

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 WEST VIRGINIA

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE 5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE D.3. *ANNUAL* MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC

TABLE D.5. AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC

TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65

SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER

SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74

SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84

SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLES

APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES

APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES

APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	303,605	537	70,900	57,180	174,408	580	2,312,563	4,659	737,473	311,953	1,253,382	5,096
Age												
5 and younger	66,399	0	2,266	35	64,098	0	469,833	0	21,042	155	448,636	0
6-14	83,620	0	6,581	107	76,932	0	638,910	0	69,547	685	568,678	0
15-20	42,806	0	4,872	4,591	33,337	6	313,216	0	51,323	26,033	235,821	39
21-44	76,188	0	26,617	49,311	35	225	546,190	0	276,833	267,376	227	1,754
45-64	33,951	0	30,462	3,135	5	349	338,872	0	317,860	17,692	17	3,303
65-74	303	232	70	1	0	0	2,697	2,088	597	12	0	0
75-84	201	184	17	0	0	0	1,767	1,614	153	0	0	0
85 and older	136	121	15	0	0	0	1,075	957	118	0	0	0
Unknown	1	0	0	0	1	0		0	0	0	3	0
Gender												
Female	171,950	359	37,330	47,094	86,588	579	1,284,973	3,041	391,520	262,802	622,523	5,087
Male	131,655	178	33,570	10,086	87,820	1	1,027,590	1,618	345,953	49,151	630,859	9
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	286,512	507	68,047	53,855	163,536	567	2,185,027	4,381	708,894	292,964	1,173,811	4,977
African American	16,635	25	2,796	3,248	10,554	12	124,176	242	28,028	18,598	77,201	107
Other/unknown	458	5	57	77	318	1	3,360	36	551	391	2,370	12
Use of Nursing Facilities^c												
Entire year	416	103	312	0	1	0	4,177	921	3,255	0	1	0
Part year	583	60	515	7	1	0	5,926	553	5,315	50	8	0
None	302,606	374	70,073	57,173	174,406	580	2,302,460	3,185	728,903	311,903	1,253,373	5,096
Maintenance Assistance Status												
Cash	84,572	316	61,823	22,112	321	0	789,661	2,934	663,786	120,532	2,409	0
Medically needy	17,577	56	7,183	9,449	889	0	118,945	398	54,935	56,613	6,999	0
Poverty-related	35,443	2	10	4,998	29,853	580	178,028	15	61	21,957	150,899	5,096
Other/unknown	166,013	163	1,884	20,621	143,345	0	1,225,929	1,312	18,691	112,851	1,093,075	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	191,794	537	67,821	34,674	88,196	566	1,677,846	4,659	716,824	206,398	744,967	4,998
FFS part year, with Rx claims	61,302	0	2,263	14,509	44,520	10	216,603	0	11,860	47,753	156,929	61
FFS part year, no Rx claims	15,079	0	118	2,070	12,890	1	47,817	0	595	5,737	41,484	1
MC all year, with FFS Rx claims	35,430	0	698	5,927	28,802	3	370,297	0	8,194	52,065	310,002	36

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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, 2004

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	76.7 %	13.9	\$804	\$58	\$3,351	24.0 %	303,605
Age							
5 and younger	72.7	4.8	214	45	1,312	16.3	66,399
6-14	74.3	6.7	432	65	1,926	22.4	83,620
15-20	74.0	7.8	455	59	3,014	15.1	42,806
21-44	80.1	17.8	1,025	58	4,108	25.0	76,188
45-64	86.4	48.0	2,807	58	9,391	29.9	33,951
65-74	59.1	32.0	1,528	48	12,194	12.5	303
75-84	58.2	31.7	1,347	43	12,265	11.0	201
85 and older	55.9	31.9	1,411	44	15,939	8.9	136
Unknown	0.0	0.0	0	0	0	0.0	1
Basis of Eligibility^e							
Aged	58.3	32.6	1,470	45	13,532	10.9	537
Disabled	85.1	37.0	2,352	64	9,122	25.8	70,900
Adults	78.1	10.6	460	43	1,971	23.4	57,180
Children	72.8	5.5	281	51	1,405	20.0	174,408
Unknown	86.4	28.1	2,154	77	9,434	22.8	580
Gender							
Female	79.2	15.7	868	55	3,332	26.1	171,950
Male	73.4	11.5	720	63	3,375	21.3	131,655
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	77.2	14.2	822	58	3,392	24.2	286,512
African American	67.4	8.4	493	59	2,642	18.7	16,635
Other/unknown	65.3	8.6	530	62	3,305	16.0	458
Use of Nursing Facilities^f							
Entire year	98.8	92.1	4,898	53	55,330	8.9	416
Part year	98.1	89.4	5,009	56	48,660	10.3	583
None	76.6	13.6	790	58	3,192	24.8	302,606
Maintenance Assistance Status							
Cash	82.8	31.0	1,907	62	6,936	27.5	84,572
Medically needy	80.9	19.8	1,112	56	5,066	22.0	17,577
Poverty related	63.8	4.0	190	48	851	22.3	35,443
Other/unknown	75.9	6.7	340	51	1,876	18.1	166,013

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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, 2004

Beneficiary Characteristics	Number of Rx, Percentage with:									Number		
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.8	\$106	24.0 %	23.3 %	43.0 %	10.1 %	13.2 %	7.2 %	3.3 %	\$440	303,605	2,312,563
Age												
5 and younger	0.7	30	16.3	27.3	54.3	7.5	6.6	2.7	1.5	185	66,399	469,833
6-14	0.9	57	22.4	25.7	51.3	9.1	8.8	3.0	2.1	252	83,620	638,910
15-20	1.1	62	15.1	26.0	48.0	10.4	10.1	3.4	2.2	412	42,806	313,216
21-44	2.5	143	25.0	19.9	34.0	13.5	19.0	9.3	4.4	573	76,188	546,190
45-64	4.8	281	29.9	13.6	14.6	9.8	27.4	25.8	8.8	941	33,951	338,872
65-74	3.6	172	12.5	40.9	11.2	4.3	16.8	18.2	8.6	1,370	303	2,697
75-84	3.6	153	11.0	41.8	7.0	7.5	16.4	20.9	6.5	1,395	201	1,767
85 and older	4.0	179	8.9	44.1	5.1	2.9	19.1	21.3	7.4	2,016	136	1,075
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	1	3
Basis of Eligibility^e												
Aged	3.8	170	10.9	41.7	8.9	5.0	16.9	19.4	8.0	1,560	537	4,659
Disabled	3.6	226	25.8	14.9	25.1	11.8	24.8	17.8	5.5	877	70,900	737,473
Adults	1.9	84	23.4	21.9	37.3	13.4	15.7	6.9	4.8	361	57,180	311,953
Children	0.8	39	20.0	27.2	52.2	8.3	7.5	2.8	1.9	196	174,408	1,253,382
Unknown	3.2	245	22.8	13.6	28.1	17.1	22.6	16.2	2.4	1,074	580	5,096
Gender												
Female	2.1	116	26.1	20.8	42.0	10.5	14.2	8.5	4.0	446	171,950	1,284,973
Male	1.5	92	21.3	26.6	44.2	9.6	11.8	5.5	2.4	432	131,655	1,027,590
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.9	108	24.2	22.8	42.9	10.2	13.4	7.3	3.4	445	286,512	2,185,027
African American	1.1	66	18.7	32.6	44.4	7.8	9.3	4.2	1.8	354	16,635	124,176
Other/unknown	1.2	72	16.0	34.7	40.6	9.0	9.8	3.7	2.2	450	458	3,360
Use of Nursing Facilities^f												
Entire year	9.2	488	8.9	1.2	4.1	3.6	20.9	34.9	35.3	5,510	416	4,177
Part year	8.8	493	10.3	1.9	4.3	6.2	21.4	32.4	33.8	4,787	583	5,926
None	1.8	104	24.8	23.4	43.1	10.1	13.1	7.1	3.2	420	302,606	2,302,460
Maintenance Assistance Status												
Cash	3.3	204	27.5	17.2	27.8	11.9	22.4	15.1	5.6	743	84,572	789,661
Medically needy	2.9	164	22.0	19.1	27.9	13.4	22.7	11.8	5.1	749	17,577	118,945
Poverty related	0.8	38	22.3	36.2	45.0	8.3	6.9	2.5	1.1	170	35,443	178,028
Other/unknown	0.9	46	18.1	24.1	51.9	9.2	8.8	3.6	2.4	254	166,013	1,225,929

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	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	1.8	\$106	\$58	0.7	\$74	\$106	0.1	\$7	\$71	1.0	\$24	\$24
Age												
5 and younger	0.7	30	45	0.3	22	81	0.1	2	38	0.3	6	17
6-14	0.9	57	65	0.5	45	97	0.0	3	61	0.4	9	24
15-20	1.1	62	59	0.4	45	102	0.1	3	62	0.6	13	24
21-44	2.5	143	58	0.8	96	118	0.1	11	80	1.5	35	23
45-64	4.8	281	58	1.7	190	109	0.3	21	77	2.8	69	25
65-74	3.6	172	48	1.2	114	97	0.2	9	50	2.2	49	22
75-84	3.6	153	43	1.1	99	88	0.3	13	46	2.2	41	19
85 and older	4.0	179	44	1.3	118	87	0.3	14	49	2.4	46	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.8	170	45	1.2	112	91	0.2	11	50	2.3	46	20
Disabled	3.6	226	64	1.3	158	120	0.2	17	81	2.0	51	25
Adults	1.9	84	43	0.6	52	90	0.1	7	64	1.3	25	20
Children	0.8	39	51	0.4	29	83	0.0	2	48	0.4	8	21
Unknown	3.2	245	77	1.1	180	159	0.2	9	52	1.9	56	30
Gender												
Female	2.1	116	55	0.8	80	104	0.1	9	68	1.2	28	23
Male	1.5	92	63	0.6	67	111	0.1	6	77	0.8	19	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.9	108	58	0.7	76	106	0.1	8	71	1.0	25	24
African American	1.1	66	59	0.4	48	110	0.1	4	63	0.6	14	23
Other/unknown	1.2	72	62	0.5	55	106	0.1	3	55	0.6	14	24
Use of Nursing Facilities^e												
Entire year	9.2	488	53	2.9	313	108	0.6	43	69	5.6	131	23
Part year	8.8	493	56	2.7	319	117	0.5	40	74	5.5	133	24
None	1.8	104	58	0.7	73	106	0.1	7	71	1.0	24	24
Maintenance Assistance Status												
Cash	3.3	204	62	1.2	142	117	0.2	15	80	1.9	47	25
Medically needy	2.9	164	56	1.0	111	112	0.2	12	82	1.8	41	23
Poverty related	0.8	38	48	0.3	26	84	0.1	3	48	0.4	9	21
Other/unknown	0.9	46	51	0.4	34	86	0.1	3	50	0.5	10	21

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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, 0.4 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.medispain.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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	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	0.1	0.0	0.2	\$16	\$10	\$1	\$5	\$48	\$81	\$57	\$25	486,544	\$23,246,731	167,943	55.3 %	1,417,557
Biologicals	0.4	0.4	0.0	0.0	462	440	11	11	1079	1,053	1,689	2,550	1,811	1,953,430	515	0.2	4,227
Antineoplastic Agents	0.6	0.2	0.0	0.4	135	107	2	26	237	600	233	68	9,426	2,234,711	1,627	0.5	16,495
Endocrine/Metabolic Drugs	0.6	0.2	0.1	0.3	34	25	3	7	56	105	29	24	336,994	18,894,480	62,162	20.5	551,168
Cardiovascular Agents	1.3	0.5	0.1	0.8	58	42	2	14	44	80	43	18	542,404	23,619,632	40,457	13.3	405,103
Respiratory Agents	0.6	0.3	0.0	0.2	30	25	1	4	53	78	38	19	578,432	30,567,949	117,952	38.9	1,017,490
Gastrointestinal Agents	0.5	0.2	0.0	0.3	35	27	1	7	67	126	75	23	210,223	14,137,784	41,633	13.7	398,338
Genitourinary Agents	0.3	0.1	0.0	0.1	15	11	2	3	51	76	43	24	44,238	2,276,846	17,211	5.7	148,399
CNS Drugs	1.1	0.4	0.1	0.6	79	57	6	16	74	139	93	27	675,502	49,837,197	67,720	22.3	631,949
Stimulants/Anti-obesity/Anorexia	0.9	0.7	0.0	0.2	74	65	0	9	85	95	78	47	134,620	11,404,264	16,930	5.6	153,761
Miscellaneous Psychological/																	
Neurological Agents	0.4	0.4	0.0	0.1	122	118	2	3	274	319	105	43	6,907	1,890,422	1,498	0.5	15,486
Analgesics and Anesthetics	0.7	0.1	0.0	0.6	24	11	1	12	36	155	208	21	549,226	19,850,464	95,438	31.4	829,042
Neuromuscular Agents	0.7	0.3	0.1	0.4	66	40	15	11	89	154	134	29	299,066	26,525,171	41,804	13.8	402,745
Nutritional Products	0.4	0.1	0.0	0.3	8	2	0	6	18	19	15	19	62,306	1,151,359	17,356	5.7	142,734
Hematological Agents	0.6	0.3	0.0	0.3	57	48	3	6	90	185	62	19	55,766	5,045,145	9,121	3.0	88,928
Topical Products	0.3	0.1	0.0	0.2	13	8	1	5	48	75	53	29	204,240	9,726,040	86,397	28.5	752,236
Miscellaneous Products	0.6	0.2	0.1	0.3	147	106	13	28	259	480	233	96	5,472	1,414,913	954	0.3	9,597
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	7	0	0	0	25	0	0	0	12,063	295,737	4,349	1.4	42,501
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.	4,215,240	244,072,275	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.medispans.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, 0.4 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.medispans.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 2004.

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, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTICONVULSANT	\$23,558,762	32,042	10.6 %	325,053	0.7	\$111	\$72
ANTIPSYCHOTICS	22,943,005	20,176	6.6	209,421	0.6	192	110
ANTIDEPRESSANTS	21,275,552	63,269	20.8	606,890	0.5	68	35
ANTIASTHMATIC	19,119,167	85,730	28.2	786,919	0.4	66	24
ULCER DRUGS	11,704,263	43,453	14.3	427,858	0.4	64	27
ANALGESICS - Narcotic	11,636,655	111,247	36.6	990,953	0.4	32	12
ANTIHYPERTENSIVE	11,602,879	18,858	6.2	203,885	0.6	98	57
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	11,404,464	21,335	7.0	194,731	0.7	85	59
ANTIDIABETIC	10,074,283	20,131	6.6	210,388	0.7	73	48
DERMATOLOGICAL	7,080,318	82,086	27.0	729,290	0.2	50	10
Total	150,399,348	498,327		4,685,388	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTICONVULSANT					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 Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,018,716	\$150,399,348	32,042	10.6 %	325,053	0.7	\$73	20,176	6.6 %	209,421	0.6	\$110
Female	1,241,100	89,465,443	20,041	11.7	200,241	0.6	73	11,369	6.6	116,799	0.5	101
Disabled	831,971	65,940,480	13,870	37.2	154,799	0.7	76	8,135	21.8	90,926	0.6	112
	4,152	313,588	131	15.3	1,336	0.9	104	16	1.9	145	0.5	73
5 and younger	20,307	1,921,509	475	21.8	5,286	0.8	117	316	14.5	3,436	0.5	90
6-14	18,911	1,687,644	582	31.0	6,446	0.7	85	411	21.9	4,523	0.5	91
15-20	276,440	22,843,940	6,047	42.8	66,874	0.6	79	3,676	26.0	40,756	0.5	110
21-44	511,450	39,126,982	6,632	36.4	74,834	0.7	68	3,712	20.4	42,034	0.6	118
45-64	283	16,874	1	2.4	2	1.0	56	1	2.4	3	0.7	35
65-74	253	17,909	2	16.7	21	0.8	32	3	25.0	29	0.7	196
75-84	175	12,034	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older												
Other Eligibles	409,129	23,524,963	6,171	4.6	45,442	0.6	64	3,234	2.4	25,873	0.5	65
	38,517	1,994,535	140	0.4	1,159	0.5	67	36	0.1	287	0.6	92
5 and younger	89,263	6,093,370	733	1.9	6,487	0.6	68	648	1.7	5,937	0.6	81
6-14	58,886	3,426,024	953	4.5	7,978	0.5	58	694	3.3	6,333	0.4	58
15-20	195,588	10,335,762	3,981	9.7	27,141	0.6	65	1,668	4.1	11,723	0.4	59
21-44	22,214	1,400,455	322	14.1	2,271	0.6	57	136	5.9	1,096	0.4	44
45-64	2,301	147,588	24	17.3	247	1.0	53	22	15.8	224	0.7	163
65-74	1,383	77,283	9	7.0	70	0.8	29	18	14.1	166	0.8	92
75-84	977	49,946	9	9.7	89	0.7	21	12	12.9	107	0.8	82
85 and older												
Male	777,616	60,933,905	12,001	9.1	124,812	0.7	72	8,807	6.7	92,622	0.6	120
Disabled	507,448	42,222,857	9,065	27.0	100,859	0.7	74	6,385	19.0	70,913	0.6	129
	7,063	625,390	172	12.2	1,757	0.7	106	71	5.0	676	0.6	108
5 and younger	53,998	5,060,123	1,032	23.4	11,470	0.7	83	1,061	24.1	11,601	0.6	109
6-14	27,943	2,749,007	680	22.7	7,619	0.7	84	671	22.4	7,381	0.6	121
15-20	166,589	14,480,135	3,942	31.6	43,514	0.7	74	2,807	22.5	31,121	0.6	134
21-44	251,531	19,292,059	3,236	26.4	36,463	0.7	66	1,773	14.5	20,128	0.7	138
45-64	204	10,348	2	6.9	24	0.9	22	2	6.9	6	1.5	179
65-74	50	1,956	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	70	3,839	1	50.0	12	0.1	7	0	0.0	0	0.0	0
85 and older												
Other Eligibles	270,168	18,711,048	2,936	3.0	23,953	0.6	64	2,422	2.5	21,709	0.6	90
	45,909	2,663,061	195	0.6	1,679	0.6	68	78	0.2	680	0.5	66
5 and younger	127,057	9,593,103	1,112	2.9	9,711	0.6	61	1,262	3.3	11,747	0.6	92
6-14	47,115	3,578,272	652	3.9	5,838	0.5	62	688	4.1	6,608	0.5	90
15-20	38,144	2,107,520	809	9.4	5,415	0.6	71	324	3.8	2,138	0.5	81
21-44	9,141	605,725	138	11.5	971	0.7	73	40	3.3	233	0.6	110
45-64	1,696	102,244	20	21.3	228	1.0	51	15	16.0	146	0.8	135
65-74	804	40,774	6	10.7	72	0.8	57	7	12.5	64	0.7	127
75-84	302	20,349	4	14.3	39	0.9	29	8	28.6	93	0.8	103
85 and older												
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 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					ULCER DRUGS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	63,269	20.8 %	606,890	0.5	\$35	85,730	28.2 %	786,919	0.4	\$24	43,453	14.3 %	427,858	0.4	\$27
Female	45,237	26.3	425,451	0.5	36	48,967	28.5	454,909	0.4	24	29,144	16.9	284,374	0.4	27
Disabled	25,493	68.3	283,143	0.5	38	21,723	58.2	243,747	0.4	28	18,011	48.2	202,650	0.5	30
5 and younger	13	1.5	142	0.5	18	398	46.5	4,095	0.3	19	140	16.4	1,350	0.4	27
6-14	409	18.8	4,494	0.5	27	754	34.6	8,370	0.3	22	179	8.2	1,941	0.3	21
15-20	726	38.7	7,704	0.5	31	511	27.2	5,602	0.3	18	329	17.5	3,582	0.3	19
21-44	10,640	75.2	117,186	0.5	36	6,889	48.7	77,119	0.4	23	6,293	44.5	70,381	0.4	26
45-64	13,698	75.2	153,542	0.6	39	13,136	72.1	148,233	0.5	31	11,047	60.7	125,193	0.5	32
65-74	2	4.9	18	0.8	27	22	53.7	186	0.5	28	14	34.1	104	0.5	25
75-84	3	25.0	33	1.0	71	8	66.7	85	0.6	24	4	33.3	42	1.0	62
85 and older	2	15.4	24	1.0	69	5	38.5	57	0.5	25	5	38.5	57	0.7	40
Other Eligibles	19,744	14.7	142,308	0.5	33	27,244	20.2	211,162	0.3	20	11,133	8.3	81,724	0.3	21
5 and younger	40	0.1	317	0.3	12	7,359	23.5	60,390	0.3	18	748	2.4	5,397	0.3	14
6-14	1,735	4.5	15,294	0.5	27	8,741	22.8	69,625	0.3	23	1,636	4.3	12,904	0.3	14
15-20	3,554	16.7	29,055	0.4	27	3,659	17.1	29,318	0.3	17	1,961	9.2	15,649	0.3	13
21-44	13,240	32.3	88,944	0.5	34	6,694	16.3	45,575	0.4	19	5,975	14.6	41,428	0.4	25
45-64	1,073	46.9	7,775	0.6	43	685	30.0	5,226	0.5	31	700	30.6	5,223	0.5	36
65-74	43	30.9	389	0.8	41	57	41.0	614	0.6	36	45	32.4	459	0.5	30
75-84	33	25.8	290	0.8	32	40	31.3	333	0.4	23	40	31.3	388	0.5	24
85 and older	26	28.0	244	0.8	45	9	9.7	81	0.2	5	28	30.1	276	0.6	30
Male	18,032	13.7	181,439	0.5	33	36,763	27.9	332,010	0.4	25	14,309	10.9	143,484	0.4	28
Disabled	12,431	37.0	137,037	0.5	34	12,254	36.5	135,440	0.4	28	9,733	29.0	108,845	0.5	30
5 and younger	34	2.4	327	0.5	15	736	52.2	7,597	0.3	26	206	14.6	2,052	0.4	27
6-14	994	22.6	10,977	0.5	29	1,652	37.5	18,067	0.3	23	274	6.2	3,021	0.4	29
15-20	762	25.4	8,401	0.5	32	707	23.6	7,878	0.3	20	338	11.3	3,820	0.3	20
21-44	5,282	42.3	57,856	0.5	33	2,781	22.3	31,162	0.4	24	3,585	28.7	40,298	0.4	28
45-64	5,353	43.7	59,413	0.5	36	6,372	52.0	70,680	0.5	33	5,319	43.4	59,567	0.5	32
65-74	4	13.8	39	0.5	28	3	10.3	26	0.3	8	9	31.0	63	0.6	35
75-84	1	20.0	12	0.1	4	1	20.0	6	0.3	28	1	20.0	12	0.9	17
85 and older	1	50.0	12	1.0	9	2	100.0	24	0.8	36	1	50.0	12	1.0	101
Other Eligibles	5,601	5.7	44,402	0.5	30	24,509	25.0	196,570	0.3	22	4,576	4.7	34,639	0.3	21
5 and younger	57	0.2	562	0.3	14	10,236	31.2	82,955	0.3	19	869	2.6	6,218	0.3	16
6-14	2,023	5.2	17,461	0.5	27	10,529	27.2	84,793	0.4	25	1,285	3.3	10,426	0.3	14
15-20	1,599	9.6	13,803	0.5	30	2,547	15.4	20,665	0.4	21	1,009	6.1	8,246	0.3	16
21-44	1,587	18.4	10,155	0.5	35	857	10.0	5,700	0.4	24	1,068	12.4	7,197	0.5	33
45-64	295	24.5	2,026	0.6	38	279	23.2	1,882	0.4	29	282	23.4	1,906	0.6	41
65-74	21	22.3	212	0.7	30	35	37.2	329	0.7	38	41	43.6	421	0.6	29
75-84	12	21.4	118	0.9	55	22	39.3	198	1.0	24	13	23.2	136	0.6	35
85 and older	7	25.0	65	0.9	67	4	14.3	48	0.2	9	9	32.1	89	0.8	34
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 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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.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, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHYPERTENSIVE					STIMULANTS/ANTI-OBESITY/ANOREXICANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	111,247	36.6 %	990,953	0.4	\$12	18,858	6.2 %	203,885	0.6	\$57	21,335	7.0 %	194,731	0.7	\$59
Female	76,228	44.3	665,089	0.4	11	11,878	6.9	128,768	0.6	57	6,516	3.8	59,819	0.6	54
Disabled	32,217	86.3	358,149	0.4	15	10,345	27.7	117,583	0.6	58	1,743	4.7	19,027	0.6	52
5 and younger	73	8.5	772	0.1	1	2	0.2	23	0.1	2	67	7.8	606	0.5	31
6-14	262	12.0	2,847	0.1	2	4	0.2	48	0.4	9	838	38.5	9,033	0.7	57
15-20	830	44.2	8,999	0.2	3	15	0.8	156	0.4	37	318	17.0	3,496	0.6	52
21-44	14,301	101.1	157,919	0.4	13	2,139	15.1	24,291	0.5	48	365	2.6	4,117	0.5	46
45-64	16,727	91.9	187,407	0.4	18	8,176	44.9	92,971	0.6	60	155	0.9	1,775	0.5	45
65-74	12	29.3	76	0.6	57	3	7.3	28	0.7	91	0	0.0	0	0.0	0
75-84	8	66.7	86	0.4	6	3	25.0	33	0.7	92	0	0.0	0	0.0	0
85 and older	4	30.8	43	0.4	6	3	23.1	33	0.8	108	0	0.0	0	0.0	0
Other Eligibles	44,011	32.7	306,940	0.3	6	1,533	1.1	11,185	0.5	51	4,773	3.5	40,792	0.7	56
5 and younger	1,025	3.3	8,178	0.2	2	11	0.0	88	0.2	6	282	0.9	2,239	0.4	33
6-14	3,325	8.7	26,746	0.2	2	19	0.0	198	0.4	33	3,443	9.0	29,867	0.7	58
15-20	7,986	37.4	59,235	0.2	2	43	0.2	303	0.3	22	688	3.2	6,179	0.6	53
21-44	30,029	73.3	200,181	0.4	8	996	2.4	6,850	0.5	48	350	0.9	2,427	0.6	55
45-64	1,528	66.8	11,416	0.5	14	402	17.6	3,101	0.6	61	10	0.4	80	0.5	40
65-74	55	39.6	562	0.7	15	26	18.7	267	0.7	69	0	0.0	0	0.0	0
75-84	33	25.8	315	0.5	19	23	18.0	247	0.7	54	0	0.0	0	0.0	0
85 and older	30	32.3	307	0.5	28	13	14.0	131	0.6	35	0	0.0	0	0.0	0
Male	35,019	26.6	325,864	0.4	13	6,980	5.3	75,117	0.6	57	14,819	11.3	134,912	0.7	60
Disabled	19,992	59.6	218,809	0.4	16	6,250	18.6	69,962	0.6	57	4,108	12.2	44,547	0.7	58
5 and younger	117	8.3	1,248	0.1	1	1	0.1	12	0.3	18	206	14.6	1,991	0.5	34
6-14	526	11.9	5,809	0.1	2	6	0.1	72	0.4	28	2,811	63.8	30,299	0.7	61
15-20	920	30.7	10,120	0.2	2	30	1.0	322	0.5	37	795	26.5	8,978	0.7	60
21-44	9,389	75.3	102,353	0.4	15	1,552	12.4	17,290	0.5	48	236	1.9	2,594	0.6	46
45-64	9,021	73.6	99,125	0.5	21	4,653	38.0	52,195	0.6	60	60	0.5	685	0.5	40
65-74	13	44.8	100	0.4	5	4	13.8	23	0.6	68	0	0.0	0	0.0	0
75-84	3	60.0	18	0.4	3	2	40.0	24	0.5	36	0	0.0	0	0.0	0
85 and older	3	150.0	36	0.3	4	2	100.0	24	0.7	60	0	0.0	0	0.0	0
Other Eligibles	15,027	15.3	107,055	0.3	7	730	0.7	5,155	0.6	58	10,711	10.9	90,365	0.7	61
5 and younger	1,360	4.1	10,998	0.1	2	5	0.0	41	0.1	7	594	1.8	4,775	0.5	39
6-14	3,297	8.5	26,159	0.2	2	25	0.1	198	0.5	53	8,386	21.7	70,552	0.8	63
15-20	3,838	23.1	30,176	0.2	2	25	0.2	210	0.5	35	1,634	9.8	14,396	0.7	64
21-44	5,757	66.9	34,452	0.5	13	396	4.6	2,551	0.6	56	88	1.0	575	0.5	47
45-64	732	60.8	4,833	0.6	22	241	20.0	1,743	0.7	66	9	0.7	67	0.6	67
65-74	26	27.7	260	0.8	19	30	31.9	332	0.8	61	0	0.0	0	0.0	0
75-84	11	19.6	125	0.8	10	7	12.5	68	0.7	68	0	0.0	0	0.0	0
85 and older	6	21.4	52	0.6	12	1	3.6	12	1.0	67	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 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. 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(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, 2004

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	20,131	6.6 %	210,388	0.7	\$48	82,086	27.0 %	729,290	0.2	\$10	303,605	2,312,563
Female	13,738	8.0	143,161	0.7	47	50,120	29.1	444,958	0.2	10	171,950	1,284,973
Disabled	11,186	30.0	125,301	0.6	47	13,741	36.8	155,757	0.2	10	37,330	391,520
	0	0.0	0	0.0	0	495	57.9	4,940	0.2	6	855	7,920
5 and younger	42	1.9	475	0.8	76	1,011	46.4	11,077	0.2	8	2,178	23,069
6-14	89	4.7	952	0.6	43	791	42.2	8,835	0.2	8	1,876	19,691
15-20	2,527	17.9	28,429	0.6	43	4,821	34.1	54,857	0.2	9	14,144	148,248
21-44	8,516	46.8	95,322	0.7	48	6,605	36.3	75,876	0.2	11	18,211	192,029
45-64	5	12.2	46	0.8	24	8	19.5	85	0.2	6	41	361
65-74	4	33.3	42	0.5	12	6	50.0	56	0.2	10	12	108
75-84	3	23.1	35	0.7	66	4	30.8	31	0.3	18	13	94
85 and older	2,552	1.9	17,860	0.7	46	36,379	27.0	289,201	0.2	10	134,620	893,453
Other Eligibles	18	0.1	126	0.7	34	11,838	37.8	95,447	0.2	7	31,302	218,854
5 and younger	199	0.5	1,371	1.0	77	12,319	32.1	100,535	0.2	11	38,363	284,100
6-14	249	1.2	1,853	0.7	51	5,317	24.9	44,351	0.2	12	21,343	145,089
15-20	1,592	3.9	10,729	0.7	41	6,316	15.4	43,854	0.2	12	40,966	227,924
21-44	413	18.1	2,984	0.7	48	510	22.3	4,175	0.2	11	2,286	14,433
45-64	39	28.1	391	0.8	44	29	20.9	332	0.3	8	139	1,203
65-74	26	20.3	256	1.0	45	29	22.7	312	0.3	10	128	1,122
75-84	16	17.2	150	1.0	36	21	22.6	195	0.3	6	93	728
85 and older												
Male	6,393	4.9	67,227	0.7	50	31,966	24.3	284,332	0.2	10	131,654	1,027,587
Disabled	5,503	16.4	60,964	0.7	48	7,977	23.8	89,328	0.2	10	33,570	345,953
	2	0.1	24	1.8	217	599	42.5	5,916	0.2	6	1,411	13,122
5 and younger	50	1.1	566	0.8	55	1,538	34.9	16,963	0.2	8	4,403	46,478
6-14	63	2.1	675	0.7	61	932	31.1	10,616	0.2	10	2,996	31,632
15-20	1,295	10.4	14,315	0.6	42	2,259	18.1	25,723	0.2	11	12,473	128,585
21-44	4,080	33.3	45,292	0.7	50	2,642	21.6	30,056	0.2	11	12,251	125,831
45-64	12	41.4	80	0.6	35	6	20.7	42	0.2	10	29	236
65-74	1	20.0	12	1.2	51	1	20.0	12	0.3	1	5	45
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older												
Other Eligibles	890	0.9	6,263	0.9	65	23,989	24.5	195,004	0.2	10	98,084	681,634
	26	0.1	163	1.3	74	10,404	31.7	84,067	0.2	7	32,831	229,937
5 and younger	164	0.4	1,272	1.0	79	8,598	22.2	70,310	0.2	9	38,676	285,263
6-14	113	0.7	830	1.0	105	4,014	24.2	34,259	0.2	17	16,591	116,804
15-20	363	4.2	2,485	0.7	52	774	9.0	4,892	0.2	13	8,605	41,433
21-44	188	15.6	1,118	0.8	55	156	13.0	1,005	0.3	12	1,203	6,579
45-64	29	30.9	315	0.7	35	19	20.2	199	0.4	19	94	897
65-74	6	10.7	68	1.2	39	19	33.9	228	0.4	18	56	492
75-84	1	3.6	12	0.8	28	5	17.9	44	0.1	2	28	229
85 and older												
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2004

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$488	9.2	416	4,177
Age				
0-64	536	9.8	311	3,250
65-74	390	8.1	29	278
75-84	308	7.0	34	284
85 and older	270	5.8	42	365
Unknown	0	0.0	0	0
Gender				
Female	496	9.3	237	2,297
Male	478	9.0	179	1,880
Unknown	0	0.0	0	0
Race				
White	499	9.4	392	3,926
African American	314	6.3	24	251
Other/unknown	0	0	0	0
Basis of Eligibility^c				
Aged	316	6.8	103	921
Disabled	537	9.8	312	3,255
Adults	0	0.0	0	0
Children	15	1.0	1	1
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 583 beneficiaries who were in nursing facilities for part of their enrollment and their 5,926 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, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total 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			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	0.3	\$24	\$13	\$2	\$9	\$49	\$85	\$59	\$30	1,503	\$73,791	297	71.4 %	3,082
Biologicals	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Antineoplastic Agents	0.5	0.1	0.0	0.4	61	12	0	49	123	228	0	110	129	15,854	30	7.2	258
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.5	57	40	4	13	45	76	19	25	2,686	121,931	211	50.7	2,141
Cardiovascular Agents	2.2	0.5	0.1	1.6	72	34	4	34	33	68	53	21	6,779	223,672	304	73.1	3,116
Respiratory Agents	1.1	0.4	0.0	0.7	47	34	1	12	41	81	58	17	2,491	102,543	206	49.5	2,182
Gastrointestinal Agents	1.3	0.4	0.1	0.9	61	36	4	21	47	101	46	25	3,444	163,255	261	62.7	2,664
Genitourinary Agents	0.8	0.6	0.1	0.2	56	44	5	7	66	78	58	34	838	55,276	93	22.4	990
CNS Drugs	2.2	0.9	0.2	1.2	176	130	12	34	79	150	72	29	7,566	595,916	330	79.3	3,394
Stimulants/Anti-obesity/Anorexia	0.2	0.2	0.0	0.0	6	6	0	0	39	39	0	0	3	118	2	0.5	20
Miscellaneous Psychological/																	
Neurological Agents	1.0	1.0	0.0	0.0	159	159	0	0	153	153	0	21	721	110,531	67	16.1	693
Analgesics and Anesthetics	1.5	0.4	0.0	1.1	63	43	4	16	43	113	199	15	3,506	151,439	235	56.5	2,401
Neuromuscular Agents	1.9	0.5	0.3	1.1	108	44	33	31	57	90	113	28	4,208	239,729	210	50.5	2,230
Nutritional Products	0.8	0.0	0.0	0.8	15	0	0	15	19	4	14	20	967	18,776	119	28.6	1,220
Hematological Agents	1.2	0.3	0.1	0.8	65	51	4	10	55	174	50	12	1,704	93,056	145	34.9	1,437
Topical Products	0.6	0.2	0.1	0.4	24	14	2	8	40	72	45	23	1,528	61,704	237	57.0	2,519
Miscellaneous Products	0.4	0.0	0.0	0.4	24	0	0	24	66	36	0	66	97	6,404	25	6.0	262
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	12	0	0	0	23	0	0	0	161	3,656	28	6.7	293
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.	38,331	2,037,651	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 583 beneficiaries who were in nursing facilities for part of their enrollment and their 5,926 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 2004. 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.medispn.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.medispanspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In West Virginia, 0.4 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, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$370,523	225	54.1 %	2,385	0.9	\$175	\$155
ANTICONVULSANT	202,948	239	57.5	2,585	1.3	61	79
ANTIDEPRESSANTS	186,570	302	72.6	3,105	0.9	65	60
ULCER DRUGS	125,331	256	61.5	2,611	0.8	59	48
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	110,531	76	18.3	795	0.9	153	139
ANALGESICS - Narcotic	100,438	246	59.1	2,557	1.0	38	39
ANTIDIABETIC	100,555	210	50.5	2,209	0.9	50	46
ANTIHYPERTENSIVE	76,560	109	26.2	1,193	0.8	82	64
ASTHMATIC	73,090	249	59.9	2,564	0.7	41	29
ANTIHYPERTENSIVE	56,218	180	43.3	1,882	0.9	34	30
Total	1,402,764	2,092		21,886	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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 2004. A total of 583 beneficiaries who were in nursing facilities for part of their enrollment and their 5,926 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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 \$
All	20,226	\$1,402,764	225	54.1 %	2,385	0.9	\$155	239	57.5 %	2,585	1.3	\$79
Female	11,267	789,069	132	55.7	1,382	0.9	162	128	54.0	1,329	1.3	80
Disabled	9,469	672,836	109	63.7	1,142	0.9	160	116	67.8	1,219	1.3	84
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	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
85 and older	1,798	116,233	23	34.8	240	0.9	168	12	18.2	110	1.3	43
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	809	52,154	7	50.0	84	0.9	227	7	50.0	75	1.6	53
65-74	456	31,905	9	42.9	82	0.9	157	3	14.3	20	0.9	19
75-84	533	32,174	7	22.6	74	0.9	114	2	6.5	15	0.4	21
85 and older												
Male	8,959	613,695	93	52.0	1,003	0.9	147	111	62.0	1,256	1.3	77
Disabled	7,573	529,840	77	54.6	843	0.9	150	98	69.5	1,118	1.3	80
64 or younger	29	2,698	2	100.0	6	1.5	179	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	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
85 and older	1,386	83,855	16	42.1	160	0.9	128	13	34.2	138	1.3	54
Other Eligibles	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	561	28,811	2	15.4	15	1.1	205	8	61.5	87	1.5	70
65-74	426	25,654	6	46.2	52	0.8	152	1	7.7	12	0.4	22
75-84	399	29,390	8	72.7	93	0.8	103	4	36.4	39	0.9	29
85 and older												
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 02/2008. This table was produced on 03/25/2008.

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 583 beneficiaries who were in nursing facilities for part of their enrollment and their 5,926 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.medispain.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					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	302	72.6 %	3,105	0.9	\$60	256	61.5 %	2,611	0.8	\$48	76	18.3 %	795	0.9	\$139
Female	179	75.5	1,800	0.9	59	138	58.2	1,362	0.8	47	47	19.8	485	0.9	129
Disabled	138	80.7	1,440	0.9	62	113	66.1	1,140	0.8	47	34	19.9	371	0.9	135
64 or younger	138	80.7	1,440	0.9	62	113	66.1	1,140	0.8	47	34	19.9	371	0.9	135
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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
Other Eligibles	41	62.1	360	0.9	46	25	37.9	222	0.8	43	13	19.7	114	0.9	111
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	100.0	122	1.1	50	5	35.7	50	0.7	50	3	21.4	36	0.7	87
75-84	14	66.7	117	0.8	31	8	38.1	53	0.7	45	8	38.1	57	0.7	92
85 and older	13	41.9	121	0.9	58	12	38.7	119	0.9	40	2	6.5	21	1.6	201
Male	123	68.7	1,305	0.9	62	118	65.9	1,249	0.8	49	29	16.2	310	0.9	155
Disabled	105	74.5	1,124	0.9	62	98	69.5	1,044	0.8	52	18	12.8	199	1.0	179
64 or younger	104	74.8	1,121	0.9	62	96	69.1	1,038	0.8	52	17	12.2	196	1.0	181
65-74	1	50.0	3	1.0	147	2	100.0	6	1.0	85	1	50.0	3	0.3	39
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	18	47.4	181	1.0	62	20	52.6	205	0.8	37	11	28.9	111	0.9	112
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	4	30.8	39	1.0	44	8	61.5	94	0.7	31	2	15.4	6	1.3	147
75-84	8	61.5	79	1.2	66	5	38.5	43	1.0	46	3	23.1	36	0.9	121
85 and older	6	54.5	63	0.9	68	7	63.6	68	0.9	41	6	54.5	69	0.8	105
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 02/2008. This table was produced on 03/25/2008.

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 583 beneficiaries who were in nursing facilities for part of their enrollment and their 5,926 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	246	59.1 %	2,557	1.0	\$39	210	50.5 %	2,209	0.9	\$46	109	26.2 %	1,193	0.8	\$64
Female	154	65.0	1,576	1.0	39	129	54.4	1,312	0.9	43	60	25.3	633	0.7	57
Disabled	129	75.4	1,379	1.0	43	108	63.2	1,131	0.9	41	48	28.1	519	0.7	61
64 or younger	129	75.4	1,379	1.0	43	108	63.2	1,131	0.9	41	48	28.1	519	0.7	61
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	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
Other Eligibles	25	37.9	197	1.0	12	21	31.8	181	1.1	56	12	18.2	114	0.7	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	8	57.1	70	1.8	14	7	50.0	66	1.2	83	4	28.6	40	1.1	76
75-84	6	28.6	31	0.8	11	6	28.6	55	1.2	54	3	14.3	32	0.2	11
85 and older	11	35.5	96	0.5	11	8	25.8	60	0.8	29	5	16.1	42	0.8	34
Male	92	51.4	981	1.0	40	81	45.3	897	0.9	49	49	27.4	560	0.8	72
Disabled	85	60.3	917	1.0	42	69	48.9	753	0.9	49	40	28.4	461	0.8	74
64 or younger	84	60.4	914	1.0	42	66	47.5	744	0.9	48	40	28.8	461	0.8	74
65-74	1	50.0	3	1.0	8	3	150.0	9	0.8	59	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
Other Eligibles	7	18.4	64	1.3	19	12	31.6	144	1.0	51	9	23.7	99	0.8	64
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	1	7.7	12	4.9	51	7	53.8	84	0.8	56	8	61.5	87	0.8	61
75-84	2	15.4	24	0.1	1	5	38.5	60	1.3	44	1	7.7	12	1.0	88
85 and older	4	36.4	28	0.8	20	0	0.0	0	0.0	0	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 02/2008. This table was produced on 03/25/2008.

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 583 beneficiaries who were in nursing facilities for part of their enrollment and their 5,926 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.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	ANTIASTHMATIC					ANTIHYPERTENSIVE					Benefit Months	
	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	Among All-Year Nursing Facility Residents
All	249	59.9 %	2,564	0.7	\$29	180	43.3 %	1,882	0.9	\$30	416	4,177
Female	143	60.3	1,406	0.7	31	95	40.1	967	0.8	31	237	2,297
Disabled	112	65.5	1,141	0.7	31	71	41.5	736	0.9	33	171	1,738
	112	65.5	1,141	0.7	31	71	41.5	736	0.9	33	171	1,738
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	31	47.0	265	0.7	35	24	36.4	231	0.7	25	66	559
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
64 or younger	8	57.1	96	1.1	64	7	50.0	76	0.7	23	14	141
65-74	16	76.2	106	0.6	26	7	33.3	54	0.7	19	21	156
75-84	7	22.6	63	0.2	5	10	32.3	101	0.7	29	31	262
85 and older												
Male	106	59.2	1,158	0.7	25	85	47.5	915	0.9	29	179	1,880
Disabled	87	61.7	961	0.7	26	66	46.8	696	1.0	30	141	1,517
	87	62.6	961	0.7	26	66	47.5	696	1.0	30	139	1,511
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	6
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	19	50.0	197	0.6	19	19	50.0	219	0.8	27	38	363
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
64 or younger	5	38.5	56	0.7	32	6	46.2	63	0.9	28	13	131
65-74	10	76.9	93	0.9	17	5	38.5	60	0.6	11	13	128
75-84	4	36.4	48	0.2	9	8	72.7	96	0.9	35	11	103
85 and older												
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 02/2008. This table was produced on 03/25/2008.

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 583 beneficiaries who were in nursing facilities for part of their enrollment and their 5,926 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.medispain.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	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
All	110,015	36.2 %	1.7	506,206	\$30	\$9,053,844	\$18	3.7 %	303,605
Age									
5 and younger	22,467	33.8	0.8	54,402	12	783,025	14	5.5	66,399
6-14	26,980	32.3	0.8	63,692	14	1,176,311	18	3.3	83,620
15-20	11,099	25.9	0.6	27,576	13	556,536	20	2.9	42,806
21-44	29,412	38.6	2.3	177,469	43	3,278,993	18	4.2	76,188
45-64	19,837	58.4	5.3	180,979	95	3,226,484	18	3.4	33,951
65-74	106	35.0	3.4	1,032	47	14,289	14	3.1	303
75-84	76	37.8	3.4	682	58	11,571	17	4.3	201
85 and older	38	27.9	2.8	374	49	6,635	18	3.5	136
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	178	33.1	3.1	1,689	46	24,950	15	3.2	537
Disabled	37,719	53.2	4.3	306,900	82	5,833,818	19	3.5	70,900
Adults	17,820	31.2	1.3	72,608	20	1,172,136	16	4.5	57,180
Children	54,045	31.0	0.7	123,648	11	1,997,616	16	4.1	174,408
Unknown	253	43.6	2.3	1,361	44	25,324	19	2.0	580
Gender									
Female	66,932	38.9	1.9	331,929	34	5,878,361	18	3.9	171,950
Male	43,083	32.7	1.3	174,277	24	3,175,483	18	3.3	131,655
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	105,709	36.9	1.7	491,471	31	8,811,114	18	3.7	286,512
African American	4,197	25.2	0.9	14,315	14	235,574	16	2.9	16,635
Other/unknown	109	23.8	0.9	420	16	7,156	17	2.9	458
Use of Nursing Facilities^d									
Entire year	269	64.7	10.3	4,277	134	55,696	13	2.7	416
Part year	469	80.4	9.1	5,318	166	97,032	18	3.3	583
None	109,277	36.1	1.6	496,611	29	8,901,116	18	3.7	302,606
Maintenance Assistance Status									
Cash	40,898	48.4	3.7	311,630	68	5,785,322	19	3.6	84,572
Medically needy	7,564	43.0	2.4	41,748	43	755,157	18	3.9	17,577
Poverty related	7,593	21.4	0.5	16,398	7	258,869	16	3.9	35,443
Other/unknown	53,960	32.5	0.8	136,430	14	2,254,496	17	4.0	166,013

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- 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	\$4	\$18	\$0	\$2	2,312,563
Age						
5 and younger	0.1	2	14	0	0	469,833
6-14	0.1	2	18	0	0	638,910
15-20	0.1	2	20	0	0	313,216
21-44	0.3	6	18	0	3	546,190
45-64	0.5	10	18	0	5	338,872
65-74	0.4	5	14	0	3	2,697
75-84	0.4	7	17	0	2	1,767
85 and older	0.3	6	18	0	2	1,075
Unknown	0.0	0	0	0	0	3
Basis of Eligibility^c						
Aged	0.4	5	15	0	2	4,659
Disabled	0.4	8	19	0	4	737,473
Adults	0.2	4	16	0	2	311,953
Children	0.1	2	16	0	0	1,253,382
Unknown	0.3	5	19	0	2	5,096
Gender						
Female	0.3	5	18	0	2	1,284,973
Male	0.2	3	18	0	1	1,027,590
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	4	18	0	2	2,185,027
African American	0.1	2	16	0	1	124,176
Other/unknown	0.1	2	17	0	1	3,360
Use of Nursing Facilities^d						
Entire year	1.0	13	13	1	6	4,177
Part year	0.9	16	18	0	7	5,926
None	0.2	4	18	0	1	2,302,460
Maintenance Assistance Status						
Cash	0.4	7	19	0	4	789,661
Medically needy	0.4	6	18	0	3	118,945
Poverty related	0.1	1	16	0	0	178,028
Other/unknown	0.1	2	17	0	0	1,225,929

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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	Total Rx \$	Rx \$ as a	Total Number Rx.	\$ per Rx	Number Rx as a
				Percentage of All Part D Excluded Rx \$			Percentage of All Part D Excluded Rx
All	151,704	\$60	\$9,053,844	100.0 %	506,206	\$18	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	2	108	216	0.0	5	43	0.0
Drugs for cosmetic purposes	148	16	2,369	0.0	236	10	0.0
Cough and cold medications	57,383	31	1,784,365	19.7	106,908	17	21.1
Vitamins and minerals	7,729	104	804,413	8.9	37,922	21	7.5
Non-prescription drugs	50,552	45	2,250,514	24.9	123,182	18	24.3
Barbiturates	966	57	55,154	0.6	8,945	6	1.8
Benzodiazepines	29,727	117	3,480,671	38.4	208,254	17	41.1
Other Part D Excl Rx Drugs	5,197	130	676,142	7.5	20,754	33	4.1

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	318,139	537	70,957	58,775	187,290	580	2,955,017	4,659	752,721	419,843	1,772,649	5,145
Age												
5 and younger	72,121	0	2,299	41	69,781	0	660,635	0	24,146	220	636,269	0
6-14	88,652	0	6,596	119	81,937	0	886,328	0	74,003	954	811,371	0
15-20	45,080	0	4,874	4,669	35,531	6	412,827	0	52,921	35,111	324,752	43
21-44	77,596	0	26,621	50,715	35	225	643,479	0	281,337	360,122	236	1,784
45-64	34,049	0	30,465	3,230	5	349	346,206	0	319,446	23,424	18	3,318
65-74	303	232	70	1	0	0	2,697	2,088	597	12	0	0
75-84	201	184	17	0	0	0	1,767	1,614	153	0	0	0
85 and older	136	121	15	0	0	0	1,075	957	118	0	0	0
Unknown	1	0	0	0	1	0		0	0	0	3	0
Gender												
Female	179,196	359	37,353	48,245	92,660	579	1,640,109	3,041	399,554	353,213	879,165	5,136
Male	138,943	178	33,604	10,530	94,630	1	3,314,908	1,618	353,167	66,630	893,484	9
Unknown	0	0	0	0	0	0		0	0	0	0	0
Race												
White	299,739	507	68,098	55,275	175,292	567	2,782,703	4,381	723,370	393,256	1,656,670	5,026
African American	17,924	25	2,802	3,421	11,664	12	168,153	242	28,782	26,021	113,001	107
Other/unknown	476	5	57	79	334	1	4,161	36	569	566	2,978	12
Use of Nursing Facilities^c												
Entire year	416	103	312	0	1	0	4,178	921	3,255	0	2	0
Part year	583	60	515	7	1	0	5,960	553	5,320	79	8	0
None	317,140	374	70,130	58,768	187,288	580	2,944,879	3,185	744,146	419,764	1,772,639	5,145
Maintenance Assistance Status												
Cash	85,302	316	61,879	22,776	331	0	847,370	2,934	677,773	163,347	3,316	0
Medically needy	17,715	56	7,184	9,512	963	0	139,718	398	55,969	73,258	10,093	0
Poverty related	40,075	2	10	5,231	34,252	580	243,875	15	61	28,803	209,851	5,145
Other/unknown	175,047	163	1,884	21,256	151,744	0	1,724,054	1,312	18,918	154,435	1,549,389	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	191,794	537	67,821	34,674	88,196	566	1,677,846	4,659	716,824	206,398	744,967	4,998
FFS part year, with Rx claims	61,302	0	2,263	14,509	44,520	10	653,881	0	25,917	137,393	490,463	108
FFS part year, no Rx claims	15,079	0	118	2,070	12,890	1	144,219	0	1,252	15,537	127,427	3
MC all year, with Rx claims	35,430	0	698	5,927	28,802	3	370,297	0	8,194	52,065	310,002	36
MC all year, no Rx claims	14,534	0	57	1,595	12,882	0	108,774	0	534	8,450	99,790	0

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

- a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, 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 Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	318,139	2,955,017	303,605	2,312,563	0	642,454
Fee-for-service (FFS) all year	191,794	1,677,846	191,794	1,677,846	0	0
FFS part year, with Rx claims	61,302	653,881	61,302	216,603	0	437,278
FFS part year, with no Rx claims	15,079	144,219	15,079	47,817	0	96,402
Managed care (MC) all year, with Rx claims	35,430	370,297	35,430	370,297	0	0
MC all year, with no Rx claims	14,534	108,774	0	0	0	108,774

Source: Data for this table are from the MAX 2003 file for West Virginia, released by CMS in 02/2008. This table was produced on 03/25/2008.

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.