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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
DELAWARE**

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TABLE D.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	6,769	2,791	3,166	793	16	3	66,393	27,466	31,825	6,930	144	28
Age												
5 and younger	0	0	0	0	0	0	0	0	0	0	0	0
6-14	2	0	1	0	1	0	16	0	12	0	4	0
15-20	27	0	24	2	1	0	292	0	260	20	12	0
21-44	1,487	0	1,142	342	3	0	14,372	0	11,413	2,935	24	0
45-64	2,248	1	1,903	341	2	1	22,125	9	19,077	3,015	19	5
65-74	1,226	1,030	92	100	2	2	12,177	10,187	1,033	912	22	23
75-84	981	971	2	7	1	0	9,771	9,715	11	39	6	0
85 and older	798	789	2	1	6	0	7,640	7,555	19	9	57	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	4,516	2,108	1,873	521	11	3	44,623	20,974	19,019	4,506	96	28
Male	2,253	683	1,293	272	5	0	21,770	6,492	12,806	2,424	48	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	3,922	1,697	1,806	406	10	3	38,191	16,366	18,134	3,575	88	28
African American	2,390	840	1,223	322	5	0	23,704	8,460	12,363	2,829	52	0
Other/unknown	457	254	137	65	1	0	4,498	2,640	1,328	526	4	0
Use of Nursing Facilities^c												
Entire year	1,035	895	139	0	1	0	10,702	9,162	1,531	0	9	0
Part year	597	492	96	4	5	0	5,037	4,121	846	25	45	0
None	5,137	1,404	2,931	789	10	3	50,654	14,183	29,448	6,905	90	28
Maintenance Assistance Status												
Cash	3,163	1,067	1,796	288	12	0	34,279	11,770	19,950	2,452	107	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	818	197	611	5	2	3	4,731	1,179	3,474	29	21	28
Other/unknown	2,788	1,527	759	500	2	0	27,383	14,517	8,401	4,449	16	0
Dual Medicare Status^d												
Full dual, all year	5,474	2,330	2,424	703	14	3	59,402	24,988	27,764	6,493	129	28
Full dual, part year	1,295	461	742	90	2	0	6,991	2,478	4,061	437	15	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	57	0	13	44	0	0	472	0	126	346	0	0
FFS part year, with Rx claims	697	182	450	65	0	0	3,512	907	2,318	287	0	0
FFS part year, no Rx claims	617	279	278	58	2	0	3,480	1,571	1,606	288	15	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.2 includes the beneficiaries represented by Cell G 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.

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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.

Dual Eligible Beneficiaries

TABLE D.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	76.0	10.7	\$753	\$70	\$2,133	35.3	6,769
Age							
5 and younger	0.0	0.0	0	0	0	0.0	0
6-14	100.0	2.5	18	7	18	100.0	2
15-20	88.9	18.2	1,081	59	1,420	76.1	27
21-44	73.2	11.7	1,108	95	1,969	56.3	1,487
45-64	76.5	14.7	1,149	78	2,258	50.9	2,248
65-74	76.3	10.8	557	52	1,982	28.1	1,226
75-84	74.7	4.7	92	19	2,001	4.6	981
85 and older	80.2	5.0	80	16	2,514	3.2	798
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	75.9	6.3	216	35	2,166	10.0	2,791
Disabled	73.9	11.1	877	79	1,997	43.9	3,166
Adults	84.1	25.0	2,138	86	2,582	82.8	793
Children	87.5	7.8	777	100	967	80.3	16
Unknown	100.0	17.0	3,589	211	3,589	100.0	3
Gender							
Female	76.3	10.7	671	63	2,180	30.8	4,516
Male	75.4	10.8	916	85	2,040	44.9	2,253
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	80.2	12.0	815	68	2,265	36.0	3,922
African American	70.1	9.2	659	72	2,048	32.2	2,390
Other/unknown	70.7	8.2	709	86	1,447	49.0	457
Use of Nursing Facilities^f							
Entire year	98.2	8.8	188	21	484	38.8	1,035
Part year	70.4	5.5	178	33	8,212	2.2	597
None	72.2	11.8	934	79	1,759	53.1	5,137
Maintenance Assistance Status							
Cash	74.5	9.2	614	67	865	71.0	3,163
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	61.4	14.4	1,321	92	5,281	25.0	818
Other/unknown	81.9	11.4	744	65	2,649	28.1	2,788

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

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

d. In eight states (DE, IA, IL, NE, NY, 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.

Dual Eligible Beneficiaries

TABLE D.4
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	1.1	\$77	35.3	24.0	55.2	6.5	7.5	4.1	2.6	\$218	6,769	66,393
Age												
5 and younger	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
6-14	0.3	2	100.0	0.0	100.0	0.0	0.0	0.0	0.0	2	2	16
15-20	1.7	100	76.1	11.1	48.1	14.8	22.2	3.7	0.0	131	27	292
21-44	1.2	115	56.3	26.8	48.9	7.7	9.6	3.5	3.6	204	1,487	14,372
45-64	1.5	117	50.9	23.5	48.4	7.6	9.4	7.0	4.1	229	2,248	22,125
65-74	1.1	56	28.1	23.7	55.3	6.7	8.1	3.9	2.3	200	1,226	12,177
75-84	0.5	9	4.6	25.3	66.5	4.1	3.0	1.1	0.1	201	981	9,771
85 and older	0.5	8	3.2	19.8	72.4	4.0	2.0	1.3	0.5	263	798	7,640
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	0.6	22	10.0	24.1	64.7	4.8	3.5	1.9	0.9	220	2,791	27,466
Disabled	1.1	87	43.9	26.1	52.6	6.6	6.9	4.0	3.8	199	3,166	31,825
Adults	2.9	245	82.8	15.9	31.7	12.4	23.6	12.5	4.0	296	793	6,930
Children	0.9	86	80.3	12.5	68.8	6.3	12.5	0.0	0.0	108	16	144
Unknown	1.8	385	100.0	0.0	66.7	0.0	0.0	33.3	0.0	385	3	28
Gender												
Female	1.1	68	30.8	23.7	56.3	6.2	7.0	3.9	2.9	221	4,516	44,623
Male	1.1	95	44.9	24.6	53.0	7.2	8.3	4.7	2.2	211	2,253	21,770
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.2	84	36.0	19.8	58.5	6.5	7.2	4.8	3.2	233	3,922	38,191
African American	0.9	66	32.2	29.9	50.5	6.4	7.9	3.2	2.1	207	2,390	23,704
Other/unknown	0.8	72	49.0	29.3	51.4	8.1	7.2	2.8	1.1	147	457	4,498
Use of Nursing Facilities^f												
Entire year	0.8	18	38.8	1.8	85.5	6.6	3.3	1.9	0.9	47	1,035	10,702
Part year	0.6	21	2.2	29.6	59.6	4.4	3.5	2.0	0.8	973	597	5,037
None	1.2	95	53.1	27.8	48.6	6.8	8.8	4.8	3.2	178	5,137	50,654
Maintenance Assistance Status												
Cash	0.8	57	71.0	25.5	58.6	6.3	6.4	2.6	0.6	80	3,163	34,279
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.5	228	25.0	38.6	22.0	6.2	9.9	8.4	14.8	913	818	4,731
Other/unknown	1.2	76	28.1	18.1	61.1	6.9	7.9	4.6	1.4	270	2,788	27,383

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age

who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

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

Dual Eligible Beneficiaries

TABLE D.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.1	\$77	\$70	0.3	\$56	\$192	0.0	\$5	\$102	0.8	\$16	\$21
Age												
5 and younger	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
6-14	0.3	2	7	0.0	0	0	0.0	0	0	0.3	2	7
15-20	1.7	100	59	0.5	57	105	0.1	11	79	1.0	33	32
21-44	1.2	115	95	0.4	89	238	0.0	6	131	0.8	20	25
45-64	1.5	117	78	0.4	86	193	0.1	8	109	1.0	23	23
65-74	1.1	56	52	0.3	37	138	0.1	4	72	0.8	15	19
75-84	0.5	9	19	0.0	4	99	0.0	0	49	0.4	4	10
85 and older	0.5	8	16	0.0	3	84	0.0	1	52	0.5	5	10
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.6	22	35	0.1	14	127	0.0	2	70	0.5	7	14
Disabled	1.1	87	79	0.3	66	216	0.0	5	110	0.8	16	21
Adults	2.9	245	86	1.0	178	184	0.2	17	109	1.7	50	29
Children	0.9	86	100	0.2	69	343	0.1	5	64	0.6	12	20
Unknown	1.8	385	211	0.9	322	376	0.4	47	131	0.6	16	26
Gender												
Female	1.1	68	63	0.3	48	174	0.0	4	96	0.8	15	20
Male	1.1	95	85	0.3	72	223	0.1	6	112	0.7	17	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.2	84	68	0.3	60	188	0.1	6	115	0.9	18	21
African American	0.9	66	72	0.3	51	198	0.0	4	80	0.6	12	20
Other/unknown	0.8	72	86	0.3	54	203	0.0	3	89	0.5	14	27
Use of Nursing Facilities^e												
Entire year	0.8	18	21	0.1	9	104	0.0	1	62	0.7	8	11
Part year	0.6	21	33	0.1	13	126	0.0	2	92	0.5	6	12
None	1.2	95	79	0.4	70	198	0.1	6	105	0.8	19	24
Maintenance Assistance Status												
Cash	0.8	57	67	0.2	41	191	0.0	3	105	0.6	12	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.5	228	92	0.9	169	190	0.2	19	109	1.4	40	28
Other/unknown	1.2	76	65	0.3	55	193	0.0	5	95	0.8	16	20

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.5 includes the beneficiaries represented by Cell G 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 combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

adoptive services.

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

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

Dual Eligible Beneficiaries

TABLE D.6
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Off-Patent		Generic	Total	Off-Patent		Generic	Total	Off-Patent		Generic	Total Number of Rx	Total Rx \$	Number	As a Percentage of Dual Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.4	0.1	0.0	0.3	\$83	\$73	\$3	\$7	\$209	\$562	\$193	\$29	3,087	\$645,465	854	12.6	7,742
Biologicals	0.2	0.2	0.0	0.0	10	10	0	0	61	61	0	0	13	796	10	0.1	77
Antineoplastic Agents	0.5	0.2	0.0	0.3	154	142	0	12	342	901	93	42	209	71,580	53	0.8	464
Endocrine/Metabolic Drugs	0.7	0.3	0.0	0.4	45	37	1	7	62	129	32	17	4,762	297,024	759	11.2	6,581
Cardiovascular Agents	1.2	0.4	0.1	0.7	79	52	11	16	63	144	72	22	11,349	716,142	1,081	16.0	9,111
Respiratory Agents	0.4	0.1	0.0	0.2	20	15	1	3	53	103	76	16	5,524	294,034	1,474	21.8	15,068
Gastrointestinal Agents	0.5	0.3	0.0	0.2	56	48	1	6	105	160	223	29	2,933	306,669	639	9.4	5,507
Genitourinary Agents	0.4	0.2	0.0	0.1	29	22	4	3	73	92	93	25	652	47,433	180	2.7	1,645
CNS Drugs	0.7	0.1	0.0	0.5	34	25	2	6	49	171	114	12	21,473	1,058,376	3,112	46.0	31,329
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.3	56	39	0	17	87	115	25	58	205	17,833	32	0.5	317
Miscellaneous Psychological/Neurological Agents	0.3	0.3	0.0	0.0	166	163	0	3	526	572	0	94	124	65,192	42	0.6	392
Analgesics and Anesthetics	0.8	0.1	0.0	0.7	58	22	7	29	76	411	383	42	6,989	533,226	1,045	15.4	9,241
Neuromuscular Agents	0.7	0.2	0.0	0.5	43	29	1	13	63	173	118	26	8,033	505,316	1,209	17.9	11,693
Nutritional Products	0.4	0.0	0.0	0.3	5	1	0	4	15	35	19	13	2,168	32,470	613	9.1	6,099
Hematological Agents	0.5	0.1	0.0	0.4	27	24	0	3	55	221	16	8	3,450	188,394	729	10.8	7,033
Topical Products	0.3	0.1	0.0	0.2	20	15	1	4	62	120	76	23	1,462	89,972	486	7.2	4,418
Miscellaneous Products	0.5	0.3	0.0	0.2	398	374	0	24	793	1,259	0	117	282	223,674	60	0.9	562
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	18	0	0	0	116	0	0	0	28	3,249	22	0.3	177
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	72,743	5,096,845	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In Delaware, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.

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

TABLE D.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIVIRAL	\$480,266	116	1.7	1,184	0.6	\$680	\$406	
ANTIPSYCHOTICS	428,876	382	5.6	3,346	0.6	233	128	
ANTICONVULSANT	395,165	1,013	15.0	10,019	0.6	66	39	
ANALGESICS - Narcotic	340,558	1,107	16.4	9,782	0.5	73	35	
ANTIDEPRESSANTS	289,019	895	13.2	7,691	0.5	74	38	
ULCER DRUGS	246,160	528	7.8	4,631	0.4	127	53	
ANTIDIABETIC	210,272	592	8.7	5,085	0.5	77	41	
ANTIHYPERLIPIDEMIC	197,274	591	8.7	5,018	0.5	86	39	
MISC. CARDIOVASCULAR	178,694	5	0.1	49	1.0	3,647	3,647	
ANTIASTHMATIC	165,715	606	9.0	5,502	0.4	86	30	
Total	2,931,999	5,835	n.a.	52,307	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	ANTIVIRAL								ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	
All	26,131	\$2,931,999	116	1.7	1,184	0.6	\$406	382	5.6	3,346	0.6	\$128	
Female													
All Females	16,609	1,726,000	43	1.0	399	0.6	332	240	5.3	2,095	0.5	116	
Female, Disabled													
All Ages	8,096	963,891	24	1.3	213	0.8	462	119	6.4	1,051	0.5	111	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	136	11,902	1	8.3	12	0.7	62	2	16.7	23	1.1	42	
21-44	2,476	395,584	6	1.0	72	0.7	402	68	11.1	637	0.4	117	
45-64	5,138	531,194	17	1.4	129	0.8	533	46	3.9	355	0.5	105	
65-74	346	25,211	0	0.0	0	0.0	0	3	4.9	36	0.4	103	
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
Female, Other Eligibles													
All Ages	8,513	762,109	19	0.7	186	0.4	183	121	4.6	1,044	0.5	121	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	1,936	206,555	6	2.4	67	0.3	26	47	19.2	374	0.5	123	
45-64	2,774	308,355	11	5.6	102	0.5	315	46	23.4	443	0.6	144	
65-74	2,902	210,744	1	0.1	5	0.2	3	13	1.7	124	0.8	91	
75-84	488	19,838	1	0.1	12	0.1	16	1	0.1	12	0.3	12	
85 and older	413	16,617	0	0.0	0	0.0	0	14	2.0	91	0.4	61	
Male													
All Males	9,522	1,205,999	73	3.2	785	0.6	443	142	6.3	1,251	0.6	148	
Male, Disabled													
All Ages	5,456	771,141	54	4.2	601	0.6	446	92	7.1	777	0.7	171	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	44	2,186	0	0.0	0	0.0	0	1	8.3	12	0.4	12	
21-44	2,255	303,972	12	2.3	137	0.6	509	62	11.7	525	0.8	188	
45-64	3,085	460,414	41	5.7	452	0.6	438	28	3.9	237	0.5	141	
65-74	72	4,569	1	3.2	12	0.1	12	1	3.2	3	0.3	161	
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	4,066	434,858	19	2.0	184	0.6	433	50	5.2	474	0.5	111	
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
6-14	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	
21-44	997	136,469	10	10.0	83	0.5	432	17	17.0	192	0.5	128	
45-64	1,625	169,913	3	2.0	31	0.4	393	17	11.5	155	0.7	162	

65-74	1,162	116,157	6	1.7	70	0.9	453	6	1.7	61	0.3	15
75-84	198	9,494	0	0.0	0	0.0	0	7	2.8	48	0.4	28
85 and older	84	2,825	0	0.0	0	0.0	0	3	2.9	18	0.5	44
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7B
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual 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 Dual 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 Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	1,013	15.0	10,019	0.6	\$39	1,107	16.4	9,782	0.5	\$35	895	13.2	7,691	0.5	\$38
Female															
All Females	638	14.1	6,254	0.6	36	730	16.2	6,490	0.5	31	620	13.7	5,340	0.5	38
Female, Disabled															
All Ages	338	18.0	3,307	0.6	40	343	18.3	2,821	0.5	38	306	16.3	2,443	0.5	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	16.7	24	0.8	162	3	25.0	35	0.5	4	7	58.3	84	0.7	55
21-44	128	20.9	1,293	0.6	47	103	16.9	904	0.5	30	103	16.9	817	0.5	37
45-64	201	17.0	1,906	0.7	34	231	19.5	1,810	0.5	42	189	15.9	1,458	0.5	38
65-74	7	11.5	84	0.6	21	6	9.8	72	0.8	38	7	11.5	84	0.6	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	300	11.4	2,947	0.5	32	387	14.6	3,669	0.4	25	314	11.9	2,897	0.5	38
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	74	30.2	683	0.5	54	127	51.8	1,217	0.4	29	96	39.2	888	0.5	40
45-64	54	27.4	545	0.6	58	122	61.9	1,210	0.5	30	102	51.8	1,031	0.5	49
65-74	86	11.1	831	0.6	22	107	13.8	1,035	0.4	20	71	9.2	673	0.4	27
75-84	52	7.1	553	0.4	8	9	1.2	67	0.3	5	21	2.9	153	0.4	17
85 and older	34	4.9	335	0.5	10	22	3.2	140	0.4	6	24	3.5	152	0.5	20
Male															
All Males	375	16.6	3,765	0.6	45	377	16.7	3,292	0.5	43	275	12.2	2,351	0.5	37
Male, Disabled															
All Ages	246	19.0	2,490	0.7	51	174	13.5	1,366	0.6	51	150	11.6	1,254	0.6	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	16.7	24	0.3	11	3	25.0	36	0.2	1	2	16.7	24	0.5	5
21-44	120	22.6	1,277	0.6	43	68	12.8	617	0.5	46	71	13.4	613	0.6	31
45-64	121	16.9	1,174	0.8	60	100	13.9	690	0.7	59	76	10.6	607	0.5	39
65-74	3	9.7	15	0.7	61	3	9.7	23	0.3	13	1	3.2	10	0.2	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
Male, Other Eligibles															
All Ages	129	13.4	1,275	0.5	34	203	21.1	1,926	0.5	38	125	13.0	1,097	0.5	40
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	26	26.0	287	0.6	56	53	53.0	544	0.4	40	31	31.0	325	0.4	32

45-64	35	23.6	333	0.5	51	94	63.5	913	0.5	45	59	39.9	537	0.6	50
65-74	38	10.5	343	0.5	21	45	12.5	401	0.5	23	17	4.7	141	0.5	32
75-84	18	7.3	196	0.4	9	7	2.8	36	0.2	2	17	6.9	93	0.4	29
85 and older	12	11.4	116	0.4	10	4	3.8	32	0.1	1	1	1.0	1	2.0	31
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	ULCER DRUGS					ANTIDIABETIC					ANTIHYPERTENSIVE				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	528	7.8	4,631	0.4	\$53	592	8.7	5,085	0.5	\$41	591	8.7	5,018	0.5	\$39
Female															
All Females	360	8.0	3,159	0.4	52	391	8.7	3,386	0.5	42	369	8.2	3,136	0.5	38
Female, Disabled															
All Ages	170	9.1	1,337	0.4	53	142	7.6	1,152	0.6	52	147	7.8	1,196	0.5	42
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	3	25.0	31	0.2	40	2	16.7	21	0.1	14	0	0.0	0	0.0	0
21-44	54	8.8	437	0.4	43	29	4.7	276	0.5	42	17	2.8	152	0.6	50
45-64	108	9.1	816	0.5	58	107	9.0	807	0.6	55	126	10.6	1,003	0.5	41
65-74	5	8.2	53	0.6	50	4	6.6	48	0.8	70	4	6.6	41	0.6	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
Female, Other Eligibles															
All Ages	190	7.2	1,822	0.4	52	249	9.4	2,234	0.5	37	222	8.4	1,940	0.4	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	50	20.4	478	0.4	51	14	5.7	165	0.6	68	14	5.7	148	0.4	25
45-64	46	23.4	465	0.5	71	61	31.0	570	0.6	35	65	33.0	624	0.5	45
65-74	72	9.3	696	0.4	46	141	18.2	1,247	0.5	37	121	15.7	1,034	0.4	33
75-84	11	1.5	85	0.5	54	22	3.0	192	0.3	18	14	1.9	99	0.5	33
85 and older	11	1.6	98	0.2	14	11	1.6	60	0.4	24	8	1.2	35	0.4	13
Male															
All Males	168	7.5	1,472	0.4	55	201	8.9	1,699	0.6	41	222	9.9	1,882	0.4	41
Male, Disabled															
All Ages	77	6.0	675	0.5	62	90	7.0	617	0.7	55	98	7.6	818	0.4	37
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	16.7	24	0.3	47	1	8.3	10	0.2	29	0	0.0	0	0.0	0
21-44	21	4.0	207	0.3	48	18	3.4	172	0.5	52	27	5.1	224	0.5	36
45-64	53	7.4	432	0.5	71	68	9.5	407	0.8	58	70	9.7	584	0.4	38
65-74	1	3.2	12	0.8	14	3	9.7	28	0.5	38	1	3.2	10	0.3	12
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	91	9.5	797	0.4	49	111	11.6	1,082	0.5	32	124	12.9	1,064	0.4	44
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	18	18.0	184	0.4	47	17	17.0	186	0.5	42	23	23.0	203	0.4	31
45-64	33	22.3	304	0.4	47	35	23.6	358	0.6	38	37	25.0	357	0.5	44
65-74	29	8.0	246	0.5	59	51	14.1	485	0.4	27	55	15.2	429	0.5	56

75-84	7	2.8	42	0.3	18	6	2.4	42	0.4	12	6	2.4	55	0.2	10
85 and older	4	3.8	21	0.3	22	2	1.9	11	0.5	3	3	2.9	20	0.2	7
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	MISC. CARDIOVASCULAR					ANTIASTHMATIC							
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Beneficiaries	Number of Benefit Months	
All	5	0.1	49	1.0	\$3,647	606	9.0	5,502	0.4	\$30	6,769	66,393	
Female													
All Females	4	0.1	48	1.0	3,719	438	9.7	3,933	0.4	30	4,516	44,623	
Female, Disabled													
All Ages	4	0.2	48	1.0	3,719	228	12.2	1,840	0.4	33	1,873	19,019	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12	
15-20	0	0.0	0	0.0	0	1	8.3	12	0.1	3	12	139	
21-44	2	0.3	24	1.0	5,167	58	9.5	508	0.2	22	611	6,141	
45-64	2	0.2	24	0.9	2,270	160	13.5	1,212	0.4	34	1,185	12,003	
65-74	0	0.0	0	0.0	0	9	14.8	108	0.7	70	61	703	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	11	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	10	
Female, Other Eligibles													
All Ages	0	0.0	0	0.0	0	210	7.9	2,093	0.3	28	2,643	25,604	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	4	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	32	
21-44	0	0.0	0	0.0	0	43	17.6	454	0.3	25	245	2,040	
45-64	0	0.0	0	0.0	0	45	22.8	475	0.3	29	197	1,733	
65-74	0	0.0	0	0.0	0	102	13.2	990	0.4	31	773	7,794	
75-84	0	0.0	0	0.0	0	9	1.2	72	0.2	15	733	7,345	
85 and older	0	0.0	0	0.0	0	11	1.6	102	0.2	6	691	6,656	
Male													
All Males	1	0.0	1	3.0	204	168	7.5	1,569	0.4	30	2,253	21,770	
Male, Disabled													
All Ages	1	0.1	1	3.0	204	85	6.6	777	0.4	33	1,293	12,806	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
15-20	0	0.0	0	0.0	0	2	16.7	22	0.1	9	12	121	
21-44	0	0.0	0	0.0	0	25	4.7	262	0.3	24	531	5,272	
45-64	1	0.1	1	3.0	204	54	7.5	457	0.4	38	718	7,074	
65-74	0	0.0	0	0.0	0	4	12.9	36	0.6	38	31	330	
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	1	9	
Male, Other Eligibles													
All Ages	0	0.0	0	0.0	0	83	8.6	792	0.3	28	960	8,964	
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
21-44	0	0.0	0	0.0	0	19	19.0	201	0.3	25	100	919	
45-64	0	0.0	0	0.0	0	19	12.8	204	0.3	21	148	1,315	
65-74	0	0.0	0	0.0	0	37	10.2	323	0.4	35	361	3,350	

75-84	0	0.0	0	0.0	0	5	2.0	35	0.4	53	246	2,415
85 and older	0	0.0	0	0.0	0	3	2.9	29	0.1	4	105	965
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

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

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

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

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

Dual Eligible Beneficiaries

TABLE D.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC^{a, b}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$18	0.8	1,035	10,702
Age				
0-64	50	1.5	129	1,418
65-74	28	1.1	165	1,726
75-84	10	0.6	325	3,324
85 and older	10	0.7	416	4,234
Unknown	0	0.0	0	0
Gender				
Female	19	0.9	751	7,837
Male	16	0.8	284	2,865
Unknown	0	0.0	0	0
Race				
White	18	0.9	784	7,976
African American	19	0.7	224	2,408
Other/unknown	11	0.5	27	318
Basis of Eligibility^c				
Aged	12	0.7	895	9,162
Disabled	58	1.7	139	1,531
Adults	0	0.0	0	0
Children	7	0.9	1	9
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 597 beneficiaries who were in nursing facilities for part of their enrollment and their 5,037 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.

Dual Eligible Beneficiaries

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

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	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months	
Anti-infective Agents	0.5	0.2	0.0	0.3	\$60	\$52	\$0	\$9	\$134	\$332	\$0	\$29	133	\$17,836	34	3.3	295	
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	27	27	0	0	5	136	5	0.5	41	
Antineoplastic Agents	0.3	0.0	0.0	0.3	3	0	0	3	9	0	0	9	5	45	2	0.2	16	
Endocrine/Metabolic Drugs	0.8	0.3	0.2	0.4	32	22	6	3	39	84	38	8	343	13,370	50	4.8	424	
Cardiovascular Agents	1.0	0.1	0.1	0.8	23	7	5	12	23	64	55	14	728	16,491	91	8.8	704	
Respiratory Agents	0.3	0.1	0.0	0.2	16	11	0	5	53	106	55	26	308	16,361	97	9.4	1,010	
Gastrointestinal Agents	0.6	0.1	0.0	0.5	21	7	0	14	36	103	0	27	183	6,501	38	3.7	311	
Genitourinary Agents	0.5	0.3	0.0	0.2	25	16	1	8	50	57	92	40	83	4,180	22	2.1	170	
CNS Drugs	0.5	0.0	0.0	0.5	8	4	0	4	15	119	88	8	3,883	59,001	696	67.2	7,323	
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	
Miscellaneous Psychological/Neurological Agents	0.2	0.2	0.0	0.0	21	21	0	0	86	86	0	0	12	1,033	6	0.6	49	
Analgesics and Anesthetics	0.7	0.0	0.0	0.6	22	5	11	7	30	93	280	11	324	9,856	55	5.3	450	
Neuromuscular Agents	0.7	0.1	0.0	0.6	15	4	1	11	23	72	266	17	922	21,187	133	12.9	1,382	
Nutritional Products	0.4	0.0	0.0	0.4	5	0	0	5	12	20	13	12	720	8,542	176	17.0	1,811	
Hematological Agents	0.6	0.0	0.0	0.5	6	3	0	3	11	79	11	6	1,220	12,852	209	20.2	2,122	
Topical Products	0.5	0.1	0.0	0.4	15	7	1	8	30	104	49	18	193	5,862	45	4.3	387	
Miscellaneous Products	0.2	0.2	0.0	0.0	19	18	0	1	82	95	0	23	11	903	5	0.5	47	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	3	0	0	0	12	0	0	0	4	48	3	0.3	19	
TOTAL NO. OF RX AND RX \$	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	9,077	194,204	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 597 beneficiaries who were in nursing facilities for part of their enrollment and their 5,037 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

In Delaware, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE D.10
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Top 10 Drug Groups in Nursing Facilities	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIANKXIETY AGENTS	\$24,923	626	60.5	6,667	0.5	\$8	\$4
ANTICONVULSANT	18,986	130	12.6	1,374	0.6	23	14
ANTIPSYCHOTICS	17,390	31	3.0	254	0.4	155	68
ANTIVIRAL	13,812	2	0.2	18	1.6	476	767
ANTIDEPRESSANTS	11,997	63	6.1	508	0.5	48	24
ANTIASTHMATIC	11,540	32	3.1	288	0.5	76	40
ANTIDIABETIC	9,604	32	3.1	276	0.6	60	35
ANALGESICS - Narcotic	8,237	47	4.5	372	0.6	36	22
MISC. HEMATOLOGICAL	5,837	20	1.9	138	0.5	85	42
ANTIHYPERTENSIVE	6,171	54	5.2	459	0.4	31	13
Total	128,497	1,037	n.a.	10,354	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 597 beneficiaries who were in nursing facilities for part of their enrollment and their 5,037 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups		ANTI-ANXIETY AGENTS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	5,180	\$128,497	626	60.5	6,667	0.5	\$4	130	12.6	1,374	0.6	\$14
Female												
All Females	3,980	103,153	466	62.1	5,013	0.5	4	83	11.1	889	0.6	14
Female, Disabled												
All Ages	1,019	55,230	48	62.3	546	0.6	4	19	24.7	228	0.8	24
64 or younger	794	41,617	45	64.3	514	0.6	5	16	22.9	192	0.8	26
65-74	225	13,613	3	42.9	32	0.5	2	3	42.9	36	0.8	11
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	2,961	47,923	418	62.0	4,467	0.5	4	64	9.5	661	0.6	11
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	525	12,104	56	62.2	614	0.4	3	22	24.4	224	0.7	13
75-84	970	12,129	131	58.5	1,415	0.6	5	17	7.6	193	0.5	6
85 and older	1,466	23,690	231	64.2	2,438	0.4	3	25	6.9	244	0.6	13
Male												
All Males	1,200	25,344	160	56.3	1,654	0.4	4	47	16.5	485	0.6	13
Male, Disabled												
All Ages	401	9,391	38	61.3	439	0.5	7	14	22.6	148	0.8	23
64 or younger	394	9,340	37	62.7	427	0.5	7	14	23.7	148	0.8	23
65-74	7	51	1	33.3	12	0.6	4	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
Male, Other Eligibles												
All Ages	799	15,953	122	55.0	1,215	0.4	3	33	14.9	337	0.5	9
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	232	5,624	27	41.5	281	0.3	3	10	15.4	104	0.5	6
75-84	360	7,683	62	61.4	612	0.4	3	14	13.9	153	0.5	11
85 and older	207	2,646	33	58.9	322	0.5	3	9	16.1	80	0.4	10
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 597 beneficiaries who were in nursing facilities for part of their enrollment and their 5,037 benefit months were excluded from the analysis.
- b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIPSYCHOTICS					ANTIVIRAL					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 \$
All	31	3.0	254	0.4	\$69	2	0.2	18	1.6	\$767	63	6.1	508	0.5	\$24
Female															
All Females	17	2.3	146	0.5	93	2	0.3	18	1.6	767	48	6.4	393	0.5	25
Female, Disabled															
All Ages	4	5.2	45	0.7	134	2	2.6	18	1.6	767	12	15.6	139	0.7	39
64 or younger	2	2.9	21	0.9	142	2	2.9	18	1.6	767	9	12.9	103	0.6	44
65-74	2	28.6	24	0.6	127	0	0.0	0	0.0	0	3	42.9	36	0.8	25
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	13	1.9	101	0.4	74	0	0.0	0	0.0	0	36	5.3	254	0.4	18
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3	3.3	33	0.6	127	0	0.0	0	0.0	0	5	5.6	42	0.5	17
75-84	1	0.4	12	0.3	12	0	0.0	0	0.0	0	13	5.8	77	0.4	18
85 and older	9	2.5	56	0.4	57	0	0.0	0	0.0	0	18	5.0	135	0.4	18
Male															
All Males	14	4.9	108	0.3	36	0	0.0	0	0.0	0	15	5.3	115	0.4	17
Male, Disabled															
All Ages	2	3.2	9	0.6	153	0	0.0	0	0.0	0	3	4.8	27	0.6	21
64 or younger	2	3.4	9	0.6	153	0	0.0	0	0.0	0	3	5.1	27	0.6	21
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
Male, Other Eligibles															
All Ages	12	5.4	99	0.3	25	0	0.0	0	0.0	0	12	5.4	88	0.3	16
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	6.2	37	0.2	15	0	0.0	0	0.0	0	3	4.6	32	0.3	10
75-84	6	5.9	47	0.4	28	0	0.0	0	0.0	0	8	7.9	55	0.3	20
85 and older	2	3.6	15	0.5	39	0	0.0	0	0.0	0	1	1.8	1	2.0	31
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 597 beneficiaries who were in nursing facilities for part of their enrollment and their 5,037 benefit months were excluded from the analysis.

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

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

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

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

TABLE D.10C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
DUAL ELIGIBLE BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	ANTIASTHMATIC						ANTIDIABETIC						ANALGESICS - Narcotic					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$		Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	
All	32	3.1	288	0.5	\$40		32	3.1	276	0.6	\$35		47	4.5	372	0.6	\$22	
Female																		
All Females	24	3.2	217	0.6	44		20	2.7	171	0.7	45		34	4.5	276	0.7	23	
Female, Disabled																		
All Ages	9	11.7	102	1.0	78		5	6.5	58	1.2	109		11	14.3	124	1.0	43	
64 or younger	4	5.7	42	0.8	16		4	5.7	46	1.3	136		10	14.3	112	0.9	47	
65-74	5	71.4	60	1.2	121		1	14.3	12	0.8	6		1	14.3	12	1.9	8	
75-84	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
85 and older	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
Female, Other Eligibles																		
All Ages	15	2.2	115	0.2	15		15	2.2	113	0.4	12		23	3.4	152	0.4	6	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
65-74	5	5.6	45	0.2	24		4	4.4	48	0.4	6		5	5.6	39	0.5	12	
75-84	4	1.8	26	0.3	21		6	2.7	40	0.3	13		5	2.2	32	0.4	2	
85 and older	6	1.7	44	0.2	3		5	1.4	25	0.6	24		13	3.6	81	0.4	5	
Male																		
All Males	8	2.8	71	0.2	27		12	4.2	105	0.4	18		13	4.6	96	0.5	21	
Male, Disabled																		
All Ages	0	0.0	0	0.0	0		2	3.2	15	1.1	68		3	4.8	30	0.1	1	
64 or younger	0	0.0	0	0.0	0		2	3.4	15	1.1	68		3	5.1	30	0.1	1	
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	
Male, Other Eligibles																		
All Ages	8	3.6	71	0.2	27		10	4.5	90	0.3	10		10	4.5	66	0.6	29	
64 or younger	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	
65-74	3	4.6	30	0.1	9		4	6.2	48	0.2	12		3	4.6	25	1.3	75	
75-84	2	2.0	12	0.8	126		4	4.0	31	0.4	9		4	4.0	21	0.2	2	
85 and older	3	5.4	29	0.1	4		2	3.6	11	0.5	3		3	5.4	20	0.2	1	
Unknown	0	0.0	0	0.0	0		0	0.0	0	0.0	0		0	0.0	0	0.0	0	

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 597 beneficiaries who were in nursing facilities for part of their enrollment and their 5,037 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	MISC. HEMATOLOGICAL					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	
All	20	1.9	138	0.5	\$42	54	5.2	459	0.4	\$13	1,035	10,702	
Female													
All Females	18	2.4	124	0.5	47	42	5.6	335	0.5	16	751	7,837	
Female, Disabled													
All Ages	2	2.6	24	0.3	40	8	10.4	92	0.5	19	77	852	
64 or younger	1	1.4	12	0.1	10	5	7.1	56	0.4	13	70	772	
65-74	1	14.3	12	0.6	71	3	42.9	36	0.6	27	7	80	
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
Female, Other Eligibles													
All Ages	16	2.4	100	0.5	48	34	5.0	243	0.5	16	674	6,985	
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	
65-74	2	2.2	15	0.6	29	4	4.4	36	0.6	11	90	956	
75-84	4	1.8	20	0.7	76	5	2.2	18	0.6	16	224	2,321	
85 and older	10	2.8	65	0.5	45	25	6.9	189	0.4	16	360	3,708	
Male													
All Males	2	0.7	14	0.6	2	12	4.2	124	0.3	6	284	2,865	
Male, Disabled													
All Ages	0	0.0	0	0.0	0	1	1.6	12	0.4	6	62	679	
64 or younger	0	0.0	0	0.0	0	1	1.7	12	0.4	6	59	646	
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	33	
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	2	0.9	14	0.6	2	11	5.0	112	0.3	6	222	2,186	
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	6	9.2	68	0.4	7	65	657	
75-84	1	1.0	2	2.0	8	4	4.0	34	0.2	5	101	1,003	
85 and older	1	1.8	12	0.4	1	1	1.8	10	0.1	2	56	526	
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0	

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 597 beneficiaries who were in nursing facilities for part of their enrollment and their 5,037 benefit months were excluded from the analysis.

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

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

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

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

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

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

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx \$ per Beneficiary	Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Dual Rx \$	Total Number of Beneficiaries
All	4,863	71.8	5.3	36,159	\$52	\$352,310	\$10	6.9	6,769
Age									
5 and younger	0	0.0	0.0	0	0	0	0	0.0	0
6-14	1	50.0	5.0	10	31	62	6	177.1	2
15-20	10	37.0	2.3	63	25	685	11	2.3	27
21-44	973	65.4	4.9	7,285	55	81,554	11	5.0	1,487
45-64	1,647	73.3	6.5	14,543	65	145,074	10	5.6	2,248
65-74	866	70.6	5.1	6,278	46	56,673	9	8.3	1,226
75-84	766	78.1	5.0	4,922	42	41,558	8	46.2	981
85 and older	600	75.2	3.8	3,058	33	26,704	9	42.0	798
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	2,088	74.8	4.7	13,154	41	115,616	9	19.2	2,791
Disabled	2,335	73.8	6.4	20,364	64	203,080	10	7.3	3,166
Adults	430	54.2	3.3	2,600	42	33,253	13	2.0	793
Children	9	56.3	2.3	37	20	321	9	2.6	16
Unknown	1	33.3	1.3	4	13	40	10	0.4	3
Gender									
Female	3,308	73.3	5.3	23,857	52	233,519	10	7.7	4,516
Male	1,555	69.0	5.5	12,302	53	118,791	10	5.8	2,253
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	2,947	75.1	6.0	23,547	61	240,322	10	7.5	3,922
African American	1,629	68.2	4.6	10,929	40	95,949	9	6.1	2,390
Other/unknown	287	62.8	3.7	1,683	35	16,039	10	4.9	457
Use of Nursing Facilities^d									
Entire year	863	83.4	4.8	4,988	48	49,595	10	25.5	1,035
Part year	399	66.8	3.5	2,083	30	17,639	8	16.6	597
None	3,601	70.1	5.7	29,088	55	285,076	10	5.9	5,137
Maintenance Assistance Status									
Cash	2,517	79.6	6.4	20,174	61	192,174	10	9.9	3,163
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	298	36.4	1.7	1,384	19	15,307	11	1.4	818
Other/unknown	2,048	73.5	5.2	14,601	52	144,829	10	7.0	2,788

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

- a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.
- b. The statute establishing the Medicare Part D prescription program that started in 2007 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2007 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services

be purchased exclusively from the manufacturer.

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

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

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

Dual Eligible Beneficiaries

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

Beneficiary Characteristics	Number Rx per Benefit	Rx \$ per Benefit		Barbiturate \$ per	Benzodiazapine \$ per	Number of Benefit
	Month	Month	\$ per Rx	Benefit Month	Benefit Month	
All	0.5	\$5	\$10	\$0	\$3	66,393
Age						
5 and younger	0.0	0	0	0	0	0
6-14	0.6	4	6	0	0	16
15-20	0.2	2	11	0	0	292
21-44	0.5	6	11	0	3	14,372
45-64	0.7	7	10	0	3	22,125
65-74	0.5	5	9	0	2	12,177
75-84	0.5	4	8	0	2	9,771
85 and older	0.4	3	9	0	2	7,640
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	4	9	0	2	27,466
Disabled	0.6	6	10	0	3	31,825
Adults	0.4	5	13	0	2	6,930
Children	0.3	2	9	0	2	144
Unknown	0.1	1	10	0	0	28
Gender						
Female	0.5	5	10	0	3	44,623
Male	0.6	5	10	0	3	21,770
Unknown	0.0	0	0	0	0	0
Race						
White	0.6	6	10	0	4	38,191
African American	0.5	4	9	0	1	23,704
Other/unknown	0.4	4	10	0	1	4,498
Use of Nursing Facilities^d						
Entire year	0.5	5	10	0	3	10,702
Part year	0.4	4	8	0	2	5,037
None	0.6	6	10	0	3	50,654
Maintenance Assistance Status						
Cash	0.6	6	10	0	2	34,279
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	3	11	0	2	4,731
Other/unknown	0.5	5	10	0	3	27,383

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Dual Eligible Beneficiaries

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a		Number Rx as a	
				Percentage of All Part D Excluded Rx \$	Total Number Rx. \$ per Rx	Percentage of All Part D Excluded Rx	
All	6,478	\$54	\$352,310	100.0	36,159	\$10	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	1	7	7	0.0	1	7	0.0
Cough and cold medications	858	60	51,627	14.7	2,006	26	5.5
Vitamins and minerals	538	47	25,527	7.2	1,940	13	5.4
Non-prescription drugs	2,125	42	89,627	25.4	15,063	6	41.7
Barbiturates	109	51	5,585	1.6	959	6	2.7
Benzodiazepines	2,770	63	173,495	49.2	15,944	11	44.1
Other Part D Excl Rx Drugs	77	84	6,442	1.8	246	26	0.7

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

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

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

Dual Eligible Beneficiaries

SUPPLEMENTAL TABLE 1
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES^{a, b}
 DELAWARE, 2007

Total Number of Dual Eligible Beneficiaries: 6,769
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries: \$5,096,845
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary: \$753

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,626	24.0	\$0	0.0
1-500	3,871	57.2	322,609	6.3
501-1,000	296	4.4	214,127	4.2
1,001-1,500	209	3.1	259,944	5.1
1,501-2,000	125	1.8	217,446	4.3
2,001-2,500	101	1.5	225,402	4.4
2,501-3,000	88	1.3	241,868	4.7
3,001-3,500	67	1.0	217,768	4.3
3,501-4,000	49	0.7	181,990	3.6
4,001-4,500	36	0.5	153,584	3.0
4,501-5,000	38	0.6	180,043	3.5
5,001-5,500	29	0.4	152,239	3.0
5,501-6,000	26	0.4	149,206	2.9
6,001-6,500	16	0.2	100,495	2.0
6,501-7,000	26	0.4	175,425	3.4
7,001-7,500	19	0.3	137,967	2.7
7,501-8,000	17	0.3	132,085	2.6
8,001-8,500	21	0.3	173,758	3.4
8,501-9,000	13	0.2	113,107	2.2
9,001-9,500	7	0.1	65,033	1.3
9,501-10,000	5	0.1	48,932	1.0
10,001+	84	1.2	1,633,817	32.1

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1A
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65^{a, b, c}
 DELAWARE, 2007

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65: 3,070
 Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65: \$2,719,689
 Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65: \$885

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries,		Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
		Age < 65	Pharmacy Reimbursement		
\$0	807	26.3	\$0	0.0	
1-500	1,646	53.6	160,317	5.9	
501-1,000	145	4.7	103,888	3.8	
1,001-1,500	98	3.2	124,324	4.6	
1,501-2,000	63	2.1	109,033	4.0	
2,001-2,500	45	1.5	100,358	3.7	
2,501-3,000	36	1.2	99,415	3.7	
3,001-3,500	30	1.0	97,411	3.6	
3,501-4,000	23	0.7	85,143	3.1	
4,001-4,500	23	0.7	98,090	3.6	
4,501-5,000	16	0.5	75,233	2.8	
5,001-5,500	14	0.5	73,497	2.7	
5,501-6,000	15	0.5	85,631	3.1	
6,001-6,500	7	0.2	44,027	1.6	
6,501-7,000	13	0.4	87,597	3.2	
7,001-7,500	13	0.4	94,750	3.5	
7,501-8,000	5	0.2	39,123	1.4	
8,001-8,500	12	0.4	98,727	3.6	
8,501-9,000	5	0.2	42,934	1.6	
9,001-9,500	4	0.1	37,421	1.4	
9,501-10,000	3	0.1	29,216	1.1	
10,001+	47	1.5	1,033,554	38.0	

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1B
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER^{a, b}
 DELAWARE, 2007

Total Number of Dual Eligible Beneficiaries, Age 65+: 3,005
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+: \$836,518
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+: \$278

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	697	23.2	0	0.0
1-500	2,010	66.9	135,391	16.2
501-1,000	92	3.1	65,918	7.9
1,001-1,500	59	2.0	72,858	8.7
1,501-2,000	30	1.0	52,068	6.2
2,001-2,500	25	0.8	56,010	6.7
2,501-3,000	29	1.0	79,165	9.5
3,001-3,500	18	0.6	58,419	7.0
3,501-4,000	13	0.4	48,748	5.8
4,001-4,500	2	0.1	8,400	1.0
4,501-5,000	3	0.1	13,989	1.7
5,001-5,500	5	0.2	26,228	3.1
5,501-6,000	3	0.1	17,141	2.0
6,001-6,500	1	0.0	6,071	0.7
6,501-7,000	3	0.1	20,209	2.4
7,001-7,500	0	0.0	0	0.0
7,501-8,000	2	0.1	15,409	1.8
8,001-8,500	4	0.1	33,469	4.0
8,501-9,000	2	0.1	17,565	2.1
9,001-9,500	2	0.1	18,420	2.2
9,501-10,000	0	0.0	0	0.0
10,001+	5	0.2	91,040	10.9

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1C
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74^{a, b}
 DELAWARE, 2007

Total Number of Dual Eligible Beneficiaries, Age 65-74: 1,226
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74: \$682,929
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74: \$557

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	291	23.7	\$0	0.0
1-500	691	56.4	59,363	8.7
501-1,000	62	5.1	44,992	6.6
1,001-1,500	46	3.8	56,364	8.3
1,501-2,000	27	2.2	46,463	6.8
2,001-2,500	23	1.9	51,633	7.6
2,501-3,000	27	2.2	73,688	10.8
3,001-3,500	18	1.5	58,419	8.6
3,501-4,000	11	0.9	41,508	6.1
4,001-4,500	2	0.2	8,400	1.2
4,501-5,000	3	0.2	13,989	2.0
5,001-5,500	5	0.4	26,228	3.8
5,501-6,000	3	0.2	17,141	2.5
6,001-6,500	1	0.1	6,071	0.9
6,501-7,000	3	0.2	20,209	3.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	2	0.2	15,409	2.3
8,001-8,500	3	0.2	25,136	3.7
8,501-9,000	2	0.2	17,565	2.6
9,001-9,500	1	0.1	9,311	1.4
9,501-10,000	0	0.0	0	0.0
10,001+	5	0.4	91,040	13.3

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84^{a, b}
 DELAWARE, 2007

Total Number of Dual Eligible Beneficiaries, Age 75-84: 981
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84: \$89,976
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84: \$91

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	248	25.3	\$0	0.0
1-500	706	72.0	43,843	48.7
501-1,000	14	1.4	9,847	10.9
1,001-1,500	8	0.8	10,334	11.5
1,501-2,000	1	0.1	1,993	2.2
2,001-2,500	0	0.0	0	0.0
2,501-3,000	1	0.1	2,825	3.1
3,001-3,500	0	0.0	0	0.0
3,501-4,000	1	0.1	3,692	4.1
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	1	0.1	8,333	9.3
8,501-9,000	0	0.0	0	0.0
9,001-9,500	1	0.1	9,109	10.1
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

All Medicaid Beneficiaries

SUPPLEMENTAL TABLE 1E
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 DELAWARE, 2007

Total Number of Dual Eligible Beneficiaries, Age 85+: 798
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+: \$63,613
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+: \$79

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	158	19.8	\$0	0.0
1-500	613	76.8	32,185	50.6
501-1,000	16	2.0	11,079	17.4
1,001-1,500	5	0.6	6,160	9.7
1,501-2,000	2	0.3	3,612	5.7
2,001-2,500	2	0.3	4,377	6.9
2,501-3,000	1	0.1	2,652	4.2
3,001-3,500	0	0.0	0	0.0
3,501-4,000	1	0.1	3,548	5.6
4,001-4,500	0	0.0	0	0.0
4,501-5,000	0	0.0	0	0.0
5,001-5,500	0	0.0	0	0.0
5,501-6,000	0	0.0	0	0.0
6,001-6,500	0	0.0	0	0.0
6,501-7,000	0	0.0	0	0.0
7,001-7,500	0	0.0	0	0.0
7,501-8,000	0	0.0	0	0.0
8,001-8,500	0	0.0	0	0.0
8,501-9,000	0	0.0	0	0.0
9,001-9,500	0	0.0	0	0.0
9,501-10,000	0	0.0	0	0.0
10,001+	0	0.0	0	0.0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2007.

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

All Medicaid Beneficiaries

APPENDIX TABLE A.3
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	12,759	6,097	5,516	1,112	31	3	134,535	62,669	61,490	10,084	264	28
Age												
5 and younger	1	0	1	0	0	0	6	0	6	0	0	0
6-14	2	0	1	0	1	0	16	0	12	0	4	0
15-20	39	0	35	3	1	0	438	0	398	28	12	0
21-44	2,654	0	2,149	501	4	0	28,528	0	23,829	4,670	29	0
45-64	3,581	2	3,137	438	3	1	39,091	14	35,124	3,921	27	5
65-74	2,337	2,003	183	147	2	2	25,002	21,606	2,068	1,283	22	23
75-84	2,213	2,185	4	18	6	0	22,840	22,636	14	139	51	0
85 and older	1,932	1,907	6	5	14	0	18,614	18,413	39	43	119	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	8,228	4,476	3,035	695	19	3	87,255	46,468	34,111	6,485	163	28
Male	4,531	1,621	2,481	417	12	0	47,280	16,201	27,379	3,599	101	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	7,187	3,574	3,059	533	18	3	74,585	35,498	34,080	4,824	155	28
African American	4,557	1,878	2,181	488	10	0	49,176	20,189	24,407	4,483	97	0
Other/unknown	1,015	645	276	91	3	0	10,774	6,982	3,003	777	12	0
Use of Nursing Facilities^c												
Entire year	2,249	1,983	263	0	3	0	22,577	19,672	2,878	0	27	0
Part year	1,019	861	144	5	9	0	9,689	8,182	1,383	43	81	0
None	9,491	3,253	5,109	1,107	19	3	102,269	34,815	57,229	10,041	156	28
Maintenance Assistance Status												
Cash	6,679	2,640	3,532	485	22	0	73,581	29,244	39,525	4,620	192	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	820	197	611	6	3	3	8,946	2,171	6,663	54	30	28
Other/unknown	5,260	3,260	1,373	621	6	0	52,008	31,254	15,302	5,410	42	0
Dual Status^d												
Full dual, all year	11,464	5,636	4,774	1,022	29	3	120,551	57,762	53,403	9,114	244	28
Full dual, part year	1,295	461	742	90	2	0	13,984	4,907	8,087	970	20	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	57	0	13	44	0	0	472	0	126	346	0	0
FFS part year, with Rx claims	697	182	450	65	0	0	7,698	1,999	4,991	708	0	0
FFS part year, no Rx claims	617	279	278	58	2	0	6,480	2,908	2,959	593	20	0
MC all year, with Rx claims	5,398	2,330	2,425	626	14	3	58,929	24,988	27,775	6,009	129	28
MC all year, no Rx claims	5,990	3,306	2,350	319	15	0	60,956	32,774	25,639	2,428	115	0
	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.

a. Table A.3 includes the beneficiaries represented by Cell F 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.

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2007. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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.

All Medicaid Beneficiaries

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 DUAL BENEFICIARIES, DELAWARE, 2007

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	12,759	134,535	6,769	66,393	0	68,142
Fee-for-service (FFS) all year	57	472	57	472	0	0
FFS part year, with Rx claims	697	7,698	697	3,512	0	4,186
FFS part year, with no Rx claims	617	6,480	617	3,480	0	3,000
Managed care (MC) all year, with Rx claims	5,398	58,929	5,398	58,929	0	0
MC all year, with no Rx claims	5,990	60,956	0	0	0	60,956

Source: Data for this table are from the MAX 2007 file for Delaware, released by CMS in 3/2010. This table was produced on 10/06/2010.
 a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries