

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 VIRGINIA

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
VIRGINIA, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	696,419 (A)	139,649 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	655,049 (B)	101,939 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	569,828 (C)	101,482 (G)
4. Benes who were all-year nursing facility residents ^f	17,197 (D)	15,800 (H)

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 1/2003. This table was produced on 06/25/2004.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.

c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.

d. The total Medicaid pharmacy reimbursement for Virginia in 1999 was \$337,652,121, of which \$86,578 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.

f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 2.9 percent were restricted benefit months without a pharmacy benefit in Virginia, were used in the dual tables.

Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 VIRGINIA, 1999

Beneficiary Characteristics	No. of Benes							No. of Bene Mos									
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children
All	569,828	71,611	104,862	81,815	311,537	3	4,385,782	736,844	970,610	472,049	2,206,273	6					
Age																	
5 and younger	137,943	0	3,055	0	134,888	0	939,933	0	21,999	0	917,934	0					
6-14	143,973	0	10,144	566	133,260	3	1,061,971	0	78,776	3,704	979,485	6					
15-20	61,850	0	6,550	12,036	43,264	0	424,894	0	52,851	63,899	308,144	0					
21-44	104,959	2	39,039	65,808	110	0	756,544	8	373,705	382,179	652	0					
45-64	46,521	49	43,087	3,385	0	0	434,626	371	412,109	22,146	0	0					
65-74	28,832	26,028	2,785	18	1	0	302,046	272,971	28,955	116	4	0					
75-84	26,919	26,771	148	0	0	0	281,203	279,520	1,683	0	0	0					
85 and older	18,817	18,761	54	2	0	0	184,511	183,974	532	5	0	0					
Unknown	14	0	0	0	14	0	54	0	0	0	54	0					
Gender																	
Female	341,073	53,225	55,705	76,244	155,898	1	2,615,433	553,594	521,667	438,049	1,102,121	2					
Male	228,755	18,386	49,157	5,571	155,639	2	1,770,349	183,250	448,943	34,000	1,104,152	4					
Unknown	0	0	0	0	0	0	0	0	0	0	0	0					
Race																	
White	275,833	39,695	60,702	38,935	136,500	1	2,311,079	400,582	603,867	242,174	1,064,454	2					
African American	251,948	24,357	41,277	38,973	147,339	2	1,736,613	256,110	339,780	207,545	933,174	4					
Other/unknown	42,047	7,559	2,883	3,907	27,698	0	338,090	80,152	26,963	22,330	208,645	0					
Use of Nursing Facilities																	
All year	17,197	15,007	2,183	1	6	0	175,395	151,490	23,855	1	49	0					
Part year	9,133	7,704	1,399	4	26	0	84,688	70,722	13,725	39	202	0					
None	543,498	48,900	101,280	81,810	311,505	3	4,125,699	514,632	933,030	472,009	2,206,022	6					
Maintenance Assistance Status																	
Cash	216,591	38,990	89,122	27,954	60,525	0	1,843,801	429,949	825,916	173,350	414,586	0					
Medically needy	12,548	6,045	5,894	144	465	0	100,502	55,267	42,098	868	2,269	0					
Poverty-related	228,843	1,324	1,641	30,821	195,057	0	1,580,192	13,643	16,627	151,637	1,398,285	0					
Other/unknown	111,846	25,252	8,205	22,896	55,490	3	861,287	237,985	85,969	146,194	391,133	6					
Dual Medicare Status^c																	
Full dual, all year	95,562	60,564	34,459	520	19	0	1,004,058	628,002	372,392	3,501	163	0					
Full dual, part year	5,920	3,508	2,402	10	0	0	60,572	35,674	24,787	111	0	0					
Non-dual, all year	468,346	7,539	68,001	81,285	311,518	3	3,321,152	73,168	573,431	468,437	2,206,110	6					
Managed Care Status																	
FFS all year	443,382	70,793	88,380	57,681	226,525	3	3,913,395	733,267	909,500	381,528	1,889,094	6					
FFS part year, with Rx claims	61,532	607	11,455	14,816	34,664	0	245,055	2,792	44,020	58,740	139,503	0					
FFS part year, no Rx claims	64,914	211	5,027	9,318	50,358	0	227,332	785	17,090	31,781	177,676	0					

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VIRGINIA, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	65.0 %	13.1	\$592	\$45	\$3,694	16.0 %	\$17	569,828
Age								
5 and younger	59.4	3.2	98	31	1,495	6.6	1	137,943
6-14	51.4	3.3	199	60	999	19.9	2	143,973
15-20	56.7	4.3	240	56	1,744	13.8	3	61,850
21-44	70.5	13.3	744	56	5,109	14.6	9	104,959
45-64	83.6	37.8	1,821	48	9,121	20.0	47	46,521
65-74	86.7	39.4	1,610	41	6,951	23.2	62	28,832
75-84	89.9	43.4	1,640	38	9,253	17.7	80	26,919
85 and older	91.8	42.5	1,447	34	12,602	11.5	108	18,817
Unknown	0.0	0.0	0	0	0	0.0	0	14
Basis of Eligibility								
Aged	89.1	41.5	1,569	38	9,293	16.9	80	71,611
Disabled	79.8	29.1	1,642	56	9,247	17.8	31	104,862
Adults	65.4	5.7	195	34	1,938	10.0	3	81,815
Children	54.4	3.0	119	39	1,000	11.9	1	311,537
Unknown	66.7	1.0	13	13	13	100.0	0	3
Gender								
Female	67.5	15.0	615	41	3,788	16.2	21	341,073
Male	61.3	10.2	559	55	3,555	15.7	11	228,755
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	73.2	17.7	800	45	4,473	17.9	22	275,833
African American	56.6	8.8	393	45	3,105	12.7	13	251,948
Other/unknown	62.1	8.1	426	53	2,114	20.1	5	42,047
Use of Nursing Facilities								
Entire year	96.9	60.8	2,243	37	23,467	9.6	213	17,197
Part year	96.1	52.5	2,005	38	17,359	11.6	137	9,133
None	63.5	10.9	516	48	2,839	18.2	9	543,498
Maintenance Assistance Status								
Cash	72.1	20.5	986	48	4,405	22.4	19	216,591
Medically needy	70.7	25.8	1,493	58	8,613	17.3	58	12,548
Poverty related	56.4	3.1	108	34	1,056	10.2	2	228,843
Other/unknown	68.1	17.5	721	41	7,165	10.1	40	111,846

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

c. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VIRGINIA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	Less than 5, but 10 or More	More than 10			
All	1.7	\$77	16.0 %	35.0 %	40.3 %	7.5 %	10.2 %	5.7 %	1.4 %	\$480	569,828	4,385,782
Age												
5 and younger	0.5	14	6.6	40.6	53.0	4.7	1.6	0.1	0.0	219	137,943	939,933
6-14	0.5	27	19.9	48.6	44.3	4.4	2.5	0.2	0.0	136	143,973	1,061,971
15-20	0.6	35	13.8	43.3	46.3	6.1	3.7	0.5	0.1	254	61,850	424,894
21-44	1.8	103	14.6	29.5	40.7	10.5	12.9	5.4	1.1	709	104,959	756,544
45-64	4.0	195	20.0	16.4	18.1	11.9	28.0	20.0	5.6	976	46,521	434,626
65-74	3.8	154	23.2	13.3	20.1	13.2	29.4	18.9	5.1	664	28,832	302,046
75-84	4.2	157	17.7	10.1	16.3	12.5	31.9	23.1	6.0	886	26,919	281,203
85 and older	4.3	148	11.5	8.2	14.3	11.9	34.4	25.7	5.5	1,285	18,817	184,511
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	14	54
Basis of Eligibility												
Aged	4.0	153	16.9	10.9	17.3	12.6	31.5	22.1	5.5	903	71,611	736,844
Disabled	3.1	177	17.8	20.2	26.3	12.3	23.5	14.0	3.6	999	104,862	970,610
Adults	1.0	34	10.0	34.6	48.4	8.7	6.5	1.7	0.2	336	81,815	472,049
Children	0.4	17	11.9	45.6	48.1	4.4	1.8	0.1	0.0	141	311,537	2,206,273
Unknown	0.5	6	100.0	33.3	66.7	0.0	0.0	0.0	0.0	6	3	6
Gender												
Female	2.0	80	16.2	32.5	39.7	7.8	11.4	6.9	1.8	494	341,073	2,615,433
Male	1.3	72	15.7	38.7	41.2	7.0	8.4	3.9	0.8	459	228,755	1,770,349
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.1	96	17.9	26.8	41.7	8.6	12.6	8.0	2.3	534	275,833	2,311,079
African American	1.3	57	12.7	43.4	37.9	6.3	8.1	3.7	0.6	451	251,948	1,736,613
Other/unknown	1.0	53	20.1	37.9	45.4	7.3	7.3	1.9	0.2	263	42,047	338,090
Use of Nursing Facilities												
Entire year	6.0	220	9.6	3.1	7.5	8.6	32.1	35.5	13.1	2,301	17,197	175,395
Part year	5.7	216	11.6	3.9	9.6	9.8	33.2	32.1	11.4	1,872	9,133	84,688
None	1.4	68	18.2	36.5	41.8	7.4	9.1	4.3	0.9	374	543,498	4,125,699
Maintenance Assistance Status												
Cash	2.4	116	22.4	27.9	33.3	10.2	17.4	9.3	2.0	518	216,591	1,843,801
Medically needy	3.2	186	17.3	29.3	20.9	10.4	21.3	14.0	4.0	1,075	12,548	100,502
Poverty related	0.5	16	10.2	43.6	49.5	4.7	2.0	0.2	0.0	153	228,843	1,580,192
Other/unknown	2.3	94	10.1	31.9	37.0	7.5	12.0	8.9	2.8	930	111,846	861,287

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

a. Table 4 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 VIRGINIA, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	1.7	\$77	0.6	\$48	0.2	\$12	0.8	\$13
Age								
5 and younger	0.5	14	0.1	10	0.0	1	0.3	3
6-14	0.5	27	0.2	20	0.0	2	0.2	4
15-20	0.6	35	0.2	24	0.1	4	0.3	6
21-44	1.8	103	0.7	69	0.2	16	0.9	14
45-64	4.0	195	1.5	120	0.5	31	1.8	32
65-74	3.8	154	1.4	90	0.6	27	1.6	27
75-84	4.2	157	1.4	88	0.7	29	1.8	31
85 and older	4.3	148	1.3	78	0.8	29	2.0	31
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Basis of Eligibility								
Aged	4.0	153	1.3	86	0.7	28	1.8	29
Disabled	3.1	177	1.2	116	0.4	27	1.4	25
Adults	1.0	34	0.3	21	0.1	5	0.5	6
Children	0.4	17	0.1	12	0.0	1	0.2	4
Unknown	0.5	6	0.0	0	0.0	0	0.3	5
Gender								
Female	2.0	80	0.7	49	0.3	13	0.9	14
Male	1.3	72	0.4	48	0.2	10	0.6	11
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	2.1	96	0.7	59	0.3	15	1.0	17
African American	1.3	57	0.4	36	0.2	9	0.6	9
Other/unknown	1.0	53	0.4	38	0.1	6	0.5	7
Use of Nursing Facilities								
Entire year	6.0	220	1.8	121	1.0	41	2.7	45
Part year	5.7	216	1.9	126	0.9	36	2.5	42
None	1.4	68	0.5	44	0.2	10	0.7	11
Maintenance Assistance								
Status								
Cash	2.4	116	0.9	73	0.3	18	1.1	19
Medically needy	3.2	186	1.1	129	0.5	25	1.4	25
Poverty related	0.5	16	0.1	10	0.0	1	0.3	4
Other/unknown	2.3	94	0.7	56	0.3	15	1.0	17

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 1/2003. This table was produced on 06/25/2004.

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

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

Table 5

All Medicaid Beneficiaries

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 Virginia, 6.3 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 VIRGINIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos					
	Total	Patented	Off-Patent	Generic	Total	Patented						Off-Patent				
	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name	Brand-Name						Brand-Name				
Anti-infective Agents	0.3	0.1	0.0	0.1	\$14	\$12	\$0	\$2	\$47	\$53	\$12	680,618	\$31,794,434	240,793	42.3 %	2,266,321
Biologicals	0.3	0.3	0.0	0.0	579	467	20	93	1675	1,968	5,486	2,002	3,352,667	777	0.1	5,787
Antineoplastic Agents	0.5	0.2	0.1	0.2	88	57	22	9	171	284	153	24,282	4,156,671	4,677	0.8	47,068
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	20	15	2	3	33	52	26	545,642	18,206,647	93,125	16.3	916,536
Cardiovascular Agents	1.4	0.5	0.3	0.6	45	24	13	9	33	53	42	1,322,831	43,892,129	94,281	16.5	971,526
Respiratory Agents	0.5	0.2	0.0	0.2	16	11	1	4	33	52	27	823,151	26,826,127	178,194	31.3	1,709,775
Gastrointestinal Agents	0.6	0.3	0.1	0.3	40	27	6	7	67	106	84	463,578	30,842,698	73,903	13.0	769,151
Genitourinary Agents	0.3	0.2	0.0	0.1	10	8	0	2	35	45	28	95,848	3,308,867	33,424	5.9	319,415
CNS Drugs	1.0	0.4	0.1	0.5	60	39	13	8	61	105	99	1,041,057	63,805,429	105,870	18.6	1,066,311
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	21	5	4	11	39	42	51	79,174	3,062,977	16,581	2.9	147,894
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	40	37	1	2	96	110	97	24,249	2,331,215	5,462	1.0	58,060
Analgesics and Anesthetics	0.5	0.1	0.1	0.4	19	10	4	5	35	87	65	691,557	23,956,928	127,641	22.4	1,258,448
Neuromuscular Agents	0.8	0.2	0.1	0.4	38	23	6	9	49	93	42	431,857	21,337,393	54,777	9.6	560,678
Nutritional Products	0.4	0.0	0.2	0.3	7	0	4	3	17	18	23	202,484	3,381,266	47,893	8.4	459,453
Hematological Agents	0.6	0.1	0.2	0.3	93	77	8	9	154	870	34	161,326	24,868,807	26,632	4.7	266,691
Topical Products	0.3	0.1	0.1	0.1	9	6	2	2	30	47	35	397,173	11,997,632	133,225	23.4	1,305,732
Miscellaneous Products	0.4	0.2	0.1	0.2	84	51	26	7	188	332	287	16,929	3,190,987	3,779	0.7	37,859
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	17	0	0	0	40	0	0	434,159	17,252,669	99,976	17.5	1,009,116
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	7,437,917	337,565,543	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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 Virginia, 6.3 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/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 VIRGINIA, 1999

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$30,061,650	40,500	417,022	0.6	\$112	\$72	
ULCER DRUGS	24,658,825	70,202	743,373	0.4	80	33	
ANTIDEPRESSANTS	23,773,297	78,957	803,852	0.5	57	30	
MISC. HEMATOLOGICAL	18,966,331	7,402	79,072	0.5	444	240	
ANTICONVULSANT	16,666,272	37,834	391,219	0.7	59	43	
ANTIASTHMATIC	13,493,847	108,494	1,060,999	0.4	36	13	
ANTIHYPERTENSIVE	12,809,597	56,019	584,373	0.6	36	22	
ANTIDIABETIC	12,115,793	42,317	444,308	0.6	42	27	
ANALGESICS - Narcotic	12,022,168	128,092	1,294,758	0.3	29	9	
CALCIUM BLOCKERS	11,034,697	31,876	335,200	0.7	50	33	

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 VIRGINIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	2,962,407	\$175,602,477	40,500	7.1 %	417,022	0.6	\$72	70,202	12.3 %	743,373	0.4	\$33					
Female	2,001,105	103,255,590	23,690	6.9	244,409	0.6	62	49,208	14.4	523,026	0.4	33					
Disabled	853,308	50,893,109	12,152	21.8	125,721	0.6	77	19,820	35.6	217,669	0.4	34					
5 and younger	3,179	155,966	5	0.4	41	0.4	56	150	11.3	1,379	0.4	22					
6-14	12,131	736,470	214	6.2	1,869	0.5	62	198	5.7	2,083	0.4	35					
15-20	12,088	911,667	311	12.1	2,930	0.5	79	253	9.9	2,675	0.3	27					
21-44	261,066	17,573,386	5,472	27.3	56,692	0.6	79	6,082	30.4	66,666	0.3	31					
45-64	521,070	29,317,067	5,844	22.3	60,858	0.7	77	12,129	46.3	133,440	0.4	36					
65-74	40,910	2,067,500	279	14.3	3,024	0.6	61	944	48.4	10,701	0.4	35					
75-84	2,262	103,942	21	18.6	239	0.5	36	48	42.5	558	0.5	45					
85 and older	602	27,111	6	13.6	68	0.8	16	16	36.4	167	0.6	35					
Other Eligibles	1,147,797	52,362,481	11,538	4.0	118,688	0.6	46	29,388	10.3	305,357	0.4	33					
5 and younger	21,776	474,308	24	0.0	222	0.2	10	1,085	1.6	8,410	0.2	8					
6-14	36,412	1,493,927	547	0.8	5,305	0.4	46	1,023	1.5	10,249	0.2	9					
15-20	33,948	1,486,702	652	1.9	6,227	0.4	43	1,444	4.1	13,496	0.2	10					
21-44	112,741	4,469,941	1,055	1.7	8,815	0.3	24	4,365	7.1	38,546	0.2	19					
45-64	14,640	696,855	86	3.3	748	0.4	31	557	21.4	5,098	0.3	26					
65-74	318,776	15,603,489	2,441	14.0	26,676	0.7	61	7,196	41.1	81,204	0.4	35					
75-84	367,526	17,235,996	3,631	18.1	38,773	0.6	48	8,007	40.0	88,471	0.5	38					
85 and older	241,978	10,901,263	3,102	19.8	31,922	0.6	37	5,711	36.4	59,883	0.6	42					
Male	961,302	72,346,887	16,810	7.3	172,613	0.7	87	20,994	9.2	220,347	0.4	33					
Disabled	553,264	46,837,754	11,652	23.7	121,233	0.8	102	11,015	22.4	120,046	0.4	35					
5 and younger	4,715	406,153	21	1.2	164	0.4	35	188	10.9	1,843	0.4	26					
6-14	27,683	6,177,482	778	11.7	6,738	0.6	78	300	4.5	3,094	0.4	32					
15-20	19,170	3,863,997	643	16.1	6,077	0.6	89	287	7.2	3,036	0.3	30					
21-44	221,032	19,815,543	6,079	32.0	64,452	0.8	111	4,188	22.0	46,498	0.4	33					
45-64	265,748	15,793,913	3,990	23.6	42,182	0.8	95	5,735	34.0	62,017	0.4	38					
65-74	14,377	759,095	132	15.8	1,517	0.7	86	309	37.1	3,465	0.5	37					
75-84	392	15,533	7	20.0	79	0.4	12	5	14.3	57	0.3	26					
85 and older	147	6,038	2	20.0	24	0.8	11	3	30.0	36	0.5	25					
Other Eligibles	408,038	25,509,133	5,158	2.9	51,380	0.6	51	9,979	5.6	100,301	0.4	31					
5 and younger	32,576	2,335,730	83	0.1	844	0.3	24	1,380	2.0	10,548	0.2	9					
6-14	55,273	7,125,722	1,060	1.6	10,049	0.5	57	865	1.3	8,804	0.2	9					
15-20	20,894	1,719,546	564	2.8	5,400	0.5	59	588	2.9	5,768	0.2	13					
21-44	16,516	849,341	133	3.0	1,093	0.4	45	538	12.2	4,852	0.3	31					
45-64	5,325	278,707	37	4.4	280	0.4	50	185	22.2	1,635	0.4	33					
65-74	129,215	6,327,898	1,377	16.1	14,765	0.6	56	2,967	34.7	32,675	0.5	37					
75-84	106,049	4,948,874	1,265	18.8	12,845	0.6	46	2,415	35.9	25,596	0.5	39					
85 and older	42,190	1,923,315	639	20.8	6,104	0.6	40	1,041	33.8	10,423	0.6	41					
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

All Medicaid Beneficiaries

Table 7A

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 1/2003. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 VIRGINIA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC. HEMATOLOGICAL					ANTICONVULSANT				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
All	78,957	13.9 %	803,852	\$30	0.5	7,402	1.3 %	79,072	\$240	0.5	37,834	6.6 %	391,219	0.7	\$43
Female	55,777	16.4	568,661	30	0.5	5,173	1.5	55,589	37	0.5	22,297	6.5	230,515	0.7	39
Disabled	25,583	45.9	270,774	32	0.5	1,364	2.4	14,492	34	0.4	13,227	23.7	139,542	0.7	47
5 and younger	11	0.8	104	6	0.2	1	0.1	9	1,385	0.6	136	10.3	1,341	0.6	36
6-14	368	10.6	3,235	26	0.5	3	0.1	34	2	0.4	586	16.8	5,949	0.8	54
15-20	541	21.1	5,172	32	0.4	2	0.1	24	4	0.1	524	20.5	5,181	0.8	63
21-44	10,390	51.9	109,352	32	0.5	148	0.7	1,604	31	0.4	5,984	29.9	63,445	0.7	53
45-64	13,566	51.8	145,098	32	0.5	1,079	4.1	11,413	33	0.5	5,733	21.9	60,855	0.7	40
65-74	675	34.6	7,466	29	0.6	117	6.0	1,253	39	0.5	254	13.0	2,760	0.7	36
75-84	25	22.1	283	24	0.6	8	7.1	92	24	0.5	9	8.0	99	0.5	30
85 and older	7	15.9	64	28	0.5	6	13.6	63	46	0.7	1	2.3	12	1.0	15
Other Eligibles	30,194	10.6	297,887	28	0.5	3,809	1.3	41,097	38	0.6	9,070	3.2	90,973	0.7	28
5 and younger	69	0.1	608	12	0.3	1	0.0	5	416	0.2	159	0.2	1,400	0.6	21
6-14	1,954	2.9	18,620	21	0.4	1	0.0	5	67	0.4	619	0.9	5,911	0.5	26
15-20	2,499	7.1	23,315	22	0.3	1	0.0	12	11	0.3	621	1.8	5,750	0.5	31
21-44	8,005	13.0	68,094	21	0.3	26	0.0	213	97	0.3	1,663	2.7	13,976	0.4	24
45-64	740	28.5	6,413	27	0.4	24	0.9	188	27	0.3	147	5.7	1,275	0.5	29
65-74	5,209	29.8	57,820	28	0.6	1,033	5.9	11,427	36	0.5	2,192	12.5	24,073	0.7	30
75-84	6,543	32.7	70,204	32	0.6	1,487	7.4	16,375	39	0.6	2,301	11.5	24,589	0.8	28
85 and older	5,175	33.0	52,813	35	0.7	1,236	7.9	12,872	38	0.6	1,368	8.7	13,999	0.8	24
Male	23,180	10.1	235,191	30	0.5	2,229	1.0	23,483	720	0.6	15,537	6.8	160,704	0.8	47
Disabled	13,100	26.6	136,933	32	0.5	823	1.7	8,669	1,109	0.5	11,046	22.5	116,796	0.8	54
5 and younger	22	1.3	187	13	0.3	3	0.2	22	8,251	0.8	177	10.2	1,651	0.7	45
6-14	1,138	17.1	10,453	27	0.5	21	0.3	184	24,220	3.1	977	14.7	9,368	0.7	50
15-20	788	19.8	7,556	33	0.5	14	0.4	123	19,190	1.7	748	18.8	7,561	0.7	61
21-44	5,791	30.5	61,951	34	0.5	115	0.6	1,241	1,854	0.4	5,416	28.5	58,690	0.8	62
45-64	5,168	30.6	54,689	30	0.5	630	3.7	6,652	45	0.5	3,564	21.1	37,763	0.8	42
65-74	187	22.4	2,025	25	0.6	38	4.6	423	33	0.5	160	19.2	1,715	0.7	28
75-84	4	11.4	48	18	0.4	2	5.7	24	28	0.5	3	8.6	36	0.8	16
85 and older	2	20.0	24	36	1.4	0	0.0	0	0	0.0	1	10.0	12	1.7	53
Other Eligibles	10,080	5.6	98,258	27	0.5	1,406	0.8	14,814	492	0.6	4,491	2.5	43,908	0.7	30
5 and younger	155	0.2	1,548	12	0.3	20	0.0	143	11,035	1.2	212	0.3	1,872	0.4	17
6-14	3,026	4.5	28,742	21	0.4	15	0.0	153	30,600	2.8	968	1.4	9,110	0.5	28
15-20	1,389	6.9	13,203	27	0.4	4	0.0	30	17,906	1.7	537	2.7	5,056	0.5	39
21-44	888	20.2	7,635	22	0.3	10	0.2	100	35	0.4	319	7.3	2,608	0.5	34
45-64	197	23.6	1,722	26	0.4	10	1.2	99	23	0.3	66	7.9	559	0.4	27
65-74	1,883	22.0	19,894	30	0.6	536	6.3	5,850	33	0.5	1,184	13.8	12,600	0.8	32
75-84	1,758	26.1	17,932	31	0.7	535	7.9	5,719	35	0.6	891	13.2	9,105	0.8	28
85 and older	784	25.5	7,582	35	0.7	276	9.0	2,720	38	0.6	314	10.2	2,998	0.8	26
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 VIRGINIA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC				ANTI-HYPERTENSIVE				ANTI-DIABETIC						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	108,494	19.0 %	1,060,999	0.4	\$13	56,019	9.8 %	584,373	0.6	\$22	42,317	7.4 %	444,308	0.6	\$27
Female	64,303	18.9	637,290	0.4	13	37,354	11.0	394,069	0.6	22	31,880	9.3	335,556	0.7	28
Disabled	21,272	38.2	225,659	0.4	17	12,898	23.2	133,662	0.6	21	13,306	23.9	139,326	0.6	31
5 and younger	461	34.8	4,290	0.3	13	40	3.0	377	0.6	9	2	0.2	19	0.7	27
6-14	765	22.0	7,370	0.3	14	201	5.8	1,674	0.6	14	31	0.9	315	0.9	41
15-20	445	17.4	4,327	0.3	13	91	3.6	899	0.6	23	64	2.5	619	0.8	35
21-44	5,944	29.7	62,997	0.3	13	2,263	11.3	23,456	0.5	18	2,363	11.8	24,742	0.6	31
45-64	12,589	48.0	135,057	0.4	18	9,253	35.3	95,774	0.6	22	9,874	37.7	103,074	0.6	32
65-74	1,022	52.4	11,087	0.5	20	973	49.9	10,619	0.6	23	924	47.4	9,998	0.6	29
75-84	38	33.6	436	0.5	22	60	53.1	685	0.6	19	38	33.6	441	0.6	23
85 and older	8	18.2	95	0.2	19	17	38.6	178	0.7	27	10	22.7	118	0.6	17
Other Eligibles	43,031	15.1	411,631	0.3	11	24,456	8.6	260,407	0.6	23	18,574	6.5	196,230	0.7	25
5 and younger	9,724	14.7	86,327	0.2	4	79	0.1	628	0.4	4	31	0.0	250	0.6	20
6-14	7,243	10.8	67,522	0.2	7	539	0.8	4,896	0.5	8	166	0.2	1,465	0.7	28
15-20	3,414	9.7	29,888	0.2	7	209	0.6	1,815	0.4	9	205	0.6	1,617	0.7	33
21-44	6,050	9.8	49,629	0.3	8	1,288	2.1	9,749	0.4	12	1,294	2.1	10,052	0.5	21
45-64	558	21.5	4,610	0.4	13	459	17.7	3,423	0.5	20	387	14.9	3,049	0.5	24
65-74	6,174	35.3	68,179	0.5	19	7,852	44.9	87,784	0.6	23	6,995	40.0	77,787	0.7	28
75-84	6,166	30.8	67,071	0.5	19	8,669	43.3	95,923	0.6	24	6,489	32.4	70,914	0.7	24
85 and older	3,702	23.6	38,405	0.4	16	5,361	34.2	56,189	0.7	24	3,007	19.2	31,096	0.7	20
Male	44,191	19.3	423,709	0.3	12	18,665	8.2	190,304	0.6	21	10,437	4.6	108,752	0.6	26
Disabled	11,798	24.0	122,887	0.4	17	9,263	18.8	94,594	0.6	21	5,667	11.5	59,205	0.6	28
5 and younger	715	41.4	6,582	0.3	12	75	4.3	537	0.6	13	6	0.3	55	0.7	56
6-14	1,592	23.9	15,195	0.4	15	760	11.4	6,521	0.6	12	41	0.6	390	0.9	34
15-20	556	13.9	5,302	0.4	13	263	6.6	2,554	0.6	12	59	1.5	599	0.7	35
21-44	2,852	15.0	31,131	0.4	13	2,388	12.6	25,132	0.5	21	1,429	7.5	15,145	0.6	27
45-64	5,662	33.5	60,166	0.5	20	5,398	32.0	55,641	0.6	23	3,907	23.1	40,532	0.6	28
65-74	407	48.8	4,352	0.5	21	362	43.4	4,013	0.6	25	213	25.5	2,352	0.7	29
75-84	10	28.6	120	0.4	9	15	42.9	175	0.5	18	11	31.4	120	0.7	37
85 and older	4	40.0	39	0.3	12	2	20.0	21	0.6	53	1	10.0	12	0.1	2
Other Eligibles	32,393	18.0	300,822	0.3	10	9,402	5.2	95,710	0.6	21	4,770	2.7	49,547	0.6	24
5 and younger	13,559	19.7	119,170	0.2	5	202	0.3	1,749	0.4	7	26	0.0	229	0.8	25
6-14	9,497	14.2	87,075	0.3	9	1,458	2.2	12,812	0.5	9	112	0.2	1,022	0.7	28
15-20	1,811	9.0	16,342	0.3	9	238	1.2	2,245	0.5	10	101	0.5	892	0.8	31
21-44	509	11.6	4,515	0.3	12	240	5.5	1,970	0.5	19	150	3.4	1,115	0.6	30
45-64	154	18.4	1,310	0.4	17	173	20.7	1,354	0.5	20	133	15.9	1,137	0.6	24
65-74	3,111	36.4	33,647	0.5	21	3,323	38.8	36,198	0.6	24	2,194	25.6	23,749	0.6	25
75-84	2,689	39.9	28,124	0.5	20	2,716	40.3	28,867	0.6	25	1,556	23.1	16,589	0.6	22
85 and older	1,063	34.6	10,639	0.5	18	1,052	34.2	10,515	0.7	25	498	16.2	4,814	0.7	21
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 7C
 All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 VIRGINIA, 1999

Beneficiary Characteristics	ANALGESICS - Narcotic					CALCIUM BLOCKERS						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	128,092	22.5 %	1,294,758	0.3	\$9	31,876	5.6 %	335,200	0.7	\$33	569,828	4,385,782
Female	94,529	27.7	946,359	0.3	9	23,804	7.0	250,494	0.7	33	341,065	2,615,410
Disabled	34,303	61.6	371,863	0.4	12	7,716	13.9	79,450	0.6	33	55,705	521,667
5 and younger	80	6.0	773	0.1	1	1	0.1	12	0.8	37	1,326	9,567
6-14	298	8.6	3,187	0.2	3	12	0.3	112	0.5	19	3,479	27,284
15-20	592	23.1	5,989	0.2	3	27	1.1	252	0.4	25	2,561	20,671
21-44	13,324	66.5	143,395	0.4	12	1,288	6.4	12,982	0.5	27	20,030	189,344
45-64	18,637	71.1	203,155	0.4	13	5,668	21.6	58,169	0.6	33	26,201	252,649
65-74	1,289	66.1	14,410	0.3	8	660	33.8	7,244	0.7	37	1,951	20,436
75-84	67	59.3	766	0.4	10	49	43.4	556	0.7	34	113	1,290
85 and older	16	36.4	188	0.4	15	11	25.0	123	0.6	31	44	426
Other Eligibles	60,226	21.1	574,496	0.3	6	16,088	5.6	171,044	0.7	33	285,360	2,093,743
5 and younger	1,199	1.8	11,932	0.1	1	6	0.0	72	0.1	6	66,096	449,988
6-14	2,786	4.2	28,258	0.1	1	25	0.0	199	0.4	19	66,762	489,980
15-20	6,720	19.1	58,046	0.2	2	167	0.5	1,352	0.2	8	35,164	226,927
21-44	23,656	38.4	197,120	0.2	5	1,004	1.6	7,602	0.3	16	61,525	356,342
45-64	1,207	46.4	10,303	0.3	7	284	10.9	2,036	0.5	25	2,599	16,986
65-74	8,756	50.1	98,400	0.3	9	4,990	28.5	55,705	0.7	35	17,491	185,942
75-84	9,489	47.4	104,360	0.4	9	5,900	29.4	65,366	0.7	35	20,036	212,006
85 and older	6,413	40.9	66,077	0.4	10	3,712	23.7	38,712	0.7	33	15,687	155,572
Male	33,563	14.7	348,399	0.3	11	8,072	3.5	84,706	0.6	33	228,749	1,770,318
Disabled	17,662	35.9	189,718	0.4	15	4,121	8.4	42,692	0.6	34	49,157	448,943
5 and younger	113	6.5	1,161	0.1	1	2	0.1	24	0.9	58	1,729	12,432
6-14	464	7.0	4,808	0.1	4	28	0.4	288	0.6	33	6,665	51,492
15-20	587	14.7	6,227	0.2	6	34	0.9	345	0.5	33	3,989	32,180
21-44	7,963	41.9	86,491	0.4	17	1,077	5.7	11,389	0.6	33	19,009	184,361
45-64	8,151	48.3	86,831	0.4	15	2,778	16.5	28,372	0.6	35	16,886	159,460
65-74	365	43.8	3,984	0.3	12	197	23.6	2,214	0.7	36	834	8,519
75-84	12	34.3	135	0.2	3	5	14.3	60	0.7	34	35	393
85 and older	7	70.0	81	0.4	22	0	0.0	0	0.0	0	10	106
Other Eligibles	15,901	8.9	158,681	0.3	6	3,951	2.2	42,014	0.7	32	179,592	1,321,375
5 and younger	1,717	2.5	16,967	0.1	1	9	0.0	83	0.4	16	68,792	467,946
6-14	2,809	4.2	28,404	0.1	2	24	0.0	218	0.4	15	67,067	493,215
15-20	2,147	10.7	20,914	0.1	2	35	0.2	328	0.4	23	20,136	145,116
21-44	2,197	50.0	18,785	0.4	13	105	2.4	842	0.5	27	4,395	26,497
45-64	375	44.9	3,216	0.4	16	81	9.7	659	0.6	30	835	5,531
65-74	3,292	38.5	35,821	0.3	9	1,758	20.5	19,221	0.7	32	8,556	87,149
75-84	2,341	34.8	24,659	0.3	8	1,443	21.4	15,578	0.7	33	6,735	67,514
85 and older	1,023	33.3	9,915	0.4	10	496	16.1	5,085	0.7	31	3,076	28,407
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	14	54

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 VIRGINIA, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$220	6.0	17,197	175,395
Age				
0-64	282	6.6	2,044	22,360
65-74	273	6.9	2,258	23,736
75-84	228	6.1	5,400	54,885
85 and older	179	5.3	7,495	74,414
Unknown	0	0.0	0	0
Gender				
Female	213	5.9	12,776	130,853
Male	240	6.0	4,421	44,542
Unknown	0	0.0	0	0
Race				
White	228	6.2	12,450	125,413
African American	199	5.3	4,558	47,957
Other/unknown	225	5.8	189	2,025
Basis of Eligibility				
Aged	210	5.9	15,007	151,490
Disabled	281	6.6	2,183	23,855
Adults	691	25.0	1	1
Children	436	10.3	6	49
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 9,133 beneficiaries who were in nursing facilities for part of their enrollment and their 84,688 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 VIRGINIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total Rx \$			Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	As % of All-Year NF Residents	No. of Bene Mos	
Anti-infective Agents	0.4	0.2	0.0	0.2	\$18	\$15	\$1	\$2	\$44	\$66	\$37	\$13	48,137	\$2,121,081	11,237	65.3 %	118,496
Biologicals	0.2	0.2	0.0	0.0	182	182	0	0	1170	1,170	0	0	7	8,193	4	0.0	45
Antineoplastic Agents	0.6	0.1	0.3	0.1	86	38	41	7	136	261	120	49	4,406	601,132	710	4.1	7,009
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	25	17	2	7	24	42	16	12	67,904	1,601,370	6,055	35.2	63,153
Cardiovascular Agents	1.8	0.4	0.5	0.9	48	18	16	13	26	43	33	15	208,122	5,489,978	11,144	64.8	114,634
Respiratory Agents	0.8	0.3	0.0	0.5	24	13	1	10	31	46	28	22	61,133	1,886,634	7,455	43.4	79,259
Gastrointestinal Agents	1.1	0.4	0.1	0.6	56	36	7	13	51	89	67	22	100,366	5,122,128	8,752	50.9	91,606
Genitourinary Agents	0.6	0.2	0.0	0.3	18	12	1	5	32	50	23	19	17,361	562,609	2,890	16.8	31,190
CNS Drugs	1.5	0.7	0.2	0.6	76	54	13	9	50	78	74	15	170,598	8,598,399	10,838	63.0	113,158
Stimulants/Anti-obesity/Anorexia	0.6	0.0	0.0	0.5	13	0	1	11	23	79	27	22	805	18,313	139	0.8	1,433
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	89	89	0	1	111	115	0	18	5,952	661,827	713	4.1	7,400
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	24	14	4	6	32	72	49	12	58,334	1,844,366	7,377	42.9	76,115
Neuromuscular Agents	1.3	0.3	0.4	0.6	52	21	16	15	41	70	38	27	74,038	3,047,625	5,476	31.8	58,128
Nutritional Products	0.8	0.0	0.3	0.5	13	0	6	7	17	14	21	15	44,741	781,203	5,669	33.0	58,175
Hematological Agents	1.0	0.1	0.4	0.5	37	19	11	8	37	173	24	17	48,285	1,765,836	4,612	26.8	47,799
Topical Products	0.6	0.2	0.1	0.2	19	12	4	3	34	49	36	13	61,296	2,059,128	9,996	58.1	107,346
Miscellaneous Products	0.3	0.0	0.0	0.2	9	3	0	5	33	102	117	22	2,821	93,175	1,028	6.0	10,496
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	22	0	0	0	32	0	0	0	71,291	2,315,229	10,030	58.3	106,143
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,045,597	38,578,226	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 9,133 beneficiaries who were in nursing facilities for part of their enrollment and their 84,688 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 1999. 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/products/product_mddb.asp (May 13 2003).

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/products/product_mddb.asp (May 13 2003).

In Virginia, 6.3 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 VIRGINIA, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIDEPRESSANTS	\$3,800,103	8,229	47.9 %	86,579	0.8	\$52	\$44
ULCER DRUGS	3,762,755	6,828	39.7	71,596	0.7	71	53
ANTIPSYCHOTICS	3,342,980	5,651	32.9	59,994	0.7	78	56
ANTICONVULSANT	1,897,846	4,198	24.4	44,907	1.1	39	42
DERMATOLOGICAL	1,891,509	24,952	145.1	272,081	0.3	24	7
ANTIHYPERTENSIVE	1,749,751	5,355	31.1	55,760	0.9	37	31
CALCIUM BLOCKERS	1,371,391	3,424	19.9	35,696	0.9	43	38
ANTIASTHMATIC	1,252,660	5,445	31.7	56,457	0.6	35	22
ANTIIDIABETIC	1,205,435	4,549	26.5	48,007	0.8	31	25
ANTIANSIETY AGENTS	1,197,741	5,476	31.8	58,108	0.7	30	21

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 9,133 beneficiaries who were in nursing facilities for part of their enrollment and their 84,688 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d} VIRGINIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIDEPRESSANTS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	of All-Year NF Residents	No. of Bene Mos among Users	Mean No. of Rx
All	492,843	\$21,472,171	8,229	47.9 %	86,579	0.8	\$44	6,828	39.7 %	71,596	0.7	\$53
Female	357,718	15,330,468	6,300	49.3	66,623	0.8	44	4,996	39.1	52,668	0.7	51
Disabled	41,127	1,945,983	586	52.7	6,571	0.9	50	453	40.8	4,939	0.8	58
64 or younger	37,488	1,781,448	544	53.3	6,124	0.9	51	406	39.8	4,438	0.8	58
65-74	3,054	139,487	33	50.8	357	0.9	43	38	58.5	408	0.7	56
75-84	312	15,434	5	55.6	60	1.0	50	3	33.3	36	1.0	98
85 and older	273	9,614	4	23.5	30	0.6	35	6	35.3	57	0.8	52
Other Eligibles	316,591	13,384,485	5,714	49.0	60,052	0.8	43	4,543	38.9	47,729	0.7	50
64 or younger	283	11,343	3	50.0	15	0.6	29	2	33.3	13	0.8	35
65-74	50,837	2,276,793	801	62.9	8,716	0.9	45	575	45.1	6,240	0.7	52
75-84	120,879	5,247,827	2,138	53.4	22,780	0.8	44	1,582	39.5	16,746	0.7	51
85 and older	144,592	5,848,522	2,772	43.5	28,541	0.8	41	2,384	37.4	24,730	0.7	49
Male	135,125	6,141,703	1,929	43.6	19,956	0.9	45	1,832	41.4	18,928	0.7	57
Disabled	41,425	2,006,405	469	43.8	5,179	0.9	48	457	42.6	4,971	0.8	67
64 or younger	39,255	1,904,635	443	43.8	4,901	0.9	48	433	42.8	4,701	0.8	67
65-74	1,991	95,374	23	41.1	242	1.0	52	23	41.1	258	0.8	58
75-84	81	3,561	1	50.0	12	1.1	63	0	0.0	0	0.0	0
85 and older	98	2,835	2	66.7	24	1.4	36	1	33.3	12	0.9	56
Other Eligibles	93,700	4,135,298	1,460	43.6	14,777	0.9	44	1,375	41.1	13,957	0.7	53
64 or younger	245	11,060	4	57.1	28	1.0	61	5	71.4	47	0.9	57
65-74	28,912	1,364,849	415	48.1	4,336	0.9	48	377	43.7	3,938	0.7	57
75-84	39,359	1,719,162	637	46.1	6,429	0.8	43	571	41.3	5,728	0.7	54
85 and older	25,184	1,040,227	404	36.9	3,984	0.9	43	422	38.5	4,244	0.7	49
Unknown	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 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 9,133 beneficiaries who were in nursing facilities for part of their enrollment and their 84,688 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 VIRGINIA, 1999

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTICONVULSANT					DERMATOLOGICAL				
	Users as %			Mean		Users as %			Mean		Users as %			Mean	
	No. of Users	No. of Bene Mos among Users	No. of Bene NF Residents	No. of Rx	Rx \$	No. of Users	No. of Bene Mos among Users	No. of Bene NF Residents	No. of Rx	Rx \$	No. of Users	No. of Bene Mos among Users	No. of Bene NF Residents	No. of Rx	Rx \$
All	5,651	32.9 %	59,994	0.7	\$56	4,198	24.4 %	44,907	1.1	\$42	24,952	145.1 %	272,081	0.3	\$7
Female	4,086	32.0	43,633	0.7	54	2,768	21.7	29,639	1.1	39	18,371	143.8	200,982	0.3	7
Disabled	386	34.7	4,331	0.8	69	588	52.9	6,575	1.2	57	1,730	155.7	19,669	0.3	9
64 or younger	350	34.3	3,925	0.8	69	561	55.0	6,310	1.2	57	1,594	156.3	18,122	0.3	9
65-74	28	43.1	310	0.9	92	25	38.5	241	1.2	46	109	167.7	1,243	0.3	7
75-84	4	44.4	48	0.4	5	1	11.1	12	1.2	129	11	122.2	132	0.2	4
85 and older	4	23.5	48	0.9	20	1	5.9	12	1.0	15	16	94.1	172	0.2	3
Other Eligibles	3,700	31.7	39,302	0.7	53	2,180	18.7	23,064	1.0	35	16,641	142.7	181,313	0.3	6
64 or younger	1	16.7	2	1.5	223	5	83.3	40	1.8	52	10	166.7	67	0.2	5
65-74	551	43.2	5,958	0.8	69	523	41.1	5,662	1.1	40	1,899	149.1	21,337	0.3	7
75-84	1,474	36.8	15,828	0.7	56	902	22.5	9,590	1.0	36	5,717	142.7	62,967	0.3	6
85 and older	1,674	26.2	17,514	0.7	44	750	11.8	7,772	0.9	29	9,015	141.3	96,942	0.3	6
Male	1,565	35.4	16,361	0.7	59	1,430	32.3	15,268	1.1	48	6,581	148.9	71,099	0.3	8
Disabled	356	33.2	3,944	0.8	72	606	56.5	6,816	1.3	61	1,814	169.2	20,688	0.3	10
64 or younger	332	32.8	3,678	0.8	72	579	57.3	6,528	1.3	62	1,707	168.8	19,523	0.3	10
65-74	21	37.5	230	0.9	84	26	46.4	276	1.1	36	95	169.6	1,021	0.3	7
75-84	1	50.0	12	1.5	26	0	0.0	0	0.0	0	5	250.0	60	0.2	3
85 and older	2	66.7	24	0.8	11	1	33.3	12	1.7	53	7	233.3	84	0.2	5
Other Eligibles	1,209	36.1	12,417	0.7	56	824	24.6	8,452	1.0	37	4,767	142.3	50,411	0.3	7
64 or younger	1	14.3	2	0.5	4	3	42.9	22	0.7	20	6	85.7	59	0.2	6
65-74	358	41.5	3,897	0.7	68	316	36.6	3,365	1.1	43	1,246	144.4	13,748	0.3	7
75-84	533	38.5	5,418	0.7	51	355	25.7	3,602	1.0	35	1,963	141.9	20,849	0.3	7
85 and older	317	28.9	3,100	0.7	47	150	13.7	1,463	0.9	30	1,552	141.6	15,755	0.3	8
Unknown	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 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 9,133 beneficiaries who were in nursing facilities for part of their enrollment and their 84,688 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 VIRGINIA, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					CALCIUM BLOCKERS					ANTIASTHMATIC						
	Users as %					Users as %					Users as %						
	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx
All	5,355	55,760	0.9	\$31	0.9	3,424	19.9 %	35,696	0.9	\$38	5,445	31.7 %	56,457	0.6	\$22		
Female	3,848	40,377	0.9	30	0.9	2,635	20.6	27,468	0.9	38	3,736	29.2	39,233	0.6	21		
Disabled	244	2,696	0.9	33	0.9	176	15.8	1,941	0.9	45	355	32.0	3,777	0.8	26		
64 or younger	213	2,359	0.9	32	0.9	151	14.8	1,672	0.9	46	316	31.0	3,384	0.7	25		
65-74	21	224	1.0	50	1.0	20	30.8	218	0.8	40	34	52.3	333	1.5	42		
75-84	4	48	0.8	21	0.8	2	22.2	24	0.7	41	3	33.3	36	0.2	9		
85 and older	6	65	1.0	35	1.0	3	17.6	27	1.0	36	2	11.8	24	0.1	2		
Other Eligibles	3,604	37,681	0.9	30	0.9	2,459	21.1	25,527	0.9	38	3,381	29.0	35,456	0.6	20		
64 or younger	4	6	0.8	42	0.8	2	33.3	13	0.6	32	9	150.0	97	1.5	66		
65-74	501	5,482	0.9	30	0.9	311	24.4	3,402	0.9	41	525	41.2	5,659	0.8	30		
75-84	1,323	13,998	0.8	31	0.8	907	22.6	9,596	0.9	40	1,293	32.3	13,652	0.6	21		
85 and older	1,776	18,195	0.8	29	0.8	1,239	19.4	12,516	0.9	36	1,554	24.4	16,048	0.5	16		
Male	1,507	15,383	0.9	35	0.9	789	17.8	8,228	0.9	39	1,709	38.7	17,224	0.7	25		
Disabled	313	3,464	0.9	37	0.9	158	14.7	1,787	0.9	43	354	33.0	3,854	0.9	33		
64 or younger	294	3,246	0.9	36	0.9	143	14.1	1,611	0.8	43	335	33.1	3,657	0.9	33		
65-74	18	206	1.0	48	1.0	15	26.8	176	0.9	40	19	33.9	197	0.8	40		
75-84	1	12	1.0	29	1.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
85 and older	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0		
Other Eligibles	1,194	11,919	0.9	34	0.9	631	18.8	6,441	0.9	38	1,355	40.5	13,370	0.6	23		
64 or younger	0	0	0.0	0	0.0	1	14.3	12	1.0	66	3	42.9	36	3.0	110		
65-74	334	3,503	0.9	36	0.9	199	23.1	2,128	0.9	39	316	36.6	3,146	0.7	28		
75-84	517	5,017	0.9	33	0.9	275	19.9	2,771	0.9	37	601	43.5	5,939	0.7	24		
85 and older	343	3,399	0.9	32	0.9	156	14.2	1,530	0.9	37	435	39.7	4,249	0.5	18		
Unknown	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 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 9,133 beneficiaries who were in nursing facilities for part of their enrollment and their 84,688 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 VIRGINIA, 1999

Beneficiary Characteristics	ANTIDIABETIC				ANTIANSXIETY AGENTS				Mean Rx \$	Mean No. of Rx	Bene Mos among All-Year NF Residents	
	Users as %		Users as %		Users as %		Users as %					
	No. of Users	%	No. of Users	%	No. of Users	%	No. of Users	%				
All	4,549	26.5 %	48,007	0.8	\$25	5,476	31.8 %	58,108	0.7	\$21	17,197	175,395
Female	3,453	27.0	36,447	0.8	25	4,117	32.2	43,844	0.7	20	12,776	130,853
Disabled	302	27.2	3,345	0.9	31	445	40.1	4,979	0.8	20	1,111	12,162
64 or younger	264	25.9	2,913	0.9	31	409	40.1	4,588	0.8	20	1,020	11,232
65-74	32	49.2	360	0.9	36	27	41.5	301	0.9	22	65	663
75-84	4	44.4	48	0.9	26	6	66.7	72	0.8	41	9	108
85 and older	2	11.8	24	0.9	21	3	17.6	18	0.5	12	17	159
Other Eligibles	3,151	27.0	33,102	0.8	24	3,672	31.5	38,865	0.7	20	11,665	118,691
64 or younger	3	50.0	4	1.5	40	2	33.3	14	1.0	31	6	40
65-74	617	48.4	6,732	0.8	27	473	37.1	5,087	0.7	24	1,274	13,507
75-84	1,348	33.6	14,303	0.8	24	1,310	32.7	14,004	0.7	22	4,006	41,239
85 and older	1,183	18.5	12,063	0.8	22	1,887	29.6	19,760	0.6	18	6,379	63,905
Male	1,096	24.8	11,560	0.8	26	1,359	30.7	14,264	0.7	22	4,421	44,542
Disabled	249	23.2	2,739	0.8	31	394	36.8	4,341	0.8	26	1,072	11,693
64 or younger	231	22.8	2,535	0.8	31	379	37.5	4,196	0.8	26	1,011	11,029
65-74	16	28.6	180	0.7	17	15	26.8	145	0.5	26	56	604
75-84	2	100.0	24	1.1	82	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
Other Eligibles	847	25.3	8,821	0.8	25	965	28.8	9,923	0.6	21	3,349	32,849
64 or younger	0	0.0	0	0.0	0	1	14.3	12	2.4	93	7	59
65-74	277	32.1	3,023	0.8	24	252	29.2	2,702	0.7	24	863	8,962
75-84	353	25.5	3,642	0.8	26	408	29.5	4,151	0.6	21	1,383	13,514
85 and older	217	19.8	2,156	0.8	25	304	27.7	3,058	0.6	18	1,096	10,314
Unknown	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 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 9,133 beneficiaries who were in nursing facilities for part of their enrollment and their 84,688 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 VIRGINIA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	655,049	72,206	117,226	95,037	370,577	6,040,177	749,225	1,227,773	727,994	6
Age										
5 and younger	161,016	0	3,499	0	157,517	0	0	32,030	0	1,351,571
6-14	173,843	0	12,763	663	160,414	3	0	130,712	5,950	1,516,887
15-20	73,584	0	8,207	12,860	52,517	0	0	82,752	86,755	465,896
21-44	120,126	2	42,696	77,314	114	0	8	452,982	599,437	767
45-64	51,062	49	46,838	4,175	0	0	371	493,419	35,666	0
65-74	29,455	26,411	3,020	23	1	0	281,708	33,633	181	4
75-84	27,101	26,952	149	0	0	0	282,588	1,713	0	0
85 and older	18,848	18,792	54	2	0	0	185,087	532	5	0
Unknown	14	0	0	0	14	0	0	0	0	54
Gender										
Female	391,402	53,664	62,596	89,014	186,127	1	562,385	664,112	685,107	1,678,097
Male	263,647	18,542	54,630	6,023	184,450	2	186,840	563,661	42,887	1,657,082
Unknown	0	0	0	0	0	0	0	0	0	0
Race										
White	293,365	39,839	63,784	41,568	148,173	1	403,851	669,441	291,514	1,287,911
African American	317,112	24,552	50,291	49,211	193,056	2	260,904	526,517	408,494	1,805,393
Other/unknown	44,572	7,815	3,151	4,258	29,348	0	84,470	31,815	27,986	241,875
Use of Nursing Facilities										
All year	17,197	15,007	2,183	1	6	0	151,490	23,856	1	49
Part year	9,140	7,705	1,405	4	26	0	70,825	14,142	39	216
None	628,712	49,494	113,638	95,032	370,545	3	526,910	1,189,775	727,954	3,334,914
Maintenance Assistance Status										
Cash	255,079	39,565	101,419	34,784	79,311	0	441,741	1,081,044	304,172	759,717
Medically needy	12,629	6,045	5,894	144	546	0	55,293	42,340	875	3,744
Poverty related	259,833	1,324	1,642	32,714	224,153	0	13,674	16,791	189,911	2,021,304
Other/unknown	127,508	25,272	8,271	27,395	66,567	3	238,517	87,598	233,036	550,414
Dual Status^c										
Full dual, all year	96,019	60,642	34,789	568	20	0	630,270	381,837	4,269	176
Full dual, part year	5,920	3,508	2,402	10	0	0	35,688	24,941	111	0
Non-dual, all year	553,110	8,056	80,035	94,459	370,557	3	83,267	820,995	723,614	3,335,003
Managed Care Status										
FFS all year	443,382	70,793	88,380	57,681	226,525	3	733,267	909,500	381,528	1,889,094
FFS part year, with Rx claims	61,532	607	11,455	14,816	34,654	0	6,908	128,387	140,452	365,374
FFS part year, no Rx claims	64,914	211	5,027	9,318	50,358	0	2,258	53,820	87,877	518,612
MC all year, with Rx claims	231	1	5	0	225	0	6	50	0	637
MC all year, no Rx claims	84,990	594	12,359	13,222	58,815	0	6,786	136,016	118,137	561,462

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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
 VIRGINIA, 1999

	Benes and					
	Bene Mos in Cell B of Table 1		Included in Cell C of Table 1		Excluded from Cell C of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	655,049	6,040,177	569,828	4,385,782	85,221	1,654,395
FFS all year	443,382	3,913,395	443,382	3,913,395	0	0
FFS part year, with Rx claims	61,532	641,121	61,532	245,055	0	396,066
FFS part year, with no Rx claims	64,914	662,567	64,914	227,332	0	435,235
MC all year, with Rx claims	231	693	0	0	231	693
MC all year, with no Rx claims	84,990	822,401	0	0	84,990	822,401

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 06/25/2004.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.