

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 VIRGINIA

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	393,648	6,418	53,200	69,562	264,322	146	2,229,827	58,818	415,737	297,525	1,456,583	1,164		
Age														
5 and younger	115,398	0	2,405	0	112,993	0	587,986	0	14,675	0	573,311	0		
6-14	120,199	1	7,055	255	112,888	0	699,979	6	48,243	1,233	650,497	0		
15-20	53,521	0	4,924	10,307	38,290	0	309,358	0	35,678	41,775	231,905	0		
21-44	74,506	1	18,076	56,267	131	31	389,161	9	146,762	241,389	738	263		
45-64	23,254	33	20,375	2,729	2	115	181,291	178	167,091	13,108	13	901		
65-74	3,920	3,563	353	4	0	0	35,815	32,585	3,210	20	0	0		
75-84	2,040	2,030	10	0	0	0	18,999	18,937	62	0	0	0		
85 and older	791	789	2	0	0	0	7,113	7,097	16	0	0	0		
Unknown	19	1	0	0	18	0	125	6	0	0	119	0		
Gender														
Female	229,242	4,380	28,134	64,543	132,039	146	1,266,035	40,189	225,420	274,075	725,187	1,164		
Male	164,406	2,038	25,066	5,019	132,283	0	963,792	18,629	190,317	23,450	731,396	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Race														
White	191,440	2,579	32,432	34,695	121,651	83	1,244,814	23,449	284,480	167,702	768,539	644		
African American	165,949	1,278	18,769	31,986	113,860	56	788,672	11,200	115,343	118,705	542,988	456		
Other/unknown	36,259	2,561	1,999	2,881	28,811	7	196,341	24,169	15,914	11,118	145,076	64		
Use of Nursing Facilities^c														
Entire year	1,528	598	921	0	9	0	16,114	6,082	9,940	0	92	0		
Part year	1,163	365	766	12	20	0	9,824	3,137	6,475	70	142	0		
None	390,957	5,455	51,513	69,550	264,293	146	2,203,889	49,599	399,322	297,455	1,456,349	1,164		
Maintenance Assistance Status														
Cash	54,021	3,780	46,767	3,097	377	0	419,440	34,378	366,280	16,701	2,081	0		
Medically needy	3,836	1,291	2,239	47	259	0	30,308	12,969	15,668	192	1,479	0		
Poverty-related	259,352	547	2,223	28,348	228,088	146	1,354,068	4,548	15,957	111,731	1,220,668	1,164		
Other/unknown	76,439	800	1,971	38,070	35,598	0	426,011	6,923	17,832	168,901	232,355	0		
Managed Care Status														
FFS all year	214,315	5,089	37,383	31,872	139,828	143	1,616,810	51,032	355,011	174,194	1,035,432	1,141		
FFS part year, with Rx claims	74,865	1,109	10,194	20,808	42,752	2	302,429	7,092	44,859	74,630	175,834	14		
FFS part year, no Rx claims	104,465	220	5,623	16,879	81,742	1	310,576	694	15,867	48,689	245,317	9		

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	50.9 %	6.9	\$421	\$61	\$3,199	13.2 %	393,648
Age							
5 and younger	45.9	2.3	102	44	1,876	5.4	115,398
6-14	43.3	3.2	217	67	1,514	14.3	120,199
15-20	50.2	4.5	311	69	2,728	11.4	53,521
21-44	60.2	9.7	620	64	5,175	12.0	74,506
45-64	77.2	37.1	2,280	62	11,210	20.3	23,254
65-74	83.7	32.5	1,771	55	9,347	18.9	3,920
75-84	83.0	35.2	1,821	52	10,097	18.0	2,040
85 and older	82.4	40.1	1,782	45	14,523	12.3	791
Unknown	5.3	0.1	1	17	53	1.7	19
Basis of Eligibility^c							
Aged	82.9	33.7	1,750	52	10,016	17.5	6,418
Disabled	72.9	27.5	1,933	70	12,157	15.9	53,200
Adults	55.9	4.4	197	44	2,228	8.8	69,562
Children	44.3	2.7	143	53	1,482	9.6	264,322
Unknown	84.2	17.8	1,168	66	12,478	9.4	146
Gender							
Female	52.5	7.5	421	56	3,080	13.7	229,242
Male	48.6	6.0	422	70	3,367	12.5	164,406
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	60.4	10.0	605	60	3,648	16.6	191,440
African American	40.4	3.6	239	65	2,833	8.4	165,949
Other/unknown	48.3	5.1	285	56	2,509	11.3	36,259
Use of Nursing Facilities^d							
Entire year	92.7	83.6	4,129	49	50,986	8.1	1,528
Part year	93.5	63.1	3,471	55	44,422	7.8	1,163
None	50.6	6.4	397	62	2,890	13.7	390,957
Maintenance Assistance Status							
Cash	73.8	26.9	1,834	68	10,636	17.2	54,021
Medically needy	67.4	18.3	1,208	66	9,685	12.5	3,836
Poverty related	44.7	2.6	119	47	1,291	9.2	259,352
Other/unknown	54.9	6.8	406	60	4,093	9.9	76,439

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

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	More than 5, but 10 or Less				More than 10
All	1.2	\$74	13.2 %	49.1 %	34.7 %	6.3 %	6.2 %	2.8 %	0.9 %	\$565	393,648	2,229,827
Age												
5 and younger	0.5	20	5.4	54.1	38.8	4.5	2.2	0.3	0.1	368	115,398	587,986
6-14	0.6	37	14.3	56.7	34.5	4.9	3.2	0.5	0.1	260	120,199	699,979
15-20	0.8	54	11.4	49.8	37.5	6.6	4.9	1.0	0.1	472	53,521	309,358
21-44	1.9	119	12.0	39.8	34.3	9.4	10.7	4.6	1.2	991	74,506	389,161
45-64	4.8	292	20.3	22.8	15.5	9.8	23.4	20.2	8.3	1,438	23,254	181,291
65-74	3.6	194	18.9	16.3	21.1	14.3	27.2	15.5	5.6	1,023	3,920	35,815
75-84	3.8	196	18.0	17.0	18.0	13.3	27.9	17.9	5.7	1,084	2,040	18,999
85 and older	4.5	198	12.3	17.6	12.1	9.4	29.3	24.8	6.8	1,615	791	7,113
Unknown	0.0	0	1.7	94.7	5.3	0.0	0.0	0.0	0.0	8	19	125
Basis of Eligibility^c												
Aged	3.7	191	17.5	17.1	19.6	13.4	27.2	17.1	5.6	1,093	6,418	58,818
Disabled	3.5	247	15.9	27.1	22.8	10.9	20.3	13.9	5.0	1,556	53,200	415,737
Adults	1.0	46	8.8	44.1	38.4	8.5	6.9	1.9	0.4	521	69,562	297,525
Children	0.5	26	9.6	55.7	36.6	4.7	2.6	0.4	0.1	269	264,322	1,456,583
Unknown	2.2	147	9.4	15.8	37.0	18.5	19.9	7.5	1.4	1,565	146	1,164
Gender												
Female	1.4	76	13.7	47.5	35.1	6.6	6.5	3.2	1.1	558	229,242	1,266,035
Male	1.0	72	12.5	51.4	34.2	5.9	5.7	2.2	0.6	574	164,406	963,792
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.5	93	16.6	39.6	39.3	7.7	8.1	4.0	1.4	561	191,440	1,244,814
African American	0.8	50	8.4	59.6	29.7	4.8	4.1	1.5	0.4	596	165,949	788,672
Other/unknown	0.9	53	11.3	51.7	34.0	5.9	5.7	2.1	0.6	463	36,259	196,341
Use of Nursing Facilities^d												
Entire year	7.9	392	8.1	7.3	3.7	4.3	22.8	35.4	26.5	4,835	1,528	16,114
Part year	7.5	411	7.8	6.5	6.4	6.3	22.8	33.8	24.2	5,259	1,163	9,824
None	1.1	71	13.7	49.4	34.9	6.3	6.1	2.5	0.7	513	390,957	2,203,889
Maintenance Assistance Status												
Cash	3.5	236	17.2	26.2	23.8	11.1	20.5	13.6	4.7	1,370	54,021	419,440
Medically needy	2.3	153	12.5	32.6	25.8	11.9	18.3	9.3	2.1	1,226	3,836	30,308
Poverty related	0.5	23	9.2	55.3	36.9	4.8	2.5	0.4	0.1	247	259,352	1,354,068
Other/unknown	1.2	73	9.9	45.1	35.8	7.8	7.8	2.7	0.8	734	76,439	426,011

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- 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.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Virginia, 1.5 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).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

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	Total	No.	As % of All Benes	No. of Bene Mos			
														Generic	Brand-Name	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$16	\$12	\$1	\$2	\$52	\$80	\$16	299,754	\$15,530,992	120,758	30.7 %	998,448
Biologicals	0.5	0.4	0.0	0.0	538	466	13	59	1135	1,052	1,178	3,086	3,503,819	934	0.2	6,510
Antineoplastic Agents	0.5	0.2	0.0	0.2	135	110	6	18	270	475	166	6,558	1,772,509	1,480	0.4	13,157
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	26	19	2	5	47	69	33	203,722	9,643,168	43,030	10.9	368,122
Cardiovascular Agents	1.2	0.5	0.1	0.6	49	33	4	12	40	66	52	320,506	12,786,736	28,950	7.4	260,858
Respiratory Agents	0.5	0.2	0.1	0.2	25	17	4	4	48	69	53	426,764	20,591,571	98,659	25.1	834,808
Gastrointestinal Agents	0.6	0.4	0.0	0.2	54	47	2	6	91	130	144	165,011	15,091,329	30,298	7.7	277,144
Genitourinary Agents	0.3	0.2	0.0	0.1	15	13	0	1	48	56	36	34,933	1,685,426	14,563	3.7	115,369
CNS Drugs	1.0	0.5	0.0	0.5	86	67	4	14	84	134	116	413,242	34,857,003	46,021	11.7	406,628
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.1	0.2	43	28	6	8	68	81	70	71,083	4,852,097	13,688	3.5	113,374
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	42	36	0	6	125	144	63	5,377	673,470	1,592	0.4	16,114
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	27	18	2	7	47	122	65	297,162	13,872,971	59,012	15.0	505,817
Neuromuscular Agents	0.8	0.4	0.1	0.4	59	46	5	9	72	123	64	191,223	13,817,609	25,529	6.5	234,204
Nutritional Products	0.4	0.0	0.1	0.3	6	0	1	4	16	20	19	54,865	889,657	20,729	5.3	155,131
Hematological Agents	0.6	0.2	0.1	0.3	135	126	2	7	232	645	24	38,508	8,919,203	7,731	2.0	65,967
Topical Products	0.3	0.1	0.0	0.1	10	6	1	3	38	60	58	154,806	5,828,309	66,859	17.0	575,773
Miscellaneous Products	0.5	0.2	0.0	0.2	100	75	12	13	218	336	277	3,886	846,142	957	0.2	8,477
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	27	0	0	20,070	533,967	7,319	1.9	73,824
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.	2,710,556	165,695,978	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. 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, 1.5 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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

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	\$18,665,642	16,957	4.3 %	160,583	0.7	\$177	\$116
ULCER DRUGS	12,884,695	29,629	7.5	281,965	0.4	104	46
ANTIDEPRESSANTS	12,484,075	38,403	9.8	351,584	0.5	71	36
ANTICONVULSANT	11,799,959	19,643	5.0	185,432	0.7	89	64
ANTIASTHMATIC	9,508,322	57,157	14.5	507,717	0.3	58	19
ANALGESICS - Narcotic	7,230,381	59,214	15.0	529,272	0.3	40	14
MISC. HEMATOLOGICAL	6,456,704	1,836	0.5	18,212	0.6	622	355
ANTIHISTAMINES	5,697,155	48,889	12.4	460,717	0.2	50	12
ANALGESICS - ANTI-INFLAMMATORY	4,836,917	35,522	9.0	331,747	0.3	56	15
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,817,665	14,827	3.8	126,462	0.6	68	38
Total	94,381,515	322,077		2,953,691	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.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}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

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 \$
All	1,166,250	\$94,381,515	16,957	4.3 %	160,583	0.7	\$116	29,629	7.5 %	281,965	0.4	\$46
Female	708,888	51,711,747	8,969	3.9	84,620	0.6	102	19,882	8.7	188,610	0.4	46
Disabled	419,998	34,612,636	5,854	20.8	56,676	0.7	117	10,779	38.3	111,915	0.5	56
5 and younger	3,287	261,385	5	0.5	51	0.5	66	152	15.4	1,315	0.5	37
6-14	14,144	1,176,372	244	10.0	2,063	0.6	101	208	8.6	2,130	0.5	46
15-20	12,341	1,161,887	333	16.8	3,074	0.6	101	232	11.7	2,394	0.4	34
21-44	144,364	12,402,020	2,489	25.0	23,667	0.6	119	3,433	34.4	35,830	0.5	51
45-64	242,016	19,323,447	2,738	21.9	27,329	0.7	119	6,610	52.8	68,743	0.5	61
65-74	3,728	279,777	44	17.5	480	0.8	86	142	56.6	1,496	0.5	56
75-84	117	7,718	1	12.5	12	0.7	60	2	25.0	7	0.9	139
85 and older	1	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	288,890	17,099,111	3,115	1.5	27,944	0.5	73	9,103	4.5	76,695	0.3	31
5 and younger	23,428	989,989	30	0.1	261	0.4	62	965	1.7	6,598	0.3	13
6-14	61,162	3,957,325	733	1.3	7,072	0.5	82	1,005	1.8	9,659	0.2	14
15-20	49,514	3,064,764	852	2.8	8,265	0.5	77	1,300	4.3	11,666	0.2	17
21-44	98,770	5,025,852	860	1.6	6,003	0.3	50	3,557	6.8	26,321	0.3	32
45-64	10,965	724,277	94	4.3	703	0.3	37	476	21.6	3,476	0.4	48
65-74	24,055	1,832,860	268	10.9	2,746	0.7	100	1,026	41.7	10,850	0.5	47
75-84	14,326	1,049,912	173	12.8	1,845	0.7	74	582	43.1	6,204	0.5	53
85 and older	6,670	454,132	105	19.3	1,049	0.7	72	192	35.2	1,921	0.7	63
Male	457,362	42,669,768	7,988	4.9	75,963	0.7	132	9,747	5.9	93,355	0.5	45
Disabled	258,200	27,376,873	5,204	20.8	50,102	0.8	150	5,653	22.6	57,773	0.5	56
5 and younger	4,467	357,999	26	1.8	180	0.4	59	196	13.8	1,760	0.5	35
6-14	31,177	4,031,651	785	17.0	6,855	0.6	118	304	6.6	3,214	0.5	38
15-20	20,320	3,564,103	606	20.6	5,530	0.7	144	283	9.6	2,999	0.5	49
21-44	96,996	10,529,021	2,248	27.7	22,337	0.8	162	1,904	23.5	19,785	0.5	55
45-64	104,050	8,801,299	1,523	19.4	15,017	0.8	150	2,924	37.2	29,554	0.6	61
65-74	1,123	90,676	15	14.7	171	0.8	119	41	40.2	449	0.5	51
75-84	5	232	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	62	1,892	1	100.0	12	1.0	47	1	100.0	12	1.0	23
Other Eligibles	199,162	15,292,895	2,784	2.0	25,861	0.6	97	4,094	2.9	35,582	0.3	26
5 and younger	32,722	1,728,616	54	0.1	501	0.3	51	1,194	2.1	8,415	0.3	12
6-14	93,740	8,081,179	1,393	2.4	12,920	0.6	94	882	1.6	8,570	0.2	14
15-20	37,886	3,058,025	960	5.3	9,051	0.6	105	637	3.5	6,195	0.2	20
21-44	14,404	884,274	132	3.2	945	0.4	72	547	13.1	3,983	0.4	43
45-64	2,839	192,856	13	1.9	102	0.3	52	135	19.9	1,036	0.4	44
65-74	9,679	806,694	121	10.9	1,245	0.7	129	387	35.0	4,157	0.5	52
75-84	5,250	383,858	74	10.9	739	0.6	68	221	32.5	2,284	0.5	46
85 and older	2,642	157,393	37	15.2	358	0.7	60	91	37.3	942	0.6	51
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7A

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.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}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTI-ASTHMATIC				
	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	38,403	9.8 %	351,584	\$36	0.5	19,643	5.0 %	185,432	\$64	0.7	57,157	14.5 %	507,717	0.3	\$19
Female	26,359	11.5	238,026	35	0.5	11,644	5.1	108,866	60	0.7	31,413	13.7	281,997	0.3	19
Disabled	13,205	46.9	132,114	39	0.5	7,777	27.6	76,966	67	0.7	11,187	39.8	115,574	0.4	27
5 and younger	7	0.7	71	36	0.5	110	11.2	974	88	0.8	405	41.2	3,604	0.4	29
6-14	308	12.7	2,675	31	0.5	521	21.5	4,856	82	0.8	573	23.6	5,584	0.4	29
15-20	449	22.7	4,140	39	0.5	436	22.0	4,119	93	0.8	310	15.7	2,899	0.4	26
21-44	5,248	52.6	51,981	39	0.5	3,366	33.8	33,236	75	0.8	3,185	31.9	33,043	0.4	22
45-64	7,123	56.9	72,537	40	0.6	3,305	26.4	33,404	54	0.7	6,578	52.6	69,026	0.5	29
65-74	67	26.7	693	32	0.5	38	15.1	365	28	0.6	129	51.4	1,350	0.5	34
75-84	3	37.5	17	56	0.9	1	12.5	12	3	0.1	7	87.5	68	1.0	50
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	13,154	6.5	105,912	30	0.4	3,867	1.9	31,900	42	0.6	20,226	10.1	166,423	0.3	14
5 and younger	76	0.1	749	15	0.3	148	0.3	1,208	36	0.5	6,179	11.1	51,499	0.2	11
6-14	1,828	3.2	17,078	30	0.5	624	1.1	5,610	52	0.6	5,850	10.4	50,065	0.3	14
15-20	2,968	9.7	26,058	32	0.4	731	2.4	6,704	59	0.6	2,638	8.6	22,237	0.2	12
21-44	6,688	12.8	47,337	28	0.4	1,740	3.3	12,464	32	0.4	4,032	7.7	27,734	0.3	14
45-64	609	27.7	4,308	30	0.4	172	7.8	1,206	36	0.5	428	19.5	3,224	0.5	29
65-74	510	20.7	5,368	37	0.6	278	11.3	2,902	37	0.8	626	25.4	6,645	0.4	29
75-84	305	22.6	3,269	34	0.6	118	8.7	1,290	36	0.7	340	25.2	3,620	0.4	25
85 and older	170	31.2	1,745	48	0.8	56	10.3	516	28	0.7	133	24.4	1,399	0.4	22
Male	12,044	7.3	113,558	36	0.5	7,999	4.9	76,566	69	0.8	25,744	15.7	225,720	0.3	18
Disabled	6,589	26.3	64,956	39	0.6	5,700	22.7	56,460	75	0.8	6,198	24.7	61,231	0.4	27
5 and younger	30	2.1	268	7	0.4	151	10.6	1,187	48	0.6	580	40.8	5,024	0.4	28
6-14	769	16.6	6,904	34	0.5	808	17.5	7,595	79	0.8	1,242	26.8	11,310	0.4	25
15-20	652	22.1	6,114	39	0.5	629	21.4	5,975	91	0.8	474	16.1	4,732	0.4	22
21-44	2,577	31.8	26,093	43	0.6	2,541	31.4	26,238	84	0.9	1,238	15.3	12,824	0.4	23
45-64	2,546	32.4	25,398	37	0.6	1,558	19.8	15,329	54	0.8	2,637	33.5	27,054	0.5	30
65-74	13	12.7	155	28	0.6	13	12.7	136	54	0.9	27	26.5	287	0.5	42
75-84	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0
85 and older	2	200.0	24	40	1.1	0	0.0	0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	5,455	3.9	48,602	32	0.5	2,299	1.7	20,106	52	0.6	19,546	14.0	164,489	0.3	15
5 and younger	102	0.2	923	14	0.3	179	0.3	1,389	42	0.6	8,936	15.5	73,220	0.2	13
6-14	2,512	4.4	22,619	30	0.5	942	1.7	8,260	49	0.6	7,911	13.9	67,174	0.3	16
15-20	1,676	9.3	15,531	38	0.5	640	3.5	5,945	71	0.7	1,673	9.3	14,747	0.3	15
21-44	684	16.4	5,037	25	0.4	282	6.8	2,015	39	0.5	361	8.7	2,815	0.3	18
45-64	130	19.1	982	29	0.4	60	8.8	445	44	0.5	93	13.7	696	0.3	20
65-74	186	16.8	1,896	36	0.6	118	10.7	1,249	37	0.7	347	31.3	3,615	0.4	29
75-84	90	13.2	892	44	0.7	49	7.2	519	31	0.6	160	23.5	1,556	0.5	30
85 and older	75	30.7	722	33	0.6	29	11.9	284	23	0.7	65	26.6	666	0.4	22
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table ND7B Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					MISC. HEMATOLOGICAL					ANTIHISTAMINES				
	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	59,214	15.0 %	529,272	0.3	\$14	1,836	0.5 %	18,212	0.6	\$355	48,889	12.4 %	460,717	0.2	\$12
Female	43,073	18.8	376,784	0.3	13	1,144	0.5	11,550	0.6	54	30,026	13.1	280,157	0.3	12
Disabled	16,677	59.3	171,983	0.4	20	811	2.9	8,230	0.6	53	8,476	30.1	90,552	0.3	17
5 and younger	58	5.9	563	0.1	1	0	0.0	0	0.0	0	144	14.6	1,422	0.2	8
6-14	224	9.2	2,308	0.2	4	1	0.0	1	1.0	5	475	19.6	4,905	0.3	15
15-20	375	18.9	3,676	0.2	5	0	0.0	0	0.0	0	373	18.8	3,803	0.3	16
21-44	6,576	65.9	66,986	0.4	19	87	0.9	886	0.4	44	3,040	30.5	32,608	0.3	15
45-64	9,286	74.2	96,813	0.5	22	706	5.6	7,181	0.6	54	4,356	34.8	46,886	0.4	19
65-74	156	62.2	1,632	0.3	12	16	6.4	150	0.5	54	86	34.3	912	0.3	16
75-84	2	25.0	5	0.4	5	1	12.5	12	0.8	89	2	25.0	16	0.4	33
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	26,396	13.1	204,801	0.3	7	333	0.2	3,320	0.6	56	21,550	10.7	189,605	0.2	10
5 and younger	753	1.4	6,977	0.1	1	0	0.0	0	0.0	0	4,466	8.1	42,819	0.2	5
6-14	2,120	3.8	19,918	0.1	2	1	0.0	3	0.7	4	6,959	12.4	64,707	0.2	12
15-20	4,958	16.2	40,138	0.2	2	5	0.0	38	0.3	14	3,627	11.9	31,529	0.2	11
21-44	16,122	30.8	114,997	0.3	8	34	0.1	252	0.4	39	5,216	10.0	37,501	0.2	10
45-64	964	43.8	7,116	0.4	17	20	0.9	125	0.4	37	325	14.8	2,650	0.3	20
65-74	829	33.7	8,825	0.3	8	114	4.6	1,201	0.7	55	554	22.5	6,035	0.3	16
75-84	459	34.0	4,894	0.4	11	98	7.3	1,040	0.6	58	280	20.7	3,095	0.3	16
85 and older	191	35.0	1,936	0.5	13	61	11.2	661	0.7	67	123	22.6	1,269	0.3	15
Male	16,141	9.8	152,488	0.3	16	692	0.4	6,662	0.6	876	18,863	11.5	180,560	0.2	12
Disabled	8,256	32.9	82,876	0.4	24	505	2.0	4,942	0.6	792	4,208	16.8	43,979	0.3	17
5 and younger	79	5.6	744	0.1	3	2	0.1	14	0.3	3,968	212	14.9	2,039	0.2	9
6-14	317	6.9	3,246	0.2	4	10	0.2	97	2.2	13,882	826	17.9	8,163	0.3	17
15-20	455	15.5	4,587	0.2	7	5	0.2	51	2.5	28,427	406	13.8	4,251	0.3	19
21-44	3,311	40.9	33,500	0.4	25	59	0.7	573	0.4	1,483	1,380	17.0	15,027	0.3	17
45-64	4,052	51.5	40,341	0.5	27	423	5.4	4,150	0.5	50	1,363	17.3	14,248	0.4	18
65-74	39	38.2	422	0.3	16	6	5.9	57	0.8	84	21	20.6	251	0.3	19
75-84	2	100.0	24	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	12	0.8	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	7,885	5.7	69,612	0.2	7	187	0.1	1,720	0.6	1,115	14,655	10.5	136,581	0.2	11
5 and younger	1,144	2.0	10,575	0.1	1	8	0.0	59	0.4	4,216	5,060	8.8	47,527	0.2	6
6-14	2,088	3.7	19,895	0.1	2	12	0.0	93	0.8	16,815	7,174	12.6	65,969	0.2	14
15-20	1,913	10.6	17,938	0.2	3	3	0.0	16	0.2	1,077	1,692	9.4	16,166	0.2	13
21-44	1,901	45.6	13,306	0.5	20	16	0.4	108	0.4	40	310	7.4	2,479	0.2	10
45-64	275	40.4	1,972	0.5	20	19	2.8	123	0.5	54	55	8.1	469	0.3	15
65-74	294	26.6	3,176	0.3	20	54	4.9	574	0.5	50	185	16.7	2,056	0.3	17
75-84	191	28.1	1,935	0.3	9	54	7.9	549	0.6	64	132	19.4	1,383	0.3	16
85 and older	79	32.4	815	0.4	12	21	8.6	198	0.7	67	47	19.3	532	0.3	13
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 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

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	\$392	7.9	1,528	16,114
Age				
0-64	431	8.3	907	9,789
65-74	353	7.8	190	2,019
75-84	358	7.6	222	2,287
85 and older	277	6.6	209	2,019
Unknown	0	0.0	0	0
Gender				
Female	400	8.3	925	9,695
Male	379	7.4	603	6,419
Unknown	0	0.0	0	0
Race				
White	411	8.4	860	8,937
African American	359	7.3	585	6,242
Other/unknown	416	7.4	83	935
Basis of Eligibility^c				
Aged	331	7.3	598	6,082
Disabled	427	8.3	921	9,940
Adults	0	0.0	0	0
Children	620	9.5	9	92
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 1,163 beneficiaries who were in nursing facilities for part of their enrollment and their 9,824 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per 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	Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos			
Anti-infective Agents	0.6	0.3	0.0	0.2	\$33	\$27	\$3	\$3	\$58	\$86	\$67	\$15	5,814	\$337,089	948	62.0 %	10,272
Biologicals	0.7	0.7	0.0	0.0	###	1,062	0	0	1446	1,446	0	0	105	151,881	13	0.9	143
Antineoplastic Agents	0.5	0.1	0.1	0.3	96	52	15	29	177	352	137	102	594	105,422	113	7.4	1,097
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	49	35	3	11	37	56	38	18	8,368	308,260	589	38.5	6,239
Cardiovascular Agents	2.2	0.7	0.3	1.3	70	39	9	22	32	57	32	18	21,138	688,989	915	59.9	9,580
Respiratory Agents	1.0	0.4	0.1	0.6	45	23	6	16	43	63	63	27	8,499	365,195	745	48.8	8,130
Gastrointestinal Agents	1.3	0.6	0.0	0.8	76	58	2	16	57	106	60	22	12,993	743,366	924	60.5	9,777
Genitourinary Agents	0.7	0.5	0.0	0.1	36	31	1	4	53	62	34	26	2,307	121,468	305	20.0	3,379
CNS Drugs	2.0	1.0	0.1	1.0	127	98	7	22	62	99	70	23	22,542	1,400,035	1,026	67.1	11,048
Stimulants/Anti-obesity/Anorexia	0.9	0.0	0.0	0.8	22	4	1	17	24	113	31	20	172	4,108	16	1.0	191
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	103	102	0	0	119	120	0	21	955	113,400	105	6.9	1,104
Analgesics and Anesthetics	1.2	0.4	0.2	0.7	54	39	7	8	43	98	43	12	9,845	427,740	736	48.2	7,892
Neuromuscular Agents	1.8	0.6	0.2	1.0	100	61	11	28	56	107	48	28	14,069	784,059	716	46.9	7,806
Nutritional Products	0.9	0.0	0.1	0.8	15	0	2	13	18	13	18	18	4,581	82,218	507	33.2	5,375
Hematological Agents	1.3	0.4	0.4	0.5	79	66	6	7	61	172	16	12	6,179	375,057	458	30.0	4,760
Topical Products	0.6	0.2	0.1	0.3	20	12	4	5	37	57	48	18	5,341	196,482	870	56.9	9,597
Miscellaneous Products	0.3	0.1	0.0	0.2	12	8	2	3	42	111	214	12	381	15,949	118	7.7	1,280
Unknown Therapeutic Category	0.8	0.0	0.0	0.0	21	0	0	0	28	0	0	0	3,845	108,441	472	30.9	5,068
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.	127,728	6,309,159	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,163 beneficiaries who were in nursing facilities for part of their enrollment and their 9,824 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 2002. 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, 1.5 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.

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

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
ANTIPSYCHOTICS	\$707,021	602	39.4 %	6,683	0.9	\$122	\$106
ULCER DRUGS	636,350	831	54.4	8,715	0.8	86	73
ANTICONVULSANT	618,469	762	49.9	8,336	1.3	58	74
ANTIDEPRESSANTS	534,433	889	58.2	9,640	0.9	62	55
ANALGESICS - Narcotic	267,762	755	49.4	8,021	0.8	40	33
ANTIASTHMATIC	244,571	709	46.4	7,597	0.7	46	32
ANTIDIABETIC	240,893	609	39.9	6,421	0.9	42	38
ANTIHYPERTENSIVE	206,427	619	40.5	6,529	0.9	36	32
ANTICOAGULANTS	195,095	309	20.2	3,155	1.1	54	62
DERMATOLOGICAL	166,645	2,427	158.8	27,201	0.3	23	6
Total	3,817,666	8,512		92,298	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,163 beneficiaries who were in nursing facilities for part of their enrollment and their 9,824 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 2002. 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 2002 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 ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS				
	No. of Rx	Rx \$	Users as %			Mean Rx \$	No. of Users	No. of Bene Mos among Users	Mean No. of Rx	Users of All-Year of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Users of All-Year of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx
			602	39.4 %	6,683										
All	66,847	\$3,817,666	602	39.4 %	6,683	0.9	\$106	831	54.4 %	8,715	0.8	\$73			
Female	41,376	2,333,479	398	43.0	4,390	0.9	103	483	52.2	5,044	0.9	76			
Disabled	24,793	1,447,963	196	40.7	2,163	0.9	122	263	54.6	2,780	0.9	75			
64 or younger	24,345	1,423,148	185	39.4	2,037	0.9	123	257	54.8	2,727	0.9	75			
65-74	447	24,809	11	91.7	126	0.8	105	6	50.0	53	0.8	78			
75-84	1	6	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			
Other Eligibles	16,583	885,516	202	45.6	2,227	0.8	86	220	49.7	2,264	0.9	78			
64 or younger	241	13,713	0	0.0	0	0.0	0	5	83.3	57	0.9	96			
65-74	5,141	281,547	63	54.8	732	0.8	91	65	56.5	713	0.9	79			
75-84	6,622	365,325	93	56.7	1,031	0.8	84	83	50.6	856	0.9	74			
85 and older	4,579	224,931	46	29.1	464	0.8	82	67	42.4	638	0.9	80			
Male	25,471	1,484,187	204	33.8	2,293	0.9	110	348	57.7	3,671	0.8	69			
Disabled	19,850	1,179,346	137	31.2	1,550	0.9	119	252	57.4	2,688	0.8	69			
64 or younger	19,463	1,156,388	132	30.8	1,490	0.9	118	245	57.2	2,604	0.8	69			
65-74	326	21,092	4	40.0	48	1.5	162	6	60.0	72	0.8	56			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	61	1,866	1	100.0	12	1.0	47	1	100.0	12	1.0	23			
Other Eligibles	5,621	304,841	67	40.9	743	0.8	92	96	58.5	983	0.8	69			
64 or younger	134	8,383	2	50.0	24	0.5	72	4	100.0	48	0.8	63			
65-74	2,084	120,220	24	45.3	270	0.8	104	28	52.8	267	0.8	73			
75-84	1,911	109,302	28	49.1	300	0.7	94	36	63.2	363	0.8	74			
85 and older	1,492	66,936	13	26.0	149	1.1	70	28	56.0	305	0.8	62			
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 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,163 beneficiaries who were in nursing facilities for part of their enrollment and their 9,824 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 2002. 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 2002 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a,b,c,d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Users as %		No. of Bene		Mean No. of Rx	Users as %		No. of Bene		Mean No. of Rx	Users as %		No. of Bene		Mean No. of Rx
	No. of Users	Residents	No. of Users	NF Residents		Users	Mos among Users	No. of Users	Residents		Users	Mos among Users	No. of Users	Residents	
All	762	49.9 %	8,336	1.3	\$74	889	58.2 %	9,640	0.9	\$55	755	49.4 %	8,021	0.8	\$33
Female	454	49.1	4,917	1.2	69	565	61.1	6,172	0.9	57	471	50.9	4,951	0.9	34
Disabled	324	67.2	3,495	1.3	79	311	64.5	3,368	0.9	58	270	56.0	2,812	1.0	44
64 or younger	322	68.7	3,471	1.3	80	305	65.0	3,296	1.0	58	262	55.9	2,749	1.0	44
65-74	2	16.7	24	0.7	12	6	50.0	72	0.7	28	8	66.7	63	0.5	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	130	29.3	1,422	1.1	45	254	57.3	2,804	0.9	56	201	45.4	2,139	0.7	22
64 or younger	6	100.0	69	1.5	68	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	53	46.1	604	1.2	51	78	67.8	849	1.0	61	56	48.7	612	0.7	19
75-84	47	28.7	538	0.9	41	103	62.8	1,171	0.8	49	78	47.6	862	0.7	25
85 and older	24	15.2	211	0.8	29	73	46.2	784	0.9	60	67	42.4	665	0.8	21
Male	308	51.1	3,419	1.3	82	324	53.7	3,468	0.8	53	284	47.1	3,070	0.8	32
Disabled	269	61.3	3,012	1.4	87	227	51.7	2,505	0.8	52	214	48.7	2,349	0.8	37
64 or younger	264	61.7	2,952	1.4	87	224	52.3	2,469	0.8	52	210	49.1	2,301	0.8	36
65-74	5	50.0	60	1.2	69	1	10.0	12	0.2	13	3	30.0	36	0.4	72
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	200.0	24	1.1	40	1	100.0	12	0.8	5
Other Eligibles	39	23.8	407	1.0	41	97	59.1	963	0.9	57	70	42.7	721	0.5	17
64 or younger	1	25.0	12	1.0	43	3	75.0	36	1.1	69	0	0.0	0	0.0	0
65-74	16	30.2	159	1.2	58	39	73.6	401	0.9	61	21	39.6	216	0.5	13
75-84	11	19.3	111	1.0	36	31	54.4	303	0.9	57	28	49.1	279	0.5	18
85 and older	11	22.0	125	0.8	22	24	48.0	223	0.8	46	21	42.0	226	0.5	20
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 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,163 beneficiaries who were in nursing facilities for part of their enrollment and their 9,824 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 2002. 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 2002 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTI-DIABETIC					ANTI-HYPERTENSIVE				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of All-Year Residents	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx
All	709	7,597	0.7	\$32	0.7	609	6,421	0.9	\$38	0.9	619	6,529	0.9	\$32	
Female	455	4,931	0.7	32	0.7	404	4,282	0.9	38	0.9	385	4,077	0.9	31	
Disabled	271	2,956	0.8	38	0.8	214	2,262	0.9	41	0.9	184	1,999	0.9	31	
64 or younger	265	2,896	0.8	38	0.8	205	2,177	1.0	42	1.0	178	1,950	0.9	32	
65-74	6	60	0.3	22	0.3	9	85	0.5	14	0.5	6	49	1.0	16	
75-84	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
Other Eligibles	184	1,975	0.5	25	0.5	190	2,020	0.9	34	0.9	201	2,078	0.9	30	
64 or younger	4	48	1.4	59	1.4	0	0	0.0	0	0.0	0	0	0.0	0	
65-74	37	383	0.6	34	0.6	60	644	1.0	37	1.0	49	555	0.9	33	
75-84	88	959	0.5	24	0.5	75	809	0.9	35	0.9	76	837	0.8	29	
85 and older	55	585	0.4	18	0.4	55	567	0.8	29	0.8	76	686	0.9	30	
Male	254	2,666	0.7	32	0.7	205	2,139	0.8	37	0.8	234	2,452	0.9	34	
Disabled	184	2,011	0.8	34	0.8	134	1,390	0.9	41	0.9	145	1,557	0.9	34	
64 or younger	184	2,011	0.8	34	0.8	133	1,378	0.9	41	0.9	143	1,533	0.9	34	
65-74	0	0	0.0	0	0.0	1	12	0.1	2	0.1	2	24	0.8	49	
75-84	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
85 and older	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
Other Eligibles	70	655	0.5	24	0.5	71	749	0.8	30	0.8	89	895	0.8	32	
64 or younger	3	36	0.5	14	0.5	0	0	0.0	0	0.0	0	0	0.0	0	
65-74	21	187	0.7	34	0.7	26	267	0.8	38	0.8	39	396	0.9	35	
75-84	23	200	0.3	17	0.3	30	318	0.8	22	0.8	35	342	0.8	32	
85 and older	23	232	0.6	25	0.6	15	164	0.9	33	0.9	15	157	0.8	26	
Unknown	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 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,163 beneficiaries who were in nursing facilities for part of their enrollment and their 9,824 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 2002. 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 2002 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).
- Benefit 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	ANTICOAGULANTS					DERMATOLOGICAL						
	Users as %		Users as %		Mean Rx\$	Users as %		Users as %		Mean Rx\$		
	No. of Users	No. of Bene Mos among Users	No. of Bene Mos among Users	No. of Bene Mos among Users		No. of Rx	Mean Rx\$	No. of Rx	Mean Rx\$			
All	309	20.2 %	3,155	1.1	\$62	2,427	158.8 %	27,201	0.3	\$6	1,528	16,114
Female	167	18.1	1,722	1.1	56	1,445	156.2	16,080	0.3	6	925	9,695
Disabled	107	22.2	1,090	1.1	56	814	168.9	9,125	0.3	6	482	5,169
64 or younger	103	22.0	1,063	1.1	57	796	169.7	8,952	0.3	6	469	5,046
65-74	4	33.3	27	1.6	20	17	141.7	161	0.3	5	12	111
75-84	0	0.0	0	0.0	0	1	100.0	12	0.1	1	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	60	13.5	632	1.2	56	631	142.4	6,955	0.2	5	443	4,526
64 or younger	0	0.0	0	0.0	0	10	166.7	120	0.2	6	6	59
65-74	12	10.4	131	1.2	13	134	116.5	1,498	0.2	6	115	1,260
75-84	26	15.9	291	1.4	91	228	139.0	2,582	0.2	5	164	1,712
85 and older	22	13.9	210	0.8	35	259	163.9	2,755	0.3	5	158	1,495
Male	142	23.5	1,433	1.1	69	982	162.9	11,121	0.3	7	603	6,419
Disabled	118	26.9	1,180	1.2	79	738	168.1	8,471	0.3	7	439	4,771
64 or younger	117	27.3	1,168	1.2	80	720	168.2	8,255	0.3	7	428	4,639
65-74	1	10.0	12	0.3	6	17	170.0	204	0.4	6	10	120
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	1	100.0	12	0.1	1	1	12
Other Eligibles	24	14.6	253	1.0	20	244	148.8	2,650	0.2	4	164	1,648
64 or younger	0	0.0	0	0.0	0	4	100.0	48	0.3	2	4	45
65-74	7	13.2	74	1.4	20	72	135.8	764	0.2	5	53	528
75-84	9	15.8	94	1.1	30	90	157.9	976	0.2	4	57	563
85 and older	8	16.0	85	0.6	10	78	156.0	862	0.3	5	50	512
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 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 1,163 beneficiaries who were in nursing facilities for part of their enrollment and their 9,824 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 2002. 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 2002 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VIRGINIA, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene	Total No. Part D Excl Rx	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nonduall Rx \$	Total No. of Benes
Age								
5 and younger	24,066	20.9	0.5	53,237	1,579,794	30	13.4	115,398
6-14	18,048	15.0	0.3	40,621	1,535,861	38	5.9	120,199
15-20	8,052	15.0	0.3	18,395	1,014,451	55	6.1	53,521
21-44	14,278	19.2	0.9	64,805	2,155,663	33	4.7	74,506
45-64	9,101	39.1	2.9	67,069	2,918,064	44	5.5	23,254
65-74	1,416	36.1	1.9	7,589	291,204	38	4.2	3,920
75-84	754	37.0	1.9	3,939	123,922	31	3.3	2,040
85 and older	333	42.1	2.3	1,836	45,641	25	3.2	791
Unknown	0	0.0	0.0	0	0	0	0.0	19
Basis of Eligibility^c								
Aged	2,339	36.4	1.9	12,311	433,607	35	3.9	6,418
Disabled	18,713	35.2	2.4	125,542	5,623,480	45	5.5	53,200
Adults	9,313	13.4	0.4	25,838	625,835	24	4.6	69,562
Children	45,638	17.3	0.4	93,646	2,972,268	32	7.9	264,322
Unknown	45	30.8	1.1	154	9,410	61	5.5	146
Gender								
Female	44,560	19.4	0.7	158,665	5,897,780	37	6.1	229,242
Male	31,488	19.2	0.6	98,826	3,766,820	38	5.4	164,406
Unknown	0	0.0	0.0	0	0	0	0.0	0
Race								
White	48,848	25.5	1.0	186,845	6,935,616	37	6.0	191,440
African American	19,349	11.7	0.3	50,141	2,053,389	41	5.2	165,949
Other/unknown	7,851	21.7	0.6	20,505	675,595	33	6.5	36,259
Use of Nursing Facilities^d								
Entire year	975	63.8	8.3	12,682	371,466	29	5.9	1,528
Part year	727	62.5	5.3	6,154	230,401	37	5.7	1,163
None	74,346	19.0	0.6	238,655	9,062,733	38	5.8	390,957
Maintenance Assistance Status								
Cash	18,955	35.1	2.2	121,231	4,872,590	40	4.9	54,021
Medically needy	982	25.6	1.2	4,767	498,040	104	10.7	3,836
Poverty related	42,197	16.3	0.3	87,018	2,856,173	33	9.2	259,352
Other/unknown	13,914	18.2	0.6	44,475	1,437,797	32	4.6	76,439

Table ND11
 Nonduall Beneficiaries

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VIRGINIA, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$4	\$38	\$0	\$1	2,229,827
Age						
5 and younger	0.1	3	30	0	0	587,986
6-14	0.1	2	38	0	0	699,979
15-20	0.1	3	55	0	0	309,358
21-44	0.2	6	33	0	1	389,161
45-64	0.4	16	44	0	4	181,291
65-74	0.2	8	38	0	1	35,815
75-84	0.2	7	31	0	1	18,999
85 and older	0.3	6	25	0	2	7,113
Unknown	0.0	0	0	0	0	125
Basis of Eligibility^c						
Aged	0.2	7	35	0	1	58,818
Disabled	0.3	14	45	0	3	415,737
Adults	0.1	2	24	0	0	297,525
Children	0.1	2	32	0	0	1,456,583
Unknown	0.1	8	61	0	1	1,164
Gender						
Female	0.1	5	37	0	1	1,266,035
Male	0.1	4	38	0	0	963,792
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	6	37	0	1	1,244,814
African American	0.1	3	41	0	0	788,672
Other/unknown	0.1	3	33	0	0	196,341
Use of Nursing Facilities^d						
Entire year	0.8	23	29	0	5	16,114
Part year	0.6	23	37	0	4	9,824
None	0.1	4	38	0	1	2,203,889
Maintenance Assistance Status						
Cash	0.3	12	40	0	3	419,440
Medically needy	0.2	16	104	0	1	30,308
Poverty related	0.1	2	33	0	0	1,354,068
Other/unknown	0.1	3	32	0	1	426,011

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
 - b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
VIRGINIA, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	84,275	\$1115	\$9,664,600	100.0 %	257,491	\$38	100.0 %
Anorexia or weight loss/gain	1,730	403	696,360	7.2	3,938	177	1.5
Fertility drugs	90	5,208	468,756	4.9	266	1,762	0.1
Drugs for cosmetic purposes	536	1,162	622,576	6.4	2,453	254	1.0
Cough and cold medications	2,506	290	727,649	7.5	5,232	139	2.0
Vitamins and minerals	52	9,614	499,951	5.2	384	1,302	0.1
Non-prescription drugs	64,896	78	5,073,710	52.5	157,881	32	61.3
Barbiturates	254	14	3,591	0.0	302	12	0.1
Benzodiazepines	14,111	104	1,469,909	15.2	86,788	17	33.7
Other Part D Excl Rx Drugs	100	1,021	102,098	1.1	247	413	0.1

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; 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}
NONDUAL BENEFICIARIES, VIRGINIA, 2002

Beneficiary Characteristics	No. of Beneficiaries					No. of Beneficiaries					
	All	Aged	Disabled	Adults	Children	All	Aged	Disabled	Adults	Children	Unknown
All	584,696	8,608	80,799	93,140	402,003	5,095,050	91,029	826,751	695,050	3,481,043	1,177
Age											
5 and younger	171,397	0	3,234	0	168,163	1,456,943	0	29,242	0	1,427,701	0
6-14	184,751	1	11,774	353	172,623	1,657,481	8	119,940	2,568	1,534,965	0
15-20	81,220	1	8,248	11,914	61,057	679,928	1	83,355	79,135	517,437	0
21-44	103,094	1	26,294	76,631	137	851,383	9	271,633	578,668	800	273
45-64	34,916	48	30,518	4,233	2	350,508	414	314,556	34,621	13	904
65-74	5,665	4,943	713	9	0	60,979	53,065	7,856	58	0	0
75-84	2,719	2,703	16	0	0	28,867	28,714	153	0	0	0
85 and older	912	910	2	0	0	8,828	8,812	16	0	0	0
Unknown	22	1	0	0	21	133	6	0	0	127	0
Gender											
Female	337,579	5,954	43,397	86,988	201,094	2,909,959	63,289	451,867	653,049	1,740,577	1,177
Male	247,117	2,654	37,402	6,152	200,909	2,185,091	27,740	374,884	42,001	1,740,466	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	249,461	3,270	41,903	42,014	162,191	2,109,095	33,662	428,996	290,979	1,354,814	644
African American	285,108	1,905	36,140	47,454	199,553	2,572,352	20,095	369,769	380,893	1,801,126	469
Other/unknown	50,127	3,433	2,756	3,672	40,259	413,603	37,272	27,986	23,178	325,103	64
Use of Nursing Facilities^c											
Entire year	1,529	598	922	0	9	16,127	6,085	9,950	0	92	0
Part year	1,176	369	773	13	21	11,416	3,491	7,646	106	173	0
None	581,991	7,641	79,104	93,127	401,973	5,067,507	81,453	809,155	694,944	3,480,778	1,177
Maintenance Assistance Status											
Cash	85,268	5,942	74,210	3,849	1,267	877,757	66,050	773,394	27,764	10,549	0
Medically needy	3,914	1,291	2,239	47	337	31,376	12,995	15,942	196	2,243	0
Poverty related	380,705	548	2,232	33,528	344,251	3,242,317	4,629	16,781	196,295	3,023,435	1,177
Other/unknown	114,809	827	2,118	55,716	56,148	943,600	7,355	20,634	470,795	444,816	0
Managed Care Status											
FFS all year	214,315	5,089	37,383	31,872	139,828	1,616,808	51,032	355,010	174,193	1,035,432	1,141
FFS part year, with Rx claims	74,865	1,109	10,194	20,808	42,752	728,740	12,597	108,293	182,918	424,908	24
FFS part year, no Rx claims	104,465	220	5,623	16,879	81,742	975,380	2,214	56,061	144,219	772,874	12
MC all year, with Rx claims	7,364	513	731	663	5,457	72,893	6,024	8,434	6,164	52,271	0
MC all year, no Rx claims	183,687	1,677	26,868	22,918	132,224	1,701,229	19,162	298,953	187,556	1,195,558	0

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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

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

Bene 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.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, VIRGINIA, 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K 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	584,696	5,095,050	393,648	2,229,827	183,684	2,865,223
FFS all year	214,315	1,616,808	214,315	1,616,810	0	-2
FFS part year, with Rx claims	74,865	728,740	74,865	302,429	0	426,311
FFS part year, with no Rx claims	104,465	975,380	104,465	310,576	0	664,804
MC all year, with Rx claims	7,364	72,893	0	0	0	72,893
MC all year, with no Rx claims	183,687	1,701,229	3	12	183,684	1,701,217

Source: Data for this table are from the MAX 2002 file for Virginia, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.