State Fiscal Year 2019 Pharmacy Annual Trend Report

Oklahoma Health Care Authority

Introduction[1]

The Oklahoma Medicaid program (SoonerCare) provides pharmacy benefits for its members. In order to provide the best care to as many SoonerCare members as possible, pharmacy claim trends are assessed, and adjustments are implemented where appropriate. Cost containment avenues are deployed to minimize health care cost increases while ensuring access. Annual trends of enrollment, claims, reimbursement, and utilization are monitored for future program planning.

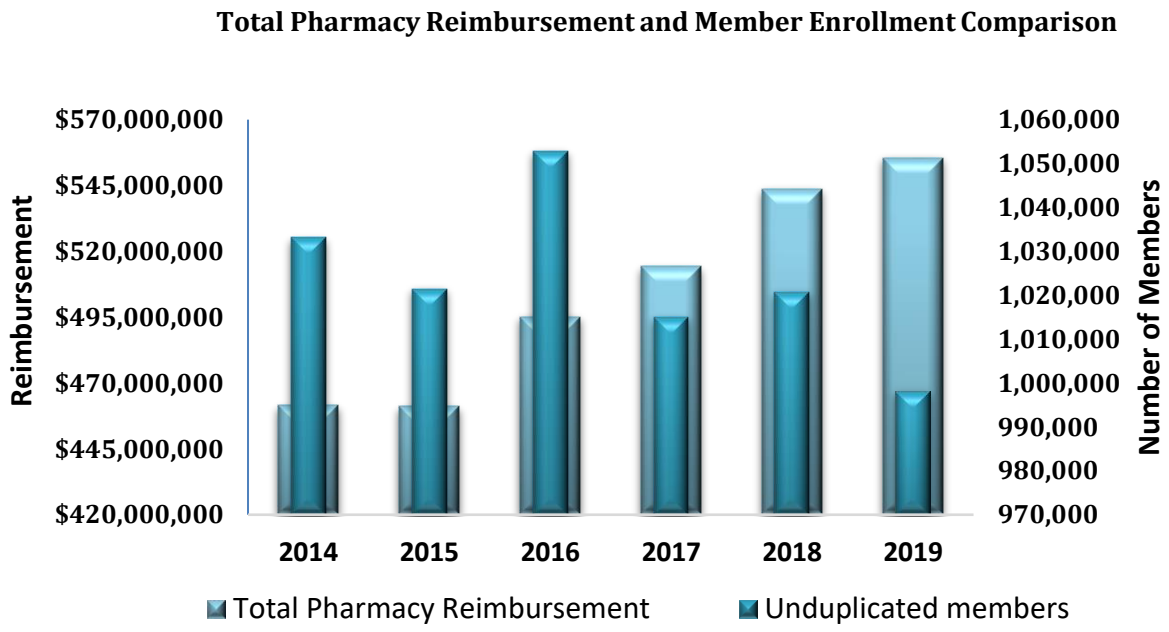
During state fiscal year (SFY) 2019, prescription drugs accounted for $621 million of the approximate $5.47 billion in total SoonerCare funding. According to the Centers for Medicare and Medicaid Services (CMS), national health spending is projected to grow at an average rate of 5.4% annually; similarly Medicaid expenditures are expected to grow at a rate of 5.5% annually[1]. Comparing SoonerCare pharmacy data from SFY 2017 to 2018, the total reimbursement increased by 5.7% and increased by 2.2% from SFY 2018 to 2019. The pharmacy cost per member per year (PMPY; total pharmacy cost per total members) increased from $532.62 in SFY 2018, to $556.64 in 2019 a 4.6% increase. Reimbursement increases per member can largely be attributed to the increase in cost per claim for specialty medications as well as an increase in the number of claims for specialty mediations. The specialty pharmaceutical products total pharmacy reimbursement has been on the incline as a result of orphan drug approvals for rare diseases and the high costs associated with these therapies. During SFY 2018, SoonerCare spent 42.6% of total pharmacy expenditures on 0.92% of claims for medications costing greater than $1,000 per claim and in SFY 2019, spent 45.3% of total pharmacy expenditures on 1.1% of claims for medications costing greater than $1,000 per claim. Claims costing greater than $1,000 per claim are largely specialty medications but may include some traditional claims.

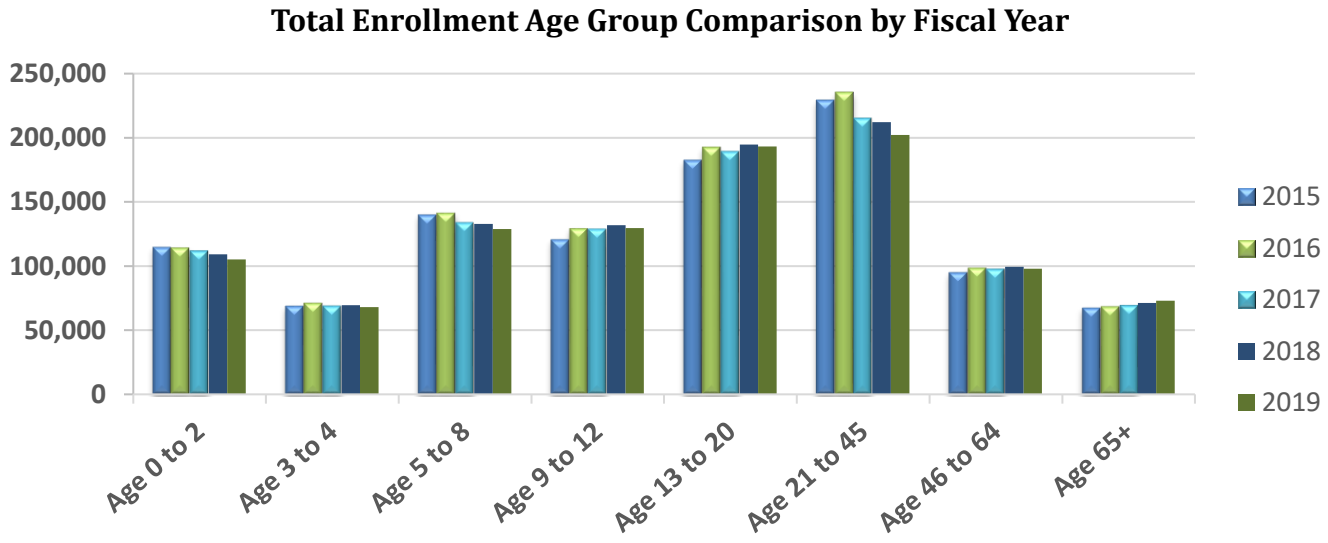
Further, Indian Health Service (IHS) reimbursement was updated to the Federal Office of Management and Budget (OMB) encounter rate. In order to more accurately compare SFY 2019 with previous fiscal years, IHS data was excluded from the analysis.

Costs in this report do not reflect the federal and state supplemental rebates that are provided by medication manufacturers. Many products, particularly the anti-infective medications, attention-deficit/hyperactivity disorder (ADHD) medications, antipsychotic medications, endocrine medications, and pain medications are heavily influenced by supplemental rebates and net costs are substantially lower than the total reimbursement to pharmacies shown here.

Total Pharmacy State Fiscal Year (SFY) Comparison							
SFY	Claims	Members	Utilizers	Cost	Cost/Claim	Cost/Member	Cost/Day
2016	5,891,156	1,052,826	542,290	$495,171,030	$84.05	$470.33	$3.32
2017	5,897,218	1,014,983	541,021	$514,062,768	$87.17	$506.47	$3.40
2018	5,802,025	1,020,726	535,823	$543,569,067	$93.70	$532.62	$3.61
2019	5,508,417	998,209	516,569	$555,643,845	$100.87	$556.64	$3.80

*Costs do not reflect rebated prices or net costs.





Traditional Versus Specialty Pharmacy Products

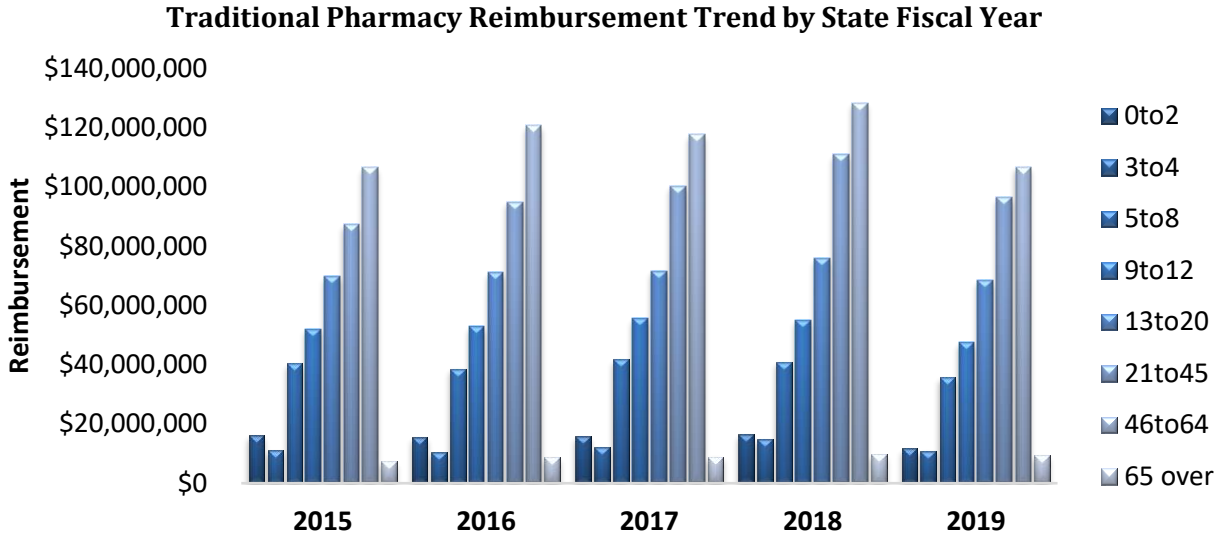
Traditional pharmaceutical products include products which are typically indicated for many common chronic conditions such as diabetes, hypertension, and chronic obstructive pulmonary disease (COPD). Traditional pharmaceuticals continue to carry the bulk of the reimbursement costs accounting for 69.7% of the total pharmacy reimbursement and more than 99% of utilizers in SFY 2019. Specialty pharmaceutical products, in contrast, are typically injectable and require special handling such as refrigerated transport and special administration techniques. These products include treatments for hemophilia, rheumatoid arthritis (RA), and genetic deficiencies, for example.

Traditional Pharmacy Expenditure Trend

Compared to SFY 2018, traditional pharmacy spending in SFY 2019 decreased in all age groups. The top traditional pharmaceuticals for members 0 to 4 years of age continue to include antibiotics and anti-asthma products. For members 5 to 20 years of age, top traditional pharmaceuticals include treatments for ADHD and other behavioral health-related conditions. For those members 21 to 45 years of age, the increase in expenditures can be attributed to atypical antipsychotics, hepatitis C therapies, and diabetes medications. Finally, expenditures for members 46 years of age and older include similar therapies to those 21 to 45 years of age, with the addition of COPD medications.

Traditional Pharmacy Reimbursement Age Group Comparison by State Fiscal Year				
Age Group (Years)	**2016**	**2017**	**2018**	**2019**
Age 0 to 2	$15,562,590	$15,744,262	$16,424,744	$11,734,755
Age 3 to 4	$10,315,779	$12,235,383	$14,869,598	$10,966,881
Age 5 to 8	$38,626,102	$41,724,293	$40,915,001	$35,672,693
Age 9 to 12	$52,983,674	$55,574,522	$55,062,826	$47,602,108
Age 13 to 20	$71,164,995	$71,690,506	$75,829,557	$68,458,734
Age 21 to 45	$94,972,118	$100,407,326	$110,978,937	$96,507,358
Age 46 to 64	$120,681,290	$117,861,211	$128,366,280	$106,756,142
Age 65 over	$8,713,602	$8,919,979	$9,760,679	$9,337,692
All ages	**$413,020,154**	**$424,157,485**	**$452,207,627**	**$387,036,363**

Costs do not reflect rebated prices or net costs.
Totals based on total number of unduplicated members.



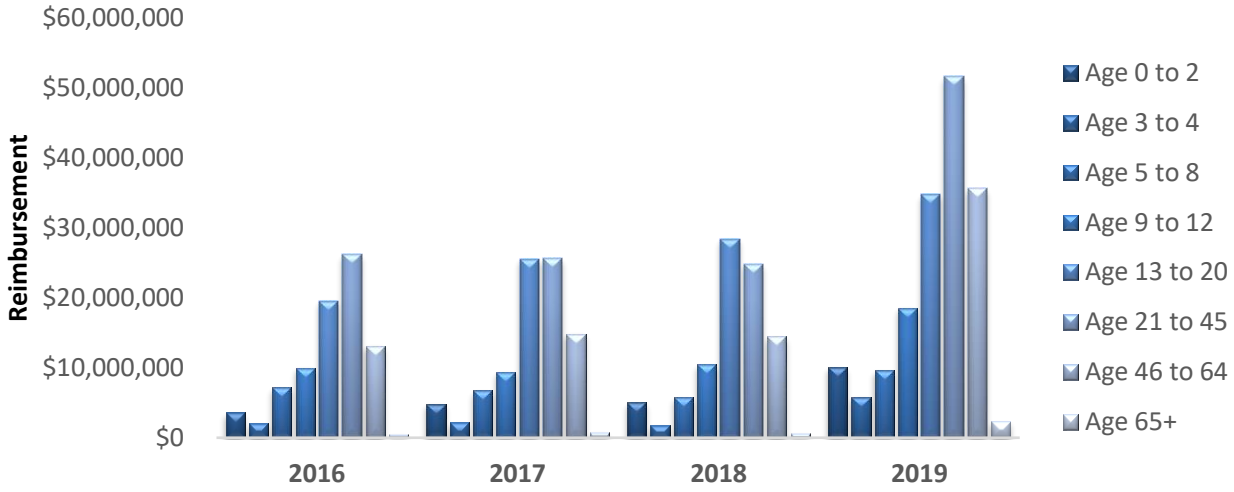
Specialty Pharmacy Expenditure Trend

Specialty pharmaceuticals have become a larger part of reimbursement over the last five years, now comprising close to 30% of the total expenditures. New U.S. Food and Drug Administration (FDA) approved therapies for and migraines have led to an increase in specialty pharmaceutical expenditures this past year. The specialty medications were recently updated which lead to an increase in medications specified as specialty. They will continue to be updated on a quarterly basis. The top specialty pharmaceuticals for members 0 to 2 years of age in SFY 2019include anti-infectives, immunizing agents, antihemophilic agents, and respiratory agents including those indicated for cystic fibrosis (CF). The utilization of Synagis® (palivizumab), a specialty medication for the prophylaxis of respiratory syncytial virus (RSV) infection in high risk infants, increased from FY 2018 to FY 2019, attributing to about $1 million growth in specialty reimbursement in the 0 to 2 year old age group. Some medication reimbursement requirements have minimum age limits for approval, one example being growth hormone, which for most indications requires the member to be 2 years of age or older. For members 5 to 12 years of age, commonly utilized medications were specialty pharmaceuticals as well as targeted immunomodulatory agents (e.g., adalimumab, infliximab, etanercept). Teens most commonly utilized growth hormone, antihemophilic agents, and Cinryze®, a C1 esterase inhibitor indicated to prevent hereditary angioedema attacks. For members 18 years of age and older, specialty reimbursement costs are attributed to hydroxyprogesterone for preterm labor prevention, hematologic therapies such as Wilate® (von Willebrand factor/coagulation factor VIII complex), and targeted immunomodulatory agents that are used to treat Crohn's disease, RA, ankylosing spondylitis (AS), and dermatological conditions such as atopic dermatitis and plaque psoriasis. Finally, for members 46 years of age and older, specialty pharmaceuticals include targeted immunomodulatory agents, multiple sclerosis (MS) medications, and cardiovascular specialty pharmaceutical products.

Specialty Pharmacy Reimbursement Age Group Comparison by State Fiscal Year				
Age Group (Years)	**2016**	**2017**	**2018**	**2019**
Age 0 to 2	$3,565,336	$4,829,498	$5,047,000	$10,105,778
Age 3 to 4	$2,062,207	$2,173,300	$1,785,270	$5,833,240
Age 5 to 8	$7,142,948	$6,732,542	$5,795,868	$9,575,100
Age 9 to 12	$9,983,948	$9,368,509	$10,463,091	$18,566,788
Age 13 to 20	$19,556,424	$25,571,310	$28,454,258	$34,850,972
Age 21 to 45	$26,221,851	$25,622,718	$24,880,218	$51,734,310
Age 46 to 64	$13,128,718	$14,866,052	$14,417,546	$35,645,154
Age 65 over	$487,184	$735,502	$609,601	$2,294,284
Overall	**$82,148,620**	**$89,902,433**	**$91,452,855**	**$168,605,624**

Costs do not reflect rebated prices or net costs.
Totals based on total number of unduplicated members.

Specialty Pharmacy Reimbursement Trend by State Fiscal Year



Per Member per Year (PMPY) Spending

Overall PMPY spending has increased from $532.52 in 2018 to $556.64 during SFY 2019. The increased PMPY spending can be attributed to the rising cost of generic medications with single manufacturers, brand formulation price increases as products approach the end of their patent-life, as well as the significant cost of new therapies upon market entry.

Spending Per Member Per Year (PMPY) by State Fiscal Year (SFY)				
SFY	**2016**	**2017**	**2018**	**2019**
Overall PMPY	$470.32	$506.47	$532.52	$556.64

The traditional pharmaceutical products PMPY overall total (all ages) decreased this year, but has historically increased every year since 2015. This is due to some traditional medications being reclassified as specialty. Traditional products are a majority of the pharmacy spending, but specialty medication utilization will continue to rise.

Traditional Per Member Per Year Age Group Comparison by State Fiscal Year				
Age Group (Years)	**2016**	**2017**	**2018**	**2019**
Age 0 to 2	$135.73	$140.55	$150.48	$111.55
Age 3 to 4	$144.15	$177.62	$214.30	$161.32
Age 5 to 8	$272.95	$311.91	$308.18	$276.88
Age 9 to 12	$409.04	$431.66	$417.52	$367.57
Age 13 to 20	$369.44	$379.09	$389.46	$354.17
Age 21 to 45	$403.49	$466.63	$522.99	$477.04
Age 46 to 64	$1,220.72	$1,205.96	$1,291.61	$1,088.99
Age 65+	$126.87	$128.26	$136.99	$127.81
All ages	**$392.30**	**$402.88**	**$443.00**	**$387.73**

Costs do not reflect rebated prices or net costs.

The specialty pharmaceutical products PMPY overall total (all ages) has increased significantly compared to the traditional pharmaceutical products PMPY this year. One major reason for the increase in this is due to the update of the specialty medications file in fall of 2018. The number of specialty medications increases each year as well. This upward incline may be due to the new dermatological therapies, hemophilia medications, migraine, SMA, and CF products introduced within the last several years.

Specialty Per Member Per Year Age Group Comparison by State Fiscal Year				
Age Group (Years)	**2016**	**2017**	**2018**	**2019**
Age 0 to 2	$31.09	$43.11	$46.24	$96.07
Age 3 to 4	$28.82	$31.55	$25.73	$85.80
Age 5 to 8	$50.47	$50.35	$43.66	$74.32
Age 9 to 12	$77.08	$72.77	$79.34	$143.37
Age 13 to 20	$101.52	$135.22	$146.14	$180.30
Age 21 to 45	$111.40	$119.08	$117.25	$255.72
Age 46 to 64	$132.80	$152.11	$145.07	$363.61
Age 65+	$7.09	$10.58	$8.56	$31.40
All ages	**$78.03**	**$85.39**	**$89.52**	**$168.91**

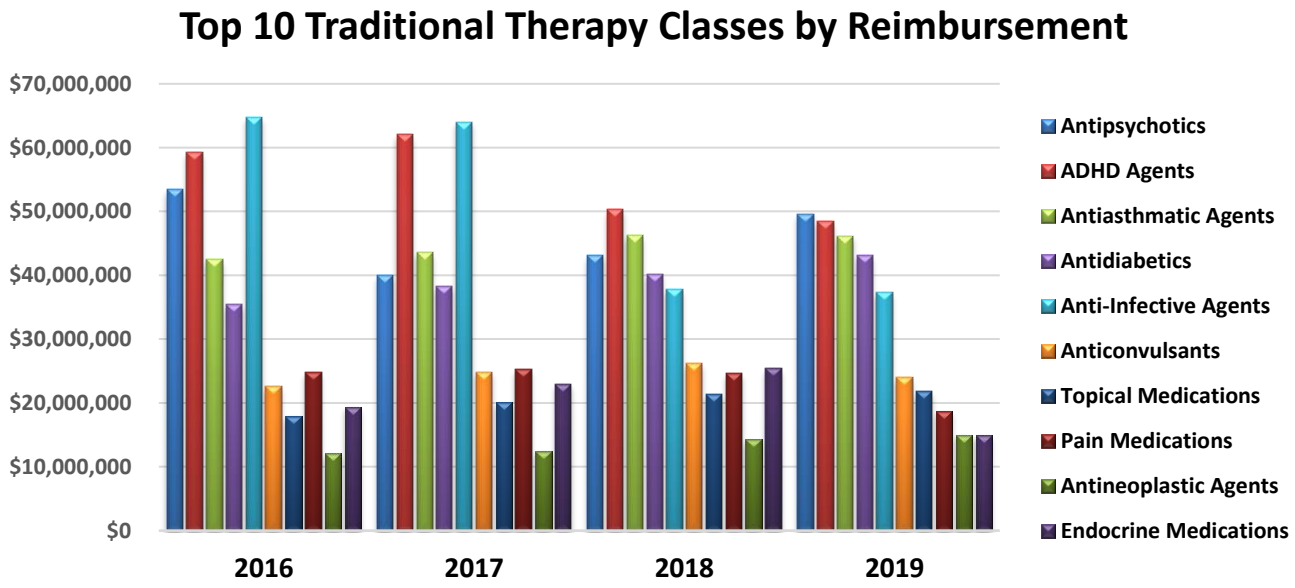
Traditional Therapeutic Class Reimbursement Trend

The top 10 traditional pharmaceutical class reimbursement has remained similar from SFY 2018 to SFY 2019. There was a decrease in utilization of Tamiflu in the FY 2019 as this flu season was not as virulent as 2018. Cost reductions in the ADHD class are due to increased availability of generic stimulant medications. Reimbursement for antipsychotic medications has increased this past SFY, a result of FDA approval of new injectable medications. Costs in this report do not reflect the federal and state supplemental rebates that are provided by medication manufacturers. Many branded products, particularly the anti-infective agents, ADHD agents, antipsychotic medications, endocrine medications, and pain medications are heavily influenced by supplemental rebates and net costs are substantially lower than the total reimbursement

paid to pharmacies shown here. The antidiabetic medications class has increased in price significantly, resulting in a large spending increase in the class since 2015. These products have significant federal rebates designed to keep the Medicaid net cost relatively flat; however, rebates are not accounted for in this analysis.

Traditional Top 10 Classes by Reimbursement				
2016	2017	2018	2019	Therapeutic Class
$53,434,190	$39,977,374	$43,111,772	**$49,593,892**	**Antipsychotic Agents**
$59,210,124	$62,118,533	$50,326,685	**$48,455,174**	**ADHD Agents**
$42,407,875	$43,565,926	$46,258,925	**$46,164,626**	**Anti-Asthmatic Agents**
$35,416,629	$38,298,122	$40,247,671	**$43,181,023**	**Anti-Diabetic Agents**
$64,753,193	$63,996,676	$37,754,042	**$37,513,036**	**Anti-Infective Agents**
$22,587,039	$24,851,122	$26,190,057	**$24,002,605**	**Anticonvulsants**
$17,927,089	$20,067,381	$21,345,644	**$21,824,974**	**Topical Agents**
$24,729,391	$25,210,044	$24,633,644	**$18,731,633**	**Analgesic Agents**
$19,378,355	$22,954,966	$25,402,170	**$15,037,750**	**Endocrine Agents**
$12,125,906	$12,518,084	$14,310,913	**$15,025,287**	**Antineoplastic Agents**

Costs do not reflect rebated prices or net costs.



Specialty Therapeutic Class Reimbursement Trend[2]

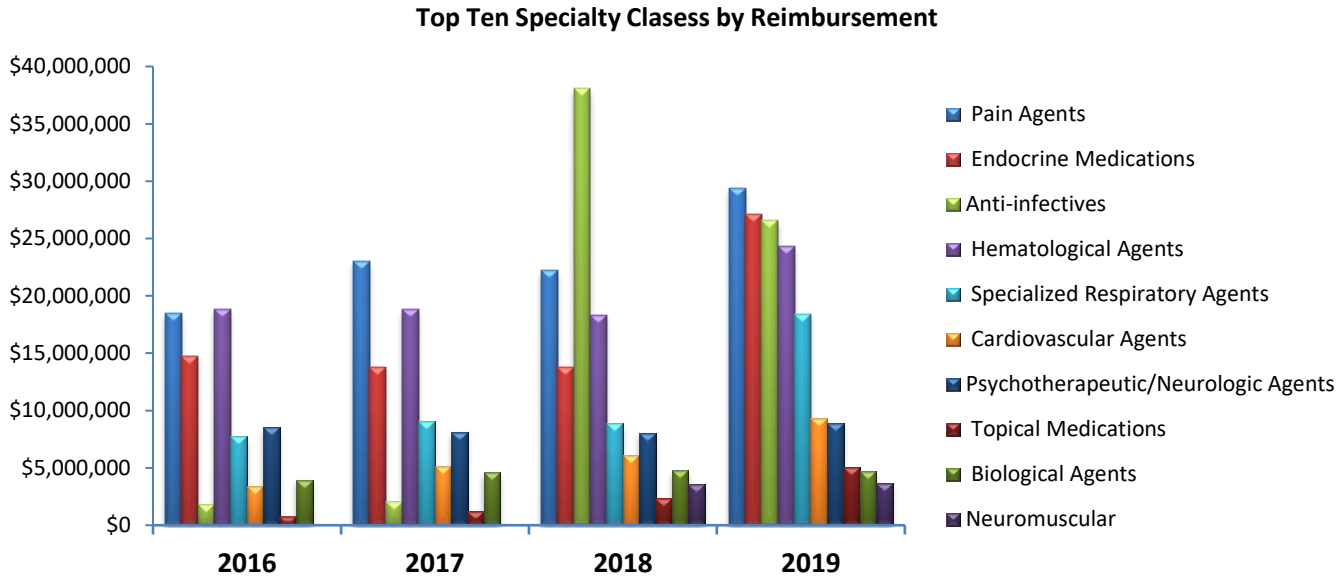
Specialty therapeutic products costs are high largely in part due to biologic therapies and the therapies focused on rare diseases including CF, hemophilia, and pulmonary arterial hypertension (PAH). Continuous review and management of biological agents and gastrointestinal agents has promoted minimal reimbursement increases other than expected yearly price increases by product manufacturers. There were declines in reimbursement for

analgesic agents, hematological agents, endocrine agents, specialized respiratory agents, and neurologic agents.

- The cost of specialty analgesic products increased this year with a $5 million increase in anti-inflammatory agents and a decrease in narcotic agents. Reimbursement in this class is largely attributed to targeted immunomodulatory agents such as Humira® (adalimumab), Enbrel® (etanercept), Ilaris® (canakinumab), Orencia® (abatacept), Simponi® (golimumab), Xeljanz® (tofacitinib), Otezla® (apremilast), and Kineret® (anakinra). The majority of utilization was seen in Tier-2 medications, which are supplementally rebated medications. The supplementally rebated prices and net costs are not reflected in this analysis.
- Cardiovascular agents again saw a significant increase in reimbursement from SFY 2018 to 2019. Reimbursement for the specialty cardiovascular agents is largely comprised of medications indicated to treat PAH.
- Respiratory agents saw a large increase in reimbursement from SFY 2018 to 2019. This class includes medications indicated for the treatment of cystic fibrosis. Symdeko® (tezacaftor/ivacaftor and ivacaftor) was FDA approved in February 2018. Utilization brought an increase of $6 million reimbursement from SFY 2018.

Specialty Top 10 Classes by Reimbursement				
2016	2017	2018	2019	Therapeutic Class
$18,481,116	$22,988,676	$22,236,627	$29,408,297	Pain Agents
$14,684,343	$13,782,182	$13,738,382	$27,100,383	Endocrine Medications
$1,865,601	$2,060,760	$38,069,135	$26,584,509	Anti-Infectives
$18,852,788	$18,813,132	$18,339,418	$24,294,488	Hematological Agents
$7,754,987	$9,093,408	$8,860,036	$18,430,265	Specialized Respiratory Agents
$3,387,174	$5,143,843	$6,071,976	$9,324,548	Cardiovascular Agents
$8,540,617	$8,139,124	$8,035,140	$8,928,529	Psychotherapeutic/Neurologic Agents
$793,104	$1,253,685	$2,380,074	$5,049,950	Topical Medications
$3,935,198	$4,581,237	$4,745,569	$4,676,353	Biological Agents
N/A	N/A	$3,571,542	$3,642,244	Neuromuscular Medications

Costs do not reflect rebated prices or net costs.



Specialty Therapeutic Medications with Increased Reimbursement from SFY 2018		
Medication Class	**% Change from SFY 2018**	**Change from SFY 2018**
Cystic fibrosis (CFTR modulators)	35.9%	$4,720,867
Growth Hormone	15.6%	$560,300

Costs do not reflect rebated prices or net costs.

Hepatitis C Medication Management Program

The hepatitis C medication management program has been operating since 2014 to improve adherence and clinical cure rates [sustained virologic response (SVR)] while maintaining minimal cost increases in regimens. Therapy initiation forms, intent to treat contracts, therapy continuation forms, and SVR response forms continue to be required to obtain SVR data, start dates, and member compliance. This program analyzes therapy options for effectiveness and tolerability to determine optimal treatments with cost-effective outcomes.

Hepatitis C Medications Utilization Compared by State Fiscal Year (SFY)						
SFY	**Claims**	**Members**	**Cost**	**Cost/Claim**	**Cost/Member**	**Cost/Day**
2016	1,009	353	$31,148,335	$30,870	$88,239	$1,102
2017	900	366	$25,300,197	$28,111	$69,126	$1,003
2018	1,576	680	$36,230,952	$22,989	$53,281	$821
2019	1081	469	$24,788,931	$22,931	$52,855	$818
% Change	**7.1%**	**32.9%**	**-20.4%**	**-27.3%**	**-40.1%**	**-25.8%**
Change*	**72**	**116**	**-$6,359,404**	**-$7,939**	**-$35,384**	**-$284**

*Change calculated from 2016 to 2019.
Costs do not reflect rebated prices or net costs.

The decrease in hepatitis C medication spending is likely due to the fact that these medications have been available for a few years and many members are being treated regardless of fibrosis scores (the removal of the minimum fibrosis score requirement was in January 2018). Combination regimen use has decreases as they are no longer preferred regimens due to increased availability of new regimens that treat multiple genotypes. Continual efforts are made to ensure appropriate use for efficacy and cost containment.

Top 10 Medications by Reimbursement

Many of the top 10 medications by reimbursement are still branded at this time and not available in a generic formulation. The top products typically come from highly utilized classes such as atypical antipsychotics, ADHD therapies, respiratory medications, including rescue and maintenance therapies, and the anti-infective class, including antiviral medications for hepatitis C. Top drug reimbursement rankings change only slightly from year to year for a few reasons: high use, broad use between age demographics, and high costs of therapies such as those indicated for hepatitis C and medications for rare diseases.

Top 10 Medications by Reimbursement				
Rank	**2016**	**2017**	**2018**	**2019**
1	lisdexamfetamine	lisdexamfetamine	lisdexamfetamine	**lisdexamfetamine**
2	aripiprazole	ledipasavir/sofosbuvir	paliperidone inj	**paliperidone inj**
3	ledipasavir/sofosbuvir	paliperidone inj	ledipasavir/sofosbuvir	**adalimumab**
4	methylphenidate	methylphenidate	albuterol	**albuterol**
5	albuterol	albuterol	adalimumab	**ledipasavir/sofosbuvir**
6	paliperidone inj	adalimumab	oseltamivir	**lurasidone**
7	atomoxetine	atomoxetine	methylphenidate	**somatropin**
8	adalimumab	insulin glargine	lurasidone	**fluticasone**
9	insulin glargine	oseltamivir	sofosbuvir/velpatasvir	**insulin glargine**
10	sofosbuvir	somatropin inj	insulin glargine	**methylphenidate**

Rank does not reflect rebated prices or net costs.
Medications are listed by generic name, but may include both generic and brand formulations.
ER = extended-release; inj = injection

Total Enrollment[3,4,5,6]

Total annual enrollment of SoonerCare members has reached over 1 million for the past five years and almost reach a million this year. The trend for decreased enrollment is nationwide. This is due to decreased unemployment during SFY 2019 as well as stable state economies. SoonerCare enrollment will remain high due to several reasons including: 3.4% of Oklahoma hourly paid workers earning at or below the federal minimum wage (ranked 14th highest among the 50 states), the percent of Oklahomans below the federal poverty level is 16%, and poor overall health of Oklahomans (Oklahoma ranked 46th in the nation in overall health). Total enrollment encompasses a diverse group of programs including the following: Program of all-Inclusive Care for the Elderly (PACE), Home and Community-Based Services (HCBS), Soon to be Sooners (STBS), Care for Children with Disabilities: Tax Equity and Fiscal Responsibility Act

(TEFRA), Family Planning (SoonerPlan), Breast and Cervical Cancer (Oklahoma Cares), Tuberculosis (TB) patients, and Insure Oklahoma (IO).

- Oklahoma Cares is the Breast and Cervical Cancer Treatment Program that provides SoonerCare benefits to uninsured women younger than 65 years of age, who need treatment for breast or cervical cancer (including pre-cancerous conditions and early-stage cancer).
- SoonerPlan is a benefit plan covering limited services related to family planning, to women and men 19 years of age and older, in an effort to reduce unwanted pregnancies.
- TEFRA Care for Children with Disabilities allows members younger than 19 years of age with special health care needs or disabilities to be cared for at home instead of in an institution.
- Children's Health Insurance Program (CHIP) provides benefits to children younger than 19 years of age and who have income between the maximum for standard eligibility and the expanded Federal Poverty Level (FPL) income guidelines.
- IO is a program to bridge the gap in health care coverage for low-income working adults. Under the Employer-Sponsored Insurance (ESI) program, premium costs are shared by the state (60%), the employer (25%), and the employee (15%). The Individual Plan (IP) allows people who cannot access benefits through their employer, including those who are self-employed or may be temporarily unemployed, to buy health insurance directly through the state[3].

Total Enrollment Age Group Comparison by State Fiscal Year				
Age Group (Years)*	**2016**	**2017**	**2018**	**2019**
Age 0 to 2	114,661	112,020	109,150	105,195
Age 3 to 4	71,565	68,881	69,388	67,983
Age 5 to 8	141,516	133,771	132,765	128,838
Age 9 to 12	129,533	128,747	131,882	129,504
Age 13 to 20	192,629	189,110	194,703	193,293
Age 21 to 45	235,377	215,176	212,200	206,139
Age 46 to 64	98,861	97,732	99,385	102,691
Age 65+	68,684	69,546	71,253	73,059
All Ages	**1,052,826**	**1,014,983**	**1,020,726**	**998,209**

*Includes Insure Oklahoma members

Market Projections[7]

Specialty medications will continue to influence reimbursements. Oncology and autoimmune anti-inflammatory medications, in the third and fourth quarter of calendar year 2019 for various types of oncology indications (see following table) will likely influence future reimbursement trends in SFY 2020. With new oncology agents continually flooding the market, assessment of oncology medication classes will need frequent reevaluation. Zolgensma®

(onasemnogene abeparvovec) was approved in May 2019 and is the most expensive drug on the market right now. We had no utilization of this in SFY 2019. This mediation will play a large role in fiscal year 2020.

FDA Approved Oncology Medications in Calendar Year 2019			
Brand	**Generic**	**Indication**	**Date of Approval**
Cabometyx™	cabozantinib	hepatocellular carcinoma	January 2019
Balversa®	erdafitinib	cutaneous squamous cell carcinoma (CSCC)	April 2019
Copiktra®	duvelisib	chronic lymphocytic leukemia	September 2019
Vizimpro™	dacomitinib	non-small cell lung cancer	September 2019

Table information sourced from: www.centerwatch.com/drug-information/fda-approved-drugs/.

Conclusions

New prior authorization categories and continuous evaluation of cancer medications, hemophilia medications, along with new respiratory and diabetic medications that continue to be FDA approved, ensure the most clinically appropriate, cost-effective measures are taken. Modifications to the topical corticosteroid tier structure and other generic categories reduced elevated spending on high-priced generic products. When new drugs are FDA approved and available on the market, a cost-effective analysis is performed to ensure spending is minimized while ensuring appropriate clinical care. The goal of the SoonerCare program is to provide members with the most appropriate health care in a fiscally responsible manner. For the pharmacy benefit, this is accomplished using a robust prior authorization program, limiting the number of total prescriptions and the number of brand name prescriptions allowed each month for non-institutionalized adult members, continuous product pricing maintenance, and provider outreach and education. Constant market review and response to changes, such as the introduction of genetic therapies, growth of the specialty market, and introduction of biosimilars, is necessary. SoonerCare will continue to strive to bring value-based pharmacy services to its members.

[1] Centers for Medicare and Medicaid Services (CMS). National Health Expenditure Projections 2019-2028. Available online at: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00094 Issued 03/24/2020. Last accessed 04/20/2020.

[2] Vertex. FDA Approves SYMDEKO® (tezacaftor/ivacaftor and ivacaftor) to Treat the Underlying Cause of CF in Children Ages 6-11 Years with Certain Mutations in the CFTR. Press release. Available online at: https://investors.vrtx.com/news-releases/news-release-details/fda-approves-symdekor-tezacaftorivacaftor-and-ivacaftor-treat Issued 06/21/2019. Last accessed 04/22/2020.

[3] Oklahoma Health Care Authority. Enrollment Fast Facts. Available online at: http://www.okhca.org/research/data. Last revised 4/14/2020. Last accessed 04/22/2020.

[4] Rudowitz, R. Medicaid Enrollment & Spending Growth: FY 2019 and 2020. Available online at: https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-spending-growth-fy-2019-2020/?utm_campaign=KFF-2019-Medicaid&utm_source=hs_email&utm_medium=email&utm_content=78244267&_hsenc=p2ANqtz-_ZhqtBdcIRihfn1vp_lNvu43obFL9b3cCyiPkBa2gJAhGM-Q3FGUmB9HjqvGKq3M6SuibTNcftONimeRDg4mu63zRumkPdecCmqxMlpiKjCiqZ2Ec&_hsmi=78244267. Issued 10/18/2019. Last accessed 04/22/2020 .

[5] Cullison C. Oklahoma Poverty Profile. Oklahoma Policy Institute. Available online at: https://okpolicy.org/2017-oklahoma-poverty-profile/. Issued 10/31/2018. Last accessed 04/23/2020.

[6] United States Department of Labor: Bureau of Labor Statistics. Minimum Wage Workers in Oklahoma – 2017. Available online at: https://www.bls.gov/regions/southwest/news-release/minimumwageworkers_oklahoma.htm. Last revised 08/2/2019. Last accessed 04/22/2020.

[7] CenterWatch. 2019 FDA Approved Drugs. Available online at: www.centerwatch.com/drug-information/fda-approved-drugs/. Last accessed 04/22/2020.