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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
VIRGINIA**

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, VIRGINIA, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	430,449	3,325	49,278	83,820	293,641	385	2,605,585	27,641	422,980	382,726	1,768,649	3,589
Age												
5 and younger	125,728	0	2,010	0	123,718	0	650,087	0	14,360	0	635,727	0
6-14	125,247	0	5,867	63	119,317	0	838,990	0	48,997	380	789,613	0
15-20	65,012	0	5,138	9,411	50,462	1	428,288	0	43,419	42,468	342,395	6
21-44	85,655	3	16,192	69,276	139	45	460,850	12	143,239	316,327	878	394
45-64	25,199	11	19,781	5,067	2	338	197,034	78	170,230	23,535	5	3,186
65-74	1,768	1,482	285	0	0	1	14,441	11,763	2,675	0	0	3
75-84	1,189	1,184	5	0	0	0	10,336	10,276	60	0	0	0
85 and older	648	645	0	2	1	0	5,530	5,512	0	10	8	0
Unknown	3	0	0	1	2	0	29	0	0	6	23	0
Gender												
Female	249,826	2,013	25,844	75,272	146,312	385	1,471,221	16,827	226,148	343,513	881,144	3,589
Male	180,593	1,290	23,426	8,548	147,329	0	1,134,134	10,655	196,761	39,213	887,505	0
Unknown	30	22	8	0	0	0	230	159	71	0	0	0
Race												
White	208,757	1,391	31,028	42,181	133,931	226	1,479,029	11,562	292,964	219,628	952,780	2,095
African American	165,037	1,177	16,450	35,694	111,578	138	857,086	10,521	116,821	141,882	586,580	1,282
Other/unknown	56,655	757	1,800	5,945	48,132	21	269,470	5,558	13,195	21,216	229,289	212
Use of Nursing Facilities^c												
Entire year	1,418	506	899	1	12	0	14,906	5,089	9,677	12	128	0
Part year	1,413	284	1,053	37	36	3	12,160	2,408	9,258	206	264	24
None	427,618	2,535	47,326	83,782	293,593	382	2,578,519	20,144	404,045	382,508	1,768,257	3,565
Maintenance Assistance Status												
Cash	52,550	2,014	43,725	6,774	37	0	427,824	16,468	376,517	34,665	174	0
Medically needy	566	42	494	10	20	0	4,264	346	3,731	62	125	0
Poverty-related	282,876	433	2,784	23,566	255,708	385	1,643,843	3,796	21,662	94,436	1,520,360	3,589
Other/unknown	94,457	836	2,275	53,470	37,876	0	529,654	7,031	21,070	253,563	247,990	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	209,655	2,471	34,708	33,354	138,740	382	1,754,699	22,452	352,194	203,154	1,173,335	3,564
FFS part year, with Rx claims	84,128	658	9,896	26,774	46,797	3	409,825	4,323	54,342	109,998	241,137	25
FFS part year, no Rx claims	136,666	196	4,674	23,692	108,104	0	441,061	866	16,444	69,574	354,177	0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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, 2005

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	47.6	6.7	\$482	\$72	\$3,774	12.8	430,449
Age							
5 and younger	41.9	2.1	123	59	2,298	5.4	125,728
6-14	40.5	3.4	287	85	1,866	15.4	125,247
15-20	45.6	4.8	423	89	3,324	12.7	65,012
21-44	58.0	9.4	651	69	5,733	11.4	85,655
45-64	76.9	37.6	2,585	69	13,462	19.2	25,199
65-74	75.5	35.9	2,128	59	15,241	14.0	1,768
75-84	79.6	40.6	2,243	55	13,922	16.1	1,189
85 and older	79.8	40.9	2,131	52	18,301	11.6	648
Unknown	33.3	1.7	33	20	754	4.4	3
Basis of Eligibility^e							
Aged	76.9	37.5	2,102	56	15,063	14.0	3,325
Disabled	76.7	31.6	2,530	80	16,011	15.8	49,278
Adults	53.7	4.9	232	48	2,800	8.3	83,820
Children	40.6	2.7	190	71	1,858	10.2	293,641
Unknown	85.5	27.3	2,061	75	12,852	16.0	385
Gender							
Female	49.5	7.2	467	65	3,597	13.0	249,826
Male	45.0	6.0	503	84	4,015	12.5	180,593
Unknown	80.0	47.3	2,585	55	20,198	12.8	30
Race							
White	58.2	10.1	696	69	4,214	16.5	208,757
African American	38.7	3.9	318	81	3,684	8.6	165,037
Other/unknown	34.6	2.3	176	76	2,411	7.3	56,655
Use of Nursing Facilities^f							
Entire year	93.6	88.8	5,650	64	60,236	9.4	1,418
Part year	94.2	62.7	4,054	65	56,018	7.2	1,413
None	47.3	6.3	454	73	3,414	13.3	427,618
Maintenance Assistance Status							
Cash	74.2	28.5	2,235	78	13,424	16.6	52,550
Medically needy	76.1	20.8	1,864	90	18,882	9.9	566
Poverty related	40.9	2.6	151	59	1,535	9.9	282,876
Other/unknown	52.8	7.0	491	71	5,019	9.8	94,457

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	1.1	\$80	12.8	52.4	33.1	5.6	5.6	2.5	0.8	\$623	430,449	2,605,585
Age												
5 and younger	0.4	24	5.4	58.1	36.7	3.6	1.5	0.1	0.0	444	125,728	650,087
6-14	0.5	43	15.4	59.5	33.0	4.1	2.9	0.4	0.0	279	125,247	838,990
15-20	0.7	64	12.7	54.4	34.2	5.6	4.6	1.1	0.1	505	65,012	428,288
21-44	1.8	121	11.4	42.0	32.9	9.2	10.7	4.2	1.0	1,066	85,655	460,850
45-64	4.8	331	19.2	23.1	16.5	9.7	22.3	20.1	8.3	1,722	25,199	197,034
65-74	4.4	261	14.0	24.5	14.9	10.9	23.0	18.6	8.1	1,866	1,768	14,441
75-84	4.7	258	16.1	20.4	13.6	9.3	28.3	20.8	7.7	1,602	1,189	10,336
85 and older	4.8	250	11.6	20.2	7.1	11.0	28.9	24.4	8.5	2,145	648	5,530
Unknown	0.2	3	4.4	66.7	33.3	0.0	0.0	0.0	0.0	78	3	29
Basis of Eligibility^e												
Aged	4.5	253	14.0	23.1	13.2	10.4	25.8	19.8	7.7	1,812	3,325	27,641
Disabled	3.7	295	15.8	23.3	23.1	11.0	21.4	15.5	5.7	1,865	49,278	422,980
Adults	1.1	51	8.3	46.3	35.3	8.4	7.6	2.0	0.3	613	83,820	382,726
Children	0.4	32	10.2	59.4	34.4	3.8	2.1	0.3	0.0	309	293,641	1,768,649
Unknown	2.9	221	16.0	14.5	28.8	12.2	30.9	12.7	0.8	1,379	385	3,589
Gender												
Female	1.2	79	13.0	50.5	33.8	5.9	6.0	2.9	0.9	611	249,826	1,471,221
Male	1.0	80	12.5	55.0	32.2	5.1	5.1	2.0	0.5	639	180,593	1,134,134
Unknown	6.2	337	12.8	20.0	6.7	3.3	30.0	30.0	10.0	2,635	30	230
Race												
White	1.4	98	16.5	41.8	38.1	7.2	7.8	3.9	1.2	595	208,757	1,479,029
African American	0.8	61	8.6	61.3	28.5	4.4	4.0	1.4	0.4	709	165,037	857,086
Other/unknown	0.5	37	7.3	65.4	28.4	3.1	2.2	0.7	0.1	507	56,655	269,470
Use of Nursing Facilities^f												
Entire year	8.4	538	9.4	6.4	3.0	4.1	18.5	37.2	30.8	5,730	1,418	14,906
Part year	7.3	471	7.2	5.8	8.4	7.8	23.6	30.9	23.4	6,509	1,413	12,160
None	1.0	75	13.3	52.7	33.3	5.6	5.5	2.3	0.6	566	427,618	2,578,519
Maintenance Assistance Status												
Cash	3.5	275	16.6	25.8	24.1	10.8	20.3	14.0	4.9	1,649	52,550	427,824
Medically needy	2.8	247	9.9	23.9	25.8	14.5	23.0	9.9	3.0	2,506	566	4,264
Poverty related	0.4	26	9.9	59.1	34.6	3.9	2.0	0.3	0.0	264	282,876	1,643,843
Other/unknown	1.2	88	9.8	47.2	33.8	7.6	8.0	2.8	0.7	895	94,457	529,654

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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, 2005

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	\$80	\$72	0.4	\$61	\$145	0.0	\$4	\$89	0.6	\$15	\$23
Age												
5 and younger	0.4	24	59	0.1	18	133	0.0	1	50	0.3	5	19
6-14	0.5	43	85	0.3	36	142	0.0	2	78	0.2	6	24
15-20	0.7	64	89	0.3	53	167	0.0	3	71	0.4	9	24
21-44	1.8	121	69	0.6	89	155	0.1	7	90	1.1	25	23
45-64	4.8	331	69	1.7	241	139	0.2	20	117	2.9	69	24
65-74	4.4	261	59	1.7	201	117	0.1	9	67	2.6	51	20
75-84	4.7	258	55	1.9	199	106	0.2	10	64	2.6	49	19
85 and older	4.8	250	52	1.8	188	103	0.2	12	64	2.8	50	18
Unknown	0.2	3	20	0.0	3	74	0.0	0	0	0.1	1	7
Basis of Eligibility^d												
Aged	4.5	253	56	1.8	194	110	0.1	9	64	2.6	49	19
Disabled	3.7	295	80	1.4	225	161	0.1	16	111	2.1	53	25
Adults	1.1	51	48	0.3	34	116	0.0	3	66	0.7	14	19
Children	0.4	32	71	0.2	25	132	0.0	1	64	0.2	5	22
Unknown	2.9	221	75	0.9	174	187	0.1	8	96	1.9	40	21
Gender												
Female	1.2	79	65	0.4	59	134	0.1	4	84	0.7	16	22
Male	1.0	80	84	0.4	64	161	0.0	4	100	0.5	13	24
Unknown	6.2	337	55	2.7	239	88	0.2	22	133	3.3	76	23
Race												
White	1.4	98	69	0.5	74	138	0.1	5	89	0.8	19	23
African American	0.8	61	81	0.3	49	166	0.0	3	91	0.4	10	23
Other/unknown	0.5	37	76	0.2	29	158	0.0	1	81	0.3	6	22
Use of Nursing Facilities^e												
Entire year	8.4	538	64	3.0	392	131	0.4	30	77	5.1	115	23
Part year	7.3	471	65	2.5	344	138	0.3	31	99	4.5	96	22
None	1.0	75	73	0.4	58	146	0.0	4	90	0.6	14	23
Maintenance Assistance Status												
Cash	3.5	275	78	1.3	210	158	0.1	15	110	2.0	50	25
Medically needy	2.8	247	90	0.9	195	207	0.1	13	174	1.7	39	23
Poverty related	0.4	26	59	0.2	20	118	0.0	1	58	0.3	5	21
Other/unknown	1.2	88	71	0.5	68	145	0.0	4	82	0.7	16	22

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented		Off-Brand-Name Generic	Total	Patented		Off-Brand-Name Generic	Total	Patented		Off-Brand-Name Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$10	\$2	\$4	\$56	\$140	\$69	\$23	304,930	\$17,180,526	123,145	28.6	1,090,357
Biologicals	0.4	0.4	0.0	0.0	541	476	10	56	1310	1,200	1,977	4,639	3,675	4,812,730	1,162	0.3	8,894
Antineoplastic Agents	0.5	0.2	0.0	0.4	150	119	2	29	278	742	396	78	7,747	2,152,462	1,550	0.4	14,322
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	19	3	7	54	99	68	22	231,425	12,397,055	49,373	11.5	437,024
Cardiovascular Agents	1.3	0.4	0.0	0.8	53	41	0	12	42	92	39	14	347,697	14,700,061	30,127	7.0	276,141
Respiratory Agents	0.5	0.2	0.0	0.2	26	22	1	4	57	99	41	18	383,428	22,027,124	91,800	21.3	832,169
Gastrointestinal Agents	0.6	0.4	0.0	0.2	54	49	1	4	94	140	70	20	177,437	16,701,613	32,599	7.6	307,456
Genitourinary Agents	0.3	0.1	0.0	0.1	18	12	2	4	58	84	64	30	37,278	2,146,879	14,420	3.3	120,724
CNS Drugs	1.1	0.5	0.0	0.6	103	87	2	14	97	184	135	25	473,943	46,059,578	48,689	11.3	448,261
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	68	62	0	5	99	113	88	41	105,182	10,377,057	16,170	3.8	153,174
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	136	129	0	7	300	330	110	109	8,172	2,449,628	1,762	0.4	17,974
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	25	9	6	10	44	177	226	20	320,030	13,924,015	63,304	14.7	564,233
Neuromuscular Agents	0.8	0.3	0.0	0.5	77	55	4	18	92	169	102	38	227,013	20,825,857	28,579	6.6	271,929
Nutritional Products	0.4	0.1	0.0	0.3	6	1	0	4	16	25	17	14	55,824	886,333	19,456	4.5	151,923
Hematological Agents	0.6	0.3	0.0	0.3	168	161	1	6	270	635	38	17	42,681	11,521,092	7,598	1.8	68,433
Topical Products	0.3	0.1	0.0	0.2	13	8	0	4	52	100	57	27	157,032	8,122,621	69,405	16.1	626,239
Miscellaneous Products	0.5	0.2	0.0	0.3	135	103	8	24	260	468	252	90	5,100	1,323,549	1,020	0.2	9,801
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	7	0	0	0	31	0	0	0	1,232	38,354	492	0.1	5,263
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.	2,889,826	207,646,534	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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.medspan.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, 0.3 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.medspan.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 2005.

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.

Nondual Beneficiaries

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$30,999,993	21,525	5.0	210,611	0.7	\$223	\$147
ANTICONVULSANT	18,362,068	22,628	5.3	223,148	0.7	115	82
ANTIASTHMATIC	14,857,673	69,194	16.1	642,072	0.3	75	23
ULCER DRUGS	12,534,814	30,649	7.1	296,880	0.5	93	42
ANTIDEPRESSANTS	12,493,813	41,623	9.7	395,063	0.5	63	32
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	10,376,638	18,925	4.4	183,134	0.6	99	57
MISC. HEMATOLOGICAL	8,076,179	2,145	0.5	20,816	0.6	616	388
ANALGESICS - Narcotic	7,931,239	68,975	16.0	632,632	0.3	37	13
ANTIHYPERTENSIVE	7,132,752	11,514	2.7	116,853	0.6	106	61
ANTIDIABETIC	5,760,226	14,443	3.4	135,721	0.6	67	42
Total	128,525,395	301,621		2,856,930	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

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, 2005

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	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,318,964	\$128,525,395	21,525	5.0	210,611	0.7	\$147	22,628	5.3	223,148	0.7	\$82
Female												
All Females	782,110	67,313,524	11,170	4.5	108,271	0.6	132	13,870	5.6	134,827	0.7	76
Female, Disabled												
All Ages	478,990	45,298,213	6,685	25.9	65,909	0.7	154	8,531	33.0	88,067	0.8	88
5 and younger	3,713	434,882	7	0.8	51	0.5	122	115	12.9	1,157	1.0	145
6-14	15,357	1,736,959	288	14.3	2,853	0.6	124	504	25.0	5,335	0.9	125
15-20	15,039	1,819,793	419	20.6	4,218	0.6	142	500	24.6	5,237	0.8	122
21-44	146,411	14,646,580	2,833	32.0	27,798	0.6	152	3,522	39.8	36,528	0.8	93
45-64	293,967	26,308,998	3,087	26.0	30,468	0.7	162	3,842	32.4	39,358	0.7	72
65-74	4,437	347,058	51	27.7	521	0.8	141	47	25.5	440	1.0	67
75-84	66	3,943	0	0.0	0	0.0	0	1	25.0	12	0.9	39
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	303,120	22,015,311	4,485	2.0	42,362	0.5	98	5,339	2.4	46,760	0.5	54
5 and younger	20,007	1,501,639	35	0.1	361	0.4	81	151	0.2	1,290	0.6	90
6-14	61,306	5,596,092	984	1.7	10,328	0.6	117	671	1.1	6,746	0.6	75
15-20	54,850	4,741,135	1,383	3.9	14,547	0.5	109	982	2.8	9,928	0.6	79
21-44	120,022	6,579,729	1,592	2.5	12,534	0.3	60	2,930	4.7	23,451	0.4	38
45-64	18,263	1,309,345	157	4.0	1,189	0.4	63	328	8.4	2,595	0.4	39
65-74	14,908	1,258,549	183	19.1	1,923	0.9	178	172	17.9	1,714	0.8	49
75-84	9,749	747,930	97	13.9	1,009	0.8	122	81	11.6	821	0.7	38
85 and older	4,015	280,892	54	15.3	471	0.8	98	24	6.8	215	1.0	33
Male												
All Males	536,183	61,166,930	10,344	5.7	102,225	0.7	163	8,752	4.8	88,256	0.8	92
Male, Disabled												
All Ages	310,261	36,369,735	6,405	27.3	62,743	0.8	182	6,101	26.0	63,088	0.9	99
5 and younger	4,671	506,620	38	3.4	322	0.5	104	138	12.4	1,340	0.8	120
6-14	32,781	5,038,460	889	23.1	8,898	0.6	149	768	19.9	7,952	0.8	111
15-20	26,619	5,157,834	886	28.5	9,054	0.7	171	719	23.1	7,580	0.8	126
21-44	102,908	12,344,652	2,655	36.2	25,936	0.8	194	2,526	34.4	26,575	0.9	111
45-64	141,193	13,146,003	1,908	24.1	18,219	0.8	189	1,928	24.4	19,398	0.8	66
65-74	2,089	176,166	29	29.0	314	0.8	122	22	22.0	243	1.1	90
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	0.0	0

Nondual Beneficiaries

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, 2005

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	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	225,920	24,797,183	3,939	2.5	39,482	0.6	133	2,651	1.7	25,168	0.6	73
5 and younger	29,394	2,296,195	111	0.2	1,071	0.4	81	188	0.3	1,674	0.6	63
6-14	104,600	12,395,348	1,995	3.3	20,333	0.6	127	970	1.6	9,784	0.6	82
15-20	47,675	7,000,013	1,328	5.5	13,862	0.6	152	715	2.9	7,340	0.6	89
21-44	19,265	1,224,993	254	3.7	1,828	0.4	90	500	7.2	3,896	0.5	42
45-64	5,839	428,966	36	2.4	225	0.6	128	106	7.1	778	0.6	55
65-74	5,820	488,777	73	14.0	695	0.8	149	69	13.2	653	0.8	56
75-84	8,333	627,726	73	15.3	785	0.8	119	69	14.5	716	0.8	40
85 and older	4,994	335,165	69	24.3	683	0.8	110	34	12.0	327	0.7	34
Unknown	673	44,953	11	33.3	115	0.9	87	6	18.2	65	0.8	79

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	69,194	16.1	642,072	0.3	\$23	30,649	7.1	296,880	0.5	\$42	41,623	9.7	395,063	0.5	\$32
Female															
All Females	37,578	15.0	350,696	0.3	23	19,884	8.0	192,935	0.4	42	29,356	11.8	273,805	0.5	31
Female, Disabled															
All Ages	11,960	46.3	125,704	0.4	33	10,017	38.8	107,206	0.6	56	13,872	53.7	142,607	0.6	36
5 and younger	439	49.1	4,116	0.4	40	172	19.2	1,604	0.5	55	9	1.0	68	0.5	15
6-14	695	34.5	7,262	0.4	33	211	10.5	2,341	0.5	48	261	13.0	2,661	0.5	29
15-20	439	21.6	4,666	0.3	26	260	12.8	2,830	0.4	37	528	26.0	5,404	0.5	34
21-44	3,316	37.5	35,153	0.4	26	3,023	34.2	32,850	0.5	48	5,275	59.6	54,174	0.5	35
45-64	6,969	58.7	73,462	0.5	36	6,244	52.6	66,467	0.6	61	7,719	65.0	79,474	0.6	37
65-74	102	55.4	1,045	0.4	36	105	57.1	1,090	0.6	47	77	41.8	790	0.8	41
75-84	0	0.0	0	0.0	0	2	50.0	24	1.0	58	3	75.0	36	0.6	22
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	25,618	11.4	224,992	0.3	18	9,867	4.4	85,729	0.3	26	15,484	6.9	131,198	0.4	25
5 and younger	7,666	12.6	65,311	0.2	17	1,474	2.4	10,238	0.3	15	37	0.1	381	0.3	8
6-14	7,806	13.2	74,337	0.3	18	1,203	2.0	12,579	0.2	19	1,518	2.6	15,586	0.4	25
15-20	3,619	10.2	34,305	0.2	15	1,654	4.7	16,553	0.2	16	3,235	9.1	32,211	0.4	25
21-44	5,295	8.5	39,949	0.3	17	4,128	6.6	33,822	0.3	28	9,110	14.6	69,749	0.4	24
45-64	661	16.9	5,412	0.3	29	662	16.9	5,207	0.4	42	1,063	27.1	8,068	0.4	30
65-74	315	32.8	3,183	0.5	38	330	34.4	3,283	0.6	51	263	27.4	2,704	0.7	35
75-84	159	22.8	1,561	0.4	34	288	41.4	2,846	0.6	54	168	24.1	1,653	0.7	42
85 and older	97	27.4	934	0.4	32	128	36.2	1,201	0.6	52	90	25.4	846	0.7	39
Male															
All Males	31,604	17.5	291,305	0.3	23	10,756	6.0	103,891	0.5	42	12,244	6.8	121,060	0.5	33
Male, Disabled															
All Ages	6,923	29.6	71,281	0.4	34	5,692	24.3	60,350	0.6	55	6,886	29.4	70,080	0.6	35
5 and younger	590	52.9	5,863	0.3	35	235	21.1	2,245	0.5	38	15	1.3	154	0.3	12
6-14	1,347	34.9	14,114	0.4	34	352	9.1	3,934	0.5	46	571	14.8	5,885	0.5	26
15-20	672	21.6	7,118	0.4	29	304	9.8	3,338	0.4	38	701	22.6	7,244	0.6	36
21-44	1,292	17.6	13,949	0.4	29	1,778	24.2	19,453	0.6	53	2,555	34.8	26,217	0.6	38
45-64	2,974	37.6	29,737	0.5	38	2,983	37.7	31,005	0.6	60	3,013	38.1	30,255	0.6	34
65-74	48	48.0	500	0.6	52	40	40.0	375	0.6	58	31	31.0	325	0.8	37
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

Nondual Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	24,680	15.7	220,018	0.3	20	5,064	3.2	43,541	0.3	25	5,358	3.4	50,980	0.5	30
5 and younger	10,560	16.7	87,995	0.2	19	1,884	3.0	13,141	0.3	16	70	0.1	688	0.3	11
6-14	10,594	17.6	99,100	0.3	20	1,095	1.8	11,473	0.2	20	1,947	3.2	19,742	0.5	27
15-20	2,536	10.4	24,661	0.3	18	774	3.2	7,918	0.3	19	1,763	7.3	18,007	0.5	34
21-44	440	6.4	3,212	0.3	20	633	9.2	5,019	0.4	36	967	14.0	7,168	0.4	25
45-64	148	9.9	1,021	0.3	25	211	14.1	1,451	0.5	44	254	17.0	1,836	0.4	33
65-74	133	25.5	1,324	0.4	31	150	28.7	1,369	0.6	50	87	16.7	860	0.7	39
75-84	183	38.4	1,848	0.5	38	193	40.5	1,972	0.6	54	149	31.2	1,488	0.7	39
85 and older	86	30.3	857	0.4	27	124	43.7	1,198	0.8	59	121	42.6	1,191	0.8	39
Unknown	13	39.4	77	0.6	39	9	27.3	54	0.9	72	23	69.7	198	0.8	46

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

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, 2005

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 Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	18,925	4.4	183,134	0.6	\$57	2,145	0.5	20,816	0.6	\$388	68,975	16.0	632,632	0.3	\$13
Female															
All Females	6,148	2.5	60,300	0.5	53	1,287	0.5	12,825	0.6	75	50,247	20.1	452,568	0.3	12
Female, Disabled															
All Ages	1,138	4.4	11,550	0.6	56	998	3.9	10,250	0.6	76	16,790	65.0	176,077	0.5	22
5 and younger	27	3.0	235	0.3	17	0	0.0	0	0.0	0	46	5.1	481	0.1	1
6-14	465	23.1	4,578	0.6	58	2	0.1	24	0.4	236	187	9.3	2,055	0.1	1
15-20	203	10.0	2,112	0.6	58	0	0.0	0	0.0	0	517	25.5	5,413	0.2	2
21-44	293	3.3	3,051	0.5	58	96	1.1	1,007	0.5	87	6,325	71.5	66,184	0.4	18
45-64	150	1.3	1,574	0.5	49	880	7.4	9,005	0.6	75	9,618	81.0	100,911	0.5	26
65-74	0	0.0	0	0.0	0	20	10.9	214	0.6	67	97	52.7	1,033	0.5	21
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
Female, Other Eligibles															
All Ages	5,010	2.2	48,750	0.5	53	289	0.1	2,575	0.6	70	33,457	14.9	276,491	0.3	5
5 and younger	192	0.3	1,810	0.4	31	0	0.0	0	0.0	0	848	1.4	8,114	0.1	1
6-14	3,353	5.7	33,061	0.6	54	3	0.0	19	0.2	17	2,358	4.0	24,497	0.1	1
15-20	1,036	2.9	10,701	0.5	56	2	0.0	24	0.1	1	6,290	17.7	57,870	0.2	1
21-44	392	0.6	2,920	0.4	40	58	0.1	385	0.4	51	21,626	34.6	165,769	0.3	6
45-64	32	0.8	213	0.5	52	59	1.5	436	0.6	63	1,619	41.3	12,926	0.4	12
65-74	2	0.2	17	0.3	4	66	6.9	665	0.7	79	366	38.1	3,798	0.4	9
75-84	2	0.3	24	0.8	17	66	9.5	675	0.7	78	238	34.2	2,434	0.4	11
85 and older	1	0.3	4	0.5	2	35	9.9	371	0.7	75	112	31.6	1,083	0.4	13
Male															
All Males	12,777	7.1	122,834	0.6	58	851	0.5	7,912	0.6	898	18,718	10.4	179,971	0.3	15
Male, Disabled															
All Ages	2,395	10.2	23,430	0.7	68	623	2.7	6,074	0.6	538	8,874	37.9	90,371	0.5	24
5 and younger	64	5.7	569	0.4	30	1	0.1	12	0.3	4	68	6.1	748	0.1	1
6-14	1,483	38.5	14,146	0.7	70	8	0.2	74	0.7	13,425	341	8.8	3,833	0.1	1
15-20	604	19.4	6,197	0.6	68	6	0.2	67	1.1	23,399	545	17.5	5,831	0.2	4
21-44	172	2.3	1,823	0.6	71	57	0.8	562	0.5	585	3,188	43.4	32,920	0.4	21
45-64	72	0.9	695	0.6	59	542	6.9	5,271	0.6	70	4,687	59.3	46,585	0.6	32
65-74	0	0.0	0	0.0	0	9	9.0	88	0.8	94	45	45.0	454	0.4	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

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, 2005

STIMULANTS/ANTI-OBESITY/ANOREXIANTS						MISC. HEMATOLOGICAL					ANALGESICS - Narcotic				
Beneficiary Characteristics	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	10,382	6.6	99,404	0.6	56	228	0.1	1,838	0.7	2,089	9,844	6.3	89,600	0.2	6
5 and younger	498	0.8	4,720	0.4	30	7	0.0	53	0.6	1,193	1,117	1.8	10,574	0.1	1
6-14	7,868	13.1	74,378	0.6	56	12	0.0	105	1.0	19,388	2,354	3.9	24,194	0.1	1
15-20	1,936	8.0	19,821	0.6	65	5	0.0	49	1.0	33,067	2,557	10.5	25,624	0.1	1
21-44	68	1.0	400	0.5	58	31	0.4	177	0.5	58	2,783	40.2	20,541	0.4	15
45-64	6	0.4	22	0.6	47	43	2.9	183	0.7	81	559	37.3	3,853	0.5	20
65-74	2	0.4	19	0.1	1	32	6.1	276	0.6	62	150	28.7	1,456	0.4	24
75-84	4	0.8	44	0.7	16	60	12.6	636	0.7	77	198	41.5	2,102	0.4	10
85 and older	0	0.0	0	0.0	0	38	13.4	359	0.8	81	126	44.4	1,256	0.5	14
Unknown	0	0.0	0	0.0	0	7	21.2	79	0.9	79	10	30.3	93	0.6	8

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	11,514	2.7	116,853	0.6	\$61	14,443	3.4	135,721	0.6	\$42	430,449	2,605,585
Female												
All Females	7,513	3.0	76,368	0.6	61	10,081	4.0	93,947	0.6	42	249,825	1,471,209
Female, Disabled												
All Ages	5,714	22.1	60,737	0.6	63	6,692	25.9	67,783	0.7	45	25,844	226,148
5 and younger	3	0.3	27	0.1	6	1	0.1	12	1.2	71	894	6,414
6-14	4	0.2	37	0.4	24	32	1.6	356	0.6	54	2,012	17,104
15-20	15	0.7	172	0.4	46	69	3.4	711	0.7	49	2,030	16,872
21-44	953	10.8	10,298	0.5	56	1,425	16.1	14,474	0.6	42	8,849	78,473
45-64	4,665	39.3	49,442	0.6	64	5,082	42.8	51,422	0.7	46	11,871	105,502
65-74	73	39.7	749	0.7	73	83	45.1	808	0.8	40	184	1,735
75-84	1	25.0	12	0.9	108	0	0.0	0	0.0	0	4	48
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	1,799	0.8	15,631	0.5	53	3,389	1.5	26,164	0.6	35	223,981	1,245,061
5 and younger	17	0.0	150	0.1	5	36	0.1	272	0.7	75	60,645	311,737
6-14	27	0.0	310	0.3	22	248	0.4	2,239	0.5	47	59,303	391,871
15-20	39	0.1	428	0.3	30	342	1.0	3,007	0.5	38	35,557	218,968
21-44	667	1.1	5,412	0.4	37	1,553	2.5	10,325	0.5	30	62,546	285,626
45-64	437	11.1	3,337	0.5	54	527	13.4	3,745	0.5	36	3,920	20,050
65-74	330	34.4	3,251	0.7	73	357	37.2	3,414	0.7	36	960	7,829
75-84	222	31.9	2,168	0.6	68	256	36.8	2,477	0.7	36	696	5,997
85 and older	60	16.9	575	0.7	63	70	19.8	685	0.9	36	354	2,983
Male												
All Males	3,993	2.2	40,408	0.6	62	4,354	2.4	41,679	0.7	43	180,591	1,134,117
Male, Disabled												
All Ages	3,107	13.3	32,638	0.6	63	3,136	13.4	31,616	0.7	43	23,426	196,761
5 and younger	3	0.3	35	0.2	7	7	0.6	61	0.4	26	1,116	7,946
6-14	8	0.2	89	0.3	8	56	1.5	588	0.7	59	3,855	31,893
15-20	23	0.7	244	0.4	32	69	2.2	731	0.7	54	3,108	26,547
21-44	717	9.8	7,648	0.6	60	734	10.0	7,569	0.6	43	7,341	64,749
45-64	2,315	29.3	24,188	0.6	65	2,233	28.2	22,311	0.7	42	7,905	64,679
65-74	41	41.0	434	0.7	70	37	37.0	356	0.8	39	100	935
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

Nondual Beneficiaries

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, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC						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				
Male, Other Eligibles														
All Ages	886	0.6	7,770	0.6	56	1,218	0.8	10,063	0.6	43	157,165	937,356		
5 and younger	25	0.0	242	0.1	5	37	0.1	318	0.6	49	63,073	323,990		
6-14	29	0.0	325	0.3	26	162	0.3	1,451	0.6	56	60,077	398,122		
15-20	32	0.1	334	0.4	37	170	0.7	1,579	0.6	58	24,317	165,901		
21-44	236	3.4	1,908	0.4	38	274	4.0	1,749	0.5	31	6,917	31,985		
45-64	192	12.8	1,246	0.6	55	177	11.8	1,149	0.6	42	1,498	6,754		
65-74	141	27.0	1,315	0.7	77	155	29.7	1,341	0.7	39	522	3,931		
75-84	184	38.6	1,884	0.7	72	166	34.8	1,696	0.7	38	477	4,194		
85 and older	47	16.5	516	0.9	77	77	27.1	780	0.7	28	284	2,479		
Unknown	8	24.2	77	0.8	51	8	24.2	95	0.8	32	33	259		

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2005

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	\$538	8.4	1,418	14,906
Age				
0-64	600	8.9	882	9,509
65-74	482	8.0	162	1,683
75-84	462	8.3	163	1,673
85 and older	353	6.9	211	2,041
Unknown	0	0.0	0	0
Gender				
Female	557	8.8	747	7,930
Male	518	8.0	659	6,869
Unknown	377	8.1	12	107
Race				
White	581	9.2	747	7,754
African American	480	7.7	599	6,401
Other/unknown	574	7.7	72	751
Basis of Eligibility^c				
Aged	419	7.6	506	5,089
Disabled	596	8.9	899	9,677
Adults	932	12.0	1	12
Children	751	6.1	12	128
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 1,413 beneficiaries who were in nursing facilities for part of their enrollment and their 12,160 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.

Nondual Beneficiaries

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, 2005

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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.1	0.3	\$54	\$35	\$6	\$12	\$100	\$225	\$96	\$38	5,326	\$530,396	931	65.7	9,911
Biologicals	0.2	0.2	0.0	0.0	406	403	0	2	1681	2,056	0	53	64	107,558	23	1.6	265
Antineoplastic Agents	0.5	0.1	0.0	0.4	97	51	0	46	193	744	0	105	466	89,950	93	6.6	925
Endocrine/Metabolic Drugs	1.3	0.5	0.1	0.7	62	42	7	12	47	91	59	17	8,741	412,154	628	44.3	6,695
Cardiovascular Agents	2.3	0.7	0.0	1.6	85	60	1	24	36	85	29	15	22,241	810,239	905	63.8	9,526
Respiratory Agents	0.9	0.5	0.0	0.5	58	46	0	12	63	98	32	28	6,332	399,075	647	45.6	6,826
Gastrointestinal Agents	1.4	0.6	0.0	0.7	82	67	2	13	60	112	60	17	12,685	766,783	885	62.4	9,373
Genitourinary Agents	0.7	0.4	0.0	0.3	42	34	1	7	59	81	41	27	2,140	126,892	274	19.3	2,988
CNS Drugs	2.1	1.0	0.0	1.1	166	141	2	24	78	141	57	21	24,347	1,890,755	1,059	74.7	11,380
Stimulants/Anti-obesity/Anorexia	0.8	0.1	0.0	0.7	13	5	0	9	18	91	0	12	209	3,677	26	1.8	275
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	207	206	0	1	204	206	57	53	2,181	445,811	197	13.9	2,152
Analgesics and Anesthetics	1.2	0.1	0.2	0.9	54	18	24	13	44	137	151	13	9,276	410,585	715	50.4	7,535
Neuromuscular Agents	1.9	0.5	0.1	1.3	140	74	10	56	72	156	77	42	14,752	1,061,200	698	49.2	7,601
Nutritional Products	0.8	0.0	0.0	0.7	15	0	1	14	19	16	18	19	3,727	70,844	459	32.4	4,703
Hematological Agents	1.4	0.5	0.1	0.7	110	99	2	9	81	202	16	12	6,963	564,367	480	33.9	5,115
Topical Products	0.6	0.2	0.0	0.3	29	16	3	10	49	78	56	29	5,668	275,777	883	62.3	9,628
Miscellaneous Products	0.5	0.1	0.0	0.4	36	22	1	14	71	196	244	35	574	40,777	106	7.5	1,134
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	7	0	0	0	18	0	0	0	262	4,780	59	4.2	675
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.	125,954	8,011,620	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,413 beneficiaries who were in nursing facilities for part of their enrollment and their 12,160 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 2005. 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Virginia, 0.3 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.

Nondual Beneficiaries

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, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$1,235,276	658	46.4	7,183	1.0	\$174	\$172
ANTICONVULSANT	793,820	760	53.6	8,242	1.3	75	96
ULCER DRUGS	602,552	856	60.4	9,129	0.9	75	66
ANTIDEPRESSANTS	550,632	1,004	70.8	10,878	0.9	56	51
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	448,282	254	17.9	2,759	0.8	199	162
ANTIHYPERLIPIDEMIC	326,379	320	22.6	3,565	0.9	102	92
ANTIDIABETIC	308,007	619	43.7	6,619	1.0	47	47
ANTIASTHMATIC	285,177	656	46.3	6,824	0.6	69	42
ANALGESICS - Narcotic	249,279	751	53.0	7,784	0.9	37	32
HEMATOPOIETIC AGENTS	225,885	438	30.9	4,573	0.7	67	49
Total	5,025,289	6,316		67,556	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,413 beneficiaries who were in nursing facilities for part of their enrollment and their 12,160 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 2005. 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 2005 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.

Nondual Beneficiaries

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, 2005

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	61,918	\$5,025,289	658	46.4	7,183	1.0	\$172	760	53.6	8,242	1.3	\$96
Female												
All Females	35,370	2,881,717	364	48.7	4,001	1.0	174	437	58.5	4,696	1.3	97
Female, Disabled												
All Ages	25,246	2,046,896	243	51.4	2,655	1.0	182	345	72.9	3,748	1.3	98
64 or younger	24,121	1,973,402	228	50.7	2,488	1.0	184	326	72.4	3,594	1.3	100
65-74	1,117	73,264	15	68.2	167	0.9	157	19	86.4	154	1.2	45
75-84	8	230	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
Female, Other Eligibles												
All Ages	10,124	834,821	121	44.2	1,346	1.0	157	92	33.6	948	1.1	93
64 or younger	301	42,171	1	12.5	12	1.1	357	12	150.0	112	1.5	279
65-74	4,010	337,477	58	66.7	683	1.0	183	48	55.2	512	1.1	76
75-84	3,505	286,201	40	46.0	444	0.9	139	19	21.8	193	1.0	66
85 and older	2,308	168,972	22	23.9	207	0.9	102	13	14.1	131	1.2	42
Male												
All Males	26,123	2,117,475	287	43.6	3,110	1.0	171	319	48.4	3,502	1.3	96
Male, Disabled												
All Ages	18,140	1,555,362	194	45.5	2,160	1.0	183	259	60.8	2,878	1.4	107
64 or younger	17,698	1,522,546	189	45.2	2,100	1.0	183	252	60.3	2,794	1.3	106
65-74	442	32,816	5	62.5	60	1.1	165	7	87.5	84	1.7	135
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	0.0	0
Male, Other Eligibles												
All Ages	7,983	562,113	93	39.9	950	0.9	146	60	25.8	624	0.9	43
64 or younger	125	3,822	0	0.0	0	0.0	0	3	50.0	36	0.7	42
65-74	1,400	104,094	23	52.3	230	0.9	159	16	36.4	146	1.0	42
75-84	2,754	201,125	31	43.7	325	1.0	153	26	36.6	283	0.9	43
85 and older	3,704	253,072	39	34.8	395	0.9	133	15	13.4	159	0.9	42
Unknown	425	26,097	7	58.3	72	1.0	91	4	33.3	44	0.7	69

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,413 beneficiaries who were in nursing facilities for part of their enrollment and their 12,160 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.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, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	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	856	60.4	9,129	0.9	\$66	1,004	70.8	10,878	0.9	\$51	254	17.9	2,759	0.8	\$163
Female															
All Females	430	57.6	4,590	0.9	68	555	74.3	6,108	0.9	53	131	17.5	1,418	0.8	172
Female, Disabled															
All Ages	286	60.5	3,131	0.9	68	388	82.0	4,345	0.9	55	50	10.6	526	0.8	266
64 or younger	275	61.1	3,024	0.9	69	364	80.9	4,125	0.9	55	48	10.7	506	0.8	275
65-74	11	50.0	107	0.9	40	23	104.5	208	1.1	52	2	9.1	20	0.5	42
75-84	0	0.0	0	0.0	0	1	100.0	12	0.7	19	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
Female, Other Eligibles															
All Ages	144	52.6	1,459	0.9	68	167	60.9	1,763	0.9	48	81	29.6	892	0.9	116
64 or younger	9	112.5	76	0.9	45	2	25.0	24	0.6	9	0	0.0	0	0.0	0
65-74	43	49.4	441	0.8	60	63	72.4	682	0.9	43	25	28.7	293	0.9	121
75-84	50	57.5	554	1.0	79	56	64.4	610	0.9	54	29	33.3	327	0.9	120
85 and older	42	45.7	388	0.9	68	46	50.0	447	0.9	51	27	29.3	272	0.8	106
Male															
All Males	421	63.9	4,508	0.9	64	436	66.2	4,658	0.9	48	119	18.1	1,298	0.8	155
Male, Disabled															
All Ages	287	67.4	3,115	0.9	65	284	66.7	3,066	0.9	51	44	10.3	507	0.8	225
64 or younger	284	67.9	3,079	0.9	65	274	65.6	2,946	0.9	51	42	10.0	483	0.8	232
65-74	3	37.5	36	0.8	74	10	125.0	120	1.0	39	2	25.0	24	0.8	90
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
Male, Other Eligibles															
All Ages	134	57.5	1,393	0.9	61	152	65.2	1,592	0.9	44	75	32.2	791	0.8	111
64 or younger	4	66.7	48	0.9	15	1	16.7	12	0.9	9	0	0.0	0	0.0	0
65-74	25	56.8	262	0.9	54	23	52.3	231	0.8	48	12	27.3	115	0.6	80
75-84	40	56.3	424	0.8	69	54	76.1	572	0.9	45	23	32.4	250	0.9	115
85 and older	65	58.0	659	0.9	62	74	66.1	777	0.9	42	40	35.7	426	0.9	117
Unknown	5	41.7	31	1.1	76	13	108.3	112	0.9	29	4	33.3	43	0.6	77

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,413 beneficiaries who were in nursing facilities for part of their enrollment and their 12,160 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.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, 2005

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIDIABETIC					ANTIASTHMATIC				
	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	320	22.6	3,565	0.9	\$92	619	43.7	6,619	1.0	\$47	656	46.3	6,824	0.6	\$42
Female															
All Females	193	25.8	2,171	0.9	89	354	47.4	3,829	1.1	50	368	49.3	3,920	0.6	44
Female, Disabled															
All Ages	124	26.2	1,446	0.9	91	233	49.3	2,541	1.1	54	260	55.0	2,832	0.7	47
64 or younger	120	26.7	1,398	0.9	90	219	48.7	2,405	1.1	55	246	54.7	2,688	0.7	48
65-74	4	18.2	48	1.0	119	14	63.6	136	1.2	41	14	63.6	144	0.5	36
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
Female, Other Eligibles															
All Ages	69	25.2	725	0.8	86	121	44.2	1,288	1.0	42	108	39.4	1,088	0.5	36
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	100.0	73	0.3	40
65-74	26	29.9	290	0.8	96	54	62.1	570	1.0	45	39	44.8	408	0.4	40
75-84	27	31.0	285	0.8	77	43	49.4	456	1.0	37	22	25.3	236	0.5	33
85 and older	16	17.4	150	0.9	80	24	26.1	262	1.1	43	39	42.4	371	0.6	34
Male															
All Males	122	18.5	1,345	0.9	98	261	39.6	2,742	0.9	42	280	42.5	2,862	0.6	38
Male, Disabled															
All Ages	67	15.7	762	0.9	100	176	41.3	1,837	0.9	43	181	42.5	1,860	0.6	41
64 or younger	66	15.8	750	0.9	101	173	41.4	1,801	0.9	43	178	42.6	1,824	0.6	42
65-74	1	12.5	12	1.1	44	3	37.5	36	1.1	33	3	37.5	36	0.2	8
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	55	23.6	583	0.9	95	85	36.5	905	0.9	39	99	42.5	1,002	0.6	33
64 or younger	1	16.7	12	0.5	25	1	16.7	12	0.3	9	4	66.7	48	0.4	19
65-74	10	22.7	80	0.7	68	12	27.3	108	1.0	72	21	47.7	191	0.7	35
75-84	20	28.2	219	0.8	105	27	38.0	314	1.1	35	32	45.1	327	0.6	37
85 and older	24	21.4	272	1.1	97	45	40.2	471	0.8	36	42	37.5	436	0.5	31
Unknown	5	41.7	49	0.8	47	4	33.3	48	1.0	46	8	66.7	42	1.0	65

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,413 beneficiaries who were in nursing facilities for part of their enrollment and their 12,160 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.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, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	751	53.0	7,784	0.9	\$32	438	30.9	4,573	0.7	\$49	1,418	14,906
Female												
All Females	408	54.6	4,348	1.0	37	244	32.7	2,549	0.8	53	747	7,930
Female, Disabled												
All Ages	293	61.9	3,146	1.0	43	141	29.8	1,529	0.8	45	473	5,139
64 or younger	285	63.3	3,085	1.0	43	134	29.8	1,484	0.8	43	450	4,915
65-74	8	36.4	61	2.3	48	7	31.8	45	0.7	107	22	212
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
Female, Other Eligibles												
All Ages	115	42.0	1,202	0.8	21	103	37.6	1,020	0.7	65	274	2,791
64 or younger	1	12.5	12	0.1	1	2	25.0	17	0.6	5	8	80
65-74	47	54.0	502	0.8	16	24	27.6	246	0.7	20	87	943
75-84	38	43.7	430	0.7	22	42	48.3	470	0.8	86	87	890
85 and older	29	31.5	258	0.8	31	35	38.0	287	0.6	72	92	878
Male												
All Males	340	51.6	3,409	0.8	26	192	29.1	2,011	0.7	45	659	6,869
Male, Disabled												
All Ages	215	50.5	2,155	0.8	32	115	27.0	1,216	0.8	67	426	4,538
64 or younger	214	51.2	2,143	0.8	32	114	27.3	1,204	0.8	68	418	4,442
65-74	1	12.5	12	0.1	1	1	12.5	12	0.4	7	8	96
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	0	0
Male, Other Eligibles												
All Ages	125	53.6	1,254	0.6	17	77	33.0	795	0.6	13	233	2,331
64 or younger	2	33.3	24	0.3	3	1	16.7	12	1.0	9	6	72
65-74	16	36.4	152	1.0	38	13	29.5	143	0.8	9	44	426
75-84	37	52.1	399	0.6	12	24	33.8	241	0.7	22	71	733
85 and older	70	62.5	679	0.6	15	39	34.8	399	0.5	8	112	1,100
Unknown	3	25.0	27	1.0	11	2	16.7	13	0.9	8	12	107

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 1,413 beneficiaries who were in nursing facilities for part of their enrollment and their 12,160 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
VIRGINIA, 2005

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	82,222	19.1	1.1	453,706	\$18	\$7,820,660	\$17	3.8	430,449
Age									
5 and younger	20,342	16.2	0.3	42,623	7	852,852	20	5.5	125,728
6-14	18,719	14.9	0.4	53,076	10	1,205,649	23	3.4	125,247
15-20	9,856	15.2	0.5	34,234	10	638,433	19	2.3	65,012
21-44	18,845	22.0	1.5	126,198	25	2,108,427	17	3.8	85,655
45-64	12,528	49.7	6.4	161,576	106	2,671,794	17	4.1	25,199
65-74	851	48.1	7.8	13,824	83	146,103	11	3.9	1,768
75-84	653	54.9	9.8	11,660	92	109,820	9	4.1	1,189
85 and older	428	66.0	16.2	10,515	135	87,582	8	6.3	648
Unknown	0	0.0	0.0	0	0	0	0	0.0	3
Basis of Eligibility^c									
Aged	1,752	52.7	9.9	33,041	94	311,611	9	4.5	3,325
Disabled	22,716	46.1	5.5	271,446	96	4,717,448	17	3.8	49,278
Adults	13,347	15.9	0.6	47,157	9	719,611	15	3.7	83,820
Children	44,229	15.1	0.3	100,901	7	2,054,619	20	3.7	293,641
Unknown	178	46.2	3.0	1,161	45	17,371	15	2.2	385
Gender									
Female	49,439	19.8	1.1	280,185	20	4,903,622	18	4.2	249,826
Male	32,763	18.1	1.0	173,088	16	2,912,898	17	3.2	180,593
Unknown	20	66.7	14.4	433	138	4,140	10	5.3	30
Race									
White	55,595	26.6	1.6	333,277	28	5,895,060	18	4.1	208,757
African American	19,821	12.0	0.6	100,773	9	1,547,429	15	3.0	165,037
Other/unknown	6,806	12.0	0.3	19,656	7	378,171	19	3.8	56,655
Use of Nursing Facilities^d									
Entire year	1,319	93.0	38.8	54,964	384	545,187	10	6.8	1,418
Part year	1,221	86.4	19.0	26,841	188	266,238	10	4.6	1,413
None	79,682	18.6	0.9	371,901	16	7,009,235	19	3.6	427,618
Maintenance Assistance Status									
Cash	22,579	43.0	4.8	254,098	82	4,330,021	17	3.7	52,550
Medically needy	245	43.3	2.5	1,429	37	20,671	14	2.0	566
Poverty related	41,936	14.8	0.3	96,060	7	1,942,742	20	4.5	282,876
Other/unknown	17,462	18.5	1.1	102,119	16	1,527,226	15	3.3	94,457

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

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	\$17	\$0	\$1	2,605,585
Age						
5 and younger	0.1	1	20	0	0	650,087
6-14	0.1	1	23	0	0	838,990
15-20	0.1	1	19	0	0	428,288
21-44	0.3	5	17	0	2	460,850
45-64	0.8	14	17	0	4	197,034
65-74	1.0	10	11	0	2	14,441
75-84	1.1	11	9	0	2	10,336
85 and older	1.9	16	8	0	2	5,530
Unknown	0.0	0	0	0	0	29
Basis of Eligibility^c						
Aged	1.2	11	9	0	2	27,641
Disabled	0.6	11	17	0	4	422,980
Adults	0.1	2	15	0	1	382,726
Children	0.1	1	20	0	0	1,768,649
Unknown	0.3	5	15	0	2	3,589
Gender						
Female	0.2	3	18	0	1	1,471,221
Male	0.2	3	17	0	1	1,134,134
Unknown	1.9	18	10	0	5	230
Race						
White	0.2	4	18	0	1	1,479,029
African American	0.1	2	15	0	0	857,086
Other/unknown	0.1	1	19	0	0	269,470
Use of Nursing Facilities^d						
Entire year	3.7	37	10	1	8	14,906
Part year	2.2	22	10	0	5	12,160
None	0.1	3	19	0	1	2,578,519
Maintenance Assistance Status						
Cash	0.6	10	17	0	4	427,824
Medically needy	0.3	5	14	0	2	4,264
Poverty related	0.1	1	20	0	0	1,643,843
Other/unknown	0.2	3	15	0	1	529,654

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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.

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, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	111,521	\$70	\$7,820,660	100.0	453,706	\$17	100.0
Anorexia or weight loss/gain	17	205	3,485	0.0	43	81	0.0
Fertility drugs	30	312	9,362	0.1	68	138	0.0
Drugs for cosmetic purposes	139	31	4,268	0.1	229	19	0.1
Cough and cold medications	47,256	44	2,059,279	26.3	88,701	23	19.6
Vitamins and minerals	6,946	75	523,541	6.7	31,235	17	6.9
Non-prescription drugs	34,180	60	2,041,861	26.1	187,981	11	41.4
Barbiturates	913	67	61,315	0.8	8,687	7	1.9
Benzodiazepines	18,818	122	2,291,773	29.3	125,058	18	27.6
Other Part D Excl Rx Drugs	3,222	256	825,776	10.6	11,704	71	2.6

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Nondual Beneficiaries

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, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	709,637	4,422	82,545	126,860	495,425	385	6,840,657	43,931	894,082	1,105,399	4,793,651	3,594
Age												
5 and younger	206,575	0	3,274	0	203,301	0	1,906,065	0	34,692	0	1,871,373	0
6-14	218,359	0	11,815	73	206,471	0	2,227,373	0	132,855	621	2,093,897	0
15-20	106,282	0	9,429	11,345	85,507	1	1,027,922	0	103,615	96,861	827,440	6
21-44	133,411	3	25,663	107,560	140	45	1,223,299	15	278,769	943,224	895	396
45-64	40,030	13	31,801	7,876	2	338	405,939	113	337,993	64,630	14	3,189
65-74	2,718	2,156	558	3	0	1	27,858	21,721	6,098	36	0	3
75-84	1,533	1,528	5	0	0	0	15,504	15,444	60	0	0	0
85 and older	725	722	0	2	1	0	6,661	6,638	0	15	8	0
Unknown	4	0	0	1	3	0	36	0	0	12	24	0
Gender												
Female	410,257	2,814	43,590	116,061	247,407	385	3,935,097	28,553	477,020	1,028,271	2,397,659	3,594
Male	299,350	1,586	38,947	10,799	248,018	0	2,905,330	15,219	416,991	77,128	2,395,992	0
Unknown	30	22	8	0	0	0	230	159	71	0	0	0
Race												
White	293,130	1,742	42,196	57,748	191,218	226	2,779,380	16,869	454,738	490,454	1,815,222	2,097
African American	328,423	1,578	37,467	61,025	228,215	138	3,276,198	16,095	408,863	556,110	2,293,845	1,285
Other/unknown	88,084	1,102	2,882	8,087	75,992	21	785,079	10,967	30,481	58,835	684,584	212
Use of Nursing Facilities^c												
Entire year	1,420	507	900	1	12	0	14,914	5,091	9,683	12	128	0
Part year	1,431	287	1,068	37	36	3	13,816	2,588	10,550	300	354	24
None	706,786	3,628	80,577	126,822	495,377	382	6,811,927	36,252	873,849	1,105,087	4,793,169	3,570
Maintenance Assistance Status												
Cash	88,867	3,099	76,813	8,891	64	0	947,430	32,566	843,326	70,959	579	0
Medically needy	567	42	494	10	21	0	4,860	376	4,204	101	179	0
Poverty related	474,633	434	2,788	26,504	444,522	385	4,614,404	3,819	22,689	181,692	4,402,610	3,594
Other/unknown	145,570	847	2,450	91,455	50,818	0	1,273,963	7,170	23,863	852,647	390,283	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	209,655	2,471	34,708	33,354	138,740	382	1,754,699	22,452	352,194	203,154	1,173,335	3,564
FFS part year, with Rx claims	84,128	658	9,896	26,774	46,797	3	865,975	7,333	108,384	259,790	490,438	30
FFS part year, no Rx claims	136,666	196	4,674	23,692	108,104	0	1,331,305	1,795	48,114	218,394	1,063,002	0
MC all year, with Rx claims	2,171	3	16	2,062	90	0	22,211	31	156	21,407	617	0
MC all year, no Rx claims	277,017	1,094	33,251	40,978	201,694	0	2,866,467	12,320	385,234	402,654	2,066,259	0

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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, 2005

	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	709,637	6,840,657	430,449	2,605,585	0	4,235,072
Fee-for-service (FFS) all year	209,655	1,754,699	209,655	1,754,699	0	0
FFS part year, with Rx claims	84,128	865,975	84,128	409,825	0	456,150
FFS part year, with no Rx claims	136,666	1,331,305	136,666	441,061	0	890,244
Managed care (MC) all year, with Rx claims	2,171	22,211	0	0	0	22,211
MC all year, with no Rx claims	277,017	2,866,467	0	0	0	2,866,467

Source: Data for this table are from the MAX 2005 file for Virginia, released by CMS in 11/2008. This table was produced on 04/23/2009.

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.

Nondual Beneficiaries