

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

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>101,482</b>	<b>64,072</b>	<b>36,861</b>	<b>530</b>	<b>19</b>	<b>0</b>	<b>1,064,630</b>	<b>663,676</b>	<b>397,179</b>	<b>3,612</b>	<b>163</b>	<b>0</b>
<b>Age</b>												
5 and younger	5	0	2	0	3	0	54	0	24	0	30	0
6-14	24	0	23	0	1	0	255	0	243	0	12	0
15-20	188	0	174	5	9	0	1,751	0	1,645	24	82	0
21-44	16,463	0	16,034	424	5	0	175,477	0	172,626	2,816	35	0
45-64	18,328	27	18,208	93	0	0	197,331	215	196,403	713	0	0
65-74	23,697	21,462	2,227	7	1	0	252,998	228,828	24,110	56	4	0
75-84	24,759	24,617	142	0	0	0	259,692	258,060	1,632	0	0	0
85 and older	18,018	17,966	51	1	0	0	177,072	176,573	496	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	68,169	48,295	19,495	371	8	0	719,116	505,400	211,110	2,535	71	0
Male	33,313	15,777	17,366	159	11	0	345,514	158,276	186,069	1,077	92	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	59,403	36,855	22,217	324	7	0	616,570	373,373	240,912	2,220	65	0
African American	37,134	22,854	14,069	199	12	0	394,543	242,771	150,313	1,361	98	0
Other/unknown	4,945	4,363	575	7	0	0	53,517	47,532	5,954	31	0	0
<b>Use of Nursing Facilities</b>												
All year	15,800	14,435	1,364	1	0	0	160,807	145,649	15,157	1	0	0
Part year	8,127	7,409	718	0	0	0	75,414	68,048	7,366	0	0	0
None	77,555	42,228	34,779	529	19	0	828,409	449,979	374,656	3,611	163	0
<b>Maintenance Assistance Status</b>												
Cash	61,577	34,472	26,841	262	2	0	680,473	384,690	293,907	1,862	14	0
Medically needy	6,321	4,033	2,288	0	0	0	55,875	36,213	19,662	0	0	0
Poverty-related	2,967	1,296	1,566	101	4	0	30,166	13,401	16,060	665	40	0
Other/unknown	30,617	24,271	6,166	167	13	0	298,116	229,372	67,550	1,085	109	0
<b>Dual Medicare Status<sup>c</sup></b>												
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
<b>Managed Care Status</b>												
FFS all year	100,054	63,791	35,776	469	18	0	1,056,714	662,027	391,168	3,367	152	0
FFS part year, with Rx claims	1,141	216	868	56	1	0	6,743	1,357	5,144	231	11	0
FFS part year, no Rx claims	287	65	217	5	0	0	1,173	292	867	14	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 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. 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 12  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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 \$ <sup>c</sup>	No. of Benes
All	88.6 %	41.9	\$1,822	\$44	\$9,974	18.3 %	\$71	101,482
<b>Age</b>								
5 and younger	100.0	48.6	2,606	54	13,029	20.0	52	5
6-14	91.7	49.4	5,787	117	9,164	63.1	80	24
15-20	80.3	23.7	1,699	72	7,989	21.3	13	188
21-44	83.6	31.2	2,089	67	10,826	19.3	25	16,463
45-64	87.4	45.6	2,240	49	10,758	20.8	64	18,328
65-74	87.9	42.5	1,723	41	7,198	23.9	69	23,697
75-84	90.7	44.8	1,688	38	9,487	17.8	83	24,759
85 and older	92.3	43.0	1,461	34	12,738	11.5	109	18,018
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Basis of Eligibility</b>								
Aged	90.0	43.4	1,628	38	9,656	16.9	85	64,072
Disabled	86.1	39.5	2,167	55	10,614	20.4	48	36,861
Adults	84.3	24.2	1,278	53	3,939	32.4	18	530
Children	78.9	25.3	1,613	64	7,369	21.9	32	19
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Gender</b>								
Female	90.9	45.2	1,837	41	9,723	18.9	81	68,169
Male	83.8	35.1	1,790	51	10,486	17.1	51	33,313
Unknown	0.0	0.0	0	0	0	0.0	0	0
<b>Race</b>								
White	89.1	46.4	2,036	44	10,969	18.6	77	59,403
African American	87.8	36.5	1,557	43	9,131	17.1	68	37,134
Other/unknown	87.6	27.2	1,240	46	4,350	28.5	25	4,945
<b>Use of Nursing Facilities</b>								
Entire year	97.3	60.3	2,208	37	22,232	9.9	211	15,800
Part year	96.4	52.2	1,938	37	14,889	13.0	139	8,127
None	86.0	37.0	1,731	47	6,961	24.9	36	77,555
<b>Maintenance Assistance Status</b>								
Cash	90.5	40.2	1,813	45	5,468	33.2	41	61,577
Medically needy	82.1	37.6	1,712	46	10,080	17.0	97	6,321
Poverty related	67.7	15.1	723	48	2,608	27.7	18	2,967
Other/unknown	88.0	48.7	1,969	40	19,727	10.0	132	30,617

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 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G of Table 1.

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

c. 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 13  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Bene Mos	No.	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				
<b>All</b>	<b>4.0</b>	<b>\$174</b>	<b>18.3 %</b>	<b>11.4 %</b>	<b>17.9 %</b>	<b>12.4 %</b>	<b>30.9 %</b>	<b>21.7 %</b>	<b>5.5 %</b>	<b>\$951</b>	<b>101,482</b>	<b>1,064,630</b>
<b>Age</b>												
5 and younger	4.5	241	20.0	0.0	0.0	20.0	60.0	20.0	0.0	1,206	5	54
6-14	4.6	545	63.1	8.3	4.2	4.2	45.8	33.3	4.2	863	24	255
15-20	2.5	182	21.3	19.7	31.4	13.3	26.6	6.9	2.1	858	188	1,751
21-44	2.9	196	19.3	16.4	27.4	13.7	26.0	13.7	2.8	1,016	16,463	175,477
45-64	4.2	208	20.8	12.6	16.5	11.5	29.9	22.8	6.7	999	18,328	197,331
65-74	4.0	161	23.9	12.1	18.0	12.8	30.5	20.8	5.7	674	23,697	252,998
75-84	4.3	161	17.8	9.3	15.3	12.4	32.6	24.1	6.3	905	24,759	259,692
85 and older	4.4	149	11.5	7.7	14.0	11.9	34.7	26.1	5.5	1,296	18,018	177,072
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility</b>												
Aged	4.2	157	16.9	10.0	15.9	12.4	32.4	23.5	5.9	932	64,072	663,676
Disabled	3.7	201	20.4	13.9	21.3	12.6	28.4	18.8	4.9	985	36,861	397,179
Adults	3.6	188	32.4	15.7	21.3	13.0	28.7	17.2	4.2	578	530	3,612
Children	2.9	188	21.9	21.1	5.3	15.8	52.6	0.0	5.3	859	19	163
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Gender</b>												
Female	4.3	174	18.9	9.1	16.2	12.4	32.3	23.8	6.2	922	68,169	719,116
Male	3.4	173	17.1	16.2	21.5	12.5	28.1	17.5	4.1	1,011	33,313	345,514
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	4.5	196	18.6	10.9	15.2	11.0	30.4	25.1	7.4	1,057	59,403	616,570
African American	3.4	147	17.1	12.2	20.6	14.0	32.1	18.0	3.1	859	37,134	394,543
Other/unknown	2.5	115	28.5	12.4	30.4	18.2	28.9	9.0	1.2	402	4,945	53,517
<b>Use of Nursing Facilities</b>												
Entire year	5.9	217	9.9	2.7	7.6	8.8	32.6	35.6	12.8	2,184	15,800	160,807
Part year	5.6	209	13.0	3.6	9.5	10.0	33.7	32.3	10.9	1,605	8,127	75,414
None	3.5	162	24.9	14.0	20.9	13.5	30.3	17.8	3.5	652	77,555	828,409
<b>Maintenance Assistance Status</b>												
Cash	3.6	164	33.2	9.5	21.1	14.2	32.3	19.2	3.7	495	61,577	680,473
Medically needy	4.3	194	17.0	17.9	15.8	10.6	27.5	21.6	6.6	1,140	6,321	55,875
Poverty related	1.5	71	27.7	32.3	34.6	12.7	15.8	4.1	0.6	257	2,967	30,166
Other/unknown	5.0	202	10.0	12.0	10.3	9.4	30.4	28.6	9.4	2,026	30,617	298,116

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 13

Dual Eligible Beneficiaries

- a. Table 13 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 14  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.0</b>	<b>\$174</b>	<b>\$44</b>	<b>1.4</b>	<b>\$103</b>	<b>\$76</b>	<b>0.6</b>	<b>\$31</b>	<b>\$49</b>	<b>1.8</b>	<b>\$30</b>	<b>\$17</b>
<b>Age</b>												
5 and younger	4.5	241	54	2.1	194	91	1.0	31	31	1.3	15	12
6-14	4.6	545	117	1.5	376	251	1.2	131	112	1.9	35	19
15-20	2.5	182	72	1.0	123	126	0.4	37	103	1.1	18	17
21-44	2.9	196	67	1.1	133	124	0.4	32	80	1.3	24	19
45-64	4.2	208	49	1.5	128	83	0.6	35	59	1.8	33	18
65-74	4.0	161	41	1.4	94	67	0.6	29	48	1.7	29	17
75-84	4.3	161	38	1.4	90	64	0.7	30	42	1.9	32	17
85 and older	4.4	149	34	1.3	79	62	0.8	29	37	2.0	31	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility</b>												
Aged	4.2	157	38	1.4	88	64	0.7	29	42	1.9	31	16
Disabled	3.7	201	55	1.3	129	97	0.5	33	66	1.6	29	18
Adults	3.6	188	53	1.3	123	91	0.4	27	63	1.6	26	17
Children	2.9	188	64	1.2	144	117	0.5	27	52	1.1	16	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	4.3	174	41	1.5	102	70	0.7	30	47	1.9	31	16
Male	3.4	173	51	1.1	105	94	0.5	31	56	1.5	28	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.5	196	44	1.5	116	77	0.7	34	50	2.0	35	17
African American	3.4	147	43	1.2	88	76	0.5	26	48	1.5	24	16
Other/unknown	2.5	115	46	1.0	71	71	0.4	20	56	1.0	17	17
<b>Use of Nursing Facilities</b>												
Entire year	5.9	217	37	1.8	119	66	1.0	41	39	2.7	44	17
Part year	5.6	209	37	1.8	120	66	1.0	36	38	2.5	41	16
None	3.5	162	47	1.2	99	81	0.5	28	55	1.5	26	17
<b>Maintenance Assistance Status</b>												
Cash	3.6	164	45	1.3	99	77	0.5	29	54	1.6	27	17
Medically needy	4.3	194	46	1.4	117	83	0.7	34	50	1.9	33	17
Poverty related	1.5	71	48	0.5	44	82	0.2	12	57	0.6	11	17
Other/unknown	5.0	202	40	1.6	117	73	0.8	36	42	2.2	38	17

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

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

Table 14

Dual Eligible 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](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 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Bene Mos			
															Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	0.3	0.2	0.0	0.1	\$22	\$19	\$0	\$2	\$63	\$101	\$48	\$14	209,524	\$13,262,990	55,086	54.3 %	605,876
Biologics	0.2	0.1	0.1	0.0	512	123	386	3	2166	866	4,393	502	35	75,806	13	0.0	148
Antineoplastic Agents	0.5	0.2	0.2	0.2	77	47	22	9	148	236	140	52	16,921	2,506,502	3,085	3.0	32,364
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	25	19	2	4	30	48	20	13	327,659	9,868,854	36,516	36.0	398,985
Cardiovascular Agents	1.5	0.5	0.4	0.7	49	25	15	10	33	52	41	15	1,003,853	32,713,526	61,015	60.1	660,927
Respiratory Agents	0.7	0.3	0.0	0.3	25	17	1	6	36	52	32	20	327,294	11,645,870	42,720	42.1	472,494
Gastrointestinal Agents	0.7	0.3	0.1	0.3	44	30	7	8	64	104	80	24	317,382	20,172,999	41,546	40.9	454,455
Genitourinary Agents	0.4	0.2	0.0	0.2	14	11	0	3	36	51	28	18	55,270	2,004,615	12,815	12.6	143,052
CNS Drugs	1.1	0.4	0.1	0.6	67	43	14	10	59	101	96	18	624,392	36,800,163	50,567	49.8	548,049
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	19	5	4	10	40	74	54	30	3,519	141,831	700	0.7	7,539
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	52	49	1	2	101	114	97	23	18,463	1,859,334	3,307	3.3	35,866
Analgesics and Anesthetics	0.7	0.2	0.1	0.4	25	13	5	6	37	84	67	14	357,104	13,207,150	48,452	47.7	531,919
Neuromuscular Agents	0.9	0.3	0.2	0.4	41	23	8	10	47	91	41	23	243,019	11,350,504	25,197	24.8	276,728
Nutritional Products	0.6	0.0	0.2	0.3	10	0	5	4	17	15	23	13	143,623	2,412,727	22,833	22.5	244,567
Hematological Agents	0.7	0.1	0.3	0.3	40	25	8	7	59	270	31	22	125,297	7,361,200	17,264	17.0	183,943
Topical Products	0.4	0.2	0.1	0.2	15	10	3	2	34	49	36	14	195,183	6,641,304	39,491	38.9	437,919
Miscellaneous Products	0.5	0.1	0.1	0.2	93	56	30	8	200	373	293	36	11,569	2,315,571	2,411	2.4	24,969
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	22	0	0	0	39	0	0	0	268,484	10,542,822	43,809	43.2	480,841
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,248,591	184,883,768	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 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. For information about these therapeutic categories, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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](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 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	Rx \$ per Bene Mo
ANTIPSYCHOTICS	\$17,714,475	23,087	22.7 %	251,768	0.7	\$104
ULCER DRUGS	16,135,448	38,748	38.2	429,147	0.5	80
ANTIDEPRESSANTS	12,964,083	36,746	36.2	398,700	0.6	55
ANTIHYPERTENSIVE	9,423,780	36,907	36.4	404,745	0.6	37
CALCIUM BLOCKERS	8,546,505	22,801	22.5	250,289	0.7	50
ANTICONVULSANT	8,273,052	18,225	18.0	199,861	0.8	54
ANTIDIABETIC	8,136,860	27,888	27.5	305,745	0.7	40
ANTHYPERLIPIDEMIC	6,893,453	13,322	13.1	150,942	0.6	74
ANTIASTHMATIC	6,667,271	33,655	33.2	367,313	0.5	39
ANALGESICS - Narcotic	6,531,975	52,444	51.7	577,269	0.4	31

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 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16A  
 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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS			
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>1,869,460</b>	<b>\$101,286,902</b>	<b>23,087</b>	<b>22.7 %</b>	<b>251,768</b>	<b>0.7</b>	<b>\$70</b>	<b>38,748</b>	<b>38.2 %</b>	<b>429,147</b>	<b>0.5</b>	<b>\$38</b>
<b>Female</b>	1,318,313	68,419,493	14,124	20.7	153,365	0.6	59	27,783	40.8	308,592	0.5	37
<b>Disabled</b>	411,983	24,904,593	5,323	27.3	59,936	0.7	77	8,444	43.3	96,527	0.4	34
5 and younger	19	511	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	112	8,196	0	0.0	0	0.0	0	3	27.3	36	0.5	41
15-20	674	36,853	7	8.3	68	0.2	26	23	27.4	240	0.4	26
21-44	116,543	7,991,056	2,411	33.4	27,266	0.6	80	2,387	33.1	27,315	0.3	31
45-64	254,208	14,761,609	2,649	25.3	29,725	0.7	76	5,170	49.3	59,079	0.4	36
65-74	37,531	1,968,027	230	14.7	2,582	0.6	60	798	51.1	9,144	0.4	35
75-84	2,355	114,514	21	19.6	239	0.5	36	47	43.9	546	0.5	44
85 and older	541	23,827	5	11.9	56	0.8	17	16	38.1	167	0.6	35
<b>Other Eligibles</b>	906,330	43,514,900	8,801	18.1	93,429	0.6	48	19,339	39.7	212,065	0.5	39
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	121	8,395	4	36.4	42	0.7	75	4	36.4	42	0.6	33
21-44	2,963	173,744	60	19.0	484	0.4	54	93	29.5	768	0.3	30
45-64	770	39,132	9	15.5	68	0.3	25	17	29.3	169	0.3	26
65-74	306,568	15,519,404	2,206	15.2	24,258	0.7	61	6,157	42.5	69,812	0.4	36
75-84	362,794	17,299,320	3,505	18.8	37,517	0.6	48	7,524	40.3	83,136	0.5	39
85 and older	233,114	10,474,905	3,017	19.9	31,060	0.6	37	5,544	36.6	58,138	0.6	43
<b>Male</b>	551,147	32,867,409	8,963	26.9	98,403	0.7	88	10,965	32.9	120,555	0.5	38
<b>Disabled</b>	293,538	20,422,603	5,895	33.9	66,765	0.8	106	5,245	30.2	59,558	0.4	37
5 and younger	19	998	0	0.0	0	0.0	0	1	100.0	12	0.8	34
6-14	151	6,785	0	0.0	0	0.0	0	7	58.3	84	0.4	22
15-20	1,060	70,447	20	22.2	231	0.8	72	30	33.3	348	0.3	29
21-44	129,277	10,447,773	3,378	38.3	38,305	0.8	116	2,205	25.0	25,218	0.4	34
45-64	149,687	9,183,759	2,375	30.7	26,812	0.8	94	2,734	35.4	30,871	0.5	39
65-74	12,836	691,568	114	17.1	1,326	0.7	90	261	39.2	2,944	0.5	35
75-84	436	18,512	7	20.0	79	0.4	12	5	14.3	57	0.3	26
85 and older	72	2,761	1	11.1	12	1.2	18	2	22.2	24	0.3	10
<b>Other Eligibles</b>	257,609	12,444,806	3,068	19.2	31,638	0.6	49	5,720	35.9	60,997	0.5	39
5 and younger	3	81	0	0.0	0	0.0	0	1	33.3	12	0.3	7
6-14	20	1,198	0	0.0	0	0.0	0	1	100.0	12	0.3	13
15-20	28	1,196	1	33.3	4	0.3	3	0	0.0	0	0.0	0
21-44	1,611	126,299	11	9.6	125	0.5	111	38	33.3	321	0.3	36
45-64	912	42,964	5	8.1	43	0.4	10	19	30.6	189	0.4	37
65-74	117,692	5,886,978	1,251	17.9	13,528	0.6	55	2,514	35.9	27,750	0.5	38
75-84	99,491	4,679,516	1,208	20.3	12,260	0.6	46	2,195	36.8	23,194	0.5	40
85 and older	37,852	1,706,574	592	21.1	5,678	0.6	40	952	33.9	9,519	0.6	42
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE					CALCIUM BLOCKERS				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean No. of Rx
<b>All</b>	<b>36,746</b>	<b>36.2 %</b>	<b>398,700</b>	<b>\$33</b>	<b>0.6</b>	<b>36,907</b>	<b>36.4 %</b>	<b>404,745</b>	<b>\$23</b>	<b>0.6</b>	<b>22,801</b>	<b>22.5 %</b>	<b>250,289</b>	<b>\$34</b>	<b>0.7</b>
<b>Female</b>	26,767	39.3	291,327	32	0.6	26,242	38.5	289,265	23	0.6	17,356	25.5	191,117	34	0.7
<b>Disabled</b>	10,502	53.9	118,021	33	0.5	5,930	30.4	66,234	22	0.6	3,807	19.5	42,500	34	0.6
5 and younger	0	0.0	0	0	0.0	1	100.0	12	6	0.8	1	100.0	12	37	0.8
6-14	0	0.0	0	0	0.0	7	63.6	62	24	0.6	5	45.5	38	27	0.7
15-20	27	32.1	293	22	0.3	21	25.0	186	18	0.4	12	14.3	110	33	0.4
21-44	4,030	55.9	45,195	34	0.5	1,027	14.2	11,399	17	0.5	611	8.5	6,786	29	0.6
45-64	5,842	55.7	65,771	34	0.6	3,992	38.1	44,677	22	0.6	2,570	24.5	28,679	35	0.6
65-74	571	36.6	6,415	29	0.5	810	51.9	9,080	24	0.6	550	35.2	6,208	37	0.7
75-84	25	23.4	283	24	0.6	56	52.3	652	19	0.6	47	43.9	544	34	0.7
85 and older	7	16.7	64	28	0.5	16	38.1	166	27	0.7	11	26.2	123	31	0.6
<b>Other Eligibles</b>	16,265	33.4	173,306	32	0.6	20,312	41.7	223,031	24	0.6	13,549	27.8	148,617	34	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
15-20	5	45.5	41	39	0.6	3	27.3	16	14	0.3	2	18.2	18	44	0.4
21-44	186	59.0	1,452	30	0.4	43	13.7	325	16	0.4	30	9.5	244	27	0.5
45-64	31	53.4	280	27	0.5	22	37.9	183	24	0.5	10	17.2	85	42	0.6
65-74	4,737	32.7	52,793	29	0.6	6,848	47.3	77,202	23	0.6	4,334	29.9	48,816	35	0.7
75-84	6,259	33.5	67,183	32	0.6	8,189	43.9	90,670	24	0.7	5,569	29.8	61,848	35	0.7
85 and older	5,047	33.3	51,557	35	0.7	5,207	34.4	54,635	24	0.7	3,604	23.8	37,606	33	0.7
<b>Male</b>	9,979	30.0	107,373	33	0.6	10,665	32.0	115,480	24	0.6	5,445	16.3	59,172	34	0.7
<b>Disabled</b>	5,808	33.4	64,696	34	0.5	4,432	25.5	49,152	22	0.6	2,200	12.7	24,209	35	0.6
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	100.0	12	49	0.8
6-14	3	25.0	36	20	0.3	8	66.7	96	26	0.6	5	41.7	60	24	0.6
15-20	26	28.9	294	33	0.5	12	13.3	140	21	0.5	8	8.9	91	57	0.5
21-44	3,044	34.5	34,156	35	0.5	1,430	16.2	16,015	21	0.5	664	7.5	7,380	35	0.6
45-64	2,577	33.3	28,441	33	0.6	2,659	34.4	29,250	22	0.6	1,353	17.5	14,754	35	0.7
65-74	154	23.1	1,721	25	0.6	306	45.9	3,455	25	0.6	164	24.6	1,852	37	0.7
75-84	4	11.4	48	18	0.4	15	42.9	175	18	0.5	5	14.3	60	34	0.7
85 and older	0	0.0	0	0	0.0	2	22.2	21	53	0.6	0	0.0	0	0	0.0
<b>Other Eligibles</b>	4,171	26.2	42,677	32	0.6	6,233	39.1	66,328	25	0.6	3,245	20.3	34,963	33	0.7
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0
6-14	0	0.0	0	0	0.0	1	100.0	12	12	0.3	1	100.0	12	74	1.0
15-20	1	33.3	4	18	0.3	2	66.7	8	26	0.5	1	33.3	4	33	0.3
21-44	78	68.4	734	33	0.5	17	14.9	119	17	0.5	10	8.8	69	37	0.8
45-64	27	43.5	249	29	0.5	27	43.5	240	20	0.5	9	14.5	90	33	0.6
65-74	1,673	23.9	17,665	30	0.6	2,799	40.0	30,609	24	0.6	1,476	21.1	16,172	33	0.7
75-84	1,657	27.8	16,917	32	0.7	2,438	40.9	25,857	25	0.7	1,300	21.8	14,006	33	0.7
85 and older	735	26.1	7,108	35	0.7	949	33.7	9,483	25	0.7	448	15.9	4,610	31	0.7
<b>Unknown</b>	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0

Dual Eligible Beneficiaries

Table 16B

Dual Eligible 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 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Beneficiary Characteristics	ANTICONVULSANT				ANTIDIABETIC				ANTIHYPERLIPIDEMIC						
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
<b>All</b>	<b>18,225</b>	<b>18.0 %</b>	<b>199,861</b>	<b>0.8</b>	<b>\$41</b>	<b>27,888</b>	<b>27.5 %</b>	<b>305,745</b>	<b>0.7</b>	<b>\$27</b>	<b>13,322</b>	<b>13.1 %</b>	<b>150,942</b>	<b>0.6</b>	<b>\$46</b>
<b>Female</b>	11,018	16.2	120,843	0.7	38	21,272	31.2	234,089	0.7	27	9,974	14.6	113,467	0.6	46
<b>Disabled</b>	5,425	27.8	61,228	0.7	47	6,055	31.1	67,801	0.6	31	3,145	16.1	35,726	0.6	45
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	36.4	26	0.9	149	0	0.0	0	0.0	0	1	9.1	12	0.3	27
15-20	24	28.6	257	0.6	36	3	3.6	36	0.6	14	1	1.2	12	1.1	41
21-44	2,454	34.0	27,786	0.7	53	1,004	13.9	11,180	0.6	31	415	5.8	4,594	0.5	38
45-64	2,725	26.0	30,705	0.7	43	4,236	40.4	47,568	0.7	32	2,271	21.7	25,798	0.6	45
65-74	208	13.3	2,343	0.7	35	765	49.0	8,470	0.6	30	431	27.6	4,902	0.6	51
75-84	9	8.4	99	0.5	30	38	35.5	441	0.6	23	25	23.4	296	0.6	47
85 and older	1	2.4	12	1.0	15	9	21.4	106	0.6	18	1	2.4	12	0.2	14
<b>Other Eligibles</b>	5,593	11.5	59,615	0.8	28	15,217	31.3	166,288	0.7	25	6,829	14.0	77,741	0.6	47
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	18.2	18	0.9	41	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	69	21.9	590	0.4	32	31	9.8	286	0.5	20	16	5.1	86	0.5	35
45-64	11	19.0	84	0.7	28	24	41.4	206	0.6	21	11	19.0	94	0.5	57
65-74	1,982	13.7	21,768	0.7	31	6,098	42.1	68,326	0.7	29	3,431	23.7	39,276	0.6	47
75-84	2,199	11.8	23,554	0.8	28	6,144	32.9	67,192	0.7	24	2,702	14.5	30,853	0.7	47
85 and older	1,330	8.8	13,601	0.8	24	2,920	19.3	30,278	0.7	20	669	4.4	7,432	0.6	44
<b>Male</b>	7,207	21.6	79,018	0.8	47	6,616	19.9	71,656	0.6	26	3,348	10.1	37,475	0.6	44
<b>Disabled</b>	4,962	28.6	55,814	0.8	54	2,897	16.7	32,077	0.6	28	1,803	10.4	20,328	0.6	43
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	21	23.3	242	1.1	87	2	2.2	24	0.3	9	2	2.2	23	0.4	29
21-44	2,724	30.9	30,744	0.8	61	810	9.2	9,112	0.6	27	558	6.3	6,413	0.5	39
45-64	2,080	26.9	23,325	0.8	46	1,886	24.4	20,704	0.7	29	1,135	14.7	12,660	0.6	44
65-74	133	20.0	1,455	0.7	26	187	28.1	2,105	0.6	29	101	15.2	1,148	0.7	48
75-84	3	8.6	36	0.8	16	11	31.4	120	0.7	37	7	20.0	84	0.7	44
85 and older	1	11.1	12	1.7	53	1	11.1	12	0.1	2	0	0.0	0	0.0	0
<b>Other Eligibles</b>	2,245	14.1	23,204	0.8	31	3,719	23.3	39,579	0.7	24	1,545	9.7	17,147	0.6	46
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	1.8	65	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	34	29.8	318	0.6	63	8	7.0	79	0.7	43	8	7.0	56	0.6	61
45-64	11	17.7	104	0.5	27	18	29.0	191	0.5	22	15	24.2	134	0.6	42
65-74	1,064	15.2	11,353	0.8	33	1,841	26.3	20,051	0.6	25	948	13.6	10,587	0.6	46
75-84	844	14.2	8,620	0.8	28	1,391	23.3	14,800	0.6	22	511	8.6	5,709	0.6	46
85 and older	291	10.3	2,797	0.8	26	461	16.4	4,458	0.7	22	63	2.2	661	0.6	34
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible 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 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 16D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BOE, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - Narcotic				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Bene Mos among Users	No. of Bene Mos
	No. of Users	33.2 %	No. of Bene Mos among Users	0.5	Mean Rx \$	No. of Users	51.7 %	No. of Bene Mos among Users									
<b>All</b>	<b>33,655</b>	<b>33.2 %</b>	<b>367,313</b>	<b>0.5</b>	<b>\$18</b>	<b>52,444</b>	<b>51.7 %</b>	<b>577,269</b>	<b>0.4</b>	<b>\$11</b>	<b>101,482</b>	<b>1,064,630</b>					
<b>Female</b>																	
<b>Disabled</b>	23,157	34.0	253,966	0.5	18	38,082	55.9	420,835	0.4	11	68,169	719,116					
5 and younger	8,092	41.5	90,846	0.4	17	14,614	75.0	165,778	0.4	12	19,495	211,110					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12					
15-20	0	0.0	0	0.0	0	2	18.2	24	0.1	1	11	110					
21-44	23	27.4	232	0.3	14	44	52.4	470	0.2	5	84	769					
45-64	2,133	29.6	24,023	0.3	13	5,231	72.6	59,171	0.3	12	7,209	77,635					
65-74	5,025	47.9	56,554	0.4	18	8,150	77.8	92,655	0.4	13	10,480	113,883					
75-84	866	55.5	9,518	0.5	20	1,106	70.9	12,525	0.3	8	1,561	17,060					
85 and older	38	35.5	436	0.5	22	65	60.7	745	0.4	10	107	1,239					
<b>Other Eligibles</b>	7	16.7	83	0.3	21	16	38.1	188	0.4	15	42	402					
5 and younger	15,065	31.0	163,120	0.5	18	23,468	48.2	255,057	0.4	10	48,674	508,006					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					
21-44	3	27.3	30	0.2	8	6	54.5	43	0.2	7	11	78					
45-64	69	21.9	550	0.3	12	279	88.6	2,360	0.4	15	315	2,107					
65-74	15	25.9	131	0.2	9	44	75.9	403	0.4	11	58	464					
75-84	5,503	38.0	61,129	0.5	20	7,828	54.1	88,178	0.3	10	14,476	156,504					
85 and older	5,876	31.5	63,950	0.5	19	9,039	48.4	99,410	0.4	9	18,659	198,237					
<b>Male</b>	3,599	23.7	37,330	0.4	16	6,272	41.4	64,663	0.4	10	15,155	150,616					
<b>Disabled</b>	10,498	31.5	113,347	0.5	19	14,362	43.1	156,434	0.4	13	33,313	345,514					
5 and younger	4,200	24.2	47,087	0.5	17	8,276	47.7	92,550	0.4	15	17,366	186,069					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12					
15-20	3	25.0	36	0.2	6	4	33.3	48	0.1	1	12	133					
21-44	13	14.4	150	0.6	18	34	37.8	396	0.3	4	90	876					
45-64	1,389	15.7	15,923	0.4	13	4,143	46.9	46,580	0.4	17	8,825	94,991					
65-74	2,446	31.7	27,141	0.5	19	3,768	48.8	41,902	0.4	14	7,728	82,520					
75-84	335	50.3	3,678	0.5	21	310	46.5	3,432	0.3	11	666	7,050					
85 and older	10	28.6	120	0.4	9	12	34.3	135	0.2	3	35	393					
<b>Other Eligibles</b>	4	44.4	39	0.3	12	5	55.6	57	0.1	1	9	94					
5 and younger	6,298	39.5	66,260	0.5	20	6,086	38.2	63,884	0.3	10	15,947	159,445					
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	30					
15-20	0	0.0	0	0.0	0	1	100.0	12	0.2	1	1	12					
21-44	30	26.3	255	0.4	13	115	100.9	985	0.6	0	3	28					
45-64	25	40.3	236	0.3	11	45	72.6	394	0.5	14	114	744					
65-74	2,758	39.4	29,873	0.5	21	2,836	40.5	30,900	0.3	10	6,994	72,384					
75-84	2,483	41.7	25,877	0.5	20	2,142	36.0	22,462	0.3	8	5,958	59,823					
85 and older	1,002	35.6	10,019	0.5	17	947	33.7	9,131	0.4	10	2,812	25,960					
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0					

Table 16D

Dual Eligible 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 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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](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 17  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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
<b>All</b>	<b>\$217</b>	<b>5.9</b>	<b>15,800</b>	<b>160,807</b>
<b>Age</b>				
0-64	288	6.7	1,241	13,852
65-74	275	6.9	2,083	21,838
75-84	227	6.1	5,196	52,788
85 and older	179	5.3	7,280	72,329
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	211	5.9	11,943	122,062
Male	237	6.0	3,857	38,745
Unknown	0	0.0	0	0
<b>Race</b>				
White	226	6.2	11,662	117,262
African American	191	5.2	4,017	42,256
Other/unknown	232	5.9	121	1,289
<b>Basis of Eligibility</b>				
Aged	210	5.8	14,435	145,649
Disabled	286	6.7	1,364	15,157
Adults	691	25.0	1	1
Children	0	0.0	0	0
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 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 8,127 beneficiaries who were in nursing facilities for part of their enrollment and their 75,414 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 18  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, 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	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	No. of Bene Mos	As % of Dual All-Year NF Residents	
Anti-infective Agents	0.4	0.2	0.0	0.2	\$17	\$15	\$1	\$2	\$43	\$66	\$34	\$13	43,648	\$1,897,053	10,387	65.7 %	109,449
Biologics	0.1	0.1	0.0	0.0	1	1	0	0	11	11	0	0	1	11	1	0.0	12
Antineoplastic Agents	0.6	0.1	0.3	0.1	83	36	41	7	133	251	119	49	4,154	550,412	662	4.2	6,595
Endocrine/Metabolic Drugs	1.1	0.4	0.1	0.6	25	17	2	7	23	42	16	12	63,041	1,467,613	5,642	35.7	58,783
Cardiovascular Agents	1.8	0.4	0.5	0.9	47	18	16	13	26	43	33	15	193,323	5,052,937	10,373	65.7	106,600
Respiratory Agents	0.7	0.3	0.0	0.4	23	12	1	10	31	46	24	22	54,470	1,668,831	6,850	43.4	72,790
Gastrointestinal Agents	1.1	0.4	0.1	0.6	55	35	7	12	51	89	66	22	90,924	4,621,149	8,010	50.7	83,760
Genitourinary Agents	0.6	0.2	0.0	0.3	18	12	1	5	32	50	22	18	15,891	510,190	2,671	16.9	28,812
CNS Drugs	1.5	0.7	0.2	0.6	75	53	13	9	50	78	74	15	154,860	7,818,515	9,947	63.0	103,681
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.0	0.5	11	1	1	10	22	79	21	22	661	14,841	127	0.8	1,295
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	90	89	0	1	112	116	0	18	5,624	629,716	678	4.3	7,026
Analgesics and Anesthetics	0.8	0.2	0.1	0.5	24	14	4	6	31	71	49	12	53,303	1,674,096	6,779	42.9	69,875
Neuromuscular Agents	1.2	0.3	0.4	0.5	51	20	16	15	41	69	39	28	63,384	2,603,996	4,852	30.7	51,351
Nutritional Products	0.8	0.0	0.3	0.4	13	0	6	7	17	15	21	15	41,441	720,870	5,237	33.1	53,797
Hematological Agents	1.0	0.1	0.4	0.5	37	18	11	8	37	177	24	17	44,330	1,622,324	4,248	26.9	44,029
Topical Products	0.6	0.2	0.1	0.2	19	12	4	3	33	48	36	13	55,794	1,840,718	9,221	58.4	98,818
Miscellaneous Products	0.3	0.0	0.0	0.2	9	3	0	5	33	93	117	23	2,483	82,270	918	5.8	9,364
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	22	0	0	0	32	0	0	0	65,192	2,110,410	9,216	58.3	97,442
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.	952,524	34,885,952	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 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 8,127 beneficiaries who were in nursing facilities for part of their enrollment and their 75,414 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](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](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.

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.

APPENDIX TABLE A.3  
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>101,939</b>	<b>64,150</b>	<b>37,191</b>	<b>578</b>	<b>20</b>	<b>1,077,292</b>	<b>665,958</b>	<b>406,778</b>	<b>4,380</b>	<b>176</b>	<b>0</b>
<b>Age</b>											
5 and younger	6	0	2	0	4	67	0	24	0	43	0
6-14	25	0	24	0	1	267	0	255	0	12	0
15-20	194	0	180	5	9	1,998	0	1,892	24	82	0
21-44	16,627	0	16,170	452	5	180,206	0	176,819	3,352	35	0
45-64	18,468	27	18,329	112	0	201,233	215	200,093	925	0	0
65-74	23,824	21,522	2,293	8	1	256,292	230,645	25,567	76	4	0
75-84	24,775	24,633	142	0	0	260,098	258,466	1,632	0	0	0
85 and older	18,020	17,968	51	1	0	177,131	176,632	496	3	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	68,470	48,350	19,701	411	8	727,266	506,980	217,048	3,167	71	0
Male	33,469	15,800	17,490	167	12	350,026	158,978	189,730	1,213	105	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	59,542	36,873	22,327	335	7	620,423	373,902	244,044	2,412	65	0
African American	37,423	22,893	14,282	235	13	402,743	244,094	156,609	1,929	111	0
Other/unknown	4,974	4,384	582	8	0	54,126	47,962	6,125	39	0	0
<b>Use of Nursing Facilities</b>											
All year	15,800	14,435	1,364	1	0	160,807	145,649	15,157	1	0	0
Part year	8,127	7,409	718	0	0	75,453	68,065	7,388	0	0	0
None	78,012	42,306	35,109	577	20	841,032	452,244	384,233	4,379	176	0
<b>Maintenance Assistance Status</b>											
Cash	62,010	34,548	27,163	297	2	692,401	386,912	303,080	2,395	14	0
Medically needy	6,321	4,033	2,288	0	0	55,965	36,214	19,751	0	0	0
Poverty related	2,971	1,296	1,566	104	5	30,342	13,412	16,188	689	53	0
Other/unknown	30,637	24,273	6,174	177	13	298,584	229,420	67,759	1,296	109	0
<b>Dual Status<sup>c</sup></b>											
Full dual, all year	96,019	60,642	34,789	568	20	1,016,552	630,270	381,837	4,269	176	0
Full dual, part year	5,920	3,508	2,402	10	0	60,740	35,688	24,941	111	0	0
<b>Managed Care Status</b>											
FFS all year	100,054	63,791	35,776	469	18	1,056,714	662,027	391,168	3,367	152	0
FFS part year, with Rx claims	1,141	216	868	56	1	12,737	2,383	9,777	565	12	0
FFS part year, no Rx claims	287	65	217	5	0	2,996	672	2,282	42	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	457	78	330	48	1	4,845	876	3,551	406	12	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 A.3 includes the beneficiaries represented by Cell F 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

Bene Mo(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.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 1999

Beneficiary Characteristics	Benes and			
	Bene Mos in Cell F of Table 1	Included in Cell G of Table 1	Excluded from Cell G of Table 1	
	No. of Benes	No. of Benes	No. of Benes	No. of Benes
<b>All</b>	<b>101,939</b>	<b>101,482</b>	<b>457</b>	<b>12,662</b>
FFS all year	100,054	100,054	0	0
FFS part year, with Rx claims	1,141	1,141	0	5,994
FFS part year, with no Rx claims	287	287	0	1,823
MC all year, with Rx claims	0	0	0	0
MC all year, with no Rx claims	457	0	457	4,845

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.







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SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 VIRGINIA, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 18,018  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$26,322,770  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$1,461

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,393	7.7 %	0	0.0 %
1-500	4,440	24.6	1,033,849	3.9
501-1,000	3,145	17.5	2,302,604	8.7
1,001-1,500	2,314	12.8	2,861,559	10.9
1,501-2,000	1,858	10.3	3,231,297	12.3
2,001-2,500	1,376	7.6	3,081,023	11.7
2,501-3,000	967	5.4	2,651,134	10.1
3,001-3,500	749	4.2	2,430,031	9.2
3,501-4,000	564	3.1	2,104,943	8.0
4,001-4,500	355	2.0	1,499,198	5.7
4,501-5,000	268	1.5	1,272,133	4.8
5,001-5,500	183	1.0	957,354	3.6
5,501-6,000	113	0.6	646,624	2.5
6,001-6,500	81	0.4	503,316	1.9
6,501-7,000	66	0.4	443,948	1.7
7,001-7,500	36	0.2	260,886	1.0
7,501-8,000	25	0.1	193,003	0.7
8,001-8,500	16	0.1	131,256	0.5
8,501-9,000	18	0.1	157,584	0.6
9,001-9,500	7	0.0	64,575	0.2
9,501-10,000	10	0.1	97,346	0.4
10,001+	34	0.2	399,107	1.5

Source: Data for this table are from the MAX 1999 file for Virginia, released by CMS in 11/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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