

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 WEST VIRGINIA

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months											
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown	
All	298,426	927	66,235	58,882	172,382	0	2,600,421	8,058	709,667	377,223	1,505,473	0	2,600,421	8,058	709,667	377,223	1,505,473	0	
Age																			
5 and younger	66,451	0	1,846	546	64,059	0	572,243	0	19,131	5,502	547,610	0	572,243	0	19,131	5,502	547,610	0	
6-14	83,436	0	5,808	772	76,856	0	765,268	0	64,976	7,558	692,734	0	765,268	0	64,976	7,558	692,734	0	
15-20	41,411	20	4,496	5,465	31,430	0	349,878	155	49,382	35,430	264,911	0	349,878	155	49,382	35,430	264,911	0	
21-44	74,479	222	25,189	49,036	32	0	579,400	1,391	270,132	307,683	194	0	579,400	1,391	270,132	307,683	194	0	
45-64	31,896	97	28,734	3,061	4	0	326,366	770	304,545	21,036	15	0	326,366	770	304,545	21,036	15	0	
65-74	427	305	121	1	0	0	4,301	3,161	1,128	12	0	0	4,301	3,161	1,128	12	0	0	
75-84	206	181	24	1	0	0	1,937	1,700	235	2	0	0	1,937	1,700	235	2	0	0	
85 and older	118	102	16	0	0	0	1,018	881	137	0	0	0	1,018	881	137	0	0	0	
Unknown	2	0	1	0	1	0	10	0	1	0	9	0	10	0	1	0	9	0	
Gender																			
Female	169,113	705	35,054	48,127	85,227	0	1,442,182	5,850	379,266	312,976	744,090	0	1,442,182	5,850	379,266	312,976	744,090	0	
Male	129,313	222	31,181	10,755	87,155	0	1,158,239	2,208	330,401	64,247	761,383	0	1,158,239	2,208	330,401	64,247	761,383	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	281,253	881	63,635	55,329	161,408	0	2,453,454	7,655	682,270	353,553	1,409,976	0	2,453,454	7,655	682,270	353,553	1,409,976	0	
African American	16,449	30	2,511	3,444	10,484	0	140,853	257	26,517	22,997	91,082	0	140,853	257	26,517	22,997	91,082	0	
Other/unknown	724	16	89	109	510	0	6,114	146	880	673	4,415	0	6,114	146	880	673	4,415	0	
Use of Nursing Facilities^c																			
Entire year	464	117	347	0	0	0	4,828	1,186	3,642	0	0	0	4,828	1,186	3,642	0	0	0	
Part year	457	37	416	4	0	0	4,508	306	4,178	24	0	0	4,508	306	4,178	24	0	0	
None	297,505	773	65,472	58,878	172,382	0	2,591,085	6,566	701,847	377,199	1,505,473	0	2,591,085	6,566	701,847	377,199	1,505,473	0	
Maintenance Assistance Status																			
Cash	88,889	420	62,398	25,894	177	0	854,467	4,382	679,071	169,624	1,390	0	854,467	4,382	679,071	169,624	1,390	0	
Medically needy	4,364	23	2,118	2,192	31	0	25,132	123	13,326	11,551	132	0	25,132	123	13,326	11,551	132	0	
Poverty-related	181,337	341	10	15,879	165,107	0	1,532,669	2,333	63	98,534	1,431,739	0	1,532,669	2,333	63	98,534	1,431,739	0	
Other/unknown	23,836	143	1,709	14,917	7,067	0	188,153	1,220	17,207	97,514	72,212	0	188,153	1,220	17,207	97,514	72,212	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	230,955	923	65,167	42,178	122,687	0	2,162,899	8,034	702,115	292,269	1,160,481	0	2,162,899	8,034	702,115	292,269	1,160,481	0	
FFS part year, with Rx claims	31,656	4	857	9,942	20,853	0	130,790	24	5,378	34,947	90,441	0	130,790	24	5,378	34,947	90,441	0	
FFS part year, no Rx claims	9,843	0	42	1,914	7,887	0	33,449	0	243	5,355	27,851	0	33,449	0	243	5,355	27,851	0	
MC all year, with FFS Rx claims	25,972	0	169	4,848	20,955	0	273,283	0	1,931	44,652	226,700	0	273,283	0	1,931	44,652	226,700	0	

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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, WEST VIRGINIA, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	78.4 %	14.0	\$736	\$53	\$3,154	23.3 %	298,426
Age							
5 and younger	75.2	5.2	206	39	1,260	16.4	66,451
6-14	77.2	7.0	392	56	1,861	21.1	83,436
15-20	75.3	8.0	422	53	2,928	14.4	41,411
21-44	80.6	17.9	952	53	3,965	24.0	74,479
45-64	87.0	48.3	2,621	54	8,647	30.3	31,896
65-74	70.3	39.3	1,819	46	11,432	15.9	427
75-84	68.4	36.2	1,579	44	14,473	10.9	206
85 and older	56.8	29.0	1,290	45	15,747	8.2	118
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility^e							
Aged	70.1	27.6	1,260	46	10,197	12.4	927
Disabled	85.7	37.6	2,214	59	8,401	26.4	66,235
Adults	79.1	10.9	444	41	2,153	20.6	58,882
Children	75.4	5.9	265	45	1,441	18.4	172,382
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	80.7	15.8	796	50	3,208	24.8	169,113
Male	75.3	11.5	657	57	3,083	21.3	129,313
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	78.9	14.3	753	53	3,189	23.6	281,253
African American	69.7	8.5	452	53	2,524	17.9	16,449
Other/unknown	68.5	8.9	532	60	3,644	14.6	724
Use of Nursing Facilities^f							
Entire year	98.3	93.5	4,857	52	53,100	9.1	464
Part year	99.6	85.7	4,633	54	45,353	10.2	457
None	78.3	13.7	724	53	3,011	24.0	297,505
Maintenance Assistance Status							
Cash	83.2	30.4	1,722	57	6,300	27.3	88,889
Medically needy	79.1	20.1	1,171	58	6,391	18.3	4,364
Poverty related	75.6	6.0	256	43	1,211	21.1	181,337
Other/unknown	81.2	12.3	631	51	5,605	11.3	23,836

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:						Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			All Medicaid FFS ^c	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			
All	1.6	\$84	23.3 %	21.6 %	49.2 %	9.8 %	11.4 %	5.9 %	2.1 %	\$362	298,426	2,600,421	
Age													
5 and younger	0.6	24	16.4	24.8	63.1	6.5	3.8	1.2	0.6	146	66,451	572,243	
6-14	0.8	43	21.1	22.8	60.3	8.3	6.2	1.5	0.9	203	83,436	765,268	
15-20	0.9	50	14.4	24.7	53.7	10.3	8.1	2.1	1.1	347	41,411	349,878	
21-44	2.3	122	24.0	19.4	36.7	14.0	19.0	8.2	2.7	510	74,479	579,400	
45-64	4.7	256	30.3	13.0	15.4	9.9	27.1	26.7	7.9	845	31,896	326,366	
65-74	3.9	181	15.9	29.7	12.6	9.4	19.4	21.8	7.0	1,135	427	4,301	
75-84	3.9	168	10.9	31.6	13.1	5.8	18.0	24.3	7.3	1,539	206	1,937	
85 and older	3.4	150	8.2	43.2	6.8	5.1	22.0	21.2	1.7	1,825	118	1,018	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	10	
Basis of Eligibility^e													
Aged	3.2	145	12.4	29.9	22.0	9.9	17.9	16.3	4.0	1,173	927	8,058	
Disabled	3.5	207	26.4	14.3	25.7	11.9	24.8	18.4	4.9	784	66,235	709,667	
Adults	1.7	69	20.6	20.9	42.0	13.9	15.4	5.2	2.5	336	58,882	377,223	
Children	0.7	30	18.4	24.6	60.8	7.5	4.8	1.3	0.8	165	172,382	1,505,473	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Gender													
Female	1.9	93	24.8	19.3	48.0	10.4	12.5	7.1	2.6	376	169,113	1,442,182	
Male	1.3	73	21.3	24.7	50.8	9.0	9.9	4.4	1.3	344	129,313	1,158,239	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	1.6	86	23.6	21.1	49.1	9.9	11.6	6.1	2.1	366	281,253	2,453,454	
African American	1.0	53	17.9	30.3	50.6	7.6	7.4	3.1	1.1	295	16,449	140,853	
Other/unknown	1.1	63	14.6	31.5	47.8	9.8	8.1	1.8	1.0	432	724	6,114	
Use of Nursing Facilities^f													
Entire year	9.0	467	9.1	1.7	3.7	3.2	19.2	40.1	32.1	5,103	464	4,828	
Part year	8.7	470	10.2	0.4	4.4	6.1	20.6	37.6	30.9	4,598	457	4,508	
None	1.6	83	24.0	21.7	49.3	9.8	11.4	5.8	2.0	346	297,505	2,591,085	
Maintenance Assistance Status													
Cash	3.2	179	27.3	16.8	29.4	12.4	22.4	14.7	4.3	655	88,889	854,467	
Medically needy	3.5	203	18.3	20.9	22.0	12.8	26.0	14.8	3.5	1,110	4,364	25,132	
Poverty related	0.7	30	21.1	24.4	59.8	7.9	5.4	1.6	1.0	143	181,337	1,532,669	
Other/unknown	1.6	80	11.3	18.8	46.9	13.7	13.6	4.7	2.2	710	23,836	188,153	

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary	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	1.6	\$84	\$53	0.7	\$63	\$93	0.1	\$2	\$44	0.9	\$19	\$22
Age												
5 and younger	0.6	24	39	0.3	18	69	0.0	1	36	0.3	5	16
6-14	0.8	43	56	0.4	33	83	0.0	3	68	0.3	7	22
15-20	0.9	50	53	0.4	38	87	0.0	2	59	0.5	10	21
21-44	2.3	122	53	0.9	91	104	0.1	3	39	1.4	28	21
45-64	4.7	256	54	2.0	189	97	0.1	5	34	2.6	61	23
65-74	3.9	181	46	1.4	124	87	0.1	4	27	2.3	53	23
75-84	3.9	168	44	1.5	121	83	0.1	3	24	2.3	45	20
85 and older	3.4	150	45	1.3	104	82	0.1	3	19	1.9	43	22
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.2	145	46	1.2	101	86	0.1	3	26	1.9	40	21
Disabled	3.5	207	59	1.5	156	106	0.1	5	42	1.9	45	24
Adults	1.7	69	41	0.6	49	80	0.1	2	30	1.0	19	18
Children	0.7	30	45	0.3	22	71	0.0	2	53	0.3	6	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.9	93	50	0.8	69	90	0.1	3	38	1.0	21	21
Male	1.3	73	57	0.6	55	98	0.0	2	58	0.7	16	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.6	86	53	0.7	64	93	0.1	3	44	0.9	19	22
African American	1.0	53	53	0.4	40	93	0.0	2	48	0.5	11	21
Other/unknown	1.1	63	60	0.5	50	97	0.0	2	39	0.5	11	23
Use of Nursing Facilities^e												
Entire year	9.0	467	52	3.3	327	100	0.3	9	35	5.4	130	24
Part year	8.7	470	54	3.2	331	104	0.3	11	37	5.2	126	24
None	1.6	83	53	0.7	62	93	0.1	2	44	0.8	18	22
Maintenance Assistance Status												
Cash	3.2	179	57	1.3	134	103	0.1	4	42	1.8	40	23
Medically needy	3.5	203	58	1.4	156	112	0.1	3	36	2.0	44	22
Poverty related	0.7	30	43	0.3	22	70	0.0	2	50	0.4	7	19
Other/unknown	1.6	80	51	0.7	61	90	0.1	2	38	0.8	16	20

Table ND5

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 West 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Benes	As a Percentage	Number of Benefit Months			
															Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	0.3	0.1	0.0	0.2	\$14	\$9	\$0	\$4	\$44	\$67	\$71	\$24	525,753	\$23,262,501	175,747	58.9 %	1,703,928
Biologicals	0.4	0.4	0.0	0.0	385	372	6	7	1018	998	2,255	2,205	1,925	1,960,108	572	0.2	5,087
Antineoplastic Agents	0.5	0.3	0.0	0.2	157	138	3	17	297	504	185	69	8,431	2,505,832	1,513	0.5	15,930
Endocrine/Metabolic Drugs	0.6	0.3	0.1	0.2	28	22	2	5	50	79	19	24	345,053	17,174,067	62,140	20.8	611,013
Cardiovascular Agents	1.3	0.5	0.0	0.7	52	38	0	14	40	70	29	19	511,900	20,716,138	37,760	12.7	395,499
Respiratory Agents	0.5	0.2	0.0	0.2	24	18	2	4	49	72	57	20	612,227	30,073,556	127,518	42.7	1,273,383
Gastrointestinal Agents	0.5	0.2	0.0	0.3	35	27	1	7	65	119	239	23	215,679	14,119,886	39,195	13.1	405,556
Genitourinary Agents	0.3	0.2	0.0	0.1	12	11	0	1	47	58	37	16	43,052	2,024,336	17,186	5.8	162,788
CNS Drugs	1.0	0.5	0.0	0.5	70	57	1	12	70	121	114	22	649,777	45,381,007	64,992	21.8	650,185
Stimulants/Anti-obesity/Anorexia	0.8	0.5	0.0	0.2	56	45	1	10	72	83	64	46	112,818	8,151,136	14,472	4.8	146,023
Miscellaneous Psychological/Neurological Agents	0.3	0.2	0.0	0.1	56	50	0	6	164	205	87	60	6,025	990,707	1,641	0.5	17,689
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	18	9	0	9	32	136	62	19	516,569	16,448,762	94,014	31.5	905,577
Neuromuscular Agents	0.7	0.3	0.0	0.3	51	42	1	8	78	136	52	25	278,741	21,606,951	40,990	13.7	419,587
Nutritional Products	0.4	0.1	0.0	0.3	7	1	1	5	17	17	15	18	61,802	1,068,228	17,182	5.8	154,834
Hematological Agents	0.6	0.2	0.0	0.3	51	44	1	6	86	184	29	18	49,040	4,205,636	8,232	2.8	83,027
Topical Products	0.2	0.1	0.0	0.1	9	6	0	3	39	60	57	23	202,191	7,878,622	85,548	28.7	860,096
Miscellaneous Products	0.5	0.2	0.1	0.3	119	88	13	18	222	415	222	67	4,894	1,086,433	882	0.3	9,159
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	45	0	0	0	21,278	948,405	12,447	4.2	126,224
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.	4,167,155	219,602,311	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

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 Benefit
						\$ per Rx
ANTIDEPRESSANTS	\$20,186,147	61,802	20.7 %	628,869	0.5	\$66
ANTIPSYCHOTICS	20,133,658	18,386	6.2	198,131	0.6	180
ANTICONVULSANT	19,190,748	29,282	9.8	310,191	0.6	97
ANTIASTHMATIC	16,716,224	84,219	28.2	867,509	0.3	60
ULCER DRUGS	11,415,590	39,472	13.2	416,562	0.4	68
ANTIHYPERTENSIVE	9,574,085	16,263	5.4	179,951	0.6	92
ANALGESICS - Narcotic	9,557,918	106,660	35.7	1,038,788	0.3	28
ANTIDIABETIC	9,127,085	19,105	6.4	205,798	0.7	68
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	8,151,428	18,862	6.3	192,628	0.6	72
ANTIHISTAMINES	7,697,110	76,165	25.5	786,381	0.2	46
Total	131,749,993	470,216		4,824,808	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, WEST VIRGINIA, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIDEPRESSANTS					ANTIPSYCHOTICS					
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month
All	1,920,828	\$131,749,993	61,802	20.7 %	628,869	0.5	\$32	18,386	6.2 %	198,131	0.6	\$102				
Female																
Disabled	1,183,259	78,787,585	44,139	26.1	442,911	0.5	33	10,438	6.2	111,755	0.5	93				
5 and younger	783,119	57,546,063	24,332	69.4	275,425	0.5	36	7,566	21.6	85,931	0.6	103				
6-14	3,352	254,358	7	1.0	81	0.3	3	16	2.2	164	0.4	97				
15-20	18,290	1,601,049	379	19.9	4,289	0.5	28	249	13.1	2,844	0.6	89				
21-44	16,788	1,388,320	663	39.1	7,412	0.4	28	331	19.5	3,695	0.5	89				
45-64	261,339	19,684,512	10,274	77.3	116,427	0.5	35	3,522	26.5	39,919	0.5	99				
65-74	481,666	34,508,537	12,981	74.8	146,927	0.6	37	3,437	19.8	39,206	0.6	110				
75-84	1,181	74,787	16	21.9	163	0.6	48	7	9.6	55	0.7	52				
85 and older	317	23,618	9	60.0	99	0.7	33	3	20.0	36	0.6	176				
Other Eligibles	186	10,882	3	23.1	27	0.6	42	1	7.7	12	1.0	13				
5 and younger	400,140	21,241,522	19,807	14.8	167,486	0.4	28	2,872	2.1	25,824	0.4	56				
6-14	33,678	1,474,976	62	0.2	647	0.2	10	41	0.1	413	0.3	29				
15-20	87,491	5,493,948	1,783	4.6	17,973	0.4	25	571	1.5	5,916	0.5	70				
21-44	56,653	2,926,921	3,557	16.9	33,539	0.4	24	542	2.6	5,422	0.4	48				
45-64	196,832	9,826,218	13,301	32.7	105,862	0.4	29	1,551	3.8	12,455	0.4	52				
65-74	20,253	1,208,262	997	49.9	8,304	0.6	38	105	5.3	968	0.4	51				
75-84	3,159	190,957	53	31.0	592	0.7	35	20	11.7	234	0.9	132				
85 and older	1,442	75,694	34	28.8	351	0.7	33	27	22.9	267	0.7	83				
	632	44,546	20	25.3	218	0.8	49	15	19.0	149	0.7	108				
Male																
Disabled	737,569	52,962,408	17,663	13.7	185,958	0.5	31	7,948	6.1	86,376	0.6	113				
5 and younger	467,528	36,424,401	11,704	37.5	130,643	0.5	32	5,713	18.3	64,210	0.6	126				
6-14	5,908	482,351	32	2.8	344	0.4	16	48	4.3	488	0.5	76				
15-20	49,131	4,057,984	912	23.4	10,231	0.5	26	900	23.1	10,107	0.6	103				
21-44	25,324	2,262,006	735	26.2	8,350	0.5	34	548	19.6	6,290	0.6	114				
45-64	157,239	12,947,456	5,075	42.6	56,308	0.5	32	2,569	21.6	28,783	0.6	134				
65-74	229,268	16,630,174	4,944	43.4	55,344	0.5	34	1,638	14.4	18,461	0.7	131				
75-84	515	37,086	5	10.4	54	0.7	50	8	16.7	57	0.5	48				
85 and older	99	5,618	0	0.0	0	0.0	0	2	22.2	24	0.3	49				
Other Eligibles	44	1,726	1	33.3	12	1.0	9	0	0.0	0	0.0	0				
5 and younger	270,041	16,538,007	5,959	6.1	55,315	0.4	27	2,235	2.3	22,166	0.5	78				
6-14	46,539	2,278,367	75	0.2	718	0.4	18	78	0.2	773	0.4	45				
15-20	130,448	8,766,580	2,230	5.7	22,586	0.4	25	1,176	3.0	12,234	0.5	81				
21-44	42,011	2,722,185	1,643	10.3	16,056	0.4	29	597	3.8	6,122	0.5	77				
45-64	38,052	1,940,500	1,618	18.8	12,704	0.4	28	315	3.7	2,441	0.4	70				
65-74	9,507	617,523	336	28.9	2,640	0.5	31	41	3.5	296	0.3	43				
75-84	2,569	153,901	31	23.0	354	0.7	41	17	12.6	173	1.0	166				
85 and older	725	45,897	19	29.7	197	0.7	39	8	12.5	96	0.9	144				
	190	13,054	7	30.4	60	0.6	52	3	13.0	31	1.0	133				
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0				

Table ND7A

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.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, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ULCER DRUGS				
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	29,282	9.8 %	310,191	0.6	\$62	84,219	28.2 %	867,509	0.3	\$19	39,472	13.2 %	416,562	0.4	\$27
Female	18,216	10.8	191,301	0.6	62	47,787	28.3	493,532	0.3	20	26,423	15.6	277,697	0.4	27
Disabled	12,426	35.4	140,859	0.7	66	20,439	58.3	233,792	0.4	26	16,210	46.2	185,502	0.5	32
5 and younger	113	15.7	1,302	0.7	95	341	47.2	3,914	0.3	15	104	14.4	1,144	0.4	18
6-14	457	24.0	5,266	0.8	106	716	37.6	8,239	0.3	19	161	8.5	1,827	0.3	19
15-20	508	30.0	5,771	0.7	77	458	27.0	5,279	0.3	18	290	17.1	3,304	0.3	17
21-44	5,438	40.9	61,360	0.6	66	6,536	49.2	75,293	0.3	21	5,598	42.1	64,347	0.4	27
45-64	5,893	34.0	66,991	0.7	61	12,328	71.1	140,458	0.5	29	10,018	57.7	114,465	0.5	35
65-74	14	19.2	133	0.7	41	50	68.5	489	0.6	39	28	38.4	292	0.6	50
75-84	2	13.3	24	0.1	9	6	40.0	72	0.5	34	6	40.0	72	0.6	41
85 and older	1	7.7	12	0.2	7	4	30.8	48	0.3	6	5	38.5	51	0.5	31
Other Eligibles	5,790	4.3	50,442	0.5	50	27,348	20.4	259,740	0.3	14	10,213	7.6	92,195	0.3	18
5 and younger	124	0.4	1,167	0.4	44	7,567	24.0	76,002	0.2	12	661	2.1	6,330	0.2	9
6-14	788	2.0	7,842	0.6	55	8,435	21.9	84,934	0.3	16	1,512	3.9	15,688	0.2	10
15-20	847	4.0	8,072	0.5	49	3,596	17.1	34,525	0.2	13	1,669	7.9	16,286	0.2	11
21-44	3,690	9.1	30,297	0.5	50	6,990	17.2	57,378	0.3	15	5,718	14.1	47,868	0.3	23
45-64	295	14.8	2,563	0.6	48	628	31.4	5,464	0.4	26	536	26.8	4,766	0.4	32
65-74	28	16.4	322	0.9	37	85	49.7	962	0.5	30	60	35.1	663	0.6	29
75-84	10	8.5	100	0.8	20	40	33.9	397	0.5	26	42	35.6	444	0.6	24
85 and older	8	10.1	79	0.8	30	7	8.9	78	0.1	6	15	19.0	150	0.7	36
Male	11,066	8.6	118,890	0.7	62	36,432	28.2	373,977	0.3	19	13,049	10.1	138,865	0.4	28
Disabled	8,286	26.6	93,043	0.7	66	11,409	36.6	129,062	0.4	26	8,646	27.7	97,444	0.5	32
5 and younger	152	13.5	1,680	0.7	110	598	53.2	6,699	0.3	21	142	12.6	1,492	0.4	20
6-14	938	24.0	10,723	0.8	75	1,494	38.3	17,361	0.3	20	254	6.5	2,882	0.3	25
15-20	648	23.1	7,407	0.7	72	616	22.0	7,158	0.3	16	288	10.3	3,311	0.3	20
21-44	3,709	31.2	41,332	0.7	67	2,705	22.7	30,538	0.3	21	3,211	27.0	36,289	0.4	31
45-64	2,829	24.8	31,811	0.7	59	5,968	52.4	67,071	0.5	31	4,729	41.5	53,271	0.5	35
65-74	10	20.8	90	0.8	61	24	50.0	192	0.4	26	18	37.5	156	0.4	31
75-84	0	0.0	0	0.0	0	3	33.3	31	0.5	33	2	22.2	19	0.7	12
85 and older	0	0.0	0	0.0	0	1	33.3	12	0.3	6	2	66.7	24	0.5	30
Other Eligibles	2,780	2.8	25,847	0.5	48	25,023	25.5	244,915	0.3	15	4,403	4.5	41,421	0.3	17
5 and younger	220	0.7	2,136	0.4	45	10,548	31.9	104,336	0.2	13	866	2.6	8,114	0.2	10
6-14	999	2.6	9,985	0.6	48	10,602	27.1	104,822	0.3	17	1,203	3.1	12,491	0.2	9
15-20	614	3.9	6,072	0.5	53	2,488	15.6	24,501	0.3	15	864	5.4	8,638	0.2	12
21-44	784	9.1	6,238	0.5	43	990	11.5	7,845	0.3	16	1,126	13.1	9,197	0.4	31
45-64	132	11.4	1,115	0.5	57	298	25.6	2,356	0.5	30	284	24.4	2,332	0.5	40
65-74	21	15.6	209	1.2	41	69	51.1	804	0.7	41	38	28.1	441	0.7	27
75-84	6	9.4	59	0.6	40	28	43.8	251	0.6	24	17	26.6	157	0.7	32
85 and older	4	17.4	33	0.7	20	0	0.0	0	0.0	0	5	21.7	51	0.8	52
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic					ANTIIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Mean Number of Rx per Benefit Month
All	16,263	5.4 %	179,951	\$53	0.6	106,660	35.7 %	1,038,788	\$9	0.3	19,105	6.4 %	205,798	\$44	0.7
Female	10,252	6.1	113,844	53	0.6	73,070	43.2	699,792	9	0.3	13,110	7.8	141,200	44	0.6
Disabled	8,909	25.4	101,927	54	0.6	29,824	85.1	337,582	13	0.4	10,661	30.4	120,714	45	0.7
5 and younger	2	0.3	24	9	0.3	65	9.0	719	1	0.1	5	0.7	57	0.8	0.4
6-14	4	0.2	48	7	0.3	258	13.6	2,957	2	0.1	28	1.5	336	1.0	105
15-20	5	0.3	59	36	0.3	768	45.3	8,655	3	0.2	67	4.0	776	0.5	62
21-44	1,757	13.2	20,358	45	0.5	13,339	100.4	151,161	11	0.4	2,313	17.4	26,519	0.6	40
45-64	7,119	41.0	81,193	57	0.6	15,348	88.5	173,581	15	0.4	8,211	47.3	92,655	0.7	46
65-74	16	21.9	173	73	0.8	28	38.4	293	17	0.5	20	27.4	185	0.8	38
75-84	4	26.7	48	91	0.8	13	86.7	156	6	0.3	10	66.7	102	0.7	30
85 and older	2	15.4	24	93	1.0	5	38.5	60	24	0.4	7	53.8	84	0.8	48
Other Eligibles	1,343	1.0	11,917	43	0.5	43,246	32.3	362,210	5	0.3	2,449	1.8	20,486	0.6	37
5 and younger	7	0.0	82	3	0.1	1,156	3.7	11,870	1	0.1	23	0.1	220	0.6	32
6-14	23	0.1	251	17	0.2	3,459	9.0	35,400	1	0.1	182	0.5	1,879	0.7	51
15-20	38	0.2	392	24	0.3	8,059	38.4	71,794	2	0.2	215	1.0	1,964	0.5	37
21-44	895	2.2	7,661	40	0.4	29,065	71.4	230,193	6	0.3	1,594	3.9	12,643	0.6	34
45-64	310	15.5	2,773	50	0.5	1,390	69.5	11,772	10	0.4	342	17.1	2,822	0.6	39
65-74	45	26.3	514	75	0.8	69	40.4	729	11	0.5	59	34.5	661	0.7	41
75-84	17	14.4	158	35	0.5	32	27.1	319	9	0.4	29	24.6	237	0.7	37
85 and older	8	10.1	86	56	0.8	16	20.3	133	24	0.5	5	6.3	60	0.5	8
Male	6,011	4.6	66,107	53	0.6	33,590	26.0	338,996	11	0.3	5,995	4.6	64,598	0.7	46
Disabled	5,265	16.9	59,713	54	0.6	18,298	58.7	203,417	15	0.4	5,075	16.3	56,647	0.7	46
5 and younger	2	0.2	24	8	0.2	112	10.0	1,226	1	0.1	7	0.6	58	1.6	95
6-14	3	0.1	29	37	0.5	494	12.7	5,711	2	0.1	43	1.1	487	0.8	47
15-20	26	0.9	304	34	0.4	827	29.5	9,361	4	0.2	70	2.5	786	0.5	44
21-44	1,339	11.2	15,292	44	0.5	8,642	72.6	96,100	13	0.4	1,223	10.3	13,840	0.6	40
45-64	3,883	34.1	43,940	58	0.6	8,204	72.1	90,839	19	0.5	3,713	32.6	41,292	0.7	47
65-74	10	20.8	100	48	0.4	15	31.3	142	21	0.5	15	31.3	144	0.8	57
75-84	2	22.2	24	34	0.5	3	33.3	26	9	0.6	4	44.4	40	0.7	38
85 and older	0	0.0	0	0	0.0	1	33.3	12	6	0.3	0	0.0	0	0.0	0
Other Eligibles	746	0.8	6,394	45	0.5	15,292	15.6	135,579	5	0.2	920	0.9	7,951	0.7	48
5 and younger	10	0.0	113	4	0.1	1,531	4.6	15,785	1	0.1	33	0.1	322	0.9	53
6-14	21	0.1	216	38	0.5	3,464	8.8	35,273	1	0.1	141	0.4	1,343	0.9	61
15-20	23	0.1	192	21	0.3	3,848	24.2	36,507	2	0.2	126	0.8	1,165	0.7	62
21-44	403	4.7	3,378	42	0.5	5,623	65.3	41,196	10	0.4	187	4.4	3,047	0.6	41
45-64	239	20.6	1,952	52	0.6	742	63.9	5,914	19	0.5	176	16.1	1,464	0.6	46
65-74	41	30.4	451	62	0.7	57	42.2	654	12	0.5	47	34.8	515	0.6	34
75-84	8	12.5	80	66	0.8	18	28.1	160	10	0.5	9	14.1	83	0.9	42
85 and older	1	4.3	12	53	0.8	9	39.1	90	6	0.3	1	4.3	12	1.0	31
Unknown	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS				ANTIHISTAMINES					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	18,862	6.3 %	192,628	0.6	76,165	25.5 %	786,381	0.2	298,426	2,600,421
Female	5,393	3.2	55,118	0.6	45,651	27.0	466,853	0.2	169,112	1,442,173
Disabled	1,271	3.6	14,509	0.6	12,718	36.3	146,320	0.3	35,054	379,266
5 and younger	50	6.9	523	0.4	258	35.7	3,000	0.2	722	7,550
6-14	712	37.4	8,113	0.6	708	37.2	8,256	0.2	1,904	21,430
15-20	228	13.5	2,638	0.6	593	35.0	6,879	0.2	1,694	18,714
21-44	197	1.5	2,271	0.5	4,995	37.6	57,587	0.2	13,284	144,722
45-64	84	0.5	964	0.5	6,151	35.5	70,463	0.3	17,349	185,901
65-74	0	0.0	0	0.0	11	15.1	111	0.1	73	688
75-84	0	0.0	0	0.0	2	13.3	24	0.3	15	150
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	13	111
Other Eligibles	4,122	3.1	40,609	0.6	32,933	24.6	320,533	0.2	134,058	1,062,907
5 and younger	216	0.7	2,126	0.3	8,624	27.3	88,896	0.2	31,542	270,221
6-14	3,150	8.2	31,475	0.6	11,139	29.0	114,988	0.2	38,466	346,485
15-20	531	2.5	5,244	0.5	5,061	24.1	48,962	0.2	20,997	167,271
21-44	208	0.5	1,621	0.6	7,607	18.7	63,185	0.2	40,685	261,014
45-64	16	0.8	131	0.6	447	22.4	3,890	0.3	2,000	14,368
65-74	0	0.0	0	0.0	30	17.5	339	0.3	171	1,759
75-84	1	0.8	12	0.1	21	17.8	226	0.2	118	1,089
85 and older	0	0.0	0	0.0	4	5.1	47	0.4	79	700
Male	13,469	10.4	137,510	0.6	30,514	23.6	319,528	0.2	129,312	1,158,238
Disabled	3,443	11.0	38,888	0.6	6,484	20.8	74,361	0.3	31,180	330,400
5 and younger	144	12.8	1,464	0.5	401	35.7	4,499	0.2	1,124	11,581
6-14	2,428	62.2	27,410	0.6	1,422	36.4	16,542	0.2	3,904	43,546
15-20	666	23.8	7,693	0.6	581	20.7	6,780	0.3	2,802	30,668
21-44	159	1.3	1,792	0.5	2,048	17.2	23,440	0.2	11,905	125,410
45-64	46	0.4	529	0.5	2,021	17.8	22,980	0.3	11,385	118,644
65-74	0	0.0	0	0.0	7	14.6	72	0.1	48	440
75-84	0	0.0	0	0.0	3	33.3	36	0.2	9	85
85 and older	0	0.0	0	0.0	1	33.3	12	1.0	3	26
Other Eligibles	10,026	10.2	98,622	0.6	24,030	24.5	245,167	0.2	98,132	827,838
5 and younger	613	1.9	6,084	0.4	9,385	28.4	96,660	0.2	33,063	282,891
6-14	8,047	20.5	79,383	0.6	11,104	28.4	114,466	0.2	39,162	353,807
15-20	1,304	8.2	12,702	0.6	2,656	16.7	26,765	0.2	15,918	133,225
21-44	53	0.6	397	0.5	742	8.6	5,983	0.2	8,605	48,254
45-64	9	0.8	56	0.9	120	10.3	1,043	0.3	1,162	7,453
65-74	0	0.0	0	0.0	16	11.9	190	0.4	135	1,414
75-84	0	0.0	0	0.0	5	7.8	41	0.3	64	613
85 and older	0	0.0	0	0.0	2	8.7	19	0.7	23	181
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	2	10

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of 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	
					464	4,828
All	\$467	9.0		464		4,828
Age						
0-64	515	9.6		340		3,584
65-74	366	8.3		41		427
75-84	332	7.6		46		459
85 and older	274	5.6		37		358
Unknown	0	0.0		0		0
Gender						
Female	497	9.5		254		2,645
Male	430	8.4		210		2,183
Unknown	0	0.0		0		0
Race						
White	468	9		437		4,591
African American	442	8.8		26		233
Other/unknown	154	3.8		1		4
Basis of Eligibility^c						
Aged	327	7.3		117		1,186
Disabled	512	9.5		347		3,642
Adults	0	0.0		0		0
Children	0	0.0		0		0
Unknown	0	0.0		0		0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 457 beneficiaries who were in nursing facilities for part of their enrollment and their 4,508 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

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	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	
															Residents	Months
Anti-infective Agents	0.5	0.2	0.0	0.3	\$29	\$0	\$7	\$56	\$89	\$83	\$27	1,967	\$110,647	349	75.2 %	3,786
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.7	0.1	0.0	0.6	130	49	3	175	522	143	125	310	54,350	38	8.2	419
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.5	56	37	3	45	71	16	30	2,940	132,651	222	47.8	2,352
Cardiovascular Agents	2.2	0.6	0.0	1.6	69	37	0	31	66	25	19	7,739	239,825	331	71.3	3,493
Respiratory Agents	1.2	0.4	0.1	0.7	55	33	4	48	82	68	26	2,859	137,112	227	48.9	2,476
Gastrointestinal Agents	1.3	0.4	0.0	1.0	60	33	1	44	94	174	27	3,967	176,528	274	59.1	2,954
Genitourinary Agents	0.7	0.5	0.1	0.1	41	35	2	57	69	31	27	872	50,029	108	23.3	1,228
CNS Drugs	2.3	1.1	0.0	1.2	181	147	1	79	134	65	28	8,981	706,985	366	78.9	3,909
Stimulants/Anti-obesity/Anorexia	0.2	0.0	0.0	0.2	8	0	0	8	0	0	40	2	80	1	0.2	10
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	102	102	0	131	131	0	0	543	71,273	63	13.6	696
Analgesics and Anesthetics	1.2	0.3	0.0	0.9	40	28	1	33	108	27	12	3,416	111,567	268	57.8	2,813
Neuromuscular Agents	1.6	0.7	0.0	0.9	96	68	2	58	99	46	29	4,789	279,536	271	58.4	2,905
Nutritional Products	0.7	0.0	0.0	0.7	13	0	0	18	9	14	18	1,190	21,384	157	33.8	1,603
Hematological Agents	1.1	0.3	0.1	0.7	51	40	2	48	138	18	13	1,632	77,908	147	31.7	1,525
Topical Products	0.6	0.3	0.0	0.3	25	16	1	39	56	48	23	1,999	77,472	293	63.1	3,162
Miscellaneous Products	0.3	0.0	0.0	0.3	7	0	0	23	13	0	23	95	2,210	31	6.7	297
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	15	0	0	48	0	0	0	86	4,136	25	5.4	282
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.	43,387	2,253,693	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 457 beneficiaries who were in nursing facilities for part of their enrollment and their 4,508 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In West 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, WEST VIRGINIA, 2003

	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	
Top 10 Drug Groups in Nursing Facilities								
ANTIPSYCHOTICS	\$452,551	284	61.2 %	3,098	0.9	\$161	\$146	
ANTICONVULSANT	239,140	295	63.6	3,129	1.2	61	76	
ANTIDEPRESSANTS	206,006	338	72.8	3,715	0.8	67	55	
ULCER DRUGS	135,475	271	58.4	2,935	0.8	58	46	
ANTI-DIABETIC	100,568	206	44.4	2,186	0.9	52	46	
ANTI-ASTHMATIC	89,395	271	58.4	2,855	0.7	44	31	
ANALGESICS - Narcotic	77,225	298	64.2	3,027	0.9	29	26	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	71,273	63	13.6	696	0.8	131	102	
ANTIHYPERLIPIDEMIC	68,451	95	20.5	1,057	0.8	78	65	
ANTIHYPERTENSIVE	67,958	213	45.9	2,230	0.9	35	30	
Total	1,508,042	2,334		24,928	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 457 beneficiaries who were in nursing facilities for part of their enrollment and their 4,508 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

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 \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	22,079	\$1,508,042	284	61.2 %	3,098	0.9	\$146	295	63.6 %	3,129	1.2	\$76					
Female	12,653	875,179	160	63.0	1,744	0.9	152	158	62.2	1,681	1.2	79					
Disabled	10,431	740,711	123	66.1	1,356	1.0	165	139	74.7	1,486	1.2	85					
64 or younger	10,325	737,342	122	67.0	1,352	1.0	166	138	75.8	1,482	1.2	85					
65-74	106	3,369	1	25.0	4	1.0	24	1	25.0	4	1.3	26					
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					
Other Eligibles	2,222	134,468	37	54.4	388	0.8	106	19	27.9	195	1.1	40					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	812	41,651	8	53.3	96	0.7	97	9	60.0	101	1.4	50					
75-84	848	51,622	19	76.0	187	0.8	96	4	16.0	35	0.9	21					
85 and older	562	41,195	10	35.7	105	0.8	133	6	21.4	59	0.8	34					
Male	9,426	632,863	124	59.0	1,354	0.9	138	137	65.2	1,448	1.3	73					
Disabled	7,755	525,380	104	64.6	1,130	0.9	133	118	73.3	1,259	1.3	76					
64 or younger	7,626	512,475	101	63.9	1,110	0.9	134	114	72.2	1,227	1.3	74					
65-74	129	12,905	3	100.0	20	1.1	116	4	133.3	32	1.2	145					
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					
Other Eligibles	1,671	107,483	20	40.8	224	1.0	165	19	38.8	189	1.3	51					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	822	50,870	10	52.6	104	1.2	192	11	57.9	116	1.6	59					
75-84	642	43,446	8	38.1	96	0.9	144	5	23.8	47	0.7	50					
85 and older	207	13,167	2	22.2	24	1.0	129	3	33.3	26	0.7	17					
Unknown	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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A total of 457 beneficiaries who were in nursing facilities for part of their enrollment and their 4,508 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIDIABETIC				
	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	338	72.8 %	3,715	0.8	\$56	271	58.4 %	2,935	0.8	\$46	206	44.4 %	2,186	0.9	\$46
Female	197	77.6	2,177	0.9	58	138	54.3	1,495	0.8	41	124	48.8	1,301	0.9	43
Disabled	153	82.3	1,692	0.9	62	109	58.6	1,163	0.8	44	101	54.3	1,076	0.9	43
64 or younger	150	82.4	1,664	0.9	62	108	59.3	1,159	0.8	44	98	53.8	1,050	0.9	43
65-74	3	75.0	28	0.8	36	1	25.0	4	1.0	27	3	75.0	26	1.0	45
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	44	64.7	485	0.8	47	29	42.6	332	0.7	31	23	33.8	225	0.8	41
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	13	86.7	149	0.8	48	4	26.7	48	0.5	18	5	33.3	60	1.2	56
75-84	17	68.0	183	0.8	34	15	60.0	169	0.7	31	13	52.0	105	0.7	51
85 and older	14	50.0	153	0.8	60	10	35.7	115	0.8	37	5	17.9	60	0.5	8
Male	141	67.1	1,538	0.8	51	133	63.3	1,440	0.8	51	82	39.0	885	0.9	51
Disabled	110	68.3	1,185	0.8	52	108	67.1	1,180	0.8	55	72	44.7	785	0.9	52
64 or younger	109	69.0	1,173	0.8	51	104	65.8	1,140	0.8	55	68	43.0	745	0.9	52
65-74	1	33.3	12	1.0	139	4	133.3	40	0.5	31	4	133.3	40	0.8	64
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	31	63.3	353	0.7	48	25	51.0	260	0.9	37	10	20.4	100	0.9	42
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	73.7	168	0.8	46	9	47.4	102	0.9	28	6	31.6	52	0.6	35
75-84	11	52.4	132	0.8	48	11	52.4	107	0.8	38	4	19.0	48	1.1	49
85 and older	6	66.7	53	0.6	57	5	55.6	51	0.8	52	0	0.0	0	0.0	0
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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 457 beneficiaries who were in nursing facilities for part of their enrollment and their 4,508 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC				ANALGESICS - Narcotic				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	271	58.4 %	2,855	0.7	\$31	298	64.2 %	3,027	0.9	\$26	63	13.6 %	696	0.8	\$102
Female															
Disabled	154	60.6	1,646	0.8	35	181	71.3	1,876	0.9	32	40	15.7	438	0.8	101
64 or younger	117	62.9	1,238	0.8	37	148	79.6	1,546	1.0	36	28	15.1	317	0.7	101
65-74	112	61.5	1,218	0.8	37	146	80.2	1,532	1.0	36	27	14.8	305	0.8	104
75-84	5	125.0	20	0.9	12	2	50.0	14	0.1	5	1	25.0	12	0.2	23
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	37	54.4	408	0.5	28	33	48.5	330	0.6	13	12	17.6	121	0.8	101
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	13	86.7	149	0.6	37	10	66.7	106	1.0	10	3	20.0	36	0.7	87
75-84	17	68.0	181	0.7	30	15	60.0	143	0.4	5	5	20.0	57	1.0	126
85 and older	7	25.0	78	0.1	6	8	28.6	81	0.5	32	4	14.3	28	0.6	69
Male															
Disabled	117	55.7	1,209	0.6	27	117	55.7	1,151	0.8	15	23	11.0	258	0.8	105
64 or younger	90	55.9	929	0.7	28	89	55.3	869	0.8	16	15	9.3	162	0.8	104
65-74	87	55.1	909	0.7	29	89	56.3	869	0.8	16	15	9.5	162	0.8	104
75-84	3	100.0	20	0.2	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	27	55.1	280	0.6	21	28	57.1	282	0.6	11	8	16.3	96	0.9	109
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	11	57.9	132	0.5	24	10	52.6	120	0.7	11	2	10.5	24	0.5	42
75-84	16	76.2	148	0.6	18	10	47.6	84	0.7	15	5	23.8	60	1.0	130
85 and older	0	0.0	0	0.0	0	8	88.9	78	0.3	7	1	11.1	12	1.1	138
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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 457 beneficiaries who were in nursing facilities for part of their enrollment and their 4,508 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Table ND10C

Nondual Beneficiaries

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, WEST VIRGINIA, 2003

Beneficiary Characteristics	ANTHYPERLIPIDEMIC					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 \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	95	20.5 %	1,057	0.8	\$65	213	45.9 %	2,230	0.9	\$31	464	4,828
Female	58	22.8	629	0.8	57	111	43.7	1,161	0.8	30	254	2,645
Disabled	45	24.2	489	0.8	58	86	46.2	891	0.8	31	186	1,949
64 or younger	44	24.2	487	0.8	58	83	45.6	863	0.8	31	182	1,919
65-74	1	25.0	2	0.5	33	3	75.0	28	0.8	8	4	30
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
Other Eligibles	13	19.1	140	0.8	54	25	36.8	270	0.9	29	68	696
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	5	33.3	60	1.2	62	9	60.0	108	0.9	23	15	173
75-84	4	16.0	38	0.3	15	8	32.0	82	1.0	27	25	243
85 and older	4	14.3	42	0.9	77	8	28.6	80	1.0	39	28	280
Male	37	17.6	428	0.9	76	102	48.6	1,069	0.9	31	210	2,183
Disabled	30	18.6	358	0.9	79	81	50.3	853	0.9	31	161	1,693
64 or younger	29	18.4	346	1.0	80	81	51.3	853	0.9	31	158	1,665
65-74	1	33.3	12	0.3	31	0	0.0	0	0.0	0	3	28
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
Other Eligibles	7	14.3	70	0.6	63	21	42.9	216	0.8	29	49	490
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	6	31.6	66	0.6	63	5	26.3	46	1.0	42	19	196
75-84	1	4.8	4	0.8	55	10	47.6	109	0.7	24	21	216
85 and older	0	0.0	0	0.0	0	6	66.7	61	0.9	30	9	78
Unknown	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 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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 2003. A total of 457 beneficiaries who were in nursing facilities for part of their enrollment and their 4,508 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WEST VIRGINIA, 2003

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	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx \$	Part D Excluded Rx		Total Number of Beneficiaries
							Excluded Rx	\$ per Part D Excluded Rx \$	
All	105,550	35.4 %	1.5	449,587	\$7,924,224	\$18	\$18	3.6 %	298,426
Age									
5 and younger	22,403	33.7	0.8	53,013	670,935	13	13	4.9	66,451
6-14	27,230	32.6	0.7	57,892	1,005,482	17	17	3.1	83,436
15-20	11,065	26.7	0.6	25,561	606,716	24	24	3.5	41,411
21-44	27,501	36.9	2.1	159,508	2,903,416	18	18	4.1	74,479
45-64	17,062	53.5	4.7	151,140	2,703,327	18	18	3.2	31,896
65-74	174	40.7	3.7	1,598	21,323	13	13	2.7	427
75-84	81	39.3	2.8	587	8,105	14	14	2.5	206
85 and older	34	28.8	2.4	288	4,920	17	17	3.2	118
Unknown	0	0.0	0.0	0	0	0	0	0.0	2
Basis of Eligibility^c									
Aged	308	33.2	2.3	2,171	30,693	14	14	2.6	927
Disabled	32,919	49.7	3.9	260,492	4,917,508	19	19	3.4	66,235
Adults	18,031	30.6	1.2	70,508	1,217,575	17	17	4.7	58,882
Children	54,292	31.5	0.7	116,416	1,758,448	15	15	3.9	172,382
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	64,037	37.9	1.7	294,963	5,210,929	18	18	3.9	169,113
Male	41,513	32.1	1.2	154,624	2,713,295	18	18	3.2	129,313
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	101,342	36.0	1.6	436,061	7,698,994	18	18	3.6	281,253
African American	4,036	24.5	0.8	12,999	215,170	17	17	2.9	16,449
Other/unknown	172	23.8	0.7	527	10,060	19	19	2.6	724
Use of Nursing Facilities^d									
Entire year	286	61.6	10.0	4,636	61,621	13	13	2.7	464
Part year	345	75.5	8.7	3,988	79,093	20	20	3.7	457
None	104,919	35.3	1.5	440,963	7,783,510	18	18	3.6	297,505
Maintenance Assistance Status									
Cash	39,945	44.9	3.3	289,340	5,378,697	19	19	3.5	88,889
Medically needy	1,759	40.3	1.9	8,406	158,476	19	19	3.1	4,364
Poverty related	57,005	31.4	0.7	128,049	1,962,167	15	15	4.2	181,337
Other/unknown	6,841	28.7	1.0	23,792	424,884	18	18	2.8	23,836

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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}
 WEST VIRGINIA, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$18	\$0	\$1	2,600,421
Age						
5 and younger	0.1	1	13	0	0	572,243
6-14	0.1	1	17	0	0	765,268
15-20	0.1	2	24	0	0	349,878
21-44	0.3	5	18	0	3	579,400
45-64	0.5	8	18	0	4	326,366
65-74	0.4	5	13	0	2	4,301
75-84	0.3	4	14	0	2	1,937
85 and older	0.3	5	17	0	2	1,018
Unknown	0.0	0	0	0	0	10
Basis of Eligibility^c						
Aged	0.3	4	14	0	1	8,058
Disabled	0.4	7	19	0	4	709,667
Adults	0.2	3	17	0	1	377,223
Children	0.1	1	15	0	0	1,505,473
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	4	18	0	2	1,442,182
Male	0.1	2	18	0	1	1,158,239
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	18	0	1	2,453,454
African American	0.1	2	17	0	0	140,853
Other/unknown	0.1	2	19	0	0	6,114
Use of Nursing Facilities^d						
Entire year	1.0	13	13	1	7	4,828
Part year	0.9	18	20	0	8	4,508
None	0.2	3	18	0	1	2,591,085
Maintenance Assistance Status						
Cash	0.3	6	19	0	3	854,467
Medically needy	0.3	6	19	0	3	25,132
Poverty related	0.1	1	15	0	0	1,532,669
Other/unknown	0.1	2	18	0	1	188,153

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
WEST VIRGINIA, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D	
			Total Rx \$	Excluded Rx \$			Excluded Rx	Excluded Rx
All	137,732	\$58	\$7,924,224	100.0 %	449,587	\$18	100.0 %	
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0	0.0
Drugs for cosmetic purposes	134	14	1,930	0.0	199	10	0.0	0.0
Cough and cold medications	67,069	34	2,300,813	29.0	126,076	18	28.0	28.0
Vitamins and minerals	7,614	97	740,666	9.3	36,762	20	8.2	8.2
Non-prescription drugs	29,066	30	864,846	10.9	61,127	14	13.6	13.6
Barbiturates	1,072	57	60,836	0.8	9,939	6	2.2	2.2
Benzodiazepines	27,680	119	3,307,578	41.7	194,719	17	43.3	43.3
Other Part D Excl Rx Drugs	5,097	127	647,555	8.2	20,765	31	4.6	4.6

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.
- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	308,024	927	66,251	60,191	180,655	2,904,472	8,074	714,252	443,146	1,739,000	0
Age											
5 and younger	69,875	0	1,854	575	67,446	661,452	0	20,063	6,366	635,023	0
6-14	86,841	0	5,814	812	80,215	874,363	0	66,403	8,906	799,054	0
15-20	43,003	20	4,496	5,531	32,956	397,293	155	49,952	42,495	304,691	0
21-44	75,594	222	25,191	50,148	33	634,671	1,407	271,412	361,644	208	0
45-64	31,958	97	28,734	3,123	4	329,427	770	304,921	23,721	15	0
65-74	427	305	121	1	0	4,301	3,161	1,128	12	0	0
75-84	206	181	24	1	0	1,937	1,700	235	2	0	0
85 and older	118	102	16	0	0	1,018	881	137	0	0	0
Unknown	2	0	1	0	1	10	0	1	0	9	0
Gender											
Female	173,965	705	35,061	49,084	89,115	1,613,419	5,866	381,599	367,340	858,614	0
Male	134,059	222	31,190	11,107	91,540	1,291,053	2,208	332,653	75,806	880,386	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	289,971	881	63,651	56,510	168,929	2,733,221	7,671	686,626	414,172	1,624,752	0
African American	17,303	30	2,511	3,569	11,193	164,604	257	26,738	28,219	109,390	0
Other/unknown	750	16	89	112	533	6,647	146	888	755	4,858	0
Use of Nursing Facilities^c											
Entire year	464	117	347	0	0	4,828	1,186	3,642	0	0	0
Part year	457	37	416	4	0	4,518	306	4,178	34	0	0
None	307,103	773	65,488	60,187	180,655	2,895,126	6,582	706,432	443,112	1,739,000	0
Maintenance Assistance Status											
Cash	89,445	420	62,414	26,428	183	886,577	4,382	683,560	196,891	1,744	0
Medically needy	4,364	23	2,118	2,192	31	25,612	123	13,359	11,997	133	0
Poverty related	189,894	341	10	16,180	173,363	1,782,223	2,349	63	117,390	1,662,421	0
Other/unknown	24,321	143	1,709	15,391	7,078	210,060	1,220	17,270	116,868	74,702	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	230,955	923	65,167	42,178	122,687	2,162,899	8,034	702,115	292,269	1,160,481	0
FFS part year, with Rx claims	31,656	4	857	9,942	20,853	313,751	40	9,635	86,126	217,950	0
FFS part year, no Rx claims	9,843	0	42	1,914	7,887	82,376	0	414	12,731	69,231	0
MC all year, with Rx claims	25,972	0	169	4,848	20,955	273,283	0	1,931	44,652	226,700	0
MC all year, no Rx claims	9,598	0	16	1,309	8,273	72,163	0	157	7,368	64,638	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

- 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 Mo(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, WEST VIRGINIA, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Excluded from Cell K of Table 1
	Number of Beneficiaries	Number of Beneficiaries	Number of Beneficiaries
	Months	Months	Months
All	308,024	298,426	0
Fee-for-service (FFS) all year	2,904,472	2,600,421	304,051
FFS part year, with Rx claims	230,955	230,955	0
FFS part year, with no Rx claims	31,656	31,656	0
Managed care (MC) all year, with Rx claims	9,843	9,843	0
MC all year, with no Rx claims	25,972	25,972	0
	9,598	0	0
	72,163	0	72,163

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 06/2007. This table was produced on 11/01/2007.

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.