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

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	293,311	456	72,239	54,523	165,742	351	2,191,756	4,415	760,113	247,976	1,175,800	3,452
Age												
5 and younger	64,807	0	1,762	0	63,045	0	446,302	0	16,905	0	429,397	0
6-14	76,295	0	6,155	12	70,128	0	582,262	0	67,047	83	515,132	0
15-20	42,181	0	5,177	4,491	32,513	0	306,400	0	55,804	19,640	230,956	0
21-44	72,337	0	25,667	46,550	54	66	479,721	0	268,990	209,897	312	522
45-64	37,070	0	33,317	3,466	2	285	371,419	0	350,157	18,329	3	2,930
65-74	368	238	126	4	0	0	3,214	2,299	888	27	0	0
75-84	134	116	18	0	0	0	1,272	1,100	172	0	0	0
85 and older	119	102	17	0	0	0	1,166	1,016	150	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	166,895	274	37,705	45,735	82,830	351	1,204,287	2,707	399,839	210,690	587,599	3,452
Male	126,416	182	34,534	8,788	82,912	0	987,469	1,708	360,274	37,286	588,201	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	277,371	432	69,279	51,524	155,799	337	2,077,390	4,151	729,823	234,119	1,105,999	3,298
African American	15,720	22	2,921	2,962	9,801	14	112,737	240	29,867	13,696	68,780	154
Other/unknown	220	2	39	37	142	0	1,629	24	423	161	1,021	0
Use of Nursing Facilities^c												
Entire year	477	116	361	0	0	0	4,842	1,112	3,730	0	0	0
Part year	570	34	520	14	1	1	5,645	318	5,220	83	12	12
None	292,264	306	71,358	54,509	165,741	350	2,181,269	2,985	751,163	247,893	1,175,788	3,440
Maintenance Assistance Status												
Cash	81,689	239	59,509	21,769	172	0	768,437	2,622	660,639	104,273	903	0
Medically needy	22,504	79	10,088	12,147	190	0	132,128	519	73,909	56,243	1,457	0
Poverty-related	10,274	7	6	2,796	7,114	351	60,575	58	42	10,915	46,108	3,452
Other/unknown	178,844	131	2,636	17,811	158,266	0	1,230,616	1,216	25,523	76,545	1,127,332	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	124,955	454	69,872	16,598	37,688	343	1,147,871	4,398	744,158	82,331	313,587	3,397
FFS part year, with Rx claims	68,081	1	1,925	23,020	43,127	8	162,926	11	11,402	59,955	91,503	55
FFS part year, no Rx claims	18,628	1	88	3,194	15,345	0	43,040	6	470	8,026	34,538	0

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

a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

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	17.5	\$1,161	\$66	\$4,018	28.9	293,311
Age							
5 and younger	82.7	5.9	307	52	1,452	21.1	64,807
6-14	81.3	8.3	609	73	2,056	29.6	76,295
15-20	81.3	9.8	679	69	3,464	19.6	42,181
21-44	83.9	22.1	1,459	66	5,030	29.0	72,337
45-64	88.3	56.6	3,756	66	10,984	34.2	37,070
65-74	63.3	30.6	1,835	60	13,293	13.8	368
75-84	35.8	11.1	539	49	17,100	3.2	134
85 and older	27.7	8.1	302	37	26,752	1.1	119
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	46.5	20.6	1,121	54	17,991	6.2	456
Disabled	86.3	44.1	3,202	73	10,832	29.6	72,239
Adults	83.5	14.5	749	52	2,444	30.7	54,523
Children	81.5	6.9	400	58	1,502	26.7	165,742
Unknown	94.3	44.8	4,218	94	15,902	26.5	351
Gender							
Female	84.9	19.6	1,243	63	3,939	31.6	166,895
Male	80.6	14.7	1,052	72	4,121	25.5	126,416
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	83.5	17.9	1,184	66	4,058	29.2	277,371
African American	75.3	11.0	748	68	3,302	22.6	15,720
Other/unknown	65.9	13.3	1,159	87	4,151	27.9	220
Use of Nursing Facilities^f							
Entire year	86.2	96.1	5,780	60	64,114	9.0	477
Part year	96.5	91.4	5,935	65	58,970	10.1	570
None	83.0	17.2	1,144	66	3,812	30.0	292,264
Maintenance Assistance Status							
Cash	86.2	38.7	2,727	70	8,567	31.8	81,689
Medically needy	81.6	22.8	1,467	64	5,474	26.8	22,504
Poverty related	80.2	7.4	410	56	1,725	23.7	10,274
Other/unknown	81.9	7.7	450	58	1,888	23.9	178,844

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

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

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

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

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

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

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

Beneficiary(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, 2007

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS ^d	Number of 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	\$155	28.9	17.0	41.5	10.8	15.0	9.4	6.3	\$538	293,311	2,191,756
Age												
5 and younger	0.9	45	21.1	17.3	57.7	9.4	8.5	4.2	2.9	211	64,807	446,302
6-14	1.1	80	29.6	18.7	52.6	10.3	10.6	4.2	3.7	269	76,295	582,262
15-20	1.3	93	19.6	18.7	47.6	12.1	12.3	5.1	4.1	477	42,181	306,400
21-44	3.3	220	29.0	16.1	26.9	12.9	21.8	12.7	9.6	758	72,337	479,721
45-64	5.6	375	34.2	11.7	12.6	8.5	25.2	27.9	14.1	1,096	37,070	371,419
65-74	3.5	210	13.8	36.7	13.6	5.2	17.9	15.8	10.9	1,522	368	3,214
75-84	1.2	57	3.2	64.2	15.7	4.5	6.0	6.7	3.0	1,802	134	1,272
85 and older	0.8	31	1.1	72.3	15.1	5.9	3.4	1.7	1.7	2,730	119	1,166
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	2.1	116	6.2	53.5	16.0	5.7	10.3	8.6	5.9	1,858	456	4,415
Disabled	4.2	304	29.6	13.7	22.1	10.9	24.3	20.4	8.6	1,029	72,239	760,113
Adults	3.2	165	30.7	16.5	28.1	13.3	19.6	10.8	11.8	537	54,523	247,976
Children	1.0	56	26.7	18.5	54.5	9.9	9.4	4.2	3.5	212	165,742	1,175,800
Unknown	4.6	429	26.5	5.7	14.0	15.4	35.3	25.4	4.3	1,617	351	3,452
Gender												
Female	2.7	172	31.6	15.1	39.4	11.0	15.8	10.8	7.8	546	166,895	1,204,287
Male	1.9	135	25.5	19.4	44.3	10.4	14.0	7.6	4.3	528	126,416	987,469
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	2.4	158	29.2	16.5	41.4	10.9	15.2	9.6	6.5	542	277,371	2,077,390
African American	1.5	104	22.6	24.7	44.4	9.3	11.5	6.2	3.8	461	15,720	112,737
Other/unknown	1.8	157	27.9	34.1	36.8	10.0	9.1	5.5	4.5	561	220	1,629
Use of Nursing Facilities^f												
Entire year	9.5	569	9.0	13.8	5.0	3.1	12.4	24.3	41.3	6,316	477	4,842
Part year	9.2	599	10.1	3.5	4.2	5.6	16.1	34.0	36.5	5,955	570	5,645
None	2.3	153	30.0	17.0	41.7	10.8	15.0	9.3	6.2	511	292,264	2,181,269
Maintenance Assistance Status												
Cash	4.1	290	31.8	13.8	23.3	11.0	22.7	18.4	10.8	911	81,689	768,437
Medically needy	3.9	250	26.8	18.4	21.1	12.0	23.8	15.1	9.6	932	22,504	132,128
Poverty related	1.2	70	23.7	19.8	49.0	10.6	11.2	5.7	3.7	293	10,274	60,575
Other/unknown	1.1	66	23.9	18.1	52.0	10.5	10.6	4.8	4.0	274	178,844	1,230,616

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

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

TABLE ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	2.3	\$155	\$66	0.7	\$109	\$145	0.1	\$12	\$103	1.5	\$34	\$23
Age												
5 and younger	0.9	45	52	0.2	27	139	0.1	6	71	0.6	11	20
6-14	1.1	80	73	0.5	59	126	0.1	8	96	0.5	14	25
15-20	1.3	93	69	0.5	68	142	0.1	7	108	0.8	18	23
21-44	3.3	220	66	1.0	155	160	0.1	15	122	2.2	49	22
45-64	5.6	375	66	1.8	260	145	0.3	27	106	3.6	87	24
65-74	3.5	210	60	1.1	146	130	0.1	14	98	2.2	49	22
75-84	1.2	57	49	0.3	36	124	0.0	6	142	0.8	15	18
85 and older	0.8	31	37	0.2	19	103	0.0	3	83	0.6	9	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.1	116	54	0.6	77	123	0.1	10	115	1.4	29	20
Disabled	4.2	304	73	1.4	218	158	0.2	21	112	2.6	64	25
Adults	3.2	165	52	0.8	108	131	0.1	12	117	2.2	44	20
Children	1.0	56	58	0.3	38	117	0.1	6	83	0.6	12	22
Unknown	4.6	429	94	1.6	348	220	0.2	21	102	2.8	60	22
Gender												
Female	2.7	172	63	0.8	119	142	0.1	13	105	1.7	39	23
Male	1.9	135	72	0.6	96	152	0.1	11	100	1.1	28	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	2.4	158	66	0.8	111	145	0.1	12	103	1.5	35	23
African American	1.5	104	68	0.5	75	153	0.1	8	96	1.0	22	23
Other/unknown	1.8	157	87	0.6	114	189	0.1	14	147	1.1	29	27
Use of Nursing Facilities^e												
Entire year	9.5	569	60	2.7	384	140	0.4	45	123	6.3	136	22
Part year	9.2	599	65	2.6	413	162	0.3	40	119	6.3	144	23
None	2.3	153	66	0.7	108	145	0.1	12	102	1.4	34	23
Maintenance Assistance Status												
Cash	4.1	290	70	1.3	207	156	0.2	20	111	2.6	63	24
Medically needy	3.9	250	64	1.1	174	154	0.1	17	117	2.6	58	22
Poverty related	1.2	70	56	0.3	45	133	0.1	8	86	0.8	16	20
Other/unknown	1.1	66	58	0.4	44	120	0.1	7	89	0.7	15	22

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

a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

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	0.4	0.0	0.0	0.3	\$17	\$6	\$4	\$8	\$47	\$252	\$97	\$25	542,429	\$25,557,988	176,475	60.2	1,461,549
Biologicals	0.5	0.5	0.0	0.0	639	639	0	0	1273	1,273	0	0	3,064	3,900,932	876	0.3	6,109
Antineoplastic Agents	0.6	0.3	0.0	0.4	207	190	1	16	320	743	869	41	11,882	3,803,682	1,847	0.6	18,365
Endocrine/Metabolic Drugs	0.7	0.2	0.0	0.4	42	32	1	9	61	132	45	21	425,182	26,143,514	72,730	24.8	628,260
Cardiovascular Agents	1.5	0.4	0.1	1.0	62	31	8	23	42	82	69	23	684,170	28,568,677	46,959	16.0	457,574
Respiratory Agents	0.6	0.3	0.0	0.3	38	31	3	5	62	101	59	18	620,808	38,594,544	116,401	39.7	1,004,030
Gastrointestinal Agents	0.7	0.4	0.0	0.2	70	62	3	5	105	152	244	19	326,921	34,362,437	52,912	18.0	487,986
Genitourinary Agents	0.4	0.1	0.0	0.2	21	12	2	7	58	91	94	33	53,270	3,096,968	18,371	6.3	147,511
CNS Drugs	1.3	0.4	0.1	0.8	99	78	7	15	78	187	110	19	815,202	63,867,688	71,808	24.5	645,806
Stimulants/Anti-obesity/Anorexia	1.0	0.8	0.0	0.2	108	99	1	8	105	123	49	41	177,757	18,702,348	19,198	6.5	172,664
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	164	157	0	7	357	411	132	88	8,298	2,964,715	1,811	0.6	18,105
Analgesics and Anesthetics	0.8	0.0	0.0	0.7	28	9	4	15	37	232	370	21	649,475	23,958,170	101,110	34.5	845,770
Neuromuscular Agents	0.9	0.3	0.0	0.5	92	63	8	21	103	183	178	41	408,532	42,114,793	49,535	16.9	459,211
Nutritional Products	0.5	0.1	0.0	0.4	11	5	0	6	21	35	12	15	73,116	1,539,769	18,253	6.2	139,803
Hematological Agents	0.7	0.3	0.0	0.3	69	63	0	6	99	186	37	17	75,379	7,470,990	11,906	4.1	108,722
Topical Products	0.3	0.1	0.0	0.2	16	11	1	5	54	108	65	26	243,484	13,210,551	95,436	32.5	823,617
Miscellaneous Products	0.6	0.3	0.0	0.3	156	128	4	25	255	495	216	73	7,631	1,943,930	1,246	0.4	12,443
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	18	0	0	0	80	0	0	0	8,770	701,827	4,111	1.4	39,885
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.	5,135,370	340,503,523	n.a.	n.a.	n.a.

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

- a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In West Virginia, 0.3 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 2007.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTICONVULSANT	\$37,852,317	40,763	13.9	395,748	0.7	\$128	\$96
ANTI-PSYCHOTICS	34,248,596	23,857	8.1	236,186	0.6	225	145
ULCER DRUGS	29,895,756	52,078	17.8	494,286	0.5	115	60
ANTI-ASTHMATIC	27,597,219	96,275	32.8	886,535	0.4	79	31
ANTI-DEPRESSANTS	24,201,374	66,726	22.7	616,056	0.6	68	39
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	18,702,907	23,461	8.0	212,748	0.8	105	88
ANALGESICS - Narcotic	15,461,631	120,097	40.9	1,010,776	0.5	34	15
ANTI-DIABETIC	15,176,456	25,077	8.5	259,138	0.7	84	59
ANTI-HYPERLIPIDEMIC	14,058,398	24,595	8.4	263,498	0.6	84	53
DERMATOLOGICAL	9,481,364	90,143	30.7	799,057	0.2	57	12
Total	226,676,018	563,072	n.a.	5,174,028	n.a.	n.a.	n.a.

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

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Nondual 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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups								ANTICONVULSANT				ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users	Number of	Mean	Mean Rx	Number of Users	Users	Number of	Mean	Mean Rx	Number of Users	Users	Number of	Mean	Mean Rx
				as % of All Benes	Benefit Months Among Users	Rx per Benefit Month	\$ per Benefit Month		as % of All Benes	Benefit Months Among Users	Rx per Benefit Month	\$ per Benefit Month		as % of All Benes	Benefit Months Among Users	Rx per Benefit Month	\$ per Benefit Month
All	2,564,754	\$226,676,018	40,763	13.9	395,748	0.7	\$96	23,857	8.1	236,186	0.6	\$145					
Female																	
All Females	1,577,222	135,626,854	25,822	15.5	243,676	0.7	96	13,469	8.1	130,001	0.6	138					
Female, Disabled																	
All Ages	1,037,412	97,123,343	16,418	43.5	183,692	0.7	95	8,839	23.4	98,786	0.6	147					
5 and younger	4,595	492,037	136	19.0	1,396	1.1	187	19	2.7	168	0.8	178					
6-14	22,986	2,645,310	513	25.8	5,776	0.9	162	325	16.3	3,617	0.6	122					
15-20	22,193	2,408,100	644	33.8	6,982	0.8	126	399	20.9	4,268	0.6	118					
45-64	314,585	31,296,898	6,558	48.8	73,058	0.7	103	3,959	29.5	43,806	0.6	139					
45-64	671,667	60,166,254	8,549	43.7	96,332	0.7	82	4,125	21.1	46,802	0.7	158					
65-74	1,375	114,275	17	22.1	140	0.8	62	12	15.6	125	0.8	185					
75-84	11	469	1	11.1	8	0.9	53	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	539,810	38,503,511	9,404	7.3	59,984	0.8	101	4,630	3.6	31,215	0.6	110					
5 and younger	50,757	2,789,136	170	0.6	1,192	0.8	146	45	0.1	336	0.6	83					
6-14	107,388	8,749,072	934	2.7	8,149	0.7	97	773	2.2	6,808	0.7	118					
15-20	78,913	5,797,624	1,448	6.7	11,870	0.6	93	973	4.5	8,115	0.5	90					
21-44	265,832	18,295,120	6,263	16.0	34,843	0.9	105	2,635	6.7	14,487	0.7	120					
45-64	34,197	2,658,871	564	22.1	3,661	0.8	83	192	7.5	1,333	0.6	91					
65-74	2,471	197,691	25	17.0	269	0.9	77	9	6.1	102	1.0	122					
75-84	160	10,802	0	0.0	0	0.0	0	1	1.7	12	0.3	3					
85 and older	92	5,195	0	0.0	0	0.0	0	2	2.8	22	0.1	18					
Male																	
All Males	987,532	91,049,164	14,941	11.8	152,072	0.7	95	10,388	8.2	106,185	0.7	154					
Male, Disabled																	
All Ages	646,743	63,084,852	10,945	31.7	122,056	0.7	95	7,082	20.5	79,013	0.7	164					
5 and younger	6,824	724,748	130	12.4	1,375	1.0	192	52	5.0	489	0.7	110					
6-14	59,153	6,871,109	1,082	26.0	12,108	0.9	132	1,113	26.7	12,385	0.7	137					
15-20	39,513	4,822,229	926	28.3	10,503	0.8	132	815	24.9	9,317	0.6	153					
21-44	195,369	20,079,082	4,410	36.0	48,759	0.7	95	2,911	23.8	32,141	0.6	174					
45-64	345,307	30,532,412	4,389	31.9	49,254	0.7	76	2,182	15.9	24,607	0.7	170					
65-74	510	48,490	8	16.3	57	0.8	86	9	18.4	74	0.9	226					
75-84	15	468	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
85 and older	52	6,314	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Male, Other Eligibles																	
All Ages	340,789	27,964,312	3,996	4.3	30,016	0.7	92	3,306	3.6	27,172	0.7	123					
5 and younger	60,347	3,732,260	232	0.7	1,912	0.6	73	116	0.4	941	0.6	101					
6-14	155,451	14,244,437	1,450	4.1	12,637	0.7	95	1,694	4.8	14,694	0.7	123					
15-20	60,615	5,564,668	969	6.2	8,144	0.7	92	996	6.4	8,960	0.6	121					
21-44	49,045	3,238,718	1,114	15.0	5,830	0.8	89	442	5.9	2,233	0.6	123					
45-64	13,713	1,056,386	216	17.9	1,337	0.8	106	49	4.1	265	0.8	181					
65-74	1,115	89,679	8	8.4	80	0.8	44	4	4.2	48	1.0	206					
75-84	383	31,927	6	10.5	64	1.1	101	4	7.0	19	1.2	279					
85 and older	120	6,237	1	3.2	12	0.3	6	1	3.2	12	0.1	8					
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group.

Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these

drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIASTHMATIC					ANTIDEPRESSANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	52,078	17.8	494,286	0.5	\$61	96,275	32.8	886,535	0.4	\$31	66,726	22.7	616,056	0.6	\$39
Female															
All Females	34,438	20.6	321,267	0.5	62	54,942	32.9	508,061	0.4	32	47,996	28.8	428,701	0.6	42
Female, Disabled															
All Ages	19,779	52.5	222,861	0.6	68	24,241	64.3	274,382	0.4	36	26,610	70.6	297,751	0.6	41
5 and younger	158	22.1	1,489	0.5	37	377	52.7	3,888	0.3	24	6	0.8	61	0.6	8
6-14	223	11.2	2,471	0.4	42	787	39.6	8,898	0.3	26	294	14.8	3,176	0.5	18
15-20	385	20.2	4,261	0.3	32	578	30.3	6,509	0.3	23	686	36.0	7,383	0.5	27
21-44	6,435	47.9	72,593	0.5	59	7,006	52.2	79,136	0.4	30	10,040	74.7	111,925	0.5	39
45-64	12,540	64.1	141,753	0.6	74	15,461	79.0	175,707	0.5	40	15,545	79.4	174,925	0.6	43
65-74	38	49.4	294	0.6	75	32	41.6	244	0.5	41	38	49.4	273	0.8	39
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	11.1	8	0.4	4
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	14,659	11.3	98,406	0.5	47	30,701	23.8	233,679	0.4	26	21,386	16.6	130,950	0.6	43
5 and younger	1,788	5.8	12,865	0.4	21	8,507	27.8	68,392	0.3	21	41	0.1	339	0.5	13
6-14	1,833	5.2	15,730	0.3	30	9,756	27.8	84,017	0.4	27	1,410	4.0	12,149	0.5	20
15-20	2,618	12.2	20,261	0.3	29	4,187	19.5	32,556	0.4	25	3,851	18.0	29,585	0.5	26
21-44	7,453	19.0	42,597	0.6	64	7,212	18.4	41,020	0.5	32	14,648	37.3	79,052	0.7	52
45-64	917	36.0	6,405	0.7	86	949	37.2	6,793	0.5	41	1,386	54.4	9,322	0.7	56
65-74	44	29.9	481	0.7	79	82	55.8	814	0.5	41	45	30.6	443	0.7	41
75-84	3	5.1	36	0.6	32	4	6.8	43	0.7	69	2	3.4	24	0.7	68
85 and older	3	4.2	31	0.7	17	4	5.6	44	0.4	37	3	4.2	36	0.9	35
Male															
All Males	17,640	14.0	173,019	0.5	59	41,333	32.7	378,474	0.4	31	18,730	14.8	187,355	0.5	34
Male, Disabled															
All Ages	11,141	32.3	124,547	0.6	66	13,437	38.9	150,639	0.4	37	13,281	38.5	147,148	0.5	35
5 and younger	200	19.1	1,983	0.6	48	611	58.4	6,351	0.3	32	27	2.6	259	0.4	8
6-14	342	8.2	3,872	0.4	42	1,655	39.7	18,681	0.4	28	713	17.1	7,968	0.6	19
15-20	468	14.3	5,372	0.4	37	784	24.0	8,978	0.4	28	814	24.9	9,177	0.5	27
21-44	3,753	30.7	42,021	0.5	62	2,925	23.9	33,044	0.4	29	5,349	43.7	58,820	0.5	35
45-64	6,367	46.3	71,228	0.6	73	7,438	54.1	83,433	0.5	43	6,367	46.3	70,844	0.6	38
65-74	10	20.4	59	0.8	62	21	42.9	116	0.6	45	11	22.4	80	0.9	50
75-84	0	0.0	0	0.0	0	2	22.2	24	0.3	12	0	0.0	0	0.0	0
85 and older	1	11.1	12	1.0	141	1	11.1	12	1.3	117	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	6,499	7.1	48,472	0.4	39	27,896	30.4	227,835	0.3	26	5,449	5.9	40,207	0.6	30
5 and younger	2,110	6.5	15,191	0.4	22	11,820	36.5	94,505	0.3	23	51	0.2	415	0.4	10
6-14	1,599	4.6	13,772	0.3	30	11,856	33.8	100,264	0.4	29	1,718	4.9	15,051	0.6	20
15-20	1,192	7.7	10,222	0.3	34	2,930	18.8	25,225	0.3	25	1,541	9.9	13,171	0.5	25
21-44	1,241	16.7	6,904	0.7	84	925	12.4	5,389	0.5	38	1,764	23.7	9,161	0.6	48
45-64	321	26.6	2,030	0.7	95	330	27.4	2,122	0.6	49	353	29.3	2,209	0.7	57
65-74	24	25.3	240	0.6	84	22	23.2	231	0.6	48	16	16.8	161	0.7	40
75-84	9	15.8	77	0.7	69	10	17.5	63	0.5	24	5	8.8	27	0.6	12
85 and older	3	9.7	36	0.6	57	3	9.7	36	0.8	69	1	3.2	12	1.1	75
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group.

Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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, 2007

Beneficiary Characteristics	STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANALGESICS - Narcotic					ANTIDIABETIC				
	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	23,461	8.0	212,748	0.8	\$88	120,097	40.9	1,010,776	0.5	\$15	25,077	8.5	259,138	0.7	\$59
Female															
All Females	7,865	4.7	69,714	0.8	85	81,950	49.1	659,605	0.5	15	17,088	10.2	175,794	0.7	58
Female, Disabled															
All Ages	1,947	5.2	21,375	0.7	81	33,408	88.6	372,382	0.5	19	13,679	36.3	153,774	0.7	56
5 and younger	60	8.4	479	0.6	63	67	9.4	697	0.2	2	4	0.6	31	0.4	48
6-14	791	39.8	8,601	0.8	83	234	11.8	2,581	0.1	1	32	1.6	349	0.9	167
15-20	387	20.3	4,373	0.7	83	878	46.0	9,603	0.2	4	88	4.6	942	0.6	48
21-44	480	3.6	5,332	0.7	80	13,712	102.1	152,507	0.4	15	3,052	22.7	34,623	0.6	52
45-64	229	1.2	2,590	0.7	77	18,478	94.4	206,689	0.5	22	10,454	53.4	117,462	0.7	57
65-74	0	0.0	0	0.0	0	39	50.6	305	0.4	12	49	63.6	367	0.7	42
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	5,918	4.6	48,339	0.8	86	48,542	37.6	287,223	0.4	10	3,409	2.6	22,020	0.8	66
5 and younger	312	1.0	2,396	0.5	55	1,045	3.4	8,619	0.2	2	18	0.1	160	0.6	54
6-14	3,850	11.0	32,928	0.8	84	3,213	9.2	26,483	0.2	2	225	0.6	1,664	1.0	101
15-20	1,075	5.0	9,385	0.8	89	9,111	42.5	62,504	0.3	3	326	1.5	2,554	0.7	66
21-44	658	1.7	3,460	1.2	121	33,104	84.4	175,337	0.6	13	2,169	5.5	12,609	0.8	64
45-64	23	0.9	170	0.9	90	2,007	78.8	13,600	0.6	18	617	24.2	4,425	0.8	61
65-74	0	0.0	0	0.0	0	55	37.4	611	0.5	29	47	32.0	526	0.8	52
75-84	0	0.0	0	0.0	0	5	8.5	55	0.4	5	6	10.2	72	0.6	46
85 and older	0	0.0	0	0.0	0	2	2.8	14	0.1	6	1	1.4	10	0.3	22
Male															
All Males	15,596	12.3	143,034	0.8	90	38,147	30.2	351,171	0.4	16	7,989	6.3	83,344	0.7	61
Male, Disabled															
All Ages	4,142	12.0	45,921	0.8	88	22,236	64.4	243,009	0.5	19	6,859	19.9	76,119	0.7	59
5 and younger	136	13.0	1,179	0.6	49	99	9.5	1,056	0.1	3	10	1.0	80	1.1	147
6-14	2,541	61.0	28,084	0.8	92	478	11.5	5,396	0.1	1	67	1.6	716	0.7	69
15-20	1,030	31.5	11,791	0.8	91	1,021	31.2	11,490	0.2	3	78	2.4	874	0.8	59
21-44	357	2.9	3,991	0.7	69	9,304	76.1	100,893	0.4	16	1,480	12.1	16,184	0.7	58
45-64	78	0.6	876	0.7	73	11,307	82.2	123,997	0.5	25	5,210	37.9	58,175	0.7	59
65-74	0	0.0	0	0.0	0	24	49.0	141	0.4	12	13	26.5	78	0.8	48
75-84	0	0.0	0	0.0	0	3	33.3	36	0.2	3	1	11.1	12	0.1	8
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	11,454	12.5	97,113	0.9	90	15,911	17.3	108,162	0.4	9	1,130	1.2	7,225	1.0	84
5 and younger	679	2.1	5,645	0.5	51	1,513	4.7	12,325	0.2	2	15	0.0	82	1.7	156
6-14	8,595	24.5	72,944	0.9	93	3,308	9.4	27,590	0.2	2	184	0.5	1,413	1.0	97
15-20	2,065	13.3	17,959	0.8	93	4,210	27.1	33,533	0.2	2	147	0.9	1,217	0.9	119
21-44	109	1.5	551	1.0	124	5,950	80.0	29,133	0.8	24	453	6.1	2,390	1.0	79
45-64	6	0.5	14	2.0	226	899	74.6	5,321	0.8	32	291	24.1	1,738	0.9	58
65-74	0	0.0	0	0.0	0	20	21.1	182	0.7	20	31	32.6	312	1.0	68
75-84	0	0.0	0	0.0	0	9	15.8	54	0.6	64	8	14.0	61	1.1	50
85 and older	0	0.0	0	0.0	0	2	6.5	24	2.3	20	1	3.2	12	0.1	13
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group.

Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these

drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					DERMATOLOGICAL						
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	24,595	8.4	263,498	0.6	\$53	90,143	30.7	799,057	0.2	\$12	293,311	2,191,756
Female												
All Females	15,341	9.2	164,184	0.6	53	55,008	33.0	483,616	0.2	13	166,895	1,204,287
Female, Disabled												
All Ages	13,214	35.0	149,646	0.6	53	15,136	40.1	172,720	0.2	16	37,705	399,839
5 and younger	1	0.1	12	0.3	2	346	48.3	3,617	0.2	5	716	6,854
6-14	3	0.2	36	0.1	6	943	47.4	10,575	0.2	9	1,988	21,675
15-20	24	1.3	273	0.5	43	782	41.0	8,949	0.2	10	1,907	20,217
21-44	2,584	19.2	29,509	0.5	45	4,987	37.1	57,021	0.2	15	13,433	142,995
45-64	10,569	54.0	119,532	0.6	54	8,064	41.2	92,462	0.2	18	19,567	207,367
65-74	33	42.9	284	0.8	70	13	16.9	88	0.3	13	77	560
75-84	0	0.0	0	0.0	0	1	11.1	8	0.1	2	9	99
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	72
Female, Other Eligibles												
All Ages	2,127	1.6	14,538	0.6	51	39,872	30.9	310,896	0.2	11	129,190	804,448
5 and younger	17	0.1	128	0.2	4	14,209	46.4	112,735	0.2	6	30,639	208,522
6-14	30	0.1	261	0.6	37	12,479	35.6	106,228	0.2	11	35,039	258,241
15-20	65	0.3	526	0.4	28	5,910	27.5	48,649	0.2	13	21,454	139,853
21-44	1,373	3.5	8,934	0.6	49	6,707	17.1	38,934	0.3	20	39,233	179,940
45-64	597	23.4	4,194	0.7	59	540	21.2	4,083	0.3	24	2,548	15,168
65-74	39	26.5	433	0.7	63	22	15.0	232	0.2	12	147	1,438
75-84	5	8.5	50	0.4	25	3	5.1	23	0.2	9	59	594
85 and older	1	1.4	12	1.0	82	2	2.8	12	0.3	9	71	692
Male												
All Males	9,254	7.3	99,314	0.6	55	35,135	27.8	315,441	0.2	11	126,416	987,469
Male, Disabled												
All Ages	8,237	23.9	92,856	0.6	55	8,684	25.1	98,462	0.2	14	34,534	360,274
5 and younger	1	0.1	12	0.1	5	449	42.9	4,536	0.2	8	1,046	10,051
6-14	5	0.1	40	0.6	49	1,422	34.1	16,080	0.2	7	4,167	45,372
15-20	49	1.5	567	0.5	35	1,062	32.5	12,282	0.2	11	3,270	35,587
21-44	1,944	15.9	21,986	0.6	47	2,470	20.2	28,215	0.2	15	12,234	125,995
45-64	6,219	45.2	70,097	0.7	57	3,271	23.8	37,269	0.2	17	13,750	142,790
65-74	17	34.7	130	0.7	63	10	20.4	80	0.2	5	49	328
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	9	73
85 and older	2	22.2	24	1.0	134	0	0.0	0	0.0	0	9	78
Male, Other Eligibles												
All Ages	1,017	1.1	6,458	0.7	57	26,451	28.8	216,979	0.2	9	91,882	627,195
5 and younger	18	0.1	144	0.2	7	12,617	38.9	99,464	0.2	7	32,406	220,875
6-14	30	0.1	276	0.4	29	8,775	25.0	75,890	0.2	9	35,101	256,974
15-20	52	0.3	429	0.4	34	4,055	26.1	35,516	0.2	15	15,550	110,743
21-44	546	7.3	3,173	0.7	56	814	10.9	4,776	0.3	21	7,437	30,791
45-64	339	28.1	2,154	0.8	71	171	14.2	1,171	0.3	18	1,205	6,094
65-74	21	22.1	212	0.7	61	8	8.4	91	0.2	10	95	888
75-84	11	19.3	70	0.7	53	11	19.3	71	0.5	41	57	506
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	31	324
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group.

Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these

drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

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, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$569	9.5	477	4,842
Age				
0-64	701	11.5	354	3,691
65-74	413	7.3	34	309
75-84	88	1.8	35	306
85 and older	25	1.0	54	536
Unknown	0	0.0	0	0
Gender				
Female	550	9.4	259	2,586
Male	592	9.5	218	2,256
Unknown	0	0.0	0	0
Race				
White	567	9.4	452	4,577
African American	615	10.4	25	265
Other/unknown	0	0	0	0
Basis of Eligibility^c				
Aged	120	2.6	116	1,112
Disabled	703	11.5	361	3,730
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 570 beneficiaries who were in nursing facilities for part of their enrollment and their 5,645 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Beneficiaries

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users								Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months
	Patented Brand-Name	Off-Patent Brand-Name	Patent Generic	Off-Patent Generic	Patented Brand-Name	Off-Patent Brand-Name	Patent Generic	Off-Patent Generic	Patented Brand-Name	Off-Patent Brand-Name	Patent Generic	Off-Patent Generic					
Anti-infective Agents	0.6	0.2	0.0	0.5	\$46	\$32	\$1	\$13	\$72	\$201	\$109	\$29	1,931	\$139,811	283	59.3	3,021
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	0.6	0.1	0.0	0.5	38	11	0	27	69	190	0	55	116	7,962	19	4.0	208
Endocrine/Metabolic Drugs	1.7	0.7	0.1	0.9	88	70	5	14	53	104	69	15	3,956	209,886	225	47.2	2,376
Cardiovascular Agents	2.6	0.4	0.1	2.1	91	27	12	52	35	74	81	25	7,883	277,625	292	61.2	3,059
Respiratory Agents	1.1	0.4	0.1	0.7	56	40	6	11	50	101	82	16	2,185	108,983	187	39.2	1,937
Gastrointestinal Agents	1.5	0.6	0.0	0.9	102	87	2	14	67	134	209	16	4,120	275,751	255	53.5	2,696
Genitourinary Agents	0.8	0.3	0.1	0.4	51	22	9	20	61	75	74	47	855	51,808	93	19.5	1,009
CNS Drugs	2.5	0.9	0.1	1.5	207	177	4	26	84	192	85	17	8,657	727,661	332	69.6	3,520
Stimulants/Anti-obesity/Anorexia	0.5	0.0	0.0	0.5	6	0	0	6	12	0	0	12	22	259	5	1.0	46
Miscellaneous Psychological/Neurological Agents	1.2	1.2	0.0	0.0	163	163	0	0	133	133	0	0	758	100,454	59	12.4	617
Analgesics and Anesthetics	1.8	0.0	0.2	1.6	64	4	39	20	35	146	195	13	4,432	154,397	232	48.6	2,421
Neuromuscular Agents	2.2	0.8	0.1	1.4	168	104	12	52	76	132	207	38	5,793	441,548	243	50.9	2,629
Nutritional Products	0.9	0.0	0.0	0.9	17	1	0	16	19	54	0	19	1,238	23,857	136	28.5	1,412
Hematological Agents	1.4	0.5	0.0	0.9	97	86	0	11	69	178	10	12	2,209	151,989	149	31.2	1,563
Topical Products	0.6	0.1	0.0	0.5	25	14	1	10	42	108	75	21	1,438	60,083	221	46.3	2,408
Miscellaneous Products	0.3	0.1	0.0	0.3	18	4	0	14	59	76	0	55	63	3,706	20	4.2	204
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	37	0	0	0	114	0	0	0	187	21,249	49	10.3	574
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.	45,843	2,757,029	n.a.	n.a.	n.a.

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

- a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 570 beneficiaries who were in nursing facilities for part of their enrollment and their 5,645 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- In West Virginia, 0.3 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, 2007

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$516,347	229	48.0	2,515	1.0	\$208	\$205
ANTICONVULSANT	398,336	298	62.5	3,324	1.4	86	120
ULCER DRUGS	220,794	251	52.6	2,726	0.8	98	81
ANTIDEPRESSANTS	180,386	311	65.2	3,414	0.9	61	53
ANTIDIABETIC	178,762	253	53.0	2,666	1.0	64	67
ANALGESICS - Narcotic	144,551	277	58.1	2,870	1.4	37	50
ANTIHYPERTENSIVE	127,963	164	34.4	1,798	0.9	82	71
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	100,454	76	15.9	791	1.0	133	127
ANTIASTHMATIC	80,952	242	50.7	2,478	0.7	49	33
MISC. HEMATOLOGICAL	70,048	61	12.8	666	0.9	112	105
Total	2,018,593	2,162	n.a.	23,248	n.a.	n.a.	n.a.

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

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 570 beneficiaries who were in nursing facilities for part of their enrollment and their 5,645 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Nondual Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTICONVULSANT			
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	23,633	\$2,018,593	229	48.0	2,515	1.0	\$205	298	62.5	3,324	1.4	\$120
Female												
All Females	12,538	1,054,950	121	46.7	1,310	1.0	206	152	58.7	1,657	1.4	109
Female, Disabled												
All Ages	12,124	1,032,314	119	63.0	1,286	1.0	208	146	77.2	1,603	1.4	112
64 or younger	11,929	1,004,724	113	61.7	1,233	1.0	203	144	78.7	1,579	1.4	112
65-74	195	27,590	6	100.0	53	0.8	304	2	33.3	24	0.8	80
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	414	22,636	2	2.9	24	1.1	115	6	8.6	54	1.4	20
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	408	22,381	2	11.8	24	1.1	115	6	35.3	54	1.4	20
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	6	255	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	11,095	963,643	108	49.5	1,205	1.0	205	146	67.0	1,667	1.4	131
Male, Disabled												
All Ages	10,136	886,978	100	58.1	1,131	1.0	205	137	79.7	1,566	1.5	134
64 or younger	10,105	884,708	99	57.9	1,123	1.0	206	136	79.5	1,558	1.5	133
65-74	31	2,270	1	100.0	8	0.9	48	1	100.0	8	1.0	152
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	959	76,665	8	17.4	74	0.9	200	9	19.6	101	1.1	92
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	598	49,547	4	40.0	48	1.0	206	4	40.0	41	1.2	78
75-84	213	17,840	3	17.6	14	1.4	343	4	23.5	48	1.2	126
85 and older	148	9,278	1	5.3	12	0.1	8	1	5.3	12	0.3	6
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 570 beneficiaries who were in nursing facilities for part of their enrollment and their 5,645 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE ND.10B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTIDIABETIC				
	Number of Users	Users as %	Number of	Mean	Mean	Number of Users	Users as %	Number of	Mean	Mean	Number of Users	Users as %	Number of	Mean	Mean
		of All-Year	Benefit	Number of	Rx		Rx \$	of All-Year	Benefit	Number of		Number of	Rx	Rx \$	of All-Year
Nursing Facility Residents	Months Among Users	of Rx			Nursing Facility Residents	Months Among Users	of Rx			Nursing Facility Residents	Months Among Users	of Rx			
All	251	52.6	2,726	0.8	\$81	311	65.2	3,414	0.9	\$53	253	53.0	2,666	1.0	\$67
Female															
All Females	119	45.9	1,296	0.8	79	181	69.9	1,943	0.9	60	148	57.1	1,522	1.0	62
Female, Disabled															
All Ages	114	60.3	1,243	0.8	78	174	92.1	1,875	0.9	61	139	73.5	1,425	1.0	63
64 or younger	110	60.1	1,225	0.8	79	169	92.3	1,854	0.9	61	130	71.0	1,367	1.0	63
65-74	4	66.7	18	0.3	20	5	83.3	21	0.9	66	9	150.0	58	0.9	46
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	5	7.1	53	1.1	107	7	10.0	68	0.8	40	9	12.9	97	0.8	52
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	5	29.4	53	1.1	107	7	41.2	68	0.8	40	8	47.1	87	0.9	55
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	1	2.9	10	0.3	22
Male															
All Males	132	60.6	1,430	0.8	83	130	59.6	1,471	0.8	44	105	48.2	1,144	1.1	74
Male, Disabled															
All Ages	120	69.8	1,303	0.8	83	123	71.5	1,394	0.8	43	82	47.7	912	1.0	76
64 or younger	119	69.6	1,295	0.8	84	122	71.3	1,386	0.8	43	82	48.0	912	1.0	76
65-74	1	100.0	8	0.6	6	1	100.0	8	1.0	72	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	12	26.1	127	0.7	78	7	15.2	77	0.8	51	23	50.0	232	1.2	65
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	6	60.0	65	0.6	95	6	60.0	65	0.8	47	16	160.0	178	1.1	68
75-84	4	23.5	38	0.8	58	0	0.0	0	0.0	0	7	41.2	54	1.3	56
85 and older	2	10.5	24	0.7	62	1	5.3	12	1.1	75	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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

- a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 570 beneficiaries who were in nursing facilities for part of their enrollment and their 5,645 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.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, 2007

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTHYPERLIPIDEMIC					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	277	58.1	2,870	1.4	\$50	164	34.4	1,798	0.9	\$71	76	15.9	791	1.0	\$127
Female															
All Females	151	58.3	1,579	1.4	56	89	34.4	972	0.9	75	45	17.4	445	1.0	123
Female, Disabled															
All Ages	147	77.8	1,531	1.5	58	86	45.5	945	0.9	75	42	22.2	418	1.0	124
64 or younger	142	77.6	1,502	1.5	58	84	45.9	921	0.9	75	41	22.4	406	1.0	123
65-74	5	83.3	29	0.4	13	2	33.3	24	0.9	94	1	16.7	12	1.0	149
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	4	5.7	48	0.6	3	3	4.3	27	0.7	47	3	4.3	27	1.1	102
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	23.5	48	0.6	3	3	17.6	27	0.7	47	3	17.6	27	1.1	102
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															
All Males	126	57.8	1,291	1.3	44	75	34.4	826	0.8	67	31	14.2	346	0.9	133
Male, Disabled															
All Ages	119	69.2	1,234	1.3	45	64	37.2	731	0.8	65	26	15.1	286	0.9	134
64 or younger	118	69.0	1,226	1.3	45	64	37.4	731	0.8	65	26	15.2	286	0.9	134
65-74	1	100.0	8	0.1	3	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
Male, Other Eligibles															
All Ages	7	15.2	57	1.9	13	11	23.9	95	1.0	89	5	10.9	60	1.1	128
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	3	30.0	29	1.5	7	7	70.0	77	1.0	89	3	30.0	36	0.8	109
75-84	3	17.6	16	0.6	4	4	23.5	18	1.1	88	0	0.0	0	0.0	0
85 and older	1	5.3	12	4.5	40	0	0.0	0	0.0	0	2	10.5	24	1.4	157
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

- a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 570 beneficiaries who were in nursing facilities for part of their enrollment and their 5,645 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

Beneficiary Characteristics	ANTIASTHMATIC					MISC. HEMATOLOGICAL					All-Year Nursing Facility Residents	Benefit Months Among All- Year Nursing Facility Residents
	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	242	50.7	2,478	0.7	\$33	61	12.8	666	0.9	\$105	477	4,842
Female												
All Females	129	49.8	1,310	0.7	36	28	10.8	299	0.9	101	259	2,586
Female, Disabled												
All Ages	121	64.0	1,263	0.7	36	26	13.8	284	0.9	105	189	1,910
64 or younger	113	61.7	1,234	0.7	37	25	13.7	272	0.9	108	183	1,879
65-74	8	133.3	29	0.4	13	1	16.7	12	0.3	32	6	31
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	8	11.4	47	0.7	15	2	2.9	15	0.3	34	70	676
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	6	35.3	27	1.2	26	2	11.8	15	0.3	34	17	157
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	177
85 and older	2	5.7	20	0.2	2	0	0.0	0	0.0	0	35	342
Male												
All Males	113	51.8	1,168	0.7	29	33	15.1	367	1.0	109	218	2,256
Male, Disabled												
All Ages	102	59.3	1,056	0.7	30	29	16.9	319	1.0	112	172	1,820
64 or younger	100	58.5	1,040	0.7	30	29	17.0	319	1.0	112	171	1,812
65-74	2	200.0	16	0.1	1	0	0.0	0	0.0	0	1	8
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	11	23.9	112	0.3	24	4	8.7	48	1.1	87	46	436
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	4	40.0	48	0.1	2	4	40.0	48	1.1	87	10	113
75-84	4	23.5	28	0.2	4	0	0.0	0	0.0	0	17	129
85 and older	3	15.8	36	0.8	69	0	0.0	0	0.0	0	19	194
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 2007 file for West Virginia, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 570 beneficiaries who were in nursing facilities for part of their enrollment and their 5,645 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE ND.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
WEST VIRGINIA, 2007

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries	
All	99,383	33.9	1.8	527,500	\$23	\$6,862,567	\$13	2.0	293,311	
Age										
5 and younger	16,020	24.7	0.6	36,842	7	460,846	13	2.3	64,807	
6-14	22,435	29.4	0.7	56,141	10	778,843	14	1.7	76,295	
15-20	11,193	26.5	0.7	30,177	10	429,569	14	1.5	42,181	
21-44	28,370	39.2	2.6	188,938	33	2,376,439	13	2.3	72,337	
45-64	21,162	57.1	5.8	213,641	76	2,799,687	13	2.0	37,070	
65-74	143	38.9	3.4	1,234	35	12,844	10	1.9	368	
75-84	33	24.6	1.8	241	17	2,305	10	3.2	134	
85 and older	27	22.7	2.4	286	17	2,034	7	5.7	119	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	137	30.0	2.9	1,309	25	11,306	9	2.2	456	
Disabled	36,926	51.1	4.6	334,500	62	4,471,407	13	1.9	72,239	
Adults	17,878	32.8	1.6	86,581	19	1,011,142	12	2.5	54,523	
Children	44,272	26.7	0.6	103,954	8	1,353,473	13	2.0	165,742	
Unknown	170	48.4	3.3	1,156	43	15,239	13	1.0	351	
Gender										
Female	61,958	37.1	2.1	352,524	27	4,586,066	13	2.2	166,895	
Male	37,425	29.6	1.4	174,976	18	2,276,501	13	1.7	126,416	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	95,601	34.5	1.8	512,364	24	6,664,906	13	2.0	277,371	
African American	3,729	23.7	0.9	14,865	12	194,273	13	1.7	15,720	
Other/unknown	53	24.1	1.2	271	15	3,388	13	1.3	220	
Use of Nursing Facilities^d										
Entire year	271	56.8	10.3	4,934	113	53,886	11	2.0	477	
Part year	439	77.0	8.4	4,776	115	65,573	14	1.9	570	
None	98,673	33.8	1.8	517,790	23	6,743,108	13	2.0	292,264	
Maintenance Assistance Status										
Cash	39,519	48.4	4.2	340,839	55	4,493,779	13	2.0	81,689	
Medically needy	9,230	41.0	2.5	55,647	30	680,083	12	2.1	22,504	
Poverty related	2,297	22.4	0.6	6,090	7	74,639	12	1.8	10,274	
Other/unknown	48,337	27.0	0.7	124,924	9	1,614,066	13	2.0	178,844	

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

a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 WEST VIRGINIA, 2007

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$3	\$13	\$0	\$1	2,191,756
Age						
5 and younger	0.1	1	13	0	0	446,302
6-14	0.1	1	14	0	0	582,262
15-20	0.1	1	14	0	0	306,400
21-44	0.4	5	13	0	3	479,721
45-64	0.6	8	13	0	4	371,419
65-74	0.4	4	10	0	2	3,214
75-84	0.2	2	10	0	1	1,272
85 and older	0.2	2	7	0	1	1,166
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	3	9	0	1	4,415
Disabled	0.4	6	13	0	3	760,113
Adults	0.3	4	12	0	2	247,976
Children	0.1	1	13	0	0	1,175,800
Unknown	0.3	4	13	0	2	3,452
Gender						
Female	0.3	4	13	0	2	1,204,287
Male	0.2	2	13	0	1	987,469
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	3	13	0	1	2,077,390
African American	0.1	2	13	0	1	112,737
Other/unknown	0.2	2	13	0	1	1,629
Use of Nursing Facilities^d						
Entire year	1.0	11	11	1	4	4,842
Part year	0.8	12	14	0	5	5,645
None	0.2	3	13	0	1	2,181,269
Maintenance Assistance Status						
Cash	0.4	6	13	0	3	768,437
Medically needy	0.4	5	12	0	3	132,128
Poverty related	0.1	1	12	0	0	60,575
Other/unknown	0.1	1	13	0	0	1,230,616

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

a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
WEST VIRGINIA, 2007

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 \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	131,780	\$52	\$6,862,567	100.0	527,500	\$13	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	213	18	3,868	0.1	401	10	0.1
Cough and cold medications	41,578	27	1,115,924	16.3	75,555	15	14.3
Vitamins and minerals	7,538	85	642,617	9.4	38,004	17	7.2
Non-prescription drugs	43,873	39	1,689,229	24.6	127,100	13	24.1
Barbiturates	857	67	57,492	0.8	8,283	7	1.6
Benzodiazepines	34,093	88	3,007,229	43.8	264,544	11	50.2
Other Part D Excl Rx Drugs	3,628	95	346,208	5.0	13,613	25	2.6

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

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

Nondual 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, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	319,010	456	72,259	57,211	188,733	351	2,986,518	4,422	770,927	411,057	1,796,625	3,487
Age												
5 and younger	73,518	0	1,771	0	71,747	0	678,147	0	19,043	0	659,104	0
6-14	85,664	0	6,161	12	79,491	0	862,434	0	70,101	102	792,231	0
15-20	47,237	0	5,179	4,620	37,438	0	436,790	0	57,281	34,544	344,965	0
21-44	74,682	0	25,668	48,893	55	66	621,596	0	271,975	348,747	320	554
45-64	37,287	0	33,319	3,681	2	285	381,889	0	351,317	27,634	5	2,933
65-74	369	238	126	5	0	0	3,224	2,306	888	30	0	0
75-84	134	116	18	0	0	0	1,272	1,100	172	0	0	0
85 and older	119	102	17	0	0	0	1,166	1,016	150	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	179,696	274	37,716	47,789	93,566	351	1,653,667	2,714	405,552	349,211	892,703	3,487
Male	139,314	182	34,543	9,422	95,167	0	1,332,851	1,708	365,375	61,846	903,922	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	300,790	432	69,297	53,978	176,746	337	2,815,878	4,158	739,945	387,393	1,681,049	3,333
African American	17,990	22	2,923	3,195	11,836	14	168,689	240	30,548	23,412	114,335	154
Other/unknown	230	2	39	38	151	0	1,951	24	434	252	1,241	0
Use of Nursing Facilities^c												
Entire year	477	116	361	0	0	0	4,842	1,112	3,730	0	0	0
Part year	570	34	520	14	1	1	5,685	318	5,229	114	12	12
None	317,963	306	71,378	57,197	188,732	350	2,975,991	2,992	761,968	410,943	1,796,613	3,475
Maintenance Assistance Status												
Cash	82,674	239	59,529	22,733	173	0	849,534	2,629	670,095	175,247	1,563	0
Medically needy	23,007	79	10,088	12,596	244	0	164,961	519	74,996	87,182	2,264	0
Poverty related	11,418	7	6	3,034	8,020	351	93,964	58	48	18,683	71,688	3,487
Other/unknown	201,911	131	2,636	18,848	180,296	0	1,878,059	1,216	25,788	129,945	1,721,110	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	124,955	454	69,872	16,598	37,688	343	1,148,602	4,398	744,187	82,604	314,016	3,397
FFS part year, with Rx claims	68,081	1	1,925	23,020	43,127	8	656,684	12	21,577	197,580	437,425	90
FFS part year, no Rx claims	18,628	1	88	3,194	15,345	0	153,172	12	891	20,528	131,741	0
MC all year, with Rx claims	81,647	0	354	11,711	69,582	0	838,223	0	4,085	97,720	736,418	0
MC all year, no Rx claims	25,366	0	19	2,544	22,803	0	189,492	0	186	12,470	176,836	0

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

- a. Table A.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
 - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

APPENDIX TABLE A.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, WEST VIRGINIA, 2007

	Beneficiaries and		Beneficiaries and		Beneficiaries and	
	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Benefit Months in Cell J of Table 1	Included in Cell K of Table 1	Benefit Months in Cell J of Table 1	Included in 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	319,010	2,986,518	293,311	2,191,756	0	794,762
Fee-for-service (FFS) all year	124,955	1,148,602	124,955	1,147,871	0	731
FFS part year, with Rx claims	68,081	656,684	68,081	162,926	0	493,758
FFS part year, with no Rx claims	18,628	153,172	18,628	43,040	0	110,132
Managed care (MC) all year, with Rx claims	81,647	838,223	81,647	837,919	0	304
MC all year, with no Rx claims	25,366	189,492	0	0	0	189,492

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

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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