

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 VIRGINIA

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 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>108,955</b>	<b>65,770</b>	<b>42,770</b>	<b>391</b>	<b>24</b>	<b>0</b>	<b>1,153,103</b>	<b>685,177</b>	<b>465,260</b>	<b>2,418</b>	<b>248</b>	<b>0</b>
<b>Age</b>												
5 and younger	10	0	6	0	4	0	82	0	50	0	32	0
6-14	15	0	11	0	4	0	165	0	122	0	43	0
15-20	229	0	211	3	15	0	2,156	0	1,973	15	168	0
21-44	18,274	2	17,965	306	1	0	196,363	20	194,436	1,902	5	0
45-64	22,880	16	22,785	79	0	0	250,808	150	250,170	488	0	0
65-74	24,480	22,850	1,627	3	0	0	261,705	244,833	16,859	13	0	0
75-84	25,453	25,326	127	0	0	0	268,979	267,675	1,304	0	0	0
85 and older	17,614	17,576	38	0	0	0	172,845	172,499	346	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	72,488	49,224	22,964	291	9	0	769,264	516,502	250,835	1,847	80	0
Male	36,466	16,546	19,805	100	15	0	383,836	168,675	214,422	571	168	0
Unknown	1	0	1	0	0	3	0	0	3	0	0	0
<b>Race</b>												
White	62,741	36,656	25,861	212	12	0	658,076	373,072	283,569	1,328	107	0
African American	40,100	23,767	16,152	171	10	0	428,219	253,340	173,708	1,054	117	0
Other/unknown	6,114	5,347	757	8	2	0	66,808	58,765	7,983	36	24	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,981	12,662	1,319	0	0	0	142,334	127,607	14,727	0	0	0
Part year	9,018	8,036	982	0	0	0	85,470	75,291	10,179	0	0	0
None	85,956	45,072	40,469	391	24	0	925,299	482,279	440,354	2,418	248	0
<b>Maintenance Assistance Status</b>												
Cash	59,241	31,696	27,521	24	0	0	657,260	355,359	301,772	129	0	0
Medically needy	317	181	136	0	0	0	3,293	1,908	1,385	0	0	0
Poverty-related	16,645	9,125	7,406	107	7	0	172,445	94,341	77,404	642	58	0
Other/unknown	32,752	24,768	7,707	260	17	0	320,105	233,569	84,699	1,647	190	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	104,587	63,094	41,092	377	24	0	1,106,548	656,728	447,286	2,286	248	0
Full dual, part year	4,368	2,676	1,678	14	0	0	46,555	28,449	17,974	132	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	106,352	65,148	40,932	253	19	0	1,137,590	681,317	454,224	1,838	211	0
FFS part year, with Rx claims	2,001	493	1,399	104	5	0	12,807	3,223	9,061	486	37	0
FFS part year, no Rx claims	602	129	439	34	0	0	2,706	637	1,975	94	0	0

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.2 includes the beneficiaries represented by Cell G 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.
  - d. 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 2003. 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	89.0 %	50.9	\$3,001	\$59	\$12,903	23.3 %	108,955
<b>Age</b>							
5 and younger	80.0	34.1	3,937	116	7,148	55.1	10
6-14	100.0	54.9	9,771	178	16,337	59.8	15
15-20	77.3	20.9	2,648	127	8,610	30.7	229
21-44	84.4	36.4	3,187	88	12,840	24.8	18,274
45-64	88.9	56.0	3,807	68	14,655	26.0	22,880
65-74	88.1	52.2	2,812	54	9,264	30.4	24,480
75-84	90.8	54.6	2,737	50	12,218	22.4	25,453
85 and older	92.9	52.6	2,407	46	16,797	14.3	17,614
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	90.4	53.2	2,669	50	12,431	21.5	65,770
Disabled	87.1	47.7	3,524	74	13,704	25.7	42,770
Adults	77.2	19.3	1,566	81	4,758	32.9	391
Children	87.5	38.8	6,684	173	12,901	51.8	24
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	91.4	55.0	3,053	56	12,477	24.5	72,488
Male	84.4	42.9	2,898	68	13,751	21.1	36,466
Unknown	100.0	3.0	172	57	1,437	12.0	1
<b>Race</b>							
White	89.8	56.6	3,353	59	14,423	23.2	62,741
African American	87.7	43.9	2,563	58	11,559	22.2	40,100
Other/unknown	90.2	38.1	2,266	60	6,126	37.0	6,114
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.9	75.5	3,741	50	31,186	12.0	13,981
Part year	97.7	64.7	3,234	50	20,751	15.6	9,018
None	86.7	45.5	2,857	63	9,106	31.4	85,956
<b>Maintenance Assistance Status</b>							
Cash	91.3	50.2	3,091	62	7,586	40.7	59,241
Medically needy	88.6	42.3	3,131	74	10,072	31.1	317
Poverty related	82.5	37.4	2,235	60	5,186	43.1	16,645
Other/unknown	88.3	59.2	3,228	55	26,470	12.2	32,752

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.3 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:						Beneficiaries	Mean \$, All Medicaid FFS <sup>d</sup>	Benefit Months	
			Percentage of All Medicaid FFS <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less				More than 10
<b>All</b>	<b>4.8</b>	<b>\$284</b>	<b>23.3 %</b>	<b>11.0 %</b>	<b>14.0 %</b>	<b>10.0 %</b>	<b>29.2 %</b>	<b>26.8 %</b>	<b>9.0 %</b>	<b>\$1,219</b>	<b>108,955</b>	<b>1,153,103</b>
<b>Age</b>												
5 and younger	4.2	480	55.1	20.0	0.0	20.0	40.0	20.0	0.0	872	10	82
6-14	5.0	888	59.8	0.0	0.0	20.0	33.3	46.7	0.0	1,485	15	165
15-20	2.2	281	30.7	22.7	36.2	12.2	16.6	10.5	1.7	915	229	2,156
21-44	3.4	297	24.8	15.6	24.9	12.4	26.1	16.8	4.2	1,195	18,274	196,363
45-64	5.1	347	26.0	11.1	13.3	9.2	28.1	27.6	10.7	1,337	22,880	250,808
65-74	4.9	263	30.4	11.9	13.0	9.8	29.2	26.7	9.3	867	24,480	261,705
75-84	5.2	259	22.4	9.2	10.7	9.7	31.0	29.4	10.0	1,156	25,453	268,979
85 and older	5.4	245	14.3	7.1	9.5	9.3	31.7	32.3	10.0	1,712	17,614	172,845
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<sup>e</sup></b>												
Aged	5.1	256	21.5	9.6	11.3	9.7	30.5	29.2	9.7	1,193	65,770	685,177
Disabled	4.4	324	25.7	12.9	18.2	10.5	27.3	23.0	7.9	1,260	42,770	465,260
Adults	3.1	253	32.9	22.8	23.5	13.8	21.2	15.3	3.3	769	391	2,418
Children	3.8	647	51.8	12.5	20.8	12.5	25.0	20.8	8.3	1,249	24	248
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	5.2	288	24.5	8.6	12.2	9.8	30.1	29.2	10.1	1,176	72,488	769,264
Male	4.1	275	21.1	15.6	17.8	10.5	27.6	21.9	6.7	1,306	36,466	383,836
Unknown	1.0	57	12.0	0.0	100.0	0.0	0.0	0.0	0.0	479	1	3
<b>Race</b>												
White	5.4	320	23.2	10.2	11.8	8.6	27.5	29.8	12.0	1,375	62,741	658,076
African American	4.1	240	22.2	12.3	16.5	11.4	31.1	23.5	5.2	1,082	40,100	428,219
Other/unknown	3.5	207	37.0	9.8	20.1	15.2	34.7	17.6	2.6	561	6,114	66,808
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.4	368	12.0	2.1	4.2	5.5	26.0	40.4	21.9	3,063	13,981	142,334
Part year	6.8	341	15.6	2.3	6.2	7.7	29.5	36.4	18.0	2,190	9,018	85,470
None	4.2	265	31.4	13.3	16.5	11.0	29.8	23.5	5.9	846	85,956	925,299
<b>Maintenance Assistance Status</b>												
Cash	4.5	279	40.7	8.7	15.8	11.1	31.6	25.8	6.9	684	59,241	657,260
Medically needy	4.1	301	31.1	11.4	21.1	12.6	30.9	17.0	6.9	970	317	3,293
Poverty related	3.6	216	43.1	17.5	19.7	11.7	27.5	19.2	4.3	501	16,645	172,445
Other/unknown	6.1	330	12.2	11.7	7.8	7.1	25.8	32.4	15.2	2,708	32,752	320,105

Table D4

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.4 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.
  - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
  - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
  - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>4.8</b>	<b>\$284</b>	<b>\$59</b>	<b>2.2</b>	<b>\$216</b>	<b>\$100</b>	<b>0.2</b>	<b>\$10</b>	<b>\$44</b>	<b>2.4</b>	<b>\$57</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	4.2	480	116	1.6	419	256	0.5	8	17	1.9	51	26
6-14	5.0	888	178	2.4	777	323	0.3	47	176	2.3	64	28
15-20	2.2	281	127	1.1	239	216	0.1	13	88	1.0	29	31
21-44	3.4	297	88	1.6	233	149	0.1	12	83	1.7	50	30
45-64	5.1	347	68	2.3	266	114	0.2	12	58	2.5	67	27
65-74	4.9	263	54	2.3	200	88	0.2	7	38	2.4	55	23
75-84	5.2	259	50	2.3	195	84	0.2	8	32	2.6	55	21
85 and older	5.4	245	46	2.2	180	81	0.3	9	29	2.8	55	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.1	256	50	2.3	192	85	0.2	8	33	2.6	55	22
Disabled	4.4	324	74	2.0	251	125	0.2	12	66	2.2	60	27
Adults	3.1	253	81	1.4	181	132	0.1	6	50	1.6	66	41
Children	3.8	647	173	1.8	582	324	0.2	17	73	1.7	47	28
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	5.2	288	56	2.3	219	94	0.2	9	40	2.6	59	23
Male	4.1	275	68	1.8	211	116	0.2	10	55	2.0	53	26
Unknown	1.0	57	57	0.3	26	79	0.0	0	0	0.7	31	47
<b>Race</b>												
White	5.4	320	59	2.4	242	101	0.3	12	44	2.7	65	24
African American	4.1	240	58	1.8	183	100	0.2	7	45	2.1	48	23
Other/unknown	3.5	207	60	1.9	167	87	0.1	5	51	1.4	34	24
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.4	368	50	3.1	275	88	0.5	14	30	3.7	77	21
Part year	6.8	341	50	2.9	258	88	0.4	12	29	3.4	69	20
None	4.2	265	63	1.9	203	104	0.2	9	54	2.1	53	25
<b>Maintenance Assistance Status</b>												
Cash	4.5	279	62	2.1	213	102	0.2	9	54	2.2	56	25
Medically needy	4.1	301	74	2.0	247	124	0.2	13	61	1.8	39	21
Poverty related	3.6	216	60	1.6	166	101	0.1	6	44	1.8	43	24
Other/unknown	6.1	330	55	2.6	250	96	0.4	12	34	3.0	67	22

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.5 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.
- 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, 1.0 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE D.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Total Rx \$				Users <sup>e</sup>			
	Patented		Generic		Patented		Generic		Patented		Generic		Total Number of Rx	Number	Percentage of Dual Benes	Number of Benefit Months
	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Total	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name	Off-Patent Brand-Name					
Anti-infective Agents	0.3	0.2	0.0	0.2	\$28	\$23	\$0	\$4	\$80	\$129	\$72	\$27	\$18,250,403	58,725	53.9 %	652,613
Biologics	0.1	0.1	0.0	0.0	121	3	35	83	925	32	1,569	3,358	390,381	285	0.3	3,232
Antineoplastic Agents	0.5	0.2	0.0	0.3	93	65	2	27	192	370	142	89	4,650,311	4,828	4.4	49,785
Endocrine/Metabolic Drugs	1.0	0.5	0.1	0.4	44	34	2	8	45	68	20	21	22,858,518	46,647	42.8	514,771
Cardiovascular Agents	1.9	0.8	0.1	1.1	70	48	2	20	37	64	31	19	54,207,414	71,028	65.2	777,514
Respiratory Agents	0.8	0.4	0.0	0.3	40	31	2	7	52	72	59	23	22,267,684	50,288	46.2	560,600
Gastrointestinal Agents	0.8	0.4	0.0	0.4	70	54	1	15	87	126	91	41	39,399,524	51,232	47.0	563,464
Genitourinary Agents	0.5	0.4	0.0	0.1	31	29	0	2	62	71	36	21	5,478,238	16,031	14.7	178,511
CNS Drugs	1.3	0.7	0.0	0.6	109	87	4	17	81	131	109	27	68,973,290	58,276	53.5	635,057
Stimulants/Anti-obesity/Anorexia	0.6	0.2	0.0	0.3	48	34	3	11	82	141	87	35	654,183	1,237	1.1	13,691
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.0	92	90	0	2	137	141	39	51	6,737,841	6,982	6.4	73,164
Analgesics and Anesthetics	0.8	0.3	0.0	0.5	44	33	1	10	54	123	64	19	27,794,781	57,150	52.5	631,441
Neuromuscular Agents	1.0	0.4	0.1	0.5	67	49	4	14	70	122	47	30	23,276,709	31,552	29.0	349,736
Nutritional Products	0.6	0.0	0.1	0.6	11	1	1	9	17	34	18	16	2,833,719	24,110	22.1	260,439
Hematological Agents	0.8	0.3	0.2	0.3	64	55	3	6	78	177	19	17	15,166,166	22,119	20.3	237,961
Topical Products	0.4	0.2	0.0	0.2	19	14	1	4	45	64	49	23	9,458,442	43,543	40.0	488,181
Miscellaneous Products	0.5	0.2	0.0	0.2	124	98	12	14	264	521	256	58	3,233,183	2,486	2.3	26,160
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	14	0	0	0	43	0	0	0	1,379,319	8,737	8.0	95,718
<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.	327,010,106	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - 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, 1.0 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.medisp.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.
- Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$39,921,861	30,218	27.7 %	331,280	0.7	\$167
ULCER DRUGS	33,498,384	50,249	46.1	557,024	0.6	101
ANTIDEPRESSANTS	21,829,191	48,579	44.6	531,113	0.6	63
ANTICONVULSANT	18,479,775	26,411	24.2	293,140	0.8	80
ANTHYPERLIPIDEMIC	17,653,657	27,307	25.1	310,030	0.7	86
ANTI-DIABETIC	16,681,676	38,340	35.2	425,892	0.7	57
ANTI-HYPERTENSIVE	15,099,772	51,914	47.6	576,992	0.7	39
ANALGESICS - Narcotic	13,491,832	66,142	60.7	734,852	0.4	45
ANTI-ASTHMATIC	12,487,231	41,851	38.4	462,918	0.4	61
ANALGESICS - ANTI-INFLAMMATORY	12,312,565	35,952	33.0	409,737	0.4	76
<b>Total</b>	<b>201,455,944</b>	<b>416,963</b>		<b>4,632,978</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ULCER DRUGS						
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>2,702,014</b>	<b>\$201,455,944</b>	<b>30,218</b>	<b>27.7 %</b>	<b>331,280</b>	<b>0.7</b>	<b>\$121</b>	<b>50,249</b>	<b>46.1 %</b>	<b>557,024</b>	<b>0.6</b>	<b>\$60</b>					
<b>Female</b>	1,890,160	135,352,757	18,255	25.2	198,722	0.7	106	35,830	49.4	397,475	0.6	60					
<b>Disabled</b>	656,369	55,291,272	7,744	33.7	88,269	0.7	125	11,708	51.0	133,621	0.5	60					
5 and younger	23	893	0	0.0	0	0.0	0	1	33.3	12	0.2	4					
6-14	53	3,300	0	0.0	0	0.0	0	1	33.3	11	0.5	8					
15-20	712	73,092	13	14.9	135	0.7	144	19	21.8	195	0.4	44					
21-44	181,174	17,300,615	3,315	39.6	37,668	0.6	123	3,394	40.6	38,794	0.5	53					
45-64	437,446	35,328,649	4,199	31.6	48,120	0.7	127	7,636	57.5	87,366	0.6	63					
65-74	34,238	2,414,714	201	18.4	2,185	0.7	112	604	55.3	6,649	0.6	63					
75-84	2,163	132,652	9	9.3	87	0.5	53	38	39.2	445	0.6	63					
85 and older	560	37,357	7	21.9	74	0.4	61	15	46.9	149	0.8	76					
<b>Other Eligibles</b>	1,233,791	80,061,485	10,511	21.2	110,453	0.7	90	24,122	48.7	263,854	0.6	60					
5 and younger	7	125	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	71	5,934	2	22.2	24	0.2	45	1	11.1	12	1.0	123					
21-44	2,218	182,810	47	19.5	416	0.4	86	52	21.6	456	0.4	38					
45-64	864	56,379	8	14.0	51	0.5	33	30	52.6	257	0.5	36					
65-74	426,670	29,012,503	2,504	16.4	27,488	0.7	104	7,839	51.2	88,949	0.6	60					
75-84	489,033	31,607,252	4,002	21.0	42,697	0.7	92	9,283	48.8	102,717	0.6	59					
85 and older	314,928	19,196,482	3,948	26.5	39,777	0.7	79	6,917	46.5	71,463	0.7	62					
<b>Male</b>	811,853	66,103,108	11,963	32.8	132,558	0.8	143	14,419	39.5	159,549	0.6	60					
<b>Disabled</b>	450,875	42,734,450	8,427	42.5	96,089	0.8	160	7,118	35.9	81,135	0.6	61					
5 and younger	16	575	0	0.0	0	0.0	0	1	33.3	12	0.2	14					
6-14	49	3,201	0	0.0	0	0.0	0	3	37.5	36	0.4	39					
15-20	1,153	115,054	31	25.0	308	0.9	160	22	17.7	242	0.5	63					
21-44	185,432	19,695,926	4,407	45.9	50,058	0.8	162	2,945	30.7	33,806	0.5	56					
45-64	250,750	21,988,996	3,868	40.7	44,416	0.8	160	3,909	41.1	44,497	0.6	66					
65-74	12,934	886,230	116	21.7	1,247	0.7	103	225	42.1	2,414	0.6	61					
75-84	466	38,717	5	16.7	60	0.8	160	11	36.7	111	0.5	69					
85 and older	75	5,751	0	0.0	0	0.0	0	2	33.3	17	0.9	133					
<b>Other Eligibles</b>	360,978	23,368,658	3,536	21.2	36,469	0.7	97	7,301	43.8	78,414	0.6	59					
5 and younger	18	480	0	0.0	0	0.0	0	2	100.0	22	0.4	8					
6-14	71	2,418	0	0.0	0	0.0	0	4	100.0	44	0.4	12					
15-20	206	16,624	2	22.2	24	0.8	155	2	22.2	19	0.2	15					
21-44	810	82,318	8	11.8	58	0.4	128	22	32.4	141	0.4	41					
45-64	551	48,805	5	13.2	39	0.5	121	17	44.7	134	0.7	81					
65-74	171,354	11,512,059	1,417	18.8	15,392	0.8	109	3,281	43.4	36,461	0.6	59					
75-84	137,995	8,713,104	1,440	22.9	14,684	0.7	92	2,814	44.7	30,102	0.6	59					
85 and older	49,973	2,992,850	664	24.7	6,272	0.6	77	1,159	43.1	11,491	0.7	62					
<b>Unknown</b>	1	79	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7A 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANTS					ANTIHYPERLIPIDEMIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
<b>All</b>	<b>48,579</b>	<b>44.6 %</b>	<b>531,113</b>	<b>\$41</b>	<b>0.6</b>	<b>26,411</b>	<b>24.2 %</b>	<b>293,140</b>	<b>\$63</b>	<b>0.8</b>	<b>27,307</b>	<b>25.1 %</b>	<b>310,030</b>	<b>\$57</b>	<b>0.7</b>
<b>Female</b>	35,379	48.8	386,963	41	0.7	16,580	22.9	183,918	59	0.8	19,412	26.8	220,885	57	0.7
<b>Disabled</b>	15,067	65.6	170,540	41	0.6	8,916	38.8	101,242	73	0.8	5,799	25.3	66,517	54	0.6
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0.0
6-14	2	66.7	10	35	0.3	1	33.3	5	33	0.2	0	0.0	0	0.0	0.0
15-20	21	24.1	212	44	0.5	19	21.8	190	85	1.1	1	1.1	8	0.9	61
21-44	5,325	63.6	60,135	40	0.5	3,609	43.1	40,870	84	0.8	877	10.5	10,052	0.5	45
45-64	9,181	69.1	104,360	42	0.6	5,030	37.9	57,381	66	0.8	4,392	33.1	50,511	0.6	55
65-74	506	46.3	5,498	37	0.6	245	22.4	2,658	54	0.7	491	44.9	5,506	0.6	60
75-84	23	23.7	264	29	0.6	7	7.2	84	26	0.6	35	36.1	420	0.7	62
85 and older	9	28.1	61	44	0.7	5	15.6	54	52	0.7	3	9.4	20	0.8	47
<b>Other Eligibles</b>	20,312	41.0	216,423	41	0.7	7,664	15.5	82,676	41	0.8	13,613	27.5	154,368	0.7	59
5 and younger	0	0.0	0	0	0.0	2	100.0	12	6	0.5	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	0.0
15-20	5	55.6	58	29	0.4	7	77.8	68	20	0.3	0	0.0	0	0.0	0.0
21-44	110	45.6	925	37	0.4	55	22.8	474	86	0.5	12	5.0	88	0.6	44
45-64	29	50.9	239	33	0.4	12	21.1	98	22	0.3	9	15.8	61	0.7	67
65-74	6,056	39.6	67,467	38	0.6	2,799	18.3	31,323	45	0.7	6,181	40.4	70,911	0.7	58
75-84	7,616	40.0	82,037	41	0.7	3,027	15.9	32,549	40	0.8	5,643	29.7	64,017	0.7	60
85 and older	6,496	43.6	65,697	45	0.8	1,762	11.8	18,152	35	0.8	1,768	11.9	19,291	0.7	57
<b>Male</b>	13,200	36.2	144,150	41	0.6	9,830	27.0	109,219	71	0.8	7,895	21.7	89,145	0.7	56
<b>Disabled</b>	7,983	40.3	90,210	42	0.6	7,018	35.4	79,590	81	0.8	3,899	19.7	44,645	0.6	53
5 and younger	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0.0
6-14	2	25.0	22	42	0.5	0	0.0	0	0	0.0	0	0.0	0	0.0	0.0
15-20	37	29.8	396	31	0.4	29	23.4	297	81	0.6	1	0.8	12	0.6	41
21-44	3,960	41.3	44,879	42	0.6	3,582	37.3	40,765	89	0.8	1,152	12.0	13,306	0.6	48
45-64	3,823	40.2	43,232	43	0.7	3,283	34.5	37,275	73	0.9	2,554	26.9	29,250	0.6	55
65-74	154	28.8	1,602	37	0.6	121	22.7	1,227	56	0.9	186	34.8	2,019	0.6	57
75-84	7	23.3	79	20	0.5	3	10.0	26	23	0.3	5	16.7	46	0.8	76
85 and older	0	0.0	0	0	0.0	0	0.0	0	0	0.0	1	16.7	12	1.0	75
<b>Other Eligibles</b>	5,217	31.3	53,940	40	0.7	2,812	16.9	29,629	43	0.8	3,996	24.0	44,500	0.7	59
5 and younger	0	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	0.0
15-20	4	44.4	48	79	1.0	4	44.4	48	121	1.0	0	0.0	0	0.0	0.0
21-44	35	51.5	257	30	0.4	30	44.1	224	68	0.6	5	7.4	25	0.7	65
45-64	18	47.4	139	48	0.5	8	21.1	76	68	0.7	11	28.9	88	0.6	62
65-74	2,132	28.2	23,287	39	0.7	1,395	18.5	15,293	44	0.8	2,230	29.5	25,300	0.7	59
75-84	2,053	32.6	20,889	40	0.7	1,039	16.5	10,680	42	0.9	1,464	23.3	16,113	0.7	59
85 and older	975	36.3	9,320	42	0.7	336	12.5	3,308	35	0.8	286	10.6	2,974	0.7	55
<b>Unknown</b>	0	0.0	0	0	0.0	1	100.0	3	26	0.3	0	0.0	0	0.0	0.0

Table D7B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7B 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per Month
<b>All</b>	<b>38,340</b>	<b>35.2 %</b>	<b>425,892</b>	<b>0.7</b>	<b>\$39</b>	<b>51,914</b>	<b>47.6 %</b>	<b>576,992</b>	<b>0.7</b>	<b>\$26</b>	<b>66,142</b>	<b>60.7 %</b>	<b>734,852</b>	<b>0.4</b>	<b>\$18</b>
<b>Female</b>	28,521	39.3	317,900	0.7	39	37,174	51.3	413,690	0.7	27	48,035	66.3	534,187	0.4	17
<b>Disabled</b>	8,433	36.7	96,132	0.7	43	9,063	39.5	102,969	0.6	24	20,288	88.3	231,640	0.4	22
5 and younger	0	0.0	0	0.0	0	5	166.7	60	0.4	14	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	3	100.0	34	0.8	50	4	133.3	27	0.6	38
15-20	5	5.7	60	0.5	30	8	9.2	80	0.8	31	28	32.2	246	0.2	3
21-44	1,456	17.4	16,875	0.6	41	1,595	19.1	18,052	0.5	20	7,066	84.4	80,432	0.4	24
45-64	6,224	46.9	71,080	0.7	44	6,618	49.8	75,461	0.6	25	12,293	92.6	140,887	0.4	22
65-74	705	64.5	7,820	0.7	43	753	68.9	8,357	0.7	28	819	74.9	9,193	0.4	13
75-84	38	39.2	446	0.7	37	65	67.0	756	0.7	28	61	62.9	694	0.2	6
85 and older	5	15.6	51	0.7	39	16	50.0	169	0.7	26	17	53.1	161	0.7	24
<b>Other Eligibles</b>	20,088	40.6	221,768	0.7	37	28,111	56.8	310,721	0.7	27	27,747	56.0	302,547	0.4	14
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	11.1	4	0.5	29	1	11.1	6	0.8	43	1	11.1	5	0.2	1
21-44	31	12.9	255	0.7	54	47	19.5	370	0.5	19	202	83.8	1,721	0.3	10
45-64	17	29.8	146	0.6	27	14	24.6	127	0.5	19	62	108.8	602	0.3	20
65-74	8,169	53.4	92,327	0.7	41	9,868	64.5	111,908	0.7	27	9,427	61.6	106,821	0.4	14
75-84	8,093	42.5	89,445	0.7	37	11,351	59.6	126,790	0.7	28	10,587	55.6	116,839	0.4	14
85 and older	3,777	25.4	39,591	0.7	30	6,830	45.9	71,520	0.8	28	7,468	50.2	76,559	0.5	15
<b>Male</b>	9,819	26.9	107,992	0.7	40	14,740	40.4	163,302	0.7	25	18,107	49.7	200,665	0.4	21
<b>Disabled</b>	4,314	21.8	48,687	0.7	43	6,284	31.7	71,054	0.6	24	10,662	53.8	121,183	0.4	26
5 and younger	0	0.0	0	0.0	0	1	33.3	12	1.0	32	1	33.3	12	0.1	0
6-14	0	0.0	0	0.0	0	4	50.0	44	0.4	19	1	12.5	12	0.1	1
15-20	5	4.0	60	0.8	39	17	13.7	166	0.6	20	41	33.1	456	0.3	11
21-44	1,191	12.4	13,641	0.6	41	2,065	21.5	23,490	0.6	22	5,021	52.3	57,127	0.4	28
45-64	2,902	30.5	32,697	0.7	44	3,870	40.7	43,761	0.7	25	5,285	55.6	60,342	0.5	25
65-74	206	38.6	2,191	0.7	43	314	58.8	3,429	0.7	25	298	55.8	3,094	0.4	17
75-84	8	26.7	74	0.8	47	12	40.0	140	0.6	24	13	43.3	116	0.2	4
85 and older	2	33.3	24	0.9	52	1	16.7	12	1.0	48	2	33.3	24	0.5	32
<b>Other Eligibles</b>	5,505	33.0	59,305	0.7	37	8,456	50.8	92,248	0.7	26	7,445	44.7	79,482	0.4	13
5 and younger	0	0.0	0	0.0	0	2	100.0	20	0.1	2	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	4	100.0	43	1.0	35	1	25.0	12	0.2	0
15-20	2	22.2	24	0.5	17	7	77.8	79	0.8	32	3	33.3	31	0.1	1
21-44	14	20.6	72	0.8	37	17	25.0	118	0.5	24	67	98.5	479	0.6	73
45-64	7	18.4	43	0.4	27	14	36.8	129	0.5	18	22	57.9	166	0.6	41
65-74	2,777	36.8	30,811	0.7	39	4,028	53.3	44,791	0.7	26	3,563	47.2	39,475	0.4	14
75-84	2,095	33.3	22,341	0.7	36	3,258	51.8	35,397	0.7	25	2,656	42.2	28,115	0.4	11
85 and older	610	22.7	6,014	0.7	29	1,126	41.9	11,671	0.7	25	1,133	42.1	11,204	0.4	13
<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 D7C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.7C 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - ANTI-INFLAMMATORY				Number of Beneficiaries	Mean Benefit per Month	Number of Months Among Users	Users as % of Dual Benes	Mean Benefit per Rx Month	Mean Rx \$ per Benefit Month	Number of Months Among Users	Users as % of Dual Benes	Mean Benefit per Rx Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Benefit per Rx Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users													Mean Benefit per Rx Month
<b>All</b>	<b>41,851</b>	<b>38.4 %</b>	<b>462,918</b>	<b>0.4</b>	<b>\$27</b>	<b>35,952</b>	<b>33.0 %</b>	<b>409,737</b>	<b>0.4</b>	<b>\$30</b>	<b>108,955</b>	<b>1,153,103</b>									
<b>Female</b>	29,640	40.9	328,808	0.4	27	26,617	36.7	303,423	0.4	32	72,488	769,264									
<b>Disabled</b>	10,920	47.6	124,413	0.4	26	10,384	45.2	119,486	0.3	28	22,964	250,835									
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	25									
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	28									
15-20	11	12.6	117	0.4	117	12	13.8	109	0.2	2	87	816									
21-44	2,975	35.6	33,990	0.3	21	3,340	39.9	38,318	0.3	19	8,368	90,761									
45-64	7,299	55.0	83,376	0.4	27	6,502	49.0	74,991	0.4	33	13,281	146,437									
65-74	587	53.7	6,381	0.5	34	486	44.5	5,554	0.4	33	1,093	11,443									
75-84	39	40.2	456	0.4	27	38	39.2	454	0.4	22	97	1,030									
85 and older	9	28.1	93	0.3	9	6	18.8	60	0.6	67	32	295									
<b>Other Eligibles</b>	18,720	37.8	204,395	0.5	27	16,233	32.8	183,937	0.4	35	49,524	518,429									
5 and younger	1	50.0	6	0.2	9	0	0.0	0	0.0	0	2	10									
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	2	22.2	16	0.2	1	9	80									
21-44	43	17.8	366	0.3	18	63	26.1	568	0.2	13	241	1,537									
45-64	32	56.1	335	0.3	25	24	42.1	241	0.3	18	57	399									
65-74	6,711	43.9	75,552	0.5	30	5,954	38.9	68,868	0.4	33	15,297	165,293									
75-84	7,150	37.6	78,675	0.5	27	6,412	33.7	73,482	0.5	35	19,031	203,868									
85 and older	4,783	32.1	49,461	0.4	22	3,778	25.4	40,762	0.5	38	14,887	147,242									
<b>Male</b>	12,211	33.5	134,110	0.5	28	9,335	25.6	106,314	0.4	24	36,466	383,836									
<b>Disabled</b>	5,091	25.7	57,922	0.4	26	5,144	26.0	59,313	0.3	21	19,805	214,422									
5 and younger	1	33.3	12	0.1	1	0	0.0	0	0.0	0	3	25									
6-14	2	25.0	24	0.1	2	0	0.0	0	0.0	0	8	94									
15-20	14	11.3	168	0.3	11	16	12.9	171	0.2	7	124	1,157									
21-44	1,727	18.0	19,655	0.4	21	2,270	23.7	26,042	0.3	15	9,596	103,672									
45-64	3,099	32.6	35,538	0.5	28	2,691	28.3	31,230	0.4	25	9,504	103,733									
65-74	233	43.6	2,388	0.6	38	158	29.6	1,763	0.4	26	534	5,416									
75-84	15	50.0	137	0.6	45	9	30.0	107	0.3	21	30	274									
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	51									
<b>Other Eligibles</b>	7,120	42.7	76,188	0.5	30	4,191	25.2	47,001	0.4	28	16,661	169,414									
5 and younger	4	200.0	48	0.1	6	0	0.0	0	0.0	0	2	22									
6-14	2	50.0	22	0.1	7	1	25.0	12	0.7	17	4	43									
15-20	1	11.1	12	0.2	4	0	0.0	0	0.0	0	9	103									
21-44	8	11.8	62	0.5	35	22	32.4	158	0.3	13	68	390									
45-64	17	44.7	110	0.5	36	9	23.7	69	0.4	23	38	239									
65-74	3,171	42.0	35,322	0.5	31	1,981	26.2	22,587	0.4	27	7,556	79,553									
75-84	2,734	43.4	28,972	0.5	30	1,601	25.4	17,979	0.4	30	6,295	63,807									
85 and older	1,183	44.0	11,640	0.5	27	577	21.5	6,196	0.5	32	2,689	25,257									
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3									

Table D7D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.7D 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents	
				Benefit Months	Year Nursing Facility Residents
<b>All</b>	<b>\$368</b>	<b>7.4</b>	<b>13,981</b>		<b>142,334</b>
<b>Age</b>					
0-64	481	8.2	1,227		13,753
65-74	446	8.5	1,851		19,447
75-84	386	7.7	4,549		46,937
85 and older	304	6.7	6,354		62,197
Unknown	0	0.0	0		0
<b>Gender</b>					
Female	360	7.4	10,567		107,540
Male	391	7.4	3,414		34,794
Unknown	0	0.0	0		0
<b>Race</b>					
White	383	7.8	10,017		100,210
African American	328	6.5	3,776		40,169
Other/unknown	397	7.3	188		1,955
<b>Basis of Eligibility<sup>c</sup></b>					
Aged	355	7.3	12,662		127,607
Disabled	480	8.2	1,319		14,727
Adults	0	0.0	0		0
Children	0	0.0	0		0
Unknown	0	0.0	0		0

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 9,018 beneficiaries who were in nursing facilities for part of their enrollment and their 85,470 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic			
Anti-infective Agents	0.4	0.2	0.0	0.2	\$22	\$18	\$1	\$4	\$54	\$77	\$60	\$22	40,700	\$2,179,182	9,301	66.5 %	98,117
Biologicals	0.1	0.1	0.0	0.0	2	1	0	0	17	16	0	23	131	2,209	121	0.9	1,360
Antineoplastic Agents	0.6	0.2	0.0	0.4	92	50	2	41	164	311	119	105	6,636	1,086,819	1,220	8.7	11,757
Endocrine/Metabolic Drugs	1.2	0.6	0.1	0.6	45	35	1	9	37	60	19	16	84,964	3,129,612	6,685	47.8	68,974
Cardiovascular Agents	2.2	0.6	0.1	1.4	64	35	2	26	30	57	24	18	224,824	6,633,211	10,141	72.5	103,883
Respiratory Agents	0.8	0.4	0.0	0.4	34	24	2	8	42	66	53	20	60,695	2,572,249	7,166	51.3	75,648
Gastrointestinal Agents	1.2	0.6	0.0	0.6	74	60	1	14	63	106	52	23	100,169	6,360,513	8,265	59.1	85,588
Genitourinary Agents	0.7	0.5	0.0	0.1	40	36	1	3	60	69	33	25	20,872	1,258,514	2,973	21.3	31,842
CNS Drugs	1.8	1.1	0.1	0.7	125	106	4	15	69	100	64	22	188,277	13,009,510	10,050	71.9	103,917
Stimulants/Anti-obesity/Anorexia	0.9	0.2	0.0	0.7	39	26	1	12	42	110	34	17	1,584	65,870	160	1.1	1,709
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	121	120	0	0	135	136	0	45	20,603	2,782,572	2,249	16.1	23,072
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	46	38	1	7	45	95	27	12	75,194	3,358,785	7,082	50.7	72,657
Neuromuscular Agents	1.4	0.5	0.1	0.7	76	44	5	27	55	85	37	36	67,678	3,691,823	4,580	32.8	48,592
Nutritional Products	0.9	0.0	0.1	0.7	14	0	2	12	16	15	19	16	44,179	725,341	5,072	36.3	51,598
Hematological Agents	1.3	0.4	0.4	0.5	70	58	6	5	55	145	15	12	58,502	3,222,841	4,488	32.1	46,197
Topical Products	0.5	0.2	0.0	0.3	21	13	2	5	39	57	47	21	46,323	1,787,210	8,006	57.3	85,945
Miscellaneous Products	0.3	0.0	0.0	0.2	13	5	2	5	46	171	250	21	1,987	91,229	727	5.2	7,249
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	13	0	0	0	30	0	0	0	11,587	346,558	2,453	17.5	25,892
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,054,905	52,304,048	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 9,018 beneficiaries who were in nursing facilities for part of their enrollment and their 85,470 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Virginia, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$6,747,732	5,948	42.5 %	62,630	0.8	\$128	\$108
ULCER DRUGS	5,447,449	7,151	51.1	74,078	0.9	85	74
ANTIDEPRESSANTS	5,217,122	8,887	63.6	92,726	0.9	62	56
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	2,785,457	2,278	16.3	23,387	0.9	135	119
ANTICONVULSANT	2,438,261	3,880	27.8	41,302	1.1	53	59
ANTIDIABETIC	2,083,169	5,159	36.9	54,580	0.9	44	38
ANTIHYPERTENSIVE	1,883,424	5,754	41.2	59,595	0.9	35	32
ANALGESICS - Narcotic	1,727,075	6,795	48.6	69,212	0.7	37	25
MISC. HEMATOLOGICAL	1,616,665	1,791	12.8	18,883	0.9	100	86
ANTIASTHMATIC	1,569,198	5,715	40.9	59,450	0.5	48	26
<b>Total</b>	<b>31,515,552</b>	<b>53,358</b>		<b>555,843</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 9,018 beneficiaries who were in nursing facilities for part of their enrollment and their 85,470 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Months Among Users	Mean Number of Rx
<b>All</b>	<b>465,189</b>	<b>\$31,515,552</b>	<b>5,948</b>	<b>42.5 %</b>	<b>62,630</b>	<b>0.8</b>	<b>\$108</b>	<b>7,151</b>	<b>51.1 %</b>	<b>74,078</b>	<b>0.9</b>	<b>\$74</b>	
<b>Female</b>	346,519	23,266,054	4,414	41.8	46,535	0.8	105	5,365	50.8	55,625	0.9	73	
<b>Disabled</b>	27,128	2,045,987	268	41.7	3,047	0.9	153	294	45.7	3,259	0.9	82	
64 or younger	25,078	1,876,430	240	40.5	2,736	1.0	151	270	45.6	3,018	0.9	81	
65-74	1,883	161,935	25	58.1	283	0.8	176	19	44.2	194	1.0	104	
75-84	126	5,056	3	75.0	28	0.7	51	2	50.0	20	0.6	30	
85 and older	41	2,566	0	0.0	0	0.0	0	3	75.0	27	1.0	74	
<b>Other Eligibles</b>	319,391	21,220,067	4,146	41.8	43,488	0.8	102	5,071	51.1	52,366	0.9	72	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	48,689	3,234,748	585	56.0	6,341	0.9	117	595	57.0	6,408	0.9	72	
75-84	123,344	8,323,345	1,502	45.0	16,093	0.9	113	1,744	52.2	18,338	0.9	74	
85 and older	147,358	9,661,974	2,059	37.2	21,054	0.8	89	2,732	49.3	27,620	0.8	71	
<b>Male</b>	118,670	8,249,498	1,534	44.9	16,095	0.9	115	1,786	52.3	18,453	0.9	75	
<b>Disabled</b>	28,075	2,131,626	285	42.2	3,229	0.9	138	364	53.8	3,986	0.9	83	
64 or younger	26,000	1,998,572	262	41.3	2,965	0.9	140	338	53.2	3,715	0.9	84	
65-74	1,971	123,248	20	51.3	228	0.9	117	25	64.1	259	0.9	74	
75-84	104	9,806	3	150.0	36	0.6	134	1	50.0	12	0.7	74	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
<b>Other Eligibles</b>	90,595	6,117,872	1,249	45.6	12,866	0.8	109	1,422	51.9	14,467	0.9	73	
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
65-74	28,134	1,972,810	381	52.6	4,069	0.9	127	396	54.6	4,172	0.9	72	
75-84	41,805	2,815,551	567	47.1	5,933	0.8	105	622	51.7	6,455	0.8	74	
85 and older	20,656	1,329,511	301	37.2	2,864	0.7	90	404	49.9	3,840	0.9	74	
<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 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 9,018 beneficiaries who were in nursing facilities for part of their enrollment and their 85,470 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Walters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>8,887</b>	<b>63.6 %</b>	<b>92,726</b>	<b>0.9</b>	<b>\$56</b>	<b>2,278</b>	<b>16.3 %</b>	<b>23,387</b>	<b>0.9</b>	<b>\$119</b>	<b>3,880</b>	<b>27.8 %</b>	<b>41,302</b>	<b>1.1</b>	<b>\$59</b>
<b>Female</b>	6,878	65.1	71,922	0.9	56	1,783	16.9	18,408	0.9	115	2,634	24.9	28,021	1.1	56
<b>Disabled</b>	441	68.6	4,984	1.0	64	37	5.8	411	0.8	315	423	65.8	4,865	1.3	85
64 or younger	408	68.9	4,658	1.0	65	30	5.1	338	0.8	362	395	66.7	4,563	1.3	84
65-74	28	65.1	278	0.9	58	7	16.3	73	0.8	97	26	60.5	278	1.2	92
75-84	5	125.0	48	0.8	37	0	0.0	0	0.0	0	2	50.0	24	1.1	21
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	6,437	64.9	66,938	0.9	55	1,746	17.6	17,997	0.9	111	2,211	22.3	23,156	1.1	51
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	811	77.7	8,672	0.9	59	173	16.6	1,719	0.9	107	482	46.2	5,275	1.2	62
75-84	2,329	69.8	24,775	0.9	56	646	19.3	6,819	0.9	112	938	28.1	9,844	1.1	51
85 and older	3,297	59.5	33,491	0.9	54	927	16.7	9,459	0.9	111	791	14.3	8,037	1.0	42
<b>Male</b>	2,009	58.8	20,804	0.9	57	495	14.5	4,979	0.9	133	1,246	36.5	13,281	1.1	65
<b>Disabled</b>	409	60.5	4,524	1.0	61	36	5.3	385	0.8	410	416	61.5	4,606	1.3	85
64 or younger	379	59.7	4,194	1.0	62	33	5.2	349	0.8	443	392	61.7	4,364	1.3	86
65-74	29	74.4	318	0.9	50	2	5.1	24	1.3	127	23	59.0	230	1.2	72
75-84	1	50.0	12	0.9	67	1	50.0	12	0.2	23	1	50.0	12	0.3	9
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,600	58.4	16,280	0.9	56	459	16.8	4,594	0.9	110	830	30.3	8,675	1.1	54
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	458	63.2	4,895	0.9	61	82	11.3	849	0.8	103	315	43.4	3,413	1.1	61
75-84	720	59.8	7,443	0.9	54	231	19.2	2,338	0.9	114	369	30.6	3,809	1.1	52
85 and older	422	52.2	3,942	0.9	54	146	18.0	1,407	0.9	106	146	18.0	1,453	1.0	41
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 9,018 beneficiaries who were in nursing facilities for part of their enrollment and their 85,470 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTIHYPERTENSIVE				ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>5,159</b>	<b>36.9 %</b>	<b>54,580</b>	<b>0.9</b>	<b>5,754</b>	<b>41.2 %</b>	<b>59,595</b>	<b>0.9</b>	<b>6,795</b>	<b>48.6 %</b>	<b>69,212</b>	<b>0.7</b>	<b>\$25</b>
<b>Female</b>	3,937	37.3	41,790	0.9	4,269	40.4	44,244	0.9	5,350	50.6	54,369	0.7	25
<b>Disabled</b>	263	40.9	2,996	1.0	206	32.0	2,329	0.9	335	52.1	3,774	0.8	28
64 or younger	231	39.0	2,672	1.0	186	31.4	2,138	0.9	312	52.7	3,553	0.8	27
65-74	32	74.4	324	0.9	15	34.9	143	1.0	20	46.5	202	1.1	45
75-84	0	0.0	0	0.0	4	100.0	36	0.8	2	50.0	16	0.1	1
85 and older	0	0.0	0	0.0	1	25.0	12	0.9	1	25.0	3	0.7	43
<b>Other Eligibles</b>	3,674	37.0	38,794	0.9	4,063	40.9	41,915	0.9	5,015	50.5	50,595	0.7	25
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	645	61.8	6,961	0.9	509	48.8	5,481	0.9	597	57.2	6,283	0.8	33
75-84	1,600	47.9	17,033	0.9	1,488	44.6	15,545	0.9	1,755	52.6	18,203	0.7	29
85 and older	1,429	25.8	14,800	0.8	2,066	37.3	20,889	0.9	2,663	48.1	26,109	0.6	21
<b>Male</b>	1,222	35.8	12,790	0.9	1,485	43.5	15,351	0.9	1,445	42.3	14,843	0.7	23
<b>Disabled</b>	257	38.0	2,848	0.9	254	37.6	2,782	0.9	300	44.4	3,311	0.9	37
64 or younger	233	36.7	2,598	0.9	231	36.4	2,515	0.9	274	43.1	3,046	0.9	39
65-74	21	53.8	214	0.9	22	56.4	255	1.0	26	66.7	265	0.6	19
75-84	3	150.0	36	1.3	1	50.0	12	0.9	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
<b>Other Eligibles</b>	965	35.2	9,942	0.9	1,231	45.0	12,569	0.9	1,145	41.8	11,532	0.6	19
64 or younger	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
65-74	327	45.1	3,448	0.9	361	49.8	3,784	0.9	314	43.3	3,236	0.6	26
75-84	451	37.5	4,666	0.9	574	47.7	5,926	0.9	493	40.9	4,996	0.6	17
85 and older	187	23.1	1,828	0.8	296	36.6	2,859	0.9	338	41.8	3,300	0.6	17
<b>Unknown</b>	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 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 9,018 beneficiaries who were in nursing facilities for part of their enrollment and their 85,470 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIASTHMATIC					Benefit Months Among All-Year Nursing Facility Residents	
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users		Mean Rx \$		
	Number of Users	%	Number of Users	Mean Number of Rx		Number of Users	%	Number of Users	Mean Number of Rx			
<b>All</b>	<b>1,791</b>	<b>12.8 %</b>	<b>18,883</b>	<b>0.9</b>	<b>\$86</b>	<b>5,715</b>	<b>40.9 %</b>	<b>59,450</b>	<b>0.5</b>	<b>\$26</b>	<b>13,981</b>	<b>142,334</b>
<b>Female</b>	1,313	12.4	13,745	0.8	85	4,137	39.2	43,155	0.5	25	10,567	107,540
<b>Disabled</b>	51	7.9	581	0.9	92	209	32.5	2,372	0.5	28	643	7,294
64 or younger	44	7.4	508	0.9	94	194	32.8	2,224	0.5	28	592	6,754
65-74	7	16.3	73	0.8	81	13	30.2	124	0.8	34	43	457
75-84	0	0.0	0	0.0	0	1	25.0	12	0.1	3	4	44
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.1	3	4	39
<b>Other Eligibles</b>	1,262	12.7	13,164	0.8	84	3,928	39.6	40,783	0.5	25	9,924	100,246
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	138	13.2	1,503	0.9	87	514	49.2	5,455	0.7	37	1,044	10,993
75-84	424	12.7	4,544	0.9	88	1,434	42.9	15,077	0.5	26	3,339	34,699
85 and older	700	12.6	7,117	0.8	81	1,980	35.7	20,251	0.4	21	5,541	54,554
<b>Male</b>	478	14.0	5,138	0.9	89	1,578	46.2	16,295	0.6	30	3,414	34,794
<b>Disabled</b>	61	9.0	724	0.9	102	269	39.8	2,812	0.7	36	676	7,433
64 or younger	55	8.7	652	0.9	101	255	40.2	2,681	0.6	33	635	6,999
65-74	6	15.4	72	1.1	114	14	35.9	131	1.8	80	39	410
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	417	15.2	4,414	0.9	87	1,309	47.8	13,483	0.6	29	2,738	27,361
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	118	16.3	1,276	0.9	87	298	41.1	3,277	0.6	28	725	7,587
75-84	197	16.4	2,070	0.9	93	634	52.7	6,586	0.7	30	1,204	12,170
85 and older	102	12.6	1,068	0.8	74	377	46.6	3,620	0.6	26	809	7,604
<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 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 9,018 beneficiaries who were in nursing facilities for part of their enrollment and their 85,470 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE D.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 VIRGINIA, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Excluded Rx	Part D Excluded Rx per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$ of Beneficiaries	
								Part D Excluded Rx \$	Percentage of All Dual Rx \$ of Beneficiaries
<b>All</b>	<b>68,553</b>	<b>62.9 %</b>	<b>10.4</b>	<b>1,128,150</b>	<b>\$124</b>	<b>\$13,484,173</b>	<b>\$12</b>	<b>4.1 %</b>	<b>108,955</b>
<b>Age</b>									
5 and younger	7	70.0	10.2	102	307	3,071	30	7.8	10
6-14	9	60.0	7.3	110	72	1,079	10	0.7	15
15-20	80	34.9	2.3	526	51	11,619	22	1.9	229
21-44	9,030	49.4	4.9	88,709	95	1,741,167	20	3.0	18,274
45-64	14,243	62.3	8.3	190,773	144	3,300,138	17	3.8	22,880
65-74	14,454	59.0	8.3	203,522	103	2,521,904	12	3.7	24,480
75-84	17,007	66.8	12.4	316,878	124	3,157,648	10	4.5	25,453
85 and older	13,723	77.9	18.6	327,530	156	2,747,547	8	6.5	17,614
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	44,095	67.0	12.7	834,412	125	8,238,915	10	4.7	65,770
Disabled	24,288	56.8	6.8	292,758	121	5,167,425	18	3.4	42,770
Adults	155	39.6	2.2	851	194	75,985	89	12.4	391
Children	15	62.5	5.4	129	77	1,848	14	1.2	24
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Gender</b>									
Female	48,703	67.2	11.5	831,488	137	9,906,053	12	4.5	72,488
Male	19,850	54.4	8.1	296,662	98	3,578,120	12	3.4	36,466
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Race</b>									
White	42,542	67.8	12.6	791,847	148	9,310,532	12	4.4	62,741
African American	22,891	57.1	7.7	310,361	94	3,777,568	12	3.7	40,100
Other/unknown	3,120	51.0	4.2	25,942	65	396,073	15	2.9	6,114
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	13,554	96.9	34.4	480,376	273	3,812,459	8	7.3	13,981
Part year	8,613	95.5	22.7	204,475	190	1,711,274	8	5.9	9,018
None	46,386	54.0	5.2	443,299	93	7,960,440	18	3.2	85,956
<b>Maintenance Assistance Status</b>									
Cash	34,640	58.5	6.2	369,076	105	6,200,314	17	3.4	59,241
Medically needy	172	54.3	9.4	2,988	107	34,039	11	3.4	317
Poverty related	8,147	48.9	4.7	79,026	69	1,146,750	15	3.1	16,645
Other/unknown	25,594	78.1	20.7	677,060	186	6,103,070	9	5.8	32,752

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE D.12  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 VIRGINIA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
All	1.0	\$12	\$12	\$0	\$3	1,153,103
<b>Age</b>						
5 and younger	1.2	37	30	0	0	82
6-14	0.7	7	10	0	0	165
15-20	0.2	5	22	0	0	2,156
21-44	0.5	9	20	0	4	196,363
45-64	0.8	13	17	0	5	250,808
65-74	0.8	10	12	0	3	261,705
75-84	1.2	12	10	0	2	268,979
85 and older	1.9	16	8	0	2	172,845
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.2	12	10	0	2	685,177
Disabled	0.6	11	18	0	4	465,260
Adults	0.4	31	89	0	3	2,418
Children	0.5	7	14	0	0	248
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	1.1	13	12	0	3	769,264
Male	0.8	9	12	0	3	383,836
Unknown	0.0	0	0	0	0	3
<b>Race</b>						
White	1.2	14	12	0	4	658,076
African American	0.7	9	12	0	2	428,219
Other/unknown	0.4	6	15	0	1	66,808
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.4	27	8	0	3	142,334
Part year	2.4	20	8	0	3	85,470
None	0.5	9	18	0	3	925,299
<b>Maintenance Assistance Status</b>						
Cash	0.6	9	17	0	3	657,260
Medically needy	0.9	10	11	0	3	3,293
Poverty related	0.5	7	15	0	2	172,445
Other/unknown	2.1	19	9	0	3	320,105

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- 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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.13  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
 VIRGINIA, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>116,363</b>	<b>\$116</b>	<b>\$13,484,173</b>	<b>100.0 %</b>	<b>1,128,150</b>	<b>\$12</b>	<b>100.0 %</b>		
Anorexia or weight loss/gain	54	118	6,388	0.0	153	42	0.0		
Fertility drugs	7	103	724	0.0	17	43	0.0		
Drugs for cosmetic purposes	21	26	547	0.0	32	17	0.0		
Cough and cold medications	23,718	89	2,107,180	15.6	73,732	29	6.5		
Vitamins and minerals	23,243	117	2,712,328	20.1	160,130	17	14.2		
Non-prescription drugs	38,540	106	4,099,069	30.4	666,579	6	59.1		
Barbiturates	1,454	64	93,580	0.7	16,326	6	1.4		
Benzodiazepines	26,246	142	3,717,360	27.6	198,875	19	17.6		
Other Part D Excl Rx Drugs	3,080	243	746,997	5.5	12,306	61	1.1		

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 D11.

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 = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries                      108,955  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries        \$327,010,106  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary        \$3,001

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	11,964	11.0 %	\$0	0.0 %
1-500	15,414	14.1	3,407,174	1.0
501-1,000	10,601	9.7	7,885,908	2.4
1,001-1,500	9,200	8.4	11,462,735	3.5
1,501-2,000	8,238	7.6	14,369,973	4.4
2,001-2,500	7,264	6.7	16,291,506	5.0
2,501-3,000	6,520	6.0	17,898,317	5.5
3,001-3,500	5,627	5.2	18,281,448	5.6
3,501-4,000	4,819	4.4	18,040,448	5.5
4,001-4,500	4,231	3.9	17,954,280	5.5
4,501-5,000	3,749	3.4	17,788,343	5.4
5,001-5,500	3,145	2.9	16,504,691	5.0
5,501-6,000	2,736	2.5	15,726,008	4.8
6,001-6,500	2,284	2.1	14,251,350	4.4
6,501-7,000	1,956	1.8	13,192,321	4.0
7,001-7,500	1,576	1.4	11,416,996	3.5
7,501-8,000	1,356	1.2	10,502,031	3.2
8,001-8,500	1,165	1.1	9,611,207	2.9
8,501-9,000	1,005	0.9	8,782,925	2.7
9,001-9,500	809	0.7	7,475,300	2.3
9,501-10,000	694	0.6	6,756,855	2.1
10,001+	4,602	4.2	69,410,290	21.2

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 VIRGINIA, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65  
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65  
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65

40,978  
 \$145,316,456  
 \$3,546

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Age < 65		
\$0	5,353	13.1 %	0	0	0.0 %
1-500	6,429	15.7	1,316,598	0.9	0.9
501-1,000	3,539	8.6	2,617,796	1.8	1.8
1,001-1,500	2,851	7.0	3,540,901	2.4	2.4
1,501-2,000	2,444	6.0	4,258,039	2.9	2.9
2,001-2,500	2,202	5.4	4,935,601	3.4	3.4
2,501-3,000	1,943	4.7	5,332,486	3.7	3.7
3,001-3,500	1,766	4.3	5,742,150	4.0	4.0
3,501-4,000	1,458	3.6	5,457,276	3.8	3.8
4,001-4,500	1,406	3.4	5,967,465	4.1	4.1
4,501-5,000	1,290	3.1	6,125,375	4.2	4.2
5,001-5,500	1,144	2.8	6,007,371	4.1	4.1
5,501-6,000	1,053	2.6	6,061,513	4.2	4.2
6,001-6,500	910	2.2	5,677,978	3.9	3.9
6,501-7,000	826	2.0	5,574,663	3.8	3.8
7,001-7,500	678	1.7	4,914,550	3.4	3.4
7,501-8,000	643	1.6	4,984,876	3.4	3.4
8,001-8,500	581	1.4	4,795,299	3.3	3.3
8,501-9,000	499	1.2	4,362,707	3.0	3.0
9,001-9,500	423	1.0	3,906,922	2.7	2.7
9,501-10,000	388	0.9	3,779,296	2.6	2.6
10,001+	3,152	7.7	49,957,594	34.4	34.4

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.
- c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+ 67,547  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+ \$180,879,788  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+ \$2,678

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
			9.6 %		
\$0	6,517			0	
1-500	8,853	13.1		2,067,412	1.1
501-1,000	7,000	10.4		5,223,553	2.9
1,001-1,500	6,325	9.4		7,891,803	4.4
1,501-2,000	5,784	8.6		10,094,480	5.6
2,001-2,500	5,045	7.5		11,318,440	6.3
2,501-3,000	4,567	6.8		12,538,213	6.9
3,001-3,500	3,846	5.7		12,490,498	6.9
3,501-4,000	3,350	5.0		12,541,626	6.9
4,001-4,500	2,816	4.2		11,948,103	6.6
4,501-5,000	2,449	3.6		11,615,743	6.4
5,001-5,500	1,995	3.0		10,465,801	5.8
5,501-6,000	1,682	2.5		9,658,910	5.3
6,001-6,500	1,370	2.0		8,548,388	4.7
6,501-7,000	1,127	1.7		7,597,415	4.2
7,001-7,500	896	1.3		6,488,171	3.6
7,501-8,000	713	1.1		5,517,155	3.1
8,001-8,500	581	0.9		4,791,304	2.6
8,501-9,000	505	0.7		4,411,522	2.4
9,001-9,500	383	0.6		3,541,050	2.0
9,501-10,000	304	0.5		2,958,010	1.6
10,001+	1,439	2.1		19,172,191	10.6

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74                     24,480  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74       \$68,835,734  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74       \$2,812

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,919	11.9%	0	0.0%
1-500	3,162	12.9	708,084	1.0
501-1,000	2,308	9.4	1,716,179	2.5
1,001-1,500	2,109	8.6	2,624,032	3.8
1,501-2,000	1,935	7.9	3,375,655	4.9
2,001-2,500	1,679	6.9	3,760,273	5.5
2,501-3,000	1,535	6.3	4,212,602	6.1
3,001-3,500	1,284	5.2	4,171,887	6.1
3,501-4,000	1,157	4.7	4,328,734	6.3
4,001-4,500	996	4.1	4,229,201	6.1
4,501-5,000	903	3.7	4,281,794	6.2
5,001-5,500	707	2.9	3,714,025	5.4
5,501-6,000	656	2.7	3,764,272	5.5
6,001-6,500	555	2.3	3,461,433	5.0
6,501-7,000	422	1.7	2,846,463	4.1
7,001-7,500	350	1.4	2,532,551	3.7
7,501-8,000	299	1.2	2,311,709	3.4
8,001-8,500	245	1.0	2,019,939	2.9
8,501-9,000	227	0.9	1,981,923	2.9
9,001-9,500	173	0.7	1,600,719	2.3
9,501-10,000	137	0.6	1,334,649	1.9
10,001+	722	2.9	9,859,610	14.3

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.  
 b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84 25,453  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84 \$69,656,835  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84 \$2,737

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,340	9.2 %	0	0.0 %
1-500	3,059	12.0	731,090	1.0
501-1,000	2,508	9.9	1,879,137	2.7
1,001-1,500	2,433	9.6	3,041,063	4.4
1,501-2,000	2,250	8.8	3,931,900	5.6
2,001-2,500	1,978	7.8	4,441,145	6.4
2,501-3,000	1,745	6.9	4,791,895	6.9
3,001-3,500	1,490	5.9	4,834,299	6.9
3,501-4,000	1,370	5.4	5,131,505	7.4
4,001-4,500	1,100	4.3	4,667,901	6.7
4,501-5,000	938	3.7	4,452,472	6.4
5,001-5,500	790	3.1	4,136,929	5.9
5,501-6,000	645	2.5	3,709,855	5.3
6,001-6,500	513	2.0	3,203,761	4.6
6,501-7,000	445	1.7	2,997,681	4.3
7,001-7,500	363	1.4	2,632,285	3.8
7,501-8,000	278	1.1	2,151,827	3.1
8,001-8,500	220	0.9	1,814,001	2.6
8,501-9,000	194	0.8	1,697,131	2.4
9,001-9,500	145	0.6	1,339,524	1.9
9,501-10,000	113	0.4	1,099,700	1.6
10,001+	536	2.1	6,971,734	10.0

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 VIRGINIA, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+ 17,614  
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$42,387,219  
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$2,407

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,258	7.1 %	0	0.0 %
1-500	2,632	14.9	628,238	1.5
501-1,000	2,184	12.4	1,628,237	3.8
1,001-1,500	1,783	10.1	2,226,708	5.3
1,501-2,000	1,599	9.1	2,786,925	6.6
2,001-2,500	1,388	7.9	3,117,022	7.4
2,501-3,000	1,287	7.3	3,533,716	8.3
3,001-3,500	1,072	6.1	3,484,312	8.2
3,501-4,000	823	4.7	3,081,387	7.3
4,001-4,500	720	4.1	3,051,001	7.2
4,501-5,000	608	3.5	2,881,477	6.8
5,001-5,500	498	2.8	2,614,847	6.2
5,501-6,000	381	2.2	2,184,783	5.2
6,001-6,500	302	1.7	1,883,194	4.4
6,501-7,000	260	1.5	1,753,271	4.1
7,001-7,500	183	1.0	1,323,335	3.1
7,501-8,000	136	0.8	1,053,619	2.5
8,001-8,500	116	0.7	957,364	2.3
8,501-9,000	84	0.5	732,468	1.7
9,001-9,500	65	0.4	600,807	1.4
9,501-10,000	54	0.3	523,661	1.2
10,001+	181	1.0	2,340,847	5.5

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003.

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

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, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
<b>All</b>	<b>110,012</b>	<b>66,015</b>	<b>43,492</b>	<b>480</b>	<b>0</b>	<b>1,176,718</b>	<b>690,409</b>	<b>482,067</b>	<b>3,970</b>	<b>0</b>
<b>Age</b>										
5 and younger	10	0	6	0	0	101	0	58	0	0
6-14	15	0	11	0	0	169	0	125	0	0
15-20	240	0	221	3	0	2,602	0	2,401	21	180
21-44	18,732	2	18,358	371	0	206,424	20	203,276	3,123	5
45-64	23,172	16	23,053	103	0	257,340	150	256,390	800	0
65-74	24,700	23,020	1,677	3	0	266,807	248,630	18,151	26	0
75-84	25,516	25,388	128	0	0	270,163	268,847	1,316	0	0
85 and older	17,627	17,589	38	0	0	173,112	172,762	350	0	0
Unknown	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>										
Female	73,124	49,400	23,357	357	0	783,824	520,261	260,414	3,047	102
Male	36,887	16,615	20,134	123	0	392,891	170,148	221,650	923	170
Unknown	1	0	1	0	3	0	0	3	0	0
<b>Race</b>										
White	63,121	36,732	26,116	261	0	666,845	374,833	289,801	2,088	123
African American	40,701	23,878	16,601	211	0	441,437	255,644	183,861	1,807	125
Other/unknown	6,190	5,405	775	8	0	68,436	59,932	8,405	75	24
<b>Use of Nursing Facilities<sup>c</sup></b>										
Entire year	13,981	12,662	1,319	0	0	142,336	127,608	14,728	0	0
Part year	9,019	8,036	983	0	0	85,609	75,344	10,265	0	0
None	87,012	45,317	41,190	480	0	948,773	487,457	457,074	3,970	272
<b>Maintenance Assistance Status</b>										
Cash	60,189	31,941	28,220	28	0	678,076	360,459	317,431	186	0
Medically needy	317	181	136	0	0	3,343	1,924	1,419	0	0
Poverty related	16,650	9,125	7,406	111	0	173,117	94,417	77,894	726	80
Other/unknown	32,856	24,768	7,730	341	0	322,182	233,609	85,323	3,058	192
<b>Dual Status<sup>d</sup></b>										
Full dual, all year	105,644	63,339	41,814	466	0	1,129,844	661,917	463,825	3,830	272
Full dual, part year	4,368	2,676	1,678	14	0	46,874	28,492	18,242	140	0
<b>Managed Care (MC) Status</b>										
Fee-for-service (FFS) all year	106,352	65,148	40,932	253	0	1,137,590	681,317	454,224	1,838	211
FFS part year, with Rx claims	2,001	493	1,399	104	0	21,791	5,121	15,547	1,068	55
FFS part year, no Rx claims	602	129	439	34	0	5,911	1,243	4,400	268	0
MC all year, with Rx claims	43	17	21	5	0	493	188	252	53	0
MC all year, no Rx claims	1,014	228	701	84	1	10,933	2,540	7,644	743	6



Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

- a. Table A.3 includes the beneficiaries represented by Cell F 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.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. 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 = Centers for Medicare & 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<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>110,012</b>	<b>1,176,718</b>	<b>108,955</b>	<b>1,153,103</b>	<b>0</b>	<b>23,615</b>
Fee-for-service (FFS) all year	106,352	1,137,590	106,352	1,137,590	0	0
FFS part year, with Rx claims	2,001	21,791	2,001	12,807	0	8,984
FFS part year, with no Rx claims	602	5,911	602	2,706	0	3,205
Managed care (MC) all year, with Rx claims	43	493	0	0	0	493
MC all year, with no Rx claims	1,014	10,933	0	0	0	10,933

Source: Data for this table are from the MAX 2003 file for Virginia, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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