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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006  
VIRGINIA**

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 VIRGINIA, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	907839 (A)	166207 (E)	741632 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	846778 (B)	118237 (F)	728541 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	521021 (C)	117218 (G)	403803 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	14604 (D)	13278 (H)	1326 (L)

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2006 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Virginia in 2006 was \$223,384,916, of which \$7,481,766 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI.

In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
VIRGINIA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>521,021</b>	<b>70,745</b>	<b>94,202</b>	<b>81,391</b>	<b>274,168</b>	<b>515</b>	<b>3,526,495</b>	<b>736,115</b>	<b>912,868</b>	<b>344,904</b>	<b>1,528,203</b>	<b>4,405</b>
<b>Age</b>												
5 and younger	119,285	3	1,966	0	117,316	0	551,004	5	14,211	0	536,788	0
6-14	114,178	0	5,404	194	108,580	0	719,540	0	45,496	959	673,085	0
15-20	62,126	0	5,295	8,788	48,039	4	399,132	0	44,730	37,418	316,972	12
21-44	101,542	2	33,901	67,305	230	104	624,735	22	336,311	286,357	1,344	701
45-64	50,166	10	44,693	5,065	1	397	465,421	68	441,633	20,071	6	3,643
65-74	28,075	25,241	2,785	39	0	10	297,167	268,036	28,983	99	0	49
75-84	27,009	26,892	117	0	0	0	284,623	283,483	1,140	0	0	0
85 and older	18,639	18,596	41	0	2	0	184,872	184,500	364	0	8	0
Unknown	1	1	0	0	0	0	1	1	0	0	0	0
<b>Gender</b>												
Female	312,767	51,944	50,197	73,318	136,793	515	2,115,258	545,187	491,708	310,791	763,167	4,405
Male	208,243	18,792	44,003	8,073	137,375	0	1,411,191	190,891	421,151	34,113	765,036	0
Unknown	11	9	2	0	0	0	46	37	9	0	0	0
<b>Race</b>												
White	262,845	38,187	58,199	41,111	125,025	323	2,030,698	388,566	589,382	200,232	849,799	2,719
African American	196,360	24,377	33,625	34,544	103,644	170	1,205,344	259,049	303,659	127,216	513,918	1,502
Other/unknown	61,816	8,181	2,378	5,736	45,499	22	290,453	88,500	19,827	17,456	164,486	184
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	14,604	12,184	2,407	2	11	0	152,603	125,484	26,994	3	122	0
Part year	10,450	8,318	2,067	28	35	2	99,129	79,042	19,600	174	289	24
None	495,967	50,243	89,728	81,361	274,122	513	3,274,763	531,589	866,274	344,727	1,527,792	4,381
<b>Maintenance Assistance Status</b>												
Cash	109,889	33,789	69,698	6,315	87	0	1,073,644	376,406	666,807	29,944	487	0
Medically needy	794	157	620	5	12	0	6,579	1,698	4,798	24	59	0
Poverty-related	283,377	10,472	12,605	23,718	236,067	515	1,609,228	110,522	121,682	89,843	1,282,776	4,405
Other/unknown	126,961	26,327	11,279	51,353	38,002	0	837,044	247,489	119,581	225,093	244,881	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	111,806	64,966	46,173	619	30	18	1,187,188	681,692	501,282	3,817	272	125
Full dual, part year	5,412	2,983	2,401	28	0	0	58,186	32,115	25,792	279	0	0
Non-dual, all year	403,803	2,796	45,628	80,744	274,138	497	2,281,121	22,308	385,794	340,808	1,527,931	4,280
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	304,901	69,256	77,855	30,472	126,810	508	2,834,737	727,960	840,056	181,707	1,080,646	4,368
FFS part year, with Rx claims	71,262	799	9,984	24,969	35,507	3	275,938	4,407	48,427	90,265	132,816	23
FFS part year, no Rx claims	144,858	690	6,363	25,950	111,851	4	415,820	3,748	24,385	72,932	314,741	14

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2006. The "Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.  
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

## All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
VIRGINIA, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>45.9</b>	<b>6.0</b>	<b>\$414</b>	<b>\$70</b>	<b>\$5,891</b>	<b>7.0</b>	<b>521,021</b>
<b>Age</b>							
5 and younger	36.8	1.8	117	66	2,614	4.5	119,285
6-14	37.9	3.3	288	88	2,111	13.6	114,178
15-20	44.9	5.0	466	94	3,949	11.8	62,126
21-44	54.5	8.2	587	71	7,093	8.3	101,542
45-64	65.9	20.7	1,369	66	13,963	9.8	50,166
65-74	48.4	5.6	242	43	8,014	3.0	28,075
75-84	47.9	3.9	120	30	11,216	1.1	27,009
85 and older	49.1	3.7	98	26	17,283	0.6	18,639
Unknown	0.0	0.0	0	0	1,588	0.0	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	48.1	4.3	144	34	11,622	1.2	70,745
Disabled	65.2	18.3	1,426	78	15,026	9.5	94,202
Adults	50.9	4.5	220	49	2,905	7.6	81,391
Children	37.2	2.5	192	76	2,147	8.9	274,168
Unknown	80.4	24.3	1,799	74	12,518	14.4	515
<b>Gender</b>							
Female	47.8	6.3	395	62	5,751	6.9	312,767
Male	43.0	5.4	443	82	6,100	7.3	208,243
Unknown	18.2	1.5	11	7	8,516	0.1	11
<b>Race</b>							
White	55.9	8.8	589	67	6,832	8.6	262,845
African American	38.4	3.5	276	78	5,546	5.0	196,360
Other/unknown	27.3	1.6	110	70	2,981	3.7	61,816
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	62.0	13.6	679	50	37,854	1.8	14,604
Part year	68.0	11.9	640	54	26,776	2.4	10,450
None	45.0	5.6	402	72	4,509	8.9	495,967
<b>Maintenance Assistance Status</b>							
Cash	60.4	15.1	1,137	75	9,903	11.5	109,889
Medically needy	70.5	16.9	1,378	81	18,666	7.4	794
Poverty related	37.7	2.4	141	59	1,752	8.0	283,377
Other/unknown	51.6	6.0	394	66	11,576	3.4	126,961

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table 3 includes beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

## All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 VIRGINIA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>0.9</b>	<b>\$61</b>	<b>7.0</b>	<b>54.1</b>	<b>33.2</b>	<b>5.3</b>	<b>4.8</b>	<b>2.0</b>	<b>0.6</b>	<b>\$870</b>	<b>521,021</b>	<b>3,526,495</b>
<b>Age</b>												
5 and younger	0.4	25	4.5	63.2	31.9	3.3	1.4	0.1	0.0	566	119,285	551,004
6-14	0.5	46	13.6	62.1	30.2	4.2	3.0	0.5	0.0	335	114,178	719,540
15-20	0.8	73	11.8	55.1	33.0	5.7	5.0	1.1	0.1	615	62,126	399,132
21-44	1.3	95	8.3	45.5	33.2	8.0	8.9	3.6	0.7	1,153	101,542	624,735
45-64	2.2	148	9.8	34.1	32.5	7.8	11.9	9.5	4.3	1,505	50,166	465,421
65-74	0.5	23	3.0	51.6	39.3	4.3	2.9	1.4	0.5	757	28,075	297,167
75-84	0.4	11	1.1	52.1	41.2	4.2	2.0	0.5	0.1	1,064	27,009	284,623
85 and older	0.4	10	0.6	50.9	42.3	4.5	2.0	0.3	0.0	1,743	18,639	184,872
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,588	1	1
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	0.4	14	1.2	51.9	40.8	4.3	2.2	0.7	0.2	1,117	70,745	736,115
Disabled	1.9	147	9.5	34.8	34.3	8.1	11.9	7.9	2.9	1,551	94,202	912,868
Adults	1.1	52	7.6	49.1	33.1	8.1	7.4	2.1	0.3	686	81,391	344,904
Children	0.5	34	8.9	62.8	31.0	3.7	2.2	0.3	0.0	385	274,168	1,528,203
Unknown	2.8	210	14.4	19.6	28.0	12.8	26.2	12.6	0.8	1,464	515	4,405
<b>Gender</b>												
Female	0.9	58	6.9	52.2	34.3	5.6	5.0	2.2	0.7	850	312,767	2,115,258
Male	0.8	65	7.3	57.0	31.6	4.8	4.5	1.7	0.4	900	208,243	1,411,191
Unknown	0.4	3	0.1	81.8	9.1	0.0	9.1	0.0	0.0	2,036	11	46
<b>Race</b>												
White	1.1	76	8.6	44.1	38.4	6.9	6.6	3.0	1.0	884	262,845	2,030,698
African American	0.6	45	5.0	61.6	29.6	4.1	3.3	1.1	0.3	904	196,360	1,205,344
Other/unknown	0.3	23	3.7	72.7	22.8	2.4	1.6	0.4	0.1	634	61,816	290,453
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	1.3	65	1.8	38.0	41.9	7.9	6.0	3.5	2.7	3,623	14,604	152,603
Part year	1.3	68	2.4	32.0	48.3	7.3	5.9	3.9	2.7	2,823	10,450	99,129
None	0.8	61	8.9	55.0	32.7	5.2	4.7	1.9	0.5	683	495,967	3,274,763
<b>Maintenance Assistance Status</b>												
Cash	1.5	116	11.5	39.6	35.2	6.9	9.6	6.3	2.3	1,014	109,889	1,073,644
Medically needy	2.0	166	7.4	29.5	30.9	12.0	17.0	9.1	1.6	2,253	794	6,579
Poverty related	0.4	25	8.0	62.3	31.5	3.8	2.0	0.3	0.0	309	283,377	1,609,228
Other/unknown	0.9	60	3.4	48.4	35.4	7.1	6.6	2.0	0.4	1,756	126,961	837,044

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table 4 includes the beneficiaries represented by Cell C 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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.

## All Medicaid Beneficiaries

TABLE 5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 VIRGINIA, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>0.9</b>	<b>\$61</b>	<b>\$70</b>	<b>0.3</b>	<b>\$44</b>	<b>\$161</b>	<b>0.1</b>	<b>\$6</b>	<b>\$111</b>	<b>0.6</b>	<b>\$12</b>	<b>\$21</b>
<b>Age</b>												
5 and younger	0.4	25	66	0.1	19	175	0.0	1	50	0.2	5	20
6-14	0.5	46	88	0.2	37	152	0.0	3	78	0.2	6	26
15-20	0.8	73	94	0.3	58	187	0.0	5	91	0.4	10	24
21-44	1.3	95	71	0.4	66	175	0.1	10	126	0.9	20	22
45-64	2.2	148	66	0.6	97	153	0.1	20	133	1.4	31	22
65-74	0.5	23	43	0.1	14	126	0.0	3	103	0.4	6	15
75-84	0.4	11	30	0.1	7	105	0.0	1	81	0.3	3	11
85 and older	0.4	10	26	0.1	6	98	0.0	1	66	0.3	3	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	0.4	14	34	0.1	9	111	0.0	2	88	0.3	4	12
Disabled	1.9	147	78	0.6	105	179	0.1	15	128	1.2	27	23
Adults	1.1	52	49	0.3	30	121	0.1	7	125	0.7	14	19
Children	0.5	34	76	0.2	27	151	0.0	2	68	0.2	6	23
Unknown	2.8	210	74	0.8	146	174	0.2	27	168	1.8	38	21
<b>Gender</b>												
Female	0.9	58	62	0.3	40	148	0.1	7	113	0.6	12	20
Male	0.8	65	82	0.3	50	180	0.0	5	108	0.5	11	23
Unknown	0.4	3	7	0.0	1	61	0.0	0	0	0.3	1	4
<b>Race</b>												
White	1.1	76	67	0.3	53	154	0.1	8	112	0.7	15	21
African American	0.6	45	78	0.2	34	185	0.0	3	111	0.4	8	21
Other/unknown	0.3	23	70	0.1	17	169	0.0	2	82	0.2	4	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.3	65	50	0.3	44	142	0.1	6	109	0.9	15	16
Part year	1.3	68	54	0.3	46	150	0.1	7	140	0.9	14	16
None	0.8	61	72	0.3	44	163	0.1	6	110	0.5	12	22
<b>Maintenance Assistance Status</b>												
Cash	1.5	116	75	0.5	82	174	0.1	12	125	1.0	22	22
Medically needy	2.0	166	81	0.6	116	199	0.1	17	178	1.4	33	24
Poverty related	0.4	25	59	0.1	17	130	0.0	2	82	0.3	5	20
Other/unknown	0.9	60	66	0.3	44	161	0.0	5	104	0.6	11	19

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table 5 includes the beneficiaries represented by Cell C 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, 0.6 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.medi-span.com/master-drug-database.aspx>

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.

## All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 VIRGINIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.0	0.0	0.2	\$16	\$10	\$2	\$5	\$58	\$199	\$58	\$23	267,960	\$15,448,820	109,595	21.0	969,649
Biologicals	0.3	0.3	0.0	0.0	437	437	0	0	1308	1,345	0	51	3,794	4,962,149	1,395	0.3	11,349
Antineoplastic Agents	0.4	0.2	0.0	0.3	117	99	2	16	265	642	681	56	7,825	2,070,144	1,851	0.4	17,755
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	28	20	1	7	58	114	46	25	222,371	12,880,491	50,468	9.7	455,129
Cardiovascular Agents	0.9	0.2	0.1	0.6	39	16	15	8	45	80	134	14	338,275	15,084,686	39,593	7.6	383,654
Respiratory Agents	0.4	0.2	0.0	0.2	26	19	2	5	60	110	62	21	386,636	23,246,034	95,988	18.4	906,549
Gastrointestinal Agents	0.5	0.3	0.0	0.2	49	38	7	4	100	134	527	19	178,891	17,898,628	37,325	7.2	362,865
Genitourinary Agents	0.3	0.1	0.0	0.1	18	9	4	5	61	85	95	33	36,460	2,220,708	14,629	2.8	124,419
CNS Drugs	0.9	0.2	0.0	0.6	67	52	5	11	77	214	112	18	656,785	50,538,680	75,805	14.5	750,705
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	75	70	0	5	109	125	131	41	99,953	10,913,810	15,454	3.0	144,835
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	87	83	0	5	300	323	141	134	9,091	2,731,573	2,956	0.6	31,256
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	22	9	4	10	43	200	274	21	315,270	13,461,291	66,374	12.7	602,560
Neuromuscular Agents	0.8	0.3	0.0	0.5	67	49	3	15	87	186	116	30	269,803	23,411,068	35,414	6.8	350,776
Nutritional Products	0.4	0.0	0.0	0.3	6	1	0	4	16	28	16	14	77,864	1,244,880	24,305	4.7	207,933
Hematological Agents	0.5	0.2	0.0	0.4	66	61	0	5	121	384	29	13	84,894	10,262,451	15,587	3.0	155,541
Topical Products	0.2	0.1	0.0	0.2	13	8	0	4	53	115	68	25	137,020	7,313,220	61,584	11.8	562,877
Miscellaneous Products	0.5	0.3	0.0	0.2	150	125	6	19	313	472	256	101	6,666	2,087,255	1,371	0.3	13,897
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	14	0	0	0	65	0	0	0	1,956	127,262	834	0.2	8,964
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>3,101,514</b>	<b>215,903,150</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table 6 includes the beneficiaries represented by Cell C 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.medi-span.com/master-drug-database.aspx>.

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, 0.6 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.medi-span.com/master-drug-database.aspx>.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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.

All Medicaid Beneficiaries

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 VIRGINIA, 2006

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$33,919,590	24,697	4.7	246,333	0.6	\$243	\$138
ANTICONVULSANT	21,050,790	30,016	5.8	307,045	0.7	104	69
ANTIASTHMATIC	15,535,053	66,379	12.7	623,480	0.3	81	25
ULCER DRUGS	13,451,671	38,436	7.4	386,434	0.4	85	35
ANTIDEPRESSANTS	12,251,085	43,768	8.4	420,297	0.5	64	29
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	10,911,043	17,871	3.4	171,157	0.6	109	64
ANTIHYPERLIPIDEMIC	8,050,269	15,054	2.9	158,719	0.5	111	51
ANALGESICS - Narcotic	7,639,878	69,609	13.4	641,550	0.3	36	12
ANTIDIABETIC	6,235,756	19,614	3.8	191,225	0.5	68	33
DERMATOLOGICAL	5,352,815	75,015	14.4	743,828	0.2	38	7
Total	134,397,950	400,459	n.a.	3,890,068	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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.

All Medicaid Beneficiaries