

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

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TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL 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
All	414,917	5,530	50,515	72,186	286,686	0	2,469,675	50,312	414,979	317,352	1,687,032	0
Age												
5 and younger	121,241	0	2,220	0	119,021	0	642,200	0	14,553	0	627,647	0
6-14	129,990	0	6,590	191	123,209	0	821,063	0	49,122	1,092	770,849	0
15-20	58,553	0	4,827	9,395	44,331	0	364,750	0	36,670	40,394	287,686	0
21-44	76,854	48	17,085	59,615	106	0	407,710	398	145,389	261,180	743	0
45-64	22,719	216	19,519	2,981	3	0	183,211	1,863	166,652	14,664	32	0
65-74	3,138	2,871	264	3	0	0	28,840	26,300	2,519	21	0	0
75-84	1,713	1,705	8	0	0	0	15,804	15,745	59	0	0	0
85 and older	694	690	2	1	1	0	6,025	6,006	15	1	3	0
Unknown	15	0	0	0	15	0	72	0	0	0	72	0
Gender												
Female	240,630	3,746	26,789	66,738	143,357	0	1,393,672	34,136	225,426	292,134	841,976	0
Male	174,274	1,773	23,724	5,448	143,329	0	1,075,956	16,138	189,544	25,218	845,056	0
Unknown	13	11	2	0	0	0	47	38	9	0	0	0
Race												
White	197,945	2,377	30,936	35,569	129,063	0	1,368,059	21,836	284,738	177,681	883,804	0
African American	170,536	1,270	17,723	32,593	118,950	0	854,013	10,767	115,043	124,957	603,246	0
Other/unknown	46,436	1,883	1,856	4,024	38,673	0	247,603	17,709	15,198	14,714	199,982	0
Use of Nursing Facilities^c												
Entire year	1,450	570	871	0	9	0	15,125	5,621	9,417	0	87	0
Part year	1,299	388	866	18	27	0	11,204	3,435	7,426	147	196	0
None	412,168	4,572	48,778	72,168	286,650	0	2,443,346	41,256	398,136	317,205	1,686,749	0
Maintenance Assistance Status												
Cash	54,186	3,697	45,751	4,620	118	0	434,161	34,438	375,790	23,246	687	0
Medically needy	648	185	434	15	14	0	5,454	1,834	3,473	69	78	0
Poverty-related	288,962	823	2,331	28,481	257,327	0	1,617,033	7,212	17,497	114,009	1,478,315	0
Other/unknown	71,121	825	1,999	39,070	29,227	0	413,027	6,828	18,219	180,028	207,952	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	216,574	4,593	35,633	32,612	143,736	0	1,806,193	46,199	361,397	187,351	1,211,246	0
FFS part year, with Rx claims	75,113	713	9,191	21,029	44,180	0	287,087	3,490	36,396	74,818	172,383	0
FFS part year, no Rx claims	123,230	224	5,691	18,545	98,770	0	376,395	623	17,186	55,183	303,403	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	50.4 %	6.9	\$448	\$65	\$3,182	14.1 %	414,917
Age							
5 and younger	45.6	2.4	114	47	1,835	6.2	121,241
6-14	44.3	3.4	246	71	1,542	15.9	129,990
15-20	48.9	4.6	342	75	2,777	12.3	58,553
21-44	58.9	9.8	647	66	5,167	12.5	76,854
45-64	77.5	39.6	2,567	65	11,877	21.6	22,719
65-74	84.3	38.3	2,221	58	11,844	18.7	3,138
75-84	84.6	37.8	2,046	54	11,383	18.0	1,713
85 and older	83.7	41.6	1,926	46	15,997	12.0	694
Unknown	26.7	1.5	35	23	982	3.5	15
Basis of Eligibility^e							
Aged	84.0	37.4	2,077	56	12,168	17.1	5,530
Disabled	74.1	30.1	2,211	74	13,268	16.7	50,515
Adults	54.6	4.5	210	46	2,205	9.5	72,186
Children	44.5	2.9	165	58	1,477	11.2	286,686
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	52.0	7.5	443	59	3,060	14.5	240,630
Male	48.2	6.2	454	74	3,349	13.5	174,274
Unknown	61.5	14.4	850	59	4,551	18.7	13
Race							
White	60.8	10.4	654	63	3,683	17.7	197,945
African American	40.4	3.7	262	70	2,895	9.1	170,536
Other/unknown	42.6	4.1	249	60	2,098	11.9	46,436
Use of Nursing Facilities^f							
Entire year	93.0	84.4	4,623	55	53,295	8.7	1,450
Part year	94.1	65.2	4,004	61	46,039	8.7	1,299
None	50.1	6.5	422	65	2,870	14.7	412,168
Maintenance Assistance Status							
Cash	73.7	28.6	2,044	72	11,425	17.9	54,186
Medically needy	76.2	19.9	1,407	71	13,398	10.5	648
Poverty related	44.7	2.7	134	49	1,313	10.2	288,962
Other/unknown	55.6	7.5	498	67	4,400	11.3	71,121

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 ND.3 includes beneficiaries represented by Cell K of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. 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 ND.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:							Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months	
			All Medicaid FFS ^c	FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10					
All	1.2	\$75	14.1 %	49.6 %	35.3 %	6.0 %	5.7 %	2.6 %	0.8 %	\$535	414,917	2,469,675			
Age															
5 and younger	0.5	22	6.2	54.4	39.0	4.5	1.8	0.2	0.0	346	121,241	642,200			
6-14	0.5	39	15.9	55.7	36.0	4.7	3.1	0.4	0.1	244	129,990	821,063			
15-20	0.7	55	12.3	51.1	37.4	6.0	4.5	1.0	0.1	446	58,553	364,750			
21-44	1.8	122	12.5	41.1	33.7	9.0	10.5	4.6	1.1	974	76,854	407,710			
45-64	4.9	318	21.6	22.5	15.1	9.4	22.7	21.1	9.1	1,473	22,719	183,211			
65-74	4.2	242	18.7	15.7	18.1	12.7	29.1	17.6	6.8	1,289	3,138	28,840			
75-84	4.1	222	18.0	15.4	16.3	12.6	29.9	19.7	6.1	1,234	1,713	15,804			
85 and older	4.8	222	12.0	16.3	10.5	9.8	29.0	26.4	8.1	1,843	694	6,025			
Unknown	0.3	7	3.5	73.3	26.7	0.0	0.0	0.0	0.0	205	15	72			
Basis of Eligibility^e															
Aged	4.1	228	17.1	16.0	17.6	12.4	28.8	18.9	6.3	1,338	5,530	50,312			
Disabled	3.7	269	16.7	25.9	22.5	10.6	20.6	14.8	5.6	1,615	50,515	414,979			
Adults	1.0	48	9.5	45.4	37.3	8.3	6.9	1.9	0.3	502	72,186	317,352			
Children	0.5	28	11.2	55.5	37.3	4.4	2.4	0.3	0.0	251	286,686	1,687,032			
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0			
Gender															
Female	1.3	77	14.5	48.0	35.7	6.2	6.0	3.0	1.0	528	240,630	1,393,672			
Male	1.0	74	13.5	51.8	34.7	5.5	5.3	2.1	0.6	543	174,274	1,075,956			
Unknown	4.0	235	18.7	38.5	0.0	7.7	23.1	15.4	15.4	1,259	13	47			
Race															
White	1.5	95	17.7	39.2	40.4	7.4	7.7	3.9	1.4	533	197,945	1,368,059			
African American	0.7	52	9.1	59.6	30.2	4.6	3.8	1.4	0.4	578	170,536	854,013			
Other/unknown	0.8	47	11.9	57.4	32.3	4.6	4.2	1.3	0.3	394	46,436	247,603			
Use of Nursing Facilities^f															
Entire year	8.1	443	8.7	7.0	3.4	3.7	22.0	35.0	28.8	5,109	1,450	15,125			
Part year	7.6	464	8.7	5.9	7.9	7.5	21.9	31.1	25.6	5,338	1,299	11,204			
None	1.1	71	14.7	49.9	35.5	6.0	5.6	2.4	0.7	484	412,168	2,443,346			
Maintenance Assistance Status															
Cash	3.6	255	17.9	26.3	23.3	10.7	20.5	14.0	5.1	1,426	54,186	434,161			
Medically needy	2.4	167	10.5	23.8	27.9	16.4	21.3	9.3	1.4	1,592	648	5,454			
Poverty related	0.5	24	10.2	55.3	37.4	4.6	2.3	0.4	0.0	235	288,962	1,617,033			
Other/unknown	1.3	86	11.3	44.4	35.7	7.9	8.2	2.9	0.8	758	71,121	413,027			

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. 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 ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary	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
All	1.2	\$75	\$65	0.5	\$59	\$108	0.0	\$3	\$56	0.6	\$14	\$24
Age												
5 and younger	0.5	22	47	0.2	17	86	0.0	1	37	0.2	4	17
6-14	0.5	39	71	0.3	32	109	0.0	1	59	0.2	5	23
15-20	0.7	55	75	0.4	45	119	0.0	2	63	0.3	8	24
21-44	1.8	122	66	0.8	93	118	0.1	5	61	1.0	24	25
45-64	4.9	318	65	2.2	242	108	0.2	11	57	2.4	64	26
65-74	4.2	242	58	2.1	189	91	0.1	6	44	1.9	46	24
75-84	4.1	222	54	2.1	176	85	0.1	5	33	1.8	41	22
85 and older	4.8	222	46	2.1	163	78	0.3	8	32	2.4	49	20
Unknown	0.3	7	23	0.1	5	36	0.0	0	0	0.2	3	14
Basis of Eligibility^d												
Aged	4.1	228	56	2.0	179	88	0.2	6	38	1.9	43	23
Disabled	3.7	269	74	1.7	210	123	0.2	10	65	1.8	48	27
Adults	1.0	48	46	0.4	35	87	0.0	1	34	0.6	11	19
Children	0.5	28	58	0.2	23	93	0.0	1	48	0.2	5	21
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.3	77	59	0.6	59	100	0.1	3	50	0.6	15	23
Male	1.0	74	74	0.5	59	121	0.0	3	65	0.5	12	25
Unknown	4.0	235	59	1.9	186	100	0.0	1	27	2.1	48	23
Race												
White	1.5	95	63	0.7	73	105	0.1	4	57	0.7	18	24
African American	0.7	52	70	0.3	43	122	0.0	1	49	0.4	8	23
Other/unknown	0.8	47	60	0.4	37	97	0.0	1	54	0.4	8	23
Use of Nursing Facilities^e												
Entire year	8.1	443	55	3.3	326	100	0.5	16	34	4.2	96	23
Part year	7.6	464	61	3.2	357	111	0.4	17	43	3.9	87	23
None	1.1	71	65	0.5	56	108	0.0	2	58	0.5	13	24
Maintenance Assistance Status												
Cash	3.6	255	72	1.7	199	119	0.1	9	65	1.7	46	27
Medically needy	2.4	167	71	1.1	134	117	0.1	3	53	1.2	28	24
Poverty related	0.5	24	49	0.2	18	81	0.0	1	43	0.2	5	20
Other/unknown	1.3	86	67	0.6	70	115	0.0	2	47	0.6	14	22

Table ND5

Nondual 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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Virginia, 1.0 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 ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users ^e							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															Patented Brand-Name	Off-Patent Brand-Name	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$16	\$12	\$0	\$3	\$55	\$87	\$75	\$23	317,041	\$17,410,084	127,463	30.7 %	1,115,548
Biologicals	0.3	0.3	0.0	0.0	398	359	9	30	1146	1,085	1,602	2,820	3,243	3,717,016	1,130	0.3	9,334
Antineoplastic Agents	0.5	0.2	0.0	0.3	149	123	4	22	301	578	195	85	6,786	2,045,923	1,467	0.4	13,717
Endocrine/Metabolic Drugs	0.5	0.3	0.1	0.2	26	20	1	4	51	76	27	23	197,034	10,006,642	42,669	10.3	385,902
Cardiovascular Agents	1.3	0.5	0.0	0.7	51	37	1	13	40	68	35	18	336,496	13,531,103	28,810	6.9	267,018
Respiratory Agents	0.5	0.3	0.0	0.2	24	19	1	4	49	72	40	21	467,951	22,894,616	106,727	25.7	954,041
Gastrointestinal Agents	0.6	0.3	0.0	0.2	56	44	1	11	95	129	165	45	177,643	16,963,907	31,900	7.7	301,907
Genitourinary Agents	0.3	0.2	0.0	0.1	15	14	0	1	51	59	42	19	35,823	1,821,076	14,505	3.5	119,821
CNS Drugs	1.0	0.5	0.0	0.5	90	74	3	13	88	140	132	27	439,868	38,586,760	47,016	11.3	429,984
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	50	42	2	6	79	90	72	44	85,841	6,799,746	15,223	3.7	136,811
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	60	53	0	7	167	192	0	82	5,523	924,902	1,500	0.4	15,491
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	27	19	1	8	48	131	73	18	311,448	14,908,115	61,502	14.8	546,653
Neuromuscular Agents	0.8	0.4	0.0	0.4	64	51	3	10	80	133	59	28	206,377	16,488,318	27,128	6.5	257,999
Nutritional Products	0.4	0.0	0.0	0.3	5	1	1	4	15	17	14	15	58,081	872,103	20,680	5.0	159,755
Hematological Agents	0.6	0.2	0.1	0.3	154	144	2	8	246	612	22	26	40,516	9,965,227	7,306	1.8	64,828
Topical Products	0.3	0.1	0.0	0.1	11	8	1	3	44	69	63	22	160,478	7,009,563	69,070	16.6	625,688
Miscellaneous Products	0.5	0.2	0.0	0.2	113	92	9	11	248	402	250	60	3,955	979,748	939	0.2	8,688
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	33	0	0	0	23,505	764,936	13,951	3.4	133,317
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.	2,877,609	185,689,785	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.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.medispan.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(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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						\$ per Rx
ANTIPSYCHOTICS	\$22,151,195	18,557	4.5 %	182,105	0.6	\$190
ULCER DRUGS	14,063,185	30,819	7.4	301,179	0.4	105
ANTICONVULSANT	14,040,220	20,548	5.0	200,572	0.7	97
ANTIDEPRESSANTS	12,747,060	39,670	9.6	374,536	0.5	68
ANTIASTHMATIC	11,690,915	66,789	16.1	617,714	0.3	63
ANALGESICS - Narcotic	7,583,314	62,389	15.0	571,795	0.3	39
MISC. HEMATOLOGICAL	7,186,552	1,993	0.5	19,815	0.6	585
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	6,784,420	18,313	4.4	171,102	0.5	79
ANTIHISTAMINES	5,417,025	51,107	12.3	507,307	0.2	44
ANTIDIABETIC	5,332,928	13,504	3.3	128,288	0.7	64
Total	106,996,814	323,689		3,074,413	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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-ad77847b6615> (October 26, 2007).

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

TABLE ND.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^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ULCER DRUGS					
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month
All	1,267,399	\$106,996,814	18,557	4.5 %	182,105	\$122	30,819	7.4 %	301,179	\$47				
Female	758,813	57,626,082	9,714	4.0	94,594	110	20,527	8.5	199,591	47				
Disabled	451,454	38,238,502	6,211	23.2	61,744	126	10,719	40.0	113,460	59				
5 and younger	3,610	337,623	18	2.0	178	97	165	18.1	1,596	50				
6-14	15,097	1,366,156	291	12.6	2,776	90	222	9.6	2,476	43				
15-20	13,468	1,429,290	326	17.2	3,250	127	250	13.2	2,688	39				
21-44	148,947	13,347,061	2,598	27.5	25,586	125	3,496	37.0	36,971	52				
45-64	266,738	21,512,963	2,941	24.4	29,545	131	6,488	53.9	68,651	65				
65-74	3,472	237,090	35	19.0	391	84	95	51.6	1,052	57				
75-84	122	8,319	2	28.6	18	71	3	42.9	26	44				
85 and older	0	0	0	0.0	0	0	0	0.0	0	0				
Other Eligibles	307,355	19,387,497	3,503	1.6	32,850	80	9,808	4.6	86,131	31				
5 and younger	27,818	1,375,142	31	0.1	323	49	1,179	2.0	8,775	3.3				
6-14	70,264	4,947,442	854	1.4	8,707	93	1,210	2.0	12,602	16				
15-20	51,484	3,669,146	963	3.0	9,922	83	1,513	4.6	14,610	19				
21-44	101,032	5,333,393	1,059	1.9	7,993	49	3,865	7.0	29,945	33				
45-64	12,437	856,138	94	3.8	758	47	540	21.9	4,265	4.6				
65-74	25,072	1,900,082	271	13.9	2,853	129	855	43.9	9,100	51				
75-84	12,952	896,154	140	12.9	1,415	88	479	44.2	5,148	53				
85 and older	6,296	410,000	91	19.7	879	81	167	36.1	1,686	62				
Male	508,537	49,366,350	8,840	5.1	87,496	134	10,287	5.9	101,570	46				
Disabled	278,213	29,436,197	5,573	23.5	54,925	154	5,628	23.7	59,042	60				
5 and younger	4,719	400,939	36	2.8	314	83	200	15.3	1,864	36				
6-14	33,186	3,937,294	829	19.3	7,783	120	344	8.0	3,767	40				
15-20	22,704	4,197,744	689	23.5	6,586	147	279	9.5	2,973	63				
21-44	100,310	10,754,612	2,436	31.9	24,256	162	1,891	24.8	20,365	58				
45-64	116,115	10,050,414	1,557	20.8	15,727	163	2,875	38.5	29,633	66				
65-74	1,125	93,343	25	31.3	247	109	38	47.5	428	45				
75-84	0	0	0	0.0	0	0	0	0.0	0	0				
85 and older	54	1,891	1	50.0	12	43	1	50.0	12	17				
Other Eligibles	230,322	19,930,091	3,267	2.2	32,571	101	4,659	3.1	42,528	27				
5 and younger	37,684	2,059,025	95	0.2	934	55	1,382	2.3	10,476	15				
6-14	110,252	11,328,613	1,694	2.7	17,074	97	1,130	1.8	11,799	15				
15-20	43,785	3,916,581	1,093	5.2	11,117	111	724	3.4	7,380	20				
21-44	14,913	873,597	150	3.3	1,122	62	598	13.0	4,529	4.8				
45-64	3,137	227,319	18	2.4	135	65	134	18.1	1,072	4.4				
65-74	11,256	906,228	116	12.5	1,246	150	364	39.3	3,953	57				
75-84	6,316	444,906	63	10.2	613	93	228	37.1	2,348	47				
85 and older	2,979	173,822	38	16.8	330	77	99	43.8	971	51				
Unknown	55	4,527	3	10.7	15	62	5	17.9	18	29				

Table ND7A

Nondual 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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	20,548	5.0 %	200,572	0.7	\$70	39,670	9.6 %	374,556	0.5	\$34	66,789	16.1 %	617,714	0.3	\$19
Female	12,276	5.1	118,443	0.7	66	27,448	11.4	253,922	0.5	33	36,562	15.2	339,532	0.3	19
Disabled	7,932	29.6	80,814	0.7	75	13,220	49.3	134,857	0.6	39	11,887	44.4	124,332	0.4	28
5 and younger	98	10.7	833	0.8	108	9	1.0	81	0.3	17	454	49.8	4,486	0.3	30
6-14	500	21.7	4,982	0.8	90	289	12.6	2,827	0.5	30	677	29.4	6,933	0.4	27
15-20	434	23.0	4,405	0.8	104	464	24.5	4,507	0.5	37	353	18.7	3,454	0.3	27
21-44	3,377	35.7	34,592	0.8	83	5,281	55.9	53,197	0.5	38	3,391	35.9	35,482	0.4	23
45-64	3,487	29.0	35,635	0.7	61	7,119	59.1	73,621	0.6	40	6,913	57.4	72,885	0.5	30
65-74	35	19.0	355	0.7	38	56	30.4	606	0.6	44	95	51.6	1,044	0.5	29
75-84	1	14.3	12	0.2	8	2	28.6	18	0.8	61	4	57.1	48	1.0	65
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,344	2.0	37,629	0.5	48	14,228	6.7	119,065	0.4	28	24,673	11.5	215,186	0.2	14
5 and younger	159	0.3	1,313	0.6	63	70	0.1	697	0.3	15	7,824	13.3	68,621	0.2	13
6-14	701	1.1	6,745	0.6	59	1,966	3.2	19,158	0.4	29	7,680	12.5	70,709	0.2	14
15-20	796	2.4	7,853	0.6	67	3,186	9.8	30,617	0.4	28	3,148	9.7	29,202	0.2	12
21-44	2,047	3.7	15,649	0.4	34	7,491	13.6	54,593	0.4	25	4,513	8.2	32,209	0.3	15
45-64	227	9.2	1,695	0.5	38	700	28.4	5,353	0.4	29	515	20.9	4,064	0.4	24
65-74	263	13.5	2,789	0.9	51	423	21.7	4,638	0.6	36	603	31.0	6,400	0.4	30
75-84	102	9.4	1,100	0.7	38	234	21.6	2,438	0.6	37	271	25.0	2,817	0.4	23
85 and older	49	10.6	485	0.8	39	158	34.1	1,571	0.8	45	119	25.7	1,164	0.4	23
Male	8,271	4.7	82,127	0.8	75	12,219	7.0	120,606	0.5	35	30,227	17.3	278,182	0.3	19
Disabled	5,797	24.4	58,858	0.8	82	6,506	27.4	65,964	0.6	39	6,242	26.3	64,144	0.4	28
5 and younger	134	10.2	1,069	0.7	73	27	2.1	280	0.4	14	529	40.4	4,941	0.4	34
6-14	773	18.0	7,647	0.8	85	730	17.0	6,780	0.5	35	1,286	30.0	12,948	0.4	26
15-20	661	22.5	6,574	0.8	99	674	23.0	6,692	0.5	38	525	17.9	5,463	0.4	24
21-44	2,550	33.4	26,604	0.9	60	2,530	33.1	26,051	0.6	41	1,182	15.5	12,838	0.4	22
45-64	1,661	22.2	16,800	0.8	63	2,523	33.8	25,967	0.6	38	2,684	35.9	27,636	0.5	31
65-74	18	22.5	164	0.9	67	20	25.0	170	0.7	50	36	45.0	318	0.5	38
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	100.0	24	1.0	45	0	0.0	0	0.0	0
Other Eligibles	2,474	1.6	23,269	0.6	58	5,713	3.8	54,642	0.5	31	23,985	15.9	214,038	0.3	16
5 and younger	210	0.3	1,937	0.5	47	108	0.2	1,093	0.3	15	10,582	17.5	90,680	0.2	15
6-14	984	1.6	9,477	0.6	56	2,523	4.1	24,995	0.5	29	10,065	16.2	92,679	0.3	16
15-20	667	3.2	6,721	0.7	76	1,825	8.6	18,147	0.5	36	2,220	10.5	20,675	0.2	15
21-44	361	7.9	2,677	0.5	34	745	16.2	5,607	0.4	24	404	8.8	2,999	0.3	19
45-64	59	8.0	422	0.5	63	143	19.4	1,043	0.4	31	114	15.4	824	0.3	30
65-74	123	13.3	1,329	0.8	50	178	19.2	1,881	0.6	34	329	35.5	3,574	0.5	30
75-84	52	8.5	519	0.6	32	118	19.2	1,155	0.6	42	194	31.5	1,943	0.5	27
85 and older	18	8.0	187	0.7	28	73	32.3	731	0.7	36	77	34.1	664	0.5	23
Unknown	1	3.6	2	0.5	23	3	10.7	8	1.1	173	2	7.1	14	0.3	6

Table ND7B

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

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic				MISC. HEMATOLOGICAL				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	62,389	15.0 %	571,795	0.3	1,993	0.5 %	19,815	0.6	18,313	4.4 %	171,102	0.5	\$40
Female	45,394	18.9	406,963	0.3	1,269	0.5	12,912	0.6	5,615	2.3	53,486	0.5	39
Disabled	16,526	61.7	173,674	0.4	916	3.4	9,436	0.6	1,105	4.1	10,692	0.5	43
5 and younger	53	5.8	532	0.1	2	0.0	0	0.0	16	1.8	106	0.5	44
6-14	215	9.3	2,242	0.2	2	0.1	10	0.9	479	20.8	4,259	0.6	42
15-20	406	21.5	4,147	0.2	4	0.0	0	0.0	172	9.1	1,809	0.5	43
21-44	6,455	68.3	66,991	0.4	108	1.1	1,010	0.5	248	2.6	2,504	0.4	48
45-64	9,294	77.2	98,673	0.5	794	6.6	8,282	0.6	189	1.6	2,009	0.4	41
65-74	101	54.9	1,085	0.5	12	6.5	134	0.5	1	0.5	5	0.4	8
75-84	2	28.6	4	0.5	4	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	28,868	13.5	233,289	0.3	353	0.2	3,476	0.6	4,510	2.1	42,794	0.5	38
5 and younger	928	1.6	9,045	0.1	1	0.0	12	0.3	189	0.3	1,820	0.3	26
6-14	2,477	4.0	24,477	0.1	3	0.0	30	0.2	3,276	5.3	31,070	0.5	38
15-20	5,445	16.7	47,839	0.2	2	0.0	24	0.1	736	2.3	7,532	0.5	40
21-44	17,679	32.0	129,897	0.3	49	0.1	355	0.4	273	0.5	2,080	0.4	34
45-64	1,066	43.3	8,539	0.4	30	1.2	179	0.5	24	1.0	167	0.4	47
65-74	722	37.1	7,766	0.4	119	6.1	1,264	0.7	5	0.3	52	0.3	19
75-84	386	35.6	4,154	0.4	92	8.5	989	0.6	6	0.6	61	0.4	20
85 and older	165	35.6	1,572	0.5	57	12.3	623	0.8	1	0.2	12	0.1	2
Male	16,993	9.8	164,814	0.3	724	0.4	6,903	0.6	12,697	7.3	117,611	0.5	40
Disabled	8,063	34.0	82,660	0.5	509	2.1	4,965	0.6	2,481	10.5	22,314	0.6	45
5 and younger	89	6.8	918	0.2	1	0.1	2	0.5	80	6.1	684	0.3	24
6-14	295	6.9	3,170	0.1	12	0.3	106	1.2	1,633	38.1	14,200	0.6	46
15-20	501	17.1	5,286	0.2	8	0.3	74	2.1	527	17.9	5,015	0.6	45
21-44	3,233	42.4	33,372	0.4	57	0.7	570	0.5	163	2.1	1,627	0.5	48
45-64	3,911	52.3	39,582	0.5	426	5.7	4,160	0.6	78	1.0	788	0.6	49
65-74	34	42.5	332	0.4	5	6.3	53	0.8	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Other Eligibles	8,930	5.9	82,154	0.2	215	0.1	1,938	0.7	10,216	6.8	95,297	0.5	39
5 and younger	1,220	2.0	11,599	0.1	6	0.0	38	0.3	520	0.9	4,862	0.4	24
6-14	2,463	4.0	24,806	0.1	18	0.0	167	1.0	8,026	13.0	74,046	0.5	39
15-20	2,281	10.8	22,543	0.1	4	0.0	34	0.3	1,617	7.6	15,986	0.5	45
21-44	2,075	45.2	14,886	0.5	17	0.4	117	0.5	40	0.9	297	0.4	42
45-64	301	40.7	2,174	0.5	19	2.6	119	0.6	7	0.9	40	0.6	80
65-74	303	32.7	3,251	0.3	63	6.8	630	0.6	3	0.3	30	0.2	12
75-84	184	29.9	1,862	0.4	59	9.6	590	0.6	2	0.3	24	0.2	56
85 and older	103	45.6	1,033	0.5	29	12.8	243	0.8	1	0.4	12	0.6	50
Unknown	2	7.1	18	0.1	0	0.0	0	0.0	1	3.6	5	1.0	167

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANTIHISTAMINES				ANTIDIABETIC							
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Benefit Months Among Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month			
All	51,107	12.3 %	507,307	0.2	\$11	13,504	3.3 %	128,288	0.7	\$42	414,917	2,469,675
Female	31,280	13.0	304,760	0.2	11	9,606	4.0	90,637	0.6	42	240,621	1,393,624
Disabled	8,470	31.6	92,084	0.4	17	6,249	23.3	62,840	0.7	45	26,789	225,426
5 and younger	141	15.5	1,457	0.2	7	2	0.2	24	0.5	40	912	6,078
6-14	461	20.0	4,982	0.3	14	31	1.3	323	0.6	38	2,302	17,432
15-20	387	20.5	4,099	0.3	14	76	4.0	754	0.7	51	1,891	14,366
21-44	3,092	32.7	33,424	0.3	15	1,268	13.4	12,694	0.6	41	9,450	79,827
45-64	4,324	35.9	47,411	0.4	19	4,784	39.7	48,108	0.7	45	12,043	105,875
65-74	63	34.2	687	0.3	15	85	46.2	907	0.8	43	184	1,790
75-84	2	28.6	24	0.1	4	3	42.9	30	0.9	50	7	58
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	22,810	10.7	212,676	0.2	9	3,357	1.6	27,797	0.6	35	213,832	1,168,198
5 and younger	5,199	8.9	51,962	0.2	4	29	0.0	207	0.6	38	58,670	308,931
6-14	7,314	11.9	73,415	0.2	10	189	0.3	1,797	0.6	37	61,444	383,150
15-20	3,946	12.1	37,239	0.2	10	293	0.9	2,410	0.5	35	32,584	190,054
21-44	5,241	9.5	38,570	0.2	9	1,247	2.3	8,130	0.5	29	55,180	241,138
45-64	357	14.5	3,194	0.3	16	369	15.0	2,696	0.5	35	2,461	12,988
65-74	421	21.6	4,716	0.3	17	723	37.1	7,184	0.7	41	1,947	17,754
75-84	229	21.1	2,542	0.3	14	393	36.3	4,211	0.7	34	1,083	10,155
85 and older	103	22.2	1,038	0.3	13	114	24.6	1,162	0.7	30	463	4,028
Male	19,826	11.4	202,542	0.2	10	3,897	2.2	37,646	0.7	42	174,268	1,075,932
Disabled	4,127	17.4	44,591	0.3	16	2,746	11.6	27,441	0.7	42	23,724	189,544
5 and younger	191	14.6	1,896	0.2	7	7	0.5	55	1.0	57	1,308	8,475
6-14	844	19.7	8,990	0.3	14	47	1.1	502	0.7	46	4,288	31,690
15-20	417	14.2	4,532	0.3	15	62	2.1	600	0.6	41	2,936	22,304
21-44	1,323	17.3	14,689	0.4	17	661	8.7	6,580	0.6	42	7,634	65,558
45-64	1,332	17.8	14,249	0.4	19	1,951	26.1	19,539	0.7	42	7,475	60,772
65-74	20	25.0	235	0.3	16	16	20.0	141	0.7	31	80	729
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
85 and older	0	0.0	0	0.0	0	2	100.0	24	0.2	4	2	15
Other Eligibles	15,698	10.4	157,941	0.2	9	1,151	0.8	10,205	0.6	41	150,544	886,388
5 and younger	5,667	9.4	56,593	0.2	5	28	0.0	226	0.5	26	60,351	318,716
6-14	7,404	12.0	75,361	0.2	10	194	0.3	1,747	0.7	45	61,956	388,791
15-20	1,936	9.2	19,558	0.2	12	127	0.6	1,105	0.7	56	21,142	138,026
21-44	333	7.3	2,677	0.3	11	157	3.4	897	0.6	37	4,589	21,183
45-64	57	7.7	461	0.3	16	89	12.0	580	0.5	30	739	3,571
65-74	139	15.0	1,583	0.3	18	303	32.7	3,170	0.7	42	926	8,565
75-84	120	19.5	1,299	0.3	13	192	31.2	1,974	0.7	38	615	5,571
85 and older	42	18.6	409	0.4	12	61	27.0	506	0.7	28	226	1,965
Unknown	2	7.1	15	0.4	8	1	3.6	5	1.0	118	28	119

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$443	8.1		1,450	15,125
Age					
0-64	483	8.4		863	9,328
65-74	449	8.7		193	2,094
75-84	367	7.2		191	1,836
85 and older	313	6.9		203	1,867
Unknown	0	0.0		0	0
Gender					
Female	439	8.3		847	8,926
Male	450	7.8		597	6,184
Unknown	504	7.0		6	15
Race					
White	473	8.6		807	8,214
African American	400	7.3		554	5,948
Other/unknown	461	8		89	963
Basis of Eligibility^c					
Aged	381	7.6		570	5,621
Disabled	478	8.4		871	9,417
Adults	0	0.0		0	0
Children	686	9.2		9	87
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,299 beneficiaries who were in nursing facilities for part of their enrollment and their 11,204 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 ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, VIRGINIA, 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	As a Percentage of 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	0.6	0.3	0.0	0.2	\$45	\$38	\$1	\$6	\$77	\$121	\$63	\$24	5,644	\$437,391	923	63.7 %	9,713
Biologicals	0.2	0.2	0.0	0.0	451	286	0	165	1955	1,405	0	###	51	99,706	20	1.4	221
Antineoplastic Agents	0.6	0.1	0.0	0.4	103	53	2	47	182	544	90	108	474	86,438	88	6.1	843
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	56	43	1	12	43	66	18	20	8,262	352,431	609	42.0	6,336
Cardiovascular Agents	2.4	0.8	0.1	1.5	77	47	2	29	33	62	21	19	21,209	697,852	862	59.4	9,008
Respiratory Agents	1.0	0.4	0.0	0.5	45	32	3	10	47	74	56	21	7,471	347,526	734	50.6	7,785
Gastrointestinal Agents	1.3	0.7	0.0	0.7	85	69	1	15	64	106	60	22	12,076	769,740	873	60.2	9,092
Genitourinary Agents	0.7	0.5	0.0	0.2	43	37	1	5	59	70	41	29	2,127	126,391	268	18.5	2,929
CNS Drugs	2.1	1.0	0.1	1.0	138	112	5	21	66	109	66	22	22,357	1,485,334	1,013	69.9	10,737
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.7	29	17	1	12	35	122	34	18	134	4,749	16	1.1	161
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	136	136	0	0	160	162	0	36	1,044	167,519	118	8.1	1,229
Analgesics and Anesthetics	1.2	0.4	0.1	0.7	57	46	2	9	46	106	33	12	9,387	435,043	730	50.3	7,592
Neuromuscular Agents	1.8	0.6	0.2	1.0	114	70	5	38	62	109	34	37	13,827	860,433	691	47.7	7,554
Nutritional Products	0.8	0.0	0.1	0.8	15	0	2	14	18	20	19	18	4,049	73,431	469	32.3	4,784
Hematological Agents	1.3	0.4	0.3	0.5	88	77	5	6	67	179	15	12	6,560	441,632	481	33.2	4,994
Topical Products	0.6	0.2	0.1	0.3	25	15	4	6	42	64	54	21	5,265	221,579	825	56.9	8,997
Miscellaneous Products	0.4	0.0	0.0	0.3	16	8	0	7	43	192	378	23	418	17,838	109	7.5	1,128
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	24	0	0	0	40	0	0	0	1,964	78,489	305	21.0	3,231
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.	122,319	6,703,522	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,299 beneficiaries who were in nursing facilities for part of their enrollment and their 11,204 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).

Table ND9

Nondual Beneficiaries

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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 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	\$822,086	618	42.6 %	6,715	0.9	\$137	\$122
ANTICONVULSANT	648,514	734	50.6	8,080	1.3	63	80
ULCER DRUGS	646,007	805	55.5	8,439	0.8	91	77
ANTIDEPRESSANTS	520,017	874	60.3	9,308	0.9	62	56
ANTI-DIABETIC	297,195	637	43.9	6,745	0.9	49	44
ANALGESICS - Narcotic	261,378	751	51.8	7,747	0.8	41	34
ANTI-ASTHMATIC	217,490	716	49.4	7,327	0.6	49	30
ANTI-HYPERTENSIVE	205,791	604	41.7	6,327	0.9	37	33
ANTICOAGULANTS	195,680	272	18.8	2,769	1.3	55	71
DERMATOLOGICAL	194,015	2,339	161.3	25,934	0.3	28	7
Total	4,008,173	8,350		89,391	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,299 beneficiaries who were in nursing facilities for part of their enrollment and their 11,204 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.medispn.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 ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	64,910	\$4,008,173	618	42.6 %	6,715	0.9	\$122	734	50.6 %	8,080	1.3	\$80	734	50.6 %	8,080	1.3	\$80
Female	38,849	2,354,185	385	45.5	4,201	0.9	119	425	50.2	4,753	1.3	70	425	50.2	4,753	1.3	70
Disabled	24,127	1,518,747	214	47.0	2,404	0.9	128	301	66.2	3,397	1.3	74	301	66.2	3,397	1.3	74
64 or younger	23,517	1,487,459	202	45.5	2,260	0.9	131	297	66.9	3,360	1.3	74	297	66.9	3,360	1.3	74
65-74	607	31,181	12	120.0	144	0.8	80	4	40.0	37	1.0	58	4	40.0	37	1.0	58
75-84	3	107	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	14,722	835,438	171	43.6	1,797	0.9	108	124	31.6	1,356	1.2	61	124	31.6	1,356	1.2	61
64 or younger	281	15,530	0	0.0	0	0.0	0	4	66.7	48	2.6	67	4	66.7	48	2.6	67
65-74	6,072	373,662	73	59.8	819	0.9	113	67	54.9	777	1.3	65	67	54.9	777	1.3	65
75-84	4,321	239,874	49	39.8	506	0.9	112	28	22.8	296	1.0	56	28	22.8	296	1.0	56
85 and older	4,048	206,372	49	34.8	472	0.9	95	25	17.7	235	1.0	54	25	17.7	235	1.0	54
Male	26,015	1,650,555	231	38.7	2,508	0.9	128	308	51.6	3,325	1.3	94	308	51.6	3,325	1.3	94
Disabled	19,400	1,246,110	155	37.3	1,741	0.9	132	262	63.1	2,875	1.4	100	262	63.1	2,875	1.4	100
64 or younger	19,260	1,241,913	152	37.3	1,711	0.9	134	259	63.5	2,845	1.4	101	259	63.5	2,845	1.4	101
65-74	79	2,193	2	33.3	18	0.7	41	3	50.0	30	0.7	18	3	50.0	30	0.7	18
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	61	2,004	1	100.0	12	1.0	43	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	6,615	404,445	76	41.8	767	0.8	118	46	25.3	450	1.0	58	46	25.3	450	1.0	58
64 or younger	37	2,793	0	0.0	0	0.0	0	2	50.0	4	1.3	30	2	50.0	4	1.3	30
65-74	2,787	177,149	26	47.3	297	0.9	133	27	49.1	286	1.1	69	27	49.1	286	1.1	69
75-84	2,113	132,472	31	49.2	301	0.8	114	13	20.6	120	0.8	36	13	20.6	120	0.8	36
85 and older	1,678	92,031	19	31.7	169	0.9	98	4	6.7	40	1.1	49	4	6.7	40	1.1	49
Unknown	46	3,433	2	33.3	6	1.0	65	1	16.7	2	0.5	23	1	16.7	2	0.5	23

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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,299 beneficiaries who were in nursing facilities for part of their enrollment and their 11,204 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.medispain.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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIDIABETIC				
	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 \$
All	805	55.5 %	8,439	0.8	\$77	874	60.3 %	9,308	0.9	\$56	637	43.9 %	6,745	0.9	\$44
Female	447	52.8	4,737	0.9	78	548	64.7	5,865	0.9	56	413	48.8	4,374	0.9	45
Disabled	241	53.0	2,612	0.9	84	314	69.0	3,413	0.9	58	237	52.1	2,539	1.0	47
64 or younger	237	53.4	2,564	0.9	84	308	69.4	3,341	1.0	58	230	51.8	2,455	1.0	47
65-74	4	40.0	48	1.0	83	6	60.0	72	0.7	63	7	70.0	84	1.2	40
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	206	52.6	2,125	0.8	71	234	59.7	2,452	0.9	54	176	44.9	1,835	0.9	42
64 or younger	9	150.0	108	0.6	72	1	16.7	12	0.2	1	0	0.0	0	0.0	0
65-74	74	60.7	784	0.8	74	87	71.3	995	0.9	56	71	58.2	758	1.0	53
75-84	65	52.8	659	0.8	70	66	53.7	674	0.9	52	56	45.5	596	0.9	36
85 and older	58	41.1	574	0.8	69	80	56.7	771	0.9	54	49	34.8	481	0.7	32
Male	355	59.5	3,699	0.8	75	323	54.1	3,435	0.9	55	223	37.4	2,366	0.8	42
Disabled	237	57.1	2,564	0.8	75	223	53.7	2,424	0.9	55	147	35.4	1,626	0.9	48
64 or younger	235	57.6	2,546	0.8	75	220	53.9	2,394	0.9	55	145	35.5	1,602	0.9	49
65-74	1	16.7	6	0.2	2	1	16.7	6	0.3	27	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	12	1.1	17	2	200.0	24	1.0	45	2	200.0	24	0.2	4
Other Eligibles	118	64.8	1,135	0.8	75	100	54.9	1,011	0.9	55	76	41.8	740	0.6	30
64 or younger	4	100.0	29	0.4	73	1	25.0	3	1.0	6	0	0.0	0	0.0	0
65-74	44	80.0	489	0.9	82	31	56.4	357	0.8	52	28	50.9	282	0.6	30
75-84	33	52.4	290	0.8	75	37	58.7	336	0.9	61	24	38.1	263	0.7	34
85 and older	37	61.7	327	0.8	65	31	51.7	315	0.8	52	24	40.0	195	0.6	24
Unknown	3	50.0	3	1.3	113	3	50.0	8	1.1	173	1	16.7	5	1.0	118

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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,299 beneficiaries who were in nursing facilities for part of their enrollment and their 11,204 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=09e0ffed-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 ND10B

Nondual Beneficiaries

TABLE ND.10C

**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
NONDUAL BENEFICIARIES, VIRGINIA, 2003**

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIASTHMATIC					ANTIHYPERTENSIVE				
	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 \$
All	751	51.8 %	7,747	0.8	\$34	716	49.4 %	7,327	0.6	\$30	604	41.7 %	6,327	0.9	\$33
Female															
Disabled	450	53.1	4,696	0.8	32	416	49.1	4,282	0.6	32	338	39.9	3,554	0.9	31
64 or younger	263	57.8	2,817	0.8	30	252	55.4	2,683	0.7	38	162	35.6	1,746	0.9	34
65-74	257	57.9	2,756	0.8	31	248	55.9	2,635	0.7	38	161	36.3	1,734	0.9	34
75-84	6	60.0	61	1.5	18	4	40.0	48	1.6	51	1	10.0	12	1.2	34
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	187	47.7	1,879	0.8	33	164	41.8	1,599	0.4	21	176	44.9	1,808	0.9	29
64 or younger	0	0.0	0	0.0	0	9	150.0	108	0.6	37	0	0.0	0	0.0	0
65-74	62	50.8	682	0.9	43	57	46.7	601	0.4	24	65	53.3	681	0.9	30
75-84	62	50.4	615	0.7	34	43	35.0	393	0.4	22	56	45.5	606	0.8	26
85 and older	63	44.7	582	0.7	22	55	39.0	497	0.4	15	55	39.0	521	0.9	31
Male															
Disabled	301	50.4	3,051	0.8	37	300	50.3	3,045	0.6	27	259	43.4	2,753	0.8	34
64 or younger	210	50.6	2,171	0.9	37	181	43.6	1,915	0.6	27	164	39.5	1,831	0.8	36
65-74	208	51.0	2,162	0.9	37	178	43.6	1,900	0.6	27	163	40.0	1,825	0.8	36
75-84	2	33.3	9	0.6	11	3	50.0	15	0.5	18	1	16.7	6	0.3	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
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	91	50.0	880	0.7	37	119	65.4	1,130	0.6	26	95	52.2	922	0.8	30
65-74	1	25.0	2	0.5	7	2	50.0	24	0.3	17	1	25.0	3	1.0	19
75-84	22	40.0	245	0.8	55	48	87.3	501	0.6	25	38	69.1	407	0.8	30
85 and older	37	58.7	337	0.7	36	41	65.1	357	0.6	26	30	47.6	278	0.8	31
Unknown	31	51.7	296	0.7	23	28	46.7	248	0.7	30	26	43.3	234	0.8	30
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	116.7	20	0.9	33

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 ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,299 beneficiaries who were in nursing facilities for part of their enrollment and their 11,204 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 ND10C

Nondual Beneficiaries

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	ANTICOAGULANTS				DERMATOLOGICAL				Mean Rx \$	Number of Rx	Mean Number of Rx	All-Year Nursing Facility Residents	Benefit Months Among All-Nursing Facility Residents
	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					
All	272	18.8 %	2,769	1.3	2,339	161.3 %	25,934	0.3	\$8	0.3	1,450	15,125	
Female	147	17.4	1,500	1.3	1,333	157.4	14,878	0.3	7	0.3	847	8,926	
Disabled	88	19.3	934	1.3	784	172.3	8,957	0.3	8	0.3	455	4,963	
64 or younger	85	19.1	909	1.2	769	173.2	8,777	0.3	8	0.3	444	4,842	
65-74	3	30.0	25	2.0	14	140.0	168	0.2	5	0.2	10	109	
75-84	0	0.0	0	0.0	1	100.0	12	0.3	9	0.3	1	12	
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
Other Eligibles	59	15.1	566	1.4	549	140.1	5,921	0.2	6	0.2	392	3,963	
64 or younger	0	0.0	0	0.0	10	166.7	120	0.2	4	0.2	6	72	
65-74	15	12.3	127	2.0	131	107.4	1,445	0.2	7	0.2	122	1,338	
75-84	23	18.7	231	1.1	188	152.8	2,071	0.3	6	0.3	123	1,249	
85 and older	21	14.9	208	1.3	220	156.0	2,285	0.2	5	0.2	141	1,304	
Male	125	20.9	1,269	1.3	1,005	168.3	11,051	0.3	8	0.3	597	6,184	
Disabled	93	22.4	985	1.3	719	173.3	8,069	0.3	8	0.3	415	4,449	
64 or younger	93	22.8	985	1.3	707	173.3	7,946	0.3	8	0.3	408	4,391	
65-74	0	0.0	0	0.0	9	150.0	87	0.3	3	0.3	6	46	
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	
85 and older	0	0.0	0	0.0	3	300.0	36	0.2	3	0.2	1	12	
Other Eligibles	32	17.6	284	1.1	286	157.1	2,982	0.3	8	0.3	182	1,735	
64 or younger	1	25.0	3	1.3	0	0.0	0	0.0	0	0.0	4	18	
65-74	11	20.0	116	1.5	94	170.9	1,104	0.3	7	0.3	55	601	
75-84	11	17.5	82	1.0	109	173.0	1,054	0.3	10	0.3	63	567	
85 and older	9	15.0	83	0.7	83	138.3	824	0.2	8	0.2	60	549	
Unknown	0	0.0	0	0.0	1	16.7	5	0.8	5	0.8	6	15	

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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,299 beneficiaries who were in nursing facilities for part of their enrollment and their 11,204 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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 Part D Excluded Rx		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
				Excluded Rx	Beneficiary			Excluded Rx	All Nondual Rx \$	
All	85,695	20.7 %	1.0	406,101	\$18	\$7,561,321	\$19	4.1 %	414,917	
Age										
5 and younger	23,880	19.7	0.4	50,324	8	936,992	19	6.8	121,241	
6-14	21,242	16.3	0.4	50,700	8	1,059,500	21	3.3	129,990	
15-20	9,616	16.4	0.5	26,693	10	556,257	21	2.8	58,553	
21-44	16,784	21.8	1.4	109,228	28	2,184,513	20	4.4	76,854	
45-64	11,273	49.6	5.6	127,821	104	2,368,386	19	4.1	22,719	
65-74	1,540	49.1	6.1	19,214	79	249,008	13	3.6	3,138	
75-84	903	52.7	7.2	12,348	73	124,587	10	3.6	1,713	
85 and older	457	65.9	14.1	9,773	118	82,078	8	6.1	694	
Unknown	0	0.0	0.0	0	0	0	0	0.0	15	
Basis of Eligibility^c										
Aged	2,858	51.7	7.2	39,628	79	435,180	11	3.8	5,530	
Disabled	21,498	42.6	4.5	226,577	87	4,413,039	19	4.0	50,515	
Adults	11,119	15.4	0.5	37,116	10	697,961	19	4.6	72,186	
Children	50,220	17.5	0.4	102,780	7	2,015,141	20	4.3	286,686	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Gender										
Female	50,794	21.1	1.1	253,538	20	4,816,790	19	4.5	240,630	
Male	34,893	20.0	0.9	152,505	16	2,743,793	18	3.5	174,274	
Unknown	8	61.5	4.5	58	57	738	13	6.7	13	
Race										
White	55,923	28.3	1.5	290,615	28	5,634,451	19	4.4	197,945	
African American	21,110	12.4	0.5	88,531	8	1,404,797	16	3.1	170,536	
Other/unknown	8,662	18.7	0.6	26,955	11	522,073	19	4.5	46,436	
Use of Nursing Facilities^d										
Entire year	1,336	92.1	35.7	51,740	336	486,968	9	7.3	1,450	
Part year	1,157	89.1	19.0	24,721	196	255,164	10	4.9	1,299	
None	83,202	20.2	0.8	329,640	17	6,819,189	21	3.9	412,168	
Maintenance Assistance Status										
Cash	22,400	41.3	4.1	222,667	78	4,239,590	19	3.8	54,186	
Medically needy	240	37.0	2.0	1,317	33	21,544	16	2.4	648	
Poverty related	48,549	16.8	0.3	100,698	7	2,014,272	20	5.2	288,962	
Other/unknown	14,506	20.4	1.1	81,419	18	1,285,915	16	3.6	71,121	

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 VIRGINIA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$19	\$0	\$1	2,469,675
Age						
5 and younger	0.1	1	19	0	0	642,200
6-14	0.1	1	21	0	0	821,063
15-20	0.1	2	21	0	0	364,750
21-44	0.3	5	20	0	2	407,710
45-64	0.7	13	19	0	5	183,211
65-74	0.7	9	13	0	2	28,840
75-84	0.8	8	10	0	1	15,804
85 and older	1.6	14	8	0	2	6,025
Unknown	0.0	0	0	0	0	72
Basis of Eligibility^c						
Aged	0.8	9	11	0	2	50,312
Disabled	0.5	11	19	0	4	414,979
Adults	0.1	2	19	0	1	317,352
Children	0.1	1	20	0	0	1,687,032
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	3	19	0	1	1,393,672
Male	0.1	3	18	0	1	1,075,956
Unknown	1.2	16	13	0	1	47
Race						
White	0.2	4	19	0	1	1,368,059
African American	0.1	2	16	0	0	854,013
Other/unknown	0.1	2	19	0	0	247,603
Use of Nursing Facilities^d						
Entire year	3.4	32	9	1	6	15,125
Part year	2.2	23	10	0	5	11,204
None	0.1	3	21	0	1	2,443,346
Maintenance Assistance Status						
Cash	0.5	10	19	0	4	434,161
Medically needy	0.2	4	16	0	1	5,454
Poverty related	0.1	1	20	0	0	1,617,033
Other/unknown	0.2	3	16	0	1	413,027

Table ND12

Nondual 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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
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 %
All	109,733	\$69	\$7,561,321	100.0 %	406,101	\$19	100.0 %	100.0 %	
Anorexia or weight loss/gain	72	89	6,435	0.1	157	41	0.1	0.0	
Fertility drugs	25	59	1,473	0.0	38	39	0.0	0.0	
Drugs for cosmetic purposes	83	28	2,291	0.0	126	18	0.0	0.0	
Cough and cold medications	61,816	49	3,006,169	39.8	126,291	24	31.1	31.1	
Vitamins and minerals	7,635	74	562,485	7.4	33,263	17	8.2	8.2	
Non-prescription drugs	18,796	42	796,369	10.5	115,612	7	28.5	28.5	
Barbiturates	996	60	59,395	0.8	9,118	7	2.2	2.2	
Benzodiazepines	15,991	141	2,253,361	29.8	105,668	21	26.0	26.0	
Other Part D Excl Rx Drugs	4,319	202	873,343	11.6	15,828	55	3.9	3.9	

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.
- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, VIRGINIA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	612,777	7,746	78,159	97,845	429,027	0	5,729,175	82,081	834,531	758,430	4,054,133	0
Age												
5 and younger	180,172	0	3,086	0	177,086	0	1,622,195	0	31,616	0	1,590,579	0
6-14	195,256	0	11,204	234	183,818	0	1,944,110	0	122,952	1,986	1,819,172	0
15-20	87,080	0	8,107	10,984	67,989	0	810,275	0	86,682	80,207	643,386	0
21-44	107,552	48	25,311	82,087	106	0	909,899	400	270,383	638,358	758	0
45-64	34,666	224	29,906	4,533	3	0	356,796	1,987	316,957	37,820	32	0
65-74	4,826	4,294	526	6	0	0	52,764	46,957	5,749	58	0	0
75-84	2,380	2,363	17	0	0	0	25,185	25,008	177	0	0	0
85 and older	821	817	2	1	1	0	7,757	7,729	15	1	12	0
Unknown	24	0	0	0	24	0	194	0	0	0	194	0
Gender												
Female	352,776	5,337	41,937	91,128	214,374	0	3,249,988	57,106	453,956	711,773	2,027,153	0
Male	259,988	2,398	36,220	6,717	214,653	0	2,479,140	24,937	380,566	46,657	2,026,980	0
Unknown	13	11	2	0	0	0	47	38	9	0	0	0
Race												
White	256,841	3,052	40,411	43,496	169,882	0	2,345,206	31,616	430,880	316,465	1,566,245	0
African American	292,209	1,926	35,092	49,358	205,833	0	2,823,829	20,079	375,755	410,396	2,017,599	0
Other/unknown	63,727	2,768	2,656	4,991	53,312	0	560,140	30,386	27,896	31,569	470,289	0
Use of Nursing Facilities^c												
Entire year	1,451	570	872	0	9	0	15,134	5,622	9,425	0	87	0
Part year	1,315	389	881	18	27	0	12,908	3,720	8,751	181	256	0
None	610,011	6,787	76,406	97,827	428,991	0	5,701,133	72,739	816,355	758,249	4,053,790	0
Maintenance Assistance Status												
Cash	84,824	5,895	73,269	5,353	307	0	898,502	65,784	792,151	37,903	2,664	0
Medically needy	649	185	434	15	15	0	6,033	1,910	3,845	117	161	0
Poverty related	419,421	823	2,335	33,556	382,707	0	3,916,394	7,273	18,107	205,925	3,685,089	0
Other/unknown	107,883	843	2,121	58,921	45,998	0	908,246	7,114	20,428	514,485	366,219	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	216,574	4,593	35,633	32,612	143,736	0	1,806,193	46,199	361,397	187,351	1,211,246	0
FFS part year, with Rx claims	75,113	713	9,191	21,029	44,180	0	753,956	7,962	99,682	190,496	455,816	0
FFS part year, no Rx claims	123,230	224	5,691	18,545	98,770	0	1,177,406	2,253	58,304	159,983	956,866	0
MC all year, with Rx claims	7,048	481	668	779	5,120	0	74,723	5,667	7,772	7,381	53,903	0
MC all year, no Rx claims	190,812	1,735	26,976	24,880	137,221	0	1,916,897	20,000	307,376	213,219	1,376,302	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 A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene Mo(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, VIRGINIA, 2003

	Beneficiaries and			Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Number of Beneficiaries	Number of Beneficiaries	Months	Months	Months
All	612,777	5,729,175	414,917	2,469,675	0
Fee-for-service (FFS) all year	216,574	1,806,193	216,574	1,806,193	0
FFS part year, with Rx claims	75,113	753,956	75,113	287,087	0
FFS part year, with no Rx claims	123,230	1,177,406	123,230	376,395	0
Managed care (MC) all year, with Rx claims	7,048	74,723	0	0	0
MC all year, with no Rx claims	190,812	1,916,897	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. 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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.