

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 VIRGINIA

## LIST OF TABLES

### **OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

### **FOR ALL MEDICAID BENEFICIARIES**

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

### **FOR ALL NONDUAL BENEFICIARIES**

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

**FOR DUAL ELIGIBLE BENEFICIARIES**

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

**APPENDIX TABLES**

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

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

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE D.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2004

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>111,331</b>	<b>65,623</b>	<b>45,238</b>	<b>438</b>	<b>21</b>	<b>11</b>	<b>1,181,216</b>	<b>685,171</b>	<b>492,778</b>	<b>3,006</b>	<b>188</b>	<b>73</b>
<b>Age</b>												
5 and younger	8	0	6	0	2	0	80	0	72	0	8	0
6-14	15	0	12	0	3	0	133	0	113	0	20	0
15-20	214	0	200	1	13	0	1,943	0	1,792	5	146	0
21-44	18,800	1	18,439	355	3	2	202,235	8	199,784	2,423	14	6
45-64	24,686	9	24,592	80	0	5	270,562	74	269,882	558	0	48
65-74	24,519	22,657	1,856	2	0	4	262,846	243,092	19,715	20	0	19
75-84	25,521	25,421	100	0	0	0	270,040	268,951	1,089	0	0	0
85 and older	17,568	17,535	33	0	0	0	173,377	173,046	331	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	73,662	48,933	24,379	330	9	11	783,951	515,355	266,138	2,313	72	73
Male	37,667	16,690	20,857	108	12	0	397,251	169,816	226,626	693	116	0
Unknown	2	0	2	0	0	0	14	0	14	0	0	0
<b>Race</b>												
White	63,953	36,416	27,253	268	11	5	673,541	372,137	299,388	1,895	98	23
African American	40,979	23,684	17,127	154	8	6	438,278	252,777	184,375	1,000	76	50
Other/unknown	6,399	5,523	858	16	2	0	69,397	60,257	9,015	111	14	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,662	12,277	1,385	0	0	0	141,590	125,882	15,708	0	0	0
Part year	9,013	7,968	1,044	1	0	0	86,233	75,511	10,717	5	0	0
None	88,656	45,378	42,809	437	21	11	953,393	483,778	466,353	3,001	188	73
<b>Maintenance Assistance Status</b>												
Cash	58,825	30,730	28,057	38	0	0	651,564	343,841	307,469	254	0	0
Medically needy	238	120	118	0	0	0	2,450	1,275	1,175	0	0	0
Poverty-related	18,179	9,294	8,784	84	6	11	192,468	98,642	93,141	582	30	73
Other/unknown	34,089	25,479	8,279	316	15	0	334,734	241,413	90,993	2,170	158	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	106,220	62,566	43,200	422	21	11	1,126,234	652,445	470,680	2,848	188	73
Full dual, part year	5,111	3,057	2,038	16	0	0	54,982	32,726	22,098	158	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	108,538	64,998	43,235	276	18	11	1,164,738	681,417	480,752	2,319	177	73
FFS part year, with Rx claims	2,136	484	1,523	127	2	0	13,520	3,158	9,777	577	8	0
FFS part year, no Rx claims	657	141	480	35	1	0	2,958	596	2,249	110	3	0

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004. 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, 2004

Beneficiary Characteristics	Percentage with at		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
	Least One Rx	Mean Number of Rx				FFS \$ <sup>d</sup>	FFS \$ <sup>d</sup>	
<b>All</b>	<b>88.9 %</b>	<b>51.2</b>	<b>\$3,179</b>	<b>\$62</b>	<b>\$13,110</b>	<b>24.3 %</b>	<b>111,331</b>	
<b>Age</b>								
5 and younger	87.5	44.0	3,079	70	5,746	53.6	8	
6-14	100.0	50.9	12,180	239	17,851	68.2	15	
15-20	82.7	23.1	2,998	130	12,908	23.2	214	
21-44	84.1	35.6	3,321	93	12,338	26.9	18,800	
45-64	88.8	55.3	4,000	72	14,315	27.9	24,686	
65-74	88.3	53.1	2,988	56	9,597	31.1	24,519	
75-84	90.7	55.6	2,899	52	12,724	22.8	25,521	
85 and older	92.4	53.5	2,543	48	17,710	14.4	17,568	
Unknown	0.0	0.0	0	0	0	0.0	0	
<b>Basis of Eligibility<sup>e</sup></b>								
Aged	90.3	54.1	2,825	52	12,952	21.8	65,623	
Disabled	86.9	47.4	3,709	78	13,422	27.6	45,238	
Adults	82.0	20.9	1,440	69	4,479	32.2	438	
Children	81.0	31.1	5,960	191	19,246	31.0	21	
Unknown	90.9	29.8	1,436	48	7,474	19.2	11	
<b>Gender</b>								
Female	91.3	55.2	3,223	58	12,802	25.2	73,662	
Male	84.1	43.4	3,095	71	13,714	22.6	37,667	
Unknown	50.0	10.5	798	76	3,034	26.3	2	
<b>Race</b>								
White	89.5	56.8	3,538	62	14,692	24.1	63,953	
African American	87.8	44.5	2,737	61	11,690	23.4	40,979	
Other/unknown	89.7	38.1	2,432	64	6,400	38.0	6,399	
<b>Use of Nursing Facilities<sup>f</sup></b>								
Entire year	98.3	80.6	4,204	52	34,182	12.3	13,662	
Part year	98.1	66.7	3,547	53	22,003	16.1	9,013	
None	86.5	45.1	2,984	66	8,959	33.3	88,656	
<b>Maintenance Assistance Status</b>								
Cash	91.0	50.0	3,245	65	7,699	42.1	58,825	
Medically needy	87.0	40.8	2,968	73	9,346	31.8	238	
Poverty related	83.2	37.3	2,417	65	4,325	55.9	18,179	
Other/unknown	88.3	60.7	3,474	57	27,160	12.8	34,089	

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>4.8</b>	<b>\$300</b>	<b>24.3 %</b>	<b>11.1 %</b>	<b>14.1 %</b>	<b>9.9 %</b>	<b>29.0 %</b>	<b>26.9 %</b>	<b>9.0 %</b>	<b>\$1,236</b>	<b>111,331</b>	<b>1,181,216</b>
<b>Age</b>												
5 and younger	4.4	308	53.6	12.5	25.0	0.0	25.0	37.5	0.0	575	8	80
6-14	5.7	1,374	68.2	0.0	0.0	13.3	33.3	46.7	6.7	2,013	15	133
15-20	2.5	330	23.2	17.3	41.1	8.4	20.6	10.7	1.9	1,422	214	1,943
21-44	3.3	309	26.9	15.9	25.1	12.7	26.0	16.4	3.9	1,147	18,800	202,235
45-64	5.0	365	27.9	11.2	13.4	9.5	28.1	27.4	10.4	1,306	24,686	270,562
65-74	5.0	279	31.1	11.7	13.2	9.7	28.7	27.3	9.4	895	24,519	262,846
75-84	5.3	274	22.8	9.3	10.7	9.3	30.3	30.2	10.2	1,203	25,521	270,040
85 and older	5.4	258	14.4	7.6	9.3	8.8	31.9	32.2	10.1	1,795	17,568	173,377
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	5.2	271	21.8	9.7	11.3	9.3	30.2	29.6	9.9	1,241	65,623	685,171
Disabled	4.4	341	27.6	13.1	18.2	10.8	27.3	23.0	7.7	1,232	45,238	492,778
Adults	3.1	210	32.2	18.0	24.4	15.1	25.1	15.5	1.8	653	438	3,006
Children	3.5	666	31.0	19.0	14.3	9.5	38.1	19.0	0.0	2,150	21	188
Unknown	4.5	216	19.2	9.1	9.1	9.1	54.5	9.1	9.1	1,126	11	73
<b>Gender</b>												
Female	5.2	303	25.2	8.7	12.2	9.7	30.0	29.3	10.0	1,203	73,662	783,951
Male	4.1	293	22.6	15.9	17.9	10.2	27.0	22.1	6.9	1,300	37,667	397,251
Unknown	1.5	114	26.3	50.0	0.0	50.0	0.0	0.0	0.0	433	2	14
<b>Race</b>												
White	5.4	336	24.1	10.5	11.8	8.5	27.3	29.8	12.0	1,395	63,953	673,541
African American	4.2	256	23.4	12.2	16.8	11.3	30.5	23.8	5.3	1,093	40,979	438,278
Other/unknown	3.5	224	38.0	10.3	20.3	14.5	35.0	17.6	2.3	590	6,399	69,397
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	7.8	406	12.3	1.7	3.7	4.8	25.2	40.9	23.8	3,298	13,662	141,590
Part year	7.0	371	16.1	1.9	5.6	6.7	29.6	38.1	18.1	2,300	9,013	86,233
None	4.2	278	33.3	13.5	16.6	11.0	29.5	23.6	5.8	833	88,656	953,393
<b>Maintenance Assistance Status</b>												
Cash	4.5	293	42.1	9.0	16.0	11.0	31.1	26.2	6.7	695	58,825	651,564
Medically needy	4.0	288	31.8	13.0	18.5	14.7	26.9	21.0	5.9	908	238	2,450
Poverty related	3.5	228	55.9	16.8	20.3	12.2	28.3	18.6	3.7	409	18,179	192,468
Other/unknown	6.2	354	12.8	11.7	7.7	6.8	25.6	32.6	15.7	2,766	34,089	334,734

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, 2004

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>\$300</b>	<b>\$62</b>	<b>1.9</b>	<b>\$219</b>	<b>\$118</b>	<b>0.3</b>	<b>\$18</b>	<b>\$64</b>	<b>2.6</b>	<b>\$61</b>	<b>\$23</b>
<b>Age</b>												
5 and younger	4.4	308	70	1.7	217	129	0.5	23	43	2.2	67	31
6-14	5.7	1,374	239	2.9	1,262	435	0.2	43	209	2.6	68	26
15-20	2.5	330	130	1.1	272	240	0.2	21	118	1.2	36	30
21-44	3.3	309	93	1.3	230	180	0.2	24	106	1.8	54	30
45-64	5.0	365	72	1.9	266	137	0.3	25	87	2.8	73	26
65-74	5.0	279	56	2.0	205	104	0.3	14	54	2.7	60	22
75-84	5.3	274	52	2.1	201	98	0.3	14	45	2.9	59	21
85 and older	5.4	258	48	2.0	183	92	0.4	14	39	3.0	60	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	5.2	271	52	2.0	197	99	0.3	14	46	2.8	59	21
Disabled	4.4	341	78	1.7	250	149	0.3	24	93	2.4	65	27
Adults	3.1	210	69	1.1	148	139	0.2	15	102	1.8	46	25
Children	3.5	666	191	1.4	586	434	0.2	23	100	1.9	55	29
Unknown	4.5	216	48	1.4	138	100	0.1	3	45	3.0	75	25
<b>Gender</b>												
Female	5.2	303	58	2.0	220	110	0.3	18	58	2.8	64	22
Male	4.1	293	71	1.6	217	136	0.2	19	78	2.2	57	25
Unknown	1.5	114	76	0.4	32	90	0.4	47	130	0.8	35	45
<b>Race</b>												
White	5.4	336	62	2.0	242	118	0.3	22	65	3.0	70	24
African American	4.2	256	61	1.6	190	119	0.2	13	61	2.3	52	22
Other/unknown	3.5	224	64	1.7	177	103	0.2	9	61	1.6	37	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	7.8	406	52	2.9	292	101	0.6	25	43	4.2	87	21
Part year	7.0	371	53	2.6	269	103	0.5	22	43	3.8	78	21
None	4.2	278	66	1.6	204	124	0.2	17	77	2.3	56	24
<b>Maintenance Assistance Status</b>												
Cash	4.5	293	65	1.8	215	121	0.2	17	75	2.5	60	24
Medically needy	4.0	288	73	1.6	210	130	0.2	14	62	2.1	64	30
Poverty related	3.5	228	65	1.3	168	125	0.2	14	78	2.0	47	23
Other/unknown	6.2	354	57	2.3	257	110	0.5	23	50	3.3	73	22

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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, 0.9 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.medispn.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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx					Users <sup>e</sup>		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	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	As a Percentage of Dual Benes	Number of Benefit Months	
Anti-infective Agents	0.3	0.1	0.0	0.2	\$32	\$23	\$3	\$6	\$91	\$173	\$95	\$31	226,278	\$20,598,881	58,301	52.4 %	649,368	
Biologicals	0.1	0.0	0.0	0.1	185	46	10	129	1425	1,800	1,223	1,344	363	517,380	251	0.2	2,802	
Antineoplastic Agents	0.5	0.1	0.0	0.4	79	43	1	35	157	461	111	88	25,937	4,066,246	4,985	4.5	51,214	
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	48	35	2	10	49	88	27	21	526,189	25,642,809	48,260	43.3	534,199	
Cardiovascular Agents	1.9	0.6	0.0	1.2	74	51	1	22	39	79	29	18	1,529,725	59,877,999	73,368	65.9	806,085	
Respiratory Agents	0.7	0.4	0.0	0.3	38	31	1	6	56	86	35	21	348,793	19,487,152	45,979	41.3	512,543	
Gastrointestinal Agents	0.8	0.5	0.0	0.3	65	56	1	8	81	121	48	24	457,972	36,894,128	51,545	46.3	569,090	
Genitourinary Agents	0.5	0.4	0.0	0.1	34	29	2	3	66	80	50	27	96,638	6,357,389	16,904	15.2	188,218	
CNS Drugs	1.3	0.5	0.1	0.7	115	87	7	22	85	159	97	29	878,538	74,880,320	59,724	53.6	652,058	
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	52	37	2	12	89	143	98	41	8,681	776,362	1,362	1.2	14,991	
Miscellaneous Psychological/																		
Neurological Agents	0.8	0.8	0.0	0.0	127	125	0	1	163	166	105	49	71,410	11,611,241	8,669	7.8	91,755	
Analgesics and Anesthetics	0.8	0.2	0.0	0.6	46	31	3	12	57	135	158	21	517,949	29,593,168	58,384	52.4	644,902	
Neuromuscular Agents	1.0	0.3	0.2	0.5	73	38	20	16	76	143	101	31	354,389	27,043,579	33,227	29.8	369,299	
Nutritional Products	0.6	0.0	0.0	0.6	11	0	1	10	18	30	19	17	171,485	3,007,113	24,752	22.2	268,294	
Hematological Agents	0.8	0.3	0.2	0.4	70	59	4	6	83	186	28	16	212,524	17,674,780	23,432	21.0	253,900	
Topical Products	0.4	0.2	0.0	0.2	22	14	2	6	50	75	54	27	219,553	10,970,925	44,522	40.0	499,705	
Miscellaneous Products	0.5	0.2	0.0	0.2	141	115	9	17	299	603	247	70	12,884	3,852,579	2,546	2.3	27,410	
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	9	0	0	0	25	0	0	0	43,178	1,097,510	10,859	9.8	120,009	
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>5,702,486</b>	<b>353,949,561</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.medispans.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, 0.9 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.medispans.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 2004.

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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, VIRGINIA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$46,425,901	31,418	28.2 %	344,976	0.7	\$182	\$135
ULCER DRUGS	29,747,483	51,322	46.1	570,199	0.6	88	52
ANTIHYPERTENSIVE	24,242,121	33,123	29.8	377,188	0.6	100	64
ANTIDEPRESSANTS	23,261,408	51,962	46.7	569,878	0.6	63	41
ANTICONVULSANT	22,003,130	28,124	25.3	312,914	0.8	90	70
ANTIDIABETIC	18,269,998	41,348	37.1	459,694	0.7	58	40
ANALGESICS - Narcotic	15,706,109	68,306	61.4	759,083	0.4	49	21
ANTIHYPERTENSIVE	14,342,201	54,225	48.7	605,127	0.7	36	24
ANTIASTHMATIC	14,188,787	42,872	38.5	474,457	0.4	67	30
NEUROLOGICAL	11,646,307	10,317	9.3	109,601	0.7	161	106
<b>Total</b>	<b>219,833,445</b>	<b>413,017</b>		<b>4,583,117</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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, 2004

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
<b>All</b>	<b>2,768,898</b>	<b>\$219,833,445</b>	<b>31,418</b>	<b>28.2 %</b>	<b>344,976</b>	<b>0.7</b>	<b>\$135</b>	<b>51,322</b>	<b>46.1 %</b>	<b>570,199</b>	<b>0.6</b>	<b>\$52</b>
<b>Female</b>	1,924,092	146,037,365	18,808	25.5	205,559	0.7	118	36,663	49.8	407,654	0.6	52
<b>Disabled</b>	672,334	61,303,602	8,459	34.7	96,066	0.7	137	12,248	50.2	139,703	0.5	51
5 and younger	25	1,155	0	0.0	0	0.0	0	3	100.0	36	0.3	9
6-14	27	1,329	0	0.0	0	0.0	0	1	50.0	12	0.6	7
15-20	933	84,779	12	15.4	131	0.6	163	18	23.1	212	0.6	54
21-44	177,969	18,877,302	3,508	40.6	39,834	0.6	134	3,385	39.2	38,855	0.5	44
45-64	453,231	39,478,067	4,700	32.7	53,521	0.7	139	8,129	56.6	92,751	0.5	54
65-74	37,718	2,696,900	223	18.7	2,406	0.7	137	661	55.5	7,277	0.6	55
75-84	1,698	115,568	10	12.7	111	0.3	56	32	40.5	371	0.7	61
85 and older	733	48,502	6	20.7	63	1.0	85	19	65.5	189	0.7	47
<b>Other Eligibles</b>	1,251,758	84,733,763	10,349	21.0	109,493	0.7	101	24,415	49.5	267,951	0.6	52
5 and younger	1	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	181	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	24	1,844	1	14.3	12	0.6	67	0	0.0	0	0.0	0
21-44	2,547	234,256	69	24.5	628	0.4	76	64	22.7	563	0.3	31
45-64	1,059	71,952	10	17.9	89	0.5	77	31	55.4	280	0.4	38
65-74	419,537	29,421,620	2,530	16.7	27,977	0.7	119	7,833	51.8	88,627	0.6	52
75-84	499,968	33,793,814	3,992	21.0	42,587	0.7	103	9,484	49.9	105,088	0.6	52
85 and older	328,618	21,210,090	3,747	25.3	38,200	0.7	86	7,003	47.3	73,393	0.7	54
<b>Male</b>	844,798	73,795,069	12,610	33.5	139,417	0.8	159	14,659	38.9	162,545	0.6	53
<b>Disabled</b>	468,500	48,061,892	8,944	42.9	101,370	0.8	179	7,353	35.3	83,929	0.6	53
5 and younger	61	4,000	0	0.0	0	0.0	0	1	33.3	12	1.0	33
6-14	85	3,583	0	0.0	0	0.0	0	5	50.0	50	0.5	24
15-20	1,249	164,438	40	32.8	366	0.6	132	26	21.3	281	0.5	52
21-44	184,091	21,522,788	4,557	46.5	51,355	0.8	181	2,878	29.4	33,210	0.5	49
45-64	266,119	25,182,299	4,204	41.1	48,025	0.9	180	4,150	40.5	47,159	0.6	55
65-74	16,434	1,147,801	137	20.6	1,560	0.7	111	284	42.6	3,113	0.6	60
75-84	362	29,561	5	23.8	60	0.6	155	8	38.1	92	0.4	35
85 and older	99	7,422	1	25.0	4	0.5	31	1	25.0	12	1.0	108
<b>Other Eligibles</b>	376,298	25,733,177	3,666	21.8	38,047	0.7	106	7,306	43.5	78,616	0.6	53
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	27	1,051	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	183	12,371	2	28.6	24	1.1	244	4	57.1	48	0.3	7
21-44	1,014	83,242	12	15.2	113	0.5	76	26	32.9	258	0.4	45
45-64	467	43,643	2	5.3	24	1.0	378	5	13.2	44	0.6	72
65-74	174,705	12,344,061	1,434	19.0	15,649	0.8	124	3,279	43.5	36,499	0.6	52
75-84	145,733	9,765,291	1,510	23.6	15,556	0.7	99	2,809	43.8	30,060	0.6	53
85 and older	54,169	3,483,518	706	25.8	6,681	0.7	82	1,183	43.2	11,707	0.7	56
<b>Unknown</b>	8	1,011	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(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, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Rx \$ per Month
<b>All</b>	<b>33,123</b>	<b>29.8 %</b>	<b>377,188</b>	<b>0.6</b>	<b>\$64</b>	<b>51,962</b>	<b>46.7 %</b>	<b>569,878</b>	<b>0.6</b>	<b>\$41</b>	<b>28,124</b>	<b>25.3 %</b>	<b>312,914</b>	<b>0.8</b>	<b>\$70</b>
<b>Female</b>	23,395	31.8	266,795	0.6	65	37,844	51.4	415,373	0.6	41	17,838	24.2	198,672	0.7	65
<b>Disabled</b>	7,296	29.9	83,426	0.6	60	16,563	67.9	187,379	0.6	41	9,685	39.7	110,134	0.7	80
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.2	2
6-14	6	7.7	72	0.7	48	21	26.9	232	0.5	33	27	34.6	311	0.7	75
15-20	1,044	12.1	11,994	0.5	51	5,672	65.6	64,250	0.5	39	3,701	42.8	42,093	0.7	92
21-44	5,575	38.8	63,719	0.6	61	10,243	71.4	115,875	0.6	42	5,659	39.4	64,413	0.7	74
45-64	623	52.4	7,073	0.6	67	596	50.1	6,665	0.6	36	287	24.1	3,185	0.8	59
65-74	40	50.6	479	0.6	60	22	27.8	251	0.4	22	5	6.3	60	0.6	32
75-84	8	27.6	89	0.8	75	9	31.0	106	0.7	37	5	17.2	60	0.8	92
85 and older	16,099	32.7	183,369	0.7	67	21,281	43.2	227,994	0.7	41	8,153	16.5	88,538	0.7	45
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	2	28.6	24	0.5	40	1	14.3	2	1.0	16
15-20	12	4.3	104	0.5	50	180	63.8	1,471	0.4	29	82	29.1	648	0.5	59
21-44	14	25.0	125	0.5	56	41	73.2	389	0.5	28	20	35.7	174	0.4	43
45-64	7,142	47.2	81,968	0.6	65	6,310	41.7	70,265	0.6	38	3,031	20.0	33,970	0.7	49
65-74	6,680	35.1	76,304	0.7	68	7,956	41.8	85,901	0.7	41	3,161	16.6	34,509	0.8	45
75-84	2,251	15.2	24,868	0.7	66	6,792	45.9	69,944	0.8	44	1,858	12.6	19,235	0.8	38
85 and older	9,728	25.8	110,393	0.6	64	14,118	37.5	154,505	0.7	41	10,285	27.3	114,233	0.8	80
<b>Male</b>	4,792	23.0	55,158	0.6	61	8,623	41.3	97,340	0.6	42	7,362	35.3	83,394	0.9	92
<b>Disabled</b>	4	133.3	48	0.5	38	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	1	10.0	5	0.2	19	2	20.0	18	0.4	28	0	0.0	0	0.0	0
6-14	7	5.7	69	0.3	27	39	32.0	382	0.5	41	52	42.6	521	0.8	102
15-20	1,382	14.1	16,047	0.6	55	4,161	42.5	47,046	0.6	42	3,588	36.6	40,787	0.8	101
21-44	3,135	30.6	36,081	0.6	64	4,203	41.0	47,517	0.7	43	3,568	34.8	40,392	0.9	85
45-64	256	38.4	2,828	0.6	65	214	32.1	2,337	0.7	37	151	22.7	1,658	0.8	58
65-74	6	28.6	68	0.6	63	2	9.5	24	0.8	44	3	14.3	36	0.4	6
75-84	1	25.0	12	1.0	105	2	50.0	16	0.8	59	0	0.0	0	0.0	0
85 and older	4,936	29.4	55,235	0.7	67	5,495	32.7	57,165	0.7	39	2,923	17.4	30,839	0.8	48
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	1	14.3	12	0.1	3	5	71.4	60	0.7	41	1	14.3	12	0.4	26
15-20	6	7.6	64	0.5	46	40	50.6	326	0.4	35	28	35.4	222	0.5	53
21-44	10	26.3	93	0.6	61	14	36.8	144	0.5	34	2	5.3	24	1.1	24
45-64	2,695	35.7	30,541	0.7	67	2,253	29.9	24,493	0.7	39	1,464	19.4	15,914	0.8	52
65-74	1,850	28.9	20,577	0.7	66	2,124	33.2	22,033	0.7	39	1,059	16.5	11,056	0.8	46
75-84	374	13.7	3,948	0.7	68	1,059	38.7	10,109	0.8	43	369	13.5	3,611	0.8	39
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	9	0.9	112
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	9	0.9	112

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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.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, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANALGESICS - Narcotic					ANTIHYPERTENSIVE				
	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>41,348</b>	<b>37.1 %</b>	<b>459,694</b>	<b>0.7</b>	<b>\$40</b>	<b>68,306</b>	<b>61.4 %</b>	<b>759,083</b>	<b>0.4</b>	<b>\$21</b>	<b>54,225</b>	<b>48.7 %</b>	<b>605,127</b>	<b>0.7</b>	<b>\$24</b>
<b>Female</b>	30,613	41.6	341,289	0.7	40	49,601	67.3	551,905	0.4	19	38,750	52.6	432,651	0.7	24
<b>Disabled</b>	9,198	37.7	103,861	0.7	44	21,402	87.8	243,701	0.4	25	9,770	40.1	110,671	0.6	22
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	0	3	100.0	36	0.4	23
6-14	0	0.0	0	0.0	0	1	50.0	12	0.1	2	3	150.0	36	0.5	34
15-20	10	12.8	117	0.6	39	40	51.3	430	0.2	2	16	20.5	175	0.5	30
21-44	1,566	18.1	17,623	0.6	41	7,084	81.9	80,517	0.4	25	1,671	19.3	18,810	0.5	18
45-64	6,805	47.4	76,949	0.7	44	13,264	92.4	151,213	0.4	26	7,173	50.0	81,451	0.6	23
65-74	769	64.6	8,640	0.7	44	951	79.9	10,813	0.4	14	829	69.7	9,310	0.7	25
75-84	42	53.2	460	0.6	38	47	59.5	547	0.3	11	56	70.9	657	0.6	21
85 and older	6	20.7	72	0.5	25	14	48.3	157	0.4	5	19	65.5	196	0.7	28
<b>Other Eligibles</b>	21,415	43.5	237,428	0.7	38	28,199	57.2	308,204	0.4	15	28,980	58.8	321,980	0.7	25
5 and younger	0	0.0	0	0.0	0	1	50.0	5	0.2	1	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	2	1.5	85
15-20	0	0.0	0	0.0	0	1	14.3	12	0.2	1	0	0.0	0	0.0	0
21-44	28	9.9	266	0.5	39	241	85.5	2,094	0.4	19	49	17.4	352	0.5	16
45-64	27	48.2	262	0.6	49	59	105.4	529	0.5	20	23	41.1	222	0.6	20
65-74	8,620	57.0	97,286	0.7	41	9,547	63.1	108,127	0.4	14	10,057	66.5	114,117	0.7	25
75-84	8,607	45.3	95,902	0.7	37	10,849	57.1	119,907	0.4	15	11,787	62.0	132,403	0.7	25
85 and older	4,133	27.9	43,712	0.7	31	7,501	50.7	77,530	0.5	17	7,063	47.7	74,884	0.7	24
<b>Male</b>	10,735	28.5	118,405	0.7	40	18,705	49.7	207,178	0.4	24	15,475	41.1	172,476	0.7	22
<b>Disabled</b>	4,697	22.5	53,062	0.7	44	11,230	53.8	127,649	0.5	29	6,764	32.4	76,736	0.6	22
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	1	3	100.0	36	0.7	50
6-14	0	0.0	0	0.0	0	2	20.0	24	0.1	1	8	80.0	96	0.5	18
15-20	3	2.5	18	0.2	18	36	29.5	359	0.2	4	14	11.5	153	0.6	13
21-44	1,246	12.7	14,058	0.7	44	5,078	51.9	57,804	0.4	31	2,084	21.3	23,678	0.6	20
45-64	3,172	31.0	35,932	0.7	44	5,743	56.1	65,396	0.5	29	4,216	41.2	47,925	0.7	22
65-74	263	39.5	2,905	0.7	44	357	53.6	3,915	0.4	15	428	64.3	4,720	0.7	23
75-84	11	52.4	125	0.8	41	11	52.4	123	0.1	4	8	38.1	92	0.6	22
85 and older	2	50.0	24	1.0	60	2	50.0	16	1.3	106	3	75.0	36	0.4	19
<b>Other Eligibles</b>	6,038	35.9	65,343	0.7	38	7,475	44.5	79,529	0.4	15	8,711	51.8	95,740	0.7	23
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	3	150.0	30	0.6	10
15-20	9	11.4	70	0.9	45	3	42.9	36	0.1	1	8	114.3	96	0.9	35
21-44	8	21.1	58	0.5	32	75	94.9	534	0.7	49	17	21.5	147	0.7	32
45-64	8	21.1	58	0.5	32	16	42.1	113	0.8	31	12	31.6	105	0.5	19
65-74	2,999	39.8	33,282	0.7	40	3,583	47.5	39,850	0.4	17	4,110	54.5	46,101	0.7	23
75-84	2,328	36.3	24,917	0.7	37	2,671	41.7	28,102	0.4	14	3,361	52.5	36,988	0.7	23
85 and older	694	25.3	7,016	0.7	31	1,127	41.2	10,894	0.4	12	1,200	43.8	12,273	0.7	22
<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 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	ANTIASTHMATIC					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Month	Mean Benefit per Rx \$ per Month		
<b>All</b>	<b>42,872</b>	<b>38.5 %</b>	<b>474,457</b>	<b>0.4</b>	<b>\$30</b>	<b>10,317</b>	<b>9.3 %</b>	<b>109,601</b>	<b>0.7</b>	<b>\$106</b>	<b>111,331</b>	<b>1,181,216</b>
<b>Female</b>	30,341	41.2	336,565	0.4	30	7,826	10.6	83,550	0.7	109	73,662	783,951
<b>Disabled</b>	11,547	47.4	131,358	0.4	29	1,035	4.2	11,816	0.5	231	24,379	266,138
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
15-20	21	26.9	246	0.4	28	0	0.0	0	0.0	0	78	705
21-44	3,025	35.0	34,360	0.3	23	287	3.3	3,317	0.4	303	8,645	93,846
45-64	7,827	54.5	89,252	0.4	31	681	4.7	7,776	0.5	215	14,353	157,658
65-74	632	53.1	7,054	0.5	37	50	4.2	537	0.6	71	1,190	12,724
75-84	38	48.1	398	0.4	27	5	6.3	47	0.3	44	79	854
85 and older	4	13.8	48	0.3	5	12	41.4	139	0.7	71	29	291
<b>Other Eligibles</b>	18,794	38.1	205,207	0.5	30	6,791	13.8	71,734	0.7	89	49,283	517,813
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	8
6-14	1	100.0	2	0.5	6	0	0.0	0	0.0	0	1	2
15-20	2	28.6	24	0.1	2	0	0.0	0	0.0	0	7	67
21-44	63	22.3	569	0.3	14	5	1.8	32	0.7	648	282	1,954
45-64	19	33.9	177	0.2	11	0	0.0	0	0.0	0	56	420
65-74	6,784	44.9	76,828	0.5	33	974	6.4	10,689	0.6	85	15,123	163,903
75-84	7,151	37.6	78,045	0.5	30	2,905	15.3	30,644	0.7	87	19,015	203,628
85 and older	4,774	32.3	49,562	0.4	26	2,907	19.6	30,369	0.7	92	14,797	147,831
<b>Male</b>	12,531	33.3	137,892	0.5	31	2,491	6.6	26,051	0.6	97	37,667	397,251
<b>Disabled</b>	5,334	25.6	60,641	0.4	29	578	2.8	6,501	0.4	126	20,857	226,626
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	89
15-20	21	17.2	235	0.3	26	3	2.5	28	0.6	749	122	1,087
21-44	1,730	17.7	19,771	0.4	23	188	1.9	2,172	0.3	135	9,792	105,924
45-64	3,306	32.3	37,586	0.5	32	348	3.4	3,855	0.5	124	10,239	112,224
65-74	270	40.5	2,965	0.5	34	35	5.3	401	0.5	62	666	6,991
75-84	7	33.3	84	0.3	13	4	19.0	45	0.4	62	21	235
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	40
<b>Other Eligibles</b>	7,197	42.8	77,251	0.5	32	1,913	11.4	19,550	0.7	87	16,810	170,625
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	2	100.0	24	0.4	31	0	0.0	0	0.0	0	2	18
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	84
21-44	19	24.1	124	0.4	26	0	0.0	0	0.0	0	79	497
45-64	11	28.9	83	1.1	84	1	2.6	12	0.4	492	38	260
65-74	3,222	42.7	35,835	0.5	34	482	6.4	5,139	0.6	79	7,540	79,228
75-84	2,761	43.1	29,542	0.5	32	885	13.8	9,145	0.7	88	6,406	65,323
85 and older	1,182	43.2	11,643	0.5	29	545	19.9	5,254	0.7	92	2,738	25,215
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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, 2004

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
<b>All</b>	<b>\$406</b>	<b>7.8</b>	<b>13,662</b>	<b>141,590</b>
<b>Age</b>				
0-64	548	8.7	1,268	14,380
65-74	504	9.0	1,798	19,411
75-84	424	8.2	4,402	45,848
85 and older	328	6.9	6,194	61,951
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	396	7.7	10,275	106,549
Male	434	7.9	3,387	35,041
Unknown	0	0.0	0	0
<b>Race</b>				
White	421	8.1	9,746	99,377
African American	368	7	3,748	40,400
Other/unknown	425	7.2	168	1,813
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	388	7.7	12,277	125,882
Disabled	546	8.7	1,385	15,708
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 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 9,013 beneficiaries who were in nursing facilities for part of their enrollment and their 86,233 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, 2004

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	Generic	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	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.1	0.2	\$25	\$16	\$4	\$5	\$61	\$102	\$69	\$25	38,733	\$2,344,807	8,933	65.4 %	95,566
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	34	50	118	29	164	5,636	156	1.1	1,777
Antineoplastic Agents	0.6	0.1	0.0	0.5	78	29	1	49	138	414	73	101	6,785	939,444	1,202	8.8	11,974
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	51	40	2	10	42	78	22	15	86,478	3,610,349	6,669	48.8	70,782
Cardiovascular Agents	2.3	0.5	0.1	1.6	67	38	2	27	30	70	23	17	240,178	7,179,878	10,167	74.4	106,657
Respiratory Agents	0.8	0.3	0.0	0.4	35	27	1	7	45	79	36	18	52,681	2,382,796	6,411	46.9	68,422
Gastrointestinal Agents	1.2	0.5	0.1	0.6	70	56	2	12	59	103	31	21	102,407	6,018,428	8,145	59.6	86,360
Genitourinary Agents	0.7	0.5	0.1	0.2	42	35	3	4	61	77	43	26	23,204	1,416,202	3,132	22.9	33,609
CNS Drugs	1.8	0.9	0.1	0.8	132	103	7	22	72	113	70	26	194,864	13,972,976	10,059	73.6	106,077
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/	0.9	0.2	0.0	0.7	30	19	1	10	35	107	40	16	1,528	53,836	175	1.3	1,797
Neurological Agents	1.0	1.0	0.0	0.0	145	145	0	0	144	144	91	35	30,807	4,426,715	2,904	21.3	30,532
Analgesics and Anesthetics	1.0	0.4	0.0	0.6	48	40	1	7	46	99	29	12	75,981	3,508,720	7,026	51.4	73,245
Neuromuscular Agents	1.5	0.3	0.3	0.8	85	34	22	28	58	102	70	35	71,744	4,183,277	4,595	33.6	49,474
Nutritional Products	0.9	0.0	0.1	0.8	15	0	2	13	17	22	20	17	44,410	752,028	4,969	36.4	51,541
Hematological Agents	1.3	0.5	0.4	0.5	85	72	7	6	65	160	19	11	62,643	4,051,295	4,557	33.4	47,884
Topical Products	0.6	0.2	0.1	0.3	25	15	3	7	43	65	45	26	50,912	2,189,392	8,221	60.2	89,262
Miscellaneous Products	0.3	0.0	0.0	0.3	17	7	2	7	50	204	168	26	2,458	123,233	699	5.1	7,332
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	18	0	0	0	14,917	269,351	3,101	22.7	33,689
<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.	1,100,894	57,428,363	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 9,013 beneficiaries who were in nursing facilities for part of their enrollment and their 86,233 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 2004. 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.medspan.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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Virginia, 0.9 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, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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	\$7,727,553	5,883	43.1 %	62,760	0.9	\$139	\$123
ANTIDEPRESSANTS	5,521,230	9,493	69.5	101,206	0.9	60	55
ULCER DRUGS	4,992,007	7,354	53.8	78,037	0.9	74	64
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	4,430,293	3,446	25.2	36,363	0.9	143	122
ANTICONVULSANT	2,936,071	4,000	29.3	43,382	1.1	59	68
ANTIDIABETIC	2,401,898	5,738	42.0	61,796	0.9	44	39
ANTIHYPERTENSIVE	2,007,070	2,245	16.4	24,289	0.9	90	83
ANALGESICS - Narcotic	1,985,851	6,936	50.8	71,738	0.7	41	28
MISC. HEMATOLOGICAL	1,894,057	1,928	14.1	20,376	0.9	104	93
ANTIASTHMATIC	1,815,857	5,887	43.1	62,100	0.6	52	29
<b>Total</b>	<b>35,711,887</b>	<b>52,910</b>		<b>562,047</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 9,013 beneficiaries who were in nursing facilities for part of their enrollment and their 86,233 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.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, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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 \$
<b>All</b>	<b>474,619</b>	<b>\$35,711,887</b>	<b>5,883</b>	<b>43.1 %</b>	<b>62,760</b>	<b>0.9</b>	<b>\$123</b>	<b>9,493</b>	<b>69.5 %</b>	<b>101,206</b>	<b>0.9</b>	<b>\$55</b>
<b>Female</b>	350,565	26,297,308	4,323	42.1	46,226	0.9	120	7,322	71.3	78,143	0.9	54
<b>Disabled</b>	31,096	2,891,753	283	41.0	3,160	1.0	169	520	75.4	5,926	1.0	59
64 or younge <sup>r</sup>	27,753	2,621,379	243	38.9	2,705	1.0	166	471	75.4	5,360	1.0	61
65-74	3,176	260,717	38	66.7	431	0.9	192	46	80.7	530	0.8	39
75-84	60	4,793	1	25.0	12	0.6	102	1	25.0	12	1.0	85
85 and older	107	4,864	1	25.0	12	1.0	27	2	50.0	24	1.0	21
<b>Other Eligibles</b>	319,469	23,405,555	4,040	42.1	43,066	0.9	117	6,802	71.0	72,217	0.9	54
64 or younge <sup>r</sup>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	50,330	3,739,858	555	55.2	6,110	1.0	143	851	84.6	9,350	1.0	60
75-84	124,967	9,242,598	1,555	47.9	16,870	0.9	125	2,475	76.2	26,544	0.9	54
85 and older	144,172	10,423,099	1,930	36.2	20,086	0.8	102	3,476	65.2	36,323	0.9	53
<b>Male</b>	124,054	9,414,579	1,560	46.1	16,534	0.9	131	2,171	64.1	23,063	0.9	56
<b>Disabled</b>	31,671	2,604,344	316	45.5	3,576	1.0	163	482	69.4	5,458	1.0	61
64 or younge <sup>r</sup>	29,278	2,431,849	290	45.2	3,264	1.0	169	442	68.8	4,996	1.0	62
65-74	2,268	160,235	25	49.0	300	0.8	94	39	76.5	450	0.9	53
75-84	125	12,260	1	50.0	12	0.8	260	1	50.0	12	1.0	84
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	92,383	6,810,235	1,244	46.2	12,958	0.9	122	1,689	62.7	17,605	0.9	54
64 or younge <sup>r</sup>	115	13,964	1	100.0	12	1.3	611	2	200.0	24	0.6	42
65-74	28,585	2,209,915	361	52.8	3,921	1.0	148	479	70.0	5,167	1.0	62
75-84	41,546	3,007,628	560	48.7	5,855	0.9	117	726	63.1	7,648	0.9	51
85 and older	22,137	1,578,728	322	37.6	3,170	0.8	96	482	56.2	4,766	0.9	51
<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 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 9,013 beneficiaries who were in nursing facilities for part of their enrollment and their 86,233 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	ULCER DRUGS					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>7,354</b>	<b>53.8 %</b>	<b>78,037</b>	<b>0.9</b>	<b>\$64</b>	<b>3,446</b>	<b>25.2 %</b>	<b>36,363</b>	<b>0.9</b>	<b>\$122</b>	<b>4,000</b>	<b>29.3 %</b>	<b>43,382</b>	<b>1.1</b>	<b>\$68</b>
<b>Female</b>	5,469	53.2	58,062	0.9	63	2,700	26.3	28,638	0.9	123	2,727	26.5	29,638	1.1	63
<b>Disabled</b>	369	53.5	4,212	0.9	73	80	11.6	879	0.9	679	464	67.2	5,303	1.3	97
64 or younge	332	53.1	3,791	0.9	72	74	11.8	811	0.9	728	420	67.2	4,818	1.3	98
65-74	32	56.1	361	0.9	86	4	7.0	44	0.9	114	41	71.9	449	1.3	91
75-84	3	75.0	36	0.6	63	0	0.0	0	0.0	0	1	25.0	12	1.1	19
85 and older	2	50.0	24	1.0	102	2	50.0	24	1.0	32	2	50.0	24	1.0	34
<b>Other Eligibles</b>	5,100	53.2	53,850	0.9	62	2,620	27.3	27,759	0.9	106	2,263	23.6	24,335	1.1	56
64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	615	61.1	6,734	0.9	64	228	22.7	2,492	0.8	111	494	49.1	5,459	1.2	66
75-84	1,798	55.4	19,274	0.9	63	950	29.3	10,004	0.9	106	948	29.2	10,366	1.1	58
85 and older	2,687	50.4	27,842	0.8	61	1,442	27.0	15,263	0.8	105	821	15.4	8,510	1.0	47
<b>Male</b>	1,885	55.7	19,975	0.9	67	746	22.0	7,725	0.8	116	1,273	37.6	13,744	1.2	77
<b>Disabled</b>	415	59.7	4,713	0.9	76	50	7.2	573	0.8	214	452	65.0	5,153	1.3	103
64 or younge	382	59.5	4,324	0.9	77	39	6.1	452	0.8	247	425	66.2	4,836	1.3	105
65-74	31	60.8	365	0.8	66	9	17.6	97	0.8	93	26	51.0	305	1.1	73
75-84	2	100.0	24	0.6	54	2	100.0	24	0.7	93	1	50.0	12	1.1	13
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>	1,470	54.6	15,262	0.9	64	696	25.9	7,152	0.8	108	821	30.5	8,591	1.1	62
64 or younge	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.3	19
65-74	410	59.9	4,411	0.9	63	127	18.6	1,346	0.8	108	318	46.5	3,431	1.2	75
75-84	631	54.9	6,626	0.8	65	332	28.9	3,447	0.9	108	350	30.4	3,658	1.2	57
85 and older	429	50.1	4,225	0.9	64	237	27.7	2,359	0.8	109	152	17.7	1,490	1.0	49
<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 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 9,013 beneficiaries who were in nursing facilities for part of their enrollment and their 86,233 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	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>5,738</b>	<b>42.0 %</b>	<b>61,796</b>	<b>0.9</b>	<b>\$39</b>	<b>2,245</b>	<b>16.4 %</b>	<b>24,289</b>	<b>0.9</b>	<b>\$83</b>	<b>6,936</b>	<b>50.8 %</b>	<b>71,738</b>	<b>0.7</b>	<b>\$28</b>
<b>Female</b>	4,290	41.8	46,380	0.9	39	1,572	15.3	16,981	0.9	82	5,428	52.8	56,433	0.7	29
<b>Disabled</b>	311	45.1	3,576	1.0	47	147	21.3	1,697	0.9	86	375	54.3	4,217	0.8	30
64 or younger	266	42.6	3,064	1.0	46	129	20.6	1,486	0.9	85	343	54.9	3,847	0.8	30
65-74	45	78.9	512	1.1	54	18	31.6	211	0.9	93	30	52.6	346	1.1	30
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	50.0	24	0.2	2
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>	3,979	41.5	42,804	0.9	38	1,425	14.9	15,284	0.9	81	5,053	52.7	52,216	0.7	28
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	738	73.4	8,099	0.9	44	276	27.4	3,050	0.9	84	632	62.8	6,806	0.8	38
75-84	1,691	52.1	18,434	0.9	39	654	20.1	7,022	0.9	83	1,802	55.5	18,922	0.7	31
85 and older	1,550	29.1	16,271	0.8	33	495	9.3	5,212	0.9	77	2,619	49.1	26,488	0.6	25
<b>Male</b>	1,448	42.8	15,416	0.9	40	673	19.9	7,308	0.9	85	1,508	44.5	15,305	0.7	24
<b>Disabled</b>	323	46.5	3,652	1.0	44	164	23.6	1,882	0.9	83	337	48.5	3,843	0.8	39
64 or younger	297	46.3	3,365	1.0	44	150	23.4	1,721	0.9	83	307	47.8	3,515	0.8	39
65-74	23	45.1	251	1.0	36	13	25.5	149	0.8	75	30	58.8	328	1.0	41
75-84	3	150.0	36	1.2	78	1	50.0	12	1.0	131	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
<b>Other Eligibles</b>	1,125	41.8	11,764	0.9	39	509	18.9	5,426	1.0	85	1,171	43.5	11,462	0.6	20
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	355	51.9	3,880	0.9	41	174	25.4	1,896	1.0	87	323	47.2	3,351	0.7	27
75-84	531	46.2	5,532	0.9	39	255	22.2	2,732	1.0	85	465	40.4	4,574	0.6	18
85 and older	239	27.9	2,352	0.9	33	80	9.3	798	0.9	85	383	44.7	3,537	0.6	15
<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 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 9,013 beneficiaries who were in nursing facilities for part of their enrollment and their 86,233 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 2004. 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 2004 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); 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, 2004

Beneficiary Characteristics	MISC. HEMATOLOGICAL					ANTIASTHMATIC					Benefit Months Among All-Year	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Nursing Facility Residents
<b>All</b>	<b>1,928</b>	<b>14.1 %</b>	<b>20,376</b>	<b>0.9</b>	<b>\$93</b>	<b>5,887</b>	<b>43.1 %</b>	<b>62,100</b>	<b>0.6</b>	<b>\$29</b>	<b>13,662</b>	<b>141,590</b>
<b>Female</b>	1,379	13.4	14,621	0.9	93	4,303	41.9	45,625	0.5	28	10,275	106,549
<b>Disabled</b>	65	9.4	725	0.9	100	230	33.3	2,630	0.5	29	690	7,818
64 or younge <sup>r</sup>	53	8.5	588	0.9	98	209	33.4	2,390	0.5	29	625	7,085
65-74	12	21.1	137	1.1	106	20	35.1	228	0.5	37	57	637
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	48
85 and older	0	0.0	0	0.0	0	1	25.0	12	0.1	0	4	48
<b>Other Eligibles</b>	1,314	13.7	13,896	0.9	93	4,073	42.5	42,995	0.5	28	9,585	98,731
64 or younge <sup>r</sup>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	154	15.3	1,740	0.9	96	532	52.9	5,910	0.7	34	1,006	10,855
75-84	462	14.2	4,891	0.9	99	1,505	46.4	15,981	0.6	30	3,246	33,970
85 and older	698	13.1	7,265	0.9	88	2,036	38.2	21,104	0.5	25	5,333	53,906
<b>Male</b>	549	16.2	5,755	0.9	93	1,584	46.8	16,475	0.6	32	3,387	35,041
<b>Disabled</b>	87	12.5	956	0.9	105	267	38.4	3,025	0.7	38	695	7,890
64 or younge <sup>r</sup>	74	11.5	814	0.9	106	251	39.1	2,833	0.7	39	642	7,283
65-74	13	25.5	142	0.9	103	14	27.5	168	0.5	30	51	583
75-84	0	0.0	0	0.0	0	2	100.0	24	0.2	3	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>	462	17.2	4,799	0.9	90	1,317	48.9	13,450	0.6	31	2,692	27,151
64 or younge <sup>r</sup>	0	0.0	0	0.0	0	4	400.0	48	1.4	113	1	12
65-74	127	18.6	1,310	0.9	92	277	40.5	2,947	0.6	33	684	7,336
75-84	206	17.9	2,190	0.9	92	595	51.7	6,127	0.7	32	1,150	11,806
85 and older	129	15.1	1,299	0.9	85	441	51.5	4,328	0.6	28	857	7,997
<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 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 9,013 beneficiaries who were in nursing facilities for part of their enrollment and their 86,233 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 2004. 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 2004 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); 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, 2004

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	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 \$	Total Number of Beneficiaries
<b>All</b>	<b>71,508</b>	<b>64.2 %</b>	<b>11.4</b>	<b>1,266,438</b>	<b>\$136</b>	<b>\$15,179,293</b>	<b>\$12</b>	<b>4.3 %</b>	<b>111,331</b>
<b>Age</b>									
5 and younger	6	75.0	7.6	61	329	2,633	43	10.7	8
6-14	10	66.7	7.4	111	161	2,420	22	1.3	15
15-20	83	38.8	3.8	818	90	19,196	23	3.0	214
21-44	9,602	51.1	5.4	102,339	105	1,977,347	19	3.2	18,800
45-64	15,785	63.9	9.5	235,094	152	3,761,814	16	3.8	24,686
65-74	14,918	60.8	9.5	233,071	119	2,923,240	13	4.0	24,519
75-84	17,358	68.0	13.6	346,539	137	3,496,996	10	4.7	25,521
85 and older	13,746	78.2	19.8	348,405	171	2,995,647	9	6.7	17,568
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	44,757	68.2	13.9	909,619	140	9,179,820	10	5.0	65,623
Disabled	26,530	58.6	7.9	355,510	132	5,975,438	17	3.6	45,238
Adults	205	46.8	2.7	1,163	50	22,078	19	3.5	438
Children	10	47.6	5.2	110	76	1,601	15	1.3	21
Unknown	6	54.5	3.3	36	32	356	10	2.3	11
<b>Gender</b>									
Female	50,648	68.8	12.6	927,646	151	11,098,314	12	4.7	73,662
Male	20,860	55.4	9.0	338,792	108	4,080,979	12	3.5	37,667
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
<b>Race</b>									
White	44,210	69.1	13.8	884,755	167	10,694,569	12	4.7	63,953
African American	24,011	58.6	8.6	351,972	98	4,021,398	11	3.6	40,979
Other/unknown	3,287	51.4	4.6	29,711	72	463,326	16	3.0	6,399
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	13,317	97.5	37.4	510,911	302	4,121,233	8	7.2	13,662
Part year	8,678	96.3	24.9	224,242	217	1,957,040	9	6.1	9,013
None	49,513	55.8	6.0	531,285	103	9,101,020	17	3.4	88,656
<b>Maintenance Assistance Status</b>									
Cash	35,543	60.4	7.2	425,635	117	6,856,283	16	3.6	58,825
Medically needy	141	59.2	8.9	2,112	271	64,443	31	9.1	238
Poverty related	8,963	49.3	4.4	79,228	74	1,352,204	17	3.1	18,179
Other/unknown	26,861	78.8	22.3	759,463	203	6,906,363	9	5.8	34,089

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

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
<b>All</b>	<b>1.1</b>	<b>\$13</b>	<b>\$12</b>	<b>\$0</b>	<b>\$3</b>	<b>1,181,216</b>
<b>Age</b>						
5 and younger	0.8	33	43	0	0	80
6-14	0.8	18	22	0	0	133
15-20	0.4	10	23	0	5	1,943
21-44	0.5	10	19	0	4	202,235
45-64	0.9	14	16	0	5	270,562
65-74	0.9	11	13	0	3	262,846
75-84	1.3	13	10	0	3	270,040
85 and older	2.0	17	9	0	2	173,377
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.3	13	10	0	3	685,171
Disabled	0.7	12	17	0	5	492,778
Adults	0.4	7	19	0	4	3,006
Children	0.6	9	15	0	0	188
Unknown	0.5	5	10	0	2	73
<b>Gender</b>						
Female	1.2	14	12	0	4	783,951
Male	0.9	10	12	0	3	397,251
Unknown	0.0	0	0	0	0	14
<b>Race</b>						
White	1.3	16	12	0	5	673,541
African American	0.8	9	11	0	2	438,278
Other/unknown	0.4	7	16	0	1	69,397
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.6	29	8	0	4	141,590
Part year	2.6	23	9	0	4	86,233
None	0.6	10	17	0	3	953,393
<b>Maintenance Assistance Status</b>						
Cash	0.7	11	16	0	4	651,564
Medically needy	0.9	26	31	0	3	2,450
Poverty related	0.4	7	17	0	3	192,468
Other/unknown	2.3	21	9	0	4	334,734

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004.
- 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, 2004

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
<b>All</b>	<b>125,138</b>	<b>\$121</b>	<b>\$15,179,293</b>	<b>100.0 %</b>	<b>1,266,438</b>	<b>\$12</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	19	295	5,597	0.0	62	90	0.0
Fertility drugs	15	119	1,783	0.0	36	50	0.0
Drugs for cosmetic purposes	39	66	2,576	0.0	91	28	0.0
Cough and cold medications	19,504	80	1,564,177	10.3	54,046	29	4.3
Vitamins and minerals	23,901	121	2,888,418	19.0	165,466	17	13.1
Non-prescription drugs	47,100	122	5,725,323	37.7	789,514	7	62.3
Barbiturates	1,425	65	91,979	0.6	16,212	6	1.3
Benzodiazepines	29,595	138	4,092,502	27.0	227,640	18	18.0
Other Part D Excl Rx Drugs	3,540	228	806,938	5.3	13,371	60	1.1

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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, 2004

Total Number of Dual Eligible Beneficiaries	111,331
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$353,949,561
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$3,179

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	12,374	11.1 %	\$0	0.0 %
1-500	15,829	14.2	3,412,096	1.0
501-1,000	10,414	9.4	7,723,807	2.2
1,001-1,500	8,934	8.0	11,159,595	3.2
1,501-2,000	7,979	7.2	13,919,734	3.9
2,001-2,500	7,291	6.5	16,385,622	4.6
2,501-3,000	6,243	5.6	17,155,819	4.8
3,001-3,500	5,648	5.1	18,333,016	5.2
3,501-4,000	4,871	4.4	18,244,608	5.2
4,001-4,500	4,404	4.0	18,688,053	5.3
4,501-5,000	3,829	3.4	18,167,083	5.1
5,001-5,500	3,207	2.9	16,823,344	4.8
5,501-6,000	2,743	2.5	15,763,217	4.5
6,001-6,500	2,445	2.2	15,265,059	4.3
6,501-7,000	1,991	1.8	13,425,998	3.8
7,001-7,500	1,691	1.5	12,249,607	3.5
7,501-8,000	1,511	1.4	11,698,953	3.3
8,001-8,500	1,249	1.1	10,293,665	2.9
8,501-9,000	1,084	1.0	9,471,043	2.7
9,001-9,500	969	0.9	8,954,675	2.5
9,501-10,000	796	0.7	7,750,726	2.2
10,001+	5,829	5.2	89,063,841	25.2

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	43,249
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$161,216,640
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$3,728

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	5,722	13.2 %	0	0.0 %
1-500	6,900	16.0	1,378,875	0.9
501-1,000	3,655	8.5	2,689,979	1.7
1,001-1,500	2,868	6.6	3,575,177	2.2
1,501-2,000	2,554	5.9	4,461,951	2.8
2,001-2,500	2,215	5.1	4,970,295	3.1
2,501-3,000	1,962	4.5	5,385,315	3.3
3,001-3,500	1,831	4.2	5,941,849	3.7
3,501-4,000	1,486	3.4	5,563,189	3.5
4,001-4,500	1,438	3.3	6,110,224	3.8
4,501-5,000	1,265	2.9	6,004,024	3.7
5,001-5,500	1,126	2.6	5,911,738	3.7
5,501-6,000	1,056	2.4	6,073,467	3.8
6,001-6,500	960	2.2	5,991,577	3.7
6,501-7,000	795	1.8	5,362,378	3.3
7,001-7,500	759	1.8	5,502,878	3.4
7,501-8,000	679	1.6	5,254,265	3.3
8,001-8,500	604	1.4	4,977,401	3.1
8,501-9,000	552	1.3	4,827,915	3.0
9,001-9,500	522	1.2	4,827,572	3.0
9,501-10,000	432	1.0	4,206,115	2.6
10,001+	3,868	8.9	62,200,456	38.6

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	67,608
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$191,918,595
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$2,839

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,564	9.7 %	0	0.0 %
1-500	8,763	13.0	2,001,588	1.0
501-1,000	6,698	9.9	4,987,876	2.6
1,001-1,500	6,035	8.9	7,545,728	3.9
1,501-2,000	5,400	8.0	9,414,236	4.9
2,001-2,500	5,058	7.5	11,375,487	5.9
2,501-3,000	4,272	6.3	11,745,865	6.1
3,001-3,500	3,808	5.6	12,362,149	6.4
3,501-4,000	3,381	5.0	12,666,451	6.6
4,001-4,500	2,954	4.4	12,527,093	6.5
4,501-5,000	2,557	3.8	12,130,178	6.3
5,001-5,500	2,073	3.1	10,869,936	5.7
5,501-6,000	1,685	2.5	9,678,100	5.0
6,001-6,500	1,481	2.2	9,248,764	4.8
6,501-7,000	1,191	1.8	8,029,625	4.2
7,001-7,500	928	1.4	6,717,983	3.5
7,501-8,000	829	1.2	6,421,312	3.3
8,001-8,500	645	1.0	5,316,264	2.8
8,501-9,000	532	0.8	4,643,128	2.4
9,001-9,500	446	0.7	4,118,000	2.1
9,501-10,000	364	0.5	3,544,611	1.8
10,001+	1,944	2.9	26,574,221	13.8

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	24,519
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$73,253,100
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$2,988

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,864	11.7 %	0	0.0 %
1-500	3,201	13.1	698,803	1.0
501-1,000	2,268	9.2	1,698,370	2.3
1,001-1,500	1,967	8.0	2,457,034	3.4
1,501-2,000	1,748	7.1	3,042,572	4.2
2,001-2,500	1,688	6.9	3,802,050	5.2
2,501-3,000	1,477	6.0	4,056,863	5.5
3,001-3,500	1,310	5.3	4,242,861	5.8
3,501-4,000	1,190	4.9	4,450,996	6.1
4,001-4,500	1,020	4.2	4,326,345	5.9
4,501-5,000	902	3.7	4,278,186	5.8
5,001-5,500	743	3.0	3,896,503	5.3
5,501-6,000	642	2.6	3,687,190	5.0
6,001-6,500	567	2.3	3,538,637	4.8
6,501-7,000	472	1.9	3,182,202	4.3
7,001-7,500	348	1.4	2,520,380	3.4
7,501-8,000	305	1.2	2,363,408	3.2
8,001-8,500	265	1.1	2,183,525	3.0
8,501-9,000	221	0.9	1,931,008	2.6
9,001-9,500	190	0.8	1,751,254	2.4
9,501-10,000	167	0.7	1,625,896	2.2
10,001+	964	3.9	13,519,017	18.5

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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 2004.
- 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, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	25,521
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$73,992,861
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,899

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,371	9.3 %	0	0.0 %
1-500	3,050	12.0	718,731	1.0
501-1,000	2,446	9.6	1,824,245	2.5
1,001-1,500	2,264	8.9	2,833,548	3.8
1,501-2,000	2,076	8.1	3,623,877	4.9
2,001-2,500	2,017	7.9	4,537,092	6.1
2,501-3,000	1,660	6.5	4,575,104	6.2
3,001-3,500	1,467	5.7	4,762,132	6.4
3,501-4,000	1,331	5.2	4,993,117	6.7
4,001-4,500	1,145	4.5	4,853,241	6.6
4,501-5,000	996	3.9	4,721,258	6.4
5,001-5,500	848	3.3	4,447,566	6.0
5,501-6,000	626	2.5	3,597,718	4.9
6,001-6,500	573	2.2	3,576,762	4.8
6,501-7,000	450	1.8	3,032,556	4.1
7,001-7,500	380	1.5	2,752,397	3.7
7,501-8,000	339	1.3	2,624,108	3.5
8,001-8,500	251	1.0	2,072,038	2.8
8,501-9,000	209	0.8	1,824,553	2.5
9,001-9,500	169	0.7	1,562,004	2.1
9,501-10,000	130	0.5	1,266,422	1.7
10,001+	723	2.8	9,794,392	13.2

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	17,568
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$44,672,634
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$2,543

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,329	7.6 %	0	0.0 %
1-500	2,512	14.3	584,054	1.3
501-1,000	1,984	11.3	1,465,261	3.3
1,001-1,500	1,804	10.3	2,255,146	5.0
1,501-2,000	1,576	9.0	2,747,787	6.2
2,001-2,500	1,353	7.7	3,036,345	6.8
2,501-3,000	1,135	6.5	3,113,898	7.0
3,001-3,500	1,031	5.9	3,357,156	7.5
3,501-4,000	860	4.9	3,222,338	7.2
4,001-4,500	789	4.5	3,347,507	7.5
4,501-5,000	659	3.8	3,130,734	7.0
5,001-5,500	482	2.7	2,525,867	5.7
5,501-6,000	417	2.4	2,393,192	5.4
6,001-6,500	341	1.9	2,133,365	4.8
6,501-7,000	269	1.5	1,814,867	4.1
7,001-7,500	200	1.1	1,445,206	3.2
7,501-8,000	185	1.1	1,433,796	3.2
8,001-8,500	129	0.7	1,060,701	2.4
8,501-9,000	102	0.6	887,567	2.0
9,001-9,500	87	0.5	804,742	1.8
9,501-10,000	67	0.4	652,293	1.5
10,001+	257	1.5	3,260,812	7.3

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004.

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, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>112,262</b>	<b>65,879</b>	<b>45,798</b>	<b>552</b>	<b>22</b>	<b>11</b>	<b>1,204,675</b>	<b>691,041</b>	<b>508,383</b>	<b>4,957</b>	<b>221</b>	<b>73</b>
<b>Age</b>												
5 and younger	8	0	6	0	2	0	85	0	72	0	13	0
6-14	16	0	12	0	4	0	160	0	122	0	38	0
15-20	227	0	213	1	13	0	2,407	0	2,246	5	156	0
21-44	19,160	1	18,720	434	3	2	211,561	8	207,642	3,891	14	6
45-64	24,924	9	24,796	114	0	5	276,809	74	275,662	1,025	0	48
65-74	24,753	22,828	1,918	3	0	4	268,507	247,233	21,219	36	0	19
75-84	25,587	25,487	100	0	0	0	271,433	270,344	1,089	0	0	0
85 and older	17,587	17,554	33	0	0	0	173,713	173,382	331	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	74,238	49,118	24,678	421	10	11	798,928	519,627	275,221	3,908	99	73
Male	38,022	16,761	21,118	131	12	0	405,733	171,414	233,148	1,049	122	0
Unknown	2	0	2	0	0	0	14	0	14	0	0	0
<b>Race</b>												
White	64,332	36,505	27,491	320	11	5	682,639	374,105	305,569	2,834	108	23
African American	41,440	23,777	17,432	216	9	6	450,613	255,142	193,331	1,997	93	50
Other/unknown	6,490	5,597	875	16	2	0	71,423	61,794	9,483	126	20	0
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	13,662	12,277	1,385	0	0	0	141,590	125,882	15,708	0	0	0
Part year	9,014	7,968	1,045	1	0	0	86,327	75,570	10,752	5	0	0
None	89,586	45,634	43,368	551	22	11	976,758	489,589	481,923	4,952	221	73
<b>Maintenance Assistance Status</b>												
Cash	59,628	30,984	28,601	43	0	0	671,623	349,511	321,759	353	0	0
Medically needy	238	120	118	0	0	0	2,518	1,275	1,243	0	0	0
Poverty related	18,183	9,294	8,785	86	7	11	193,540	98,770	93,935	699	63	73
Other/unknown	34,213	25,481	8,294	423	15	0	336,994	241,485	91,446	3,905	158	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	107,151	62,822	43,760	536	22	11	1,149,177	658,228	485,864	4,791	221	73
Full dual, part year	5,111	3,057	2,038	16	0	0	55,498	32,813	22,519	166	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	108,538	64,998	43,235	276	18	11	1,164,738	681,417	480,752	2,319	177	73
FFS part year, with Rx claims	2,136	484	1,523	127	2	0	23,875	5,374	17,179	1,298	24	0
FFS part year, no Rx claims	657	141	480	35	1	0	6,699	1,426	4,958	307	8	0
MC all year, with Rx claims	3	0	1	2	0	0	36	0	12	24	0	0
MC all year, no Rx claims	928	256	559	112	1	0	9,327	2,824	5,482	1,009	12	0



Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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; 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, 2004

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>112,262</b>	<b>1,204,675</b>	<b>111,331</b>	<b>1,181,216</b>	<b>0</b>	<b>23,459</b>
Fee-for-service (FFS) all year	108,538	1,164,738	108,538	1,164,738	0	0
FFS part year, with Rx claims	2,136	23,875	2,136	13,520	0	10,355
FFS part year, with no Rx claims	657	6,699	657	2,958	0	3,741
Managed care (MC) all year, with Rx claims	3	36	0	0	0	36
MC all year, with no Rx claims	928	9,327	0	0	0	9,327

Source: Data for this table are from the MAX 2004 file for Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.