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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
DELAWARE**

**LIST OF TABLES**

**OVERVIEW OF STUDY POPULATION**

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

**FOR ALL MEDICAID BENEFICIARIES**

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

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

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

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

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

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

**FOR ALL NONDUAL BENEFICIARIES**

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

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

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

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

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

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

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

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

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

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

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

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

**FOR DUAL ELIGIBLE BENEFICIARIES**

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

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

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

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

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

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

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

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

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

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

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

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

**SUPPLEMENTAL TABLES**

SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

**APPENDIX TABLES**

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

APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES  
APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES  
APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NONDUAL BENEFICIARIES, DELAWARE, 2005

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>103,704</b>	<b>176</b>	<b>9,716</b>	<b>46,816</b>	<b>46,965</b>	<b>31</b>	<b>1,020,449</b>	<b>1,839</b>	<b>109,713</b>	<b>420,260</b>	<b>488,353</b>	<b>284</b>
<b>Age</b>												
5 and younger	22,394	0	643	1	21,750	0	229,442	0	7,141	6	222,295	0
6-14	20,380	0	2,227	1	18,152	0	219,965	0	25,637	9	194,319	0
15-20	11,867	0	1,406	3,403	7,057	1	118,567	0	16,133	30,742	71,686	6
21-44	36,279	3	2,406	33,860	5	5	333,367	7	27,144	306,137	46	33
45-64	12,408	1	3,018	9,363	1	25	115,372	3	33,513	81,604	7	245
65-74	219	58	16	145	0	0	2,126	647	145	1,334	0	0
75-84	101	67	0	34	0	0	1,047	712	0	335	0	0
85 and older	56	47	0	9	0	0	563	470	0	93	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	65,073	127	4,867	36,082	23,966	31	634,484	1,332	55,087	328,410	249,371	284
Male	38,631	49	4,849	10,734	22,999	0	385,965	507	54,626	91,850	238,982	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	46,596	63	4,642	23,455	18,411	25	448,687	629	52,054	208,370	187,411	223
African American	44,260	77	4,209	19,178	20,791	5	444,926	820	47,906	174,220	221,922	58
Other/unknown	12,848	36	865	4,183	7,763	1	126,836	390	9,753	37,670	79,020	3
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	115	36	79	0	0	0	1,248	376	872	0	0	0
Part year	93	14	74	5	0	0	889	104	728	57	0	0
None	103,496	126	9,563	46,811	46,965	31	1,018,312	1,359	108,113	420,203	488,353	284
<b>Maintenance Assistance Status</b>												
Cash	52,881	116	8,343	15,622	28,800	0	550,374	1,322	94,432	154,956	299,664	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	3,608	7	7	313	3,250	31	31,285	31	27	1,867	29,076	284
Other/unknown	47,215	53	1,366	30,881	14,915	0	438,790	486	15,254	263,437	159,613	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	3,172	1	1	3,095	75	0	23,826	1	1	23,310	514	0
FFS part year, with Rx claims	3,860	5	30	3,746	77	2	15,558	23	89	15,112	322	12
FFS part year, no Rx claims	1,344	3	6	1,269	65	1	6,828	9	26	6,483	308	2

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, 2005

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
<b>All</b>	<b>95.2</b>	<b>12.3</b>	<b>\$796</b>	<b>\$65</b>	<b>\$917</b>	<b>86.9</b>	<b>103,704</b>
<b>Age</b>							
5 and younger	98.1	6.0	308	52	308	100.0	22,394
6-14	99.0	8.3	602	73	602	100.0	20,380
15-20	96.7	8.7	564	65	699	80.8	11,867
21-44	91.0	13.3	818	62	1,077	76.0	36,279
45-64	94.6	30.1	2,121	70	2,242	94.6	12,408
65-74	99.1	31.6	1,907	60	1,908	99.9	219
75-84	99.0	34.5	2,001	58	2,040	98.1	101
85 and older	100.0	36.5	1,573	43	1,573	100.0	56
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	97.7	39.6	2,053	52	2,121	96.8	176
Disabled	99.6	33.0	2,963	90	2,990	99.1	9,716
Adults	91.2	13.8	784	57	1,037	75.6	46,816
Children	98.3	6.4	354	56	362	97.9	46,965
Unknown	96.8	23.1	2,999	130	3,131	95.8	31
<b>Gender</b>							
Female	93.0	12.8	761	59	952	80.0	65,073
Male	98.9	11.3	856	76	858	99.8	38,631
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	95.7	15.3	1,014	66	1,141	88.9	46,596
African American	94.9	10.1	640	64	762	84.0	44,260
Other/unknown	94.7	8.8	543	62	634	85.7	12,848
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	100.0	87.0	4,832	56	4,832	100.0	115
Part year	100.0	62.3	3,975	64	4,779	83.2	93
None	95.2	12.2	789	65	909	86.8	103,496
<b>Maintenance Assistance Status</b>							
Cash	98.5	12.7	845	66	900	93.9	52,881
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	97.8	5.6	310	56	382	81.3	3,608
Other/unknown	91.4	12.3	779	64	976	79.8	47,215

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, 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 eight states (DE, IA, IL, 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, 2005

Beneficiary Characteristics	Mean Number of Rx	Number of Rx, Percentage with:									Number	
		Rx \$ as a Percentage of All Medicaid			More than 5, but 10 or less					Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
		FFS \$ <sup>c</sup>	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				
	Rx	Mean Rx \$	FFS \$ <sup>c</sup>	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Beneficiaries	Benefit Months
<b>All</b>	<b>1.2</b>	<b>\$81</b>	<b>86.9</b>	<b>4.8</b>	<b>69.8</b>	<b>10.4</b>	<b>10.3</b>	<b>3.6</b>	<b>1.0</b>	<b>\$93</b>	<b>103,704</b>	<b>1,020,449</b>
<b>Age</b>												
5 and younger	0.6	30	100.0	1.9	90.3	5.7	1.9	0.2	0.0	30	22,394	229,442
6-14	0.8	56	100.0	1.0	84.3	8.4	5.6	0.7	0.0	56	20,380	219,965
15-20	0.9	57	80.8	3.3	79.2	9.4	6.5	1.2	0.4	70	11,867	118,567
21-44	1.4	89	76.0	9.0	59.6	12.8	12.9	4.2	1.5	117	36,279	333,367
45-64	3.2	228	94.6	5.4	31.4	16.2	28.8	14.6	3.6	241	12,408	115,372
65-74	3.3	196	99.9	0.9	33.3	15.1	31.5	16.9	2.3	197	219	2,126
75-84	3.3	193	98.1	1.0	32.7	16.8	33.7	12.9	3.0	197	101	1,047
85 and older	3.6	157	100.0	0.0	28.6	12.5	39.3	19.6	0.0	157	56	563
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	3.8	197	96.8	2.3	21.6	21.0	34.1	18.8	2.3	203	176	1,839
Disabled	2.9	262	99.1	0.4	41.7	15.5	25.8	13.5	3.1	265	9,716	109,713
Adults	1.5	87	75.6	8.8	57.0	13.3	14.5	4.9	1.5	116	46,816	420,260
Children	0.6	34	97.9	1.7	88.6	6.5	2.9	0.2	0.0	35	46,965	488,353
Unknown	2.5	327	95.8	3.2	48.4	22.6	12.9	6.5	6.5	342	31	284
<b>Gender</b>												
Female	1.3	78	80.0	7.0	66.6	10.4	10.6	4.1	1.4	98	65,073	634,484
Male	1.1	86	99.8	1.1	75.4	10.5	9.9	2.8	0.3	86	38,631	385,965
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	105	88.9	4.3	63.0	12.2	13.7	5.3	1.5	119	46,596	448,687
African American	1.0	64	84.0	5.1	74.7	9.3	8.0	2.3	0.7	76	44,260	444,926
Other/unknown	0.9	55	85.7	5.3	78.2	7.8	6.3	2.0	0.5	64	12,848	126,836
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.0	445	100.0	0.0	8.7	2.6	23.5	46.1	19.1	445	115	1,248
Part year	6.5	416	83.2	0.0	14.0	7.5	31.2	26.9	20.4	500	93	889
None	1.2	80	86.8	4.8	70.0	10.4	10.3	3.5	1.0	92	103,496	1,018,312
<b>Maintenance Assistance Status</b>												
Cash	1.2	81	93.9	1.5	75.4	9.7	9.1	3.4	0.8	87	52,881	550,374
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	36	81.3	2.2	86.7	7.4	3.3	0.3	0.2	44	3,608	31,285
Other/unknown	1.3	84	79.8	8.6	62.3	11.4	12.3	4.1	1.3	105	47,215	438,790

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, 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 eight states (DE, IA, IL, 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, 2005

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
<b>All</b>	<b>1.2</b>	<b>\$81</b>	<b>\$65</b>	<b>0.5</b>	<b>\$60</b>	<b>\$122</b>	<b>0.0</b>	<b>\$4</b>	<b>\$83</b>	<b>0.7</b>	<b>\$17</b>	<b>\$24</b>
<b>Age</b>												
5 and younger	0.6	30	52	0.2	23	117	0.0	1	58	0.4	7	18
6-14	0.8	56	73	0.4	47	112	0.0	2	83	0.3	7	22
15-20	0.9	57	65	0.4	44	115	0.0	3	64	0.4	9	22
21-44	1.4	89	62	0.5	63	123	0.1	5	77	0.9	22	25
45-64	3.2	228	70	1.3	164	130	0.1	12	108	1.9	52	28
65-74	3.3	196	60	1.3	150	114	0.1	4	52	1.8	42	23
75-84	3.3	193	58	1.4	150	105	0.1	4	40	1.8	39	22
85 and older	3.6	157	43	1.3	111	83	0.1	5	46	2.2	41	19
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	3.8	197	52	1.5	148	100	0.1	5	43	2.2	44	20
Disabled	2.9	262	90	1.3	207	165	0.1	11	101	1.6	44	28
Adults	1.5	87	57	0.6	60	108	0.1	5	82	0.9	23	24
Children	0.6	34	56	0.3	26	100	0.0	1	65	0.3	6	20
Unknown	2.5	327	130	1.2	284	232	0.0	1	124	1.3	42	33
<b>Gender</b>												
Female	1.3	78	59	0.5	56	112	0.1	4	75	0.8	18	24
Male	1.1	86	76	0.5	66	138	0.0	4	102	0.6	16	25
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.6	105	66	0.6	77	120	0.1	5	89	0.9	24	26
African American	1.0	64	64	0.4	48	125	0.0	3	78	0.6	12	22
Other/unknown	0.9	55	62	0.3	42	120	0.0	2	66	0.5	11	22
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.0	445	56	2.7	324	120	0.6	24	44	4.8	97	20
Part year	6.5	416	64	2.2	299	133	0.3	16	51	4.0	101	26
None	1.2	80	65	0.5	59	122	0.0	4	84	0.7	17	24
<b>Maintenance Assistance Status</b>												
Cash	1.2	81	66	0.5	60	125	0.0	4	82	0.7	17	25
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	36	56	0.3	27	108	0.0	1	64	0.4	7	19
Other/unknown	1.3	84	64	0.5	62	118	0.0	4	85	0.7	18	24

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Off-Brand-Name				Off-Brand-Name				Off-Brand-Name				Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
	Total	Patented Brand-Name	Patent Brand-Name	Generic	Total	Patented Brand-Name	Patent Brand-Name	Generic	Total	Patented Brand-Name	Patent Brand-Name	Generic					
Anti-infective Agents	0.2	0.1	0.0	0.1	\$20	\$14	\$2	\$3	\$80	\$190	\$85	\$24	160,055	\$12,828,966	62,401	60.2	647,491
Biologicals	0.3	0.3	0.0	0.0	300	287	13	0	983	957	7,316	34	1,717	1,687,964	595	0.6	5,631
Antineoplastic Agents	0.4	0.1	0.0	0.3	129	112	0	17	310	797	255	63	2,612	810,762	609	0.6	6,262
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	22	15	2	6	55	93	65	25	121,014	6,628,638	29,095	28.1	296,832
Cardiovascular Agents	0.9	0.4	0.0	0.5	44	34	0	9	47	83	50	17	142,083	6,622,942	15,257	14.7	152,077
Respiratory Agents	0.4	0.2	0.0	0.2	22	18	1	3	56	86	61	17	194,207	10,830,326	46,762	45.1	488,885
Gastrointestinal Agents	0.4	0.2	0.0	0.2	26	21	0	4	72	136	61	21	49,248	3,537,921	13,283	12.8	136,761
Genitourinary Agents	0.2	0.1	0.0	0.1	11	7	1	2	52	72	58	26	15,289	797,485	7,118	6.9	73,533
CNS Drugs	0.8	0.4	0.0	0.4	59	50	0	9	76	129	100	24	179,888	13,742,635	23,179	22.4	232,537
Stimulants/Anti-obesity/Anorexia	0.7	0.5	0.0	0.1	57	52	0	4	87	96	108	42	43,626	3,801,577	6,139	5.9	66,755
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.1	154	148	0	6	461	547	105	100	1,569	723,971	476	0.5	4,704
Analgesics and Anesthetics	0.5	0.0	0.0	0.4	19	5	2	12	42	174	153	28	171,078	7,113,761	37,140	35.8	375,780
Neuromuscular Agents	0.5	0.2	0.0	0.3	42	27	2	12	78	142	107	38	78,138	6,063,282	14,352	13.8	145,951
Nutritional Products	0.2	0.1	0.0	0.1	5	2	0	2	22	36	24	16	16,580	369,387	7,455	7.2	76,118
Hematological Agents	0.5	0.2	0.0	0.2	108	103	1	4	239	491	30	17	13,421	3,204,078	2,944	2.8	29,724
Topical Products	0.2	0.1	0.0	0.1	9	6	0	3	43	82	54	22	78,152	3,355,640	35,154	33.9	371,381
Miscellaneous Products	0.2	0.1	0.0	0.0	16	13	2	2	106	129	307	37	4,129	437,458	2,498	2.4	26,740
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	7	0	0	0	47	0	0	0	482	22,540	316	0.3	3,401
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,273,288</b>	<b>82,579,333</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.medspan.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, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medspan.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 2005.

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.

Nondual Beneficiaries



TABLE ND.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

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
ANTIPSYCHOTICS	\$6,655,078	7,065	6.8	74,085	0.5	\$188	\$90
ANTIVIRAL	6,621,069	3,456	3.3	36,221	0.4	464	183
ANTIASTHMATIC	5,606,085	32,560	31.4	345,435	0.2	66	16
ANTIDEPRESSANTS	4,815,986	18,806	18.1	188,963	0.4	62	25
ANTICONVULSANT	4,442,857	7,677	7.4	80,284	0.5	103	55
ANALGESICS - Narcotic	4,003,295	35,716	34.4	366,132	0.3	40	11
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	3,494,146	6,713	6.5	73,574	0.5	87	47
ANTIHYPERLIPIDEMIC	2,695,816	6,059	5.8	62,162	0.4	97	43
ULCER DRUGS	2,542,763	10,587	10.2	109,582	0.3	78	23
ANTIDIABETIC	2,495,829	6,511	6.3	64,506	0.5	71	39
Total	43,372,924	135,150		1,400,944	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

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	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
<b>All</b>	<b>490,685</b>	<b>\$43,372,924</b>	<b>7,065</b>	<b>6.8</b>	<b>74,085</b>	<b>0.5</b>	<b>\$90</b>	<b>3,456</b>	<b>3.3</b>	<b>36,221</b>	<b>0.4</b>	<b>\$183</b>
<b>Female</b>												
All Females	298,791	24,227,534	3,937	6.1	41,240	0.4	78	2,280	3.5	24,036	0.3	134
<b>Female, Disabled</b>												
All Ages	85,845	8,937,688	1,359	27.9	15,579	0.6	111	594	12.2	6,771	0.5	247
5 and younger	1,299	102,022	1	0.4	12	0.3	1	6	2.2	72	0.7	93
6-14	6,481	686,360	107	15.9	1,219	0.5	97	24	3.6	288	0.6	248
15-20	4,981	508,966	124	21.5	1,454	0.5	101	17	2.9	192	0.4	127
45-64	24,747	2,728,472	559	39.6	6,355	0.5	101	263	18.7	2,955	0.4	202
45-64	48,083	4,892,935	565	29.4	6,503	0.6	125	284	14.8	3,264	0.6	298
65-74	254	18,933	3	37.5	36	0.7	88	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>Female, Other Eligibles</b>												
All Ages	212,946	15,289,846	2,578	4.3	25,661	0.4	59	1,686	2.8	17,265	0.3	90
5 and younger	9,782	622,342	8	0.1	85	0.3	50	44	0.4	484	0.1	9
6-14	19,122	1,481,089	233	2.6	2,595	0.5	84	79	0.9	855	0.2	31
15-20	15,359	975,059	310	4.4	3,255	0.4	66	166	2.4	1,693	0.2	30
21-44	108,621	7,339,981	1,545	5.7	15,074	0.3	51	1,125	4.2	11,595	0.3	80
45-64	57,355	4,701,061	455	7.4	4,386	0.4	65	267	4.3	2,588	0.4	210
65-74	1,339	80,577	4	2.8	39	1.3	65	3	2.1	26	0.2	11
75-84	867	60,126	10	14.9	90	0.7	100	0	0.0	0	0.0	0
85 and older	501	29,611	13	29.5	137	0.6	79	2	4.5	24	0.1	4
<b>Male</b>												
All Males	191,894	19,145,390	3,128	8.1	32,845	0.5	104	1,176	3.0	12,185	0.5	278
<b>Male, Disabled</b>												
All Ages	67,351	8,588,954	1,382	28.5	15,748	0.6	126	599	12.4	6,540	0.6	343
5 and younger	2,262	198,391	17	4.6	198	0.4	64	8	2.2	96	0.6	89
6-14	17,706	1,777,547	449	28.9	5,121	0.6	105	21	1.4	247	0.4	95
15-20	8,013	901,705	243	29.3	2,809	0.6	123	10	1.2	120	0.5	152
21-44	16,523	2,629,887	418	42.0	4,802	0.7	141	235	23.6	2,548	0.7	385
45-64	22,651	3,057,059	255	23.3	2,818	0.7	144	323	29.6	3,505	0.6	343
65-74	196	24,365	0	0.0	0	0.0	0	2	25.0	24	0.8	518
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

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

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	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
<b>Male, Other Eligibles</b>												
All Ages	124,543	10,556,436	1,746	5.2	17,097	0.4	85	577	1.7	5,645	0.4	203
5 and younger	13,313	870,372	44	0.4	492	0.4	75	35	0.3	370	0.1	4
6-14	34,399	2,979,372	498	5.5	5,437	0.5	96	78	0.9	878	0.3	61
15-20	10,749	948,689	249	7.2	2,652	0.5	99	43	1.2	444	0.2	50
21-44	36,956	3,102,684	679	10.0	5,995	0.4	71	251	3.7	2,326	0.4	235
45-64	27,930	2,550,840	262	8.1	2,376	0.4	77	164	5.1	1,555	0.5	328
65-74	647	64,303	3	5.0	28	0.5	118	3	5.0	36	0.8	324
75-84	402	32,495	7	20.6	79	0.5	107	1	2.9	12	0.1	5
85 and older	147	7,681	4	33.3	38	0.7	58	2	16.7	24	0.1	11
<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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ANTICONVULSANT				
	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
<b>All</b>	<b>32,560</b>	<b>31.4</b>	<b>345,435</b>	<b>0.2</b>	<b>\$16</b>	<b>18,806</b>	<b>18.1</b>	<b>188,963</b>	<b>0.4</b>	<b>\$26</b>	<b>7,677</b>	<b>7.4</b>	<b>80,284</b>	<b>0.5</b>	<b>\$55</b>
<b>Female</b>															
All Females	18,109	27.8	191,772	0.2	16	13,899	21.4	140,495	0.4	26	4,906	7.5	51,369	0.5	51
<b>Female, Disabled</b>															
All Ages	2,659	54.6	30,457	0.3	25	2,588	53.2	29,406	0.5	30	1,522	31.3	17,479	0.7	73
5 and younger	221	81.0	2,498	0.3	18	1	0.4	8	0.3	12	31	11.4	361	0.6	72
6-14	420	62.4	4,901	0.3	25	75	11.1	868	0.5	23	149	22.1	1,751	0.8	93
15-20	209	36.2	2,460	0.3	16	158	27.3	1,810	0.4	19	141	24.4	1,638	0.7	92
21-44	616	43.7	6,988	0.3	18	985	69.9	11,194	0.5	29	575	40.8	6,584	0.7	78
45-64	1,180	61.3	13,472	0.4	32	1,364	70.9	15,481	0.5	32	623	32.4	7,109	0.6	60
65-74	13	162.5	138	0.4	27	5	62.5	45	0.3	19	3	37.5	36	0.5	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
<b>Female, Other Eligibles</b>															
All Ages	15,450	25.7	161,315	0.2	14	11,311	18.8	111,089	0.4	25	3,384	5.6	33,890	0.4	40
5 and younger	4,156	39.0	44,570	0.2	12	3	0.0	36	0.3	13	37	0.3	423	0.4	38
6-14	3,388	37.4	37,249	0.2	14	293	3.2	3,146	0.4	19	130	1.4	1,375	0.5	49
15-20	1,424	20.3	14,699	0.2	11	875	12.5	9,000	0.3	18	250	3.6	2,590	0.4	45
21-44	4,714	17.4	47,213	0.2	14	7,517	27.8	74,047	0.4	24	2,188	8.1	21,957	0.4	36
45-64	1,716	27.9	17,034	0.3	24	2,564	41.6	24,254	0.5	32	755	12.3	7,324	0.5	48
65-74	28	19.6	289	0.4	24	29	20.3	311	0.5	24	12	8.4	122	0.6	39
75-84	15	22.4	154	0.4	28	14	20.9	130	0.7	44	7	10.4	52	0.6	24
85 and older	9	20.5	107	0.3	9	16	36.4	165	0.7	24	5	11.4	47	0.5	23
<b>Male</b>															
All Males	14,451	37.4	153,663	0.2	17	4,907	12.7	48,468	0.4	24	2,771	7.2	28,915	0.6	63
<b>Male, Disabled</b>															
All Ages	2,181	45.0	24,845	0.3	23	1,295	26.7	14,611	0.5	27	1,229	25.3	14,072	0.7	80
5 and younger	352	95.1	3,987	0.3	26	4	1.1	42	0.3	4	50	13.5	565	0.6	68
6-14	860	55.3	9,957	0.3	19	204	13.1	2,355	0.5	20	305	19.6	3,514	0.7	87
15-20	305	36.8	3,530	0.3	19	172	20.8	2,007	0.5	23	177	21.4	2,081	0.7	79
21-44	238	23.9	2,686	0.3	27	433	43.5	4,930	0.5	27	388	39.0	4,455	0.8	87
45-64	418	38.2	4,633	0.5	32	478	43.7	5,242	0.5	31	306	28.0	3,424	0.7	66
65-74	8	100.0	52	0.6	36	4	50.0	35	0.4	17	3	37.5	33	0.9	38
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

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANTIASTHMATIC					ANTIDEPRESSANTS					ANTICONVULSANT				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Benefit \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Benefit \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Month	Mean Benefit \$ per Month
<b>Male, Other Eligibles</b>															
All Ages	12,270	36.3	128,818	0.2	15	3,612	10.7	33,857	0.4	24	1,542	4.6	14,843	0.5	47
5 and younger	5,280	47.6	56,167	0.2	12	0	0.0	0	0.0	0	38	0.3	425	0.3	39
6-14	4,345	47.8	47,015	0.2	16	324	3.6	3,572	0.4	20	197	2.2	2,154	0.6	69
15-20	954	27.6	10,000	0.2	13	355	10.3	3,642	0.4	24	132	3.8	1,390	0.5	65
21-44	1,037	15.2	9,419	0.3	22	1,963	28.9	17,653	0.4	23	758	11.1	6,906	0.4	40
45-64	629	19.5	5,923	0.4	26	952	29.4	8,817	0.4	26	406	12.6	3,850	0.5	42
65-74	11	18.3	126	0.7	74	8	13.3	84	0.5	24	4	6.7	42	0.9	28
75-84	14	41.2	168	0.3	22	7	20.6	73	0.6	41	6	17.6	64	1.0	42
85 and older	0	0.0	0	0.0	0	3	25.0	16	0.8	55	1	8.3	12	1.0	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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIHYPERTENSIVE				
	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 Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>35,716</b>	<b>34.4</b>	<b>366,132</b>	<b>0.3</b>	<b>\$11</b>	<b>6,713</b>	<b>6.5</b>	<b>73,574</b>	<b>0.5</b>	<b>\$48</b>	<b>6,059</b>	<b>5.8</b>	<b>62,162</b>	<b>0.4</b>	<b>\$43</b>
<b>Female</b>															
All Females	25,650	39.4	266,146	0.3	9	1,989	3.1	21,711	0.5	44	3,808	5.9	39,470	0.4	43
<b>Female, Disabled</b>															
All Ages	3,274	67.3	37,532	0.4	18	399	8.2	4,657	0.6	51	1,107	22.7	12,657	0.5	46
5 and younger	31	11.4	368	0.1	1	5	1.8	53	0.3	21	0	0.0	0	0.0	0
6-14	51	7.6	600	0.1	1	240	35.7	2,798	0.6	51	1	0.1	11	0.1	1
15-20	169	29.2	1,941	0.1	2	124	21.5	1,458	0.5	48	2	0.3	24	0.2	16
21-44	1,177	83.5	13,522	0.3	17	23	1.6	264	0.6	70	179	12.7	2,061	0.4	38
45-64	1,841	95.6	21,050	0.4	21	7	0.4	84	0.6	51	920	47.8	10,510	0.5	48
65-74	5	62.5	51	0.3	7	0	0.0	0	0.0	0	5	62.5	51	0.6	66
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>Female, Other Eligibles</b>															
All Ages	22,376	37.2	228,614	0.2	8	1,590	2.6	17,054	0.5	43	2,701	4.5	26,813	0.4	41
5 and younger	249	2.3	2,839	0.1	1	54	0.5	597	0.3	29	2	0.0	24	0.1	4
6-14	607	6.7	6,740	0.1	1	1,016	11.2	11,024	0.5	44	4	0.0	33	0.2	14
15-20	2,401	34.3	24,766	0.1	2	321	4.6	3,390	0.5	41	24	0.3	228	0.3	28
21-44	15,435	57.0	157,675	0.2	7	182	0.7	1,899	0.5	40	894	3.3	9,013	0.3	32
45-64	3,578	58.1	35,454	0.3	17	17	0.3	144	0.5	46	1,680	27.3	16,497	0.5	46
65-74	48	33.6	481	0.3	6	0	0.0	0	0.0	0	55	38.5	551	0.5	48
75-84	35	52.2	405	0.3	7	0	0.0	0	0.0	0	35	52.2	397	0.5	51
85 and older	23	52.3	254	0.2	3	0	0.0	0	0.0	0	7	15.9	70	0.7	67
<b>Male</b>															
All Males	10,066	26.1	99,986	0.3	15	4,724	12.2	51,863	0.6	49	2,251	5.8	22,692	0.5	44
<b>Male, Disabled</b>															
All Ages	1,654	34.1	18,572	0.4	27	1,398	28.8	16,155	0.6	50	627	12.9	7,078	0.5	48
5 and younger	31	8.4	349	0.1	1	33	8.9	383	0.3	24	0	0.0	0	0.0	0
6-14	144	9.3	1,688	0.1	1	993	63.9	11,462	0.6	50	2	0.1	24	0.3	7
15-20	164	19.8	1,918	0.1	1	345	41.7	4,005	0.5	51	3	0.4	36	0.6	52
21-44	487	48.9	5,440	0.4	29	23	2.3	258	0.7	57	139	14.0	1,622	0.6	49
45-64	823	75.3	9,135	0.5	37	4	0.4	47	0.5	41	480	43.9	5,380	0.5	48
65-74	5	62.5	42	0.9	76	0	0.0	0	0.0	0	3	37.5	16	0.8	73
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

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

NON-ELIGIBLE FOR ADOLESCENT/ADULT															
ANALGESICS - Narcotic						STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTHYPERLIPIDEMIC				
Beneficiary Characteristics	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 Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	8,412	24.9	81,414	0.3	13	3,326	9.8	35,708	0.5	48	1,624	4.8	15,614	0.4	42
5 and younger	365	3.3	4,001	0.1	1	174	1.6	1,950	0.4	29	2	0.0	24	0.1	19
6-14	600	6.6	6,612	0.1	1	2,530	27.8	27,395	0.6	49	10	0.1	113	0.2	18
15-20	941	27.2	9,796	0.1	2	538	15.6	5,583	0.5	51	18	0.5	205	0.3	21
21-44	4,460	65.6	41,513	0.3	14	73	1.1	663	0.5	46	587	8.6	5,812	0.4	36
45-64	2,023	62.6	19,236	0.4	21	11	0.3	117	0.6	74	963	29.8	9,009	0.5	46
65-74	11	18.3	122	0.4	37	0	0.0	0	0.0	0	32	53.3	307	0.6	70
75-84	5	14.7	60	0.1	2	0	0.0	0	0.0	0	9	26.5	108	0.6	55
85 and older	7	58.3	74	0.3	4	0	0.0	0	0.0	0	3	25.0	36	0.8	66
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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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<sup>a, b, c</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>10,587</b>	<b>10.2</b>	<b>109,582</b>	<b>0.3</b>	<b>\$23</b>	<b>6,511</b>	<b>6.3</b>	<b>64,506</b>	<b>0.5</b>	<b>\$39</b>	<b>103,704</b>	<b>1,020,449</b>
<b>Female</b>												
All Females	7,236	11.1	75,454	0.3	22	4,238	6.5	42,811	0.5	38	65,073	634,484
<b>Female, Disabled</b>												
All Ages	1,597	32.8	18,431	0.4	31	1,200	24.7	13,633	0.6	41	4,867	55,087
5 and younger	77	28.2	850	0.4	26	2	0.7	24	0.1	12	273	3,023
6-14	99	14.7	1,167	0.4	38	8	1.2	96	0.5	62	673	7,777
15-20	81	14.0	949	0.4	31	23	4.0	260	0.5	43	578	6,638
21-44	427	30.3	4,925	0.3	25	214	15.2	2,402	0.5	33	1,410	15,988
45-64	908	47.2	10,486	0.4	33	947	49.2	10,791	0.6	42	1,925	21,580
65-74	5	62.5	54	0.6	14	6	75.0	60	0.9	52	8	81
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>Female, Other Eligibles</b>												
All Ages	5,639	9.4	57,023	0.3	19	3,038	5.0	29,178	0.5	37	60,206	579,397
5 and younger	415	3.9	3,888	0.2	11	7	0.1	71	0.5	42	10,655	109,327
6-14	254	2.8	2,827	0.2	15	67	0.7	682	0.6	66	9,066	97,486
15-20	422	6.0	4,387	0.2	10	105	1.5	996	0.5	38	7,003	67,353
21-44	2,993	11.1	30,679	0.2	17	1,293	4.8	12,387	0.5	33	27,071	248,567
45-64	1,460	23.7	14,307	0.4	31	1,478	24.0	14,124	0.6	38	6,157	54,124
65-74	44	30.8	410	0.3	22	58	40.6	606	0.7	34	143	1,407
75-84	32	47.8	355	0.5	25	23	34.3	228	0.6	36	67	699
85 and older	19	43.2	170	0.4	20	7	15.9	84	0.9	46	44	434
<b>Male</b>												
All Males	3,351	8.7	34,128	0.3	25	2,273	5.9	21,695	0.6	40	38,631	385,965
<b>Male, Disabled</b>												
All Ages	870	17.9	9,855	0.4	34	602	12.4	6,743	0.6	43	4,849	54,626
5 and younger	90	24.3	991	0.4	26	4	1.1	47	0.5	31	370	4,118
6-14	141	9.1	1,681	0.4	40	32	2.1	362	0.7	72	1,554	17,860
15-20	72	8.7	846	0.3	29	25	3.0	291	0.9	104	828	9,495
21-44	185	18.6	2,090	0.5	37	121	12.1	1,361	0.6	39	996	11,156
45-64	378	34.6	4,215	0.4	33	416	38.1	4,640	0.6	38	1,093	11,933
65-74	4	50.0	32	0.7	35	4	50.0	42	0.7	65	8	64
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

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<sup>a</sup>, b, c  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	2,481	7.3	24,273	0.3	22	1,671	4.9	14,952	0.6	39	33,782	331,339
5 and younger	493	4.4	4,681	0.2	12	4	0.0	44	0.7	46	11,096	112,974
6-14	229	2.5	2,477	0.2	21	37	0.4	379	0.5	49	9,087	96,842
15-20	151	4.4	1,627	0.2	12	50	1.4	485	0.7	70	3,458	35,081
21-44	926	13.6	8,912	0.3	23	608	8.9	5,515	0.6	39	6,802	57,656
45-64	662	20.5	6,363	0.4	31	932	28.8	8,151	0.5	37	3,233	27,735
65-74	12	20.0	122	0.5	32	23	38.3	192	0.7	36	60	574
75-84	5	14.7	60	0.4	19	15	44.1	162	0.6	46	34	348
85 and older	3	25.0	31	0.6	35	2	16.7	24	1.0	19	12	129
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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Nondual Beneficiaries

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, 2005

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>\$445</b>	<b>8.0</b>	<b>115</b>	<b>1,248</b>
<b>Age</b>				
0-64	532	9.0	76	846
65-74	375	7.9	8	86
75-84	329	5.5	10	99
85 and older	189	5.2	21	217
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	466	8.6	70	752
Male	414	7.1	45	496
Unknown	0	0.0	0	0
<b>Race</b>				
White	423	7.2	49	517
African American	439	8.7	58	635
Other/unknown	604	7.9	8	96
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	238	5.7	36	376
Disabled	534	9.0	79	872
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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 93 beneficiaries who were in nursing facilities for part of their enrollment and their 889 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<sup>a, b, c, d, e</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

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	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-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.6	0.3	0.0	0.3	\$71	\$62	\$3	\$7	\$125	\$245	\$74	\$24	539	\$67,550	85	73.9	946
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	28	0	0	28	4	112	4	3.5	45
Antineoplastic Agents	0.4	0.1	0.0	0.2	98	69	0	29	272	591	0	120	31	8,436	8	7.0	86
Endocrine/Metabolic Drugs	1.1	0.5	0.1	0.5	45	36	2	6	41	79	19	12	547	22,218	45	39.1	499
Cardiovascular Agents	1.8	0.5	0.0	1.3	55	36	0	19	30	68	33	15	1,586	47,806	80	69.6	872
Respiratory Agents	1.3	0.5	0.0	0.8	53	40	1	11	39	84	58	13	827	32,626	54	47.0	620
Gastrointestinal Agents	1.4	0.4	0.2	0.9	47	31	4	11	33	82	25	13	1,274	42,264	81	70.4	904
Genitourinary Agents	0.7	0.3	0.0	0.3	28	22	0	5	40	66	65	15	214	8,636	29	25.2	313
CNS Drugs	1.6	0.8	0.0	0.8	111	93	0	18	67	115	65	21	1,462	98,601	83	72.2	889
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.1	0.3	10	0	4	7	24	0	42	20	5	122	1	0.9	12
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	181	181	0	0	241	241	0	0	63	15,205	7	6.1	84
Analgesics and Anesthetics	1.2	0.1	0.1	1.0	50	11	12	28	41	130	88	28	789	32,492	61	53.0	650
Neuromuscular Agents	1.7	0.5	0.3	1.0	129	75	14	40	74	164	53	39	1,235	91,314	63	54.8	708
Nutritional Products	0.5	0.0	0.0	0.5	8	1	0	7	14	31	20	14	191	2,737	32	27.8	351
Hematological Agents	1.3	0.5	0.2	0.6	117	108	3	6	88	208	14	10	706	61,961	49	42.6	531
Topical Products	0.7	0.3	0.0	0.3	29	21	2	7	45	66	48	23	515	23,223	71	61.7	790
Miscellaneous Products	0.2	0.1	0.0	0.1	5	4	0	1	30	58	0	12	8	236	4	3.5	48
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	3	0	0	0	11	0	0	0	10	108	3	2.6	31
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>10,006</b>	<b>555,647</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 93 beneficiaries who were in nursing facilities for part of their enrollment and their 889 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 2005. 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.medispain.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In Delaware, 0.2 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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.

Nondual Beneficiaries

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, 2005

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTICONVULSANT	\$71,214	81	70.4	928	1.1	\$73	\$77
ANTIPSYCHOTICS	59,269	53	46.1	609	0.7	148	97
ANTIVIRAL	48,464	24	20.9	288	0.5	356	168
ANTIDEPRESSANTS	34,169	76	66.1	819	0.8	53	42
ULCER DRUGS	32,834	81	70.4	915	0.7	49	36
ANALGESICS - Narcotic	25,501	76	66.1	824	0.8	41	31
ANTICOAGULANTS	23,034	26	22.6	273	1.3	66	84
ANTIASTHMATIC	22,485	67	58.3	765	0.8	38	29
HEMATOPOIETIC AGENTS	22,439	22	19.1	259	0.8	112	87
ANTIHYPERLIPIDEMIC	16,625	25	21.7	294	0.8	74	57
Total	356,034	531		5,974	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 93 beneficiaries who were in nursing facilities for part of their enrollment and their 889 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

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>4,804</b>	<b>\$356,034</b>	<b>81</b>	<b>70.4</b>	<b>928</b>	<b>1.1</b>	<b>\$77</b>	<b>53</b>	<b>46.1</b>	<b>609</b>	<b>0.7</b>	<b>\$97</b>
<b>Female</b>												
All Females	3,064	217,806	43	61.4	481	1.1	83	40	57.1	466	0.6	105
<b>Female, Disabled</b>												
All Ages	2,490	185,630	39	92.9	446	1.1	87	26	61.9	302	0.6	108
64 or younger	2,406	177,253	37	92.5	422	1.2	85	23	57.5	266	0.6	111
65-74	84	8,377	2	100.0	24	0.6	117	3	150.0	36	0.7	88
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>Female, Other Eligibles</b>												
All Ages	574	32,176	4	14.3	35	0.7	32	14	50.0	164	0.7	99
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	79	2,406	1	33.3	12	0.8	50	0	0.0	0	0.0	0
75-84	164	13,154	0	0.0	0	0.0	0	5	83.3	60	0.6	110
85 and older	331	16,616	3	15.8	23	0.7	22	9	47.4	104	0.7	92
<b>Male</b>												
All Males	1,740	138,228	38	84.4	447	1.0	70	13	28.9	143	0.7	74
<b>Male, Disabled</b>												
All Ages	1,556	128,897	36	97.3	423	1.0	73	9	24.3	95	0.7	70
64 or younger	1,548	127,752	36	100.0	423	1.0	73	9	25.0	95	0.7	70
65-74	8	1,145	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>Male, Other Eligibles</b>												
All Ages	184	9,331	2	25.0	24	1.0	21	4	50.0	48	0.8	82
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	82	4,065	1	50.0	12	1.0	34	0	0.0	0	0.0	0
75-84	40	2,946	0	0.0	0	0.0	0	1	25.0	12	1.0	159
85 and older	62	2,320	1	50.0	12	1.0	8	3	150.0	36	0.8	56
<b>Unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 93 beneficiaries who were in nursing facilities for part of their enrollment and their 889 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.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, 2005

Beneficiary Characteristics	ANTIVIRAL					ANTIDEPRESSANTS					ULCER DRUGS				
	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>24</b>	<b>20.9</b>	<b>288</b>	<b>0.5</b>	<b>\$168</b>	<b>76</b>	<b>66.1</b>	<b>819</b>	<b>0.8</b>	<b>\$42</b>	<b>81</b>	<b>70.4</b>	<b>915</b>	<b>0.7</b>	<b>\$36</b>
<b>Female</b>															
All Females	9	12.9	108	0.4	106	51	72.9	534	0.8	44	54	77.1	613	0.8	36
<b>Female, Disabled</b>															
All Ages	8	19.0	96	0.5	119	37	88.1	377	0.9	50	40	95.2	455	0.8	40
64 or younger	8	20.0	96	0.5	119	36	90.0	365	0.9	51	38	95.0	431	0.8	41
65-74	0	0.0	0	0.0	0	1	50.0	12	0.2	12	2	100.0	24	1.0	16
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>Female, Other Eligibles</b>															
All Ages	1	3.6	12	0.1	2	14	50.0	157	0.8	29	14	50.0	158	0.6	26
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	2	66.7	24	0.8	22	1	33.3	12	0.3	31
75-84	0	0.0	0	0.0	0	2	33.3	24	1.1	78	4	66.7	48	0.9	38
85 and older	1	5.3	12	0.1	2	10	52.6	109	0.7	20	9	47.4	98	0.5	19
<b>Male</b>															
All Males	15	33.3	180	0.5	206	25	55.6	285	0.7	38	27	60.0	302	0.7	35
<b>Male, Disabled</b>															
All Ages	13	35.1	156	0.6	237	22	59.5	252	0.6	39	25	67.6	278	0.7	37
64 or younger	13	36.1	156	0.6	237	22	61.1	252	0.6	39	24	66.7	276	0.7	38
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	2	0.5	1
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>Male, Other Eligibles</b>															
All Ages	2	25.0	24	0.1	4	3	37.5	33	1.2	31	2	25.0	24	0.8	8
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	1	50.0	12	1.0	7	1	50.0	12	0.8	8
75-84	1	25.0	12	0.1	5	2	50.0	21	1.2	45	0	0.0	0	0.0	0
85 and older	1	50.0	12	0.1	2	0	0.0	0	0.0	0	1	50.0	12	0.8	7
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 93 beneficiaries who were in nursing facilities for part of their enrollment and their 889 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.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<sup>a, b, c, d</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTICOAGULANTS					ANTIASTHMATIC				
	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>76</b>	<b>66.1</b>	<b>824</b>	<b>0.8</b>	<b>\$31</b>	<b>26</b>	<b>22.6</b>	<b>273</b>	<b>1.3</b>	<b>\$84</b>	<b>67</b>	<b>58.3</b>	<b>765</b>	<b>0.8</b>	<b>\$29</b>
<b>Female</b>															
All Females	55	78.6	603	0.7	28	14	20.0	138	1.4	78	40	57.1	461	0.8	32
<b>Female, Disabled</b>															
All Ages	35	83.3	373	0.9	43	12	28.6	114	1.4	91	29	69.0	330	1.0	38
64 or younger	35	87.5	373	0.9	43	11	27.5	102	1.6	92	26	65.0	294	1.1	43
65-74	0	0.0	0	0.0	0	1	50.0	12	0.3	81	3	150.0	36	0.2	2
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>Female, Other Eligibles</b>															
All Ages	20	71.4	230	0.3	5	2	7.1	24	1.5	19	11	39.3	131	0.4	17
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	133.3	48	0.5	12	1	33.3	12	1.8	22	0	0.0	0	0.0	0
75-84	2	33.3	24	0.2	1	0	0.0	0	0.0	0	5	83.3	60	0.5	33
85 and older	14	73.7	158	0.2	3	1	5.3	12	1.2	16	6	31.6	71	0.3	4
<b>Male</b>															
All Males	21	46.7	221	0.9	38	12	26.7	135	1.1	91	27	60.0	304	0.7	25
<b>Male, Disabled</b>															
All Ages	17	45.9	173	1.0	46	11	29.7	123	1.2	99	24	64.9	268	0.7	17
64 or younger	16	44.4	171	1.0	41	11	30.6	123	1.2	99	22	61.1	264	0.7	17
65-74	1	100.0	2	2.5	513	0	0.0	0	0.0	0	2	200.0	4	0.5	30
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>Male, Other Eligibles</b>															
All Ages	4	50.0	48	0.7	8	1	12.5	12	0.2	4	3	37.5	36	0.8	88
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	2	100.0	24	0.9	12	1	50.0	12	0.2	4	2	100.0	24	1.1	131
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	25.0	12	0.1	2
85 and older	2	100.0	24	0.5	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
<b>Unknown</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 93 beneficiaries who were in nursing facilities for part of their enrollment and their 889 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 2005. 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 2005 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, 2005

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANTIHYPERTENSIVE					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	22	19.1	259	0.8	\$87	25	21.7	294	0.8	\$57	115	1,248
Female												
All Females	15	21.4	175	0.8	110	15	21.4	174	0.8	59	70	752
Female, Disabled												
All Ages	12	28.6	139	0.8	137	11	26.2	126	0.8	62	42	460
64 or younger	12	30.0	139	0.8	137	10	25.0	114	0.8	62	40	436
65-74	0	0.0	0	0.0	0	1	50.0	12	0.7	71	2	24
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	3	10.7	36	0.8	4	4	14.3	48	0.8	48	28	292
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	33.3	12	0.1	6	3	36
75-84	1	16.7	12	1.0	5	1	16.7	12	1.1	70	6	63
85 and older	2	10.5	24	0.8	4	2	10.5	24	1.0	59	19	193
Male												
All Males	7	15.6	84	0.7	39	10	22.2	120	0.7	54	45	496
Male, Disabled												
All Ages	7	18.9	84	0.7	39	10	27.0	120	0.7	54	37	412
64 or younger	7	19.4	84	0.7	39	10	27.8	120	0.7	54	36	410
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
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	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	84
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	36
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
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 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A total of 93 beneficiaries who were in nursing facilities for part of their enrollment and their 889 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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



TABLE ND.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
DELAWARE, 2005

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
<b>All</b>	<b>40,047</b>	<b>38.6</b>	<b>1.3</b>	<b>134,145</b>	<b>\$22</b>	<b>\$2,244,222</b>	<b>\$17</b>	<b>2.7</b>	<b>103,704</b>
<b>Age</b>									
5 and younger	9,942	44.4	0.9	19,127	15	330,030	17	4.8	22,394
6-14	6,113	30.0	0.6	11,959	12	246,179	21	2.0	20,380
15-20	3,385	28.5	0.6	7,432	12	142,368	19	2.1	11,867
21-44	13,814	38.1	1.5	52,643	23	847,008	16	2.9	36,279
45-64	6,589	53.1	3.4	41,709	53	663,494	16	2.5	12,408
65-74	118	53.9	3.3	713	37	8,005	11	1.9	219
75-84	58	57.4	3.9	389	39	3,921	10	1.9	101
85 and older	28	50.0	3.1	173	57	3,217	19	3.7	56
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	107	60.8	4.4	776	50	8,757	11	2.4	176
Disabled	5,041	51.9	3.7	35,856	59	575,277	16	2.0	9,716
Adults	17,924	38.3	1.4	66,664	24	1,121,385	17	3.1	46,816
Children	16,963	36.1	0.7	30,763	11	537,642	17	3.2	46,965
Unknown	12	38.7	2.8	86	37	1,161	14	1.2	31
<b>Gender</b>									
Female	25,935	39.9	1.4	91,868	23	1,467,419	16	3.0	65,073
Male	14,112	36.5	1.1	42,277	20	776,803	18	2.3	38,631
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	18,453	39.6	1.6	75,430	28	1,286,199	17	2.7	46,596
African American	15,946	36.0	1.0	44,628	17	737,198	17	2.6	44,260
Other/unknown	5,648	44.0	1.1	14,087	17	220,825	16	3.2	12,848
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	70	60.9	6.3	726	108	12,452	17	2.2	115
Part year	69	74.2	6.4	597	84	7,796	13	2.1	93
None	39,908	38.6	1.3	132,822	21	2,223,974	17	2.7	103,496
<b>Maintenance Assistance Status</b>									
Cash	21,798	41.2	1.4	75,430	23	1,206,580	16	2.7	52,881
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	1,321	36.6	0.7	2,454	12	42,020	17	3.8	3,608
Other/unknown	16,928	35.9	1.2	56,261	21	995,622	18	2.7	47,215

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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, 2005

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
<b>All</b>	<b>0.1</b>	<b>\$2</b>	<b>\$17</b>	<b>\$0</b>	<b>\$1</b>	<b>1,020,449</b>
<b>Age</b>						
5 and younger	0.1	1	17	0	0	229,442
6-14	0.1	1	21	0	0	219,965
15-20	0.1	1	19	0	0	118,567
21-44	0.2	3	16	0	1	333,367
45-64	0.4	6	16	0	2	115,372
65-74	0.3	4	11	0	1	2,126
75-84	0.4	4	10	0	1	1,047
85 and older	0.3	6	19	0	1	563
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.4	5	11	0	1	1,839
Disabled	0.3	5	16	0	2	109,713
Adults	0.2	3	17	0	1	420,260
Children	0.1	1	17	0	0	488,353
Unknown	0.3	4	14	0	2	284
<b>Gender</b>						
Female	0.1	2	16	0	1	634,484
Male	0.1	2	18	0	0	385,965
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.2	3	17	0	1	448,687
African American	0.1	2	17	0	0	444,926
Other/unknown	0.1	2	16	0	0	126,836
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	0.6	10	17	1	4	1,248
Part year	0.7	9	13	0	4	889
None	0.1	2	17	0	1	1,018,312
<b>Maintenance Assistance Status</b>						
Cash	0.1	2	16	0	1	550,374
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	17	0	0	31,285
Other/unknown	0.1	2	18	0	1	438,790

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005.

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.

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, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		\$ per Rx	Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.		Excluded Rx	
<b>All</b>	<b>51,266</b>	<b>\$44</b>	<b>\$2,244,222</b>	<b>100.0</b>	<b>134,145</b>	<b>\$17</b>	<b>100.0</b>	
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	72	16	1,129	0.1	96	12	0.1	
Cough and cold medications	21,308	48	1,012,361	45.1	37,577	27	28.0	
Vitamins and minerals	3,105	41	127,774	5.7	8,394	15	6.3	
Non-prescription drugs	17,079	22	372,536	16.6	41,951	9	31.3	
Barbiturates	222	54	12,038	0.5	1,770	7	1.3	
Benzodiazepines	8,325	69	578,080	25.8	41,424	14	30.9	
Other Part D Excl Rx Drugs	1,155	121	140,304	6.3	2,933	48	2.2	

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Nondual Beneficiaries

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, 2005

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
<b>All</b>	<b>150,441</b>	<b>208</b>	<b>11,669</b>	<b>63,168</b>	<b>75,348</b>	<b>48</b>	<b>1,395,499</b>	<b>2,098</b>	<b>127,934</b>	<b>554,733</b>	<b>710,365</b>	<b>369</b>
<b>Age</b>												
5 and younger	32,899	0	793	2	32,104	0	302,693	0	8,400	15	294,278	0
6-14	33,769	0	2,760	2	31,007	0	335,112	0	30,843	20	304,249	0
15-20	19,139	0	1,874	5,035	12,228	2	177,207	0	20,591	44,849	111,759	8
21-44	48,672	3	2,874	45,769	8	18	438,043	27	31,640	406,217	72	87
45-64	15,504	1	3,352	12,122	1	28	138,141	7	36,315	101,538	7	274
65-74	266	68	16	182	0	0	2,436	720	145	1,571	0	0
75-84	127	82	0	45	0	0	1,233	826	0	407	0	0
85 and older	65	54	0	11	0	0	634	518	0	116	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	87,541	148	5,546	43,841	37,958	48	833,905	1,487	61,294	411,778	358,977	369
Male	62,900	60	6,123	19,327	37,390	0	561,594	611	66,640	142,955	351,388	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	63,603	74	5,475	30,186	27,832	36	579,570	714	59,513	263,793	255,265	285
African American	66,730	89	5,168	26,981	34,484	8	633,827	903	57,108	238,631	337,118	67
Other/unknown	20,108	45	1,026	6,001	13,032	4	182,102	481	11,313	52,309	117,982	17
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	151	42	109	0	0	0	1,617	427	1,190	0	0	0
Part year	112	19	88	5	0	0	1,062	130	875	57	0	0
None	150,178	147	11,472	63,163	75,348	48	1,392,820	1,541	125,869	554,676	710,365	369
<b>Maintenance Assistance Status</b>												
Cash	78,126	135	9,979	20,789	47,223	0	747,835	1,468	109,631	195,659	441,077	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	5,976	7	7	444	5,470	48	45,352	54	60	2,766	42,103	369
Other/unknown	66,339	66	1,683	41,935	22,655	0	602,312	576	18,243	356,308	227,185	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	3,172	1	1	3,095	75	0	23,826	1	1	23,310	514	0
FFS part year, with Rx claims	3,860	5	30	3,746	77	2	42,139	41	331	40,914	829	24
FFS part year, no Rx claims	1,344	3	6	1,269	65	1	13,147	33	52	12,426	633	3
MC all year, with Rx claims	95,328	167	9,679	38,706	46,748	28	974,237	1,806	109,597	375,355	487,209	270
MC all year, no Rx claims	46,737	32	1,953	16,352	28,383	17	342,150	217	17,953	102,728	221,180	72

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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<sup>a</sup>  
 NONDUAL BENEFICIARIES, DELAWARE, 2005

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>150,441</b>	<b>1,395,499</b>	<b>103,704</b>	<b>1,020,449</b>	<b>0</b>	<b>375,050</b>
Fee-for-service (FFS) all year	3,172	23,826	3,172	23,826	0	0
FFS part year, with Rx claims	3,860	42,139	3,860	15,558	0	26,581
FFS part year, with no Rx claims	1,344	13,147	1,344	6,828	0	6,319
Managed care (MC) all year, with Rx claims	95,328	974,237	95,328	974,237	0	0
MC all year, with no Rx claims	46,737	342,150	0	0	0	342,150

Source: Data for this table are from the MAX 2005 file for Delaware, released by CMS in 10/2008. This table was produced on 04/23/2009.

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.

Nondual Beneficiaries