

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 ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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
All	438,592	5,217	51,626	79,062	302,357	330	2,645,003	47,411	426,971	360,289	1,807,373	2,959
Age												
5 and younger	124,670	2	2,114	0	122,554	0	664,902	5	14,624	0	650,273	0
6-14	136,614	0	6,575	113	129,926	0	874,538	0	50,073	637	823,828	0
15-20	64,106	0	5,129	9,249	49,727	1	413,930	0	39,933	41,639	332,350	8
21-44	83,172	2	17,152	65,832	136	50	446,712	5	146,418	299,054	846	389
45-64	24,494	12	20,339	3,863	1	279	194,566	69	172,996	18,937	2	2,562
65-74	3,003	2,694	306	3	0	0	27,371	24,498	2,855	18	0	0
75-84	1,763	1,755	8	0	0	0	16,351	16,293	58	0	0	0
85 and older	759	752	3	2	2	0	6,566	6,541	14	4	7	0
Unknown	11	0	0	0	11	0	67	0	0	0	67	0
Gender												
Female	254,502	3,392	27,211	72,220	151,349	330	1,495,832	30,929	230,687	327,239	904,018	2,959
Male	184,068	1,806	24,412	6,842	151,008	0	1,149,027	16,362	196,260	33,050	903,355	0
Unknown	22	19	3	0	0	0	144	120	24	0	0	0
Race												
White	209,870	2,234	31,475	39,360	136,608	193	1,474,759	20,466	292,221	203,681	956,673	1,718
African American	175,433	1,225	18,234	34,779	121,079	116	894,362	10,461	119,171	138,639	625,040	1,051
Other/unknown	53,289	1,758	1,917	4,923	44,670	21	275,882	16,484	15,579	17,969	225,660	190
Use of Nursing Facilities^c												
Entire year	1,460	583	867	1	9	0	15,540	5,942	9,508	1	89	0
Part year	1,466	409	986	24	45	2	12,746	3,542	8,687	127	367	23
None	435,666	4,225	49,773	79,037	302,303	328	2,616,717	37,927	408,776	360,161	1,806,917	2,936
Maintenance Assistance Status												
Cash	56,837	3,715	46,499	6,579	44	0	453,712	34,237	384,798	34,409	268	0
Medically needy	573	60	478	15	20	0	4,527	589	3,706	108	124	0
Poverty-related	298,630	528	2,466	23,610	271,696	330	1,712,389	4,849	18,572	93,093	1,592,916	2,959
Other/unknown	82,552	914	2,183	48,858	30,597	0	474,375	7,736	19,895	232,679	214,065	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	230,381	4,329	37,046	33,814	154,863	329	1,992,256	43,996	377,662	210,052	1,357,595	2,951
FFS part year, with Rx claims	69,839	634	8,743	23,786	36,675	1	258,001	2,657	32,890	87,499	134,947	8
FFS part year, no Rx claims	138,372	254	5,837	21,462	110,819	0	394,746	758	16,419	62,738	314,831	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 ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	47.3 %	6.6	\$462	\$70	\$3,259	14.2 %	438,592
Age							
5 and younger	42.6	2.2	121	56	1,855	6.5	124,670
6-14	38.8	3.1	261	84	1,547	16.9	136,614
15-20	45.5	4.5	363	80	2,792	13.0	64,106
21-44	58.6	9.4	645	68	5,172	12.5	83,172
45-64	77.0	37.8	2,568	68	12,312	20.9	24,494
65-74	82.5	38.4	2,288	60	13,487	17.0	3,003
75-84	82.2	39.5	2,181	55	12,997	16.8	1,763
85 and older	79.2	41.6	2,067	50	16,378	12.6	759
Unknown	9.1	0.1	3	28	786	0.3	11
Basis of Eligibility^e							
Aged	81.9	38.8	2,193	57	13,594	16.1	5,217
Disabled	74.6	29.8	2,366	79	13,777	17.2	51,626
Adults	54.4	4.7	223	47	2,416	9.2	79,062
Children	40.1	2.6	169	65	1,493	11.3	302,357
Unknown	83.0	25.2	1,762	70	14,129	12.5	330
Gender							
Female	49.2	7.2	449	63	3,146	14.3	254,502
Male	44.6	5.9	480	81	3,413	14.1	184,068
Unknown	86.4	46.4	2,344	51	14,770	15.9	22
Race							
White	57.8	9.9	670	67	3,738	17.9	209,870
African American	38.1	3.7	282	77	3,024	9.3	175,433
Other/unknown	35.8	3.4	237	71	2,143	11.0	53,289
Use of Nursing Facilities^f							
Entire year	93.4	90.0	5,483	61	57,509	9.5	1,460
Part year	93.7	64.7	4,527	70	48,766	9.3	1,466
None	47.0	6.2	432	70	2,924	14.8	435,666
Maintenance Assistance Status							
Cash	73.3	27.6	2,119	77	11,703	18.1	56,837
Medically needy	71.2	20.1	1,610	80	17,200	9.4	573
Poverty related	40.0	2.4	136	56	1,291	10.5	298,630
Other/unknown	55.4	7.3	495	68	4,466	11.1	82,552

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 ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.1	\$77	14.2 %	52.7 %	32.9 %	5.6 %	5.6 %	2.5 %	0.8 %	\$540	438,592	2,645,003
Age												
5 and younger	0.4	23	6.5	57.4	37.3	3.6	1.5	0.1	0.0	348	124,670	664,902
6-14	0.5	41	16.9	61.2	31.5	4.1	2.8	0.4	0.0	242	136,614	874,538
15-20	0.7	56	13.0	54.5	34.5	5.6	4.4	0.9	0.1	432	64,106	413,930
21-44	1.8	120	12.5	41.4	33.6	9.3	10.5	4.3	0.9	963	83,172	446,712
45-64	4.8	323	20.9	23.0	16.1	9.8	23.0	19.8	8.3	1,550	24,494	194,566
65-74	4.2	251	17.0	17.5	16.8	11.9	28.5	18.7	6.6	1,480	3,003	27,371
75-84	4.3	235	16.8	17.8	13.9	11.7	30.2	19.9	6.5	1,401	1,763	16,351
85 and older	4.8	239	12.6	20.8	10.0	7.8	27.7	24.2	9.5	1,893	759	6,566
Unknown	0.0	0	0.3	90.9	9.1	0.0	0.0	0.0	0.0	129	11	67
Basis of Eligibility^e												
Aged	4.3	241	16.1	18.1	15.0	11.5	28.8	19.8	6.7	1,496	5,217	47,411
Disabled	3.6	286	17.2	25.4	23.0	10.9	20.9	14.4	5.3	1,666	51,626	426,971
Adults	1.0	49	9.2	45.6	36.4	8.5	7.3	1.9	0.2	530	79,062	360,289
Children	0.4	28	11.3	59.9	34.0	3.7	2.1	0.2	0.0	250	302,357	1,807,373
Unknown	2.8	197	12.5	17.0	28.8	16.7	26.4	10.0	1.2	1,576	330	2,959
Gender												
Female	1.2	76	14.3	50.8	33.6	5.9	5.9	2.8	0.9	535	254,502	1,495,832
Male	0.9	77	14.1	55.4	32.0	5.0	5.1	2.0	0.5	547	184,068	1,149,027
Unknown	7.1	358	15.9	13.6	9.1	4.5	18.2	40.9	13.6	2,257	22	144
Race												
White	1.4	95	17.9	42.2	38.1	7.1	7.7	3.8	1.2	532	209,870	1,474,759
African American	0.7	55	9.3	61.9	28.2	4.4	3.8	1.3	0.4	593	175,433	894,362
Other/unknown	0.6	46	11.0	64.2	28.1	3.4	3.1	1.0	0.2	414	53,289	275,882
Use of Nursing Facilities^f												
Entire year	8.5	515	9.5	6.6	3.2	3.5	19.0	37.1	30.7	5,403	1,460	15,540
Part year	7.4	521	9.3	6.3	7.6	7.7	22.5	32.9	23.0	5,609	1,466	12,746
None	1.0	72	14.8	53.0	33.1	5.6	5.5	2.2	0.6	487	435,666	2,616,717
Maintenance Assistance Status												
Cash	3.5	266	18.1	26.7	23.9	11.1	20.4	13.3	4.7	1,466	56,837	453,712
Medically needy	2.5	204	9.4	28.8	24.1	11.5	23.2	10.5	1.9	2,177	573	4,527
Poverty related	0.4	24	10.5	60.0	34.0	3.8	2.0	0.3	0.0	225	298,630	1,712,389
Other/unknown	1.3	86	11.1	44.6	35.4	8.1	8.4	2.9	0.7	777	82,552	474,375

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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary 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
All	1.1	\$77	\$70	0.4	\$57	\$132	0.1	\$5	\$73	0.6	\$14	\$24
Age												
5 and younger	0.4	23	56	0.1	17	122	0.0	1	41	0.2	4	18
6-14	0.5	41	84	0.2	34	138	0.0	2	60	0.2	5	25
15-20	0.7	56	80	0.3	44	140	0.0	3	69	0.3	8	25
21-44	1.8	120	68	0.6	86	141	0.1	10	83	1.0	25	24
45-64	4.8	323	68	1.8	231	128	0.3	24	89	2.7	68	26
65-74	4.2	251	60	1.8	189	107	0.2	12	60	2.2	49	22
75-84	4.3	235	55	1.9	179	96	0.2	10	48	2.2	46	21
85 and older	4.8	239	50	1.9	175	94	0.3	12	38	2.6	52	20
Unknown	0.0	0	28	0.0	0	0	0.0	0	0	0.0	0	28
Basis of Eligibility^d												
Aged	4.3	241	57	1.8	182	101	0.2	11	51	2.2	48	22
Disabled	3.6	286	79	1.4	214	151	0.2	20	91	1.9	51	26
Adults	1.0	49	47	0.3	32	103	0.1	3	57	0.7	13	20
Children	0.4	28	65	0.2	22	115	0.0	1	51	0.2	5	22
Unknown	2.8	197	70	0.9	137	157	0.1	13	105	1.8	47	26
Gender												
Female	1.2	76	63	0.5	55	120	0.1	5	69	0.7	16	23
Male	0.9	77	81	0.4	60	149	0.1	4	81	0.5	12	25
Unknown	7.1	358	51	2.7	239	88	0.4	41	91	3.8	76	20
Race												
White	1.4	95	67	0.6	70	126	0.1	7	76	0.8	19	24
African American	0.7	55	77	0.3	44	151	0.0	3	67	0.4	9	23
Other/unknown	0.6	46	71	0.3	36	133	0.0	2	58	0.3	8	23
Use of Nursing Facilities^e												
Entire year	8.5	515	61	3.0	362	120	0.7	40	58	4.6	110	24
Part year	7.4	521	70	2.7	394	146	0.5	33	60	4.1	93	22
None	1.0	72	70	0.4	54	132	0.1	5	75	0.6	13	24
Maintenance Assistance Status												
Cash	3.5	266	77	1.4	199	146	0.2	18	89	1.9	48	26
Medically needy	2.5	204	80	0.9	153	164	0.1	12	88	1.5	39	27
Poverty related	0.4	24	56	0.2	18	103	0.0	1	49	0.2	5	21
Other/unknown	1.3	86	68	0.5	66	130	0.1	5	64	0.7	16	23

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In Virginia, 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 ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$11	\$1	\$4	\$59	\$112	\$74	\$25	301,373	\$17,885,640	121,797	27.8 %	1,097,018
Biologicals	0.4	0.4	0.0	0.0	525	467	4	54	1269	1,176	951	4,312	3,597	4,563,241	1,127	0.3	8,694
Antineoplastic Agents	0.5	0.1	0.0	0.4	123	88	4	31	238	695	260	82	7,684	1,826,205	1,570	0.4	14,839
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	28	19	3	6	53	95	34	23	227,975	12,026,400	48,573	11.1	435,584
Cardiovascular Agents	1.3	0.4	0.0	0.8	53	38	1	14	42	86	38	18	360,246	15,105,659	30,779	7.0	286,593
Respiratory Agents	0.4	0.2	0.0	0.2	24	19	1	4	54	89	30	20	381,907	20,468,903	92,441	21.1	852,020
Gastrointestinal Agents	0.6	0.3	0.0	0.2	50	42	2	5	89	127	72	27	179,254	15,864,128	33,203	7.6	318,088
Genitourinary Agents	0.3	0.2	0.0	0.1	17	12	2	3	56	77	46	27	38,553	2,152,992	14,971	3.4	125,667
CNS Drugs	1.0	0.4	0.0	0.5	94	73	5	15	92	170	106	28	468,848	43,100,482	49,896	11.4	459,287
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	61	54	1	6	91	102	81	46	102,629	9,381,479	16,756	3.8	154,372
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.4	0.0	0.1	110	105	1	4	259	291	113	77	7,649	1,981,361	1,758	0.4	18,034
Analgesics and Anesthetics	0.6	0.1	0.0	0.4	27	16	2	9	48	146	163	20	324,478	15,568,227	63,606	14.5	573,446
Neuromuscular Agents	0.8	0.3	0.1	0.4	74	48	15	12	89	151	124	29	219,973	19,582,776	27,865	6.4	263,570
Nutritional Products	0.4	0.0	0.0	0.3	6	1	1	4	16	19	16	15	59,568	928,589	20,378	4.6	160,689
Hematological Agents	0.6	0.2	0.1	0.3	176	168	3	5	282	704	31	17	44,012	12,412,688	7,796	1.8	70,467
Topical Products	0.3	0.1	0.0	0.1	13	8	1	4	50	90	55	26	163,061	8,218,330	70,077	16.0	650,361
Miscellaneous Products	0.5	0.2	0.1	0.3	133	91	16	26	248	479	250	91	5,160	1,279,293	990	0.2	9,634
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	30	0	0	0	15,200	455,091	5,985	1.4	64,312
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2,911,167	202,801,484	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$26,939,511	20,924	4.8 %	203,167	0.6	\$206	\$133
ANTICONVULSANT	16,971,178	22,405	5.1	217,278	0.7	109	78
ANTIASTHMATIC	13,648,732	68,438	15.6	641,329	0.3	70	21
ANTIDEPRESSANTS	13,346,876	42,420	9.7	401,509	0.5	67	33
ULCER DRUGS	12,269,386	31,660	7.2	312,445	0.4	91	39
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	9,380,500	19,929	4.5	188,889	0.5	91	50
MISC. HEMATOLOGICAL	9,132,359	2,292	0.5	22,371	0.6	658	408
ANALGESICS - Narcotic	8,519,145	67,672	15.4	625,857	0.3	40	14
ANTIHYPERTENSIVE	6,582,737	11,066	2.5	114,593	0.6	100	57
ANTIDIABETIC	5,799,847	14,618	3.3	137,673	0.6	65	42
Total	122,590,271	301,424		2,865,111	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,296,756	\$122,590,271	20,924	4.8 %	203,167	0.6	\$133	22,405	5.1 %	217,278	0.7	\$78
Female	769,965	64,266,693	10,893	4.3	104,767	0.6	119	13,643	5.4	130,874	0.7	73
Disabled	465,347	42,823,472	6,717	24.7	65,792	0.7	139	8,495	31.2	86,245	0.7	83
	3,676	405,732	10	1.1	95	0.7	187	118	13.1	1,159	0.8	123
5 and younger	15,104	1,636,758	302	13.6	2,838	0.6	118	494	22.2	5,024	0.9	111
6-14	13,640	1,590,793	379	18.7	3,779	0.6	130	485	24.0	4,767	0.8	116
15-20	142,681	13,789,640	2,796	29.6	26,996	0.6	136	3,485	36.9	35,533	0.8	90
21-44	285,414	25,029,309	3,183	25.7	31,587	0.7	145	3,858	31.1	39,223	0.7	69
45-64	4,736	365,838	46	21.2	494	0.7	116	53	24.4	515	0.7	48
65-74	78	4,027	0	0.0	0	0.0	0	2	28.6	24	0.7	21
75-84	18	1,375	1	100.0	3	2.0	289	0	0.0	0	0.0	0
85 and older												
Other Eligibles	304,618	21,443,221	4,176	1.8	38,975	0.5	86	5,148	2.3	44,629	0.5	52
	20,473	1,393,737	37	0.1	343	0.3	44	161	0.3	1,381	0.6	77
5 and younger	60,883	5,117,329	954	1.5	9,674	0.5	101	718	1.1	7,043	0.6	64
6-14	50,836	4,032,954	1,175	3.4	12,140	0.5	92	949	2.7	9,276	0.6	71
15-20	108,029	5,921,472	1,400	2.3	10,800	0.3	50	2,604	4.3	20,207	0.4	38
21-44	15,466	1,158,294	140	4.4	1,135	0.3	44	296	9.4	2,333	0.5	44
45-64	28,035	2,302,703	274	15.0	2,953	0.8	148	270	14.8	2,850	0.9	58
65-74	15,068	1,104,775	129	11.6	1,262	0.8	107	114	10.3	1,189	0.7	43
75-84	5,828	411,957	67	14.7	668	0.8	103	36	7.9	350	1.0	52
85 and older												
Male	526,381	58,293,239	10,026	5.4	98,350	0.7	147	8,755	4.8	86,360	0.8	87
Disabled	299,246	36,236,341	6,205	25.4	60,408	0.8	168	6,085	24.9	61,462	0.9	95
	4,330	564,547	48	4.0	419	0.5	82	114	9.4	1,091	0.8	107
5 and younger	32,297	6,301,166	934	21.5	8,622	0.6	140	793	18.2	7,590	0.8	95
6-14	23,538	4,439,114	794	25.6	7,762	0.6	154	708	22.8	7,161	0.8	121
15-20	104,008	12,349,236	2,628	34.1	25,970	0.8	174	2,599	33.7	27,004	0.9	102
21-44	133,893	12,492,759	1,781	22.4	17,407	0.8	181	1,856	23.4	18,468	0.8	73
45-64	1,164	89,157	19	21.6	226	0.8	94	15	17.0	148	0.7	30
65-74	2	42	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	14	320	1	50.0	2	1.0	22	0	0.0	0	0.0	0
85 and older												
Other Eligibles	227,135	22,056,898	3,821	2.4	37,942	0.6	114	2,670	1.7	24,898	0.6	67
	30,133	2,221,016	103	0.2	977	0.5	88	204	0.3	1,678	0.6	67
5 and younger	103,872	11,797,342	1,943	3.0	19,370	0.6	110	1,013	1.6	9,865	0.6	71
6-14	45,099	4,653,205	1,254	5.2	12,982	0.6	127	719	3.0	7,301	0.7	80
15-20	17,569	1,065,942	219	3.8	1,683	0.4	70	431	7.5	3,159	0.5	39
21-44	4,530	332,907	28	2.8	209	0.4	62	89	8.8	638	0.6	63
45-64	12,371	1,041,748	125	14.3	1,285	0.8	147	124	14.2	1,378	0.7	51
65-74	9,464	690,615	90	14.2	886	0.7	96	65	10.2	647	0.7	37
75-84	4,097	254,123	59	20.2	550	0.6	67	25	8.6	232	0.7	26
85 and older												
Unknown	410	30,339	5	15.2	50	1.3	97	7	21.2	44	0.9	45

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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ULCER DRUGS				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	68,438	15.6 %	641,329	0.3	\$21	42,420	9.7 %	401,509	0.5	\$33	31,660	7.2 %	312,445	0.4	\$39
Female	37,210	14.6	350,238	0.3	21	29,562	11.6	274,690	0.5	32	20,919	8.2	205,665	0.4	39
Disabled	11,669	42.9	122,923	0.4	31	13,812	50.8	140,912	0.6	38	10,551	38.8	113,183	0.5	50
5 and younger	433	48.0	4,296	0.4	38	11	1.2	127	0.3	14	184	20.4	1,754	0.5	44
6-14	674	30.3	7,143	0.4	34	291	13.1	2,803	0.5	33	209	9.4	2,356	0.5	50
15-20	358	17.7	3,714	0.3	23	517	25.6	5,176	0.5	36	264	13.0	2,839	0.4	33
21-44	3,170	33.6	33,229	0.4	25	5,294	56.1	53,735	0.5	37	3,269	34.6	35,514	0.4	43
45-64	6,931	55.9	73,533	0.5	33	7,605	61.4	78,143	0.6	38	6,502	52.5	69,495	0.5	55
65-74	102	47.0	996	0.6	39	92	42.4	913	0.7	49	121	55.8	1,201	0.6	53
75-84	1	14.3	12	0.1	1	1	14.3	12	1.0	66	2	28.6	24	1.0	59
85 and older	0	0.0	0	0.0	0	1	100.0	3	2.0	80	0	0.0	0	0.0	0
Other Eligibles	25,541	11.2	227,315	0.2	16	15,750	6.9	133,778	0.4	27	10,368	4.6	92,482	0.3	25
5 and younger	7,936	13.2	70,046	0.2	15	45	0.1	415	0.3	14	1,460	2.4	10,717	0.3	14
6-14	7,923	12.2	74,536	0.2	16	1,847	2.8	18,890	0.4	28	1,210	1.9	12,852	0.2	17
15-20	3,433	9.8	32,787	0.2	13	3,352	9.6	32,940	0.4	28	1,605	4.6	16,219	0.2	14
21-44	4,708	7.8	35,128	0.3	16	8,728	14.5	65,649	0.3	24	4,126	6.8	33,272	0.3	26
45-64	583	18.5	4,710	0.4	33	942	29.9	7,232	0.4	29	583	18.5	4,794	0.4	39
65-74	591	32.4	6,301	0.4	32	433	23.8	4,620	0.6	38	738	40.5	7,913	0.5	45
75-84	260	23.4	2,742	0.4	24	267	24.1	2,721	0.6	38	486	43.8	5,104	0.5	44
85 and older	107	23.5	1,065	0.4	23	136	29.9	1,311	0.8	46	160	35.2	1,611	0.7	51
Male	31,217	17.0	290,989	0.3	21	12,848	7.0	126,739	0.5	35	10,730	5.8	106,701	0.5	40
Disabled	6,548	26.8	67,809	0.4	32	6,905	28.3	69,974	0.6	39	5,660	23.2	60,429	0.6	52
5 and younger	533	44.0	5,265	0.4	36	22	1.8	204	0.5	17	198	16.3	1,971	0.5	38
6-14	1,360	31.3	13,900	0.4	29	641	14.7	6,190	0.5	33	347	8.0	3,821	0.4	44
15-20	597	19.2	6,164	0.4	30	707	22.8	7,201	0.5	37	261	8.4	2,793	0.5	45
21-44	1,265	16.4	13,344	0.4	25	2,650	34.4	26,983	0.6	42	1,873	24.3	20,575	0.6	50
45-64	2,758	34.7	28,796	0.5	36	2,866	36.1	29,209	0.6	37	2,943	37.1	30,890	0.6	57
65-74	35	39.8	340	0.5	37	17	19.3	183	0.7	51	36	40.9	365	0.5	43
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	0.2	4
85 and older	0	0.0	0	0.0	0	2	100.0	4	1.0	36	1	50.0	2	1.0	12
Other Eligibles	24,669	15.5	223,180	0.3	18	5,943	3.7	56,765	0.5	31	5,070	3.2	46,272	0.3	24
5 and younger	10,832	17.4	93,948	0.2	17	79	0.1	798	0.3	16	1,663	2.7	12,091	0.3	16
6-14	10,371	16.0	96,131	0.3	18	2,433	3.7	24,081	0.5	29	1,195	1.8	12,718	0.2	16
15-20	2,313	9.7	22,657	0.3	17	1,880	7.9	18,956	0.5	35	755	3.2	7,902	0.2	17
21-44	387	6.7	2,891	0.3	19	949	16.6	7,325	0.4	25	572	10.0	4,609	0.4	39
45-64	130	12.9	1,035	0.4	30	187	18.6	1,477	0.4	28	163	16.2	1,274	0.4	37
65-74	336	38.4	3,501	0.5	32	154	17.6	1,546	0.6	35	338	38.7	3,661	0.6	50
75-84	220	34.6	2,209	0.6	38	156	24.5	1,583	0.7	41	258	40.6	2,755	0.5	44
85 and older	80	27.4	808	0.4	21	105	36.0	999	0.8	39	126	43.2	1,262	0.7	48
Unknown	11	33.3	102	0.7	38	10	30.3	80	0.7	58	11	33.3	79	0.6	56

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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					MISC. HEMATOLOGICAL					ANALGESICS - Narcotic				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	19,929	4.5 %	188,889	0.5	\$50	2,292	0.5 %	22,371	0.6	\$408	67,672	15.4 %	625,857	0.3	\$14
Female	6,297	2.5	60,696	0.5	47	1,411	0.6	14,174	0.6	71	49,329	19.4	447,891	0.3	13
Disabled	1,205	4.4	12,079	0.5	50	1,006	3.7	10,235	0.6	74	16,865	62.0	177,403	0.5	23
	10	1.1	105	0.3	13	1	0.1	12	0.2	7	61	6.8	622	0.1	2
5 and younger	514	23.1	4,795	0.6	51	2	0.1	15	0.9	2,498	201	9.0	2,226	0.1	2
6-14	195	9.6	2,053	0.6	50	0	0.0	0	0.0	0	448	22.1	4,737	0.2	8
15-20	281	3.0	2,970	0.5	54	102	1.1	978	0.5	94	6,368	67.5	66,768	0.4	20
21-44	205	1.7	2,156	0.4	46	881	7.1	9,048	0.6	68	9,659	77.9	101,733	0.5	27
45-64	0	0.0	0	0.0	0	20	9.2	182	0.7	75	128	59.0	1,317	0.4	14
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5,092	2.2	48,617	0.5	46	405	0.2	3,939	0.6	63	32,464	14.3	270,488	0.3	6
Other Eligibles	208	0.3	1,946	0.3	28	1	0.0	12	0.3	5	930	1.5	9,118	0.1	1
5 and younger	3,583	5.5	34,320	0.5	47	2	0.0	23	0.3	38	2,508	3.9	26,009	0.1	2
6-14	895	2.6	9,280	0.5	51	4	0.0	39	0.2	14	5,995	17.1	55,119	0.2	2
15-20	363	0.6	2,733	0.4	36	51	0.1	406	0.4	42	20,258	33.6	154,329	0.3	7
21-44	29	0.9	189	0.4	34	37	1.2	296	0.5	65	1,401	44.5	11,467	0.4	17
45-64	7	0.4	82	0.4	24	130	7.1	1,323	0.7	67	781	42.8	8,411	0.3	16
65-74	6	0.5	55	0.7	13	110	9.9	1,187	0.6	66	419	37.8	4,381	0.4	13
75-84	1	0.2	12	0.2	4	70	15.4	653	0.7	67	172	37.8	1,654	0.4	21
85 and older															
Male	13,631	7.4	128,181	0.6	51	876	0.5	8,158	0.7	996	18,337	10.0	177,942	0.3	16
Disabled	2,592	10.6	23,835	0.6	58	600	2.5	5,709	0.7	969	8,506	34.8	86,645	0.5	26
	80	6.6	648	0.3	23	1	0.1	7	1.7	18,177	85	7.0	903	0.1	1
5 and younger	1,679	38.6	14,819	0.6	62	11	0.3	116	2.0	22,871	340	7.8	3,684	0.1	2
6-14	562	18.1	5,621	0.6	56	8	0.3	90	1.9	15,860	475	15.3	4,934	0.2	4
15-20	201	2.6	2,047	0.6	58	63	0.8	623	0.5	1,594	3,257	42.2	33,632	0.5	22
21-44	68	0.9	686	0.6	52	509	6.4	4,792	0.6	68	4,311	54.3	43,123	0.5	34
45-64	2	2.3	14	0.2	31	8	9.1	81	0.7	79	37	42.0	367	0.4	9
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	50.0	2	0.5	10
85 and older															
Other Eligibles	11,039	6.9	104,346	0.5	49	276	0.2	2,449	0.6	1,057	9,831	6.2	91,297	0.2	6
	605	1.0	5,723	0.4	30	8	0.0	60	0.2	668	1,314	2.1	12,823	0.1	1
5 and younger	8,471	13.0	78,903	0.6	49	14	0.0	129	0.8	18,330	2,461	3.8	25,332	0.1	1
6-14	1,881	7.9	19,075	0.6	57	4	0.0	18	0.7	1,765	2,396	10.0	24,151	0.1	2
15-20	69	1.2	540	0.4	34	23	0.4	126	0.4	38	2,611	45.5	19,391	0.5	16
21-44	5	0.5	32	0.5	68	32	3.2	201	0.5	63	403	40.0	2,873	0.5	23
45-64	7	0.8	62	0.3	17	73	8.4	745	0.6	65	290	33.2	3,048	0.4	20
65-74	1	0.2	11	0.1	1	80	12.6	814	0.7	74	232	36.5	2,468	0.4	10
75-84	0	0.0	0	0.0	0	42	14.4	356	0.8	77	124	42.5	1,211	0.5	17
85 and older															
Unknown	1	3.0	12	0.6	104	5	15.2	39	0.9	97	6	18.2	24	0.5	9

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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	11,066	2.5 %	114,593	0.6	\$57	14,618	3.3 %	137,673	0.6	\$42	438,592	2,645,003
Female	7,245	2.8	75,081	0.6	57	10,368	4.1	97,159	0.6	42	254,500	1,495,815
Disabled	5,243	19.3	55,988	0.6	58	6,559	24.1	66,056	0.7	45	27,211	230,687
5 and younger	3	0.3	25	0.2	10	4	0.4	29	0.6	53	902	6,398
6-14	4	0.2	48	0.1	8	22	1.0	244	0.6	43	2,225	17,494
15-20	7	0.3	81	0.7	49	92	4.5	898	0.6	43	2,023	15,911
21-44	909	9.6	9,776	0.5	49	1,288	13.6	12,912	0.6	41	9,441	80,177
45-64	4,237	34.2	45,151	0.6	60	5,042	40.7	50,850	0.7	46	12,395	108,596
65-74	83	38.2	907	0.7	65	107	49.3	1,084	0.7	42	217	2,062
75-84	0	0.0	0	0.0	0	3	42.9	36	0.7	36	7	46
85 and older	0	0.0	0	0.0	0	1	100.0	3	2.0	89	1	3
Other Eligibles	2,002	0.9	19,093	0.5	54	3,809	1.7	31,103	0.6	35	227,289	1,265,128
5 and younger	15	0.0	147	0.1	3	32	0.1	278	0.4	32	60,347	320,475
6-14	19	0.0	228	0.3	24	257	0.4	2,312	0.6	40	65,060	410,911
15-20	35	0.1	381	0.4	34	296	0.8	2,658	0.5	39	35,062	213,539
21-44	545	0.9	4,434	0.4	36	1,527	2.5	9,768	0.5	28	60,286	272,608
45-64	309	9.8	2,582	0.5	47	435	13.8	3,205	0.6	38	3,147	16,690
65-74	666	36.5	6,960	0.6	64	733	40.2	7,481	0.7	40	1,823	16,611
75-84	346	31.2	3,650	0.6	63	436	39.3	4,492	0.7	36	1,109	10,270
85 and older	67	14.7	711	0.7	66	93	20.4	909	0.7	35	455	4,024
Male	3,815	2.1	39,462	0.6	58	4,244	2.3	40,461	0.7	44	184,059	1,148,977
Disabled	2,831	11.6	30,044	0.6	60	2,963	12.1	29,371	0.7	44	24,412	196,260
5 and younger	3	0.2	35	0.2	8	6	0.5	53	0.3	18	1,212	8,226
6-14	3	0.1	36	0.4	13	50	1.1	519	0.8	61	4,350	32,579
15-20	21	0.7	215	0.3	36	70	2.3	723	0.6	49	3,106	24,022
21-44	683	8.9	7,577	0.6	55	683	8.9	6,894	0.6	44	7,711	66,241
45-64	2,100	26.4	21,953	0.6	62	2,141	27.0	21,079	0.7	44	7,942	64,383
65-74	21	23.9	228	0.6	58	11	12.5	99	0.7	27	88	786
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	2	100.0	4	1.3	22	2	11
Other Eligibles	984	0.6	9,418	0.5	52	1,281	0.8	11,090	0.6	42	159,647	952,717
5 and younger	28	0.0	234	0.1	7	29	0.0	222	0.6	37	62,209	329,803
6-14	27	0.0	278	0.2	16	184	0.3	1,460	0.6	51	64,979	413,554
15-20	27	0.1	287	0.3	23	143	0.6	1,307	0.7	66	23,915	160,458
21-44	192	3.3	1,522	0.4	35	203	3.5	1,234	0.5	30	5,734	27,686
45-64	146	14.5	1,106	0.5	47	116	11.5	768	0.6	37	1,008	4,880
65-74	300	34.3	3,135	0.6	63	309	35.4	3,064	0.7	42	874	7,905
75-84	227	35.7	2,478	0.6	59	223	35.1	2,285	0.7	35	636	5,964
85 and older	37	12.7	378	0.8	67	74	25.3	750	0.7	29	292	2,467
Unknown	6	18.2	50	0.7	59	6	18.2	53	0.8	47	33	211

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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; \$ = Medicaid reimbursement.

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, VIRGINIA, 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
All	\$515	8.5	1,460	15,540
Age				
0-64	569	8.7	857	9,399
65-74	497	8.3	205	2,227
75-84	452	8.5	195	1,986
85 and older	337	7.3	203	1,928
Unknown	0	0.0	0	0
Gender				
Female	521	8.6	826	8,961
Male	508	8.3	624	6,521
Unknown	385	7.5	10	58
Race				
White	546	9.1	805	8,460
African American	476	7.8	564	6,078
Other/unknown	486	7.7	91	1,002
Basis of Eligibility^c				
Aged	432	8.0	583	5,942
Disabled	566	8.7	867	9,508
Adults	0	0.0	1	1
Children	673	10.0	9	89
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 1,466 beneficiaries who were in nursing facilities for part of their enrollment and their 12,746 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total 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			Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.1	0.3	\$62	\$43	\$6	\$13	\$112	\$185	\$87	\$52	5,511	\$617,061	920	63.0 %	10,023
Biologicals	0.2	0.2	0.0	0.0	346	344	0	2	1674	2,107	0	38	43	71,991	19	1.3	208
Antineoplastic Agents	0.5	0.1	0.0	0.4	71	29	2	40	142	338	86	102	443	62,804	90	6.2	884
Endocrine/Metabolic Drugs	1.2	0.5	0.1	0.6	59	42	4	12	48	82	45	20	8,628	412,370	650	44.5	6,952
Cardiovascular Agents	2.3	0.6	0.1	1.6	82	51	2	29	35	79	29	18	22,884	805,093	920	63.0	9,785
Respiratory Agents	0.9	0.4	0.0	0.5	48	33	4	11	53	80	128	23	6,786	360,538	689	47.2	7,516
Gastrointestinal Agents	1.3	0.6	0.1	0.7	82	62	4	15	61	107	44	23	13,120	798,731	910	62.3	9,759
Genitourinary Agents	0.7	0.4	0.1	0.2	46	34	5	7	61	79	52	30	2,581	157,926	314	21.5	3,442
CNS Drugs	2.2	1.0	0.1	1.1	157	124	7	26	72	130	74	23	24,891	1,799,322	1,066	73.0	11,475
Stimulants/Anti-obesity/Anorexia	1.1	0.3	0.0	0.7	48	37	0	10	44	118	23	13	253	11,209	23	1.6	234
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	179	179	0	0	178	178	98	9	1,905	338,737	178	12.2	1,892
Analgesics and Anesthetics	1.3	0.4	0.0	0.8	67	54	2	10	53	122	50	13	9,920	526,533	740	50.7	7,907
Neuromuscular Agents	2.0	0.5	0.3	1.2	137	62	31	44	69	132	92	37	15,661	1,082,087	720	49.3	7,887
Nutritional Products	0.8	0.0	0.1	0.8	16	0	2	14	19	19	23	18	4,150	76,925	467	32.0	4,932
Hematological Agents	1.3	0.4	0.4	0.5	107	95	6	6	82	216	18	13	6,810	560,115	500	34.2	5,213
Topical Products	0.6	0.2	0.1	0.3	28	16	3	9	48	77	46	30	5,431	262,144	855	58.6	9,435
Miscellaneous Products	0.5	0.0	0.0	0.5	22	6	6	9	41	421	266	19	517	21,238	94	6.4	975
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	10	0	0	0	21	0	0	0	1,871	40,217	353	24.2	3,957
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	131,405	8,005,041	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,466 beneficiaries who were in nursing facilities for part of their enrollment and their 12,746 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.medispn.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.medispanspan.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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 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	\$1,103,352	639	43.8 %	7,028	1.0	\$159	\$157
ANTICONVULSANT	814,801	776	53.2	8,592	1.3	71	95
ULCER DRUGS	652,040	876	60.0	9,424	0.9	79	69
ANTIDEPRESSANTS	579,546	963	66.0	10,341	0.9	60	56
ANALGESICS - Narcotic	344,471	777	53.2	8,211	0.8	49	42
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	340,708	220	15.1	2,328	0.8	174	146
ANTIDIABETIC	314,236	670	45.9	7,128	0.9	48	44
HEMATOPOIETIC AGENTS	260,920	431	29.5	4,533	0.7	82	58
ANTIASTHMATIC	242,654	705	48.3	7,543	0.6	54	32
ANTIHYPERTENSIVE	242,227	287	19.7	3,164	0.9	88	77
Total	4,894,955	6,344		68,292	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,466 beneficiaries who were in nursing facilities for part of their enrollment and their 12,746 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	62,171	\$4,894,955	639	43.8 %	7,028	1.0	\$157	776	53.2 %	8,592	1.3	\$95
Female	36,892	2,951,940	403	48.8	4,436	1.0	156	447	54.1	4,992	1.3	87
Disabled	22,348	1,821,940	237	52.3	2,649	1.0	162	324	71.5	3,622	1.3	92
	21,528	1,766,663	226	51.8	2,517	1.0	164	317	72.7	3,538	1.3	92
64 or younger	820	55,277	11	68.8	132	0.8	127	7	43.8	84	1.0	60
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	14,544	1,130,000	166	44.5	1,787	0.9	147	123	33.0	1,370	1.3	76
Other Eligibles	347	19,323	0	0.0	0	0.0	0	6	75.0	59	2.4	91
64 or younger	6,163	544,160	79	60.8	899	0.9	173	75	57.7	845	1.2	78
65-74	4,995	361,850	52	43.7	533	0.9	133	29	24.4	326	1.1	65
75-84	3,039	204,667	35	30.2	355	1.0	103	13	11.2	140	1.3	82
85 and older												
Male	25,076	1,928,416	232	37.2	2,552	1.0	160	325	52.1	3,581	1.4	105
Disabled	17,672	1,443,677	154	37.2	1,700	1.1	178	267	64.5	2,991	1.5	117
	17,611	1,442,246	152	37.0	1,686	1.1	179	265	64.5	2,987	1.5	117
64 or younger	47	1,111	1	50.0	12	1.1	61	2	100.0	4	1.0	12
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	14	320	1	100.0	2	1.0	22	0	0.0	0	0.0	0
85 and older	7,404	484,739	78	37.1	852	0.9	123	58	27.6	590	1.0	47
Other Eligibles	21	3,526	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	2,024	149,093	27	47.4	307	0.9	151	25	43.9	275	1.1	48
65-74	2,900	186,302	29	41.4	321	0.9	124	23	32.9	218	0.9	51
75-84	2,459	145,818	22	27.2	224	0.8	84	10	12.3	97	1.0	34
85 and older												
Unknown	203	14,599	4	40.0	40	1.1	72	4	40.0	19	1.4	81

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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,466 beneficiaries who were in nursing facilities for part of their enrollment and their 12,746 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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					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 \$
All	876	60.0 %	9,424	0.9	\$69	963	66.0 %	10,341	0.9	\$56	777	53.2 %	8,211	0.8	\$42
Female	489	59.2	5,301	0.8	68	576	69.7	6,241	0.9	58	465	56.3	5,024	0.8	40
Disabled	285	62.9	3,140	0.8	68	348	76.8	3,842	0.9	59	279	61.6	3,067	0.8	38
64 or younger	279	64.0	3,086	0.8	68	331	75.9	3,652	0.9	60	267	61.2	2,936	0.8	40
65-74	6	37.5	54	1.1	95	17	106.3	190	0.7	53	12	75.0	131	0.6	5
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	204	54.7	2,161	0.9	68	228	61.1	2,399	0.9	57	186	49.9	1,957	0.8	43
64 or younger	10	125.0	96	1.4	91	0	0.0	0	0.0	0	1	12.5	12	0.1	1
65-74	71	54.6	796	0.8	67	87	66.9	968	0.9	57	71	54.6	800	0.7	52
75-84	67	56.3	710	0.9	76	73	61.3	778	0.9	59	61	51.3	659	0.9	37
85 and older	56	48.3	559	0.8	56	68	58.6	653	0.9	55	53	45.7	486	0.7	35
Male	382	61.2	4,093	0.9	70	381	61.1	4,063	0.9	53	308	49.4	3,175	0.9	45
Disabled	255	61.6	2,820	0.9	72	254	61.4	2,762	0.9	52	198	47.8	2,097	1.0	52
64 or younger	253	61.6	2,816	0.9	72	252	61.3	2,758	0.9	52	196	47.7	2,093	1.0	52
65-74	1	50.0	2	1.0	13	0	0.0	0	0.0	0	1	50.0	2	1.0	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	2	1.0	12	2	200.0	4	1.0	36	1	100.0	2	0.5	10
Other Eligibles	127	60.5	1,273	0.9	66	127	60.5	1,301	1.0	54	110	52.4	1,078	0.8	31
64 or younger	1	50.0	12	1.0	250	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	38	66.7	405	0.9	69	31	54.4	316	0.9	57	19	33.3	179	0.8	30
75-84	39	55.7	392	0.9	65	48	68.6	499	1.0	54	45	64.3	440	0.9	30
85 and older	49	60.5	464	0.9	60	48	59.3	486	1.0	51	46	56.8	459	0.7	33
Unknown	5	50.0	30	0.8	83	6	60.0	37	0.6	45	4	40.0	12	0.7	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. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,466 beneficiaries who were in nursing facilities for part of their enrollment and their 12,746 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	220	15.1 %	2,328	0.8	\$146	670	45.9 %	7,128	0.9	\$44	431	29.5 %	4,533	0.7	\$58
Female	129	15.6	1,422	0.8	138	432	52.3	4,693	0.9	45	255	30.9	2,719	0.7	67
Disabled	37	8.2	429	0.8	212	220	48.6	2,387	1.0	48	127	28.0	1,328	0.7	80
64 or younger	36	8.3	417	0.8	213	207	47.5	2,256	1.0	48	122	28.0	1,278	0.7	83
65-74	1	6.3	12	1.6	174	13	81.3	131	1.2	55	5	31.3	50	0.4	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	92	24.7	993	0.9	106	212	56.8	2,306	0.9	41	128	34.3	1,391	0.6	55
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	37.5	28	0.3	2
65-74	22	16.9	253	0.9	122	100	76.9	1,157	0.9	43	41	31.5	460	0.6	94
75-84	39	32.8	419	0.9	109	76	63.9	805	0.9	40	50	42.0	556	0.7	39
85 and older	31	26.7	321	0.8	89	36	31.0	344	0.8	38	34	29.3	347	0.7	31
Male	86	13.8	868	0.8	162	235	37.7	2,418	0.9	43	174	27.9	1,804	0.7	44
Disabled	36	8.7	388	0.8	230	137	33.1	1,483	0.9	48	107	25.8	1,174	0.8	59
64 or younger	36	8.8	388	0.8	230	132	32.1	1,463	0.9	49	106	25.8	1,162	0.8	60
65-74	0	0.0	0	0.0	0	3	150.0	16	1.0	13	1	50.0	12	0.8	6
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	2	200.0	4	1.3	22	0	0.0	0	0.0	0
Other Eligibles	50	23.8	480	0.9	108	98	46.7	935	0.8	34	67	31.9	630	0.7	15
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	12	21.1	118	0.6	82	28	49.1	224	0.7	31	14	24.6	130	0.8	13
75-84	17	24.3	148	0.9	113	38	54.3	380	0.9	33	30	42.9	277	0.6	22
85 and older	21	25.9	214	1.0	118	32	39.5	331	0.9	38	23	28.4	223	0.8	8
Unknown	5	50.0	38	0.8	109	3	30.0	17	1.8	76	2	20.0	10	0.8	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. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,466 beneficiaries who were in nursing facilities for part of their enrollment and their 12,746 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTHYPERLIPIDEMIC					Benefit Months	
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Among All-Year Nursing Facility Residents
All	705	48.3 %	7,543	0.6	\$32	287	19.7 %	3,164	0.9	\$77	1,460	15,540
Female	415	50.2	4,435	0.6	35	183	22.2	2,068	0.9	75	826	8,961
Disabled	246	54.3	2,683	0.7	40	101	22.3	1,122	0.9	71	453	5,027
64 or younger	237	54.4	2,597	0.7	41	97	22.2	1,074	0.9	70	436	4,844
65-74	9	56.3	86	1.4	35	4	25.0	48	0.9	109	16	171
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	169	45.3	1,752	0.5	26	82	22.0	946	0.9	80	373	3,934
64 or younger	8	100.0	86	0.8	60	0	0.0	0	0.0	0	8	66
65-74	67	51.5	706	0.4	22	36	27.7	428	0.9	77	130	1,479
75-84	51	42.9	543	0.6	32	30	25.2	349	0.9	84	119	1,259
85 and older	43	37.1	417	0.4	18	16	13.8	169	0.9	79	116	1,130
Male	288	46.2	3,094	0.5	29	102	16.3	1,085	0.9	80	624	6,521
Disabled	182	44.0	2,013	0.5	28	55	13.3	627	0.8	78	414	4,481
64 or younger	182	44.3	2,013	0.5	28	55	13.4	627	0.8	78	411	4,465
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
Other Eligibles	106	50.5	1,081	0.6	31	47	22.4	458	1.0	81	210	2,040
64 or younger	2	100.0	24	0.4	22	0	0.0	0	0.0	0	2	24
65-74	37	64.9	403	0.5	22	13	22.8	126	1.0	84	57	563
75-84	46	65.7	446	0.8	45	19	27.1	181	1.0	81	70	693
85 and older	21	25.9	208	0.5	23	15	18.5	151	1.0	79	81	760
Unknown	2	20.0	14	0.2	10	2	20.0	11	0.6	35	10	58

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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 1,466 beneficiaries who were in nursing facilities for part of their enrollment and their 12,746 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
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 Nondual Rx \$	Total Number of Beneficiaries
All	84,155	19.2 %	1.0	460,158	\$19	\$8,487,016	\$18	4.2 %	438,592
Age									
5 and younger	22,159	17.8	0.4	47,939	8	961,222	20	6.3	124,670
6-14	19,379	14.2	0.4	55,005	9	1,197,226	22	3.4	136,614
15-20	9,427	14.7	0.5	31,276	10	614,399	20	2.6	64,106
21-44	17,922	21.5	1.5	124,520	28	2,312,032	19	4.3	83,172
45-64	12,298	50.2	6.3	154,078	118	2,901,241	19	4.6	24,494
65-74	1,548	51.5	7.1	21,362	84	253,443	12	3.7	3,003
75-84	946	53.7	8.2	14,386	85	150,573	10	3.9	1,763
85 and older	475	62.6	15.3	11,591	128	96,852	8	6.2	759
Unknown	1	9.1	0.1	1	3	28	28	100.0	11
Basis of Eligibility^c									
Aged	2,795	53.6	8.6	44,758	90	469,439	10	4.1	5,217
Disabled	22,637	43.8	5.1	265,534	99	5,098,532	19	4.2	51,626
Adults	12,255	15.5	0.6	43,764	10	771,719	18	4.4	79,062
Children	46,312	15.3	0.3	105,208	7	2,132,340	20	4.2	302,357
Unknown	156	47.3	2.7	894	45	14,986	17	2.6	330
Gender									
Female	50,495	19.8	1.1	286,625	21	5,422,733	19	4.7	254,502
Male	33,642	18.3	0.9	173,154	17	3,061,058	18	3.5	184,068
Unknown	18	81.8	17.2	379	147	3,225	9	6.3	22
Race									
White	56,366	26.9	1.6	336,655	31	6,478,253	19	4.6	209,870
African American	20,270	11.6	0.6	97,718	9	1,524,778	16	3.1	175,433
Other/unknown	7,519	14.1	0.5	25,785	9	483,985	19	3.8	53,289
Use of Nursing Facilities^d									
Entire year	1,350	92.5	39.4	57,488	377	550,538	10	6.9	1,460
Part year	1,287	87.8	19.8	28,954	212	310,177	11	4.7	1,466
None	81,518	18.7	0.9	373,716	18	7,626,301	20	4.1	435,666
Maintenance Assistance Status									
Cash	23,710	41.7	4.6	260,943	86	4,868,818	19	4.0	56,837
Medically needy	229	40.0	2.7	1,528	40	22,790	15	2.5	573
Poverty related	44,198	14.8	0.3	101,192	7	2,121,896	21	5.2	298,630
Other/unknown	16,018	19.4	1.2	96,495	18	1,473,512	15	3.6	82,552

Table ND11

Nondual Beneficiaries

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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
VIRGINIA, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$18	\$0	\$1	2,645,003
Age						
5 and younger	0.1	1	20	0	0	664,902
6-14	0.1	1	22	0	0	874,538
15-20	0.1	1	20	0	0	413,930
21-44	0.3	5	19	0	2	446,712
45-64	0.8	15	19	0	5	194,566
65-74	0.8	9	12	0	2	27,371
75-84	0.9	9	10	0	2	16,351
85 and older	1.8	15	8	0	2	6,566
Unknown	0.0	0	28	0	0	67
Basis of Eligibility^c						
Aged	0.9	10	10	0	2	47,411
Disabled	0.6	12	19	0	5	426,971
Adults	0.1	2	18	0	1	360,289
Children	0.1	1	20	0	0	1,807,373
Unknown	0.3	5	17	0	2	2,959
Gender						
Female	0.2	4	19	0	1	1,495,832
Male	0.2	3	18	0	1	1,149,027
Unknown	2.6	22	9	0	2	144
Race						
White	0.2	4	19	0	1	1,474,759
African American	0.1	2	16	0	0	894,362
Other/unknown	0.1	2	19	0	0	275,882
Use of Nursing Facilities^d						
Entire year	3.7	35	10	1	7	15,540
Part year	2.3	24	11	0	7	12,746
None	0.1	3	20	0	1	2,616,717
Maintenance Assistance Status						
Cash	0.6	11	19	0	4	453,712
Medically needy	0.3	5	15	0	2	4,527
Poverty related	0.1	1	21	0	0	1,712,389
Other/unknown	0.2	3	15	0	1	474,375

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
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
All	115,193	\$74	\$8,487,016	100.0 %	460,158	\$18	100.0 %
Anorexia or weight loss/gain	19	145	2,753	0.0	37	74	0.0
Fertility drugs	34	74	2,500	0.0	55	45	0.0
Drugs for cosmetic purposes	129	34	4,413	0.1	218	20	0.0
Cough and cold medications	49,583	46	2,277,496	26.8	96,836	24	21.0
Vitamins and minerals	7,536	81	608,714	7.2	34,416	18	7.5
Non-prescription drugs	33,976	55	1,880,673	22.2	179,866	10	39.1
Barbiturates	1,025	60	61,604	0.7	9,332	7	2.0
Benzodiazepines	18,561	141	2,616,012	30.8	123,858	21	26.9
Other Part D Excl Rx Drugs	4,330	239	1,032,851	12.2	15,540	66	3.4

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 ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, VIRGINIA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	668,515	7,497	80,614	109,685	470,389	330	6,365,494	79,884	861,179	919,410	4,502,058	2,963
Age												
5 and younger	195,359	2	3,122	0	192,235	0	1,788,393	5	32,625	0	1,755,763	0
6-14	210,725	0	11,468	134	199,123	0	2,122,859	0	127,210	1,088	1,994,561	0
15-20	98,531	0	8,752	10,904	78,874	1	933,323	0	93,620	88,968	750,723	12
21-44	118,620	2	25,620	92,811	137	50	1,055,162	5	273,751	780,147	870	389
45-64	37,171	17	31,048	5,826	1	279	379,255	145	327,434	49,112	2	2,562
65-74	4,717	4,124	585	8	0	0	51,679	45,236	6,361	82	0	0
75-84	2,482	2,466	16	0	0	0	26,336	26,172	164	0	0	0
85 and older	893	886	3	2	2	0	8,355	8,321	14	13	7	0
Unknown	17	0	0	0	17	0	132	0	0	0	132	0
Gender												
Female	384,764	5,034	42,967	101,267	235,166	330	3,634,423	54,369	465,069	858,593	2,253,429	2,963
Male	283,729	2,444	37,644	8,418	235,223	0	2,730,927	25,395	396,086	60,817	2,248,629	0
Unknown	22	19	3	0	0	0	144	120	24	0	0	0
Race												
White	278,191	2,909	41,435	49,067	184,587	193	2,601,923	30,269	441,653	397,420	1,730,863	1,718
African American	313,357	1,915	36,381	54,384	220,561	116	3,082,771	20,239	389,907	478,898	2,192,672	1,055
Other/unknown	76,967	2,673	2,798	6,234	65,241	21	680,800	29,376	29,619	43,092	578,523	190
Use of Nursing Facilities^c												
Entire year	1,462	583	869	1	9	0	15,552	5,942	9,519	2	89	0
Part year	1,485	415	999	24	45	2	14,561	3,906	9,973	215	444	23
None	665,568	6,499	78,746	109,660	470,335	328	6,335,381	70,036	841,687	919,193	4,501,525	2,940
Maintenance Assistance Status												
Cash	89,328	5,979	75,359	7,896	94	0	944,688	66,365	815,373	62,155	795	0
Medically needy	573	60	478	15	20	0	5,100	636	4,135	159	170	0
Poverty related	456,062	529	2,466	27,327	425,410	330	4,353,642	4,901	19,371	170,121	4,156,286	2,963
Other/unknown	122,552	929	2,311	74,447	44,865	0	1,062,064	7,982	22,300	686,975	344,807	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	230,381	4,329	37,046	33,814	154,863	329	1,992,256	43,996	377,662	210,052	1,357,595	2,951
FFS part year, with Rx claims	69,839	634	8,743	23,786	36,675	1	698,794	7,003	94,721	223,462	373,596	12
FFS part year, no Rx claims	138,372	254	5,837	21,462	110,819	0	1,345,404	2,628	60,898	191,766	1,090,112	0
MC all year, with Rx claims	969	3	19	851	96	0	10,530	26	162	9,634	708	0
MC all year, no Rx claims	228,954	2,277	28,969	29,772	167,936	0	2,318,510	26,231	327,736	284,496	1,680,047	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, VIRGINIA, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	668,515	6,365,494	438,592	2,645,003	0	3,720,491
Fee-for-service (FFS) all year	230,381	1,992,256	230,381	1,992,256	0	0
FFS part year, with Rx claims	69,839	698,794	69,839	258,001	0	440,793
FFS part year, with no Rx claims	138,372	1,345,404	138,372	394,746	0	950,658
Managed care (MC) all year, with Rx claims	969	10,530	0	0	0	10,530
MC all year, with no Rx claims	228,954	2,318,510	0	0	0	2,318,510

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.