
45-64	34,368	2,323,047	392	5.2	3,578	0.3	69	1,219	16.3	10,686	0.3	28
65-74	8,707	736,839	109	16.5	1,271	0.8	215	215	32.6	2,273	0.4	38
75-84	1,739	107,733	23	7.6	264	0.8	124	39	12.8	420	0.2	21
85 and older	667	29,072	9	5.1	99	0.7	61	15	8.5	163	0.3	15
<b>Male</b>												
All Males	808,688	105,388,855	15,028	5.3	167,673	0.5	157	83,996	29.7	923,532	0.3	23
<b>Male, Disabled</b>												
All Ages	345,350	57,235,661	7,967	28.8	90,079	0.6	191	10,212	36.9	115,173	0.4	36
5 and younger	9,043	1,437,351	74	4.4	869	0.4	118	1,264	74.7	14,281	0.3	32
6-14	56,805	12,979,495	1,703	31.4	19,637	0.6	145	2,725	50.2	31,626	0.4	36
15-20	36,443	12,638,784	1,214	33.0	13,829	0.6	183	1,109	30.2	12,571	0.4	34
21-44	92,987	13,994,987	2,815	37.5	31,475	0.6	211	1,534	20.4	17,125	0.3	28
45-64	149,573	16,154,729	2,154	23.1	24,192	0.6	210	3,550	38.1	39,282	0.4	42
65-74	498	30,310	7	10.9	77	0.5	43	30	46.9	288	0.3	34
75-84	1	5	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	463,338	48,153,194	7,061	2.8	77,594	0.5	117	73,784	28.9	808,359	0.2	21
5 and younger	101,277	8,733,605	325	0.3	3,669	0.4	78	34,465	34.4	373,335	0.2	18
6-14	247,419	25,140,510	4,227	4.1	47,754	0.5	118	31,437	30.7	351,983	0.3	24
15-20	84,574	12,063,122	2,103	5.0	22,494	0.4	120	7,069	16.9	76,122	0.3	23
21-44	18,341	1,187,235	245	2.8	2,029	0.3	91	515	5.9	4,194	0.3	20
45-64	6,928	492,431	60	2.9	560	0.3	76	174	8.4	1,469	0.3	23
65-74	3,764	458,999	81	23.8	905	0.8	253	99	29.0	994	0.4	46
75-84	820	58,831	16	9.2	154	0.6	101	15	8.7	145	0.4	34
85 and older	215	18,461	4	7.7	29	0.7	105	10	19.2	117	0.5	55
<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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Medicaid Beneficiaries

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OKLAHOMA, 2007

Beneficiary Characteristics	ANTICONVULSANT					MISC. HEMATOLOGICAL					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>29,608</b>	<b>4.4</b>	<b>319,586</b>	<b>0.5</b>	<b>\$68</b>	<b>2,156</b>	<b>0.3</b>	<b>23,501</b>	<b>0.5</b>	<b>\$912</b>	<b>28,707</b>	<b>4.3</b>	<b>320,164</b>	<b>0.5</b>	<b>\$51</b>
<b>Female</b>															
All Females	18,528	4.8	197,274	0.5	63	1,193	0.3	13,011	0.4	69	8,368	2.2	93,282	0.5	50
<b>Female, Disabled</b>															
All Ages	10,509	35.2	118,406	0.6	73	963	3.2	10,763	0.5	68	1,376	4.6	15,846	0.6	61
5 and younger	190	15.1	2,142	0.7	82	4	0.3	42	0.4	16	33	2.6	392	0.3	47
6-14	605	21.3	7,055	0.7	120	1	0.0	12	0.1	8	694	24.4	8,002	0.6	58
15-20	645	26.4	7,362	0.7	126	3	0.1	36	0.1	13	271	11.1	3,146	0.6	63
21-44	3,708	39.7	41,765	0.6	81	80	0.9	907	0.4	59	201	2.2	2,266	0.5	63
45-64	5,345	38.5	59,903	0.6	55	869	6.3	9,703	0.5	69	177	1.3	2,040	0.5	72
65-74	16	18.0	179	0.4	23	6	6.7	63	0.6	85	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	8,019	2.3	78,868	0.4	47	230	0.1	2,248	0.4	72	6,992	2.0	77,436	0.5	48
5 and younger	362	0.4	3,930	0.4	50	4	0.0	41	0.1	6	351	0.4	3,778	0.3	34
6-14	1,026	1.0	11,425	0.5	68	3	0.0	36	0.1	6	5,156	5.2	57,767	0.5	49
15-20	1,473	2.6	15,738	0.4	65	2	0.0	24	0.2	314	1,114	2.0	12,349	0.5	49
21-44	4,348	4.5	40,093	0.4	35	66	0.1	641	0.3	96	328	0.3	3,143	0.4	54
45-64	661	8.8	6,034	0.4	33	98	1.3	935	0.4	53	41	0.5	381	0.5	59
65-74	116	17.6	1,283	0.7	50	43	6.5	421	0.5	76	2	0.3	18	0.3	69
75-84	20	6.6	224	0.5	22	12	3.9	137	0.4	61	0	0.0	0	0.0	0
85 and older	13	7.4	141	0.8	40	2	1.1	13	0.4	119	0	0.0	0	0.0	0
<b>Male</b>															
All Males	11,080	3.9	122,312	0.6	78	963	0.3	10,490	0.5	1,957	20,339	7.2	226,882	0.5	51
<b>Male, Disabled</b>															
All Ages	7,368	26.6	83,237	0.7	89	808	2.9	9,046	0.5	1,593	3,429	12.4	39,396	0.6	61
5 and younger	207	12.2	2,383	0.6	82	9	0.5	99	0.8	5,193	134	7.9	1,546	0.4	34
6-14	1,094	20.1	12,568	0.7	113	13	0.2	155	1.1	35,909	2,320	42.7	26,679	0.6	60
15-20	902	24.6	10,221	0.7	114	6	0.2	72	1.7	103,427	745	20.3	8,523	0.6	65
21-44	2,625	34.9	29,629	0.7	104	53	0.7	590	0.5	500	170	2.3	1,970	0.6	64
45-64	2,530	27.2	28,341	0.6	53	726	7.8	8,118	0.5	72	60	0.6	678	0.5	88
65-74	10	15.6	95	0.5	28	1	1.6	12	0.1	32	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	3,712	1.5	39,075	0.4	55	155	0.1	1,444	0.5	4,240	16,910	6.6	187,486	0.5	49
5 and younger	394	0.4	4,427	0.4	50	18	0.0	203	0.3	2,975	1,043	1.0	11,491	0.4	33
6-14	1,534	1.5	17,203	0.5	58	21	0.0	236	0.6	5,388	13,328	13.0	148,572	0.5	49
15-20	1,062	2.5	11,063	0.4	64	14	0.0	138	0.7	30,362	2,493	6.0	27,011	0.5	51
21-44	492	5.6	4,252	0.4	31	29	0.3	229	0.4	59	39	0.4	341	0.4	46
45-64	161	7.7	1,403	0.4	27	52	2.5	422	0.4	67	6	0.3	59	0.4	80
65-74	54	15.8	585	0.8	70	13	3.8	144	0.5	72	1	0.3	12	0.1	21
75-84	12	6.9	125	0.6	53	7	4.0	68	0.6	79	0	0.0	0	0.0	0
85 and older	3	5.8	17	0.7	33	1	1.9	4	0.5	10	0	0.0	0	0.0	0
<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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.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>  
 NONDUAL BENEFICIARIES, OKLAHOMA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>162,789</b>	<b>24.3</b>	<b>1,650,982</b>	<b>0.2</b>	<b>\$7</b>	<b>48,325</b>	<b>7.2</b>	<b>508,083</b>	<b>0.3</b>	<b>\$21</b>	<b>57,753</b>	<b>8.6</b>	<b>603,353</b>	<b>0.4</b>	<b>\$16</b>
<b>Female</b>															
All Females	116,885	30.3	1,155,372	0.2	7	31,412	8.1	327,511	0.3	21	40,720	10.6	417,167	0.4	16
<b>Female, Disabled</b>															
All Ages	24,891	83.3	279,819	0.4	18	10,437	34.9	118,068	0.4	34	15,664	52.4	176,210	0.4	22
5 and younger	189	15.0	2,193	0.1	2	256	20.3	2,859	0.4	32	8	0.6	96	0.3	5
6-14	502	17.6	5,928	0.2	2	358	12.6	4,224	0.4	36	430	15.1	5,018	0.5	12
15-20	1,172	47.9	13,332	0.2	3	446	18.2	5,139	0.3	28	768	31.4	8,842	0.4	19
21-44	8,661	92.7	97,550	0.3	14	2,809	30.1	31,896	0.4	28	5,197	55.6	58,662	0.4	20
45-64	14,303	103.1	160,108	0.5	23	6,528	47.0	73,527	0.5	37	9,230	66.5	103,247	0.5	23
65-74	64	71.9	708	0.4	14	40	44.9	423	0.5	48	31	34.8	345	0.4	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	91,994	25.9	875,553	0.2	3	20,975	5.9	209,443	0.2	14	25,056	7.0	240,957	0.3	12
5 and younger	5,184	5.4	58,326	0.1	1	3,906	4.1	38,243	0.2	9	83	0.1	931	0.2	3
6-14	10,435	10.5	117,959	0.1	1	4,090	4.1	46,366	0.2	12	2,937	3.0	33,093	0.4	9
15-20	22,534	39.8	229,848	0.1	1	4,662	8.2	49,287	0.2	11	6,084	10.7	64,074	0.3	10
21-44	49,617	51.9	431,938	0.3	4	6,994	7.3	63,362	0.2	17	13,773	14.4	123,246	0.3	13
45-64	3,808	50.8	32,968	0.4	13	1,012	13.5	8,822	0.4	30	1,946	26.0	17,031	0.4	19
65-74	317	48.0	3,420	0.4	11	209	31.7	2,237	0.5	32	175	26.5	1,923	0.6	20
75-84	72	23.7	830	0.3	5	76	25.0	848	0.4	18	46	15.1	525	0.5	27
85 and older	27	15.3	264	0.4	20	26	14.8	278	0.5	14	12	6.8	134	0.6	7
<b>Male</b>															
All Males	45,904	16.2	495,610	0.2	8	16,913	6.0	180,572	0.3	21	17,033	6.0	186,186	0.4	15
<b>Male, Disabled</b>															
All Ages	14,048	50.7	155,255	0.4	20	5,833	21.1	65,294	0.5	35	8,513	30.7	95,364	0.5	19
5 and younger	298	17.6	3,456	0.1	1	293	17.3	3,189	0.4	30	45	2.7	528	0.4	7
6-14	863	15.9	10,066	0.1	1	518	9.5	6,016	0.4	36	1,035	19.1	11,966	0.5	13
15-20	1,122	30.5	12,740	0.2	2	458	12.5	5,282	0.4	29	1,099	29.9	12,436	0.5	20
21-44	4,345	57.8	47,716	0.4	15	1,525	20.3	17,225	0.5	36	2,761	36.7	30,686	0.5	22
45-64	7,388	79.3	80,945	0.5	29	3,021	32.4	33,390	0.5	36	3,564	38.3	39,653	0.5	19
65-74	31	48.4	320	0.4	5	18	28.1	192	0.3	31	9	14.1	95	0.3	10
75-84	1	33.3	12	0.1	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	31,856	12.5	340,355	0.1	2	11,080	4.3	115,278	0.2	13	8,520	3.3	90,822	0.4	11
5 and younger	6,733	6.7	75,768	0.1	1	4,707	4.7	46,126	0.2	10	179	0.2	1,993	0.3	5
6-14	10,632	10.4	120,240	0.1	1	3,475	3.4	39,476	0.2	12	4,013	3.9	45,193	0.4	10
15-20	10,531	25.2	112,126	0.1	1	2,094	5.0	22,559	0.2	15	3,160	7.6	33,617	0.4	13
21-44	3,011	34.4	23,844	0.4	15	476	5.4	4,005	0.3	24	808	9.2	6,689	0.3	13
45-64	788	37.9	6,690	0.5	15	201	9.7	1,771	0.4	28	259	12.5	2,274	0.4	16
65-74	122	35.8	1,274	0.4	11	97	28.4	1,026	0.5	32	73	21.4	780	0.6	24
75-84	32	18.5	347	0.3	6	21	12.1	217	0.3	13	22	12.7	223	0.6	32
85 and older	7	13.5	66	0.4	18	9	17.3	98	0.6	60	6	11.5	53	0.5	25
<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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

Nondual Medicaid Beneficiaries

TABLE ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OKLAHOMA, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANTIVIRAL						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>18,827</b>	<b>2.8</b>	<b>198,617</b>	<b>0.5</b>	<b>\$44</b>	<b>15,138</b>	<b>2.3</b>	<b>163,450</b>	<b>0.2</b>	<b>\$43</b>	<b>669,018</b>	<b>6,239,030</b>
<b>Female</b>												
All Females	13,314	3.5	139,450	0.5	42	9,061	2.3	96,034	0.2	40	385,739	3,496,320
<b>Female, Disabled</b>												
All Ages	8,055	27.0	90,579	0.5	44	1,041	3.5	11,902	0.3	142	29,865	319,248
5 and younger	2	0.2	24	0.1	15	39	3.1	450	0.2	10	1,262	13,176
6-14	54	1.9	644	0.6	82	101	3.6	1,212	0.2	36	2,845	31,848
15-20	110	4.5	1,289	0.5	44	78	3.2	908	0.3	107	2,447	26,590
21-44	1,510	16.2	17,209	0.4	39	367	3.9	4,130	0.3	146	9,344	99,876
45-64	6,340	45.7	70,993	0.5	45	453	3.3	5,170	0.3	182	13,878	146,862
65-74	39	43.8	420	0.6	46	3	3.4	32	0.1	7	89	896
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	5,259	1.5	48,871	0.4	38	8,020	2.3	84,132	0.1	25	355,874	3,177,072
5 and younger	51	0.1	548	0.7	98	1,738	1.8	19,272	0.1	5	95,892	896,972
6-14	458	0.5	4,977	0.5	71	2,721	2.7	30,848	0.1	8	99,140	1,019,534
15-20	703	1.2	7,051	0.4	48	1,389	2.5	14,555	0.1	18	56,603	511,002
21-44	2,684	2.8	23,602	0.4	28	2,038	2.1	18,177	0.2	73	95,602	688,183
45-64	954	12.7	8,176	0.4	34	129	1.7	1,229	0.3	170	7,497	50,648
65-74	320	48.5	3,519	0.6	37	3	0.5	27	0.1	34	660	6,356
75-84	69	22.7	772	0.5	25	1	0.3	12	0.1	1	304	2,915
85 and older	20	11.4	226	0.6	16	1	0.6	12	0.1	0	176	1,462
<b>Male</b>												
All Males	5,513	1.9	59,167	0.5	48	6,077	2.1	67,416	0.1	48	283,279	2,742,710
<b>Male, Disabled</b>												
All Ages	4,100	14.8	45,314	0.5	44	926	3.3	10,210	0.4	247	27,690	291,249
5 and younger	2	0.1	24	0.7	194	59	3.5	684	0.1	9	1,692	17,910
6-14	35	0.6	412	0.6	89	168	3.1	1,960	0.1	8	5,430	60,383
15-20	71	1.9	813	0.6	67	84	2.3	973	0.1	38	3,674	39,389
21-44	822	10.9	9,206	0.5	42	273	3.6	2,942	0.5	330	7,515	78,473
45-64	3,149	33.8	34,656	0.5	43	340	3.7	3,627	0.6	410	9,312	94,470
65-74	21	32.8	203	0.5	26	2	3.1	24	0.2	18	64	601
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	23
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Male, Other Eligibles</b>												
All Ages	1,413	0.6	13,853	0.5	63	5,151	2.0	57,206	0.1	12	255,589	2,451,461
5 and younger	43	0.0	462	0.6	67	1,828	1.8	20,328	0.1	5	100,058	936,278
6-14	368	0.4	3,972	0.6	80	2,544	2.5	28,662	0.1	8	102,323	1,050,416
15-20	345	0.8	3,608	0.6	88	689	1.6	7,428	0.1	15	41,805	393,049
21-44	298	3.4	2,564	0.4	34	61	0.7	523	0.4	260	8,757	52,958
45-64	223	10.7	1,834	0.4	38	23	1.1	193	0.5	461	2,080	13,502
65-74	88	25.8	892	0.6	38	6	1.8	72	0.5	465	341	3,145
75-84	44	25.4	493	0.5	29	0	0.0	0	0.0	0	173	1,646
85 and older	4	7.7	28	0.5	4	0	0.0	0	0.0	0	52	467
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

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

Nondual Medicaid Beneficiaries

**TABLE ND.8**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**NONDUAL 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>\$599</b>	<b>9.0</b>	<b>1,260</b>	<b>13,251</b>
<b>Age</b>				
0-64	658	9.8	1,018	10,732
65-74	529	7.7	119	1,285
75-84	215	4.2	65	674
85 and older	76	2.5	58	560
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	638	9.4	723	7,771
Male	543	8.4	537	5,480
Unknown	0	0.0	0	0
<b>Race</b>				
White	614	9.3	920	9,640
African American	572	8.1	202	2,141
Other/unknown	538	8	138	1,470
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	343	5.6	240	2,505
Disabled	660	9.8	1,011	10,678
Adults	296	6.4	4	19
Children	406	5.9	4	48
Unknown	73	6.0	1	1

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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 926 beneficiaries who were in nursing facilities for part of their enrollment and their 9,195 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 ND.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>**  
**NONDUAL BENEFICIARIES, OKLAHOMA, 2007**

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.0	0.3	\$40	\$31	\$1	\$9	\$92	\$304	\$182	\$27	3,988	\$367,226	834	66.2	9,104
Biologicals	0.1	0.1	0.0	0.0	6	6	0	0	61	61	0	0	38	2,329	36	2.9	406
Antineoplastic Agents	0.5	0.0	0.0	0.4	78	55	0	23	169	1,248	0	55	420	70,970	85	6.7	911
Endocrine/Metabolic Drugs	1.4	0.6	0.0	0.8	79	69	1	10	55	117	35	12	10,890	598,242	697	55.3	7,590
Cardiovascular Agents	2.2	0.3	0.1	1.8	52	26	5	21	24	95	66	12	19,714	473,604	850	67.5	9,085
Respiratory Agents	0.8	0.3	0.1	0.4	56	39	7	9	71	116	127	24	5,361	383,154	637	50.6	6,901
Gastrointestinal Agents	1.2	0.2	0.1	1.0	55	30	8	17	45	167	130	17	11,586	518,168	866	68.7	9,346
Genitourinary Agents	0.6	0.3	0.0	0.3	40	27	0	12	65	100	47	37	2,271	147,547	337	26.7	3,720
CNS Drugs	2.4	1.1	0.0	1.3	289	262	3	24	121	245	119	19	26,356	3,189,933	1,016	80.6	11,033
Stimulants/Anti-obesity/Anorexia	0.3	0.1	0.0	0.3	19	16	0	3	57	207	0	10	38	2,161	10	0.8	114
Miscellaneous Psychological/Neurological Agents	0.7	0.7	0.0	0.0	149	148	0	0	204	204	0	179	1,078	220,005	133	10.6	1,481
Analgesics and Anesthetics	1.3	0.0	0.0	1.2	41	5	0	35	32	156	67	29	11,308	363,628	830	65.9	8,917
Neuromuscular Agents	1.6	0.6	0.0	1.0	122	96	6	20	74	170	141	20	14,061	1,045,508	775	61.5	8,546
Nutritional Products	0.8	0.0	0.0	0.7	11	0	1	10	14	21	18	13	3,552	48,283	429	34.0	4,527
Hematological Agents	0.9	0.4	0.0	0.6	81	74	0	7	89	212	0	13	3,192	283,034	330	26.2	3,480
Topical Products	0.6	0.1	0.0	0.4	22	13	2	7	39	98	71	17	4,601	178,534	728	57.8	7,998
Miscellaneous Products	0.3	0.1	0.0	0.3	8	5	0	4	25	61	0	14	273	6,880	77	6.1	831
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	30	0	0	0	93	0	0	0	342	31,849	95	7.5	1,049
<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>119,069</b>	<b>7,931,055</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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 926 beneficiaries who were in nursing facilities for part of their enrollment and their 9,195 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 ND.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>  
 NONDUAL 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	
ANTIPSYCHOTICS	\$2,653,856	939	74.5	10,891	0.9	\$263	\$244	
ANTICONVULSANT	949,861	939	74.5	10,571	1.0	90	90	
ANTIDIABETIC	440,075	793	62.9	8,633	0.9	55	51	
ANTIDEPRESSANTS	412,836	1,023	81.2	11,420	0.8	43	36	
ULCER DRUGS	346,465	872	69.2	9,391	0.8	47	37	
ANTIASTHMATIC	333,060	684	54.3	7,298	0.5	90	46	
ANALGESICS - Narcotic	310,345	1,039	82.5	11,138	0.8	36	28	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	221,653	166	13.2	1,844	0.6	197	120	
ANTHYPERLIPIDEMIC	181,834	358	28.4	3,920	0.8	57	46	
ANTIVIRAL	134,900	39	3.1	461	0.5	636	293	
Total	5,984,885	6,852	n.a.	75,567	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 926 beneficiaries who were in nursing facilities for part of their enrollment and their 9,195 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.

Nondual Medicaid Beneficiaries

TABLE ND.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OKLAHOMA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>62,170</b>	<b>\$5,984,885</b>	<b>939</b>	<b>74.5</b>	<b>10,891</b>	<b>0.9</b>	<b>\$244</b>	<b>939</b>	<b>74.5</b>	<b>10,571</b>	<b>1.0</b>	<b>\$90</b>
<b>Female</b>												
All Females	38,783	3,803,593	589	81.5	6,859	0.9	244	561	77.6	6,382	1.0	96
<b>Female, Disabled</b>												
All Ages	33,795	3,405,921	511	91.6	5,957	0.9	253	502	90.0	5,722	1.0	99
64 or younger	33,765	3,399,970	510	91.6	5,945	0.9	252	502	90.1	5,722	1.0	99
65-74	30	5,951	1	100.0	12	0.9	474	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	4,988	397,672	78	47.3	902	0.9	189	59	35.8	660	1.0	75
64 or younger	140	16,095	0	0.0	0	0.0	0	6	120.0	72	1.3	142
65-74	3,355	288,687	51	70.8	596	1.0	225	35	48.6	391	1.0	83
75-84	952	68,870	20	48.8	229	0.9	135	9	22.0	95	0.7	32
85 and older	541	24,020	7	14.9	77	0.8	70	9	19.1	102	0.9	38
<b>Male</b>												
All Males	23,387	2,181,292	350	65.2	4,032	0.9	243	378	70.4	4,189	1.0	80
<b>Male, Disabled</b>												
All Ages	21,111	1,907,026	294	64.9	3,395	0.9	247	340	75.1	3,767	1.0	78
64 or younger	21,110	1,907,005	294	65.0	3,395	0.9	247	339	75.0	3,765	1.0	78
65-74	1	21	0	0.0	0	0.0	0	1	100.0	2	0.5	11
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	2,276	274,266	56	66.7	637	0.8	223	38	45.2	422	0.9	94
64 or younger	35	2,220	0	0.0	0	0.0	0	1	25.0	9	0.4	22
65-74	1,750	233,705	46	102.2	529	0.8	237	28	62.2	320	0.9	103
75-84	405	31,098	8	33.3	84	0.9	161	7	29.2	77	0.8	75
85 and older	86	7,243	2	18.2	24	0.7	115	2	18.2	16	0.7	35
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 926 beneficiaries who were in nursing facilities for part of their enrollment and their 9,195 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 ND.10B**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY**  
**AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>**  
**NONDUAL BENEFICIARIES, OKLAHOMA, 2007**

Beneficiary Characteristics	ANTIDIABETIC					ANTIDEPRESSANTS					ULCER DRUGS				
	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 \$
		Facility Residents	Among Users	of Rx	Rx \$		Facility Residents	Among Users	of Rx	Rx \$		Facility Residents	Among Users	of Rx	Rx \$
<b>All</b>	<b>793</b>	<b>62.9</b>	<b>8,633</b>	<b>0.9</b>	<b>\$51</b>	<b>1,023</b>	<b>81.2</b>	<b>11,420</b>	<b>0.8</b>	<b>\$36</b>	<b>872</b>	<b>69.2</b>	<b>9,391</b>	<b>0.8</b>	<b>\$37</b>
<b>Female</b>															
All Females	527	72.9	5,822	0.9	52	625	86.4	7,058	0.9	37	489	67.6	5,363	0.8	34
<b>Female, Disabled</b>															
All Ages	438	78.5	4,824	1.0	54	537	96.2	6,067	0.9	39	403	72.2	4,421	0.8	35
64 or younger	438	78.6	4,824	1.0	54	535	96.1	6,043	0.9	39	403	72.4	4,421	0.8	35
65-74	0	0.0	0	0.0	0	2	200.0	24	0.8	11	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	89	53.9	998	0.8	44	88	53.3	991	0.8	26	86	52.1	942	0.7	30
64 or younger	0	0.0	0	0.0	0	1	20.0	12	0.9	6	3	60.0	36	1.0	157
65-74	65	90.3	728	0.9	51	58	80.6	656	0.8	25	41	56.9	449	0.7	34
75-84	15	36.6	166	0.7	31	22	53.7	240	0.7	36	27	65.9	297	0.6	20
85 and older	9	19.1	104	0.7	20	7	14.9	83	0.7	9	15	31.9	160	0.6	11
<b>Male</b>															
All Males	266	49.5	2,811	0.9	48	398	74.1	4,362	0.8	34	383	71.3	4,028	0.8	40
<b>Male, Disabled</b>															
All Ages	227	50.1	2,459	0.9	51	359	79.2	3,945	0.8	34	344	75.9	3,613	0.8	41
64 or younger	227	50.2	2,459	0.9	51	359	79.4	3,945	0.8	34	344	76.1	3,613	0.8	41
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	39	46.4	352	0.7	27	39	46.4	417	0.8	35	39	46.4	415	0.7	34
64 or younger	3	75.0	21	0.4	11	0	0.0	0	0.0	0	2	50.0	15	0.4	88
65-74	29	64.4	256	0.7	32	27	60.0	291	0.7	30	30	66.7	325	0.8	37
75-84	6	25.0	72	0.8	15	9	37.5	90	1.0	49	6	25.0	72	0.6	11
85 and older	1	9.1	3	0.3	3	3	27.3	36	0.6	35	1	9.1	3	0.3	8
<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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 926 beneficiaries who were in nursing facilities for part of their enrollment and their 9,195 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.

Nondual Medicaid Beneficiaries

TABLE ND.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OKLAHOMA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					ANALGESICS - Narcotic					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>684</b>	<b>54.3</b>	<b>7,298</b>	<b>0.5</b>	<b>\$46</b>	<b>1,039</b>	<b>82.5</b>	<b>11,138</b>	<b>0.8</b>	<b>\$28</b>	<b>166</b>	<b>13.2</b>	<b>1,844</b>	<b>0.6</b>	<b>\$120</b>
<b>Female</b>															
All Females	415	57.4	4,519	0.5	48	615	85.1	6,679	0.8	30	101	14.0	1,108	0.6	142
<b>Female, Disabled</b>															
All Ages	364	65.2	4,001	0.5	49	536	96.1	5,837	0.8	31	77	13.8	845	0.6	160
64 or younger	364	65.4	4,001	0.5	49	536	96.2	5,837	0.8	31	77	13.8	845	0.6	160
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	51	30.9	518	0.5	46	79	47.9	842	0.6	19	24	14.5	263	0.7	82
64 or younger	2	40.0	24	0.1	6	1	20.0	1	1.0	6	0	0.0	0	0.0	0
65-74	39	54.2	387	0.6	57	53	73.6	567	0.7	18	9	12.5	106	0.6	80
75-84	5	12.2	47	0.1	16	12	29.3	127	0.6	16	8	19.5	88	0.8	98
85 and older	5	10.6	60	0.4	14	13	27.7	147	0.4	29	7	14.9	69	0.8	66
<b>Male</b>															
All Males	269	50.1	2,779	0.5	41	424	79.0	4,459	0.8	25	65	12.1	736	0.6	88
<b>Male, Disabled</b>															
All Ages	240	53.0	2,480	0.5	43	389	85.9	4,123	0.8	27	48	10.6	544	0.5	82
64 or younger	240	53.1	2,480	0.5	43	389	86.1	4,123	0.8	27	48	10.6	544	0.5	82
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	29	34.5	299	0.3	25	35	41.7	336	0.6	8	17	20.2	192	0.7	106
64 or younger	2	50.0	18	0.6	24	2	50.0	15	0.4	3	0	0.0	0	0.0	0
65-74	25	55.6	257	0.3	24	23	51.1	237	0.6	9	13	28.9	151	0.6	93
75-84	1	4.2	12	0.3	24	7	29.2	65	0.6	5	2	8.3	17	1.6	261
85 and older	1	9.1	12	0.7	45	3	27.3	19	0.7	9	2	18.2	24	0.6	81
<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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 926 beneficiaries who were in nursing facilities for part of their enrollment and their 9,195 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 ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, OKLAHOMA, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE						ANTIVIRAL					
	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>358</b>	<b>28.4</b>	<b>3,920</b>	<b>0.8</b>	<b>\$46</b>	<b>39</b>	<b>3.1</b>	<b>461</b>	<b>0.5</b>	<b>\$293</b>	<b>1,260</b>	<b>13,251</b>
<b>Female</b>												
All Females	222	30.7	2,479	0.8	44	22	3.0	263	0.5	302	723	7,771
<b>Female, Disabled</b>												
All Ages	187	33.5	2,074	0.8	44	21	3.8	251	0.5	316	558	6,036
64 or younger	187	33.6	2,074	0.8	44	21	3.8	251	0.5	316	557	6,024
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	35	21.2	405	0.8	45	1	0.6	12	0.1	0	165	1,735
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	49
65-74	22	30.6	260	0.9	52	0	0.0	0	0.0	0	72	796
75-84	9	22.0	105	0.8	40	0	0.0	0	0.0	0	41	437
85 and older	4	8.5	40	0.5	11	1	2.1	12	0.1	0	47	453
<b>Male</b>												
All Males	136	25.3	1,441	0.8	51	17	3.2	198	0.4	281	537	5,480
<b>Male, Disabled</b>												
All Ages	126	27.8	1,332	0.8	49	15	3.3	174	0.4	220	453	4,642
64 or younger	126	27.9	1,332	0.8	49	15	3.3	174	0.4	220	452	4,640
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
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	10	11.9	109	0.8	67	2	2.4	24	0.8	719	84	838
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	19
65-74	8	17.8	85	0.9	81	2	4.4	24	0.8	719	45	475
75-84	2	8.3	24	0.1	18	0	0.0	0	0.0	0	24	237
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	107
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Oklahoma, released by CMS in 3/2010. This table was produced on 04/19/2011.  
 a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 926 beneficiaries who were in nursing facilities for part of their enrollment and their 9,195 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>.  
 Benefit Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<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 Nondual Rx \$	Total Number of Beneficiaries	
<b>All</b>	<b>69,691</b>	<b>10.4</b>	<b>0.3</b>	<b>229,786</b>	<b>\$4</b>	<b>\$2,512,653</b>	<b>\$11</b>	<b>0.8</b>	<b>669,018</b>	
<b>Age</b>										
5 and younger	16,493	8.3	0.2	38,476	2	437,466	11	1.1	198,904	
6-14	21,593	10.3	0.3	53,656	3	624,844	12	0.8	209,738	
15-20	8,666	8.3	0.2	20,828	2	229,053	11	0.5	104,529	
21-44	12,166	10.0	0.4	52,110	5	567,225	11	0.9	121,218	
45-64	10,347	31.6	1.9	61,954	19	624,982	10	0.9	32,767	
65-74	298	25.8	1.7	1,940	17	19,800	10	0.9	1,154	
75-84	81	16.9	1.1	523	14	6,693	13	1.6	480	
85 and older	47	20.6	1.3	299	11	2,590	9	2.6	228	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	384	22.8	1.5	2,557	16	26,946	11	1.1	1,685	
Disabled	16,707	29.0	1.7	98,582	20	1,173,342	12	0.8	57,555	
Adults	8,667	7.2	0.2	29,292	2	264,410	9	1.0	119,798	
Children	43,135	8.9	0.2	97,264	2	1,029,975	11	0.9	483,414	
Unknown	798	12.2	0.3	2,091	3	17,980	9	0.7	6,566	
<b>Gender</b>										
Female	41,051	10.6	0.4	140,384	4	1,549,307	11	1.0	385,739	
Male	28,640	10.1	0.3	89,402	3	963,346	11	0.7	283,279	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	46,089	11.9	0.4	164,771	5	1,801,235	11	0.9	388,699	
African American	8,619	8.3	0.2	25,086	3	277,211	11	0.7	103,537	
Other/unknown	14,983	8.5	0.2	39,929	2	434,207	11	0.9	176,782	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	815	64.7	7.9	9,980	93	117,172	12	1.5	1,260	
Part year	645	69.7	4.8	4,412	49	45,426	10	1.1	926	
None	68,231	10.2	0.3	215,394	4	2,350,055	11	0.8	666,832	
<b>Maintenance Assistance Status</b>										
Cash	22,359	17.2	0.7	96,175	8	1,091,976	11	0.8	129,848	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	41,068	8.7	0.2	93,753	2	972,800	10	0.9	474,694	
Other/unknown	6,264	9.7	0.6	39,858	7	447,877	11	0.9	64,476	

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12**  
**USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D**  
**AMONG NONDUALS 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	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.0</b>	<b>\$0</b>	<b>\$11</b>	<b>\$0</b>	<b>\$0</b>	<b>6,239,030</b>
<b>Age</b>						
5 and younger	0.0	0	11	0	0	1,864,336
6-14	0.0	0	12	0	0	2,162,181
15-20	0.0	0	11	0	0	970,030
21-44	0.1	1	11	0	0	919,490
45-64	0.2	2	10	0	1	305,482
65-74	0.2	2	10	0	1	10,998
75-84	0.1	1	13	0	1	4,584
85 and older	0.2	1	9	0	1	1,929
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.2	2	11	0	1	16,017
Disabled	0.2	2	12	0	1	610,497
Adults	0.0	0	9	0	0	856,366
Children	0.0	0	11	0	0	4,719,151
Unknown	0.1	0	9	0	0	36,999
<b>Gender</b>						
Female	0.0	0	11	0	0	3,496,320
Male	0.0	0	11	0	0	2,742,710
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.0	1	11	0	0	3,578,717
African American	0.0	0	11	0	0	1,005,315
Other/unknown	0.0	0	11	0	0	1,654,998
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.8	9	12	0	4	13,251
Part year	0.5	5	10	0	3	9,195
None	0.0	0	11	0	0	6,216,584
<b>Maintenance Assistance Status</b>						
Cash	0.1	1	11	0	0	1,235,279
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	10	0	0	4,449,215
Other/unknown	0.1	1	11	0	0	554,536

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

TABLE ND.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<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>74,515</b>	<b>\$34</b>	<b>\$2,512,653</b>	<b>100.0</b>	<b>229,786</b>	<b>\$11</b>	<b>100.0</b>
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	3	84	251	0.0	5	50	0.0
Drugs for cosmetic purposes	147	13	1,850	0.1	188	10	0.1
Cough and cold medications	507	50	25,444	1.0	780	33	0.3
Vitamins and minerals	6,551	49	321,316	12.8	22,057	15	9.6
Non-prescription drugs	41,646	22	935,302	37.2	93,246	10	40.6
Barbiturates	931	52	48,748	1.9	7,039	7	3.1
Benzodiazepines	21,083	43	902,882	35.9	98,055	9	42.7
Other Part D Excl Rx Drugs	3,647	76	276,860	11.0	8,416	33	3.7

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

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.

Nondual Medicaid Beneficiaries

**APPENDIX TABLE A.1**  
**CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**NONDUAL 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>669,018</b>	<b>1,685</b>	<b>57,555</b>	<b>119,798</b>	<b>483,414</b>	<b>6,566</b>	<b>6,239,030</b>	<b>16,017</b>	<b>610,497</b>	<b>856,366</b>	<b>4,719,151</b>	<b>36,999</b>	
<b>Age</b>													
5 and younger	198,904	1	2,954	0	195,949	0	1,864,336	12	31,086	0	1,833,238	0	
6-14	209,738	0	8,275	18	201,445	0	2,162,181	0	92,231	158	2,069,792	0	
15-20	104,529	0	6,121	12,699	85,391	318	970,030	0	65,979	89,455	812,567	2,029	
21-44	121,218	1	16,859	99,892	626	3,840	919,490	1	178,349	715,888	3,541	21,711	
45-64	32,767	16	23,190	7,175	3	2,383	305,482	153	241,332	50,813	13	13,171	
65-74	1,154	963	153	13	0	25	10,998	9,369	1,497	44	0	88	
75-84	480	476	3	1	0	0	4,584	4,553	23	8	0	0	
85 and older	228	228	0	0	0	0	1,929	1,929	0	0	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Gender</b>													
Female	385,739	1,122	29,865	108,976	239,210	6,566	3,496,320	10,776	319,248	789,909	2,339,388	36,999	
Male	283,279	563	27,690	10,822	244,204	0	2,742,710	5,241	291,249	66,457	2,379,763	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Race</b>													
White	388,699	853	38,285	78,428	266,427	4,706	3,578,717	7,839	406,299	562,366	2,575,584	26,629	
African American	103,537	274	11,153	16,518	74,979	613	1,005,315	2,629	118,827	126,533	753,917	3,409	
Other/unknown	176,782	558	8,117	24,852	142,008	1,247	1,654,998	5,549	85,371	167,467	1,389,650	6,961	
<b>Use of Nursing Facilities<sup>c</sup></b>													
Entire year	1,260	240	1,011	4	4	1	13,251	2,505	10,678	19	48	1	
Part year	926	101	805	14	2	4	9,195	948	8,086	111	22	28	
None	666,832	1,344	55,739	119,780	483,408	6,561	6,216,584	12,564	591,733	856,236	4,719,081	36,970	
<b>Maintenance Assistance Status</b>													
Cash	129,848	805	44,215	39,707	45,121	0	1,235,279	8,356	475,972	301,682	449,269	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty related	474,694	261	5,741	39,785	422,341	6,566	4,449,215	2,025	50,420	255,816	4,103,955	36,999	
Other/unknown	64,476	619	7,599	40,306	15,952	0	554,536	5,636	84,105	298,868	165,927	0	
<b>Managed Care (MC) Status</b>													
Fee-for-service (FFS) all year	669,018	1,685	57,555	119,798	483,414	6,566	6,239,030	16,017	610,497	856,366	4,719,151	36,999	
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	
MC all year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0	

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

- a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

**APPENDIX TABLE A.2**  
**MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>**  
**NONDUAL BENEFICIARIES, OKLAHOMA, 2007**

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>669,018</b>	<b>6,239,030</b>	<b>669,018</b>	<b>6,239,030</b>	<b>0</b>	<b>0</b>
Fee-for-service (FFS) all year	669,018	6,239,030	669,018	6,239,030	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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

Nondual Medicaid Beneficiaries