

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 DELAWARE

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
<b>All</b>	<b>93,329</b>	<b>242</b>	<b>9,225</b>	<b>40,451</b>	<b>43,411</b>	<b>0</b>	<b>921,175</b>	<b>2,306</b>	<b>104,079</b>	<b>364,459</b>	<b>450,331</b>	<b>0</b>		
<b>Age</b>														
5 and younger	20,742	0	704	0	20,038	0	213,139	0	7,782	0	205,357	0		
6-14	19,321	0	2,225	0	17,096	0	207,501	0	25,448	0	182,053	0		
15-20	10,452	2	1,237	2,938	6,275	0	103,466	7	13,926	26,624	62,909	0		
21-44	32,568	11	2,369	30,187	1	0	299,143	48	26,751	272,338	6	0		
45-64	9,918	27	2,674	7,216	1	0	94,566	195	29,980	64,385	6	0		
65-74	171	78	16	77	0	0	1,815	838	192	785	0	0		
75-84	101	72	0	29	0	0	1,046	764	0	282	0	0		
85 and older	56	52	0	4	0	0	499	454	0	45	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Gender</b>														
Female	58,726	189	4,694	31,725	22,118	0	571,657	1,778	53,003	288,056	228,820	0		
Male	34,603	53	4,531	8,726	21,293	0	349,518	528	51,076	76,403	221,511	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
<b>Race</b>														
White	42,079	127	4,505	19,919	17,528	0	406,933	1,117	50,399	177,408	178,009	0		
African American	40,640	75	3,914	17,104	19,547	0	409,612	750	44,649	155,978	208,235	0		
Other/unknown	10,610	40	806	3,428	6,336	0	104,630	439	9,031	31,073	64,087	0		
<b>Use of Nursing Facilities<sup>c</sup></b>														
Entire year	107	35	72	0	0	0	1,085	322	763	0	0	0		
Part year	107	25	75	7	0	0	1,003	189	750	64	0	0		
None	93,115	182	9,078	40,444	43,411	0	919,087	1,795	102,566	364,395	450,331	0		
<b>Maintenance Assistance Status</b>														
Cash	48,794	141	7,810	14,193	26,650	0	506,758	1,556	88,341	139,239	277,622	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	3,953	40	7	278	3,628	0	35,398	252	20	1,803	33,323	0		
Other/unknown	40,582	61	1,408	25,980	13,133	0	379,019	498	15,718	223,417	139,386	0		
<b>Managed Care (MC) Status</b>														
Fee-for-service (FFS) all year	2,541	0	0	2,475	66	0	20,270	0	0	19,830	440	0		
FFS part year, with Rx claims	3,960	12	23	3,814	111	0	15,908	57	51	15,477	323	0		
FFS part year, no Rx claims	1,558	1	5	1,473	79	0	8,074	11	27	7,718	318	0		
MC all year, with FFS Rx claims	85,270	229	9,197	32,689	43,155	0	876,923	2,238	104,001	321,434	449,250	0		

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
All	95.1 %	12.7	\$803	\$63	\$902	89.0 %	93,329
<b>Age</b>							
5 and younger	98.0	6.0	278	46	278	100.0	20,742
6-14	99.0	8.0	523	65	523	100.0	19,321
15-20	96.8	8.7	504	58	591	85.2	10,452
21-44	90.5	14.4	921	64	1,135	81.1	32,568
45-64	95.1	34.0	2,334	69	2,451	95.2	9,918
65-74	100.0	34.8	2,085	60	2,109	98.9	171
75-84	100.0	39.4	2,228	57	2,802	79.5	101
85 and older	98.2	33.7	1,468	44	3,405	43.1	56
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	99.6	37.1	2,193	59	2,935	74.7	242
Disabled	99.6	35.3	2,991	85	3,010	99.4	9,225
Adults	90.7	14.4	838	58	1,050	79.8	40,451
Children	98.3	6.2	297	48	304	97.8	43,411
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>							
Female	92.9	13.4	780	58	935	83.4	58,726
Male	98.9	11.6	842	73	845	99.7	34,603
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	95.5	15.7	1,026	65	1,129	90.9	42,079
African American	94.8	10.6	648	61	749	86.5	40,640
Other/unknown	94.6	9.0	514	57	586	87.7	10,610
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	100.0	90.2	4,567	51	4,567	100.0	107
Part year	99.1	69.7	4,108	59	5,609	73.2	107
None	95.1	12.6	795	63	892	89.1	93,115
<b>Maintenance Assistance Status</b>							
Cash	98.4	13.2	851	65	903	94.3	48,794
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	98.0	5.5	273	50	308	88.6	3,953
Other/unknown	91.0	12.8	796	62	959	83.1	40,582

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

TABLE ND.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS <sup>c</sup>						More than 10 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS <sup>d</sup>	Beneficiaries	Benefit Months
			89.0 %	4.9 %	69.5 %	10.1 %	10.3 %	3.9 %						
All	1.3	\$81	89.0 %	4.9 %	69.5 %	10.1 %	10.3 %	3.9 %	1.3 %	\$91	93,329	921,175		
<b>Age</b>														
5 and younger	0.6	27	100.0	2.0	90.3	5.3	2.1	0.2	0.0	27	20,742	213,139		
6-14	0.7	49	100.0	1.0	84.9	8.0	5.4	0.7	0.0	49	19,321	207,501		
15-20	0.9	51	85.2	3.2	78.6	9.9	6.6	1.3	0.4	60	10,452	103,466		
21-44	1.6	100	81.1	9.5	57.0	12.8	13.7	4.9	2.0	124	32,568	299,143		
45-64	3.6	245	95.2	4.9	28.9	15.4	28.9	17.1	4.8	257	9,918	94,566		
65-74	3.3	196	98.9	0.0	28.7	21.6	33.9	12.9	2.9	199	171	1,815		
75-84	3.8	215	79.5	0.0	29.7	19.8	25.7	18.8	5.9	271	101	1,046		
85 and older	3.8	165	43.1	1.8	23.2	14.3	33.9	19.6	7.1	382	56	499		
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
<b>Basis of Eligibility<sup>e</sup></b>														
Aged	3.9	230	74.7	0.4	27.3	18.6	30.6	16.9	6.2	308	242	2,306		
Disabled	3.1	265	99.4	0.4	40.8	14.9	25.7	14.3	4.0	267	9,225	104,079		
Adults	1.6	93	79.8	9.3	55.2	13.3	14.8	5.4	2.0	117	40,451	364,459		
Children	0.6	29	97.8	1.7	89.1	6.1	2.7	0.3	0.0	29	43,411	450,331		
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
<b>Gender</b>														
Female	1.4	80	83.4	7.1	65.9	10.2	10.7	4.5	1.7	96	58,726	571,657		
Male	1.1	83	99.7	1.1	75.7	10.1	9.6	3.0	0.5	84	34,603	349,518		
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
<b>Race</b>														
White	1.6	106	90.9	4.5	63.2	11.8	13.2	5.5	1.9	117	42,079	406,933		
African American	1.1	64	86.5	5.2	73.9	9.0	8.2	2.8	0.9	74	40,640	409,612		
Other/unknown	0.9	52	87.7	5.4	77.9	7.6	6.7	1.9	0.5	60	10,610	104,630		
<b>Use of Nursing Facilities<sup>f</sup></b>														
Entire year	8.9	450	100.0	0.0	6.5	8.4	14.0	41.1	29.9	450	107	1,085		
Part year	7.4	438	73.2	0.9	3.7	7.5	30.8	36.4	20.6	598	107	1,003		
None	1.3	81	89.1	4.9	69.7	10.1	10.3	3.8	1.2	90	93,115	919,087		
<b>Maintenance Assistance Status</b>														
Cash	1.3	82	94.3	1.6	75.2	9.4	9.0	3.7	1.1	87	48,794	506,758		
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0		
Poverty related	0.6	31	88.6	2.0	88.4	6.5	2.5	0.3	0.2	34	3,953	35,398		
Other/unknown	1.4	85	83.1	9.0	60.8	11.4	12.6	4.6	1.6	103	40,582	379,019		

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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



TABLE ND.5  
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>1.3</b>	<b>\$81</b>	<b>\$63</b>	<b>0.6</b>	<b>\$66</b>	<b>\$102</b>	<b>0.0</b>	<b>\$1</b>	<b>\$53</b>	<b>0.6</b>	<b>\$13</b>	<b>\$22</b>
<b>Age</b>												
5 and younger	0.6	27	46	0.3	22	85	0.0	1	48	0.3	4	15
6-14	0.7	49	65	0.4	41	94	0.0	1	74	0.3	6	22
15-20	0.9	51	58	0.5	41	88	0.0	1	75	0.4	9	22
21-44	1.6	100	64	0.7	81	108	0.0	2	50	0.8	17	22
45-64	3.6	245	69	1.8	200	109	0.1	3	43	1.6	41	25
65-74	3.3	196	60	1.7	159	92	0.1	4	57	1.5	32	22
75-84	3.8	215	57	2.1	174	84	0.1	2	23	1.7	40	24
85 and older	3.8	165	44	1.9	131	70	0.1	3	27	1.8	31	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.9	230	59	2.0	187	92	0.1	5	49	1.7	37	21
Disabled	3.1	265	85	1.6	223	136	0.1	5	65	1.4	36	26
Adults	1.6	93	58	0.8	74	95	0.0	1	40	0.8	17	22
Children	0.6	29	48	0.3	23	75	0.0	1	60	0.3	5	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Gender</b>												
Female	1.4	80	58	0.7	64	94	0.0	2	47	0.7	14	22
Male	1.1	83	73	0.6	70	118	0.0	1	68	0.5	12	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.6	106	65	0.8	86	104	0.0	2	54	0.8	18	24
African American	1.1	64	61	0.5	53	100	0.0	1	52	0.5	10	20
Other/unknown	0.9	52	57	0.4	42	95	0.0	1	47	0.4	9	20
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.9	450	51	4.1	358	88	0.4	14	35	4.4	78	18
Part year	7.4	438	59	3.5	359	102	0.2	7	30	3.7	71	19
None	1.3	81	63	0.6	66	102	0.0	1	53	0.6	13	22
<b>Maintenance Assistance Status</b>												
Cash	1.3	82	65	0.6	67	105	0.0	2	56	0.6	14	23
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	31	50	0.3	25	87	0.0	1	48	0.3	5	17
Other/unknown	1.4	85	62	0.7	69	99	0.0	1	49	0.6	14	22

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Delaware, 0.8 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
  - d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
  - e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users <sup>e</sup>								
	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	Percentage of All Benes	As a Percentage	Number of Benefit Months			
															\$17	\$0	\$3
Anti-infective Agents	0.3	0.1	0.0	0.1	\$20	\$17	\$0	\$3	\$79	\$126	\$67	\$25	144,473	\$11,474,172	55,087	59.0 %	571,375
Biologicals	0.3	0.3	0.0	0.0	221	217	0	3	832	840	0	529	1,447	1,204,159	542	0.6	5,453
Antineoplastic Agents	0.4	0.2	0.0	0.2	123	109	1	13	311	558	153	67	2,105	655,505	525	0.6	5,329
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.1	21	16	1	4	50	67	30	26	108,532	5,422,621	25,168	27.0	257,311
Cardiovascular Agents	1.0	0.5	0.0	0.5	44	35	0	9	45	72	34	18	124,691	5,622,382	12,638	13.5	127,001
Respiratory Agents	0.4	0.2	0.0	0.2	21	17	0	3	50	72	69	19	191,878	9,623,444	44,276	47.4	461,880
Gastrointestinal Agents	0.4	0.2	0.0	0.2	34	27	1	6	83	117	218	35	50,932	4,233,734	11,993	12.9	123,685
Genitourinary Agents	0.2	0.2	0.0	0.0	10	10	0	1	48	53	41	16	14,741	702,567	6,732	7.2	69,011
CNS Drugs	0.8	0.4	0.0	0.3	62	53	1	8	79	120	117	24	165,331	13,023,610	20,778	22.3	210,209
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	46	38	0	7	74	81	62	49	38,017	2,797,275	5,672	6.1	61,172
Miscellaneous Psychological/Neurological Agents	0.2	0.1	0.0	0.1	33	20	0	13	170	207	0	134	1,983	336,512	978	1.0	10,070
Analgesics and Anesthetics	0.5	0.1	0.0	0.3	22	16	0	6	47	130	54	17	157,087	7,453,766	33,027	35.4	334,366
Neuromuscular Agents	0.5	0.3	0.0	0.3	39	31	1	7	72	117	55	27	67,605	4,853,824	12,340	13.2	125,815
Nutritional Products	0.2	0.0	0.0	0.2	4	1	0	3	20	28	19	19	15,638	317,854	7,021	7.5	72,168
Hematological Agents	0.5	0.2	0.0	0.3	146	140	1	6	315	824	31	22	11,335	3,573,038	2,370	2.5	24,426
Topical Products	0.2	0.1	0.0	0.1	9	6	0	2	39	64	52	17	77,277	3,024,866	33,349	35.7	351,285
Miscellaneous Products	0.2	0.1	0.0	0.1	12	10	1	2	74	94	216	33	3,836	283,160	2,136	2.3	23,045
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	4	0	0	0	32	0	0	0	10,306	327,448	7,266	7.8	79,141
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1,187,214	74,929,937	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Delaware, 0.8 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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

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

TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$5,674,130	6,224	6.7 %	66,310	0.5	\$177
ANTIVIRAL	5,591,358	3,038	3.3	32,520	0.4	432
ANTIDEPRESSANTS	5,468,810	17,931	19.2	181,815	0.4	70
ANTIASTHMATIC	4,819,785	28,624	30.7	305,300	0.3	60
ANTICONVULSANT	3,575,041	6,927	7.4	73,053	0.5	92
ANALGESICS - Narcotic	3,570,837	31,005	33.2	320,383	0.3	42
ULCER DRUGS	3,408,524	10,810	11.6	113,650	0.3	96
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	2,687,658	6,777	7.3	74,119	0.5	74
ANTIDIABETIC	2,186,338	5,592	6.0	57,080	0.6	68
MISC. HEMATOLOGICAL	2,180,974	680	0.7	7,060	0.5	635
Total	39,163,455	117,608		1,231,290	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad77847b6615> (October 26, 2007).

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

TABLE ND.7A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED  
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTIVIRAL						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month
<b>All</b>	<b>435,375</b>	<b>\$39,163,455</b>	<b>6,224</b>	<b>6.7 %</b>	<b>66,310</b>	<b>0.5</b>	<b>\$86</b>	<b>3,038</b>	<b>3.3 %</b>	<b>32,520</b>	<b>0.4</b>	<b>\$172</b>					
<b>Female</b>																	
<b>Disabled</b>	267,439	21,496,870	3,508	6.0	37,268	0.4	75	1,878	3.2	20,049	0.3	134					
5 and younger	84,734	8,443,649	1,405	29.9	16,274	0.6	104	606	12.9	6,943	0.5	193					
6-14	1,793	146,532	4	1.3	48	0.3	24	10	3.3	116	0.6	88					
15-20	6,692	523,427	116	16.1	1,329	0.4	69	36	5.0	432	0.4	75					
21-44	4,916	438,751	125	24.7	1,454	0.5	91	12	2.4	138	0.3	96					
45-64	27,256	3,107,671	570	39.6	6,646	0.5	109	325	22.6	3,695	0.4	201					
65-74	43,837	4,206,434	586	34.3	6,749	0.6	110	223	13.0	2,562	0.5	211					
75-84	240	20,834	4	26.7	48	0.6	137	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
5 and younger	182,705	13,053,221	2,103	3.9	20,994	0.3	52	1,272	2.4	13,106	0.3	103					
6-14	8,055	443,389	10	0.1	98	0.6	65	48	0.5	532	0.3	26					
15-20	15,778	1,059,682	185	2.2	2,031	0.4	66	75	0.9	857	0.2	26					
21-44	11,898	706,994	219	3.5	2,229	0.3	50	135	2.2	1,413	0.2	23					
45-64	98,738	6,997,814	1,301	5.3	12,917	0.3	48	830	3.4	8,570	0.3	103					
65-74	45,697	3,672,096	357	7.3	3,394	0.4	62	180	3.7	1,694	0.4	234					
75-84	1,140	77,697	11	10.0	117	0.6	93	1	0.9	12	0.1	11					
85 and older	1,039	71,080	12	16.2	126	0.7	67	2	2.7	24	0.1	6					
	360	24,469	8	19.5	82	0.5	68	1	2.4	4	0.3	17					
<b>Male</b>																	
<b>Disabled</b>	167,936	17,666,585	2,716	7.8	29,042	0.5	99	1,160	3.4	12,471	0.5	233					
5 and younger	65,170	8,611,947	1,297	28.6	14,790	0.6	118	615	13.6	6,938	0.6	258					
6-14	3,114	554,240	17	4.2	198	0.6	71	8	2.0	96	0.5	75					
15-20	17,848	2,428,803	381	25.3	4,468	0.6	96	34	2.3	408	0.3	121					
21-44	6,748	593,515	215	29.4	2,360	0.5	91	5	0.7	52	0.1	3					
45-64	17,305	2,618,686	441	47.5	4,954	0.7	143	296	31.9	3,256	0.6	290					
65-74	20,113	2,412,621	241	25.0	2,786	0.7	136	272	28.2	3,126	0.6	252					
75-84	42	4,082	2	200.0	24	0.9	110	0	0.0	0	0.0	0					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
5 and younger	102,766	9,054,638	1,419	4.7	14,252	0.4	79	545	1.8	5,533	0.4	202					
6-14	11,966	780,361	39	0.4	442	0.4	64	60	0.6	654	0.1	4					
15-20	29,625	2,329,948	440	5.1	4,957	0.5	85	75	0.9	851	0.3	53					
21-44	9,121	748,471	216	7.3	2,249	0.5	80	32	1.1	322	0.2	79					
45-64	31,869	3,315,263	536	9.2	4,822	0.4	74	241	4.1	2,288	0.5	276					
65-74	19,478	1,823,573	177	7.5	1,671	0.4	83	135	5.7	1,395	0.5	295					
75-84	299	32,439	3	6.7	31	0.4	35	0	0.0	0	0.0	0					
85 and older	271	16,495	6	22.2	65	0.8	31	1	3.7	12	0.1	3					
	137	8,088	2	13.3	15	0.7	52	1	6.7	11	0.1	1					
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,  
 BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a,b,c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS						ANTIASTHMATIC						ANTICONVULSANT					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	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 of Rx per Benefit Month	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 of Rx per Benefit Month	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	17,931	19.2 %	181,815	0.4	\$30	0.3	\$16	6,927	7.4 %	73,053	0.5	\$49						
<b>Female</b>	13,219	22.5	134,499	0.4	30	0.3	16	4,360	7.4	46,019	0.5	46						
<b>Disabled</b>	2,679	57.1	30,750	0.5	36	0.4	24	1,522	32.4	17,503	0.6	60						
5 and younger	3	1.0	36	0.1	3	0.3	24	36	11.9	384	0.6	101						
6-14	115	16.0	1,295	0.4	23	0.4	22	160	22.2	1,852	0.7	58						
15-20	153	30.2	1,733	0.5	28	0.3	17	146	28.9	1,697	0.7	69						
21-44	1,111	77.2	12,843	0.5	36	0.3	19	599	41.6	6,921	0.6	61						
45-64	1,293	75.6	14,795	0.6	38	0.4	29	578	33.8	6,613	0.6	56						
65-74	4	26.7	48	0.5	36	0.5	30	3	20.0	36	0.6	51						
75-84	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						
<b>Other Eligibles</b>	10,540	19.5	103,749	0.4	29	0.2	14	2,838	5.3	28,516	0.4	37						
5 and younger	2	0.0	24	0.2	10	0.2	10	25	0.3	255	0.4	33						
6-14	374	4.4	4,124	0.4	20	0.2	13	122	1.4	1,315	0.4	32						
15-20	829	13.2	8,427	0.3	20	0.2	11	176	2.8	1,797	0.4	37						
21-44	7,066	29.0	69,411	0.4	27	0.4	15	1,833	7.5	18,401	0.4	35						
45-64	2,211	45.4	21,192	0.5	38	0.3	25	649	13.3	6,409	0.5	43						
65-74	23	20.9	246	0.5	21	0.4	23	16	14.5	169	0.4	33						
75-84	23	31.1	227	0.6	33	0.8	32	12	16.2	121	0.7	59						
85 and older	12	29.3	98	0.7	41	0.4	17	5	12.2	49	0.3	24						
<b>Male</b>	4,712	13.6	47,316	0.4	30	0.3	16	2,567	7.4	27,034	0.6	54						
<b>Disabled</b>	1,369	30.2	15,422	0.5	34	0.4	22	1,174	25.9	13,455	0.7	67						
5 and younger	9	2.2	105	0.4	6	0.3	24	63	15.7	719	0.7	71						
6-14	281	18.7	3,302	0.5	25	0.3	17	279	18.6	3,275	0.7	62						
15-20	181	24.8	1,997	0.5	28	0.3	17	148	20.2	1,720	0.7	53						
21-44	445	47.9	4,980	0.5	38	0.4	24	400	43.1	4,578	0.8	80						
45-64	453	47.0	5,038	0.6	38	0.5	33	283	29.4	3,151	0.7	60						
65-74	0	0.0	0	0.0	0	0.2	12	1	100.0	12	1.3	98						
75-84	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						
<b>Other Eligibles</b>	3,343	11.1	31,894	0.4	28	0.2	14	1,393	4.6	13,579	0.5	41						
5 and younger	11	0.1	129	0.2	7	0.2	12	55	0.5	585	0.4	50						
6-14	487	5.7	5,258	0.4	25	0.2	15	192	2.2	2,094	0.5	52						
15-20	359	12.1	3,639	0.4	32	0.2	14	126	4.3	1,283	0.5	56						
21-44	1,667	28.7	15,272	0.4	27	0.3	20	698	12.0	6,556	0.4	37						
45-64	801	33.7	7,421	0.4	31	0.4	26	311	13.1	2,952	0.5	38						
65-74	4	8.9	43	0.3	25	0.3	17	4	8.9	28	0.8	30						
75-84	9	33.3	90	0.8	54	0.2	21	6	22.2	69	0.7	31						
85 and older	5	33.3	42	0.8	36	0.2	5	1	6.7	12	0.9	70						
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0						

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,  
BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a,b,c</sup>  
NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic				ULCER DRUGS				STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
<b>All</b>	<b>31,005</b>	<b>33.2%</b>	<b>320,383</b>	<b>0.3</b>	<b>10,810</b>	<b>11.6%</b>	<b>113,650</b>	<b>0.3</b>	<b>6,777</b>	<b>7.3%</b>	<b>74,119</b>	<b>0.5</b>	<b>\$36</b>
<b>Female</b>	22,617	38.5	235,651	0.3	7,589	12.9	80,276	0.3	2,101	3.6	22,776	0.5	35
<b>Disabled</b>	3,185	67.9	36,903	0.3	1,855	39.5	21,547	0.4	468	10.0	5,361	0.5	38
5 and younger	33	10.9	373	0.2	78	25.8	882	0.4	15	5.0	179	0.3	12
6-14	92	12.8	1,073	0.1	92	12.8	1,084	0.4	264	36.6	3,020	0.5	37
15-20	124	24.5	1,459	0.1	88	17.4	1,019	0.4	105	20.8	1,190	0.5	37
21-44	1,257	87.3	14,636	0.3	563	39.1	6,556	0.3	62	4.3	715	0.6	50
45-64	1,670	97.7	19,254	0.4	1,029	60.2	11,946	0.4	22	1.3	257	0.5	39
65-74	9	60.0	108	0.2	5	33.3	60	0.5	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
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	19,432	36.0	198,748	0.2	5,734	10.6	58,729	0.3	1,633	3.0	17,415	0.4	34
5 and younger	214	2.2	2,423	0.1	286	2.9	2,718	0.2	66	0.7	749	0.3	24
6-14	572	6.7	6,370	0.1	195	2.3	2,170	0.2	940	11.0	10,283	0.4	32
15-20	1,965	31.4	20,335	0.1	403	6.4	4,239	0.2	231	3.7	2,387	0.4	35
21-44	13,481	55.3	137,242	0.2	3,175	13.0	32,417	0.3	337	1.4	3,428	0.5	42
45-64	3,091	63.5	31,216	0.3	1,577	32.4	16,153	0.4	59	1.2	568	0.5	39
65-74	51	46.4	577	0.3	41	37.3	437	0.4	0	0.0	0	0.0	0
75-84	37	50.0	385	0.3	40	54.1	445	0.4	0	0.0	0	0.0	0
85 and older	21	51.2	200	0.2	17	41.5	150	0.4	0	0.0	0	0.0	0
<b>Male</b>	8,388	24.2	84,732	0.3	3,221	9.3	33,374	0.3	4,676	13.5	51,343	0.5	37
<b>Disabled</b>	1,612	35.6	18,286	0.4	948	20.9	10,764	0.4	1,427	31.5	16,452	0.6	38
5 and younger	43	10.7	499	0.1	118	29.4	1,311	0.4	39	9.7	444	0.4	27
6-14	144	9.6	1,676	0.1	114	7.6	1,326	0.4	1,010	67.2	11,732	0.6	39
15-20	162	22.2	1,858	0.2	63	8.6	726	0.3	312	42.7	3,533	0.5	36
21-44	502	54.0	5,677	0.4	249	26.8	2,816	0.4	55	5.9	611	0.5	38
45-64	761	78.9	8,576	0.5	404	41.9	4,585	0.4	11	1.1	132	0.5	30
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	6,776	22.5	66,446	0.3	2,273	7.6	22,610	0.3	3,249	10.8	34,891	0.5	36
5 and younger	312	3.0	3,502	0.1	351	3.4	3,392	0.2	201	2.0	2,254	0.3	20
6-14	547	6.4	6,079	0.1	172	2.0	1,909	0.2	2,437	28.5	26,388	0.5	37
15-20	682	23.1	7,018	0.1	139	4.7	1,447	0.2	428	14.5	4,543	0.5	41
21-44	3,694	63.6	34,920	0.3	1,017	17.5	9,820	0.3	152	2.6	1,436	0.4	38
45-64	1,503	63.3	14,526	0.4	565	23.8	5,740	0.4	31	1.3	270	0.5	43
65-74	14	31.1	126	0.4	14	31.1	152	0.3	0	0.0	0	0.0	0
75-84	14	51.9	166	0.2	9	33.3	90	0.3	0	0.0	0	0.0	0
85 and older	10	66.7	109	0.4	6	40.0	60	0.4	0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table ND7C

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTIDIABETIC				MISC. HEMATOLOGICAL						
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
<b>All</b>	<b>5,592</b>	<b>6.0 %</b>	<b>57,080</b>	<b>0.6</b>	<b>680</b>	<b>0.7 %</b>	<b>7,060</b>	<b>0.5</b>	<b>\$309</b>	<b>93,329</b>	<b>921,175</b>
<b>Female</b>	3,768	6.4	39,277	0.6	408	0.7	4,283	0.5	57	58,726	571,657
<b>Disabled</b>	1,223	26.1	14,085	0.6	187	4.0	2,119	0.5	59	4,694	53,003
5 and younger	5	1.7	56	0.9	0	0.0	0	0.0	0	302	3,233
6-14	24	3.3	272	0.6	0	0.0	0	0.0	0	721	8,159
15-20	27	5.3	304	0.5	0	0.0	0	0.0	0	506	5,725
21-44	243	16.9	2,792	0.5	21	1.5	234	0.4	40	1,440	16,391
45-64	913	53.4	10,529	0.6	166	9.7	1,885	0.5	61	1,710	19,315
65-74	11	73.3	132	0.4	0	0.0	0	0.0	0	15	180
75-84	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
<b>Other Eligibles</b>	2,545	4.7	25,192	0.5	221	0.4	2,164	0.5	56	54,032	518,654
5 and younger	10	0.1	120	0.6	0	0.0	0	0.0	0	9,735	99,922
6-14	39	0.5	427	0.6	1	0.0	12	0.7	73	8,552	91,161
15-20	84	1.3	899	0.5	1	0.0	12	0.1	13	6,259	59,622
21-44	1,097	4.5	10,598	0.5	43	0.2	424	0.4	54	24,391	222,068
45-64	1,226	25.2	12,165	0.6	153	3.1	1,499	0.5	56	4,870	43,582
65-74	50	45.5	555	0.7	4	3.6	48	0.7	47	110	1,169
75-84	30	40.5	333	0.7	11	14.9	111	0.6	70	74	775
85 and older	9	22.0	95	0.7	8	19.5	58	0.5	56	41	355
<b>Male</b>	1,824	5.3	17,803	0.6	272	0.8	2,777	0.5	697	34,603	349,518
<b>Disabled</b>	534	11.8	5,922	0.6	118	2.6	1,331	0.5	1,023	4,531	51,076
5 and younger	6	1.5	72	0.8	1	0.2	12	1.1	26,555	402	4,549
6-14	36	2.4	425	0.7	6	0.4	64	1.4	15,143	1,504	17,289
15-20	28	3.8	323	0.7	1	0.1	11	0.3	1,606	731	8,201
21-44	116	12.5	1,329	0.6	11	1.2	131	0.2	22	929	10,360
45-64	348	36.1	3,773	0.6	99	10.3	1,113	0.4	48	964	10,665
65-74	0	0.0	0	0.0	0	0.0	0	0.0	0	1	12
75-84	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
<b>Other Eligibles</b>	1,290	4.3	11,881	0.6	154	0.5	1,446	0.5	397	30,072	298,442
5 and younger	4	0.0	37	0.4	2	0.0	24	0.8	3,613	10,303	105,435
6-14	31	0.4	331	0.6	1	0.0	12	0.3	9	8,544	90,892
15-20	48	1.6	484	0.6	0	0.0	0	0.0	0	2,956	29,918
21-44	530	9.1	4,871	0.5	44	0.8	410	0.4	1,033	5,808	50,324
45-64	660	27.8	5,992	0.6	97	4.1	901	0.5	66	2,374	21,004
65-74	13	28.9	119	0.5	6	13.3	65	0.4	45	45	454
75-84	2	7.4	24	1.0	3	11.1	28	0.4	46	27	271
85 and older	2	13.3	23	0.1	1	6.7	6	0.5	16	15	144
<b>Unknown</b>	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>\$450</b>	<b>8.9</b>	<b>107</b>	<b>1,085</b>
<b>Age</b>				
0-64	537	10.0	72	763
65-74	292	7.6	6	56
75-84	186	5.2	15	163
85 and older	316	7.2	14	103
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	457	9.1	63	643
Male	441	8.5	44	442
Unknown	0	0.0	0	0
<b>Race</b>				
White	436	8.2	54	520
African American	483	9.9	48	508
Other/unknown	290	6.2	5	57
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	246	6.2	35	322
Disabled	537	10.0	72	763
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 107 beneficiaries who were in nursing facilities for part of their enrollment and their 1,003 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	
															Residents	Months
Anti-infective Agents	0.9	0.6	0.0	0.3	\$67	\$60	\$1	\$7	\$71	\$40	\$21	782	\$55,569	79	73.8	827
Biologicals	0.1	0.0	0.0	0.1	2	0	2	23	23	0	23	9	207	9	8.4	102
Antineoplastic Agents	0.5	0.0	0.0	0.5	57	0	57	121	121	0	121	23	2,786	6	5.6	49
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.5	79	64	2	13	63	104	17	549	34,348	45	42.1	436
Cardiovascular Agents	2.2	0.8	0.0	1.4	60	39	0	21	27	48	33	1,710	46,572	78	72.9	772
Respiratory Agents	1.2	0.5	0.0	0.6	44	35	1	9	37	67	30	824	30,687	63	58.9	690
Gastrointestinal Agents	1.2	0.6	0.0	0.5	53	45	0	8	46	72	0	883	40,192	76	71.0	759
Genitourinary Agents	0.7	0.4	0.0	0.3	31	23	2	7	42	60	20	221	9,354	28	26.2	301
CNS Drugs	1.8	1.0	0.0	0.8	104	93	0	11	58	90	30	1,443	83,185	77	72.0	797
Stimulants/Anti-obesity/Anorexia	1.0	0.0	0.0	1.0	37	0	0	37	37	0	0	3	111	1	0.9	3
Miscellaneous Psychological/Neurological Agents	0.7	0.6	0.0	0.1	62	56	0	6	91	89	0	40	3,649	5	4.7	59
Analgesics and Anesthetics	1.4	0.5	0.1	0.7	76	61	6	9	56	114	76	805	45,264	61	57.0	592
Neuromuscular Agents	1.6	0.8	0.3	0.5	134	108	9	17	82	129	34	1,110	90,935	65	60.7	677
Nutritional Products	0.7	0.0	0.0	0.7	15	0	0	15	21	5	21	282	5,834	36	33.6	379
Hematological Agents	1.1	0.4	0.2	0.5	59	50	2	7	54	128	14	444	23,819	40	37.4	404
Topical Products	0.6	0.2	0.0	0.3	20	12	2	6	32	50	47	488	15,639	76	71.0	793
Miscellaneous Products	0.2	0.0	0.0	0.2	4	0	0	4	18	0	0	27	481	12	11.2	114
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	3	0	0	0	9	0	0	7	63	2	1.9	22
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	9,650	488,695	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 107 beneficiaries who were in nursing facilities for part of their enrollment and their 1,003 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

In Delaware, 0.8 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

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	
ANTICONVULSANT	\$78,215	75	70.1 %	797	1.2	\$85	\$98	
ANTIPTSYCHOTICS	44,204	43	40.2	460	0.7	131	96	
ANALGESICS - Narcotic	37,324	68	63.6	650	0.9	61	57	
ULCER DRUGS	33,822	76	71.0	770	0.6	74	44	
ANTIDEPRESSANTS	30,958	70	65.4	694	0.8	55	45	
ANTIASTHMATIC	22,292	61	57.0	650	0.9	37	34	
MISC. ENDOCRINE	20,551	11	10.3	123	1.0	161	167	
ANTIVIRAL	16,552	5	4.7	60	0.9	325	276	
CEPHALOSPORINS	14,574	33	30.8	359	0.5	83	41	
ANTIHYPERTENSIVE	12,106	45	42.1	453	0.8	32	27	
Total	310,598	487		5,016	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 107 beneficiaries who were in nursing facilities for part of their enrollment and their 1,003 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE ND.10A  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST  
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTICONVULSANT					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$			
<b>All</b>	<b>4,220</b>	<b>\$310,598</b>	<b>75</b>	<b>70.1 %</b>	<b>797</b>	<b>1.2</b>	<b>\$98</b>	<b>43</b>	<b>40.2 %</b>	<b>460</b>	<b>0.7</b>	<b>\$96</b>			
<b>Female</b>	2,535	180,229	38	60.3	410	1.1	99	27	42.9	280	0.8	111			
<b>Disabled</b>	1,838	144,205	31	88.6	348	1.2	108	17	48.6	179	0.8	126			
64 or younger	1,838	144,205	31	88.6	348	1.2	108	17	48.6	179	0.8	126			
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	697	36,024	7	25.0	62	0.9	49	10	35.7	101	0.8	84			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	141	7,922	2	40.0	24	1.0	87	1	20.0	6	0.8	126			
75-84	321	13,115	4	33.3	34	0.8	27	6	50.0	60	0.8	59			
85 and older	235	14,987	1	9.1	4	0.5	5	3	27.3	35	0.8	118			
<b>Male</b>	1,685	130,369	37	84.1	387	1.2	97	16	36.4	180	0.6	73			
<b>Disabled</b>	1,567	125,598	34	91.9	354	1.2	105	11	29.7	132	0.6	93			
64 or younger	1,567	125,598	34	91.9	354	1.2	105	11	29.7	132	0.6	93			
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
<b>Other Eligibles</b>	118	4,771	3	42.9	33	0.3	7	5	71.4	48	0.4	18			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	1	43	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
75-84	44	1,472	3	100.0	33	0.3	7	4	133.3	45	0.4	18			
85 and older	73	3,256	0	0.0	0	0.0	0	1	33.3	3	0.3	27			
<b>Unknown</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 107 beneficiaries who were in nursing facilities for part of their enrollment and their 1,003 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispans.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					ANTIDEPRESSANTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>68</b>	<b>63.6 %</b>	<b>650</b>	<b>0.9</b>	<b>\$57</b>	<b>76</b>	<b>71.0 %</b>	<b>770</b>	<b>0.6</b>	<b>\$44</b>	<b>70</b>	<b>65.4 %</b>	<b>694</b>	<b>0.8</b>	<b>\$45</b>
<b>Female</b>	40	63.5	389	0.9	59	46	73.0	472	0.6	41	45	71.4	454	0.9	49
<b>Disabled</b>	21	60.0	212	1.4	88	27	77.1	290	0.6	44	32	91.4	341	0.9	52
64 or younger	21	60.0	212	1.4	88	27	77.1	290	0.6	44	32	91.4	341	0.9	52
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	19	67.9	177	0.4	23	19	67.9	182	0.6	37	13	46.4	113	0.8	39
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	80.0	48	0.6	25	3	60.0	36	0.8	64	2	40.0	18	1.2	46
75-84	7	58.3	70	0.4	19	8	66.7	87	0.5	21	6	50.0	58	0.5	27
85 and older	8	72.7	59	0.3	25	8	72.7	59	0.7	44	5	45.5	37	1.0	56
<b>Male</b>	28	63.6	261	1.0	56	30	68.2	298	0.6	49	25	56.8	240	0.7	36
<b>Disabled</b>	24	64.9	222	1.0	59	26	70.3	259	0.6	52	19	51.4	180	0.8	46
64 or younger	24	64.9	222	1.0	59	26	70.3	259	0.6	52	19	51.4	180	0.8	46
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>	4	57.1	39	0.9	39	4	57.1	39	0.4	26	6	85.7	60	0.4	7
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	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	3	100.0	27	0.1	5	4	133.3	45	0.2	6
85 and older	4	133.3	39	0.9	39	1	33.3	12	1.0	73	2	66.7	15	0.9	8
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 107 beneficiaries who were in nursing facilities for part of their enrollment and their 1,003 benefit months were excluded from the analysis.
  - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
  - d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Table ND10B

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY  
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	ANTI-ASTHMATIC					MISC. ENDOCRINE					ANTIVIRAL				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
<b>All</b>	<b>61</b>	<b>57.0 %</b>	<b>650</b>	<b>0.9</b>	<b>\$34</b>	<b>11</b>	<b>10.3 %</b>	<b>123</b>	<b>1.0</b>	<b>\$167</b>	<b>5</b>	<b>4.7 %</b>	<b>60</b>	<b>0.9</b>	<b>\$276</b>
<b>Female</b>															
<b>Disabled</b>															
64 or younger	30	85.7	325	0.8	28	5	14.3	57	1.2	309	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>															
64 or younger	12	42.9	120	1.0	31	5	17.9	54	0.9	44	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	7	58.3	84	1.1	34	2	16.7	24	0.8	26	0	0.0	0	0.0	0
85 and older	5	45.5	36	0.6	24	3	27.3	30	1.0	59	0	0.0	0	0.0	0
<b>Male</b>															
<b>Disabled</b>															
64 or younger	16	43.2	181	1.1	51	0	0.0	0	0.0	47	5	11.4	60	0.9	276
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	13.5	60	0.9	276
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	13.5	60	0.9	276
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Other Eligibles</b>															
64 or younger	3	42.9	24	0.3	5	1	14.3	12	0.8	47	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	33.3	9	0.3	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	2	66.7	15	0.2	6	1	33.3	12	0.8	47	0	0.0	0	0.0	0
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 107 beneficiaries who were in nursing facilities for part of their enrollment and their 1,003 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	CEPHALOSPORINS					ANTIHYPERTENSIVE						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
<b>All</b>	<b>33</b>	<b>30.8 %</b>	<b>359</b>	<b>0.5</b>	<b>\$41</b>	<b>45</b>	<b>42.1 %</b>	<b>453</b>	<b>0.8</b>	<b>\$27</b>	<b>107</b>	<b>1,085</b>
<b>Female</b>	17	27.0	169	0.2	24	32	50.8	316	0.8	23	63	643
<b>Disabled</b>	14	40.0	141	0.3	28	17	48.6	179	0.7	23	35	373
64 or younger	14	40.0	141	0.3	28	17	48.6	179	0.7	23	35	373
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	3	10.7	28	0.1	3	15	53.6	137	0.9	23	28	270
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	4	80.0	42	0.8	18	5	54
75-84	2	16.7	24	0.1	1	4	33.3	36	0.8	13	12	130
85 and older	1	9.1	4	0.3	14	7	63.6	59	1.0	34	11	86
<b>Male</b>	16	36.4	190	0.7	56	13	29.5	137	0.9	35	44	442
<b>Disabled</b>	16	43.2	190	0.7	56	12	32.4	135	1.0	36	37	390
64 or younger	16	43.2	190	0.7	56	12	32.4	135	1.0	36	37	390
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Other Eligibles</b>	0	0.0	0	0.0	0	1	14.3	2	0.5	22	7	52
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	1	100.0	2	0.5	22	1	2
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	33
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	17
<b>Unknown</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 107 beneficiaries who were in nursing facilities for part of their enrollment and their 1,003 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. The top 10 drug groups were determined based on total 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.11  
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DELAWARE, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx	
							All	as a Percentage of Total Number of Beneficiaries
All	38,591	41.3 %	1.4	133,416	\$2,310,617	\$17	3.1 %	93,329
<b>Age</b>								
5 and younger	10,161	49.0	1.0	21,572	301,727	14	5.2	20,742
6-14	6,389	33.1	0.7	12,771	248,058	19	2.5	19,321
15-20	3,299	31.6	0.7	7,484	161,523	22	3.1	10,452
21-44	12,995	39.9	1.6	51,738	980,128	19	3.3	32,568
45-64	5,568	56.1	3.9	38,689	604,291	16	2.6	9,918
65-74	98	57.3	3.9	665	8,025	12	2.3	171
75-84	56	55.4	3.4	342	5,123	15	2.3	101
85 and older	25	44.6	2.8	155	1,742	11	2.1	56
Unknown	0	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>								
Aged	125	51.7	3.3	800	10,365	13	2.0	242
Disabled	5,081	55.1	4.1	38,279	650,744	17	2.4	9,225
Adults	16,098	39.8	1.5	61,164	1,118,653	18	3.3	40,451
Children	17,287	39.8	0.8	33,173	530,855	16	4.1	43,411
Unknown	0	0.0	0.0	0	0	0	0.0	0
<b>Gender</b>								
Female	24,612	41.9	1.5	89,918	1,572,661	17	3.4	58,726
Male	13,979	40.4	1.3	43,498	737,956	17	2.5	34,603
Unknown	0	0.0	0.0	0	0	0	0.0	0
<b>Race</b>								
White	17,866	42.5	1.7	73,400	1,379,981	19	3.2	42,079
African American	15,840	39.0	1.2	47,094	735,221	16	2.8	40,640
Other/unknown	4,885	46.0	1.2	12,922	195,415	15	3.6	10,610
<b>Use of Nursing Facilities<sup>d</sup></b>								
Entire year	68	63.6	8.1	869	14,521	17	3.0	107
Part year	75	70.1	7.4	791	11,339	14	2.6	107
None	38,448	41.3	1.4	131,756	2,284,757	17	3.1	93,115
<b>Maintenance Assistance Status</b>								
Cash	21,409	43.9	1.6	76,289	1,292,681	17	3.1	48,794
Medically needy	0	0.0	0.0	0	0	0	0.0	0
Poverty related	1,655	41.9	0.8	3,184	47,783	15	4.4	3,953
Other/unknown	15,527	38.3	1.3	53,943	970,153	18	3.0	40,582

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 DELAWARE, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$3	\$17	\$0	\$1	921,175
<b>Age</b>						
5 and younger	0.1	1	14	0	0	213,139
6-14	0.1	1	19	0	0	207,501
15-20	0.1	2	22	0	0	103,466
21-44	0.2	3	19	0	1	299,143
45-64	0.4	6	16	0	2	94,566
65-74	0.4	4	12	0	1	1,815
75-84	0.3	5	15	0	2	1,046
85 and older	0.3	3	11	0	1	499
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.3	4	13	0	1	2,306
Disabled	0.4	6	17	0	2	104,079
Adults	0.2	3	18	0	1	364,459
Children	0.1	1	16	0	0	450,331
Unknown	0.0	0	0	0	0	0
<b>Gender</b>						
Female	0.2	3	17	0	1	571,657
Male	0.1	2	17	0	1	349,518
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	3	19	0	1	406,933
African American	0.1	2	16	0	0	409,612
Other/unknown	0.1	2	15	0	0	104,630
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.8	13	17	2	5	1,085
Part year	0.8	11	14	0	3	1,003
None	0.1	2	17	0	1	919,087
<b>Maintenance Assistance Status</b>						
Cash	0.2	3	17	0	1	506,758
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	15	0	0	35,398
Other/unknown	0.1	3	18	0	1	379,019

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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



TABLE ND.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS<sup>a,b,c</sup>  
DELAWARE, 2003

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx	
				Excluded Rx \$	100.0 %			Excluded Rx	100.0 %
<b>All</b>	<b>49,693</b>	<b>\$46</b>	<b>\$2,310,617</b>	<b>100.0 %</b>	<b>100.0 %</b>	<b>133,416</b>	<b>\$17</b>	<b>100.0 %</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	0	0	0	0.0	0.0	0	0	0.0	0.0
Fertility drugs	0	0	0	0.0	0.0	0	0	0.0	0.0
Drugs for cosmetic purposes	71	14	962	0.0	0.0	102	9	0.1	0.1
Cough and cold medications	23,506	49	1,152,216	49.9	49.9	44,632	26	33.5	33.5
Vitamins and minerals	3,214	57	181,758	7.9	7.9	9,281	20	7.0	7.0
Non-prescription drugs	14,362	20	285,299	12.3	12.3	38,464	7	28.8	28.8
Barbiturates	245	58	14,235	0.6	0.6	2,135	7	1.6	1.6
Benzodiazepines	6,910	82	566,013	24.5	24.5	35,256	16	26.4	26.4
Other Part D Excl Rx Drugs	1,385	80	110,134	4.8	4.8	3,546	31	2.7	2.7

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

- a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all non-dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.
- b. Includes OTC drugs as well as prescription drugs.
- c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
<b>All</b>	<b>133,567</b>	<b>282</b>	<b>11,030</b>	<b>53,785</b>	<b>68,470</b>	<b>1,252,087</b>	<b>2,640</b>	<b>120,390</b>	<b>484,213</b>	<b>644,844</b>	<b>0</b>
<b>Age</b>											
5 and younger	29,876	0	873	0	29,003	0	0	9,048	0	267,267	0
6-14	31,552	0	2,763	0	28,789	0	0	30,516	0	279,673	0
15-20	16,564	3	1,623	4,264	10,674	0	9	17,410	38,515	97,879	0
21-44	43,003	16	2,825	40,159	3	0	70	30,980	364,118	19	0
45-64	12,178	33	2,928	9,216	1	0	232	32,225	80,181	6	0
65-74	211	85	18	108	0	0	918	211	1,038	0	0
75-84	118	85	0	33	0	0	882	0	304	0	0
85 and older	65	60	0	5	0	0	529	0	57	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>											
Female	78,109	223	5,312	38,180	34,394	0	2,020	58,514	364,866	324,537	0
Male	55,458	59	5,718	15,605	34,076	0	620	61,876	119,347	320,307	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>											
White	56,880	147	5,308	25,502	25,923	0	1,308	57,467	227,315	237,368	0
African American	60,490	83	4,769	23,347	32,291	0	801	52,645	213,156	314,739	0
Other/unknown	16,197	52	953	4,936	10,256	0	531	10,278	43,742	92,737	0
<b>Use of Nursing Facilities<sup>c</sup></b>											
Entire year	142	42	100	0	0	0	360	1,092	0	0	0
Part year	119	25	87	7	0	0	225	852	64	0	0
None	133,306	215	10,843	53,778	68,470	0	2,055	118,446	484,149	644,844	0
<b>Maintenance Assistance Status</b>											
Cash	70,697	160	9,283	18,731	42,523	0	1,744	101,555	176,383	398,454	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	6,433	52	7	422	5,952	0	324	59	2,703	47,923	0
Other/unknown	56,437	70	1,740	34,632	19,995	0	572	18,776	305,127	198,467	0
<b>Managed Care (MC) Status</b>											
Fee-for-service (FFS) all year	2,541	0	0	2,475	66	0	0	0	19,830	440	0
FFS part year, with Rx claims	3,960	12	23	3,814	111	0	123	242	41,661	1,220	0
FFS part year, no Rx claims	1,558	1	5	1,473	79	0	12	43	14,821	765	0
MC all year, with Rx claims	85,270	229	9,197	32,689	43,155	0	2,238	104,001	321,434	449,250	0
MC all year, no Rx claims	40,238	40	1,805	13,334	25,059	0	267	16,104	86,467	193,169	0

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

APPENDIX TABLE A.2  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
<b>All</b>	<b>133,567</b>	<b>93,329</b>	<b>0</b>
Fee-for-service (FFS) all year	2,541	2,541	0
FFS part year, with Rx claims	3,960	3,960	0
FFS part year, with no Rx claims	1,558	1,558	0
Managed care (MC) all year, with Rx claims	85,270	85,270	0
MC all year, with no Rx claims	40,238	0	0
	<b>1,252,087</b>	<b>921,175</b>	<b>330,912</b>

Source: Data for this table are from the MAX 2003 file for Delaware, released by CMS in 04/2007. This table was produced on 11/01/2007.

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

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