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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, 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
All	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
Age												
5 and younger	119,276	3	1,960	0	117,313	0	550,919	5	14,148	0	536,766	0
6-14	114,160	0	5,390	194	108,576	0	719,390	0	45,363	959	673,068	0
15-20	61,870	0	5,061	8,786	48,019	4	396,864	0	42,672	37,410	316,770	12
21-44	82,070	1	14,893	66,846	227	103	416,103	10	130,923	283,160	1,313	697
45-64	23,347	4	18,057	4,899	1	386	173,115	17	150,285	19,252	6	3,555
65-74	1,577	1,292	262	19	0	4	12,076	9,682	2,351	27	0	16
75-84	931	926	5	0	0	0	7,863	7,811	52	0	0	0
85 and older	571	569	0	0	2	0	4,790	4,782	0	0	8	0
Unknown	1	1	0	0	0	0	1	1	0	0	0	0
Gender												
Female	235,414	1,676	23,630	72,831	136,780	497	1,291,724	13,353	203,544	307,492	763,055	4,280
Male	168,380	1,113	21,996	7,913	137,358	0	989,354	8,921	182,241	33,316	764,876	0
Unknown	9	7	2	0	0	0	43	34	9	0	0	0
Race												
White	196,422	1,190	29,143	40,766	125,011	312	1,330,959	9,366	271,398	197,888	849,677	2,630
African American	154,289	1,049	15,171	34,275	103,630	164	755,858	9,371	105,599	125,632	513,783	1,473
Other/unknown	53,092	557	1,314	5,703	45,497	21	194,304	3,571	8,797	17,288	164,471	177
Use of Nursing Facilities^c												
Entire year	1,326	403	910	2	11	0	14,427	4,172	10,130	3	122	0
Part year	1,301	274	962	28	35	2	11,032	2,390	8,155	174	289	24
None	401,176	2,119	43,756	80,714	274,092	495	2,255,662	15,746	367,509	340,631	1,527,520	4,256
Maintenance Assistance Status												
Cash	48,373	1,635	40,381	6,270	87	0	389,834	13,273	346,410	29,664	487	0
Medically needy	530	20	493	5	12	0	3,843	205	3,555	24	59	0
Poverty-related	263,024	437	2,429	23,604	236,057	497	1,393,323	2,962	14,412	88,952	1,282,717	4,280
Other/unknown	91,876	704	2,325	50,865	37,982	0	494,121	5,868	21,417	222,168	244,668	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	191,582	2,026	32,227	30,056	126,783	490	1,612,644	18,978	330,356	178,680	1,080,387	4,243
FFS part year, with Rx claims	69,582	522	8,698	24,855	35,504	3	264,556	2,415	39,625	89,690	132,803	23
FFS part year, no Rx claims	142,639	248	4,703	25,833	111,851	4	403,921	915	15,813	72,438	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 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, 2006

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	Number of Beneficiaries
						FFS \$ ^d	
All	44.6	6.3	\$483	\$76	\$4,204	11.5	403,803
Age							
5 and younger	36.8	1.8	117	66	2,614	4.5	119,276
6-14	37.9	3.3	288	88	2,111	13.6	114,160
15-20	44.9	4.9	464	94	3,934	11.8	61,870
21-44	55.6	9.0	653	73	6,120	10.7	82,070
45-64	75.8	37.3	2,655	71	14,973	17.7	23,347
65-74	65.6	27.9	1,824	65	16,469	11.1	1,577
75-84	57.5	14.4	842	59	14,506	5.8	931
85 and older	51.1	8.9	466	52	17,752	2.6	571
Unknown	0.0	0.0	0	0	1,588	0.0	1
Basis of Eligibility^e							
Aged	59.0	18.2	1,120	62	15,471	7.2	2,796
Disabled	76.7	31.8	2,655	84	18,100	14.7	45,628
Adults	50.9	4.4	214	49	2,897	7.4	80,744
Children	37.2	2.5	192	76	2,146	8.9	274,138
Unknown	80.7	24.4	1,801	74	12,678	14.2	497
Gender							
Female	46.3	6.8	467	68	3,979	11.7	235,414
Male	42.1	5.7	505	89	4,518	11.2	168,380
Unknown	22.2	1.9	13	7	10,408	0.1	9
Race							
White	56.2	9.8	718	73	4,664	15.4	196,422
African American	36.5	3.6	311	86	4,117	7.6	154,289
Other/unknown	25.0	1.4	112	81	2,757	4.1	53,092
Use of Nursing Facilities^f							
Entire year	89.3	82.9	5,707	69	68,208	8.4	1,326
Part year	90.5	54.0	3,789	70	60,663	6.2	1,301
None	44.3	5.9	455	77	3,809	11.9	401,176
Maintenance Assistance Status							
Cash	73.2	28.5	2,353	82	15,159	15.5	48,373
Medically needy	77.7	22.1	1,914	87	22,933	8.3	530
Poverty related	37.2	2.3	138	61	1,719	8.1	263,024
Other/unknown	50.5	6.2	477	77	5,443	8.8	91,876

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 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 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.

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.1	\$86	11.5	55.4	30.5	5.4	5.5	2.4	0.7	\$744	403,803	2,281,121
Age												
5 and younger	0.4	25	4.5	63.2	31.9	3.3	1.4	0.1	0.0	566	119,276	550,919
6-14	0.5	46	13.6	62.1	30.2	4.2	3.0	0.5	0.0	335	114,160	719,390
15-20	0.8	72	11.8	55.1	33.0	5.7	4.9	1.1	0.1	613	61,870	396,864
21-44	1.8	129	10.7	44.4	31.3	8.8	10.3	4.3	0.9	1,207	82,070	416,103
45-64	5.0	358	17.7	24.2	16.0	9.6	21.9	19.5	8.8	2,019	23,347	173,115
65-74	3.6	238	11.1	34.4	19.1	7.7	17.2	15.6	6.0	2,151	1,577	12,076
75-84	1.7	100	5.8	42.5	29.6	6.0	11.0	9.0	1.8	1,718	931	7,863
85 and older	1.1	56	2.6	48.9	30.8	5.8	10.0	3.9	0.7	2,116	571	4,790
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	1,588	1	1
Basis of Eligibility^e												
Aged	2.3	140	7.2	41.0	25.8	6.8	12.7	10.6	3.2	1,939	2,796	22,308
Disabled	3.8	314	14.7	23.3	23.3	10.8	21.4	15.5	5.8	2,141	45,628	385,794
Adults	1.0	51	7.4	49.1	33.2	8.1	7.3	2.0	0.3	686	80,744	340,808
Children	0.5	34	8.9	62.8	31.0	3.7	2.2	0.3	0.0	385	274,138	1,527,931
Unknown	2.8	209	14.2	19.3	28.2	13.1	26.6	12.1	0.8	1,472	497	4,280
Gender												
Female	1.2	85	11.7	53.7	31.1	5.8	5.8	2.8	0.9	725	235,414	1,291,724
Male	1.0	86	11.2	57.9	29.7	5.0	5.1	1.9	0.5	769	168,380	989,354
Unknown	0.4	3	0.1	77.8	11.1	0.0	11.1	0.0	0.0	2,179	9	43
Race												
White	1.5	106	15.4	43.8	36.3	7.1	7.8	3.8	1.2	688	196,422	1,330,959
African American	0.7	64	7.6	63.5	26.6	4.4	3.8	1.4	0.3	840	154,289	755,858
Other/unknown	0.4	31	4.1	75.0	20.3	2.4	1.7	0.5	0.1	753	53,092	194,304
Use of Nursing Facilities^f												
Entire year	7.6	525	8.4	10.7	10.2	4.1	15.5	32.0	27.5	6,269	1,326	14,427
Part year	6.4	447	6.2	9.5	15.9	7.0	22.4	25.5	19.8	7,154	1,301	11,032
None	1.1	81	11.9	55.7	30.6	5.4	5.4	2.3	0.6	678	401,176	2,255,662
Maintenance Assistance Status												
Cash	3.5	292	15.5	26.8	24.4	10.2	19.7	13.8	5.1	1,881	48,373	389,834
Medically needy	3.0	264	8.3	22.3	25.1	14.7	22.6	12.8	2.5	3,163	530	3,843
Poverty related	0.4	26	8.1	62.8	31.0	3.8	2.0	0.3	0.0	325	263,024	1,393,323
Other/unknown	1.2	89	8.8	49.5	32.3	7.4	7.8	2.5	0.5	1,012	91,876	494,121

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 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 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.

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, 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
All	1.1	\$86	\$76	0.4	\$62	\$164	0.1	\$8	\$112	0.7	\$16	\$23
Age												
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	72	94	0.3	58	186	0.0	5	91	0.4	10	24
21-44	1.8	129	73	0.5	89	172	0.1	13	125	1.1	26	23
45-64	5.0	358	71	1.5	237	155	0.4	48	135	3.1	73	23
65-74	3.6	238	65	1.1	164	145	0.2	29	117	2.3	46	20
75-84	1.7	100	59	0.6	69	123	0.1	12	116	1.0	19	18
85 and older	1.1	56	52	0.4	40	114	0.1	4	82	0.7	11	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.3	140	62	0.7	97	134	0.1	17	114	1.4	27	19
Disabled	3.8	314	84	1.3	226	180	0.3	33	130	2.3	56	25
Adults	1.0	51	49	0.2	30	120	0.1	7	124	0.7	14	19
Children	0.5	34	76	0.2	27	151	0.0	2	68	0.2	6	23
Unknown	2.8	209	74	0.8	145	175	0.2	27	170	1.8	38	21
Gender												
Female	1.2	85	68	0.4	59	151	0.1	10	114	0.8	17	22
Male	1.0	86	89	0.4	66	182	0.1	6	109	0.5	14	25
Unknown	0.4	3	7	0.0	1	61	0.0	0	0	0.4	1	4
Race												
White	1.5	106	73	0.5	75	156	0.1	11	112	0.9	20	23
African American	0.7	64	86	0.3	49	190	0.0	5	114	0.4	10	24
Other/unknown	0.4	31	81	0.1	24	183	0.0	2	93	0.2	5	22
Use of Nursing Facilities^e												
Entire year	7.6	525	69	2.4	364	154	0.4	52	123	4.8	109	23
Part year	6.4	447	70	1.8	305	165	0.3	51	159	4.2	90	21
None	1.1	81	77	0.4	59	165	0.1	8	111	0.6	15	23
Maintenance Assistance Status												
Cash	3.5	292	82	1.2	209	178	0.2	31	128	2.1	52	25
Medically needy	3.0	264	87	0.9	186	207	0.1	27	189	2.0	52	26
Poverty related	0.4	26	61	0.1	19	128	0.0	2	79	0.3	5	21
Other/unknown	1.2	89	77	0.4	66	167	0.1	7	106	0.7	16	22

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 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, 0.6 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.

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	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	0.0	0.0	0.2	\$16	\$9	\$2	\$5	\$56	\$194	\$57	\$23	258,175	\$14,553,533	104,653	25.9	916,144
Biologicals	0.4	0.4	0.0	0.0	472	472	0	0	1324	1,334	0	44	3,696	4,894,607	1,308	0.3	10,363
Antineoplastic Agents	0.5	0.2	0.0	0.4	154	130	3	21	287	725	709	59	6,161	1,769,563	1,261	0.3	11,505
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	32	22	1	9	59	118	46	26	202,243	11,921,788	42,841	10.6	371,168
Cardiovascular Agents	1.2	0.3	0.2	0.8	54	22	21	11	44	80	136	14	294,045	13,055,708	26,755	6.6	240,904
Respiratory Agents	0.5	0.2	0.0	0.2	30	23	2	5	63	112	64	20	334,597	21,040,064	78,305	19.4	705,861
Gastrointestinal Agents	0.6	0.3	0.0	0.2	58	45	8	5	100	134	527	20	162,067	16,144,676	29,642	7.3	277,823
Genitourinary Agents	0.3	0.1	0.0	0.2	19	9	4	5	60	86	95	33	33,220	2,008,703	12,925	3.2	105,590
CNS Drugs	1.1	0.4	0.1	0.6	111	89	8	15	104	222	110	25	435,193	45,217,633	44,645	11.1	406,304
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	76	71	0	5	109	125	132	41	99,351	10,842,887	15,207	3.8	142,109
Miscellaneous Psychological/ Neurological Agents	0.4	0.3	0.0	0.0	121	114	0	7	328	358	141	137	7,087	2,322,909	1,844	0.5	19,179
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	24	9	4	11	43	197	283	21	288,674	12,292,840	57,598	14.3	505,754
Neuromuscular Agents	0.9	0.4	0.0	0.5	88	66	4	18	99	186	119	36	217,596	21,580,442	26,063	6.5	246,153
Nutritional Products	0.4	0.1	0.0	0.3	7	2	0	4	17	29	17	15	47,376	828,783	16,915	4.2	127,229
Hematological Agents	0.6	0.2	0.0	0.4	135	126	1	8	215	512	36	21	37,580	8,081,863	6,825	1.7	60,000
Topical Products	0.3	0.1	0.0	0.2	13	9	0	4	53	117	69	25	129,065	6,854,403	56,994	14.1	512,141
Miscellaneous Products	0.5	0.2	0.0	0.2	161	134	6	22	327	552	267	95	4,561	1,493,026	945	0.2	9,254
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	16	0	0	0	74	0	0	0	1,544	114,106	645	0.2	6,943
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.	2,562,231	195,017,534	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 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.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.

Benef(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 Medicaid Beneficiaries

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, VIRGINIA, 2006

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	\$31,679,723	20,271	5.0	197,445	0.7	\$245	\$160	
ANTICONVULSANT	19,411,610	21,358	5.3	209,788	0.7	124	93	
ANTIASTHMATIC	14,460,234	59,648	14.8	549,803	0.3	82	26	
ULCER DRUGS	11,799,217	28,128	7.0	272,082	0.5	95	43	
ANTIDEPRESSANTS	11,359,015	37,253	9.2	349,228	0.5	64	33	
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	10,840,120	17,619	4.4	168,386	0.6	109	64	
ANTHYPERLIPIDEMIC	7,053,986	10,376	2.6	106,081	0.6	113	66	
ANALGESICS - Narcotic	6,974,299	62,853	15.6	568,489	0.3	36	12	
ANTIDIABETIC	5,503,435	13,010	3.2	118,840	0.6	73	46	
MISC. HEMATOLOGICAL	4,937,525	1,866	0.5	17,645	0.6	452	280	
Total	124,019,164	272,382	n.a.	2,557,787	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 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 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; n.a. = not applicable.

Nondual Medicaid 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, 2006

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 Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,208,382	\$124,019,164	20,271	5.0	197,445	0.7	\$160	21,358	5.3	209,788	0.7	\$93
Female												
All Females	717,880	65,688,354	10,363	4.4	99,793	0.6	143	13,029	5.5	126,150	0.7	85
Female, Disabled												
All Ages	449,593	44,679,390	6,015	25.5	59,386	0.7	166	8,060	34.1	83,432	0.8	96
5 and younger	3,370	392,395	6	0.7	62	0.4	38	108	12.6	1,082	0.9	119
6-14	14,127	1,912,134	260	14.2	2,611	0.6	143	453	24.8	4,865	0.9	153
15-20	14,826	1,886,835	406	21.0	4,081	0.6	144	485	25.1	5,164	0.8	134
21-44	135,368	14,340,768	2,609	32.6	25,813	0.6	158	3,242	40.6	33,878	0.8	103
45-64	277,774	25,798,951	2,684	24.8	26,291	0.7	179	3,736	34.5	38,058	0.8	78
65-74	4,116	346,976	47	27.8	501	0.8	160	36	21.3	385	1.0	71
75-84	12	1,331	3	60.0	27	0.4	48	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	268,287	21,008,964	4,348	2.1	40,407	0.5	109	4,969	2.3	42,718	0.5	62
5 and younger	16,353	1,293,171	31	0.1	317	0.4	80	148	0.3	1,269	0.6	86
6-14	55,887	5,602,043	985	1.8	10,232	0.6	128	577	1.1	5,890	0.6	85
15-20	56,596	5,485,679	1,462	4.3	15,190	0.6	124	957	2.8	9,677	0.6	104
21-44	107,382	6,096,506	1,488	2.4	11,176	0.3	65	2,787	4.6	21,727	0.4	39
45-64	16,154	1,146,780	160	4.2	1,174	0.4	55	323	8.4	2,306	0.5	44
65-74	11,149	1,021,351	148	17.6	1,567	0.9	198	127	15.1	1,368	0.9	60
75-84	3,660	286,761	49	9.1	522	0.8	138	39	7.2	360	0.7	34
85 and older	1,106	76,673	25	8.1	229	0.7	82	11	3.5	121	0.7	23
Male												
All Males	490,493	58,330,665	9,908	5.9	97,652	0.7	179	8,328	4.9	83,634	0.8	105
Male, Disabled												
All Ages	295,240	35,969,656	5,970	27.1	58,410	0.8	200	5,965	27.1	61,470	0.9	113
5 and younger	4,930	552,796	38	3.4	328	0.5	99	133	12.0	1,327	0.8	118
6-14	31,358	4,589,767	870	24.4	8,551	0.6	160	713	20.0	7,421	0.8	134
15-20	27,071	5,100,799	940	30.1	9,636	0.7	189	664	21.2	6,804	0.9	137
21-44	97,910	12,761,010	2,458	35.6	23,909	0.8	216	2,511	36.4	26,448	0.9	130
45-64	132,464	12,808,782	1,637	22.7	15,698	0.8	207	1,919	26.6	19,209	0.8	73
65-74	1,507	156,502	27	29.0	288	0.9	163	25	26.9	261	0.9	64
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 Medicaid 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, 2006

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 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	195,253	22,361,009	3,938	2.7	39,242	0.6	147	2,363	1.6	22,164	0.6	82
5 and younger	23,719	2,007,129	121	0.2	1,173	0.4	77	186	0.3	1,573	0.6	73
6-14	95,244	10,916,557	1,971	3.6	19,630	0.6	147	840	1.5	8,490	0.6	89
15-20	48,819	7,519,587	1,514	6.6	15,872	0.6	156	717	3.1	7,504	0.7	101
21-44	17,270	1,102,025	217	3.4	1,583	0.4	99	432	6.8	3,094	0.6	39
45-64	4,751	372,263	35	2.4	258	0.4	96	110	7.7	710	0.5	49
65-74	3,557	290,824	47	10.0	407	1.0	182	45	9.5	444	0.9	48
75-84	1,286	109,184	18	4.7	169	0.8	193	26	6.8	280	0.5	27
85 and older	607	43,440	15	5.8	150	0.6	121	7	2.7	69	0.7	10
Unknown	9	145	0	0.0	0	0.0	0	1	10.0	4	1.0	3

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 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Medicaid 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, 2006

Beneficiary Characteristics	ANTIASTHMATIC					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	59,648	14.8	549,803	0.3	\$26	28,128	7.0	272,082	0.5	\$43	37,253	9.2	349,228	0.5	\$33
Female															
All Females	32,422	13.8	300,136	0.3	26	18,474	7.8	178,333	0.5	44	26,435	11.2	243,140	0.5	32
Female, Disabled															
All Ages	10,930	46.3	114,568	0.4	37	9,601	40.6	102,551	0.6	57	12,528	53.0	128,316	0.6	37
5 and younger	411	48.0	4,030	0.3	40	184	21.5	1,751	0.5	49	9	1.1	63	0.3	4
6-14	597	32.7	6,365	0.4	36	198	10.8	2,223	0.5	51	229	12.5	2,391	0.5	26
15-20	424	21.9	4,548	0.3	30	267	13.8	2,914	0.5	44	459	23.7	4,727	0.5	31
21-44	2,909	36.4	31,145	0.4	31	2,915	36.5	31,797	0.5	49	4,617	57.8	47,742	0.5	36
45-64	6,504	60.0	67,601	0.5	41	5,961	55.0	63,065	0.6	61	7,155	66.0	72,788	0.6	39
65-74	85	50.3	879	0.6	43	76	45.0	801	0.7	72	58	34.3	593	0.8	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	20.0	12	0.1	3
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	21,492	10.1	185,568	0.3	20	8,873	4.2	75,782	0.3	26	13,907	6.6	114,824	0.4	27
5 and younger	6,187	10.8	49,970	0.2	19	1,333	2.3	8,668	0.3	19	46	0.1	442	0.3	10
6-14	6,761	12.5	63,930	0.3	21	1,130	2.1	12,114	0.2	21	1,269	2.3	12,897	0.4	25
15-20	3,340	9.9	32,249	0.2	17	1,640	4.8	16,593	0.2	17	3,135	9.3	30,756	0.4	27
21-44	4,291	7.1	31,680	0.3	18	3,797	6.2	30,229	0.3	29	8,188	13.5	60,815	0.4	26
45-64	572	14.8	4,295	0.4	26	592	15.4	4,494	0.5	47	981	25.4	7,003	0.5	33
65-74	239	28.4	2,428	0.5	48	235	27.9	2,303	0.6	50	190	22.5	1,922	0.7	44
75-84	70	13.0	672	0.4	32	104	19.3	987	0.6	43	68	12.6	676	0.8	42
85 and older	32	10.3	344	0.3	28	42	13.5	394	0.6	37	30	9.7	313	0.6	38
Male															
All Males	27,226	16.2	249,667	0.3	26	9,653	5.7	93,737	0.5	43	10,818	6.4	106,088	0.6	33
Male, Disabled															
All Ages	6,545	29.8	67,718	0.4	38	5,358	24.4	56,999	0.6	56	6,210	28.2	62,707	0.6	36
5 and younger	604	54.7	5,998	0.4	40	232	21.0	2,412	0.5	40	16	1.4	170	0.3	7
6-14	1,227	34.4	13,193	0.4	37	313	8.8	3,597	0.5	51	487	13.7	5,176	0.5	25
15-20	692	22.1	7,165	0.4	31	321	10.3	3,607	0.5	42	663	21.2	6,801	0.6	35
21-44	1,299	18.8	13,806	0.4	30	1,728	25.0	18,774	0.6	56	2,371	34.4	23,979	0.6	39
45-64	2,687	37.3	27,196	0.5	43	2,738	38.0	28,352	0.6	60	2,653	36.8	26,398	0.6	36
65-74	36	38.7	360	0.5	86	26	28.0	257	0.7	78	20	21.5	183	0.7	35
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 Medicaid 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, 2006

Beneficiary Characteristics	ANTIASTHMATIC						ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	
Male, Other Eligibles																
All Ages	20,681	14.1	181,949	0.3	22	4,295	2.9	36,738	0.3	24	4,608	3.1	43,381	0.5	29	
5 and younger	8,453	14.1	67,604	0.2	20	1,587	2.6	10,392	0.3	19	57	0.1	594	0.3	8	
6-14	9,137	16.7	85,526	0.3	23	1,013	1.9	10,887	0.2	22	1,658	3.0	16,542	0.5	26	
15-20	2,440	10.6	23,828	0.3	21	794	3.5	8,248	0.3	18	1,717	7.5	17,574	0.5	33	
21-44	408	6.4	3,055	0.3	24	566	8.9	4,526	0.4	36	854	13.4	6,270	0.4	23	
45-64	107	7.5	716	0.4	31	164	11.4	1,057	0.5	54	227	15.8	1,524	0.4	29	
65-74	68	14.4	603	0.6	50	93	19.7	847	0.6	56	52	11.0	482	0.8	47	
75-84	40	10.4	359	0.3	19	52	13.5	515	0.5	29	28	7.3	244	0.6	28	
85 and older	28	10.9	258	0.4	29	26	10.1	266	0.5	21	15	5.8	151	0.4	18	
Unknown	0	0.0	0	0.0	0	1	10.0	12	0.4	11	0	0.0	0	0.0	0	

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 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Medicaid 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, 2006

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	17,619	4.4	168,386	0.6	\$64	10,376	2.6	106,081	0.6	\$67	62,853	15.6	568,489	0.3	\$12
Female															
All Females	5,782	2.5	55,971	0.6	61	6,853	2.9	70,394	0.6	66	45,863	19.5	407,172	0.3	11
Female, Disabled															
All Ages	1,059	4.5	10,768	0.6	68	5,464	23.1	58,720	0.6	69	15,397	65.2	161,044	0.5	21
5 and younger	27	3.2	309	0.4	38	2	0.2	13	0.2	7	62	7.2	661	0.1	1
6-14	425	23.3	4,202	0.7	68	4	0.2	48	0.1	6	162	8.9	1,837	0.1	1
15-20	218	11.3	2,231	0.6	62	9	0.5	104	0.7	76	470	24.3	5,016	0.2	2
21-44	260	3.3	2,718	0.6	66	951	11.9	10,463	0.6	63	5,702	71.3	60,470	0.4	17
45-64	129	1.2	1,308	0.6	90	4,439	40.9	47,496	0.6	71	8,895	82.0	91,990	0.5	25
65-74	0	0.0	0	0.0	0	59	34.9	596	0.7	85	106	62.7	1,070	0.6	9
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	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	4,723	2.2	45,203	0.5	59	1,389	0.7	11,674	0.5	52	30,466	14.4	246,128	0.3	5
5 and younger	155	0.3	1,497	0.4	32	14	0.0	109	0.1	7	690	1.2	6,585	0.1	1
6-14	3,083	5.7	29,886	0.6	59	26	0.0	304	0.3	29	2,247	4.2	23,417	0.1	1
15-20	1,098	3.2	11,417	0.5	65	32	0.1	312	0.4	30	6,170	18.2	56,481	0.2	2
21-44	356	0.6	2,214	0.5	46	568	0.9	4,775	0.4	42	19,526	32.1	144,899	0.3	6
45-64	29	0.8	173	0.7	83	393	10.2	3,056	0.5	55	1,458	37.8	10,971	0.4	10
65-74	2	0.2	16	0.2	2	254	30.1	2,222	0.6	74	249	29.5	2,487	0.5	11
75-84	0	0.0	0	0.0	0	85	15.8	746	0.6	62	91	16.9	916	0.4	27
85 and older	0	0.0	0	0.0	0	17	5.5	150	0.5	35	35	11.3	372	0.2	4
Male															
All Males	11,837	7.0	112,415	0.6	66	3,523	2.1	35,687	0.6	67	16,990	10.1	161,317	0.3	15
Male, Disabled															
All Ages	2,355	10.7	22,794	0.7	74	2,942	13.4	31,120	0.6	69	8,319	37.8	83,381	0.5	25
5 and younger	58	5.3	519	0.4	40	6	0.5	69	0.2	6	78	7.1	797	0.1	2
6-14	1,433	40.2	13,564	0.7	72	8	0.2	84	0.4	24	338	9.5	3,792	0.1	2
15-20	640	20.5	6,423	0.6	78	24	0.8	264	0.4	40	593	19.0	6,325	0.2	4
21-44	175	2.5	1,791	0.7	88	710	10.3	7,729	0.6	64	2,977	43.2	30,440	0.4	20
45-64	49	0.7	497	0.6	71	2,177	30.2	22,791	0.6	71	4,298	59.6	41,732	0.6	34
65-74	0	0.0	0	0.0	0	17	18.3	183	0.7	86	35	37.6	295	0.5	18
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 Medicaid 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, 2006

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	9,482	6.5	89,621	0.6	64	581	0.4	4,567	0.5	50	8,671	5.9	77,936	0.2	6
5 and younger	447	0.7	4,125	0.4	35	12	0.0	87	0.2	11	974	1.6	9,121	0.1	1
6-14	6,990	12.8	65,131	0.6	63	16	0.0	190	0.3	21	2,047	3.7	21,074	0.1	1
15-20	1,968	8.6	20,003	0.6	73	34	0.1	353	0.4	44	2,463	10.7	24,887	0.1	1
21-44	60	0.9	283	0.6	71	230	3.6	1,822	0.4	42	2,588	40.7	18,565	0.4	15
45-64	15	1.0	55	0.6	58	167	11.6	1,016	0.6	59	464	32.3	3,012	0.5	23
65-74	0	0.0	0	0.0	0	72	15.3	634	0.7	79	92	19.5	852	0.5	8
75-84	1	0.3	12	0.2	2	40	10.4	377	0.5	45	33	8.6	325	0.2	16
85 and older	1	0.4	12	0.1	20	10	3.9	88	0.5	46	10	3.9	100	0.5	2
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Medicaid 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, 2006

Beneficiary Characteristics	ANTIDIABETIC					MISC. HEMATOLOGICAL						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	13,010	3.2	118,840	0.6	\$46	1,866	0.5	17,645	0.6	\$280	403,803	2,281,121
Female												
All Females	9,111	3.9	82,601	0.6	46	1,114	0.5	10,824	0.6	79	235,414	1,291,724
Female, Disabled												
All Ages	6,111	25.9	61,224	0.7	50	935	4.0	9,449	0.6	81	23,630	203,544
5 and younger	1	0.1	12	0.1	6	0	0.0	0	0.0	0	856	6,183
6-14	35	1.9	378	0.6	56	2	0.1	24	0.5	3,386	1,827	15,514
15-20	72	3.7	708	0.6	53	1	0.1	11	0.1	14	1,935	16,368
21-44	1,269	15.9	13,029	0.6	49	87	1.1	898	0.5	67	7,994	70,861
45-64	4,648	42.9	46,221	0.7	51	827	7.6	8,320	0.6	73	10,844	93,042
65-74	86	50.9	876	0.7	47	18	10.7	196	0.8	91	169	1,524
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	52
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Female, Other Eligibles												
All Ages	3,000	1.4	21,377	0.5	35	179	0.1	1,375	0.5	61	211,784	1,088,180
5 and younger	23	0.0	187	0.6	67	0	0.0	0	0.0	0	57,404	263,241
6-14	201	0.4	1,890	0.5	45	1	0.0	5	0.2	4	54,128	334,790
15-20	308	0.9	2,707	0.5	39	4	0.0	34	0.5	58	33,886	201,688
21-44	1,568	2.6	9,742	0.5	32	41	0.1	301	0.4	46	60,819	257,690
45-64	493	12.8	3,248	0.6	35	48	1.2	293	0.5	64	3,855	17,384
65-74	290	34.4	2,542	0.7	39	42	5.0	342	0.6	67	843	6,307
75-84	101	18.7	889	0.7	25	27	5.0	258	0.7	69	539	4,476
85 and older	16	5.2	172	0.6	22	16	5.2	142	0.6	60	310	2,604
Male												
All Males	3,899	2.3	36,239	0.6	46	752	0.4	6,821	0.6	599	168,379	989,353
Male, Disabled												
All Ages	2,893	13.2	28,918	0.7	46	624	2.8	6,008	0.6	353	21,996	182,241
5 and younger	3	0.3	36	0.3	13	0	0.0	0	0.0	0	1,104	7,965
6-14	51	1.4	551	0.7	64	4	0.1	28	0.9	14,880	3,563	29,849
15-20	65	2.1	701	0.6	55	6	0.2	67	0.9	17,461	3,125	26,299
21-44	675	9.8	6,977	0.6	47	68	1.0	659	0.6	251	6,899	60,062
45-64	2,078	28.8	20,431	0.7	45	539	7.5	5,197	0.6	70	7,212	57,239
65-74	21	22.6	222	0.8	41	7	7.5	57	0.9	101	93	827
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 Medicaid 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, 2006

Beneficiary Characteristics	ANTIDIABETIC					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean		Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean			
				Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	1,006	0.7	7,321	0.6	47	128	0.1	813	0.6	2,417	146,383	807,112
5 and younger	24	0.0	209	0.6	51	7	0.0	39	0.5	2,223	59,912	273,530
6-14	185	0.3	1,523	0.6	54	3	0.0	27	0.8	14,828	54,642	339,237
15-20	183	0.8	1,581	0.6	67	5	0.0	41	1.1	34,942	22,923	152,504
21-44	273	4.3	1,557	0.5	36	33	0.5	194	0.5	58	6,358	27,490
45-64	174	12.1	929	0.6	46	35	2.4	179	0.7	85	1,435	5,446
65-74	98	20.8	846	0.6	35	19	4.0	156	0.6	63	472	3,418
75-84	52	13.5	520	0.4	24	19	4.9	132	0.4	45	384	3,317
85 and older	17	6.6	156	0.3	9	7	2.7	45	0.6	65	257	2,170
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	44

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 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 2006. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

Nondual Medicaid Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, VIRGINIA, 2006

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	\$525	7.6	1,326	14,427
Age				
0-64	648	9.2	895	9,925
65-74	417	7.0	144	1,633
75-84	241	3.7	131	1,350
85 and older	88	1.7	156	1,519
Unknown	0	0.0	0	0
Gender				
Female	574	8.5	706	7,764
Male	468	6.6	617	6,649
Unknown	8	0.9	3	14
Race				
White	569	8.2	702	7,445
African American	464	6.9	565	6,334
Other/unknown	613	8.1	59	648
Basis of Eligibility^c				
Aged	237	3.9	403	4,172
Disabled	635	9.2	910	10,130
Adults	104	2.0	2	3
Children	1,175	6.5	11	122
Unknown	0	0.0	0	0

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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 1,301 beneficiaries who were in nursing facilities for part of their enrollment and their 11,032 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 Medicaid 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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
	Total	Patented Brand-Name	Patent Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Patent Brand-Name	Off-Brand-Name Generic	Total	Patented Brand-Name	Patent Brand-Name	Off-Brand-Name Generic					
Anti-infective Agents	0.5	0.1	0.0	0.4	\$60	\$43	\$2	\$15	\$115	\$296	\$87	\$43	3,920	\$450,072	665	50.2	7,478
Biologicals	0.3	0.3	0.0	0.0	366	366	0	0	1158	1,175	0	86	129	149,438	34	2.6	408
Antineoplastic Agents	0.4	0.1	0.0	0.4	59	19	0	40	136	273	0	109	275	37,265	58	4.4	631
Endocrine/Metabolic Drugs	1.4	0.5	0.1	0.8	73	55	4	14	54	111	75	18	7,756	416,296	509	38.4	5,718
Cardiovascular Agents	2.2	0.5	0.2	1.5	89	36	30	24	40	76	128	15	17,538	701,763	709	53.5	7,860
Respiratory Agents	1.0	0.5	0.0	0.5	77	61	3	13	74	130	72	24	6,758	501,095	578	43.6	6,497
Gastrointestinal Agents	1.2	0.4	0.0	0.8	82	54	13	14	67	121	644	19	10,103	673,418	733	55.3	8,252
Genitourinary Agents	0.7	0.3	0.1	0.3	47	29	9	9	68	88	98	34	1,761	119,541	227	17.1	2,544
CNS Drugs	2.1	0.8	0.1	1.2	164	129	12	24	80	171	90	20	21,826	1,741,329	947	71.4	10,596
Stimulants/Anti-obesity/Anorexia	1.2	0.2	0.0	1.0	32	20	0	13	28	98	0	13	197	5,488	15	1.1	171
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	231	230	0	1	234	235	0	99	1,597	373,427	142	10.7	1,617
Analgesics and Anesthetics	1.3	0.1	0.1	1.1	55	19	19	17	43	195	190	16	8,549	370,495	597	45.0	6,681
Neuromuscular Agents	2.0	0.6	0.0	1.3	155	101	3	51	76	155	79	38	14,953	1,138,924	651	49.1	7,368
Nutritional Products	0.8	0.0	0.0	0.7	14	0	0	13	18	15	25	18	2,987	54,154	344	25.9	3,864
Hematological Agents	1.3	0.5	0.0	0.8	115	103	0	12	90	210	19	15	6,207	557,741	434	32.7	4,834
Topical Products	0.6	0.2	0.1	0.4	33	17	5	10	55	112	72	27	4,764	260,397	702	52.9	8,004
Miscellaneous Products	0.4	0.1	0.0	0.3	15	6	0	8	42	81	0	30	283	11,752	72	5.4	803
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	6	0	0	0	17	0	0	0	281	4,756	66	5.0	738
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.	109,884	7,567,351	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,301 beneficiaries who were in nursing facilities for part of their enrollment and their 11,032 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 2006. 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.medi-span.com/master-drug-database.aspx>.
 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.medi-span.com/master-drug-database.aspx>.
 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.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, VIRGINIA, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$1,171,407	544	41.0	6,210	1.0	\$192	\$189	
ANTICONVULSANT	949,937	749	56.5	8,524	1.3	84	111	
ANTIDEPRESSANTS	488,530	806	60.8	9,108	0.9	59	54	
ULCER DRUGS	414,770	744	56.1	8,383	0.8	66	49	
ANTIASTHMATIC	389,515	602	45.4	6,713	0.7	87	58	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	375,121	184	13.9	2,101	0.8	227	179	
ANTIDIABETIC	314,398	614	46.3	6,991	0.9	49	45	
ANTIHYPERTENSIVE	311,968	322	24.3	3,729	0.8	111	84	
HEMATOPOIETIC AGENTS	239,683	455	34.3	5,006	0.7	64	48	
DERMATOLOGICAL	233,190	2,135	161.0	24,442	0.3	36	10	
Total	4,888,519	7,155	n.a.	81,207	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,301 beneficiaries who were in nursing facilities for part of their enrollment and their 11,032 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Nondual Medicaid 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, 2006

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	57,477	\$4,888,519	544	41.0	6,210	1.0	\$189	749	56.5	8,524	1.3	\$111
Female												
All Females	34,651	2,979,058	336	47.6	3,877	1.0	183	426	60.3	4,855	1.3	113
Female, Disabled												
All Ages	27,487	2,382,214	251	52.2	2,902	1.1	191	355	73.8	4,059	1.4	113
64 or younger	26,635	2,326,078	243	52.3	2,806	1.1	191	342	73.5	3,911	1.4	115
65-74	848	56,020	8	53.3	96	1.0	178	13	86.7	148	1.2	61
75-84	4	116	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	7,164	596,844	85	37.8	975	0.9	159	71	31.6	796	1.1	111
64 or younger	264	46,892	0	0.0	0	0.0	0	11	157.1	112	1.2	316
65-74	3,502	293,965	46	61.3	539	1.0	182	37	49.3	433	1.2	99
75-84	2,384	196,600	26	36.6	299	0.9	163	15	21.1	158	0.8	50
85 and older	1,014	59,387	13	18.1	137	0.7	61	8	11.1	93	0.8	29
Male												
All Males	22,815	1,909,410	208	33.7	2,333	0.9	198	323	52.4	3,669	1.3	110
Male, Disabled												
All Ages	19,904	1,727,993	178	41.6	2,012	0.9	204	291	68.0	3,321	1.4	116
64 or younger	19,392	1,673,128	168	40.5	1,899	0.9	205	283	68.2	3,225	1.4	116
65-74	512	54,865	10	76.9	113	0.9	190	8	61.5	96	1.4	118
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	2,911	181,417	30	15.9	321	0.8	161	32	16.9	348	0.9	47
64 or younger	157	17,159	0	0.0	0	0.0	0	4	57.1	39	0.9	176
65-74	1,281	81,687	15	36.6	168	0.8	118	15	36.6	171	0.9	25
75-84	739	46,371	7	11.9	73	0.9	241	9	15.3	90	0.9	55
85 and older	734	36,200	8	9.8	80	0.7	177	4	4.9	48	0.8	7
Unknown	11	51	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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 ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,301 beneficiaries who were in nursing facilities for part of their enrollment and their 11,032 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					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	806	60.8	9,108	0.9	\$54	744	56.1	8,383	0.8	\$50	602	45.4	6,713	0.7	\$58
Female															
All Females	484	68.6	5,558	0.9	55	417	59.1	4,725	0.7	47	364	51.6	4,054	0.6	57
Female, Disabled															
All Ages	386	80.2	4,443	0.9	56	323	67.2	3,650	0.8	49	290	60.3	3,191	0.7	62
64 or younger	375	80.6	4,311	0.9	56	314	67.5	3,542	0.8	49	276	59.4	3,023	0.7	63
65-74	10	66.7	120	1.0	49	9	60.0	108	0.6	29	14	93.3	168	0.7	51
75-84	1	100.0	12	0.1	3	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	98	43.6	1,115	0.9	49	94	41.8	1,075	0.7	41	74	32.9	863	0.4	35
64 or younger	0	0.0	0	0.0	0	4	57.1	48	1.0	66	9	128.6	98	0.5	63
65-74	47	62.7	536	0.9	50	40	53.3	461	0.6	39	31	41.3	363	0.4	37
75-84	35	49.3	402	1.0	53	31	43.7	366	0.6	40	19	26.8	222	0.4	25
85 and older	16	22.2	177	0.7	36	19	26.4	200	0.8	43	15	20.8	180	0.4	27
Male															
All Males	322	52.2	3,550	0.9	52	327	53.0	3,658	0.8	53	238	38.6	2,659	0.8	60
Male, Disabled															
All Ages	285	66.6	3,175	0.9	53	281	65.7	3,170	0.8	55	205	47.9	2,316	0.8	62
64 or younger	278	67.0	3,105	0.9	54	278	67.0	3,141	0.8	55	201	48.4	2,275	0.8	63
65-74	7	53.8	70	0.9	26	3	23.1	29	0.7	83	4	30.8	41	0.5	41
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	37	19.6	375	0.7	44	46	24.3	488	0.7	39	33	17.5	343	0.6	47
64 or younger	3	42.9	6	0.8	23	2	28.6	14	0.9	87	4	57.1	48	0.8	92
65-74	15	36.6	175	0.9	64	20	48.8	228	0.8	47	12	29.3	130	0.9	65
75-84	9	15.3	79	0.6	36	10	16.9	99	0.7	34	8	13.6	76	0.3	9
85 and older	10	12.2	115	0.5	21	14	17.1	147	0.6	24	9	11.0	89	0.4	30
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. A total of 1,301 beneficiaries who were in nursing facilities for part of their enrollment and their 11,032 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	184	13.9	2,101	0.8	\$179	614	46.3	6,991	0.9	\$45	322	24.3	3,729	0.8	\$84
Female															
All Females	110	15.6	1,263	0.8	181	406	57.5	4,612	0.9	47	207	29.3	2,400	0.8	88
Female, Disabled															
All Ages	58	12.1	667	0.8	229	310	64.4	3,547	1.0	49	161	33.5	1,867	0.8	93
64 or younger	58	12.5	667	0.8	229	302	64.9	3,451	1.0	50	156	33.5	1,807	0.8	93
65-74	0	0.0	0	0.0	0	8	53.3	96	1.0	27	5	33.3	60	0.7	98
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	52	23.1	596	0.9	126	96	42.7	1,065	0.9	40	46	20.4	533	0.7	72
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	14	18.7	168	0.9	126	55	73.3	623	0.9	46	27	36.0	313	0.7	78
75-84	25	35.2	281	0.9	132	32	45.1	336	0.8	33	14	19.7	166	0.8	71
85 and older	13	18.1	147	0.8	116	9	12.5	106	0.7	23	5	6.9	54	0.5	44
Male															
All Males	74	12.0	838	0.7	176	208	33.7	2,379	0.8	41	115	18.6	1,329	0.7	76
Male, Disabled															
All Ages	52	12.1	600	0.8	209	173	40.4	1,998	0.9	42	103	24.1	1,214	0.7	77
64 or younger	48	11.6	552	0.8	213	169	40.7	1,950	0.9	41	99	23.9	1,166	0.7	76
65-74	4	30.8	48	0.6	163	4	30.8	48	1.0	65	4	30.8	48	0.9	85
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	22	11.6	238	0.6	91	35	18.5	381	0.7	38	12	6.3	115	0.6	63
64 or younger	1	14.3	3	0.7	1,045	2	28.6	14	1.0	39	1	14.3	3	0.3	6
65-74	6	14.6	72	0.8	109	17	41.5	192	0.8	52	5	12.2	55	0.7	84
75-84	6	10.2	60	0.5	73	11	18.6	121	0.5	26	4	6.8	38	0.6	67
85 and older	9	11.0	103	0.4	62	5	6.1	54	0.4	14	2	2.4	19	0.1	5
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for Virginia, released by CMS in 6/2009. This table was produced on 02/12/2010.
 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 2006. A total of 1,301 beneficiaries who were in nursing facilities for part of their enrollment and their 11,032 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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, 2006

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					DERMATOLOGICAL						
	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	455	34.3	5,006	0.7	\$48	2,135	161.0	24,442	0.3	\$10	1,326	14,427
Female												
All Females	262	37.1	2,900	0.8	55	1,202	170.3	13,755	0.3	11	706	7,764
Female, Disabled												
All Ages	180	37.4	1,967	0.8	57	937	194.8	10,693	0.3	12	481	5,362
64 or younger	178	38.3	1,943	0.8	58	898	193.1	10,241	0.3	13	465	5,178
65-74	2	13.3	24	0.7	6	36	240.0	416	0.3	9	15	172
75-84	0	0.0	0	0.0	0	3	300.0	36	0.1	2	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	82	36.4	933	0.8	52	265	117.8	3,062	0.3	7	225	2,402
64 or younger	2	28.6	24	0.5	81	9	128.6	108	0.1	2	7	74
65-74	31	41.3	357	0.7	31	99	132.0	1,170	0.3	8	75	863
75-84	36	50.7	413	0.8	77	88	123.9	1,033	0.3	7	71	767
85 and older	13	18.1	139	0.8	25	69	95.8	751	0.2	4	72	698
Male												
All Males	190	30.8	2,091	0.7	38	933	151.2	10,687	0.3	8	617	6,649
Male, Disabled												
All Ages	124	29.0	1,371	0.7	51	726	169.6	8,340	0.3	9	428	4,764
64 or younger	123	29.6	1,359	0.7	51	708	170.6	8,131	0.3	9	415	4,615
65-74	1	7.7	12	1.0	4	18	138.5	209	0.2	5	13	149
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	66	34.9	720	0.7	14	207	109.5	2,347	0.2	4	189	1,885
64 or younger	2	28.6	24	0.6	3	10	142.9	120	0.3	6	7	54
65-74	13	31.7	146	0.8	7	68	165.9	785	0.2	5	41	449
75-84	25	42.4	249	0.7	20	62	105.1	678	0.3	3	59	571
85 and older	26	31.7	301	0.7	13	67	81.7	764	0.2	3	82	811
Unknown	3	100.0	15	0.7	3	0	0.0	0	0.0	0	3	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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 1,301 beneficiaries who were in nursing facilities for part of their enrollment and their 11,032 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 2006. 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 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2006

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	66,146	16.4	1.0	400,745	\$13	\$5,451,296	\$14	2.8	403,803	
Age										
5 and younger	13,224	11.1	0.2	27,290	4	458,483	17	3.3	119,276	
6-14	14,315	12.5	0.4	40,217	6	667,806	17	2.0	114,160	
15-20	8,809	14.2	0.5	32,365	8	489,571	15	1.7	61,870	
21-44	16,786	20.5	1.4	115,538	19	1,573,548	14	2.9	82,070	
45-64	11,545	49.4	6.7	155,466	86	2,011,878	13	3.2	23,347	
65-74	703	44.6	8.3	13,076	78	122,227	9	4.2	1,577	
75-84	442	47.5	9.4	8,716	77	71,956	8	9.2	931	
85 and older	322	56.4	14.1	8,077	98	55,827	7	21.0	571	
Unknown	0	0.0	0.0	0	0	0	0	0.0	1	
Basis of Eligibility^c										
Aged	1,307	46.7	9.5	26,621	78	219,109	8	7.0	2,796	
Disabled	20,931	45.9	5.6	257,657	75	3,440,038	13	2.8	45,628	
Adults	11,510	14.3	0.5	40,767	7	527,607	13	3.0	80,744	
Children	32,185	11.7	0.3	74,525	5	1,249,145	17	2.4	274,138	
Unknown	213	42.9	2.4	1,175	31	15,397	13	1.7	497	
Gender										
Female	40,512	17.2	1.1	249,093	15	3,451,935	14	3.1	235,414	
Male	25,629	15.2	0.9	151,534	12	1,998,769	13	2.4	168,380	
Unknown	5	55.6	13.1	118	66	592	5	489.3	9	
Race										
White	47,410	24.1	1.5	300,019	22	4,278,779	14	3.0	196,422	
African American	15,660	10.1	0.6	90,527	7	1,029,727	11	2.1	154,289	
Other/unknown	3,076	5.8	0.2	10,199	3	142,790	14	2.4	53,092	
Use of Nursing Facilities^d										
Entire year	1,262	95.2	40.8	54,120	350	464,502	9	6.1	1,326	
Part year	1,115	85.7	18.3	23,860	162	210,388	9	4.3	1,301	
None	63,769	15.9	0.8	322,765	12	4,776,406	15	2.6	401,176	
Maintenance Assistance Status										
Cash	20,518	42.4	5.0	242,374	68	3,276,412	14	2.9	48,373	
Medically needy	244	46.0	3.1	1,621	46	24,345	15	2.4	530	
Poverty related	30,361	11.5	0.3	67,948	4	1,126,782	17	3.1	263,024	
Other/unknown	15,023	16.4	1.0	88,802	11	1,023,757	12	2.3	91,876	

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 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 2006.

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, 2006

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	\$2	\$14	\$0	\$1	2,281,121
Age						
5 and younger	0.0	1	17	0	0	550,919
6-14	0.1	1	17	0	0	719,390
15-20	0.1	1	15	0	0	396,864
21-44	0.3	4	14	0	1	416,103
45-64	0.9	12	13	0	3	173,115
65-74	1.1	10	9	0	1	12,076
75-84	1.1	9	8	0	2	7,863
85 and older	1.7	12	7	0	1	4,790
Unknown	0.0	0	0	0	0	1
Basis of Eligibility^c						
Aged	1.2	10	8	0	1	22,308
Disabled	0.7	9	13	0	3	385,794
Adults	0.1	2	13	0	1	340,808
Children	0.0	1	17	0	0	1,527,931
Unknown	0.3	4	13	0	1	4,280
Gender						
Female	0.2	3	14	0	1	1,291,724
Male	0.2	2	13	0	0	989,354
Unknown	2.7	14	5	0	1	43
Race						
White	0.2	3	14	0	1	1,330,959
African American	0.1	1	11	0	0	755,858
Other/unknown	0.1	1	14	0	0	194,304
Use of Nursing Facilities^d						
Entire year	3.8	32	9	1	5	14,427
Part year	2.2	19	9	0	3	11,032
None	0.1	2	15	0	1	2,255,662
Maintenance Assistance Status						
Cash	0.6	8	14	0	3	389,834
Medically needy	0.4	6	15	0	2	3,843
Poverty related	0.0	1	17	0	0	1,393,323
Other/unknown	0.2	2	12	0	0	494,121

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 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 2006.

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, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	Excluded Rx
All	90,305	\$60	\$5,451,296	100.0	400,745	\$14	100.0
Anorexia or weight loss/gain	8	123	982	0.0	14	70	0.0
Fertility drugs	1	38	38	0.0	1	38	0.0
Drugs for cosmetic purposes	91	15	1,391	0.0	144	10	0.0
Cough and cold medications	32,355	42	1,363,608	25.0	59,008	23	14.7
Vitamins and minerals	5,597	77	430,089	7.9	25,129	17	6.3
Non-prescription drugs	30,988	63	1,958,645	35.9	183,220	11	45.7
Barbiturates	808	70	56,633	1.0	7,867	7	2.0
Benzodiazepines	17,790	75	1,334,915	24.5	115,303	12	28.8
Other Part D Excl Rx Drugs	2,667	114	304,995	5.6	10,059	30	2.5

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 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 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. 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 Medicaid 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, 2006

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	728,541	4,328	84,465	132,494	506,757	497	6,987,553	44,567	918,796	1,143,278	4,876,608	4,304
Age												
5 and younger	211,595	3	3,442	0	208,150	0	1,943,797	13	36,523	0	1,907,261	0
6-14	221,089	0	12,100	482	208,507	0	2,247,346	0	136,567	5,329	2,105,450	0
15-20	110,989	1	10,255	10,859	89,870	4	1,068,108	12	112,880	92,632	862,570	14
21-44	138,661	1	25,752	112,578	227	103	1,258,964	10	280,642	976,282	1,313	717
45-64	41,177	5	32,238	8,547	1	386	417,265	45	344,749	68,908	6	3,557
65-74	2,894	2,191	673	26	0	4	30,584	23,061	7,383	124	0	16
75-84	1,458	1,453	5	0	0	0	15,175	15,123	52	0	0	0
85 and older	676	673	0	1	2	0	6,311	6,302	0	1	8	0
Unknown	2	1	0	1	0	0	3	1	0	2	0	0
Gender												
Female	422,120	2,763	44,237	121,446	253,177	497	4,023,789	29,085	485,726	1,063,153	2,441,521	4,304
Male	306,412	1,558	40,226	11,048	253,580	0	2,963,721	15,448	433,061	80,125	2,435,087	0
Unknown	9	7	2	0	0	0	43	34	9	0	0	0
Race												
White	298,356	1,718	42,908	60,642	192,776	312	2,814,359	17,148	463,808	507,550	1,823,206	2,647
African American	331,592	1,531	38,538	62,848	228,511	164	3,292,265	16,196	422,577	567,639	2,284,373	1,480
Other/unknown	98,593	1,079	3,019	9,004	85,470	21	880,929	11,223	32,411	68,089	769,029	177
Use of Nursing Facilities^c												
Entire year	1,327	404	910	2	11	0	14,440	4,174	10,141	3	122	0
Part year	1,327	278	984	28	35	2	12,919	2,658	9,666	247	324	24
None	725,887	3,646	82,571	132,464	506,711	495	6,960,194	37,735	898,989	1,143,028	4,876,162	4,280
Maintenance Assistance Status												
Cash	91,146	3,162	79,009	8,858	117	0	977,445	34,433	870,421	71,513	1,078	0
Medically needy	530	20	493	5	12	0	4,591	226	4,233	44	88	0
Poverty related	482,603	438	2,463	27,008	452,197	497	4,672,276	3,939	19,974	189,726	4,454,333	4,304
Other/unknown	154,262	708	2,500	96,623	54,431	0	1,333,241	5,969	24,168	881,995	421,109	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	191,582	2,026	32,227	30,056	126,783	490	1,612,653	18,978	330,356	178,689	1,080,387	4,243
FFS part year, with Rx claims	69,582	522	8,698	24,855	35,504	3	700,258	5,512	93,056	240,363	361,295	32
FFS part year, no Rx claims	142,639	248	4,703	25,833	111,851	4	1,396,650	2,385	47,218	240,169	1,106,849	29
MC all year, with Rx claims	2,666	2	36	2,517	111	0	26,023	24	389	24,615	995	0
MC all year, no Rx claims	322,071	1,530	38,801	49,232	232,508	0	3,251,968	17,668	447,777	459,441	2,327,082	0

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 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, 2006

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J 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	728,541	6,987,553	403,803	2,281,121	0	4,706,432
Fee-for-service (FFS) all year	191,582	1,612,653	191,582	1,612,644	0	9
FFS part year, with Rx claims	69,582	700,258	69,582	264,556	0	435,702
FFS part year, with no Rx claims	142,639	1,396,650	142,639	403,921	0	992,729
Managed care (MC) all year, with Rx claims	2,666	26,023	0	0	0	26,023
MC all year, with no Rx claims	322,071	3,251,968	0	0	0	3,251,968

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. 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 Medicaid Beneficiaries