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

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TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, OREGON, 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>175,996</b>	<b>419</b>	<b>18,382</b>	<b>40,720</b>	<b>116,087</b>	<b>388</b>	<b>820,909</b>	<b>3,120</b>	<b>142,199</b>	<b>148,430</b>	<b>523,530</b>	<b>3,630</b>
<b>Age</b>												
5 and younger	52,199	0	714	0	51,485	0	212,985	0	5,368	0	207,617	0
6-14	46,605	0	1,954	7	44,644	0	235,121	0	17,059	19	218,043	0
15-20	26,742	0	2,016	4,891	19,835	0	131,085	0	17,124	16,622	97,339	0
21-44	38,924	1	5,868	32,874	120	61	163,276	12	43,926	118,354	526	458
45-64	11,086	27	7,795	2,941	0	323	75,377	258	58,570	13,395	0	3,154
65-74	224	188	29	3	0	4	1,468	1,324	112	14	0	18
75-84	134	127	5	2	0	0	1,007	958	28	21	0	0
85 and older	80	76	1	2	1	0	586	568	12	5	1	0
Unknown	2	0	0	0	2	0	4	0	0	0	4	0
<b>Gender</b>												
Female	101,723	241	8,953	34,697	57,444	388	460,898	1,747	70,729	125,957	258,835	3,630
Male	74,273	178	9,429	6,023	58,643	0	360,011	1,373	71,470	22,473	264,695	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	117,915	242	15,247	30,953	71,135	338	585,409	1,923	118,200	114,236	347,891	3,159
African American	6,985	15	622	1,589	4,747	12	24,927	95	3,858	3,471	17,377	126
Other/unknown	51,096	162	2,513	8,178	40,205	38	210,573	1,102	20,141	30,723	158,262	345
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	282	40	242	0	0	0	2,353	339	2,014	0	0	0
Part year	457	21	419	14	2	1	3,433	134	3,173	112	11	3
None	175,257	358	17,721	40,706	116,085	387	815,123	2,647	137,012	148,318	523,519	3,627
<b>Maintenance Assistance Status</b>												
Cash	65,390	169	13,597	17,891	33,733	0	329,357	1,458	119,960	64,591	143,348	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	74,137	1	9	12,649	61,090	388	280,738	5	61	34,847	242,195	3,630
Other/unknown	36,469	249	4,776	10,180	21,264	0	210,814	1,657	22,178	48,992	137,987	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	75,016	310	13,381	13,998	46,940	387	596,328	2,695	123,757	93,652	372,598	3,626
FFS part year, with Rx claims	23,851	44	3,310	9,848	10,648	1	82,459	177	13,979	26,169	42,130	4
FFS part year, no Rx claims	77,129	65	1,691	16,874	58,499	0	142,122	248	4,463	28,609	108,802	0

Source: Data for this table are from the MAX 2007 file for Oregon, 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, OREGON, 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>35.9</b>	<b>4.7</b>	<b>\$354</b>	<b>\$75</b>	<b>\$3,566</b>	<b>9.9</b>	<b>175,996</b>
<b>Age</b>							
5 and younger	25.8	0.9	39	42	2,231	1.8	52,199
6-14	28.1	2.1	200	94	1,872	10.7	46,605
15-20	37.9	3.4	266	78	3,208	8.3	26,742
21-44	47.8	6.7	528	79	4,878	10.8	38,924
45-64	68.6	29.3	2,077	71	12,889	16.1	11,086
65-74	48.2	13.0	963	74	11,683	8.2	224
75-84	41.8	5.5	196	36	11,646	1.7	134
85 and older	36.3	4.1	90	22	14,417	0.6	80
Unknown	0.0	0.0	0	0	0	0.0	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	45.1	10.3	694	68	12,088	5.7	419
Disabled	67.6	24.9	2,300	92	13,818	16.6	18,382
Adults	44.9	4.6	215	47	3,596	6.0	40,720
Children	27.5	1.5	89	60	1,863	4.8	116,087
Unknown	84.8	23.2	1,672	72	15,042	11.1	388
<b>Gender</b>							
Female	38.2	5.2	328	63	3,599	9.1	101,723
Male	32.6	4.0	390	97	3,520	11.1	74,273
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	40.2	5.8	439	76	3,891	11.3	117,915
African American	25.4	2.7	187	70	3,353	5.6	6,985
Other/unknown	27.4	2.5	181	73	2,845	6.4	51,096
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	88.3	61.5	4,218	69	67,780	6.2	282
Part year	93.2	54.5	3,425	63	55,124	6.2	457
None	35.6	4.5	340	76	3,328	10.2	175,257
<b>Maintenance Assistance Status</b>							
Cash	42.3	8.2	662	81	4,688	14.1	65,390
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	25.6	1.2	51	44	1,842	2.8	74,137
Other/unknown	45.3	5.7	418	73	5,059	8.3	36,469

Source: Data for this table are from the MAX 2007 file for Oregon, 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, OREGON, 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>1.0</b>	<b>\$76</b>	<b>9.9</b>	<b>64.1</b>	<b>23.3</b>	<b>4.1</b>	<b>4.8</b>	<b>2.4</b>	<b>1.3</b>	<b>\$765</b>	<b>175,996</b>	<b>820,909</b>
<b>Age</b>												
5 and younger	0.2	10	1.8	74.2	23.9	1.3	0.5	0.1	0.0	547	52,199	212,985
6-14	0.4	40	10.7	71.9	22.1	2.8	2.3	0.7	0.3	371	46,605	235,121
15-20	0.7	54	8.3	62.1	26.3	5.0	4.4	1.5	0.7	654	26,742	131,085
21-44	1.6	126	10.8	52.2	23.9	7.6	9.5	4.4	2.5	1,163	38,924	163,276
45-64	4.3	306	16.1	31.4	15.7	8.7	19.9	15.3	9.1	1,896	11,086	75,377
65-74	2.0	147	8.2	51.8	17.9	8.0	10.7	8.5	3.1	1,783	224	1,468
75-84	0.7	26	1.7	58.2	26.9	3.7	7.5	3.0	0.7	1,550	134	1,007
85 and older	0.6	12	0.6	63.8	23.8	5.0	2.5	5.0	0.0	1,968	80	586
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	4
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	1.4	93	5.7	54.9	23.2	6.0	8.8	5.3	1.9	1,623	419	3,120
Disabled	3.2	297	16.6	32.4	21.4	9.3	17.9	12.2	6.8	1,786	18,382	142,199
Adults	1.3	59	6.0	55.1	24.3	7.0	8.1	3.5	2.1	987	40,720	148,430
Children	0.3	20	4.8	72.5	23.2	2.2	1.5	0.4	0.2	413	116,087	523,530
Unknown	2.5	179	11.1	15.2	32.0	16.5	26.5	8.8	1.0	1,608	388	3,630
<b>Gender</b>												
Female	1.2	72	9.1	61.8	23.7	4.6	5.5	2.8	1.6	794	101,723	460,898
Male	0.8	81	11.1	67.4	22.6	3.5	3.9	1.8	0.9	726	74,273	360,011
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	1.2	88	11.3	59.8	24.8	4.8	5.8	3.0	1.7	784	117,915	585,409
African American	0.7	52	5.6	74.6	15.7	3.4	3.8	1.6	1.0	940	6,985	24,927
Other/unknown	0.6	44	6.4	72.6	20.7	2.6	2.5	1.0	0.5	690	51,096	210,573
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	7.4	506	6.2	11.7	8.5	4.6	18.1	31.2	25.9	8,123	282	2,353
Part year	7.3	456	6.2	6.8	6.8	9.6	23.2	31.1	22.5	7,338	457	3,433
None	1.0	73	10.2	64.4	23.3	4.1	4.7	2.3	1.2	716	175,257	815,123
<b>Maintenance Assistance Status</b>												
Cash	1.6	132	14.1	57.7	22.9	5.3	7.4	4.2	2.4	931	65,390	329,357
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.3	14	2.8	74.4	21.4	2.3	1.5	0.4	0.1	486	74,137	280,738
Other/unknown	1.0	72	8.3	54.7	27.8	5.6	6.8	3.2	1.9	875	36,469	210,814

Source: Data for this table are from the MAX 2007 file for Oregon, 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, OREGON, 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>1.0</b>	<b>\$76</b>	<b>\$75</b>	<b>0.3</b>	<b>\$57</b>	<b>\$197</b>	<b>0.0</b>	<b>\$3</b>	<b>\$110</b>	<b>0.7</b>	<b>\$16</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	0.2	10	42	0.0	7	167	0.0	0	57	0.2	3	15
6-14	0.4	40	94	0.2	35	186	0.0	1	89	0.2	4	19
15-20	0.7	54	78	0.3	45	174	0.0	1	90	0.4	8	19
21-44	1.6	126	79	0.4	96	229	0.0	4	116	1.1	27	23
45-64	4.3	306	71	1.1	210	188	0.1	14	124	3.1	80	26
65-74	2.0	147	74	0.5	106	219	0.1	8	129	1.4	33	23
75-84	0.7	26	36	0.2	19	102	0.0	1	44	0.5	7	13
85 and older	0.6	12	22	0.1	7	63	0.0	0	24	0.4	5	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	1.4	93	68	0.4	72	193	0.0	3	79	1.0	19	20
Disabled	3.2	297	92	1.0	226	237	0.1	12	128	2.2	59	27
Adults	1.3	59	47	0.3	39	142	0.0	2	83	1.0	18	19
Children	0.3	20	60	0.1	16	141	0.0	0	63	0.2	4	17
Unknown	2.5	179	72	0.7	137	198	0.1	7	117	1.7	34	20
<b>Gender</b>												
Female	1.2	72	63	0.3	51	166	0.0	3	107	0.8	18	22
Male	0.8	81	97	0.3	65	243	0.0	3	115	0.5	13	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.2	88	76	0.3	66	194	0.0	3	116	0.8	19	24
African American	0.7	52	70	0.2	40	173	0.0	1	84	0.5	11	22
Other/unknown	0.6	44	73	0.2	34	214	0.0	1	84	0.4	9	21
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.4	506	69	2.0	340	170	0.1	13	99	5.2	150	29
Part year	7.3	456	63	1.7	299	177	0.2	16	90	5.4	141	26
None	1.0	73	76	0.3	55	198	0.0	3	111	0.7	15	23
<b>Maintenance Assistance Status</b>												
Cash	1.6	132	81	0.5	98	213	0.0	5	124	1.1	28	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.3	14	44	0.1	10	130	0.0	0	71	0.2	4	16
Other/unknown	1.0	72	73	0.3	57	181	0.0	2	80	0.7	14	21

Source: Data for this table are from the MAX 2007 file for Oregon, 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 Oregon, 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, OREGON, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name										
Anti-infective Agents	0.3	0.0	0.0	0.2	\$13	\$8	\$0	\$5	\$52	\$323	\$79	\$21	71,434	\$3,678,960	31,255	17.8	274,077
Biologicals	0.2	0.2	0.0	0.0	72	72	0	0	475	475	0	0	1,167	553,780	777	0.4	7,735
Antineoplastic Agents	0.6	0.2	0.0	0.3	157	144	0	13	273	622	398	37	2,782	760,211	486	0.3	4,832
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.4	34	26	1	7	55	130	36	18	67,449	3,714,675	13,096	7.4	109,806
Cardiovascular Agents	1.1	0.2	0.1	0.8	39	25	4	11	36	127	70	13	84,705	3,037,952	8,596	4.9	77,428
Respiratory Agents	0.5	0.3	0.0	0.2	34	29	1	4	69	105	87	18	67,500	4,675,573	15,648	8.9	138,987
Gastrointestinal Agents	0.5	0.1	0.0	0.3	31	17	5	9	67	179	134	26	30,770	2,053,601	7,230	4.1	66,341
Genitourinary Agents	0.3	0.1	0.0	0.2	16	9	0	6	51	107	72	28	8,321	426,290	3,030	1.7	27,486
CNS Drugs	1.3	0.5	0.0	0.8	119	100	1	18	90	209	97	21	198,491	17,843,175	22,343	12.7	150,224
Stimulants/Anti-obesity/Anorexia	0.9	0.7	0.0	0.2	83	77	0	6	96	116	69	30	32,876	3,159,264	4,610	2.6	37,994
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.0	60	59	0	1	229	248	42	53	4,513	1,035,252	1,735	1.0	17,261
Analgesics and Anesthetics	0.7	0.0	0.0	0.7	34	8	3	23	50	262	358	36	121,104	6,005,162	20,843	11.8	174,384
Neuromuscular Agents	0.9	0.4	0.0	0.5	82	65	4	13	94	177	163	26	72,322	6,809,009	9,432	5.4	83,231
Nutritional Products	0.3	0.0	0.0	0.3	4	0	0	3	12	44	12	11	27,181	326,023	10,053	5.7	88,282
Hematological Agents	0.6	0.2	0.0	0.4	434	428	0	6	702	2,308	24	15	9,169	6,434,474	1,570	0.9	14,813
Topical Products	0.2	0.0	0.0	0.2	6	4	0	3	32	113	56	16	25,854	835,883	14,140	8.0	130,283
Miscellaneous Products	0.7	0.3	0.0	0.3	268	219	6	43	406	635	262	147	2,021	820,375	318	0.2	3,062
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	31	0	0	0	123	0	0	0	1,220	149,777	510	0.3	4,836
<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.	828,879	62,319,436	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Oregon, 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 Oregon, 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 ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, OREGON, 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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$8,912,670	5,776	3.3	56,666	0.7	\$234	\$157
MISC. HEMATOLOGICAL	5,652,156	360	0.2	3,590	0.6	2,626	1,574
ANTICONVULSANT	5,450,868	6,336	3.6	63,204	0.7	119	86
ANALGESICS - Narcotic	4,679,918	23,480	13.3	216,260	0.4	50	22
ANTIASTHMATIC	3,869,407	15,385	8.7	148,144	0.3	83	26
ANTIDEPRESSANTS	3,510,264	13,114	7.5	125,617	0.6	51	28
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,782,970	4,572	2.6	42,743	0.7	92	65
ANTIDIABETIC	1,916,880	4,038	2.3	39,203	0.6	78	49
ANTIVIRAL	1,603,009	1,363	0.8	12,728	0.3	373	126
ULCER DRUGS	1,464,378	7,155	4.1	69,384	0.4	51	21
Total	39,842,520	81,579	n.a.	777,539	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Oregon, 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, OREGON, 2007

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				MISC. HEMATOLOGICAL				
	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>384,270</b>	<b>\$39,842,520</b>	<b>5,776</b>	<b>3.3</b>	<b>56,666</b>	<b>0.7</b>	<b>\$157</b>	<b>360</b>	<b>0.2</b>	<b>3,590</b>	<b>0.6</b>	<b>\$1,574</b>
<b>Female</b>												
All Females	235,116	19,335,102	3,023	3.0	29,810	0.6	144	194	0.2	1,925	0.6	67
<b>Female, Disabled</b>												
All Ages	135,781	13,276,340	1,782	19.9	18,655	0.7	176	169	1.9	1,714	0.6	69
5 and younger	731	62,707	2	0.7	24	0.3	5	0	0.0	0	0.0	0
6-14	4,091	384,498	83	12.5	871	0.6	102	0	0.0	0	0.0	0
15-20	6,028	641,946	156	21.0	1,521	0.8	166	0	0.0	0	0.0	0
21-44	35,332	3,890,213	669	22.6	7,137	0.7	185	17	0.6	178	0.3	38
45-64	89,481	8,281,640	870	20.4	9,086	0.7	179	152	3.6	1,536	0.6	72
65-74	98	10,826	2	18.2	16	1.1	298	0	0.0	0	0.0	0
75-84	20	4,510	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	99,335	6,058,762	1,241	1.3	11,155	0.5	89	25	0.0	211	0.5	53
5 and younger	3,202	199,177	8	0.0	72	0.7	128	1	0.0	12	0.1	7
6-14	14,497	1,157,607	250	1.1	2,548	0.7	113	1	0.0	1	1.0	3
15-20	16,224	917,160	327	2.2	2,905	0.6	84	1	0.0	3	0.3	4
21-44	50,605	2,779,864	505	1.8	4,202	0.4	74	7	0.0	61	0.4	40
45-64	13,894	897,376	137	6.3	1,289	0.4	63	13	0.6	111	0.6	63
65-74	738	102,829	12	10.3	134	1.2	480	1	0.9	11	0.2	21
75-84	86	2,768	0	0.0	0	0.0	0	1	1.7	12	1.0	122
85 and older	89	1,981	2	4.5	5	0.8	85	0	0.0	0	0.0	0
<b>Male</b>												
All Males	149,154	20,507,418	2,753	3.7	26,856	0.7	172	166	0.2	1,665	0.6	3,317
<b>Male, Disabled</b>												
All Ages	95,367	15,444,807	1,833	19.4	18,539	0.8	195	136	1.4	1,413	0.6	3,306
5 and younger	1,050	68,320	9	2.2	90	0.5	61	0	0.0	0	0.0	0
6-14	9,535	2,278,822	253	19.6	2,595	0.8	146	7	0.5	66	0.7	18,861
15-20	10,777	2,203,894	342	26.9	3,579	0.8	176	2	0.2	24	0.9	38,896
21-44	25,373	5,892,823	658	22.6	6,667	0.8	224	15	0.5	144	0.5	16,730
45-64	48,556	4,996,595	570	16.2	5,606	0.7	197	111	3.1	1,173	0.6	72
65-74	76	4,353	1	5.6	2	0.5	197	1	5.6	6	0.2	58
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	53,787	5,062,611	920	1.4	8,317	0.7	122	30	0.0	252	0.6	3,379
5 and younger	4,992	321,118	18	0.1	186	0.5	80	0	0.0	0	0.0	0
6-14	24,650	2,967,201	501	2.2	4,842	0.7	129	4	0.0	48	1.0	17,477
15-20	12,435	943,059	311	3.1	2,542	0.7	112	1	0.0	12	0.3	32
21-44	7,161	462,282	64	1.4	530	0.4	130	5	0.1	33	0.7	69
45-64	4,064	338,608	19	1.7	178	0.4	99	17	1.5	132	0.5	70
65-74	291	21,049	2	2.6	16	1.0	253	3	3.8	27	0.2	29
75-84	150	7,304	3	4.3	20	0.4	61	0	0.0	0	0.0	0
85 and older	44	1,990	2	5.7	3	1.3	170	0	0.0	0	0.0	0
<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 Oregon, 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, OREGON, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIASTHMATIC				
	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>6,336</b>	<b>3.6</b>	<b>63,204</b>	<b>0.7</b>	<b>\$86</b>	<b>23,480</b>	<b>13.3</b>	<b>216,260</b>	<b>0.4</b>	<b>\$22</b>	<b>15,385</b>	<b>8.7</b>	<b>148,144</b>	<b>0.3</b>	<b>\$26</b>
<b>Female</b>															
All Females	3,979	3.9	39,348	0.7	79	17,000	16.7	154,446	0.4	20	8,935	8.8	86,314	0.3	27
<b>Female, Disabled</b>															
All Ages	2,435	27.2	25,875	0.8	91	5,097	56.9	53,572	0.6	41	3,311	37.0	35,663	0.4	40
5 and younger	43	14.0	481	0.6	76	16	5.2	171	0.1	1	70	22.8	739	0.2	11
6-14	142	21.4	1,537	0.9	101	79	11.9	878	0.1	1	158	23.8	1,649	0.4	25
15-20	185	24.9	1,960	0.9	123	176	23.7	1,903	0.2	2	115	15.5	1,218	0.4	23
21-44	805	27.3	8,448	0.8	104	1,410	47.7	14,584	0.5	33	767	26.0	8,238	0.3	30
45-64	1,257	29.5	13,425	0.7	76	3,411	79.9	36,002	0.7	48	2,196	51.5	23,783	0.4	46
65-74	2	18.2	12	0.4	18	5	45.5	34	0.9	99	4	36.4	24	0.3	12
75-84	1	25.0	12	1.2	368	0	0.0	0	0.0	0	1	25.0	12	0.2	7
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	1,544	1.7	13,473	0.5	57	11,903	12.8	100,874	0.3	9	5,624	6.1	50,651	0.3	19
5 and younger	32	0.1	266	0.5	42	258	1.0	2,426	0.1	1	1,157	4.6	10,362	0.2	13
6-14	157	0.7	1,533	0.7	86	631	2.8	6,321	0.1	1	1,334	6.0	12,880	0.3	17
15-20	247	1.7	2,152	0.6	68	2,062	14.2	18,148	0.2	1	905	6.2	7,958	0.2	15
21-44	886	3.1	7,465	0.5	49	7,867	27.6	63,939	0.4	10	1,812	6.3	15,397	0.3	21
45-64	209	9.6	1,933	0.5	57	1,045	48.2	9,693	0.5	19	389	18.0	3,778	0.4	37
65-74	11	9.4	108	0.8	88	30	25.6	262	0.6	32	21	17.9	220	0.4	39
75-84	1	1.7	12	0.7	3	6	10.2	61	0.2	2	2	3.4	22	0.1	9
85 and older	1	2.3	4	1.3	32	4	9.1	24	0.3	4	4	9.1	34	0.2	3
<b>Male</b>															
All Males	2,357	3.2	23,856	0.8	98	6,480	8.7	61,814	0.5	26	6,450	8.7	61,830	0.3	25
<b>Male, Disabled</b>															
All Ages	1,806	19.2	18,938	0.8	106	3,198	33.9	32,656	0.6	41	1,913	20.3	20,264	0.4	39
5 and younger	41	10.1	411	0.6	42	30	7.4	322	0.1	3	113	27.8	1,182	0.3	21
6-14	209	16.2	2,188	0.9	123	93	7.2	1,025	0.2	3	350	27.2	3,747	0.4	26
15-20	250	19.7	2,622	0.9	105	202	15.9	2,161	0.2	5	194	15.3	2,181	0.4	27
21-44	689	23.6	7,297	0.9	120	855	29.3	8,676	0.5	32	320	11.0	3,343	0.4	31
45-64	616	17.5	6,414	0.8	91	2,013	57.1	20,448	0.8	52	935	26.5	9,805	0.5	51
65-74	1	5.6	6	1.2	8	5	27.8	24	1.3	57	1	5.6	6	1.2	36
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	551	0.8	4,918	0.6	65	3,282	5.1	29,158	0.3	9	4,537	7.0	41,566	0.3	18
5 and younger	38	0.1	323	0.5	54	366	1.4	3,426	0.1	1	1,749	6.6	15,883	0.2	15
6-14	208	0.9	2,015	0.7	77	606	2.7	6,098	0.1	1	1,837	8.2	17,206	0.3	18
15-20	140	1.4	1,193	0.7	68	878	8.6	7,915	0.2	1	622	6.1	5,643	0.3	21
21-44	121	2.7	965	0.5	45	1,052	23.3	8,270	0.5	18	186	4.1	1,531	0.3	25
45-64	36	3.2	353	0.5	52	354	31.5	3,243	0.5	25	126	11.2	1,126	0.4	30
65-74	1	1.3	12	1.0	84	17	21.8	132	0.3	5	11	14.1	125	0.3	41
75-84	6	8.6	56	0.5	15	5	7.1	52	0.1	1	4	5.7	32	0.4	24
85 and older	1	2.9	1	1.0	280	4	11.4	22	0.2	7	2	5.7	20	0.2	15
<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 Oregon, 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.

Nondual Medicaid Beneficiaries

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

Beneficiary Characteristics	ANTIDEPRESSANTS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIDIABETIC				
	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>13,114</b>	<b>7.5</b>	<b>125,617</b>	<b>0.6</b>	<b>\$28</b>	<b>4,572</b>	<b>2.6</b>	<b>42,743</b>	<b>0.7</b>	<b>\$65</b>	<b>4,038</b>	<b>2.3</b>	<b>39,203</b>	<b>0.6</b>	<b>\$49</b>
<b>Female</b>															
All Females	9,284	9.1	88,115	0.5	29	1,591	1.6	15,072	0.7	66	2,710	2.7	26,393	0.6	48
<b>Female, Disabled</b>															
All Ages	3,996	44.6	42,383	0.6	36	352	3.9	3,627	0.7	89	1,729	19.3	17,950	0.6	54
5 and younger	1	0.3	12	1.1	4	1	0.3	3	0.7	43	0	0.0	0	0.0	0
6-14	48	7.2	499	0.6	9	107	16.1	1,114	0.7	62	5	0.8	60	0.6	23
15-20	162	21.8	1,617	0.7	22	63	8.5	576	0.9	82	31	4.2	319	0.6	29
21-44	1,181	40.0	12,562	0.6	33	80	2.7	844	0.7	90	295	10.0	2,987	0.6	44
45-64	2,600	60.9	27,659	0.6	38	101	2.4	1,090	0.7	118	1,392	32.6	14,552	0.7	57
65-74	3	27.3	22	0.7	52	0	0.0	0	0.0	0	6	54.5	32	0.3	17
75-84	1	25.0	12	0.3	1	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	5,288	5.7	45,732	0.5	22	1,239	1.3	11,445	0.7	59	981	1.1	8,443	0.5	33
5 and younger	4	0.0	46	0.1	2	29	0.1	271	0.4	43	6	0.0	62	0.4	28
6-14	335	1.5	3,222	0.6	13	703	3.2	6,793	0.7	57	62	0.3	552	0.8	65
15-20	1,070	7.4	9,368	0.5	16	316	2.2	2,924	0.7	57	82	0.6	697	0.5	37
21-44	3,201	11.2	26,669	0.4	24	163	0.6	1,207	0.6	82	546	1.9	4,473	0.5	31
45-64	654	30.2	6,230	0.5	30	28	1.3	250	0.6	47	247	11.4	2,358	0.5	32
65-74	18	15.4	159	0.5	30	0	0.0	0	0.0	0	33	28.2	279	0.3	12
75-84	2	3.4	10	0.8	30	0	0.0	0	0.0	0	3	5.1	16	0.9	16
85 and older	4	9.1	28	0.5	3	0	0.0	0	0.0	0	2	4.5	6	1.2	61
<b>Male</b>															
All Males	3,830	5.2	37,502	0.6	26	2,981	4.0	27,671	0.7	65	1,328	1.8	12,810	0.7	52
<b>Male, Disabled</b>															
All Ages	2,301	24.4	23,933	0.6	30	668	7.1	6,759	0.7	77	980	10.4	9,862	0.7	52
5 and younger	5	1.2	47	0.7	8	9	2.2	84	0.5	43	1	0.2	2	1.0	43
6-14	161	12.5	1,738	0.6	15	323	25.1	3,174	0.8	66	10	0.8	96	0.9	87
15-20	264	20.8	2,799	0.7	23	209	16.4	2,172	0.8	69	27	2.1	299	0.6	50
21-44	654	22.4	6,763	0.6	35	71	2.4	740	0.6	64	180	6.2	1,800	0.6	49
45-64	1,211	34.3	12,559	0.6	32	56	1.6	589	0.7	187	757	21.5	7,635	0.7	52
65-74	6	33.3	27	0.5	12	0	0.0	0	0.0	0	5	27.8	30	0.6	55
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	1,529	2.4	13,569	0.5	19	2,313	3.6	20,912	0.7	61	348	0.5	2,948	0.7	50
5 and younger	12	0.0	94	0.4	20	62	0.2	513	0.4	28	1	0.0	12	0.2	15
6-14	458	2.0	4,229	0.6	17	1,658	7.4	15,163	0.7	61	45	0.2	349	1.0	58
15-20	609	6.0	5,224	0.5	17	553	5.4	4,953	0.7	64	58	0.6	513	0.8	65
21-44	320	7.1	2,788	0.4	21	31	0.7	213	0.4	38	110	2.4	963	0.6	48
45-64	118	10.5	1,130	0.5	26	9	0.8	70	0.9	131	114	10.1	918	0.6	42
65-74	5	6.4	45	1.1	71	0	0.0	0	0.0	0	12	15.4	97	0.9	52
75-84	3	4.3	24	0.8	54	0	0.0	0	0.0	0	8	11.4	96	0.7	30
85 and older	4	11.4	35	0.1	3	0	0.0	0	0.0	0	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 Oregon, 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, OREGON, 2007

Beneficiary Characteristics	ANTIVIRAL					ULCER DRUGS						
	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>1,363</b>	<b>0.8</b>	<b>12,728</b>	<b>0.3</b>	<b>\$126</b>	<b>7,155</b>	<b>4.1</b>	<b>69,384</b>	<b>0.4</b>	<b>\$21</b>	<b>175,996</b>	<b>820,909</b>
<b>Female</b>												
All Females	942	0.9	8,650	0.3	71	4,812	4.7	46,678	0.4	21	101,721	460,894
<b>Female, Disabled</b>												
All Ages	296	3.3	3,191	0.4	125	2,460	27.5	25,894	0.5	27	8,953	70,729
5 and younger	3	1.0	36	0.1	1	52	16.9	567	0.4	31	307	2,396
6-14	18	2.7	157	0.4	25	67	10.1	696	0.5	29	665	6,036
15-20	12	1.6	127	0.3	13	78	10.5	813	0.5	27	744	6,121
21-44	108	3.7	1,158	0.4	160	618	20.9	6,423	0.4	22	2,954	22,415
45-64	155	3.6	1,713	0.4	122	1,642	38.5	17,377	0.5	29	4,267	33,674
65-74	0	0.0	0	0.0	0	3	27.3	18	0.7	28	11	48
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	27
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
<b>Female, Other Eligibles</b>												
All Ages	646	0.7	5,459	0.2	39	2,352	2.5	20,784	0.3	13	92,768	390,165
5 and younger	31	0.1	261	0.1	6	215	0.9	1,788	0.3	16	25,096	100,662
6-14	52	0.2	541	0.2	28	208	0.9	2,056	0.3	16	22,192	108,236
15-20	120	0.8	1,024	0.2	15	388	2.7	3,591	0.2	8	14,554	64,415
21-44	402	1.4	3,265	0.3	43	1,197	4.2	10,152	0.3	12	28,540	103,265
45-64	41	1.9	368	0.3	105	314	14.5	2,907	0.4	21	2,166	12,059
65-74	0	0.0	0	0.0	0	20	17.1	193	0.4	19	117	786
75-84	0	0.0	0	0.0	0	5	8.5	52	0.6	8	59	415
85 and older	0	0.0	0	0.0	0	5	11.4	45	1.0	17	44	327
<b>Male</b>												
All Males	421	0.6	4,078	0.4	243	2,343	3.2	22,706	0.4	22	74,273	360,011
<b>Male, Disabled</b>												
All Ages	248	2.6	2,589	0.6	340	1,455	15.4	14,916	0.5	26	9,429	71,470
5 and younger	2	0.5	23	0.1	1	62	15.2	624	0.5	25	407	2,972
6-14	12	0.9	133	0.2	46	98	7.6	1,087	0.4	33	1,289	11,023
15-20	20	1.6	204	0.4	227	92	7.2	987	0.5	26	1,272	11,003
21-44	93	3.2	902	0.5	302	398	13.7	4,032	0.5	24	2,914	21,511
45-64	121	3.4	1,327	0.6	418	805	22.8	8,186	0.5	25	3,528	24,896
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	64
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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	173	0.3	1,489	0.2	76	888	1.4	7,790	0.3	14	64,844	288,541
5 and younger	47	0.2	411	0.1	6	252	1.0	2,049	0.3	16	26,389	106,955
6-14	55	0.2	518	0.2	11	164	0.7	1,674	0.2	13	22,459	109,826
15-20	40	0.4	348	0.2	8	168	1.7	1,541	0.3	8	10,172	49,546
21-44	16	0.4	88	0.4	198	189	4.2	1,556	0.3	18	4,516	16,085
45-64	14	1.2	112	0.8	761	95	8.4	787	0.4	21	1,125	4,748
65-74	1	1.3	12	0.1	17	9	11.5	93	0.4	11	78	570
75-84	0	0.0	0	0.0	0	6	8.6	56	0.3	5	70	564
85 and older	0	0.0	0	0.0	0	5	14.3	34	0.8	20	35	247
<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>2</b>	<b>4</b>

Source: Data for this table are from the MAX 2007 file for Oregon, 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, OREGON, 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>\$506</b>	<b>7.4</b>	<b>282</b>	<b>2,353</b>
<b>Age</b>				
0-64	548	8.2	238	2,004
65-74	1,222	10.1	10	67
75-84	48	1.0	17	157
85 and older	8	0.2	17	125
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	544	7.9	133	1,165
Male	468	6.9	149	1,188
Unknown	0	0.0	0	0
<b>Race</b>				
White	514	7.3	243	1,980
African American	489	9.3	13	117
Other/unknown	450	6.8	26	256
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	256	2.3	40	339
Disabled	548	8.2	242	2,014
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Oregon, 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 457 beneficiaries who were in nursing facilities for part of their enrollment and their 3,433 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Medicaid Beneficiaries

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, OREGON, 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	0.5	0.1	0.0	0.5	\$24	\$9	\$0	\$14	\$43	\$126	\$71	\$30	839	\$36,415	153	54.3	1,532
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	28	28	0	0	41	1,149	39	13.8	410
Antineoplastic Agents	0.9	0.3	0.0	0.6	106	82	0	24	121	258	0	44	69	8,360	8	2.8	79
Endocrine/Metabolic Drugs	1.3	0.4	0.0	0.8	56	41	1	14	44	91	65	18	1,100	48,783	107	37.9	870
Cardiovascular Agents	2.2	0.3	0.1	1.8	67	30	5	31	30	98	61	17	2,273	68,334	129	45.7	1,022
Respiratory Agents	0.7	0.3	0.0	0.4	53	41	4	7	74	126	161	20	663	49,261	96	34.0	930
Gastrointestinal Agents	1.0	0.3	0.0	0.7	48	25	4	20	47	90	114	27	1,210	56,762	132	46.8	1,179
Genitourinary Agents	0.7	0.1	0.0	0.5	28	14	0	15	43	104	0	28	358	15,497	53	18.8	547
CNS Drugs	2.2	0.9	0.0	1.3	207	177	0	30	95	206	36	23	3,815	363,144	203	72.0	1,754
Stimulants/Anti-obesity/Anorexia	1.3	0.7	0.0	0.6	234	223	0	11	182	311	0	19	77	14,016	7	2.5	60
Miscellaneous Psychological/Neurological Agents	0.9	0.8	0.0	0.1	200	196	0	4	225	238	0	57	175	39,315	20	7.1	197
Analgesics and Anesthetics	1.7	0.0	0.0	1.6	81	3	0	78	48	78	41	48	2,040	98,820	140	49.6	1,219
Neuromuscular Agents	2.0	0.7	0.0	1.3	200	141	8	51	99	192	264	40	3,028	298,602	148	52.5	1,490
Nutritional Products	0.9	0.0	0.0	0.8	18	1	1	17	21	41	17	20	604	12,471	67	23.8	682
Hematological Agents	1.0	0.3	0.0	0.7	110	103	0	6	110	351	17	9	531	58,224	59	20.9	531
Topical Products	0.5	0.1	0.0	0.4	14	6	2	7	29	52	68	19	453	13,063	90	31.9	906
Miscellaneous Products	0.2	0.0	0.0	0.2	4	2	0	1	21	81	0	9	24	501	14	5.0	132
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	50	0	0	0	151	0	0	0	45	6,792	12	4.3	136
<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.	17,345	1,189,509	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Oregon, 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 457 beneficiaries who were in nursing facilities for part of their enrollment and their 3,433 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 Oregon, 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, OREGON, 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	\$224,290	99	35.1	943	1.0	\$235	\$238	
ANTICONVULSANT	243,108	161	57.1	1,732	1.2	119	140	
ANTIDEPRESSANTS	88,890	179	63.5	1,654	0.9	60	54	
ANALGESICS - Narcotic	95,465	177	62.8	1,586	1.2	51	60	
ULCER DRUGS	49,525	145	51.4	1,390	0.8	47	36	
ANTIDIABETIC	45,046	101	35.8	809	1.2	48	56	
ANTIASTHMATIC	43,701	107	37.9	1,094	0.4	90	40	
MUSCULOSKELETAL THERAPY AGENTS	40,834	68	24.1	691	1.1	55	59	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	39,414	27	9.6	250	0.7	214	158	
HEMATOPOIETIC AGENTS	35,266	50	17.7	504	0.6	121	70	
Total	905,539	1,114	n.a.	10,653	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Oregon, 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 457 beneficiaries who were in nursing facilities for part of their enrollment and their 3,433 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, OREGON, 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>10,018</b>	<b>\$905,539</b>	<b>99</b>	<b>35.1</b>	<b>943</b>	<b>1.0</b>	<b>\$238</b>	<b>161</b>	<b>57.1</b>	<b>1,732</b>	<b>1.2</b>	<b>\$140</b>
<b>Female</b>												
All Females	5,215	491,131	52	39.1	527	1.0	253	88	66.2	970	1.2	147
<b>Female, Disabled</b>												
All Ages	4,902	436,248	45	39.1	454	1.0	204	85	73.9	934	1.2	146
64 or younger	4,878	433,409	45	40.2	454	1.0	204	85	75.9	934	1.2	146
65-74	24	2,839	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	313	54,883	7	38.9	73	1.2	551	3	16.7	36	1.6	162
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	275	54,469	6	150.0	72	1.2	559	3	75.0	36	1.6	162
75-84	19	251	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	19	163	1	14.3	1	1.0	43	0	0.0	0	0.0	0
<b>Male</b>												
All Males	4,803	414,408	47	31.5	416	1.0	219	73	49.0	762	1.2	132
<b>Male, Disabled</b>												
All Ages	4,621	389,561	46	36.2	415	1.0	219	71	55.9	749	1.2	134
64 or younger	4,621	389,561	46	36.5	415	1.0	219	71	56.3	749	1.2	134
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	182	24,847	1	4.5	1	2.0	490	2	9.1	13	0.3	33
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	69	16,328	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	98	7,615	0	0.0	0	0.0	0	1	11.1	12	0.3	12
85 and older	15	904	1	10.0	1	2.0	490	1	10.0	1	1.0	280
<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 Oregon, 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 457 beneficiaries who were in nursing facilities for part of their enrollment and their 3,433 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, OREGON, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANALGESICS - Narcotic					ULCER DRUGS				
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
	Number of Users	Facility Residents			Number of Users	Facility Residents					Number of Users	Facility Residents			
<b>All</b>	<b>179</b>	<b>63.5</b>	<b>1,654</b>	<b>0.9</b>	<b>\$54</b>	<b>177</b>	<b>62.8</b>	<b>1,586</b>	<b>1.2</b>	<b>\$60</b>	<b>145</b>	<b>51.4</b>	<b>1,390</b>	<b>0.8</b>	<b>\$36</b>
<b>Female</b>															
All Females	79	59.4	734	0.9	54	80	60.2	731	1.0	51	78	58.6	799	0.8	38
<b>Female, Disabled</b>															
All Ages	77	67.0	721	0.9	55	74	64.3	680	1.0	48	71	61.7	726	0.8	41
64 or younger	76	67.9	715	0.9	55	73	65.2	674	1.0	48	70	62.5	720	0.8	41
65-74	1	50.0	6	0.8	32	1	50.0	6	0.3	49	1	50.0	6	0.8	37
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	2	11.1	13	0.4	32	6	33.3	51	1.2	98	7	38.9	73	0.7	7
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	25.0	12	0.3	33	5	125.0	49	1.2	102	2	50.0	24	0.9	7
75-84	1	14.3	1	1.0	23	0	0.0	0	0.0	0	3	42.9	34	0.5	7
85 and older	0	0.0	0	0.0	0	1	14.3	2	1.0	8	2	28.6	15	1.0	7
<b>Male</b>															
All Males	100	67.1	920	0.9	54	97	65.1	855	1.3	68	67	45.0	591	0.7	33
<b>Male, Disabled</b>															
All Ages	95	74.8	886	0.9	54	94	74.0	848	1.3	68	66	52.0	586	0.7	32
64 or younger	95	75.4	886	0.9	54	94	74.6	848	1.3	68	66	52.4	586	0.7	32
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	5	22.7	34	0.7	34	3	13.6	7	0.6	6	1	4.5	5	0.4	61
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	3	100.0	21	0.5	6	1	33.3	5	0.4	3	1	33.3	5	0.4	61
75-84	1	11.1	12	1.1	80	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	10.0	1	1.0	70	2	20.0	2	1.0	14	0	0.0	0	0.0	0
<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 Oregon, 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 457 beneficiaries who were in nursing facilities for part of their enrollment and their 3,433 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.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, OREGON, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					MUSCULOSKELETAL THERAPY AGENTS				
	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>101</b>	<b>35.8</b>	<b>809</b>	<b>1.2</b>	<b>\$56</b>	<b>107</b>	<b>37.9</b>	<b>1,094</b>	<b>0.4</b>	<b>\$40</b>	<b>68</b>	<b>24.1</b>	<b>691</b>	<b>1.1</b>	<b>\$59</b>
<b>Female</b>															
All Females	60	45.1	496	1.3	59	67	50.4	697	0.5	36	34	25.6	362	1.1	49
<b>Female, Disabled</b>															
All Ages	58	50.4	482	1.3	60	62	53.9	637	0.5	36	33	28.7	350	1.1	48
64 or younger	55	49.1	474	1.3	61	59	52.7	619	0.5	37	33	29.5	350	1.1	48
65-74	3	150.0	8	0.6	25	3	150.0	18	0.3	16	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	2	11.1	14	1.0	9	5	27.8	60	0.4	32	1	5.6	12	1.0	66
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	25.0	12	1.1	10	5	125.0	60	0.4	32	1	25.0	12	1.0	66
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	14.3	2	0.5	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male</b>															
All Males	41	27.5	313	1.0	51	40	26.8	397	0.4	47	34	22.8	329	1.1	70
<b>Male, Disabled</b>															
All Ages	35	27.6	251	1.0	43	39	30.7	385	0.4	48	34	26.8	329	1.1	70
64 or younger	35	27.8	251	1.0	43	39	31.0	385	0.4	48	34	27.0	329	1.1	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	6	27.3	62	1.1	81	1	4.5	12	0.1	13	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	133.3	38	0.9	71	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	2	22.2	24	1.4	98	1	11.1	12	0.1	13	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>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 Oregon, 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 457 beneficiaries who were in nursing facilities for part of their enrollment and their 3,433 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, OREGON, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					HEMATOPOIETIC AGENTS						
	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>	27	9.6	250	0.7	\$158	50	17.7	504	0.6	\$70	282	2,353
<b>Female</b>												
All Females	15	11.3	151	0.6	164	24	18.0	252	0.5	45	133	1,165
<b>Female, Disabled</b>												
All Ages	14	12.2	139	0.7	178	23	20.0	240	0.5	47	115	1,014
64 or younger	14	12.5	139	0.7	178	22	19.6	239	0.5	41	112	1,006
65-74	0	0.0	0	0.0	0	1	50.0	1	2.0	1,653	2	7
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
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	1	5.6	12	0.1	4	1	5.6	12	0.4	1	18	151
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	1	25.0	12	0.1	4	1	25.0	12	0.4	1	4	37
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	61
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	53
<b>Male</b>												
All Males	12	8.1	99	0.9	148	26	17.4	252	0.7	95	149	1,188
<b>Male, Disabled</b>												
All Ages	10	7.9	75	0.9	144	20	15.7	188	0.6	56	127	1,000
64 or younger	10	7.9	75	0.9	144	20	15.9	188	0.6	56	126	998
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	2	9.1	24	1.0	162	6	27.3	64	0.8	209	22	188
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	2	66.7	22	0.9	600	3	21
75-84	2	22.2	24	1.0	162	2	22.2	24	1.0	5	9	95
85 and older	0	0.0	0	0.0	0	2	20.0	18	0.5	2	10	72
<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 Oregon, 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 457 beneficiaries who were in nursing facilities for part of their enrollment and their 3,433 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.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
OREGON, 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>21,311</b>	<b>12.1</b>	<b>0.6</b>	<b>114,268</b>	<b>\$8</b>	<b>\$1,418,736</b>	<b>\$12</b>	<b>2.3</b>	<b>175,996</b>	
<b>Age</b>										
5 and younger	4,328	8.3	0.2	9,243	2	101,331	11	5.0	52,199	
6-14	3,126	6.7	0.2	8,877	3	135,504	15	1.5	46,605	
15-20	2,327	8.7	0.3	7,652	3	85,485	11	1.2	26,742	
21-44	6,736	17.3	0.9	36,171	12	449,795	12	2.2	38,924	
45-64	4,645	41.9	4.6	50,741	57	633,176	12	2.7	11,086	
65-74	63	28.1	3.0	661	29	6,585	10	3.1	224	
75-84	51	38.1	3.7	497	26	3,532	7	13.5	134	
85 and older	35	43.8	5.3	426	42	3,328	8	46.2	80	
Unknown	0	0.0	0.0	0	0	0	0	0.0	2	
<b>Basis of Eligibility<sup>c</sup></b>										
Aged	149	35.6	3.8	1,591	35	14,649	9	5.0	419	
Disabled	6,776	36.9	4.0	72,906	55	1,006,470	14	2.4	18,382	
Adults	5,861	14.4	0.5	20,879	5	196,993	9	2.2	40,720	
Children	8,352	7.2	0.2	17,896	2	189,136	11	1.8	116,087	
Unknown	173	44.6	2.6	996	30	11,488	12	1.8	388	
<b>Gender</b>										
Female	13,738	13.5	0.7	73,551	9	892,664	12	2.7	101,723	
Male	7,573	10.2	0.5	40,717	7	526,072	13	1.8	74,273	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
<b>Race</b>										
White	15,788	13.4	0.8	92,469	10	1,168,641	13	2.3	117,915	
African American	476	6.8	0.3	2,343	4	27,741	12	2.1	6,985	
Other/unknown	5,047	9.9	0.4	19,456	4	222,354	11	2.4	51,096	
<b>Use of Nursing Facilities<sup>d</sup></b>										
Entire year	194	68.8	9.2	2,603	136	38,226	15	3.2	282	
Part year	356	77.9	9.6	4,392	152	69,360	16	4.4	457	
None	20,761	11.8	0.6	107,273	7	1,311,150	12	2.2	175,257	
<b>Maintenance Assistance Status</b>										
Cash	11,207	17.1	1.2	81,197	15	1,005,289	12	2.3	65,390	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	4,849	6.5	0.1	9,828	1	90,292	9	2.4	74,137	
Other/unknown	5,255	14.4	0.6	23,243	9	323,155	14	2.1	36,469	

Source: Data for this table are from the MAX 2007 file for Oregon, 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>  
OREGON, 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>0.1</b>	<b>\$2</b>	<b>\$12</b>	<b>\$0</b>	<b>\$1</b>	<b>820,909</b>
<b>Age</b>						
5 and younger	0.0	0	11	0	0	212,985
6-14	0.0	1	15	0	0	235,121
15-20	0.1	1	11	0	0	131,085
21-44	0.2	3	12	0	1	163,276
45-64	0.7	8	12	0	3	75,377
65-74	0.5	4	10	0	0	1,468
75-84	0.5	4	7	0	1	1,007
85 and older	0.7	6	8	0	1	586
Unknown	0.0	0	0	0	0	4
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.5	5	9	0	1	3,120
Disabled	0.5	7	14	0	2	142,199
Adults	0.1	1	9	0	1	148,430
Children	0.0	0	11	0	0	523,530
Unknown	0.3	3	12	0	1	3,630
<b>Gender</b>						
Female	0.2	2	12	0	1	460,898
Male	0.1	1	13	0	0	360,011
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	2	13	0	1	585,409
African American	0.1	1	12	0	0	24,927
Other/unknown	0.1	1	11	0	0	210,573
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.1	16	15	1	6	2,353
Part year	1.3	20	16	0	4	3,433
None	0.1	2	12	0	0	815,123
<b>Maintenance Assistance Status</b>						
Cash	0.2	3	12	0	1	329,357
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	9	0	0	280,738
Other/unknown	0.1	2	14	0	0	210,814

Source: Data for this table are from the MAX 2007 file for Oregon, 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>  
OREGON, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
<b>All</b>	<b>27,413</b>	<b>\$52</b>	<b>\$1,418,736</b>	<b>100.0</b>	<b>114,268</b>	<b>\$12</b>	<b>100.0</b>
Anorexia or weight loss/gain	1	25	25	0.0	1	25	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	3,418	33	114,021	8.0	6,173	18	5.4
Vitamins and minerals	4,016	39	157,297	11.1	12,170	13	10.7
Non-prescription drugs	11,674	56	648,022	45.7	54,265	12	47.5
Barbiturates	183	58	10,631	0.7	1,366	8	1.2
Benzodiazepines	7,606	55	416,249	29.3	38,568	11	33.8
Other Part D Excl Rx Drugs	515	141	72,491	5.1	1,725	42	1.5

Source: Data for this table are from the MAX 2007 file for Oregon, 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, OREGON, 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>374,473</b>	<b>1,116</b>	<b>44,323</b>	<b>77,715</b>	<b>250,931</b>	<b>388</b>	<b>3,219,512</b>	<b>11,191</b>	<b>462,051</b>	<b>611,935</b>	<b>2,130,699</b>	<b>3,636</b>
<b>Age</b>												
5 and younger	116,976	0	1,603	0	115,373	0	973,950	0	17,024	0	956,926	0
6-14	100,138	0	4,800	12	95,326	0	893,114	0	52,828	91	840,195	0
15-20	51,811	0	4,302	7,628	39,881	0	433,397	0	45,687	56,057	331,653	0
21-44	77,823	1	13,748	63,666	347	61	643,100	12	141,333	499,382	1,915	458
45-64	26,604	84	19,801	6,396	0	323	265,190	934	204,798	56,298	0	3,160
65-74	673	598	63	8	0	4	6,515	6,099	330	68	0	18
75-84	315	308	5	2	0	0	3,069	3,008	39	22	0	0
85 and older	130	125	1	3	1	0	1,168	1,138	12	17	1	0
Unknown	3	0	0	0	3	0	9	0	0	0	9	0
<b>Gender</b>												
Female	213,177	672	22,713	65,569	123,835	388	1,824,153	6,826	240,313	518,422	1,054,956	3,636
Male	161,296	444	21,610	12,146	127,096	0	1,395,359	4,365	221,738	93,513	1,075,743	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	246,667	710	36,098	59,337	150,184	338	2,119,114	7,172	375,178	466,207	1,267,392	3,165
African American	19,982	49	2,503	4,144	13,274	12	183,805	488	26,706	35,088	121,397	126
Other/unknown	107,824	357	5,722	14,234	87,473	38	916,593	3,531	60,167	110,640	741,910	345
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	436	53	382	1	0	0	4,039	483	3,554	2	0	0
Part year	690	32	638	16	3	1	6,714	227	6,281	170	33	3
None	373,347	1,031	43,303	77,698	250,928	387	3,208,759	10,481	452,216	611,763	2,130,666	3,633
<b>Maintenance Assistance Status</b>												
Cash	150,532	771	37,874	35,849	76,038	0	1,399,468	8,296	417,082	295,252	678,838	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	147,781	1	10	18,826	128,556	388	1,121,562	12	99	106,179	1,011,636	3,636
Other/unknown	76,160	344	6,439	23,040	46,337	0	698,482	2,883	44,870	210,504	440,225	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	75,016	310	13,381	13,998	46,940	387	596,328	2,695	123,757	93,652	372,598	3,626
FFS part year, with Rx claims	23,851	44	3,310	9,848	10,648	1	230,687	396	33,033	90,225	107,023	10
FFS part year, no Rx claims	77,129	65	1,691	16,874	58,499	0	632,440	584	13,922	122,477	495,457	0
MC all year, with Rx claims	34,903	194	14,382	12,770	7,557	0	369,677	2,169	164,586	126,126	76,796	0
MC all year, no Rx claims	163,574	503	11,559	24,225	127,287	0	1,390,380	5,347	126,753	179,455	1,078,825	0

Source: Data for this table are from the MAX 2007 file for Oregon, 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, OREGON, 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>374,473</b>	<b>3,219,512</b>	<b>175,996</b>	<b>820,909</b>	<b>0</b>	<b>2,398,603</b>
Fee-for-service (FFS) all year	75,016	596,328	75,016	596,328	0	0
FFS part year, with Rx claims	23,851	230,687	23,851	82,459	0	148,228
FFS part year, with no Rx claims	77,129	632,440	77,129	142,122	0	490,318
Managed care (MC) all year, with Rx claims	34,903	369,677	0	0	0	369,677
MC all year, with no Rx claims	163,574	1,390,380	0	0	0	1,390,380

Source: Data for this table are from the MAX 2007 file for Oregon, 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