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STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
VIRGINIA

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**CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>**  
**NONDUAL BENEFICIARIES, VIRGINIA, 2007**

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>406,089</b>	<b>1,882</b>	<b>45,593</b>	<b>79,748</b>	<b>278,208</b>	<b>658</b>	<b>2,194,692</b>	<b>14,445</b>	<b>375,984</b>	<b>326,962</b>	<b>1,471,347</b>	<b>5,954</b>
<b>Age</b>												
5 and younger	123,234	0	2,065	0	121,169	0	534,522	0	14,912	0	519,610	0
6-14	114,590	0	5,512	94	108,984	0	689,400	0	44,794	371	644,235	0
15-20	62,077	0	5,360	8,822	47,885	10	387,873	0	44,356	36,974	306,482	61
21-44	81,633	2	14,729	66,552	168	182	400,805	24	126,814	271,466	1,016	1,485
45-64	22,348	1	17,611	4,276	1	459	164,796	5	142,287	18,142	1	4,361
65-74	1,257	936	311	3	0	7	9,838	6,997	2,786	8	0	47
75-84	598	594	4	0	0	0	4,622	4,591	31	0	0	0
85 and older	351	349	1	1	0	0	2,833	2,828	4	1	0	0
Unknown	1	0	0	0	1	0	3	0	0	0	3	0
<b>Gender</b>												
Female	237,184	1,142	23,455	72,933	138,996	658	1,243,791	8,919	196,982	297,499	734,437	5,954
Male	168,897	732	22,138	6,815	139,212	0	950,869	5,494	179,002	29,463	736,910	0
Unknown	8	8	0	0	0	0	32	32	0	0	0	0
<b>Race</b>												
White	188,389	821	29,005	38,922	119,231	410	1,259,645	6,543	266,400	187,439	795,548	3,715
African American	150,789	688	15,162	33,169	101,549	221	699,220	5,724	100,302	115,504	475,683	2,007
Other/unknown	66,911	373	1,426	7,657	57,428	27	235,827	2,178	9,282	24,019	200,116	232
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,195	308	876	0	11	0	13,005	3,239	9,653	0	113	0
Part year	1,320	168	1,079	44	24	5	10,957	1,437	8,999	277	193	51
None	403,574	1,406	43,638	79,704	278,173	653	2,170,730	9,769	357,332	326,685	1,471,041	5,903
<b>Maintenance Assistance Status</b>												
Cash	47,244	1,232	40,746	5,175	91	0	373,486	9,721	339,813	23,396	556	0
Medically needy	503	25	455	7	16	0	3,388	156	3,087	34	111	0
Poverty-related	268,151	206	1,876	23,293	242,118	658	1,334,731	1,145	9,914	85,061	1,232,657	5,954
Other/unknown	90,191	419	2,516	51,273	35,983	0	483,087	3,423	23,170	218,471	238,023	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	176,884	1,386	30,802	27,473	116,577	646	1,451,978	12,634	314,007	159,436	960,002	5,899
FFS part year, with Rx claims	78,207	305	9,692	26,839	41,364	7	316,272	1,257	45,684	98,332	170,958	41
FFS part year, no Rx claims	150,998	191	5,099	25,436	120,267	5	426,442	554	16,293	69,194	340,387	14

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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.

Nondual Medicaid Beneficiaries

**TABLE ND.3**  
**ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**NONDUAL BENEFICIARIES, VIRGINIA, 2007**

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>43.9</b>	<b>6.2</b>	<b>\$477</b>	<b>\$77</b>	<b>\$4,506</b>	<b>10.6</b>	<b>406,089</b>
<b>Age</b>							
5 and younger	35.5	1.7	129	78	2,782	4.6	123,234
6-14	36.9	3.2	297	92	2,219	13.4	114,590
15-20	45.0	5.0	512	102	4,253	12.0	62,077
21-44	56.2	8.8	633	72	6,712	9.4	81,633
45-64	77.1	37.5	2,532	68	16,751	15.1	22,348
65-74	69.8	38.6	2,458	64	22,880	10.7	1,257
75-84	54.0	18.5	1,070	58	17,783	6.0	598
85 and older	48.7	11.8	596	51	19,685	3.0	351
Unknown	0.0	0.0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	58.7	24.5	1,453	59	19,823	7.3	1,882
Disabled	75.8	30.9	2,571	83	19,659	13.1	45,593
Adults	52.2	4.4	208	47	3,167	6.6	79,748
Children	36.2	2.4	202	83	2,280	8.9	278,208
Unknown	82.4	24.6	1,776	72	14,191	12.5	658
<b>Gender</b>							
Female	45.8	6.6	450	68	4,221	10.6	237,184
Male	41.3	5.6	516	93	4,905	10.5	168,897
Unknown	37.5	0.9	30	34	4,660	0.6	8
<b>Race</b>							
White	56.7	10.0	727	73	5,083	14.3	188,389
African American	36.3	3.6	327	91	4,560	7.2	150,789
Other/unknown	25.5	1.3	112	87	2,759	4.1	66,911
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	91.0	92.5	6,413	69	74,073	8.7	1,195
Part year	90.7	56.8	4,019	71	68,409	5.9	1,320
None	43.7	5.7	448	78	4,091	11.0	403,574
<b>Maintenance Assistance Status</b>							
Cash	73.3	28.4	2,322	82	16,778	13.8	47,244
Medically needy	75.5	20.3	2,215	109	28,982	7.6	503
Poverty related	36.1	2.1	134	63	1,877	7.1	268,151
Other/unknown	51.8	6.5	523	81	5,757	9.1	90,191

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS <sup>d</sup>	Number	
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10		Beneficiaries	Benefit Months
<b>All</b>	1.1	\$88	10.6	56.1	29.7	5.6	5.6	2.4	0.7	\$834	406,089	2,194,692
<b>Age</b>												
5 and younger	0.4	30	4.6	64.5	30.6	3.3	1.4	0.1	0.0	641	123,234	534,522
6-14	0.5	49	13.4	63.1	29.1	4.3	3.1	0.5	0.0	369	114,590	689,400
15-20	0.8	82	12.0	55.0	32.6	6.1	5.0	1.2	0.1	681	62,077	387,873
21-44	1.8	129	9.4	43.8	31.1	9.3	10.8	4.2	0.9	1,367	81,633	400,805
45-64	5.1	343	15.1	22.9	15.9	9.7	22.7	19.7	9.0	2,272	22,348	164,796
65-74	4.9	314	10.7	30.2	12.8	8.0	19.6	19.1	10.3	2,923	1,257	9,838
75-84	2.4	139	6.0	46.0	17.9	7.2	13.7	12.4	2.8	2,301	598	4,622
85 and older	1.5	74	3.0	51.3	25.4	5.1	10.3	7.1	0.9	2,439	351	2,833
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.2	189	7.3	41.3	17.7	7.3	15.2	12.9	5.5	2,583	1,882	14,445
Disabled	3.7	312	13.1	24.2	22.9	10.7	21.3	15.2	5.8	2,384	45,593	375,984
Adults	1.1	51	6.6	47.8	33.3	8.7	7.9	2.0	0.3	772	79,748	326,962
Children	0.5	38	8.9	63.8	29.8	3.8	2.2	0.3	0.0	431	278,208	1,471,347
Unknown	2.7	196	12.5	17.6	29.5	14.9	25.2	12.0	0.8	1,568	658	5,954
<b>Gender</b>												
Female	1.3	86	10.6	54.2	30.4	6.0	5.9	2.7	0.9	805	237,184	1,243,791
Male	1.0	92	10.5	58.7	28.7	5.1	5.1	2.0	0.5	871	168,897	950,869
Unknown	0.2	7	0.6	62.5	37.5	0.0	0.0	0.0	0.0	1,165	8	32
<b>Race</b>												
White	1.5	109	14.3	43.3	35.9	7.4	8.2	3.9	1.3	760	188,389	1,259,645
African American	0.8	71	7.2	63.7	25.9	4.6	4.0	1.4	0.4	983	150,789	699,220
Other/unknown	0.4	32	4.1	74.5	20.7	2.6	1.7	0.4	0.1	783	66,911	235,827
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.5	589	8.7	9.0	6.3	3.2	16.7	32.7	32.1	6,806	1,195	13,005
Part year	6.8	484	5.9	9.3	11.4	7.7	22.7	27.0	21.7	8,241	1,320	10,957
None	1.1	83	11.0	56.3	29.8	5.6	5.5	2.2	0.6	761	403,574	2,170,730
<b>Maintenance Assistance Status</b>												
Cash	3.6	294	13.8	26.7	23.6	10.5	20.0	13.9	5.2	2,122	47,244	373,486
Medically needy	3.0	329	7.6	24.5	23.5	13.5	23.5	11.9	3.2	4,303	503	3,388
Poverty related	0.4	27	7.1	63.9	29.9	3.8	2.0	0.3	0.0	377	268,151	1,334,731
Other/unknown	1.2	98	9.1	48.2	32.2	8.1	8.4	2.6	0.5	1,075	90,191	483,087

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

d. In eight states (DE, IA, IL, NE, NY, TN, TX, 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<sup>a, b, c</sup>**  
**NONDUAL BENEFICIARIES, VIRGINIA, 2007**

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>1.1</b>	<b>\$88</b>	<b>\$77</b>	<b>0.3</b>	<b>\$65</b>	<b>\$186</b>	<b>0.1</b>	<b>\$6</b>	<b>\$116</b>	<b>0.7</b>	<b>\$17</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	0.4	30	78	0.1	22	231	0.0	2	78	0.3	6	22
6-14	0.5	49	92	0.2	39	161	0.0	3	108	0.3	7	28
15-20	0.8	82	102	0.3	66	210	0.0	4	118	0.5	12	27
21-44	1.8	129	72	0.5	92	194	0.1	8	127	1.3	29	23
45-64	5.1	343	68	1.3	235	176	0.2	30	125	3.5	78	22
65-74	4.9	314	64	1.3	215	168	0.3	36	113	3.3	64	19
75-84	2.4	139	58	0.6	94	147	0.2	16	86	1.6	28	18
85 and older	1.5	74	51	0.4	51	124	0.1	8	89	1.0	15	16
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	3.2	189	59	0.8	130	155	0.2	19	95	2.1	40	19
Disabled	3.7	312	83	1.1	229	206	0.2	23	128	2.5	59	24
Adults	1.1	51	47	0.2	32	136	0.0	3	107	0.8	16	20
Children	0.5	38	83	0.2	29	170	0.0	2	95	0.3	7	25
Unknown	2.7	196	72	0.7	135	206	0.1	17	157	2.0	44	23
<b>Gender</b>												
Female	1.3	86	68	0.4	60	170	0.1	6	113	0.8	19	23
Male	1.0	92	93	0.3	71	208	0.0	6	120	0.6	15	25
Unknown	0.2	7	34	0.2	5	32	0.0	2	69	0.0	0	6
<b>Race</b>												
White	1.5	109	73	0.4	78	173	0.1	8	117	1.0	23	23
African American	0.8	71	91	0.3	55	220	0.0	4	113	0.5	12	24
Other/unknown	0.4	32	87	0.1	25	228	0.0	2	101	0.2	6	23
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.5	589	69	2.4	422	179	0.4	38	105	5.8	129	22
Part year	6.8	484	71	1.7	341	200	0.3	39	132	4.8	104	21
None	1.1	83	78	0.3	61	186	0.0	6	116	0.7	16	24
<b>Maintenance Assistance Status</b>												
Cash	3.6	294	82	1.1	215	203	0.2	22	127	2.4	56	24
Medically needy	3.0	329	109	0.7	251	356	0.1	18	152	2.2	60	28
Poverty related	0.4	27	63	0.1	19	138	0.0	2	93	0.3	6	23
Other/unknown	1.2	98	81	0.4	75	192	0.0	5	114	0.8	18	23

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, 0.5 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<sup>a, b, c, d</sup>**  
**NONDUAL BENEFICIARIES, VIRGINIA, 2007**

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	\$8	\$2	\$6	\$57	\$292	\$105	\$25	251,108	\$14,264,406	103,161	25.4	871,807
Biologicals	0.3	0.3	0.0	0.0	461	461	0	0	1428	1,428	0	0	4,219	6,023,705	1,577	0.4	13,080
Antineoplastic Agents	0.5	0.2	0.0	0.4	161	129	8	23	300	721	2,001	65	6,345	1,901,391	1,320	0.3	11,830
Endocrine/Metabolic Drugs	0.6	0.2	0.0	0.3	36	27	1	8	65	138	40	24	198,513	12,807,531	42,623	10.5	359,763
Cardiovascular Agents	1.2	0.2	0.1	1.0	38	18	6	14	30	93	79	14	296,135	8,968,924	26,765	6.6	236,969
Respiratory Agents	0.5	0.2	0.0	0.2	35	27	3	5	71	114	79	23	322,492	23,015,032	74,981	18.5	656,957
Gastrointestinal Agents	0.5	0.1	0.1	0.3	39	18	8	13	79	163	150	39	111,267	8,765,854	24,520	6.0	223,703
Genitourinary Agents	0.3	0.1	0.0	0.2	20	11	1	8	61	95	91	39	33,867	2,050,504	12,909	3.2	104,251
CNS Drugs	1.1	0.4	0.0	0.7	118	101	2	16	107	243	139	23	436,373	46,656,004	44,162	10.9	394,601
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	84	77	1	6	118	136	78	43	99,196	11,672,503	15,345	3.8	139,682
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	71	69	0	2	250	256	164	134	11,299	2,819,115	3,897	1.0	39,540
Analgesics and Anesthetics	0.6	0.0	0.0	0.5	25	9	4	11	42	261	297	21	278,873	11,658,632	55,911	13.8	472,997
Neuromuscular Agents	0.9	0.4	0.1	0.5	97	74	10	13	105	200	178	26	235,189	24,699,059	27,492	6.8	254,591
Nutritional Products	0.4	0.1	0.0	0.3	7	2	0	5	18	30	17	16	45,274	837,038	15,827	3.9	118,008
Hematological Agents	0.7	0.3	0.0	0.4	164	158	1	6	248	562	44	15	36,441	9,049,655	6,210	1.5	55,247
Topical Products	0.3	0.1	0.0	0.2	13	8	1	5	52	112	80	27	130,637	6,780,407	57,624	14.2	505,792
Miscellaneous Products	0.5	0.2	0.0	0.3	182	154	4	24	351	624	258	94	5,009	1,755,783	1,010	0.2	9,662
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	11	0	0	0	55	0	0	0	1,526	83,602	773	0.2	7,846
<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>2,503,763</b>	<b>193,809,145</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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, 0.5 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.
  - e. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- f. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.  
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

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	Rx \$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$34,924,398	20,479	5.0	196,811	0.7	\$263	\$177
ANTICONVULSANT	21,930,758	23,447	5.8	225,999	0.8	129	97
ANTIASTHMATIC	16,257,093	59,969	14.8	535,917	0.3	92	30
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	11,671,211	17,752	4.4	165,547	0.6	118	71
ANTIDEPRESSANTS	9,815,169	36,427	9.0	335,162	0.5	56	29
ANALGESICS - Narcotic	7,583,834	62,569	15.4	546,979	0.4	38	14
ULCER DRUGS	6,300,892	26,649	6.6	256,755	0.4	55	25
PASSIVE IMMUNIZING AGENTS	5,968,297	1,090	0.3	7,585	0.5	1,676	787
ANTIDIABETIC	5,721,869	12,831	3.2	115,848	0.6	77	49
MISC. HEMATOLOGICAL	5,662,760	1,803	0.4	16,959	0.6	514	334
Total	125,836,281	263,016	n.a.	2,403,562	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups							ANTIPSYCHOTICS			ANTICONSULSANT		
	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	
<b>All</b>	<b>1,157,611</b>	<b>\$125,836,281</b>	<b>20,479</b>	<b>5.0</b>	<b>196,811</b>	<b>0.7</b>	<b>\$178</b>	<b>23,447</b>	<b>5.8</b>	<b>225,999</b>	<b>0.8</b>	<b>\$97</b>	
<b>Female</b>													
All Females	681,546	63,541,521	10,425	4.4	98,514	0.6	159	14,455	6.1	136,464	0.7	87	
<b>Female, Disabled</b>													
All Ages	410,419	40,548,017	5,731	24.4	56,110	0.7	186	8,606	36.7	87,945	0.8	100	
5 and younger	4,292	1,186,100	7	0.8	81	0.8	161	144	16.1	1,396	0.8	120	
6-14	14,746	2,179,633	290	15.4	2,939	0.6	161	497	26.4	5,092	0.9	175	
15-20	16,178	2,112,584	428	20.6	4,325	0.6	162	554	26.6	5,743	0.8	136	
21-44	126,528	13,313,273	2,428	30.9	23,792	0.7	178	3,388	43.1	34,958	0.8	109	
45-64	243,556	21,302,752	2,505	23.8	24,291	0.8	201	3,971	37.7	40,201	0.8	77	
65-74	5,097	452,695	73	37.4	682	0.8	207	52	26.7	555	0.9	76	
75-84	22	980	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	
<b>Female, Other Eligibles</b>													
All Ages	271,127	22,993,504	4,694	2.2	42,404	0.5	123	5,849	2.7	48,519	0.5	63	
5 and younger	17,384	2,943,726	35	0.1	355	0.3	68	191	0.3	1,662	0.5	71	
6-14	55,210	5,870,956	977	1.8	9,967	0.6	139	651	1.2	6,267	0.6	91	
15-20	59,336	6,088,682	1,606	4.7	16,435	0.6	144	1,197	3.5	12,019	0.6	102	
21-44	108,321	5,836,013	1,675	2.7	12,000	0.4	75	3,280	5.4	24,359	0.5	39	
45-64	16,311	1,047,415	194	5.3	1,466	0.4	66	379	10.4	2,605	0.5	48	
65-74	10,315	912,708	141	23.2	1,509	0.9	223	120	19.7	1,312	1.0	70	
75-84	3,035	218,891	44	12.5	464	0.9	157	22	6.3	205	0.9	33	
85 and older	1,215	75,113	22	11.6	208	0.8	95	9	4.7	90	1.0	39	
<b>Male</b>													
All Males	476,058	62,294,507	10,054	6.0	98,297	0.7	196	8,992	5.3	89,535	0.8	113	
<b>Male, Disabled</b>													
All Ages	277,959	35,829,034	5,886	26.6	57,049	0.8	223	6,329	28.6	64,945	0.9	122	
5 and younger	5,741	1,630,603	32	2.7	294	0.5	140	145	12.4	1,431	0.8	117	
6-14	31,707	5,245,151	870	24.0	8,639	0.7	176	737	20.3	7,842	0.8	148	
15-20	30,041	5,410,372	955	29.1	9,715	0.7	207	800	24.4	8,434	0.9	146	
21-44	93,819	13,048,158	2,433	35.5	23,509	0.8	248	2,663	38.8	27,647	0.9	141	
45-64	114,138	10,241,621	1,561	22.1	14,529	0.8	224	1,953	27.6	19,274	0.9	75	
65-74	2,513	253,129	35	30.2	363	0.9	203	31	26.7	317	1.1	70	
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	
<b>Male, Other Eligibles</b>													
All Ages	198,099	26,465,473	4,168	2.8	41,248	0.6	159	2,663	1.8	24,590	0.7	88	
5 and younger	25,491	4,325,947	97	0.2	969	0.5	118	204	0.3	1,712	0.6	87	
6-14	94,903	11,420,872	2,014	3.7	20,012	0.6	158	922	1.7	9,190	0.7	91	
15-20	52,603	9,104,321	1,736	7.6	17,812	0.7	165	873	3.8	8,717	0.7	112	
21-44	16,410	997,746	216	3.8	1,554	0.5	125	479	8.5	3,370	0.5	39	
45-64	4,576	292,679	42	3.8	304	0.4	124	114	10.3	881	0.6	47	
65-74	2,911	224,755	44	13.1	411	0.9	171	53	15.8	529	1.0	64	
75-84	962	83,313	14	5.8	145	0.8	219	15	6.2	164	0.5	30	
85 and older	243	15,840	5	3.2	41	0.7	117	3	1.9	27	0.8	14	
<b>Unknown</b>	<b>7</b>	<b>253</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>59,969</b>	<b>14.8</b>	<b>535,917</b>	<b>0.3</b>	<b>\$30</b>	<b>17,752</b>	<b>4.4</b>	<b>165,547</b>	<b>0.6</b>	<b>\$71</b>	<b>36,427</b>	<b>9.0</b>	<b>335,162</b>	<b>0.5</b>	<b>\$29</b>
<b>Female</b>															
All Females	32,581	13.7	293,111	0.3	31	5,989	2.5	55,791	0.6	67	26,001	11.0	233,696	0.5	30
<b>Female, Disabled</b>															
All Ages	11,009	46.9	114,310	0.4	43	1,054	4.5	10,454	0.6	73	11,941	50.9	120,804	0.6	36
5 and younger	447	49.9	4,395	0.3	47	16	1.8	156	0.4	63	8	0.9	87	0.5	12
6-14	683	36.3	7,236	0.4	37	433	23.0	4,166	0.6	74	205	10.9	2,130	0.5	18
15-20	483	23.2	5,082	0.3	31	223	10.7	2,297	0.6	69	509	24.5	5,221	0.5	25
21-44	2,898	36.8	30,416	0.4	34	259	3.3	2,617	0.6	67	4,312	54.8	43,860	0.5	35
45-64	6,369	60.5	65,906	0.5	47	121	1.1	1,203	0.7	93	6,800	64.6	68,446	0.6	38
65-74	128	65.6	1,263	0.6	55	2	1.0	15	0.2	23	107	54.9	1,060	0.7	30
75-84	1	25.0	12	1.3	32	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
<b>Female, Other Eligibles</b>															
All Ages	21,572	10.1	178,801	0.3	23	4,935	2.3	45,337	0.6	66	14,060	6.6	112,892	0.4	23
5 and younger	6,175	10.4	47,673	0.2	20	175	0.3	1,604	0.4	36	41	0.1	426	0.4	12
6-14	6,813	12.6	62,258	0.3	24	3,083	5.7	29,086	0.6	66	1,226	2.3	12,167	0.5	17
15-20	3,242	9.6	30,473	0.3	21	1,160	3.4	11,672	0.6	73	3,181	9.4	30,761	0.4	21
21-44	4,354	7.1	30,389	0.3	21	468	0.8	2,689	0.5	52	8,258	13.5	58,812	0.4	24
45-64	683	18.8	4,895	0.4	32	46	1.3	258	0.5	63	1,087	29.9	7,902	0.5	30
65-74	218	35.8	2,283	0.6	65	3	0.5	28	0.3	3	174	28.6	1,874	0.8	35
75-84	60	17.1	561	0.6	65	0	0.0	0	0.0	0	65	18.5	677	0.8	34
85 and older	27	14.2	269	0.5	47	0	0.0	0	0.0	0	28	14.7	273	0.7	31
<b>Male</b>															
All Males	27,387	16.2	242,803	0.3	30	11,763	7.0	109,756	0.6	72	10,426	6.2	101,466	0.6	28
<b>Male, Disabled</b>															
All Ages	6,536	29.5	66,599	0.4	43	2,422	10.9	23,013	0.7	81	5,964	26.9	59,905	0.6	32
5 and younger	612	52.4	5,921	0.4	44	55	4.7	472	0.4	31	16	1.4	156	0.3	4
6-14	1,301	35.9	13,478	0.4	44	1,367	37.7	12,550	0.7	81	469	12.9	4,786	0.5	17
15-20	736	22.4	7,551	0.4	36	723	22.0	7,174	0.7	86	680	20.7	7,052	0.6	27
21-44	1,289	18.8	13,740	0.4	33	233	3.4	2,378	0.6	81	2,195	32.0	22,160	0.7	35
45-64	2,528	35.7	25,263	0.5	50	43	0.6	436	0.8	70	2,561	36.2	25,324	0.6	33
65-74	70	60.3	646	0.5	70	1	0.9	3	0.3	5	43	37.1	427	0.8	37
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	20,851	14.2	176,204	0.3	25	9,341	6.4	86,743	0.6	70	4,462	3.0	41,561	0.5	23
5 and younger	8,662	14.1	65,141	0.3	23	401	0.7	3,632	0.4	43	47	0.1	491	0.4	7
6-14	9,167	16.7	83,709	0.3	27	6,839	12.5	62,195	0.6	69	1,552	2.8	15,532	0.5	19
15-20	2,345	10.3	22,338	0.3	25	2,049	9.0	20,584	0.6	78	1,786	7.8	17,821	0.5	27
21-44	426	7.5	3,123	0.3	26	46	0.8	285	0.6	68	787	13.9	5,416	0.4	24
45-64	140	12.7	942	0.4	42	5	0.5	35	0.4	29	216	19.6	1,548	0.4	30
65-74	80	23.9	695	0.4	37	1	0.3	12	2.6	25	49	14.6	512	0.8	29
75-84	23	9.5	182	0.4	40	0	0.0	0	0.0	0	20	8.2	203	0.6	28
85 and older	8	5.2	74	0.4	27	0	0.0	0	0.0	0	5	3.2	38	0.6	42
<b>Unknown</b>	<b>1</b>	<b>11.1</b>	<b>3</b>	<b>0.3</b>	<b>23</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

TABLE ND.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					PASSIVE IMMUNIZING AGENTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>62,569</b>	<b>15.4</b>	<b>546,979</b>	<b>0.4</b>	<b>\$14</b>	<b>26,649</b>	<b>6.6</b>	<b>256,755</b>	<b>0.4</b>	<b>\$25</b>	<b>1,090</b>	<b>0.3</b>	<b>7,585</b>	<b>0.5</b>	<b>\$787</b>
<b>Female</b>															
All Females	45,995	19.4	392,740	0.4	13	17,337	7.3	167,066	0.4	23	553	0.2	3,802	0.4	698
<b>Female, Disabled</b>															
All Ages	15,264	65.1	156,474	0.5	23	8,961	38.2	96,533	0.5	29	117	0.5	1,083	0.4	970
5 and younger	51	5.7	528	0.2	2	220	24.6	2,165	0.5	49	108	12.1	991	0.4	689
6-14	180	9.6	1,930	0.1	2	234	12.4	2,617	0.5	61	0	0.0	0	0.0	0
15-20	539	25.9	5,588	0.2	5	297	14.3	3,248	0.4	30	1	0.0	8	0.5	2,885
21-44	5,625	71.5	57,787	0.4	19	2,604	33.1	28,473	0.5	23	5	0.1	49	0.6	1,794
45-64	8,735	82.9	89,270	0.5	28	5,498	52.2	58,904	0.6	30	3	0.0	35	0.6	7,333
65-74	134	68.7	1,371	0.6	22	107	54.9	1,114	0.6	56	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	25.0	12	0.4	43	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	30,731	14.4	236,266	0.3	6	8,376	3.9	70,533	0.3	15	436	0.2	2,719	0.4	589
5 and younger	630	1.1	5,651	0.1	1	1,410	2.4	8,650	0.3	20	357	0.6	2,144	0.5	739
6-14	1,896	3.5	19,029	0.1	1	1,099	2.0	11,223	0.2	18	1	0.0	11	0.1	4
15-20	5,927	17.5	52,704	0.2	2	1,607	4.7	16,014	0.2	9	26	0.1	206	0.1	29
21-44	20,330	33.2	143,296	0.3	8	3,391	5.5	26,950	0.3	12	52	0.1	358	0.2	31
45-64	1,624	44.7	12,214	0.4	15	541	14.9	4,441	0.4	20	0	0.0	0	0.0	0
65-74	227	37.3	2,431	0.6	16	210	34.5	2,116	0.7	47	0	0.0	0	0.0	0
75-84	75	21.4	696	0.5	8	80	22.8	754	0.7	45	0	0.0	0	0.0	0
85 and older	22	11.6	245	0.5	21	38	20.0	385	0.6	29	0	0.0	0	0.0	0
<b>Male</b>															
All Males	16,574	9.8	154,239	0.4	17	9,311	5.5	89,687	0.5	27	537	0.3	3,783	0.5	877
<b>Male, Disabled</b>															
All Ages	8,147	36.8	80,776	0.5	26	5,039	22.8	53,841	0.6	32	129	0.6	1,176	0.5	954
5 and younger	80	6.8	849	0.1	2	267	22.8	2,615	0.5	42	123	10.5	1,104	0.5	905
6-14	292	8.0	3,244	0.1	2	337	9.3	3,822	0.5	57	1	0.0	12	0.8	1,028
15-20	581	17.7	6,132	0.2	2	341	10.4	3,874	0.5	36	2	0.1	24	0.6	1,518
21-44	2,820	41.1	28,375	0.4	23	1,570	22.9	17,236	0.6	29	3	0.0	36	1.1	2,040
45-64	4,313	60.9	41,616	0.6	34	2,474	34.9	25,781	0.6	28	0	0.0	0	0.0	0
65-74	61	52.6	560	0.6	60	50	43.1	513	0.7	62	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Male, Other Eligibles</b>															
All Ages	8,427	5.7	73,463	0.2	6	4,272	2.9	35,846	0.3	19	408	0.3	2,607	0.5	842
5 and younger	845	1.4	7,418	0.1	1	1,756	2.8	11,179	0.3	22	400	0.6	2,512	0.5	800
6-14	2,014	3.7	20,008	0.1	1	1,060	1.9	11,304	0.3	21	6	0.0	71	0.7	2,567
15-20	2,465	10.8	24,485	0.1	1	682	3.0	7,130	0.3	11	2	0.0	24	0.1	74
21-44	2,500	44.2	17,218	0.5	17	519	9.2	4,060	0.4	13	0	0.0	0	0.0	0
45-64	490	44.4	3,266	0.5	19	123	11.1	942	0.5	22	0	0.0	0	0.0	0
65-74	75	22.4	768	0.5	10	75	22.4	726	0.6	57	0	0.0	0	0.0	0
75-84	29	11.9	232	0.5	30	43	17.7	375	0.6	31	0	0.0	0	0.0	0
85 and older	9	5.8	68	0.3	4	14	9.1	130	0.5	24	0	0.0	0	0.0	0
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>1</b>	<b>11.1</b>	<b>2</b>	<b>0.5</b>	<b>12</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

TABLE ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	ANTI-DIABETIC					MISC. HEMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of 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 Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>12,831</b>	<b>3.2</b>	<b>115,848</b>	<b>0.6</b>	<b>\$49</b>	<b>1,803</b>	<b>0.4</b>	<b>16,959</b>	<b>0.6</b>	<b>\$334</b>	<b>406,089</b>	<b>2,194,692</b>
<b>Female</b>												
All Females	9,092	3.8	81,810	0.6	49	1,104	0.5	10,579	0.7	78	237,183	1,243,788
<b>Female, Disabled</b>												
All Ages	6,089	26.0	60,758	0.7	52	929	4.0	9,204	0.7	79	23,455	196,982
5 and younger	2	0.2	7	1.0	97	0	0.0	0	0.0	0	896	6,663
6-14	36	1.9	385	0.5	39	2	0.1	24	0.4	916	1,883	15,614
15-20	89	4.3	834	0.6	54	1	0.0	5	1.0	56	2,079	16,733
21-44	1,241	15.8	12,702	0.6	50	94	1.2	889	0.5	68	7,866	68,008
45-64	4,610	43.8	45,723	0.7	53	813	7.7	8,092	0.7	77	10,532	88,170
65-74	110	56.4	1,095	0.8	52	19	9.7	194	0.8	92	195	1,763
75-84	1	25.0	12	0.1	7	0	0.0	0	0.0	0	4	31
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	3,003	1.4	21,052	0.5	40	175	0.1	1,375	0.6	71	213,728	1,046,806
5 and younger	20	0.0	141	0.5	40	0	0.0	0	0.0	0	59,521	254,896
6-14	216	0.4	1,890	0.6	58	2	0.0	12	0.2	4	54,254	319,710
15-20	327	1.0	2,884	0.5	42	5	0.0	54	0.4	33	33,917	196,115
21-44	1,599	2.6	9,641	0.5	36	55	0.1	350	0.4	43	61,253	249,425
45-64	503	13.8	3,291	0.5	39	46	1.3	301	0.6	68	3,633	17,704
65-74	235	38.6	2,308	0.8	43	35	5.7	331	0.8	97	609	4,644
75-84	79	22.5	687	0.7	29	21	6.0	208	0.7	96	351	2,679
85 and older	24	12.6	210	0.8	30	11	5.8	119	0.7	69	190	1,633
<b>Male</b>												
All Males	3,738	2.2	34,034	0.7	50	699	0.4	6,380	0.6	759	168,897	950,869
<b>Male, Disabled</b>												
All Ages	2,790	12.6	27,059	0.7	51	588	2.7	5,617	0.6	400	22,138	179,002
5 and younger	4	0.3	35	0.5	37	2	0.2	4	1.5	8,033	1,169	8,249
6-14	50	1.4	546	0.7	70	3	0.1	27	0.9	22,708	3,629	29,180
15-20	72	2.2	736	0.8	71	6	0.2	55	0.7	15,606	3,281	27,623
21-44	612	8.9	6,230	0.7	51	63	0.9	645	0.6	576	6,863	58,806
45-64	2,002	28.3	19,015	0.7	50	502	7.1	4,761	0.6	75	7,079	54,117
65-74	50	43.1	497	0.8	38	12	10.3	125	0.8	98	116	1,023
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4
<b>Male, Other Eligibles</b>												
All Ages	948	0.6	6,975	0.6	50	111	0.1	763	0.7	3,402	146,759	771,867
5 and younger	25	0.0	227	0.6	71	8	0.0	49	0.5	3,131	61,648	264,714
6-14	184	0.3	1,565	0.5	63	2	0.0	4	3.8	18,009	54,824	324,896
15-20	172	0.8	1,530	0.6	64	7	0.0	74	0.9	31,374	22,800	147,402
21-44	291	5.1	1,698	0.5	42	34	0.6	227	0.6	70	5,651	24,566
45-64	172	15.6	993	0.5	31	33	3.0	208	0.6	73	1,104	4,805
65-74	60	17.9	604	0.7	34	15	4.5	123	0.7	84	335	2,394
75-84	35	14.4	296	0.6	35	8	3.3	47	0.9	107	243	1,912
85 and older	9	5.8	62	0.5	22	4	2.6	31	0.6	74	154	1,178
<b>Unknown</b>	<b>1</b>	<b>11.1</b>	<b>4</b>	<b>1.3</b>	<b>40</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>9</b>	<b>35</b>

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. 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.

**TABLE ND.8**  
**MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,**  
**BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>**  
**NONDUAL BENEFICIARIES, VIRGINIA, 2007**

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$589</b>	<b>8.5</b>	<b>1,195</b>	<b>13,005</b>
<b>Age</b>				
0-64	689	9.6	842	9,277
65-74	525	8.5	154	1,731
75-84	259	4.5	93	967
85 and older	113	2.2	106	1,030
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	601	9.0	669	7,351
Male	575	7.9	525	5,650
Unknown	40	1.3	1	4
<b>Race</b>				
White	642	9.3	639	6,876
African American	526	7.6	507	5,601
Other/unknown	571	8	49	528
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	296	5.2	308	3,239
Disabled	679	9.6	876	9,653
Adults	0	0.0	0	0
Children	1,340	7.5	11	113
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 1,320 beneficiaries who were in nursing facilities for part of their enrollment and their 10,957 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<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.5	0.2	0.0	0.4	\$71	\$54	\$3	\$14	\$133	\$356	\$195	\$39	4,107	\$547,216	685	57.3	7,670
Biologicals	0.1	0.1	0.0	0.0	196	196	0	0	1313	1,313	0	0	101	132,656	57	4.8	677
Antineoplastic Agents	0.6	0.2	0.0	0.4	97	51	0	47	169	307	0	114	291	49,318	47	3.9	506
Endocrine/Metabolic Drugs	1.4	0.6	0.0	0.8	86	71	3	12	61	123	69	15	7,929	482,943	507	42.4	5,647
Cardiovascular Agents	2.3	0.2	0.2	1.9	71	29	13	28	30	119	67	15	18,274	553,223	703	58.8	7,824
Respiratory Agents	1.2	0.5	0.1	0.6	93	73	8	12	79	155	77	19	7,110	560,628	548	45.9	6,028
Gastrointestinal Agents	1.3	0.2	0.1	0.9	75	36	13	27	59	144	153	28	9,193	543,047	643	53.8	7,202
Genitourinary Agents	0.7	0.3	0.0	0.4	48	26	2	20	69	95	81	51	1,865	129,028	236	19.7	2,694
CNS Drugs	2.2	0.8	0.0	1.4	176	150	1	25	80	189	58	18	21,594	1,730,848	886	74.1	9,810
Stimulants/Anti-obesity/Anorexia	1.0	0.3	0.0	0.7	50	42	0	8	52	143	0	12	288	15,023	27	2.3	300
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	252	251	0	1	252	253	0	143	1,604	404,758	144	12.1	1,605
Analgesics and Anesthetics	1.3	0.0	0.1	1.2	51	7	22	22	38	177	207	18	8,382	319,111	571	47.8	6,272
Neuromuscular Agents	2.1	0.7	0.0	1.4	172	125	6	41	80	169	130	30	15,484	1,244,791	643	53.8	7,246
Nutritional Products	0.8	0.0	0.0	0.7	20	1	0	19	25	33	17	25	3,132	79,348	364	30.5	4,031
Hematological Agents	1.4	0.5	0.0	0.8	138	127	0	11	100	245	12	13	5,927	594,272	396	33.1	4,311
Topical Products	0.6	0.2	0.0	0.4	33	17	2	14	52	97	66	33	4,790	249,256	658	55.1	7,496
Miscellaneous Products	0.4	0.0	0.0	0.3	24	2	0	22	65	53	0	66	415	27,109	99	8.3	1,130
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	10	0	0	0	38	0	0	0	28	1,077	10	0.8	106
<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>110,514</b>	<b>7,663,652</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,320 beneficiaries who were in nursing facilities for part of their enrollment and their 10,957 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 2007. 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, 0.5 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

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	\$1,259,116	514	43.0	5,781	1.0	\$215	\$218
ANTICONVULSANT	1,078,334	752	62.9	8,503	1.4	90	127
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	405,728	176	14.7	1,969	0.8	246	206
ANTIDEPRESSANTS	398,389	809	67.7	9,109	0.9	49	44
ANTIASTHMATIC	383,616	601	50.3	6,609	0.7	78	58
ANTIIDIABETIC	353,955	607	50.8	6,842	1.0	54	52
ULCER DRUGS	344,529	750	62.8	8,407	0.8	54	41
HEMATOPOIETIC AGENTS	287,645	412	34.5	4,488	0.8	85	64
ANALGESICS - Narcotic	264,588	676	56.6	7,403	0.9	38	36
DERMATOLOGICAL	204,827	1,872	156.7	21,548	0.2	39	10
Total	4,980,727	7,169	n.a.	80,659	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,320 beneficiaries who were in nursing facilities for part of their enrollment and their 10,957 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

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 \$
<b>All</b>	<b>61,053</b>	<b>\$4,980,727</b>	<b>514</b>	<b>43.0</b>	<b>5,781</b>	<b>1.0</b>	<b>\$218</b>	<b>752</b>	<b>62.9</b>	<b>8,503</b>	<b>1.4</b>	<b>\$127</b>
<b>Female</b>												
All Females	37,193	3,034,137	326	48.7	3,723	1.0	217	430	64.3	4,894	1.4	123
<b>Female, Disabled</b>												
All Ages	29,371	2,417,319	225	47.6	2,558	1.1	232	359	75.9	4,076	1.4	123
64 or younger	27,840	2,292,142	207	46.0	2,375	1.1	234	344	76.4	3,900	1.4	123
65-74	1,525	124,577	18	81.8	183	1.0	211	15	68.2	176	1.1	113
75-84	6	600	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
<b>Female, Other Eligibles</b>												
All Ages	7,822	616,818	101	51.5	1,165	1.0	182	71	36.2	818	1.3	122
64 or younger	337	57,970	0	0.0	0	0.0	0	11	183.3	132	1.5	331
65-74	4,269	343,054	58	80.6	681	1.0	210	47	65.3	548	1.3	97
75-84	2,112	149,518	30	50.0	352	1.0	164	7	11.7	79	0.9	25
85 and older	1,104	66,276	13	22.4	132	0.9	82	6	10.3	59	1.2	21
<b>Male</b>												
All Males	23,855	1,946,429	188	35.8	2,058	1.0	220	322	61.3	3,609	1.4	132
<b>Male, Disabled</b>												
All Ages	21,661	1,813,631	166	41.2	1,810	1.0	231	299	74.2	3,351	1.4	136
64 or younger	20,423	1,703,087	147	38.6	1,621	1.0	232	289	75.9	3,240	1.4	136
65-74	1,238	110,544	19	86.4	189	1.0	224	10	45.5	111	1.6	132
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
<b>Male, Other Eligibles</b>												
All Ages	2,194	132,798	22	18.0	248	0.9	141	23	18.9	258	1.2	85
64 or younger	91	11,471	0	0.0	0	0.0	0	2	40.0	24	1.1	318
65-74	1,239	77,985	12	32.4	141	1.0	164	15	40.5	171	1.3	64
75-84	441	25,949	6	18.8	72	0.8	114	4	12.5	48	0.8	64
85 and older	423	17,393	4	8.3	35	0.7	104	2	4.2	15	0.9	13
<b>Unknown</b>	<b>5</b>	<b>161</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,320 beneficiaries who were in nursing facilities for part of their enrollment and their 10,957 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDEPRESSANTS					ANTIASTHMATIC				
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
	Number of Users	Facility Residents			Number of Users	Facility Residents					Number of Users	Facility Residents			
<b>All</b>	<b>176</b>	<b>14.7</b>	<b>1,969</b>	<b>0.8</b>	<b>\$206</b>	<b>809</b>	<b>67.7</b>	<b>9,109</b>	<b>0.9</b>	<b>\$44</b>	<b>601</b>	<b>50.3</b>	<b>6,609</b>	<b>0.7</b>	<b>\$58</b>
<b>Female</b>															
All Females	108	16.1	1,234	0.8	213	489	73.1	5,526	0.9	45	371	55.5	4,184	0.7	55
<b>Female, Disabled</b>															
All Ages	62	13.1	711	0.8	267	382	80.8	4,306	0.9	48	300	63.4	3,374	0.8	56
64 or younger	61	13.6	706	0.8	268	362	80.4	4,095	0.9	48	278	61.8	3,122	0.7	54
65-74	1	4.5	5	0.8	120	20	90.9	211	1.0	49	22	100.0	252	0.9	77
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
<b>Female, Other Eligibles</b>															
All Ages	46	23.5	523	0.9	139	107	54.6	1,220	0.9	37	71	36.2	810	0.5	52
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	83.3	60	0.7	101
65-74	15	20.8	180	0.8	127	51	70.8	603	0.9	38	38	52.8	449	0.5	56
75-84	17	28.3	194	1.0	163	39	65.0	447	0.9	39	17	28.3	182	0.5	37
85 and older	14	24.1	149	0.8	124	17	29.3	170	0.8	27	11	19.0	119	0.7	36
<b>Male</b>															
All Males	68	13.0	735	0.8	194	320	61.0	3,583	0.9	41	230	43.8	2,425	0.8	63
<b>Male, Disabled</b>															
All Ages	58	14.4	631	0.8	201	290	72.0	3,239	0.9	42	208	51.6	2,228	0.8	65
64 or younger	51	13.4	560	0.8	199	273	71.7	3,043	0.9	42	187	49.1	2,024	0.8	67
65-74	7	31.8	71	0.7	221	17	77.3	196	0.9	42	21	95.5	204	0.5	42
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
<b>Male, Other Eligibles</b>															
All Ages	10	8.2	104	0.9	152	30	24.6	344	0.7	32	22	18.0	197	0.6	49
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	40.0	24	0.8	86
65-74	5	13.5	57	0.8	132	18	48.6	213	0.8	29	14	37.8	122	0.6	47
75-84	2	6.3	24	1.0	169	8	25.0	96	0.7	33	1	3.1	12	1.0	136
85 and older	3	6.3	23	1.2	182	4	8.3	35	0.6	45	5	10.4	39	0.3	3
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,320 beneficiaries who were in nursing facilities for part of their enrollment and their 10,957 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 2007. 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 2007 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.

Nondual Medicaid Beneficiaries

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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	ANTIDIABETIC					ULCER DRUGS					HEMATOPOIETIC AGENTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>607</b>	<b>50.8</b>	<b>6,842</b>	<b>1.0</b>	<b>\$52</b>	<b>750</b>	<b>62.8</b>	<b>8,407</b>	<b>0.8</b>	<b>\$41</b>	<b>412</b>	<b>34.5</b>	<b>4,488</b>	<b>0.8</b>	<b>\$64</b>
<b>Female</b>															
All Females	399	59.6	4,516	1.0	55	424	63.4	4,806	0.7	35	231	34.5	2,591	0.8	66
<b>Female, Disabled</b>															
All Ages	314	66.4	3,580	1.0	58	328	69.3	3,706	0.7	35	165	34.9	1,817	0.8	77
64 or younger	291	64.7	3,341	1.0	59	308	68.4	3,488	0.7	35	161	35.8	1,769	0.8	79
65-74	22	100.0	227	0.8	35	19	86.4	206	0.6	35	4	18.2	48	0.6	24
75-84	1	100.0	12	0.1	7	1	100.0	12	0.4	43	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Female, Other Eligibles</b>															
All Ages	85	43.4	936	0.9	46	96	49.0	1,100	0.7	34	66	33.7	774	0.8	39
64 or younger	0	0.0	0	0.0	0	6	100.0	72	0.7	74	3	50.0	36	0.8	71
65-74	54	75.0	638	0.9	52	42	58.3	500	0.7	33	24	33.3	288	0.8	26
75-84	18	30.0	188	0.7	28	30	50.0	341	0.7	31	30	50.0	343	0.8	29
85 and older	13	22.4	110	1.2	47	18	31.0	187	0.6	26	9	15.5	107	0.6	93
<b>Male</b>															
All Males	207	39.4	2,322	0.9	45	326	62.1	3,601	0.8	49	181	34.5	1,897	0.7	62
<b>Male, Disabled</b>															
All Ages	178	44.2	2,014	0.9	46	291	72.2	3,241	0.8	50	137	34.0	1,425	0.7	75
64 or younger	155	40.7	1,772	0.9	47	276	72.4	3,078	0.8	50	133	34.9	1,377	0.7	78
65-74	23	104.5	242	1.0	40	15	68.2	163	0.8	57	4	18.2	48	0.7	3
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
<b>Male, Other Eligibles</b>															
All Ages	29	23.8	308	0.8	40	35	28.7	360	0.7	37	44	36.1	472	0.8	21
64 or younger	1	20.0	3	2.0	75	2	40.0	24	1.0	57	2	40.0	15	0.7	4
65-74	16	43.2	189	0.9	48	14	37.8	165	0.8	47	15	40.5	174	0.7	29
75-84	8	25.0	80	0.6	23	11	34.4	107	0.6	27	9	28.1	96	0.8	6
85 and older	4	8.3	36	0.6	27	8	16.7	64	0.7	20	18	37.5	187	0.9	24
<b>Unknown</b>	<b>1</b>	<b>100.0</b>	<b>4</b>	<b>1.3</b>	<b>40</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 1,320 beneficiaries who were in nursing facilities for part of their enrollment and their 10,957 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 2007. 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 2007 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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, VIRGINIA, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					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
<b>All</b>	<b>676</b>	<b>56.6</b>	<b>7,403</b>	<b>0.9</b>	<b>\$36</b>	<b>1,872</b>	<b>156.7</b>	<b>21,548</b>	<b>0.2</b>	<b>\$10</b>	<b>1,195</b>	<b>13,005</b>
<b>Female</b>												
All Females	438	65.5	4,881	0.9	35	1,069	159.8	12,295	0.3	10	669	7,351
<b>Female, Disabled</b>												
All Ages	346	73.2	3,825	0.9	40	818	172.9	9,437	0.3	12	473	5,194
64 or younger	330	73.3	3,637	0.9	39	776	172.4	8,933	0.3	11	450	4,947
65-74	16	72.7	188	1.1	65	42	190.9	504	0.3	14	22	235
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Female, Other Eligibles</b>												
All Ages	92	46.9	1,056	0.8	17	251	128.1	2,858	0.2	6	196	2,157
64 or younger	0	0.0	0	0.0	0	6	100.0	72	0.3	4	6	72
65-74	51	70.8	601	0.9	19	99	137.5	1,178	0.2	6	72	840
75-84	28	46.7	306	0.6	7	85	141.7	957	0.2	7	60	643
85 and older	13	22.4	149	0.6	28	61	105.2	651	0.3	4	58	602
<b>Male</b>												
All Males	238	45.3	2,522	1.0	37	803	153.0	9,253	0.2	9	525	5,650
<b>Male, Disabled</b>												
All Ages	222	55.1	2,362	1.1	39	700	173.7	8,134	0.2	9	403	4,459
64 or younger	215	56.4	2,303	1.1	40	658	172.7	7,648	0.2	10	381	4,217
65-74	7	31.8	59	0.5	4	42	190.9	486	0.3	4	22	242
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
<b>Male, Other Eligibles</b>												
All Ages	16	13.1	160	0.5	5	103	84.4	1,119	0.2	3	122	1,191
64 or younger	1	20.0	2	0.5	4	1	20.0	12	0.3	10	5	41
65-74	8	21.6	96	0.5	5	43	116.2	481	0.2	5	37	410
75-84	5	15.6	38	0.7	6	17	53.1	170	0.2	2	32	312
85 and older	2	4.2	24	0.2	1	42	87.5	456	0.2	2	48	428
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>1</b>	<b>4</b>

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 1,320 beneficiaries who were in nursing facilities for part of their enrollment and their 10,957 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 2007. 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 2007 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<sup>a,b</sup>  
 VIRGINIA, 2007

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
<b>All</b>	<b>58,827</b>	<b>14.5</b>	<b>1.0</b>	<b>397,698</b>	<b>\$14</b>	<b>\$5,821,745</b>	<b>\$15</b>	<b>3.0</b>	<b>406,089</b>
<b>Age</b>									
5 and younger	8,821	7.2	0.1	18,331	2	277,102	15	1.7	123,234
6-14	11,800	10.3	0.3	33,939	6	642,505	19	1.9	114,590
15-20	8,473	13.6	0.5	32,188	8	502,710	16	1.6	62,077
21-44	16,918	20.7	1.5	122,606	22	1,755,662	14	3.4	81,633
45-64	11,687	52.3	7.5	166,713	109	2,429,475	15	4.3	22,348
65-74	640	50.9	10.9	13,700	104	130,830	10	4.2	1,257
75-84	282	47.2	9.0	5,391	78	46,680	9	7.3	598
85 and older	206	58.7	13.8	4,830	105	36,781	8	17.6	351
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	922	49.0	10.3	19,435	89	168,076	9	6.1	1,882
Disabled	20,738	45.5	6.0	272,996	87	3,979,719	15	3.4	45,593
Adults	11,787	14.8	0.5	43,415	7	597,574	14	3.6	79,748
Children	25,088	9.0	0.2	59,963	4	1,050,259	18	1.9	278,208
Unknown	292	44.4	2.9	1,889	40	26,117	14	2.2	658
<b>Gender</b>									
Female	36,792	15.5	1.1	251,813	15	3,634,734	14	3.4	237,184
Male	22,030	13.0	0.9	145,859	13	2,186,866	15	2.5	168,897
Unknown	5	62.5	3.3	26	18	145	6	61.4	8
<b>Race</b>									
White	42,627	22.6	1.6	306,122	25	4,624,374	15	3.4	188,389
African American	13,273	8.8	0.5	81,438	7	1,061,655	13	2.2	150,789
Other/unknown	2,927	4.4	0.2	10,138	2	135,716	13	1.8	66,911
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	1,139	95.3	40.9	48,895	363	433,912	9	5.7	1,195
Part year	1,141	86.4	17.1	22,556	171	225,546	10	4.3	1,320
None	56,547	14.0	0.8	326,247	13	5,162,287	16	2.9	403,574
<b>Maintenance Assistance Status</b>									
Cash	20,236	42.8	5.5	257,968	80	3,788,437	15	3.5	47,244
Medically needy	213	42.3	3.0	1,534	46	23,139	15	2.1	503
Poverty related	23,939	8.9	0.2	54,283	3	867,028	16	2.4	268,151
Other/unknown	14,439	16.0	0.9	83,913	13	1,143,141	14	2.4	90,191

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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<sup>a,b</sup>  
 VIRGINIA, 2007

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
<b>All</b>	<b>0.2</b>	<b>\$3</b>	<b>\$15</b>	<b>\$0</b>	<b>\$1</b>	<b>2,194,692</b>
<b>Age</b>						
5 and younger	0.0	1	15	0	0	534,522
6-14	0.0	1	19	0	0	689,400
15-20	0.1	1	16	0	0	387,873
21-44	0.3	4	14	0	1	400,805
45-64	1.0	15	15	0	3	164,796
65-74	1.4	13	10	0	2	9,838
75-84	1.2	10	9	0	2	4,622
85 and older	1.7	13	8	0	1	2,833
Unknown	0.0	0	0	0	0	3
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	1.3	12	9	0	1	14,445
Disabled	0.7	11	15	0	2	375,984
Adults	0.1	2	14	0	0	326,962
Children	0.0	1	18	0	0	1,471,347
Unknown	0.3	4	14	0	1	5,954
<b>Gender</b>						
Female	0.2	3	14	0	1	1,243,791
Male	0.2	2	15	0	0	950,869
Unknown	0.8	5	6	0	0	32
<b>Race</b>						
White	0.2	4	15	0	1	1,259,645
African American	0.1	2	13	0	0	699,220
Other/unknown	0.0	1	13	0	0	235,827
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	3.8	33	9	1	4	13,005
Part year	2.1	21	10	0	3	10,957
None	0.2	2	16	0	0	2,170,730
<b>Maintenance Assistance Status</b>						
Cash	0.7	10	15	0	2	373,486
Medically needy	0.5	7	15	0	2	3,388
Poverty related	0.0	1	16	0	0	1,334,731
Other/unknown	0.2	2	14	0	0	483,087

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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<sup>a,b,c</sup>  
VIRGINIA, 2007

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.			Excluded Rx	Total Number Rx.
<b>All</b>	<b>82,007</b>	<b>\$71</b>	<b>\$5,821,745</b>	<b>100.0</b>	<b>397,698</b>	<b>\$15</b>	<b>100.0</b>		
Anorexia or weight loss/gain	9	82	741	0.0	21	35	0.0		
Fertility drugs	3	70	209	0.0	4	52	0.0		
Drugs for cosmetic purposes	124	16	2,045	0.0	198	10	0.0		
Cough and cold medications	22,135	40	885,562	15.2	39,499	22	9.9		
Vitamins and minerals	5,360	85	455,878	7.8	24,253	19	6.1		
Non-prescription drugs	33,766	84	2,821,765	48.5	204,957	14	51.5		
Barbiturates	775	70	54,391	0.9	7,583	7	1.9		
Benzodiazepines	17,285	66	1,145,706	19.7	111,988	10	28.2		
Other Part D Excl Rx Drugs	2,550	179	455,448	7.8	9,195	50	2.3		

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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<sup>a, b</sup>**  
**NONDUAL BENEFICIARIES, VIRGINIA, 2007**

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
<b>All</b>	<b>729,232</b>	<b>3,602</b>	<b>86,417</b>	<b>129,648</b>	<b>508,907</b>	<b>658</b>	<b>6,952,172</b>	<b>37,403</b>	<b>938,485</b>	<b>1,108,437</b>	<b>4,861,830</b>	<b>6,017</b>
<b>Age</b>												
5 and younger	215,284	0	3,584	0	211,700	0	1,962,714	0	38,176	0	1,924,538	0
6-14	220,228	0	12,395	103	207,730	0	2,229,044	0	139,509	672	2,088,863	0
15-20	111,098	0	10,970	10,811	89,307	10	1,058,461	0	120,703	90,281	847,404	73
21-44	136,948	2	25,939	110,657	168	182	1,232,143	24	281,759	947,829	1,021	1,510
45-64	41,229	2	32,703	8,064	1	459	423,264	24	349,314	69,538	1	4,387
65-74	2,783	1,944	820	12	0	7	29,860	20,720	8,977	116	0	47
75-84	1,183	1,178	5	0	0	0	12,228	12,185	43	0	0	0
85 and older	478	476	1	1	0	0	4,455	4,450	4	1	0	0
Unknown	1	0	0	0	1	0	3	0	0	0	3	0
<b>Gender</b>												
Female	422,259	2,368	44,867	119,876	254,490	658	3,995,151	25,137	491,987	1,035,997	2,436,013	6,017
Male	306,965	1,226	41,550	9,772	254,417	0	2,956,989	12,234	446,498	72,440	2,425,817	0
Unknown	8	8	0	0	0	0	32	32	0	0	0	0
<b>Race</b>												
White	288,509	1,413	43,708	58,113	184,865	410	2,744,265	14,410	471,942	486,204	1,767,960	3,749
African American	322,022	1,229	39,460	60,534	220,578	221	3,199,655	12,990	431,824	544,726	2,208,087	2,028
Other/unknown	118,701	960	3,249	11,001	103,464	27	1,008,252	10,003	34,719	77,507	885,783	240
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	1,196	309	876	0	11	0	13,016	3,245	9,658	0	113	0
Part year	1,359	176	1,110	44	24	5	13,359	1,647	11,014	393	250	55
None	726,677	3,117	84,431	129,604	508,872	653	6,925,797	32,511	917,813	1,108,044	4,861,467	5,962
<b>Maintenance Assistance Status</b>												
Cash	91,607	2,851	80,938	7,680	138	0	982,512	31,082	889,706	60,410	1,314	0
Medically needy	503	25	455	7	16	0	4,228	265	3,748	63	152	0
Poverty related	486,083	301	2,318	26,612	456,194	658	4,662,173	2,553	18,764	179,642	4,455,197	6,017
Other/unknown	151,039	425	2,706	95,349	52,559	0	1,303,259	3,503	26,267	868,322	405,167	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	176,884	1,386	30,802	27,473	116,577	646	1,451,979	12,634	314,008	159,436	960,002	5,899
FFS part year, with Rx claims	78,207	305	9,692	26,839	41,364	7	786,651	3,173	103,691	257,130	422,581	76
FFS part year, no Rx claims	150,998	191	5,099	25,436	120,267	5	1,467,156	1,827	51,199	233,903	1,180,185	42
MC all year, with Rx claims	2,348	4	23	2,244	77	0	22,368	38	206	21,536	588	0
MC all year, no Rx claims	320,795	1,716	40,801	47,656	230,622	0	3,224,018	19,731	469,381	436,432	2,298,474	0

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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<sup>a</sup>**  
**NONDUAL BENEFICIARIES, VIRGINIA, 2007**

	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
<b>All</b>	<b>729,232</b>	<b>6,952,172</b>	<b>406,089</b>	<b>2,194,692</b>	<b>0</b>	<b>4,757,480</b>
Fee-for-service (FFS) all year	176,884	1,451,979	176,884	1,451,978	0	1
FFS part year, with Rx claims	78,207	786,651	78,207	316,272	0	470,379
FFS part year, with no Rx claims	150,998	1,467,156	150,998	426,442	0	1,040,714
Managed care (MC) all year, with Rx claims	2,348	22,368	0	0	0	22,368
MC all year, with no Rx claims	320,795	3,224,018	0	0	0	3,224,018

Source: Data for this table are from the MAX 2007 file for Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

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