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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	292,615	442	71,686	55,018	165,209	260	2,192,686	3,989	757,910	253,798	1,174,435	2,554
Age												
5 and younger	63,388	0	1,992	0	61,396	0	448,241	0	18,757	0	429,484	0
6-14	77,661	0	6,364	26	71,271	0	586,037	0	69,245	128	516,664	0
15-20	42,149	0	5,169	4,505	32,475	0	303,407	0	55,451	20,089	227,867	0
21-44	73,110	0	25,840	47,165	65	40	489,397	0	272,443	216,199	417	338
45-64	35,725	0	32,182	3,321	2	220	360,673	0	341,080	17,374	3	2,216
65-74	308	191	116	1	0	0	2,468	1,737	723	8	0	0
75-84	146	136	10	0	0	0	1,315	1,234	81	0	0	0
85 and older	128	115	13	0	0	0	1,148	1,018	130	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	166,612	272	37,628	45,925	82,527	260	1,208,331	2,456	400,770	215,381	587,170	2,554
Male	126,003	170	34,058	9,093	82,682	0	984,355	1,533	357,140	38,417	587,265	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	276,601	414	68,777	51,892	155,271	247	2,078,099	3,720	727,735	239,271	1,104,925	2,448
African American	15,697	26	2,859	3,082	9,717	13	111,964	245	29,630	14,332	67,651	106
Other/unknown	317	2	50	44	221	0	2,623	24	545	195	1,859	0
Use of Nursing Facilities^c												
Entire year	487	128	357	2	0	0	4,884	1,146	3,735	3	0	0
Part year	531	37	485	9	0	0	5,270	346	4,859	65	0	0
None	291,597	277	70,844	55,007	165,209	260	2,182,532	2,497	749,316	253,730	1,174,435	2,554
Maintenance Assistance Status												
Cash	80,133	211	59,459	20,220	243	0	763,326	2,153	662,367	97,172	1,634	0
Medically needy	22,839	81	9,812	12,417	529	0	134,725	583	72,530	57,726	3,886	0
Poverty-related	10,828	6	12	2,949	7,601	260	65,873	72	46	12,197	51,004	2,554
Other/unknown	178,815	144	2,403	19,432	156,836	0	1,228,762	1,181	22,967	86,703	1,117,911	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	121,703	442	68,210	16,426	36,371	254	1,131,333	3,989	734,383	80,960	309,471	2,530
FFS part year, with Rx claims	71,141	0	2,492	23,420	45,223	6	185,776	0	12,908	64,704	108,140	24
FFS part year, no Rx claims	19,747	0	140	3,598	16,009	0	50,015	0	711	9,304	40,000	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	83.0	17.0	\$1,069	\$63	\$3,780	28.3	292,615
Age							
5 and younger	84.0	6.1	288	47	1,424	20.3	63,388
6-14	80.9	8.0	550	69	2,043	26.9	77,661
15-20	80.6	9.6	622	65	3,283	18.9	42,149
21-44	83.6	21.4	1,340	63	4,592	29.2	73,110
45-64	88.1	55.5	3,558	64	10,464	34.0	35,725
65-74	53.2	20.0	1,023	51	12,581	8.1	308
75-84	34.2	8.6	324	38	15,928	2.0	146
85 and older	28.9	5.7	227	40	23,973	0.9	128
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	37.6	11.3	524	46	16,703	3.1	442
Disabled	86.7	42.9	2,987	70	10,224	29.2	71,686
Adults	82.7	13.7	665	49	2,126	31.3	55,018
Children	81.6	6.8	369	55	1,486	24.8	165,209
Unknown	90.8	43.7	3,270	75	12,528	26.1	260
Gender							
Female	84.9	19.1	1,149	60	3,737	30.8	166,612
Male	80.5	14.1	962	68	3,837	25.1	126,003
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	83.5	17.4	1,091	63	3,819	28.6	276,601
African American	74.8	10.5	669	64	3,070	21.8	15,697
Other/unknown	71.3	11.3	1,015	90	4,460	22.8	317
Use of Nursing Facilities^f							
Entire year	82.1	88.7	5,282	60	60,404	8.7	487
Part year	96.2	92.3	5,514	60	54,934	10.0	531
None	83.0	16.7	1,053	63	3,592	29.3	291,597
Maintenance Assistance Status							
Cash	86.1	37.8	2,536	67	8,039	31.5	80,133
Medically needy	81.1	21.9	1,373	63	5,183	26.5	22,839
Poverty related	81.1	6.9	330	48	1,434	23.0	10,828
Other/unknown	82.0	7.6	417	55	1,834	22.7	178,815

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

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

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

d. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

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

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

Benefit(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, 2006

Beneficiary Characteristics	Number of Rx, Percentage with:										Number		
	Mean Number of Rx	Mean Rx \$ of All Medicaid FFS ^c	Rx \$ as a Percentage								Mean \$, All Medicaid FFS ^d	Beneficiaries	Benefit Months
			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	2.3	\$143	28.3	17.0	42.3	10.9	14.9	9.1	5.8	\$504	292,615	2,192,686	
Age													
5 and younger	0.9	41	20.3	16.0	59.2	9.5	8.4	3.9	2.9	201	63,388	448,241	
6-14	1.1	73	26.9	19.1	53.1	10.1	10.5	3.9	3.4	271	77,661	586,037	
15-20	1.3	86	18.9	19.4	47.2	12.0	12.7	5.0	3.8	456	42,149	303,407	
21-44	3.2	200	29.2	16.4	27.9	13.3	21.5	12.4	8.6	686	73,110	489,397	
45-64	5.5	352	34.0	11.9	12.8	8.7	25.4	28.0	13.2	1,036	35,725	360,673	
65-74	2.5	128	8.1	46.8	11.7	6.5	13.6	15.9	5.5	1,570	308	2,468	
75-84	1.0	36	2.0	65.8	15.8	4.1	9.6	4.1	0.7	1,768	146	1,315	
85 and older	0.6	25	0.9	71.1	19.5	3.9	1.6	2.3	1.6	2,673	128	1,148	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Basis of Eligibility^e													
Aged	1.3	58	3.1	62.4	17.0	5.0	7.7	6.1	1.8	1,851	442	3,989	
Disabled	4.1	283	29.2	13.3	22.9	11.0	24.4	20.0	8.3	967	71,686	757,910	
Adults	3.0	144	31.3	17.3	29.2	13.7	19.2	10.5	10.1	461	55,018	253,798	
Children	1.0	52	24.8	18.4	55.1	9.9	9.4	3.9	3.4	209	165,209	1,174,435	
Unknown	4.4	333	26.1	9.2	15.4	13.5	33.5	23.5	5.0	1,275	260	2,554	
Gender													
Female	2.6	159	30.8	15.1	40.2	11.1	15.9	10.5	7.2	515	166,612	1,208,331	
Male	1.8	123	25.1	19.5	45.0	10.5	13.7	7.2	4.1	491	126,003	984,355	
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0	
Race													
White	2.3	145	28.6	16.5	42.1	11.0	15.1	9.3	6.0	508	276,601	2,078,099	
African American	1.5	94	21.8	25.2	45.0	9.2	11.3	5.8	3.5	430	15,697	111,964	
Other/unknown	1.4	123	22.8	28.7	41.6	8.8	14.5	4.7	1.6	539	317	2,623	
Use of Nursing Facilities^f													
Entire year	8.8	527	8.7	17.9	5.7	3.3	11.3	26.3	35.5	6,023	487	4,884	
Part year	9.3	556	10.0	3.8	4.7	5.3	17.5	31.5	37.3	5,535	531	5,270	
None	2.2	141	29.3	17.0	42.4	10.9	14.9	9.1	5.7	480	291,597	2,182,532	
Maintenance Assistance Status													
Cash	4.0	266	31.5	13.9	24.3	11.1	22.8	18.0	9.8	844	80,133	763,326	
Medically needy	3.7	233	26.5	18.9	22.2	12.2	22.8	14.9	9.0	879	22,839	134,725	
Poverty related	1.1	54	23.0	18.9	51.7	11.0	10.5	4.7	3.2	236	10,828	65,873	
Other/unknown	1.1	61	22.7	18.0	52.3	10.6	10.6	4.7	3.8	267	178,815	1,228,762	

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 d. In ten states (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 f. Please refer to footnote I of Table 1 for methodology used to determine nursing facility residence.
 Beneficiaries = beneficiary (or beneficiaries); Benefit Month(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, 2006

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	2.3	\$143	\$63	0.8	\$101	\$131	0.1	\$13	\$99	1.4	\$29	\$22
Age												
5 and younger	0.9	41	47	0.3	28	112	0.1	3	39	0.5	10	18
6-14	1.1	73	69	0.5	58	117	0.1	3	59	0.5	12	24
15-20	1.3	86	65	0.5	64	132	0.1	5	84	0.8	17	22
21-44	3.2	200	63	1.0	140	144	0.2	17	112	2.1	43	21
45-64	5.5	352	64	1.8	238	131	0.4	41	118	3.3	73	22
65-74	2.5	128	51	0.7	80	107	0.1	16	106	1.6	32	20
75-84	1.0	36	38	0.2	20	116	0.1	6	86	0.7	10	14
85 and older	0.6	25	40	0.1	16	104	0.0	5	129	0.4	5	11
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.3	58	46	0.3	37	110	0.1	8	108	0.8	14	16
Disabled	4.1	283	70	1.4	200	143	0.2	27	115	2.4	55	23
Adults	3.0	144	49	0.8	92	116	0.1	14	108	2.0	38	19
Children	1.0	52	55	0.4	38	106	0.1	3	52	0.5	11	21
Unknown	4.4	333	75	1.7	255	150	0.3	30	118	2.5	48	19
Gender												
Female	2.6	159	60	0.9	109	128	0.2	15	101	1.6	34	21
Male	1.8	123	68	0.7	90	136	0.1	9	95	1.1	24	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.3	145	63	0.8	102	131	0.1	13	99	1.4	30	22
African American	1.5	94	64	0.5	68	135	0.1	7	94	0.9	19	21
Other/unknown	1.4	123	90	0.6	89	154	0.1	16	213	0.7	18	25
Use of Nursing Facilities^e												
Entire year	8.8	527	60	2.6	356	135	0.5	58	111	5.7	111	20
Part year	9.3	556	60	2.6	372	142	0.5	56	113	6.2	127	21
None	2.2	141	63	0.8	99	131	0.1	12	99	1.3	29	22
Maintenance Assistance Status												
Cash	4.0	266	67	1.3	188	141	0.2	25	112	2.4	53	22
Medically needy	3.7	233	63	1.2	159	138	0.2	24	126	2.4	50	21
Poverty related	1.1	54	48	0.4	37	104	0.1	5	61	0.7	13	18
Other/unknown	1.1	61	55	0.4	43	109	0.1	4	65	0.6	13	20

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.5 includes the beneficiaries represented by Col 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, 0.2 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 Walters-Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 d. Medicaid basis of eligibility is classified as aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
 CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE NO. 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Patented Brand-Name		Off-Patent Brand-Name		Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	Total	Generic	Total	Generic	Total	Generic	Total	Generic	Total	Generic							
Anti-infective Agents	0.4	0.1	0.0	0.3	\$17	\$9	\$1	\$7	\$46	\$144	\$60	\$25	546,246	\$25,018,077	176,984	60.5	1,462,500
Biologicals	0.5	0.5	0.0	0.0	573	570	1	3	1199	1,200	623	1,234	2,760	3,309,287	783	0.3	5,776
Antineoplastic Agents	0.6	0.3	0.0	0.4	191	172	1	18	297	684	283	45	11,253	3,338,065	1,713	0.6	17,512
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	38	28	2	9	57	124	54	22	411,032	23,493,247	70,558	24.1	610,443
Cardiovascular Agents	1.5	0.5	0.2	0.8	66	34	21	12	45	71	117	14	643,701	28,971,515	44,585	15.2	437,286
Respiratory Agents	0.6	0.3	0.0	0.3	34	27	2	5	55	98	49	16	629,012	34,813,807	121,124	41.4	1,037,236
Gastrointestinal Agents	0.6	0.4	0.0	0.2	63	56	3	4	97	142	275	15	304,511	29,472,400	50,757	17.3	468,725
Genitourinary Agents	0.3	0.1	0.1	0.2	19	9	6	4	56	80	93	26	50,839	2,829,819	18,094	6.2	145,414
CNS Drugs	1.2	0.4	0.1	0.7	96	72	11	14	78	163	101	20	786,469	61,233,298	70,436	24.1	635,284
Stimulants/Anti-obesity/Aorexia	1.0	0.8	0.0	0.2	98	89	1	8	97	111	183	42	165,850	16,166,935	18,505	6.3	165,774
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	148	143	0	6	315	351	125	87	7,693	2,421,346	1,640	0.6	16,324
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	28	10	4	14	37	192	311	20	641,465	23,743,554	101,307	34.6	848,417
Neuromuscular Agents	0.9	0.3	0.0	0.5	81	59	2	20	94	176	108	40	375,211	35,413,450	47,169	16.1	438,132
Nutritional Products	0.5	0.1	0.0	0.3	10	4	0	5	20	31	12	15	71,130	1,402,249	18,473	6.3	141,578
Hematological Agents	0.7	0.3	0.0	0.3	65	58	1	6	95	177	36	18	70,578	6,672,901	11,137	3.8	103,260
Topical Products	0.3	0.1	0.0	0.2	15	11	0	4	52	98	56	24	238,943	12,440,239	93,976	32.1	808,388
Miscellaneous Products	0.6	0.3	0.0	0.3	161	128	6	27	259	484	206	82	6,819	1,768,591	1,136	0.4	10,993
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	8	0	0	0	44	0	0	0	3,993	174,148	2,288	0.8	22,458
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.	4,967,505	312,682,928	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table NO.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.
 Benef(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTICONVULSANT	\$31,679,128	37,007	12.6	360,965	0.7	\$121	\$88
ANTIPSYCHOTICS	30,479,068	22,863	7.8	229,776	0.6	210	133
ULCER DRUGS	25,469,562	49,940	17.1	474,643	0.5	106	54
ANTIASTHMATIC	24,248,693	96,799	33.1	883,535	0.4	71	27
ANTIDEPRESSANTS	23,839,458	66,828	22.8	617,428	0.6	68	39
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	16,166,935	22,428	7.7	202,290	0.8	97	80
ANTIHYPERTENSIVE	15,665,220	23,183	7.9	250,151	0.6	101	63
ANALGESICS - Narcotic	13,731,003	118,791	40.6	1,003,767	0.4	32	14
ANTIDIABETIC	13,064,007	23,362	8.0	242,725	0.7	77	54
DERMATOLOGICAL	8,964,036	89,150	30.5	788,460	0.2	55	11
Total	203,307,110	550,351	n.a.	5,053,740	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 8/2009. This table was produced on 02/12/2010.
 a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTICONVULSANT				ANTIPSYCHOTICS			
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes Among Users	Number of Benefits Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Benefits Months	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	2,431,903	\$203,307,110	37,007	12.6	360,965	0.7	\$88	22,863	7.8	229,776	0.6	\$133
Female												
All Females	1,501,469	122,342,184	23,610	14.2	224,639	0.7	89	12,907	7.7	127,184	0.6	127
Female, Disabled												
All Ages	995,288	88,883,855	15,474	41.1	172,214	0.7	88	8,756	23.3	98,000	0.6	137
5 and younger	4,617	450,903	151	19.5	1,581	0.9	152	16	2.1	170	0.6	103
6-14	22,714	2,456,990	479	22.9	5,305	1.0	159	317	15.2	3,392	0.6	116
15-20	22,042	2,298,707	567	29.1	6,322	0.8	127	404	20.7	4,435	0.6	113
45-64	310,397	29,102,686	6,393	46.6	70,045	0.7	95	3,991	29.1	44,099	0.6	130
45-64	634,524	54,513,999	7,873	41.4	88,859	0.7	75	4,026	21.2	45,880	0.7	146
65-74	952	57,468	11	16.4	102	0.7	46	2	3.0	24	1.1	178
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	42	3,102	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	506,181	33,458,329	8,136	6.3	52,425	0.8	92	4,151	3.2	29,184	0.6	94
5 and younger	48,308	2,471,210	174	0.6	1,457	0.6	91	43	0.1	356	0.5	79
6-14	101,484	7,654,102	831	2.3	7,242	0.7	94	682	1.9	6,343	0.6	85
15-20	76,380	5,305,393	1,201	5.6	9,616	0.6	94	934	4.4	7,916	0.5	87
21-44	250,189	15,818,874	5,471	13.8	31,064	0.8	93	2,356	6.0	13,578	0.6	104
45-64	28,748	2,135,913	444	19.2	2,883	0.8	69	130	5.6	928	0.5	81
65-74	828	56,209	14	12.6	151	0.9	51	5	4.5	51	1.3	150
75-84	234	15,926	1	1.3	12	0.6	34	1	1.3	12	0.1	0
85 and older	10	702	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	930,434	80,964,926	13,397	10.6	136,326	0.7	86	9,956	7.9	102,592	0.7	140
Male, Disabled												
All Ages	609,181	56,533,134	10,018	29.4	111,065	0.7	85	7,025	20.6	78,048	0.7	150
5 and younger	7,406	676,208	167	13.7	1,635	0.9	147	67	5.5	646	0.6	105
6-14	59,286	6,319,599	993	23.2	10,982	0.8	120	1,146	26.8	12,516	0.7	124
15-20	35,084	3,956,587	775	24.1	8,618	0.8	115	770	23.9	8,754	0.6	139
21-44	188,301	18,349,213	4,123	34.0	45,685	0.7	84	2,934	24.2	32,514	0.6	160
45-64	318,672	27,202,461	3,948	30.0	44,080	0.7	69	2,105	16.0	23,605	0.7	155
65-74	419	28,551	12	24.5	65	0.9	61	3	6.1	13	1.1	214
75-84	13	515	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, ^b, ^c
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTICONVULSANT				ANTIPSYCHOTICS			
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean		Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean	
						Rx per Benefit Month	Mean Rx \$ per Benefit Month				Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	321,253	24,431,792	3,379	3.7	25,261	0.7	89	2,931	3.2	24,544	0.6	109
5 and younger	56,949	3,300,034	225	0.7	1,839	0.6	101	82	0.3	725	0.5	61
6-14	148,169	12,505,343	1,168	3.3	10,217	0.7	86	1,512	4.2	13,451	0.7	112
15-20	57,021	4,799,758	742	4.8	6,308	0.7	94	824	5.3	7,319	0.6	110
21-44	45,224	2,796,703	1,022	13.3	5,441	0.8	85	449	5.8	2,631	0.5	92
45-64	12,816	949,046	210	17.1	1,316	0.7	94	59	4.8	362	0.6	148
65-74	730	61,871	11	13.6	128	0.9	47	3	3.7	36	1.1	358
75-84	196	11,933	1	1.6	12	1.1	242	0	0.0	0	0.0	0
85 and older	148	7,104	0	0.0	0	0.0	0	2	6.9	20	1.0	136
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	49,940	17.1	474,643	0.5	\$54	96,799	33.1	883,535	0.4	\$27	66,828	22.8	617,428	0.6	\$39
Female															
All Females	33,199	19.9	310,545	0.5	55	55,256	33.2	507,728	0.4	28	48,352	29.0	433,537	0.6	40
Female, Disabled															
All Ages	19,366	51.5	217,179	0.5	60	24,229	64.4	273,138	0.4	31	27,014	71.8	300,130	0.6	40
5 and younger	160	20.7	1,461	0.5	32	408	52.7	4,218	0.3	25	10	1.3	112	0.5	6
6-14	207	9.9	2,273	0.4	36	737	35.2	8,053	0.3	24	325	15.5	3,460	0.5	21
15-20	392	20.1	4,197	0.3	34	571	29.3	6,336	0.3	20	728	37.4	7,831	0.5	32
21-44	6,401	46.7	71,181	0.5	54	7,320	53.4	82,387	0.4	26	10,598	77.3	115,944	0.5	38
45-64	12,182	64.0	137,884	0.6	65	15,148	79.6	171,819	0.5	35	15,335	80.6	172,643	0.6	42
65-74	23	34.3	171	0.7	47	42	62.7	289	0.9	42	17	25.4	128	0.9	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	1	10.0	12	0.9	8	3	30.0	36	0.3	28	1	10.0	12	0.9	39
Female, Other Eligibles															
All Ages	13,833	10.7	93,366	0.4	41	31,027	24.1	234,590	0.4	23	21,338	16.5	133,407	0.6	42
5 and younger	1,495	5.0	10,814	0.3	18	8,800	29.4	70,988	0.3	18	37	0.1	321	0.5	16
6-14	1,820	5.1	15,358	0.3	25	9,581	27.0	79,660	0.4	26	1,425	4.0	12,540	0.5	23
15-20	2,634	12.3	20,230	0.3	26	4,344	20.3	34,573	0.3	20	3,765	17.6	28,219	0.5	31
21-44	7,126	18.0	41,585	0.5	57	7,431	18.8	43,604	0.5	27	14,858	37.6	83,978	0.6	47
45-64	735	31.7	5,186	0.7	79	836	36.1	5,476	0.5	38	1,228	53.0	8,124	0.7	54
65-74	15	13.5	127	0.6	76	28	25.2	231	0.9	53	16	14.4	137	0.4	23
75-84	6	8.0	52	0.4	38	7	9.3	58	0.7	44	8	10.7	86	0.5	28
85 and older	2	2.3	14	0.3	42	0	0.0	0	0.0	0	1	1.2	2	0.5	9
Male															
All Males	16,741	13.3	164,098	0.5	52	41,543	33.0	375,807	0.4	27	18,476	14.7	183,891	0.5	34
Male, Disabled															
All Ages	10,750	31.6	119,960	0.5	58	13,362	39.2	148,404	0.4	32	13,105	38.5	144,621	0.5	35
5 and younger	222	18.2	2,175	0.5	34	679	55.7	6,766	0.3	26	24	2.0	231	0.4	7
6-14	344	8.1	3,882	0.4	40	1,717	40.2	18,980	0.4	27	801	18.8	8,872	0.6	22
15-20	384	11.9	4,336	0.4	32	786	24.4	8,916	0.3	23	782	24.3	8,830	0.5	31
21-44	3,761	31.0	41,901	0.5	55	2,935	24.2	33,053	0.4	25	5,380	44.3	58,862	0.5	35
45-64	6,027	45.8	67,596	0.6	64	7,224	54.9	80,552	0.5	38	6,111	46.4	67,780	0.6	38
65-74	12	24.5	70	0.7	58	19	38.8	113	0.6	35	7	14.3	46	0.9	51
75-84	0	0.0	0	0.0	0	2	50.0	24	0.3	11	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benefit Months	Mean		Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefit Months	Mean		Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefit Months	Mean		Mean Rx \$ per Benefit Month
			Number of	Rx per				Number of	Rx per				Number of	Rx per	
Male, Other Eligibles															
All Ages	5,991	6.5	44,138	0.4	35	28,181	30.6	227,403	0.3	24	5,371	5.8	39,270	0.6	33
5 and younger	1,707	5.4	12,432	0.3	20	12,107	38.5	96,094	0.3	21	70	0.2	709	0.3	9
6-14	1,576	4.4	13,277	0.3	26	11,960	33.4	99,568	0.4	27	1,701	4.8	14,451	0.6	26
15-20	1,220	7.8	9,874	0.3	30	2,843	18.2	23,497	0.4	23	1,495	9.6	12,592	0.5	30
21-44	1,172	15.2	6,465	0.6	77	911	11.8	5,634	0.5	30	1,736	22.5	9,257	0.6	44
45-64	294	24.0	1,873	0.7	87	323	26.3	2,279	0.5	44	353	28.8	2,126	0.7	53
65-74	14	17.3	141	0.5	47	27	33.3	263	0.4	31	10	12.3	89	0.7	51
75-84	6	9.8	52	0.4	18	6	9.8	28	0.5	20	3	4.9	14	0.6	21
85 and older	2	6.9	24	1.0	7	4	13.8	40	0.6	56	3	10.3	32	1.0	53
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERTENSIVE					ANTIDIABETIC					ANTILIPIDEMIC					ANALGESICS - Narcotic						
	Number of Users	Users as % of All Beneficiaries	Number of Beneficiaries Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Beneficiaries Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Beneficiaries Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Beneficiaries Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Beneficiaries Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
																										22,428	7.7
All																											
Female																											
All Females	7,314	4.4	65,468	0.8	76	14,521	8.7	156,838	0.6	62	81,264	48.8	659,978	0.4	13												
Female, Disabled																											
All Ages	1,918	5.1	20,822	0.7	72	12,657	33.6	143,730	0.6	63	33,832	89.9	374,610	0.4	17												
5 and younger	59	7.6	500	0.5	33	4	0.5	48	0.2	4	72	9.3	747	0.1	2												
6-14	857	41.0	9,173	0.8	77	5	0.2	59	0.2	15	262	12.5	2,854	0.1	1												
15-20	351	18.0	3,930	0.7	71	29	1.5	323	0.4	38	895	45.9	9,394	0.2	3												
21-44	439	3.2	4,836	0.7	71	2,529	18.5	28,516	0.5	52	14,051	102.5	153,536	0.4	14												
45-64	212	1.1	2,383	0.6	69	10,069	52.9	114,654	0.6	65	18,522	97.4	207,873	0.5	20												
65-74	0	0.0	0	0.0	0	20	29.9	118	0.7	81	30	44.8	206	0.6	8												
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	1	10.0	12	0.9	128	0	0.0	0	0.0	0												
Female, Other Eligibles																											
All Ages	5,396	4.2	44,646	0.8	78	1,864	1.4	13,108	0.6	60	47,432	36.8	285,368	0.4	8												
5 and younger	282	0.9	2,207	0.5	54	16	0.1	117	0.3	14	1,139	3.8	9,093	0.2	2												
6-14	3,516	9.9	30,447	0.8	76	32	0.1	269	0.5	45	3,322	9.4	27,453	0.2	2												
15-20	1,001	4.7	8,673	0.8	79	43	0.2	302	0.6	52	8,767	41.0	61,171	0.2	2												
21-44	575	1.5	3,196	1.0	107	1,233	3.1	8,350	0.6	56	32,461	82.1	176,231	0.5	11												
45-64	22	0.9	123	1.2	117	521	22.5	3,881	0.7	72	1,713	74.0	11,127	0.6	20												
65-74	0	0.0	0	0.0	0	14	12.6	145	0.5	55	23	20.7	209	0.6	20												
75-84	0	0.0	0	0.0	0	5	6.7	44	0.5	55	7	9.3	84	0.3	19												
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0												
Male																											
All Males	15,114	12.0	136,822	0.8	82	8,662	6.9	93,313	0.6	63	37,527	29.8	343,789	0.4	15												
Male, Disabled																											
All Ages	4,190	12.3	45,463	0.8	81	7,757	22.8	87,257	0.6	63	21,561	63.3	236,064	0.5	19												
5 and younger	194	15.9	1,720	0.6	45	2	0.2	24	0.2	1	119	9.8	1,235	0.1	1												
6-14	2,654	62.1	28,705	0.8	84	6	0.1	72	0.7	58	535	12.5	6,011	0.1	1												
15-20	957	29.7	10,789	0.8	84	26	0.8	300	0.5	44	954	29.6	10,613	0.2	2												
21-44	316	2.6	3,474	0.6	63	1,886	15.5	21,405	0.5	52	9,473	78.1	102,843	0.4	16												
45-64	69	0.5	775	0.6	70	5,825	44.3	65,392	0.7	67	10,460	79.5	115,258	0.5	24												
65-74	0	0.0	0	0.0	0	12	24.5	64	0.8	105	19	38.8	92	0.8	27												
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.2	1												
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0												

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERTENSIVE					ANALGESICS - Narcotic				
	Number of Users	Users	Number of Benefit Months	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users	Number of Benefit Months	Mean	Mean Rx \$ per Benefit Month	Number of Users	Users	Number of Benefit Months	Mean	Mean Rx \$ per Benefit Month
		as % of All Benes		Rx per Benefit Month			as % of All Benes		Rx per Benefit Month			as % of All Benes		Rx per Benefit Month	
Male, Other Eligibles															
All Ages	10,924	11.9	91,359	0.9	82	905	1.0	6,056	0.7	64	15,966	17.4	107,725	0.4	8
5 and younger	606	1.9	4,998	0.5	44	16	0.1	132	0.2	6	1,493	4.7	11,912	0.2	2
6-14	8,256	23.1	69,240	0.9	84	25	0.1	284	0.3	29	3,330	9.3	27,507	0.2	2
15-20	1,929	12.4	16,443	0.8	85	55	0.4	561	0.4	39	4,287	27.5	33,436	0.2	2
21-44	119	1.5	594	0.9	106	490	6.4	3,012	0.7	62	5,928	76.9	29,317	0.7	18
45-64	14	1.1	84	0.8	78	301	24.5	1,901	0.8	83	906	73.8	5,354	0.8	25
65-74	0	0.0	0	0.0	0	12	14.8	106	0.8	81	12	14.8	111	0.4	23
75-84	0	0.0	0	0.0	0	6	9.8	60	0.4	37	8	13.1	64	0.2	13
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	6.9	24	1.9	11
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
All	23,362	8.0	242,725	0.7	\$54	89,150	30.5	788,460	0.2	\$11	292,615	2,192,686
Female												
All Females	15,931	9.6	165,182	0.7	53	54,450	32.7	477,414	0.2	12	166,612	1,208,331
Female, Disabled												
All Ages	12,933	34.4	145,560	0.7	52	15,025	39.9	170,560	0.2	14	37,628	400,770
5 and younger	1	0.1	12	0.2	14	384	49.6	3,738	0.2	6	774	7,375
6-14	36	1.7	378	0.9	165	1,013	48.4	11,275	0.2	9	2,092	22,758
15-20	83	4.3	883	0.6	71	820	42.1	9,070	0.2	11	1,948	20,530
21-44	2,944	21.5	32,813	0.6	48	5,141	37.5	58,336	0.2	14	13,706	145,581
45-64	9,848	51.8	111,359	0.7	53	7,653	40.2	88,022	0.2	16	19,025	203,968
65-74	21	31.3	115	1.2	89	14	20.9	119	0.2	9	67	415
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	44
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	10	99
Female, Other Eligibles												
All Ages	2,998	2.3	19,622	0.8	58	39,425	30.6	306,854	0.2	11	128,984	807,561
5 and younger	14	0.0	143	0.4	37	13,597	45.4	109,361	0.2	6	29,944	209,428
6-14	202	0.6	1,626	0.9	93	12,517	35.3	104,734	0.2	11	35,496	258,265
15-20	336	1.6	2,657	0.7	56	6,095	28.5	49,867	0.2	13	21,399	138,897
21-44	1,887	4.8	11,126	0.8	56	6,712	17.0	39,340	0.3	20	39,557	185,037
45-64	535	23.1	3,810	0.8	55	480	20.7	3,322	0.3	25	2,316	13,478
65-74	13	11.7	146	0.4	16	10	9.0	91	0.3	13	111	997
75-84	11	14.7	114	0.5	24	11	14.7	113	0.2	16	75	696
85 and older	0	0.0	0	0.0	0	3	3.5	26	0.2	4	86	763
Male												
All Males	7,431	5.9	77,543	0.7	56	34,700	27.5	311,046	0.2	10	126,003	984,355
Male, Disabled												
All Ages	6,389	18.8	70,397	0.7	54	8,783	25.8	99,027	0.2	12	34,058	357,140
5 and younger	6	0.5	64	1.0	167	547	44.9	5,241	0.2	6	1,218	11,382
6-14	64	1.5	699	0.7	59	1,490	34.9	16,856	0.2	7	4,272	46,487
15-20	82	2.5	901	0.7	68	1,051	32.6	12,104	0.2	11	3,221	34,921
21-44	1,408	11.6	15,619	0.6	52	2,478	20.4	28,416	0.2	14	12,134	126,862
45-64	4,815	36.6	53,046	0.7	55	3,214	24.4	36,592	0.2	15	13,157	137,112
65-74	13	26.5	56	0.9	41	3	6.1	18	0.2	4	49	308
75-84	1	25.0	12	0.3	21	0	0.0	0	0.0	0	4	37
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	31

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL						
	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes Among Users	Number of Benefit Months	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
Male, Other Eligibles												
All Ages	1,042	1.1	7,146	0.9	73	25,917	28.2	212,019	0.2	9	91,945	627,215
5 and younger	10	0.0	90	0.9	62	11,863	37.7	95,422	0.2	6	31,452	220,056
6-14	196	0.5	1,580	1.1	107	8,856	24.7	74,765	0.2	9	35,801	258,527
15-20	143	0.9	1,193	0.9	106	4,219	27.1	36,089	0.2	16	15,581	109,059
21-44	415	5.4	2,432	0.8	56	779	10.1	4,421	0.3	22	7,713	31,917
45-64	251	20.5	1,584	0.8	47	185	15.1	1,166	0.3	21	1,227	6,115
65-74	17	21.0	179	0.9	47	7	8.6	79	0.5	52	81	748
75-84	9	14.8	80	0.8	33	8	13.1	77	0.5	21	61	538
85 and older	1	3.4	8	0.4	5	0	0.0	0	0.0	0	29	255
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2006. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription (s) or pharmacy; \$ = Medicaid reimbursement.

Nondual Beneficiaries

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

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$527	8.8	487	4,884
Age				
0-64	665	11.0	351	3,695
65-74	305	5.6	32	275
75-84	38	1.3	40	352
85 and older	33	0.8	64	562
Unknown	0	0.0	0	0
Gender				
Female	506	8.7	267	2,711
Male	552	9.0	220	2,173
Unknown	0	0.0	0	0
Race				
White	524	8.8	459	4,599
African American	571	10.1	28	285
Other/unknown	0	0	0	0
Basis of Eligibility^c				
Aged	80	1.7	128	1,146
Disabled	664	11.1	357	3,735
Adults	286	5.3	2	3
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 8/2009. This table was produced on 02/12/2010.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2006 Medicaid enrollment. A total of 531 beneficiaries who were in nursing facilities for part of their enrollment and their 5,270 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.

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

Nondual Beneficiaries

TABLE NO.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, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users		\$ per Benefit Month Among Users									\$ per Rx		Users			
	Patented Brand-Name	Off-Patent Brand-Name Generic	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	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	
																	\$43
Anti-infective Agents	0.6	0.2	0.0	0.5	\$43	\$32	\$1	\$10	\$71	\$212	\$98	\$23	1,742	\$123,212	259	53.2	2,861
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	0.4	0.1	0.0	0.4	33	15	0	18	76	216	0	49	95	7,181	20	4.1	216
Endocrine/Metabolic Drugs	1.5	0.6	0.1	0.8	77	59	5	13	50	94	73	16	3,585	180,104	216	44.4	2,334
Cardiovascular Agents	2.6	0.5	0.2	1.8	91	35	28	28	36	72	115	15	7,643	271,977	276	56.7	2,984
Respiratory Agents	1.2	0.4	0.1	0.8	55	41	4	10	46	109	73	13	2,367	108,861	185	38.0	1,987
Gastrointestinal Agents	1.5	0.7	0.0	0.8	90	77	0	13	60	119	37	15	3,786	228,709	236	48.5	2,540
Genitourinary Agents	0.7	0.3	0.2	0.3	48	20	19	9	66	75	94	36	740	48,632	90	18.5	1,014
CNS Drugs	2.4	0.9	0.2	1.4	206	159	16	31	84	180	89	22	8,398	709,039	324	66.5	3,443
Stimulants/Anti-obesity/Anorexia	1.4	0.2	0.0	1.2	41	28	0	13	29	165	0	11	50	1,470	3	0.6	36
Miscellaneous Psychological/Neurological Agents	1.2	1.2	0.0	0.0	223	223	0	0	191	191	0	0	610	116,776	48	9.9	524
Analgesics and Anesthetics	1.8	0.2	0.2	1.3	78	27	38	13	44	123	173	10	4,422	196,447	239	49.1	2,521
Neuromuscular Agents	1.9	0.7	0.0	1.3	141	93	0	48	73	138	42	38	4,923	357,175	236	48.5	2,530
Nutritional Products	0.8	0.0	0.0	0.8	17	0	0	17	22	15	0	22	1,079	23,578	126	25.9	1,358
Hematological Agents	1.3	0.4	0.0	0.9	79	68	0	10	61	173	9	12	1,975	120,105	141	29.0	1,528
Topical Products	0.6	0.1	0.0	0.5	26	12	3	11	43	112	63	25	1,598	68,978	236	48.5	2,639
Miscellaneous Products	0.3	0.0	0.0	0.3	17	3	0	15	55	72	0	52	101	5,535	28	5.7	317
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	20	0	0	0	53	0	0	0	86	4,566	21	4.3	227
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.	43,200	2,572,345	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table NO.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 531 beneficiaries who were in nursing facilities for part of their enrollment and their 5,270 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 In West Virginia, 0.2 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.
 Benefit Month = 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, 2006

Top 10 Drug Groups in Nursing Facilities	Users				Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year		Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
			Nursing Facility Residents	Number of Benefit Months				
ANTIPSYCHOTICS	\$486,634	221	45.4	2,441	1.0	\$191	\$199	
ANTICONVULSANT	315,795	277	56.9	3,004	1.3	82	105	
ANTIDEPRESSANTS	186,788	279	57.3	3,150	0.9	66	59	
ULCER DRUGS	186,391	247	50.7	2,688	0.8	85	69	
ANTI-DIABETIC	152,051	240	49.3	2,615	1.0	59	58	
ANTI-HYPERLIPIDEMIC	135,237	135	27.7	1,562	0.9	97	87	
ANALGESICS - Narcotic	127,194	292	60.0	3,057	1.2	36	42	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	116,776	59	12.1	648	0.9	191	180	
ANTI-ASTHMATIC	86,569	243	49.9	2,506	0.7	48	35	
DERMATOLOGICAL	56,870	355	72.9	4,045	0.3	45	14	
Total	1,850,305	2,348	n.a.	25,716	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 531 beneficiaries who were in nursing facilities for part of their enrollment and their 5,270 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.med-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

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, 2006

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	22,568	\$1,850,305	221	45.4	2,441	1.0	\$199	277	56.9	3,004	1.3	\$105
Female												
All Females	12,287	989,969	109	40.8	1,223	1.0	198	129	48.3	1,455	1.3	94
Female, Disabled												
All Ages	12,116	976,993	106	57.9	1,196	1.0	198	126	68.9	1,419	1.3	95
64 or younger	11,794	959,966	105	59.0	1,184	1.0	197	121	68.0	1,368	1.3	96
65-74	322	17,027	1	20.0	12	1.1	328	5	100.0	51	0.7	70
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	171	12,976	3	3.6	27	0.9	223	3	3.6	36	1.4	48
64 or younger	7	607	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	128	10,339	2	13.3	15	1.5	401	3	20.0	36	1.4	48
75-84	30	1,412	1	4.0	12	0.1	0	0	0.0	0	0.0	0
85 and older	6	618	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	10,281	860,336	112	50.9	1,218	1.1	200	148	67.3	1,549	1.3	116
Male, Disabled												
All Ages	9,616	807,119	108	62.1	1,170	1.1	197	140	80.5	1,468	1.3	118
64 or younger	9,585	805,292	106	62.0	1,166	1.1	197	138	80.7	1,464	1.3	118
65-74	31	1,827	2	66.7	4	1.0	210	2	66.7	4	1.0	67
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles												
All Ages	665	53,217	4	8.7	48	1.0	289	8	17.4	81	1.0	80
64 or younger	4	97	0	0.0	0	0.0	0	1	100.0	1	2.0	20
65-74	372	35,437	3	33.3	36	1.1	358	6	66.7	68	1.0	53
75-84	129	8,222	0	0.0	0	0.0	0	1	6.7	12	1.1	242
85 and older	160	9,461	1	4.8	12	0.8	82	0	0.0	0	0.0	0
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 531 beneficiaries who were in nursing facilities for part of their enrollment and their 5,270 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Workers Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTIDIABETIC				
	Number of Users	Users as % of	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
		All-Year Nursing Facility Residents					All-Year Nursing Facility Residents								
All	279	57.3	3,150	0.9	\$59	247	50.7	2,688	0.8	\$69	240	49.3	2,615	1.0	\$58
Female															
All Females	157	58.8	1,808	0.9	60	124	46.4	1,357	0.8	70	127	47.6	1,444	1.0	59
Female, Disabled															
All Ages	156	85.2	1,796	0.9	61	123	67.2	1,345	0.8	70	125	68.3	1,420	1.0	59
64 or younger	154	86.5	1,772	0.9	61	116	65.2	1,285	0.8	73	124	69.7	1,408	1.0	58
65-74	2	40.0	24	0.6	25	7	140.0	60	0.6	9	1	20.0	12	2.8	175
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	1	1.2	12	0.2	5	1	1.2	12	0.3	47	2	2.4	24	0.3	10
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	13.3	24	0.3	10
75-84	1	4.0	12	0.2	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	1	2.3	12	0.3	47	0	0.0	0	0.0	0
Male															
All Males	122	55.5	1,342	0.9	58	123	55.9	1,331	0.8	69	113	51.4	1,171	0.9	58
Male, Disabled															
All Ages	115	66.1	1,276	0.9	59	114	65.5	1,242	0.8	73	95	54.6	974	1.0	59
64 or younger	113	66.1	1,272	0.9	59	114	66.7	1,242	0.8	73	92	53.8	965	1.0	59
65-74	2	66.7	4	1.0	10	0	0.0	0	0.0	0	3	100.0	9	0.8	21
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	7	15.2	66	0.7	38	9	19.6	89	0.6	10	18	39.1	197	0.9	52
64 or younger	0	0.0	0	0.0	0	1	100.0	1	1.0	55	0	0.0	0	0.0	0
65-74	3	33.3	34	0.4	38	3	33.3	36	0.3	11	13	144.4	153	0.9	52
75-84	2	13.3	8	0.6	19	3	20.0	28	0.6	9	5	33.3	44	0.9	54
85 and older	2	9.5	24	1.0	45	2	9.5	24	1.0	7	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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 531 beneficiaries who were in nursing facilities for part of their enrollment and their 5,270 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - Narcotic					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				
	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as %	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
		of All-Year Nursing Facility Residents					of All-Year Nursing Facility Residents					of All-Year Nursing Facility Residents			
All	135	27.7	1,562	0.9	\$87	292	60.0	3,057	1.2	\$42	59	12.1	648	0.9	\$180
Female															
All Females	76	28.5	890	0.9	89	162	60.7	1,763	1.1	46	32	12.0	342	1.0	203
Female, Disabled															
All Ages	76	41.5	890	0.9	89	159	86.9	1,737	1.1	45	31	16.9	330	1.0	207
64 or younger	74	41.6	875	0.9	88	150	84.3	1,680	1.2	46	31	17.4	330	1.0	207
65-74	2	40.0	15	1.1	143	9	180.0	57	0.5	10	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
Female, Other Eligibles															
All Ages	0	0.0	0	0.0	0	3	3.6	26	0.9	66	1	1.2	12	0.7	100
64 or younger	0	0.0	0	0.0	0	1	100.0	2	2.5	225	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	6.7	12	0.7	100
75-84	0	0.0	0	0.0	0	2	8.0	24	0.8	52	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	59	26.8	672	0.9	83	130	59.1	1,294	1.2	36	27	12.3	306	0.9	155
Male, Disabled															
All Ages	53	30.5	601	0.9	84	124	71.3	1,233	1.2	38	21	12.1	242	1.0	167
64 or younger	52	30.4	598	0.9	84	122	71.3	1,227	1.2	38	21	12.3	242	1.0	167
65-74	1	33.3	3	1.0	83	2	66.7	6	1.3	35	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
Male, Other Eligibles															
All Ages	6	13.0	71	0.7	78	6	13.0	61	0.9	9	6	13.0	64	0.8	109
64 or younger	0	0.0	0	0.0	0	1	100.0	1	1.0	22	0	0.0	0	0.0	0
65-74	5	55.6	59	0.7	81	2	22.2	24	0.3	10	2	22.2	24	0.5	76
75-84	1	6.7	12	0.8	66	1	6.7	12	0.2	1	1	6.7	4	0.5	46
85 and older	0	0.0	0	0.0	0	2	9.5	24	1.9	11	3	14.3	36	1.0	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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 531 beneficiaries who were in nursing facilities for part of their enrollment and their 5,270 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medicaps.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	ANTIASTHMATIC					DERMATOLOGICAL					Benefit Months Among All-Year	
	Number of Users	Users as %	Number of Benefit Months	Mean	Mean	Number of Users	Users as %	Number of Benefit Months	Mean	Mean	All-Year Nursing Facility Residents	Nursing Facility Residents
		of All-Year Nursing Facility Residents		Number of Rx	Rx \$		of All-Year Nursing Facility Residents		Number of Rx	Rx \$		
All	243	49.9	2,506	0.7	\$35	355	72.9	4,045	0.3	\$14	487	4,884
Female												
All Females	142	53.2	1,512	0.8	39	204	76.4	2,293	0.3	15	267	2,711
Female, Disabled												
All Ages	137	74.9	1,488	0.8	39	196	107.1	2,216	0.3	16	183	1,955
64 or younger	129	72.5	1,439	0.7	38	192	107.9	2,182	0.3	16	178	1,919
65-74	8	160.0	49	2.7	69	4	80.0	34	0.4	5	5	36
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
Female, Other Eligibles												
All Ages	5	6.0	24	1.6	44	8	9.5	77	0.2	5	84	756
64 or younger	0	0.0	0	0.0	0	1	100.0	2	1.0	79	1	2
65-74	5	33.3	24	1.6	44	1	6.7	3	0.3	26	15	148
75-84	0	0.0	0	0.0	0	4	16.0	48	0.2	2	25	228
85 and older	0	0.0	0	0.0	0	2	4.7	24	0.1	3	43	378
Male												
All Males	101	45.9	994	0.6	28	151	68.6	1,752	0.4	13	220	2,173
Male, Disabled												
All Ages	91	52.3	894	0.6	27	143	82.2	1,665	0.3	12	174	1,780
64 or younger	91	53.2	894	0.6	27	142	83.0	1,662	0.3	12	171	1,773
65-74	0	0.0	0	0.0	0	1	33.3	3	0.3	10	3	7
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Male, Other Eligibles												
All Ages	10	21.7	100	0.5	36	8	17.4	87	0.6	28	46	393
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	1
65-74	6	66.7	68	0.3	22	4	44.4	47	0.3	23	9	84
75-84	2	13.3	8	1.0	20	4	26.7	40	0.9	35	15	124
85 and older	2	9.5	24	0.9	84	0	0.0	0	0.0	0	21	184
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 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2006. A total of 531 beneficiaries who were in nursing facilities for part of their enrollment and their 5,270 benefit months were excluded from the analysis.
 b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2006. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 d. The top 10 drug groups were determined based on total 2006 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medicaps.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WEST VIRGINIA, 2006

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
All	106,192	36.3	1.9	543,303	\$26	\$7,500,905	\$14	2.4	292,615
Age									
5 and younger	18,352	29.0	0.7	42,611	9	571,575	13	3.1	63,388
6-14	24,877	32.0	0.8	63,153	12	964,973	15	2.3	77,661
15-20	12,470	29.6	0.8	34,113	13	541,997	16	2.1	42,149
21-44	29,436	40.3	2.6	191,983	35	2,539,487	13	2.6	73,110
45-64	20,879	58.4	5.9	210,181	80	2,869,409	14	2.3	35,725
65-74	110	35.7	2.6	786	31	9,596	12	3.0	308
75-84	35	24.0	1.6	236	16	2,321	10	4.9	146
85 and older	33	25.8	1.9	240	12	1,547	6	5.3	128
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	121	27.4	2.2	989	22	9,736	10	4.2	442
Disabled	37,879	52.8	4.7	337,315	66	4,734,751	14	2.2	71,686
Adults	18,525	33.7	1.6	86,123	19	1,066,254	12	2.9	55,018
Children	49,534	30.0	0.7	118,010	10	1,677,292	14	2.8	165,209
Unknown	133	51.2	3.3	866	50	12,872	15	1.5	260
Gender									
Female	65,753	39.5	2.2	363,416	30	4,994,287	14	2.6	166,612
Male	40,439	32.1	1.4	179,887	20	2,506,618	14	2.1	126,003
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	102,176	36.9	1.9	527,942	26	7,290,554	14	2.4	276,601
African American	3,936	25.1	1.0	14,972	13	205,021	14	2.0	15,697
Other/unknown	80	25.2	1.2	389	17	5,330	14	1.7	317
Use of Nursing Facilities^d									
Entire year	265	54.4	9.1	4,422	98	47,644	11	1.9	487
Part year	427	80.4	9.9	5,248	186	98,785	19	3.4	531
None	105,500	36.2	1.8	533,633	25	7,354,476	14	2.4	291,597
Maintenance Assistance Status									
Cash	40,120	50.1	4.3	340,639	59	4,722,915	14	2.3	80,133
Medically needy	9,508	41.6	2.5	56,123	32	723,901	13	2.3	22,839
Poverty related	2,645	24.4	0.6	6,650	8	82,838	12	2.3	10,828
Other/unknown	53,919	30.2	0.8	139,891	11	1,971,251	14	2.6	178,815

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 8/2009. This table was produced on 02/12/2010.
 a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.
 b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth; for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 d. Please refer to footnote 1 on Table 1 for methodology used to determine use of nursing facilities.
 Benef(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, 2006

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$14	\$0	\$1	2,192,686
Age						
5 and younger	0.1	1	13	0	0	448,241
6-14	0.1	2	15	0	0	586,037
15-20	0.1	2	16	0	0	303,407
21-44	0.4	5	13	0	3	489,397
45-64	0.6	8	14	0	4	360,673
65-74	0.3	4	12	0	2	2,468
75-84	0.2	2	10	0	1	1,315
85 and older	0.2	1	6	0	1	1,148
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.2	2	10	0	1	3,989
Disabled	0.4	6	14	0	3	757,910
Adults	0.3	4	12	0	2	253,798
Children	0.1	1	14	0	0	1,174,435
Unknown	0.3	5	15	0	2	2,554
Gender						
Female	0.3	4	14	0	2	1,208,331
Male	0.2	3	14	0	1	984,355
Unknown	0.0	0	0	0	0	0
Race						
White	0.3	4	14	0	1	2,078,099
African American	0.1	2	14	0	1	111,964
Other/unknown	0.1	2	14	0	1	2,623
Use of Nursing Facilities^d						
Entire year	0.9	10	11	1	4	4,884
Part year	1.0	19	19	0	6	5,270
None	0.2	3	14	0	1	2,182,532
Maintenance Assistance Status						
Cash	0.4	6	14	0	3	763,326
Medically needy	0.4	5	13	0	3	134,725
Poverty related	0.1	1	12	0	0	65,873
Other/unknown	0.1	2	14	0	0	1,228,762

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006.
 b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines, barbiturates, nonprescription (OTC) medications, prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations), and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth; for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 d. Please refer to footnote 1 on Table 1 for methodology used to determine use of nursing facilities.

TABLE ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 WEST VIRGINIA, 2006

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	Total Number Rx, \$ per Rx	Excluded Rx	Excluded Rx
All	143,246	\$52	\$7,500,905	100.0	543,303	\$14	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	179	18	3,200	0.0	337	9	0.1
Cough and cold medications	50,945	29	1,459,786	19.5	94,798	15	17.4
Vitamins and minerals	7,923	83	657,941	8.8	39,788	17	7.3
Non-prescription drugs	46,746	43	2,003,279	26.7	134,523	15	24.8
Barbiturates	875	66	57,996	0.8	8,557	7	1.6
Benzodiazepines	32,755	91	2,990,652	39.9	251,002	12	46.2
Other Part D Excl Rx Drugs	3,823	86	328,051	4.4	14,298	23	2.6

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nonduval Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2006. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2006. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND.11.
 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 1980, 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.
 Beneficiaries = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

APPENDIX TABLE A.1
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	317,467	443	71,747	57,814	187,203	260	3,004,401	4,001	773,625	417,737	1,806,449	2,589
Age												
5 and younger	71,324	0	2,012	0	69,312	0	676,141	0	21,618	0	654,523	0
6-14	86,956	0	6,392	27	80,537	0	879,526	0	73,524	259	805,743	0
15-20	47,120	0	5,176	4,657	37,287	0	438,010	0	57,514	34,747	345,749	0
21-44	75,534	0	25,843	49,586	65	40	634,574	0	277,384	356,398	428	364
45-64	35,950	0	32,185	3,543	2	220	371,207	0	342,651	26,325	6	2,225
65-74	309	192	116	1	0	0	2,480	1,749	723	8	0	0
75-84	146	136	10	0	0	0	1,315	1,234	81	0	0	0
85 and older	128	115	13	0	0	0	1,148	1,018	130	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	178,993	273	37,652	48,050	92,758	260	1,665,703	2,468	409,170	354,091	897,385	2,589
Male	138,474	170	34,095	9,764	94,445	0	1,338,698	1,533	364,455	63,646	909,064	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	299,275	415	68,829	54,473	175,311	247	2,831,187	3,732	742,576	392,970	1,689,437	2,472
African American	17,851	26	2,868	3,295	11,649	13	170,076	245	30,493	24,456	114,765	117
Other/unknown	341	2	50	46	243	0	3,138	24	556	311	2,247	0
Use of Nursing Facilities^c												
Entire year	487	128	357	2	0	0	4,884	1,146	3,735	3	0	0
Part year	531	37	485	9	0	0	5,321	346	4,891	84	0	0
None	316,449	278	70,905	57,803	187,203	260	2,994,196	2,509	764,999	417,650	1,806,449	2,589
Maintenance Assistance Status												
Cash	81,189	212	59,517	21,211	249	0	841,781	2,165	676,289	160,881	2,446	0
Medically needy	23,453	81	9,814	12,925	633	0	170,307	583	73,947	89,443	6,334	0
Poverty related	12,028	6	12	3,187	8,563	260	100,338	72	61	20,365	77,251	2,589
Other/unknown	200,797	144	2,404	20,491	177,758	0	1,891,975	1,181	23,328	147,048	1,720,418	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	121,703	442	68,210	16,426	36,371	254	1,132,335	3,989	734,414	81,379	310,023	2,530
FFS part year, with Rx claims	71,141	0	2,492	23,420	45,223	6	694,179	0	27,359	200,887	465,874	59
FFS part year, no Rx claims	19,747	0	140	3,598	16,009	0	165,916	0	1,360	23,247	141,309	0
MC all year, with Rx claims	80,024	0	844	11,574	67,606	0	825,850	0	9,910	98,886	717,054	0
MC all year, no Rx claims	24,411	1	59	2,587	21,764	0	185,606	12	576	13,117	171,901	0

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.

a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 c. Please refer to footnote 1 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, 2006

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1		Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	317,467	3,004,401	292,615	2,192,686	0	811,715
Fee-for-service (FFS) all year	121,703	1,132,335	121,703	1,131,333	0	1,002
FFS part year, with Rx claims	71,141	694,179	71,141	185,776	0	508,403
FFS part year, with no Rx claims	19,747	165,916	19,747	50,015	0	115,901
Managed care (MC) all year, with Rx claims	80,024	825,850	80,024	825,562	0	288
MC all year, with no Rx claims	24,411	185,606	0	0	0	185,606

Source: Data for this table are from the MAX 2006 file for West Virginia, released by CMS in 9/2009. This table was produced on 02/12/2010.
 a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract;
 MC = managed care; Rx = pharmacy benefit.