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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL 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	106,734	155	10,164	48,358	48,016	41	1,026,518	1,617	113,864	425,010	485,699	328
Age												
5 and younger	23,078	0	681	4	22,393	0	230,039	0	7,486	21	222,532	0
6-14	20,585	4	2,251	1	18,329	0	216,282	12	25,572	3	190,695	0
15-20	12,347	0	1,482	3,596	7,269	0	121,404	0	16,787	32,322	72,295	0
21-44	36,853	8	2,396	34,427	14	8	329,034	72	26,812	302,020	98	32
45-64	13,445	5	3,319	10,079	10	32	125,485	33	36,816	88,269	73	294
65-74	279	69	35	173	1	1	2,770	762	391	1,609	6	2
75-84	100	39	0	61	0	0	1,018	437	0	581	0	0
85 and older	47	30	0	17	0	0	486	301	0	185	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	66,858	113	4,983	37,202	24,519	41	635,410	1,212	56,041	329,840	247,989	328
Male	39,875	42	5,181	11,156	23,496	0	391,100	405	57,823	95,170	237,702	0
Unknown	1	0	0	0	1	0	8	0	0	0	8	0
Race												
White	47,496	60	4,827	24,178	18,406	25	450,886	595	53,894	211,989	184,233	175
African American	44,336	56	4,432	19,485	20,348	15	430,423	577	49,830	171,694	208,178	144
Other/unknown	14,902	39	905	4,695	9,262	1	145,209	445	10,140	41,327	93,288	9
Use of Nursing Facilities^c												
Entire year	144	24	120	0	0	0	1,584	270	1,314	0	0	0
Part year	106	14	82	9	1	0	1,019	115	812	86	6	0
None	106,484	117	9,962	48,349	48,015	41	1,023,915	1,232	111,738	424,924	485,693	328
Maintenance Assistance Status												
Cash	67,673	111	8,799	21,460	37,303	0	687,361	1,231	98,694	206,623	380,813	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	4,235	9	15	270	3,900	41	36,960	52	80	1,424	35,076	328
Other/unknown	34,826	35	1,350	26,628	6,813	0	302,197	334	15,090	216,963	69,810	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	3,333	1	0	3,273	59	0	24,745	12	0	24,359	374	0
FFS part year, with Rx claims	3,876	3	25	3,781	66	1	15,719	13	103	15,350	244	9
FFS part year, no Rx claims	1,430	7	7	1,353	62	1	7,422	31	33	7,015	341	2

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

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, 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	94.0	12.4	\$910	\$74	\$1,049	86.8	106,734
Age							
5 and younger	96.5	5.4	285	53	286	99.7	23,078
6-14	97.2	7.8	644	83	645	99.7	20,585
15-20	95.7	8.5	648	76	764	84.8	12,347
21-44	89.8	13.4	941	70	1,247	75.5	36,853
45-64	94.9	31.4	2,513	80	2,657	94.6	13,445
65-74	98.2	35.7	2,387	67	2,409	99.1	279
75-84	97.0	29.9	1,831	61	2,003	91.4	100
85 and older	93.6	19.0	978	52	1,261	77.6	47
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	90.3	36.3	2,342	65	2,614	89.6	155
Disabled	99.3	33.6	3,407	101	3,432	99.3	10,164
Adults	90.3	14.3	922	65	1,214	75.9	48,358
Children	96.6	5.9	364	62	370	98.3	48,016
Unknown	97.6	23.7	2,810	118	3,413	82.3	41
Gender							
Female	91.9	12.8	869	68	1,087	79.9	66,858
Male	97.7	11.6	981	85	984	99.7	39,875
Unknown	100.0	6.0	122	20	122	100.0	1
Race							
White	95.0	15.7	1,167	74	1,312	88.9	47,496
African American	93.1	10.1	751	75	894	84.0	44,336
Other/unknown	93.7	8.4	568	67	668	85.1	14,902
Use of Nursing Facilities^f							
Entire year	99.3	85.9	6,168	72	6,168	100.0	144
Part year	97.2	64.0	3,776	59	3,938	95.9	106
None	94.0	12.2	900	74	1,039	86.7	106,484
Maintenance Assistance Status							
Cash	97.1	11.8	863	73	928	93.0	67,673
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	95.9	5.4	301	56	406	74.2	4,235
Other/unknown	87.8	14.4	1,077	75	1,361	79.1	34,826

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

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

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

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

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

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

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^{a, b}
 NONDUAL 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	1.3	\$95	86.8	6.0	68.2	10.2	10.7	3.8	1.1	\$109	106,734	1,026,518
Age												
5 and younger	0.5	29	99.7	3.5	89.6	5.2	1.6	0.1	0.0	29	23,078	230,039
6-14	0.7	61	99.7	2.8	82.8	8.3	5.4	0.6	0.1	61	20,585	216,282
15-20	0.9	66	84.8	4.3	78.3	9.4	6.4	1.3	0.3	78	12,347	121,404
21-44	1.5	105	75.5	10.2	57.3	12.7	13.9	4.4	1.5	140	36,853	329,034
45-64	3.4	269	94.6	5.1	30.6	15.2	29.5	15.6	3.9	285	13,445	125,485
65-74	3.6	241	99.1	1.8	35.1	15.1	25.8	18.3	3.9	243	279	2,770
75-84	2.9	180	91.4	3.0	44.0	17.0	22.0	9.0	5.0	197	100	1,018
85 and older	1.8	95	77.6	6.4	55.3	8.5	19.1	10.6	0.0	122	47	486
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	3.5	225	89.6	9.7	34.8	11.0	22.6	16.8	5.2	251	155	1,617
Disabled	3.0	304	99.3	0.7	41.6	14.8	25.8	13.4	3.7	306	10,164	113,864
Adults	1.6	105	75.9	9.7	54.8	13.1	15.5	5.4	1.5	138	48,358	425,010
Children	0.6	36	98.3	3.4	87.5	6.2	2.7	0.2	0.0	37	48,016	485,699
Unknown	3.0	351	82.3	2.4	34.1	14.6	36.6	12.2	0.0	427	41	328
Gender												
Female	1.3	91	79.9	8.1	65.3	10.0	10.9	4.3	1.4	114	66,858	635,410
Male	1.2	100	99.7	2.3	73.1	10.5	10.5	3.1	0.4	100	39,875	391,100
Unknown	0.8	15	100.0	0.0	100.0	0.0	0.0	0.0	0.0	15	1	8
Race												
White	1.7	123	88.9	5.0	61.2	12.3	14.4	5.6	1.6	138	47,496	450,886
African American	1.0	77	84.0	6.9	72.6	8.9	8.3	2.6	0.7	92	44,336	430,423
Other/unknown	0.9	58	85.1	6.3	77.7	7.3	6.4	1.9	0.4	69	14,902	145,209
Use of Nursing Facilities^f												
Entire year	7.8	561	100.0	0.7	9.7	3.5	22.9	31.9	31.3	561	144	1,584
Part year	6.7	393	95.9	2.8	11.3	10.4	21.7	33.0	20.8	410	106	1,019
None	1.3	94	86.7	6.0	68.4	10.2	10.7	3.8	1.0	108	106,484	1,023,915
Maintenance Assistance Status												
Cash	1.2	85	93.0	2.9	75.5	9.2	8.6	3.0	0.8	91	67,673	687,361
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	35	74.2	4.1	85.6	6.8	2.8	0.6	0.1	47	4,235	36,960
Other/unknown	1.7	124	79.1	12.2	52.0	12.4	15.9	5.8	1.7	157	34,826	302,197

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

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

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

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

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

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

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

TABLE ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL BENEFICIARIES, 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	1.3	\$95	\$74	0.4	\$70	\$156	0.1	\$6	\$103	0.8	\$18	\$24
Age												
5 and younger	0.5	29	53	0.1	19	170	0.0	2	75	0.4	7	18
6-14	0.7	61	83	0.4	50	135	0.0	4	91	0.3	8	23
15-20	0.9	66	76	0.4	52	144	0.0	4	93	0.5	11	23
21-44	1.5	105	70	0.5	75	156	0.1	7	115	1.0	23	24
45-64	3.4	269	80	1.2	198	168	0.2	20	107	2.0	52	26
65-74	3.6	241	67	1.3	175	135	0.2	17	90	2.1	48	23
75-84	2.9	180	61	1.0	130	128	0.2	15	94	1.8	35	20
85 and older	1.8	95	52	0.6	66	117	0.1	8	59	1.1	21	18
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.5	225	65	1.2	171	142	0.1	11	72	2.1	43	20
Disabled	3.0	304	101	1.2	242	203	0.1	17	114	1.7	45	27
Adults	1.6	105	65	0.5	73	139	0.1	8	106	1.0	24	24
Children	0.6	36	62	0.2	27	128	0.0	3	84	0.3	7	20
Unknown	3.0	351	118	1.0	290	296	0.2	17	95	1.8	44	24
Gender												
Female	1.3	91	68	0.5	66	145	0.1	7	101	0.8	19	23
Male	1.2	100	85	0.4	77	174	0.1	6	106	0.7	17	25
Unknown	0.8	15	20	0.0	0	0	0.1	10	78	0.6	6	9
Race												
White	1.7	123	74	0.6	89	150	0.1	9	110	1.0	25	25
African American	1.0	77	75	0.4	59	166	0.0	4	94	0.6	14	22
Other/unknown	0.9	58	67	0.3	43	154	0.0	4	91	0.5	11	21
Use of Nursing Facilities^e												
Entire year	7.8	561	72	2.3	415	184	0.3	41	125	5.2	104	20
Part year	6.7	393	59	1.7	284	163	0.3	18	65	4.6	90	19
None	1.3	94	74	0.4	69	155	0.1	6	103	0.8	18	24
Maintenance Assistance Status												
Cash	1.2	85	73	0.4	63	156	0.1	6	105	0.7	17	24
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.6	35	56	0.2	24	133	0.0	3	81	0.4	8	19
Other/unknown	1.7	124	75	0.6	92	157	0.1	8	102	1.0	24	24

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 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, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

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

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

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

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users				\$ per Rx				Users ^e					
	Total	Off-Patented Brand-Name	Patent Brand-Name	Total	Off-Patented Brand-Name	Patent Brand-Name	Total	Off-Patented Brand-Name	Patent Brand-Name	Total	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months		
		Generic	Generic		Generic	Generic											
Anti-infective Agents	0.2	0.0	0.0	0.2	\$21	\$15	\$2	\$5	\$87	\$411	\$110	\$24	156,015	\$13,526,911	62,236	58.3	631,072
Biologicals	0.3	0.3	0.0	0.0	336	336	0	0	1129	1,129	0	0	1,387	1,566,487	487	0.5	4,660
Antineoplastic Agents	0.4	0.2	0.0	0.3	180	159	2	19	411	1,029	2,209	68	2,442	1,002,595	546	0.5	5,565
Endocrine/Metabolic Drugs	0.4	0.2	0.0	0.2	25	18	1	6	59	111	47	25	121,769	7,225,082	29,463	27.6	294,379
Cardiovascular Agents	0.9	0.3	0.1	0.6	44	27	7	10	47	94	70	19	151,442	7,081,382	16,288	15.3	161,042
Respiratory Agents	0.4	0.2	0.0	0.2	26	22	2	3	67	105	74	18	166,048	11,051,824	41,528	38.9	424,799
Gastrointestinal Agents	0.4	0.2	0.0	0.2	40	33	2	6	102	163	140	31	60,254	6,123,806	14,907	14.0	151,495
Genitourinary Agents	0.2	0.1	0.0	0.1	12	8	1	3	55	84	93	27	14,580	799,900	6,779	6.4	67,844
CNS Drugs	0.9	0.4	0.1	0.4	78	64	6	8	91	171	113	19	205,819	18,805,178	24,300	22.8	240,580
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	67	63	1	4	98	112	39	36	48,331	4,745,569	6,676	6.3	70,728
Miscellaneous Psychological/ Neurological Agents	0.3	0.2	0.0	0.0	109	106	0	4	394	447	0	87	2,222	875,554	792	0.7	8,027
Analgesics and Anesthetics	0.5	0.0	0.0	0.5	23	7	3	14	47	299	365	30	182,615	8,534,848	37,119	34.8	365,183
Neuromuscular Agents	0.6	0.2	0.0	0.3	51	39	3	9	85	158	150	27	98,328	8,375,200	16,416	15.4	164,212
Nutritional Products	0.2	0.1	0.0	0.1	7	5	0	2	31	54	27	15	16,982	524,486	7,636	7.2	77,333
Hematological Agents	0.4	0.2	0.0	0.2	89	85	0	3	203	405	34	14	13,365	2,718,701	3,034	2.8	30,634
Topical Products	0.2	0.1	0.0	0.1	9	6	0	3	43	100	74	19	75,114	3,211,856	34,677	32.5	358,749
Miscellaneous Products	0.2	0.1	0.0	0.0	52	49	0	3	300	350	276	90	3,193	958,059	1,725	1.6	18,360
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	14	0	0	0	94	0	0	0	464	43,729	293	0.3	3,212
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.	1,320,370	97,171,167	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In 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.
 - e. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- f. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$9,452,493	8,043	7.5	83,518	0.5	\$222	\$113
ANTIVIRAL	8,023,622	2,984	2.8	30,285	0.5	554	265
ANTIASTHMATIC	6,917,016	33,838	31.7	352,249	0.3	77	20
ANTICONVULSANT	6,351,028	9,525	8.9	98,062	0.6	117	65
ANALGESICS - Narcotic	5,424,042	38,255	35.8	382,010	0.3	46	14
ANTIDEPRESSANTS	5,411,719	18,396	17.2	182,802	0.4	68	30
ULCER DRUGS	4,665,533	11,319	10.6	115,377	0.3	119	40
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	4,314,854	6,920	6.5	74,232	0.6	98	58
ANTIDIABETIC	3,133,701	6,705	6.3	66,119	0.6	84	47
ANTIHYPERLIPIDEMIC	2,531,178	6,521	6.1	66,360	0.5	82	38
Total	56,225,186	142,506	n.a.	1,451,014	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

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

Beneficiary Characteristics	All Top 10 Drug Groups			ANTIPSYCHOTICS				ANTIVIRAL				
	Number of Rx	Rx \$	Number of Users	Users	Number of	Mean	Mean Rx	Number of	Users	Number of	Mean	Mean Rx
				as % of All Benes	Benefit Months Among Users	Rx per Benefit Month			\$ per Benefit Month	as % of All Benes	Benefit Months Among Users	
All	549,593	\$56,225,186	8,043	7.5	83,518	0.5	\$113	2,984	2.8	30,285	0.5	\$265
Female												
All Females	333,565	31,623,583	4,528	6.8	46,835	0.5	104	2,028	3.0	20,280	0.4	183
Female, Disabled												
All Ages	94,776	11,417,426	1,473	29.6	16,835	0.6	142	497	10.0	5,563	0.6	368
5 and younger	1,681	147,388	8	2.7	89	0.5	88	7	2.3	78	1.0	175
6-14	7,103	833,668	133	19.2	1,479	0.6	132	20	2.9	238	0.7	319
15-20	5,462	646,735	137	24.2	1,543	0.5	121	10	1.8	106	0.4	219
45-64	24,028	3,257,842	526	39.0	6,063	0.6	136	170	12.6	1,907	0.7	386
45-64	55,605	6,455,748	663	32.4	7,598	0.7	155	289	14.1	3,222	0.6	373
65-74	897	76,045	6	20.7	63	0.7	93	1	3.4	12	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
Female, Other Eligibles												
All Ages	238,789	20,206,157	3,055	4.9	30,000	0.4	83	1,531	2.5	14,717	0.3	113
5 and younger	9,739	701,422	4	0.0	48	0.7	101	33	0.3	349	0.2	21
6-14	20,238	1,858,263	256	2.8	2,811	0.5	105	29	0.3	275	0.2	28
15-20	16,367	1,294,491	370	5.2	3,775	0.4	73	172	2.4	1,675	0.2	45
21-44	121,124	9,857,320	1,861	6.8	18,013	0.4	75	1,022	3.7	9,855	0.3	99
45-64	68,426	6,285,460	556	8.4	5,259	0.5	105	274	4.1	2,551	0.4	232
65-74	2,040	149,147	4	2.2	46	0.4	93	1	0.6	12	0.1	2
75-84	643	42,171	2	3.1	24	0.2	32	0	0.0	0	0.0	0
85 and older	212	17,883	2	5.1	24	0.9	146	0	0.0	0	0.0	0
Male												
All Males	216,026	24,601,589	3,515	8.8	36,683	0.6	125	956	2.4	10,005	0.7	431
Male, Disabled												
All Ages	75,651	11,017,400	1,550	29.9	17,592	0.7	148	504	9.7	5,614	0.8	523
5 and younger	2,547	219,195	15	3.9	174	0.5	62	5	1.3	60	0.1	3
6-14	16,935	1,965,351	451	28.9	5,212	0.6	119	11	0.7	129	0.6	159
15-20	10,063	1,244,026	308	33.7	3,497	0.6	136	11	1.2	123	0.5	182
21-44	18,214	3,291,414	460	43.9	5,225	0.7	173	180	17.2	1,945	0.9	584
45-64	27,631	4,278,466	311	24.4	3,424	0.7	170	297	23.3	3,357	0.8	524
65-74	261	18,948	5	83.3	60	0.4	68	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	140,375	13,584,189	1,965	5.7	19,091	0.5	104	452	1.3	4,391	0.5	314
5 and younger	13,455	994,924	29	0.3	313	0.3	63	36	0.3	408	0.1	3
6-14	36,304	3,634,899	619	6.8	6,777	0.5	104	49	0.5	526	0.3	83
15-20	12,793	1,414,060	345	9.4	3,538	0.5	118	29	0.8	302	0.4	175
21-44	42,487	3,951,847	701	10.2	6,063	0.4	97	181	2.6	1,660	0.5	351
45-64	34,231	3,471,668	260	7.5	2,296	0.5	102	153	4.4	1,455	0.6	462
65-74	659	86,992	6	9.1	54	0.8	197	3	4.5	28	1.4	926
75-84	401	28,638	2	5.6	23	1.3	202	1	2.8	12	0.1	16
85 and older	45	1,161	3	37.5	27	0.4	6	0	0.0	0	0.0	0
Unknown	2	14	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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIASTHMATIC					ANTICONVULSANT					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of 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 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 Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	33,838	31.7	352,249	0.3	\$20	9,525	8.9	98,062	0.6	\$65	38,255	35.8	382,010	0.3	\$14
Female															
All Females	18,780	28.1	194,552	0.3	20	6,189	9.3	63,750	0.5	59	27,074	40.5	273,238	0.3	13
Female, Disabled															
All Ages	2,752	55.2	31,641	0.3	28	1,717	34.5	19,610	0.7	86	3,368	67.6	38,579	0.4	25
5 and younger	244	81.3	2,734	0.3	21	34	11.3	390	0.8	87	27	9.0	318	0.1	1
6-14	421	60.8	4,815	0.3	25	152	22.0	1,734	0.8	107	59	8.5	691	0.1	1
15-20	204	36.0	2,388	0.3	16	163	28.7	1,842	0.8	119	166	29.3	1,902	0.2	3
21-44	527	39.1	6,061	0.3	22	562	41.7	6,418	0.7	97	1,104	81.8	12,633	0.4	22
45-64	1,331	65.1	15,343	0.4	35	792	38.7	9,058	0.7	67	1,987	97.1	22,749	0.4	29
65-74	25	86.2	300	0.4	44	14	48.3	168	0.8	124	25	86.2	286	0.3	13
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	16,028	25.9	162,911	0.2	18	4,472	7.2	44,140	0.4	48	23,706	38.3	234,659	0.3	11
5 and younger	4,138	37.6	42,975	0.2	13	42	0.4	466	0.4	43	216	2.0	2,354	0.1	1
6-14	3,631	39.4	38,762	0.2	17	139	1.5	1,492	0.4	58	557	6.0	6,135	0.1	1
15-20	1,507	21.0	15,395	0.2	16	318	4.4	3,337	0.4	51	2,483	34.6	25,062	0.2	2
21-44	4,666	16.9	45,430	0.3	19	2,876	10.4	28,177	0.4	47	16,085	58.4	158,436	0.3	10
45-64	2,004	30.2	19,419	0.4	32	1,075	16.2	10,418	0.5	47	4,255	64.1	41,406	0.4	20
65-74	60	33.7	670	0.3	29	15	8.4	169	0.7	48	73	41.0	828	0.3	9
75-84	17	26.6	200	0.3	27	5	7.8	57	0.6	35	31	48.4	366	0.2	3
85 and older	5	12.8	60	0.1	5	2	5.1	24	0.3	7	6	15.4	72	0.2	4
Male															
All Males	15,057	37.8	157,689	0.3	19	3,336	8.4	34,312	0.6	75	11,181	28.0	108,772	0.3	18
Male, Disabled															
All Ages	2,320	44.8	26,508	0.3	26	1,389	26.8	15,700	0.8	99	1,862	35.9	20,755	0.4	29
5 and younger	367	96.3	4,193	0.3	26	50	13.1	579	0.7	79	31	8.1	367	0.1	1
6-14	854	54.8	9,922	0.3	22	279	17.9	3,206	0.8	108	119	7.6	1,381	0.1	1
15-20	377	41.2	4,330	0.3	18	233	25.5	2,647	0.8	108	183	20.0	2,092	0.1	3
21-44	244	23.3	2,689	0.4	32	427	40.8	4,897	0.8	118	527	50.3	5,856	0.4	29
45-64	475	37.3	5,338	0.4	36	392	30.8	4,275	0.7	70	1,002	78.7	11,059	0.5	39
65-74	3	50.0	36	0.8	36	8	133.3	96	0.9	42	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	12,737	36.7	131,181	0.2	18	1,947	5.6	18,612	0.5	54	9,319	26.9	88,017	0.3	15
5 and younger	5,418	47.5	56,290	0.2	14	67	0.6	695	0.4	50	389	3.4	4,202	0.1	1
6-14	4,510	49.4	47,582	0.3	20	219	2.4	2,358	0.6	78	555	6.1	5,980	0.1	1
15-20	1,021	27.7	10,602	0.2	18	200	5.4	2,048	0.5	76	1,049	28.5	10,525	0.1	2
21-44	1,085	15.7	9,883	0.3	24	926	13.4	8,416	0.5	47	4,946	71.8	44,820	0.4	17
45-64	670	19.2	6,488	0.4	34	528	15.2	5,023	0.5	46	2,360	67.7	22,281	0.4	24
65-74	17	25.8	162	0.3	31	2	3.0	24	1.1	92	18	27.3	185	0.3	20
75-84	15	41.7	162	0.7	50	4	11.1	46	0.6	27	2	5.6	24	0.1	1
85 and older	1	12.5	12	0.1	4	1	12.5	2	2.0	141	0	0.0	0	0.0	0
Unknown	1	100.0	8	0.3	2	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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					STIMULANTS/ANTI-OBESITY/ANOREXIANTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	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
All	18,396	17.2	182,802	0.4	\$30	11,319	10.6	115,377	0.3	\$40	6,920	6.5	74,232	0.6	\$58
Female															
All Females	13,484	20.2	134,339	0.4	30	7,659	11.5	78,442	0.3	39	2,260	3.4	23,955	0.6	54
Female, Disabled															
All Ages	2,430	48.8	27,668	0.5	35	1,606	32.2	18,442	0.4	53	450	9.0	5,157	0.6	60
5 and younger	0	0.0	0	0.0	0	82	27.3	929	0.4	29	15	5.0	165	0.5	44
6-14	76	11.0	862	0.6	22	104	15.0	1,200	0.5	45	263	38.0	3,031	0.6	58
15-20	170	30.0	1,895	0.4	19	100	17.6	1,161	0.3	33	132	23.3	1,509	0.6	62
21-44	765	56.7	8,681	0.5	32	378	28.0	4,376	0.4	47	27	2.0	304	0.6	75
45-64	1,404	68.6	16,059	0.6	39	928	45.4	10,624	0.5	60	13	0.6	148	0.6	45
65-74	15	51.7	171	0.5	27	14	48.3	152	0.5	50	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	11,054	17.9	106,671	0.4	29	6,053	9.8	60,000	0.3	35	1,810	2.9	18,798	0.5	53
5 and younger	3	0.0	34	0.2	4	516	4.7	4,779	0.2	17	61	0.6	654	0.3	27
6-14	249	2.7	2,683	0.4	15	325	3.5	3,601	0.2	22	1,002	10.9	10,750	0.6	57
15-20	871	12.1	8,768	0.3	18	514	7.2	5,256	0.2	16	379	5.3	3,911	0.5	48
21-44	7,132	25.9	68,336	0.4	28	2,979	10.8	29,302	0.3	32	315	1.1	3,046	0.5	48
45-64	2,753	41.4	26,343	0.5	37	1,628	24.5	16,068	0.4	55	53	0.8	437	0.5	60
65-74	35	19.7	382	0.5	28	66	37.1	720	0.3	37	0	0.0	0	0.0	0
75-84	7	10.9	77	0.6	42	15	23.4	163	0.5	51	0	0.0	0	0.0	0
85 and older	4	10.3	48	0.8	25	10	25.6	111	0.5	73	0	0.0	0	0.0	0
Male															
All Males	4,912	12.3	48,463	0.4	28	3,660	9.2	36,935	0.4	43	4,660	11.7	50,277	0.6	60
Male, Disabled															
All Ages	1,274	24.6	14,180	0.5	29	969	18.7	10,974	0.5	53	1,307	25.2	14,999	0.6	59
5 and younger	1	0.3	11	0.1	2	117	30.7	1,329	0.4	31	28	7.3	327	0.4	37
6-14	143	9.2	1,638	0.5	16	146	9.4	1,708	0.5	54	883	56.6	10,118	0.6	60
15-20	222	24.3	2,506	0.5	23	94	10.3	1,063	0.4	44	359	39.2	4,110	0.6	57
21-44	377	36.0	4,221	0.5	29	197	18.8	2,211	0.4	51	33	3.2	396	0.6	62
45-64	527	41.4	5,756	0.6	35	413	32.4	4,639	0.5	61	4	0.3	48	0.6	77
65-74	4	66.7	48	0.9	71	2	33.3	24	0.7	68	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	3,638	10.5	34,283	0.4	27	2,691	7.8	25,961	0.3	39	3,353	9.7	35,278	0.6	60
5 and younger	7	0.1	67	0.4	7	569	5.0	5,321	0.2	18	173	1.5	1,864	0.4	33
6-14	325	3.6	3,517	0.5	19	258	2.8	2,779	0.2	26	2,424	26.6	25,723	0.6	61
15-20	398	10.8	4,114	0.4	24	168	4.6	1,708	0.2	22	599	16.3	6,169	0.6	68
21-44	1,872	27.2	16,913	0.4	27	915	13.3	8,643	0.3	44	135	2.0	1,306	0.5	46
45-64	1,023	29.4	9,534	0.4	31	756	21.7	7,246	0.4	56	22	0.6	216	0.5	56
65-74	8	12.1	89	0.9	47	16	24.2	166	0.6	79	0	0.0	0	0.0	0
75-84	3	8.3	34	1.4	69	9	25.0	98	0.5	53	0	0.0	0	0.0	0
85 and older	2	25.0	15	0.6	18	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

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

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

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

Nondual Beneficiaries

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

Beneficiary Characteristics	ANTIDIABETIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	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		
All	6,705	6.3	66,119	0.6	\$47	6,521	6.1	66,360	0.5	\$38	106,734	1,026,518
Female												
All Females	4,261	6.4	42,517	0.5	46	3,942	5.9	40,209	0.5	38	66,858	635,410
Female, Disabled												
All Ages	1,199	24.1	13,696	0.6	49	1,118	22.4	12,829	0.5	41	4,983	56,041
5 and younger	2	0.7	17	0.2	10	0	0.0	0	0.0	0	300	3,271
6-14	11	1.6	120	0.4	65	2	0.3	23	0.4	9	692	7,833
15-20	14	2.5	148	0.5	32	4	0.7	48	0.3	28	567	6,423
21-44	190	14.1	2,150	0.5	44	161	11.9	1,875	0.5	35	1,349	15,083
45-64	961	47.0	11,016	0.6	51	929	45.4	10,626	0.5	42	2,046	23,112
65-74	21	72.4	245	0.7	41	22	75.9	257	0.5	40	29	319
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	3,062	4.9	28,821	0.5	44	2,824	4.6	27,380	0.4	36	61,875	579,369
5 and younger	6	0.1	39	1.3	155	0	0.0	0	0.0	0	10,998	109,424
6-14	68	0.7	686	0.7	85	1	0.0	12	0.5	46	9,209	96,153
15-20	95	1.3	874	0.5	54	17	0.2	150	0.3	22	7,180	67,987
21-44	1,245	4.5	11,706	0.4	37	900	3.3	8,814	0.4	29	27,565	244,349
45-64	1,532	23.1	14,309	0.6	46	1,791	27.0	17,116	0.5	40	6,642	58,596
65-74	89	50.0	911	0.6	46	81	45.5	913	0.5	33	178	1,771
75-84	23	35.9	248	0.7	30	28	43.8	312	0.6	45	64	670
85 and older	4	10.3	48	0.8	52	6	15.4	63	0.5	29	39	419
Male												
All Males	2,444	6.1	23,602	0.6	51	2,579	6.5	26,151	0.5	39	39,875	391,100
Male, Disabled												
All Ages	642	12.4	7,211	0.6	55	733	14.1	8,366	0.5	41	5,181	57,823
5 and younger	2	0.5	16	0.4	9	0	0.0	0	0.0	0	381	4,215
6-14	26	1.7	300	0.6	79	1	0.1	12	0.3	36	1,559	17,739
15-20	32	3.5	378	0.8	102	10	1.1	111	0.3	18	915	10,364
21-44	124	11.8	1,417	0.6	50	173	16.5	2,000	0.5	42	1,047	11,729
45-64	452	35.5	5,028	0.6	52	548	43.0	6,231	0.5	41	1,273	13,704
65-74	6	100.0	72	0.8	57	1	16.7	12	0.9	33	6	72
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	1,802	5.2	16,391	0.6	49	1,846	5.3	17,785	0.4	38	34,694	333,277
5 and younger	7	0.1	79	0.5	60	0	0.0	0	0.0	0	11,398	113,121
6-14	40	0.4	423	0.7	88	2	0.0	24	0.3	4	9,125	94,557
15-20	35	0.9	369	0.6	77	7	0.2	80	0.2	14	3,685	36,630
21-44	672	9.8	6,140	0.5	46	661	9.6	6,415	0.4	33	6,892	57,873
45-64	1,020	29.3	9,134	0.6	48	1,132	32.5	10,816	0.5	40	3,484	30,073
65-74	20	30.3	176	0.6	42	28	42.4	290	0.6	51	66	608
75-84	6	16.7	48	0.9	31	14	38.9	146	0.6	37	36	348
85 and older	2	25.0	22	0.6	14	2	25.0	14	0.4	6	8	67
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	8

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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 b. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.

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

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, 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	\$561	7.8	144	1,584
Age				
0-64	642	8.4	113	1,237
65-74	456	8.2	13	149
75-84	291	7.7	6	63
85 and older	60	1.6	12	135
Unknown	0	0.0	0	0
Gender				
Female	557	7.9	76	876
Male	565	7.7	68	708
Unknown	0	0.0	0	0
Race				
White	556	8	63	659
African American	552	7.7	67	760
Other/unknown	621	7.7	14	165
Basis of Eligibility^c				
Aged	166	4.2	24	270
Disabled	642	8.5	120	1,314
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 106 beneficiaries who were in nursing facilities for part of their enrollment and their 1,019 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Nondual Beneficiaries

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, 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	Total	Patented Brand-Name	Off-Patent Brand-Name	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	0.7	0.2	0.0	0.5	\$142	\$130	\$1	\$11	\$196	\$531	\$88	\$23	741	\$145,409	91	63.2	1,026
Biologicals	0.2	0.2	0.0	0.0	228	228	0	0	1139	1,139	0	0	12	13,665	5	3.5	60
Antineoplastic Agents	1.2	0.9	0.0	0.3	917	911	0	6	767	1,058	0	17	43	32,999	3	2.1	36
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	62	51	4	8	48	81	70	12	760	36,252	51	35.4	581
Cardiovascular Agents	2.0	0.3	0.1	1.6	64	27	12	24	31	89	82	16	1,911	60,170	87	60.4	947
Respiratory Agents	1.0	0.4	0.0	0.6	52	44	1	8	51	109	72	12	696	35,393	59	41.0	680
Gastrointestinal Agents	1.5	0.3	0.0	1.2	56	28	1	28	37	98	73	23	1,478	54,767	87	60.4	972
Genitourinary Agents	0.7	0.2	0.0	0.4	28	18	2	8	43	84	97	20	252	10,900	35	24.3	387
CNS Drugs	1.5	0.7	0.0	0.8	104	89	2	13	72	133	63	18	1,868	133,818	115	79.9	1,288
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	0.7	0.7	0.0	0.0	442	439	0	2	601	611	0	162	97	58,332	11	7.6	132
Analgesics and Anesthetics	1.3	0.1	0.2	1.1	96	25	55	15	73	493	268	14	1,019	74,118	70	48.6	775
Neuromuscular Agents	1.8	0.6	0.1	1.1	147	104	2	41	83	174	33	37	1,774	147,611	89	61.8	1,007
Nutritional Products	0.6	0.0	0.0	0.6	7	0	0	7	12	24	6	12	255	3,077	38	26.4	420
Hematological Agents	1.1	0.4	0.0	0.7	58	50	0	8	51	140	9	10	665	34,076	54	37.5	588
Topical Products	0.7	0.1	0.0	0.5	27	15	1	11	41	108	52	22	726	29,911	97	67.4	1,114
Miscellaneous Products	0.4	0.2	0.0	0.2	123	120	0	3	282	531	0	15	60	16,897	12	8.3	137
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	12	0	0	0	45	0	0	0	16	718	5	3.5	60
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.	12,373	888,113	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 106 beneficiaries who were in nursing facilities for part of their enrollment and their 1,019 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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, 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	
ANTICONVULSANT	\$132,893	107	74.3	1,209	1.2	\$95	\$110	
ANTIVIRAL	112,722	21	14.6	241	0.7	633	468	
ANTIPSYCHOTICS	79,254	61	42.4	685	0.7	160	116	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	55,310	12	8.3	144	0.7	582	384	
ANALGESICS - Narcotic	56,351	77	53.5	855	1.0	66	66	
ANTIDEPRESSANTS	45,233	80	55.6	901	0.8	65	50	
ULCER DRUGS	37,364	80	55.6	924	0.7	61	40	
ANTINEOPLASTICS	32,999	4	2.8	48	0.9	767	687	
ANTIASTHMATIC	30,573	73	50.7	826	0.7	55	37	
ANTIDIABETIC	25,840	57	39.6	664	0.7	56	39	
Total	608,539	572	n.a.	6,497	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 106 beneficiaries who were in nursing facilities for part of their enrollment and their 1,019 benefit months were excluded from the analysis.

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

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

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

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

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

Nondual Beneficiaries

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

Beneficiary Characteristics	All Top 10 Drug Groups				ANTICONVULSANT				ANTIVIRAL			
	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	5,377	\$608,539	107	74.3	1,209	1.2	\$110	21	14.6	241	0.7	\$468
Female												
All Females	3,290	340,508	56	73.7	661	1.2	117	4	5.3	48	0.4	62
Female, Disabled												
All Ages	2,885	317,819	52	89.7	613	1.2	123	4	6.9	48	0.4	62
64 or younger	2,674	294,927	45	84.9	529	1.2	111	4	7.5	48	0.4	62
65-74	211	22,892	7	140.0	84	1.2	192	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
Female, Other Eligibles												
All Ages	405	22,689	4	22.2	48	1.0	51	0	0.0	0	0.0	0
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	193	10,112	3	50.0	36	1.1	60	0	0.0	0	0.0	0
75-84	153	7,642	1	33.3	12	0.7	24	0	0.0	0	0.0	0
85 and older	59	4,935	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male												
All Males	2,087	268,031	51	75.0	548	1.1	101	17	25.0	193	0.8	569
Male, Disabled												
All Ages	2,014	263,731	51	82.3	548	1.1	101	17	27.4	193	0.8	569
64 or younger	1,923	254,487	48	80.0	512	1.2	107	17	28.3	193	0.8	569
65-74	91	9,244	3	150.0	36	0.3	19	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	73	4,300	0	0.0	0	0.0	0	0	0.0	0	0.0	0
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	0.0	0
75-84	61	4,123	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	12	177	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 106 beneficiaries who were in nursing facilities for part of their enrollment and their 1,019 benefit months were excluded from the analysis.

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

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

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

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

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

Beneficiary Characteristics	ANTIPSYCHOTICS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					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	61	42.4	685	0.7	\$116	12	8.3	144	0.7	\$384	77	53.5	855	1.0	\$66
Female															
All Females	26	34.2	312	0.8	147	9	11.8	108	0.8	486	53	69.7	601	1.0	64
Female, Disabled															
All Ages	21	36.2	252	0.9	148	8	13.8	96	0.7	532	48	82.8	541	1.0	69
64 or younger	18	34.0	216	0.9	161	8	15.1	96	0.7	532	43	81.1	488	1.0	76
65-74	3	60.0	36	0.6	74	0	0.0	0	0.0	0	5	100.0	53	0.5	4
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	5	27.8	60	0.7	141	1	5.6	12	1.1	124	5	27.8	60	1.5	24
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	33.3	24	0.6	177	0	0.0	0	0.0	0	4	66.7	48	1.3	23
75-84	1	33.3	12	0.3	59	1	33.3	12	1.1	124	1	33.3	12	2.3	29
85 and older	2	22.2	24	0.9	146	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male															
All Males	35	51.5	373	0.6	90	3	4.4	36	0.4	77	24	35.3	254	1.0	70
Male, Disabled															
All Ages	31	50.0	335	0.6	98	3	4.8	36	0.4	77	24	38.7	254	1.0	70
64 or younger	28	46.7	299	0.6	97	3	5.0	36	0.4	77	24	40.0	254	1.0	70
65-74	3	150.0	36	0.4	105	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	4	66.7	38	0.7	20	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	1	33.3	11	1.4	53	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	3	100.0	27	0.4	6	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

- a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 106 beneficiaries who were in nursing facilities for part of their enrollment and their 1,019 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2007. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

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

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANTINEOPLASTICS				
	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	80	55.6	901	0.8	\$50	80	55.6	924	0.7	\$40	4	2.8	48	0.9	\$688
Female															
All Females	58	76.3	684	0.7	49	45	59.2	527	0.7	40	4	5.3	48	0.9	688
Female, Disabled															
All Ages	48	82.8	564	0.7	52	42	72.4	491	0.7	42	4	6.9	48	0.9	688
64 or younger	46	86.8	540	0.7	52	40	75.5	474	0.7	41	4	7.5	48	0.9	688
65-74	2	40.0	24	0.5	51	2	40.0	17	0.6	55	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	10	55.6	120	0.7	36	3	16.7	36	0.8	17	0	0.0	0	0.0	0
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	66.7	48	0.6	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	3	100.0	36	0.8	53	2	66.7	24	1.0	10	0	0.0	0	0.0	0
85 and older	3	33.3	36	0.8	28	1	11.1	12	0.4	30	0	0.0	0	0.0	0
Male															
All Males	22	32.4	217	0.9	54	35	51.5	397	0.7	41	0	0.0	0	0.0	0
Male, Disabled															
All Ages	21	33.9	214	0.9	55	34	54.8	389	0.7	41	0	0.0	0	0.0	0
64 or younger	19	31.7	190	0.9	50	33	55.0	377	0.6	39	0	0.0	0	0.0	0
65-74	2	100.0	24	1.1	91	1	50.0	12	1.1	100	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	1	16.7	3	0.3	2	1	16.7	8	0.5	60	0	0.0	0	0.0	0
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	33.3	8	0.5	60	0	0.0	0	0.0	0
85 and older	1	33.3	3	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 106 beneficiaries who were in nursing facilities for part of their enrollment and their 1,019 benefit months were excluded from the analysis.

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

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

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

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

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

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

Beneficiary Characteristics	ANTIASTHMATIC						ANTIDIABETIC					
	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	73	50.7	826	0.7	\$37	57	39.6	664	0.7	\$39	144	1,584
Female												
All Females	34	44.7	408	0.8	41	43	56.6	503	0.7	38	76	876
Female, Disabled												
All Ages	28	48.3	336	0.8	48	37	63.8	431	0.6	36	58	664
64 or younger	28	52.8	336	0.8	48	32	60.4	378	0.6	36	53	611
65-74	0	0.0	0	0.0	0	5	100.0	53	0.9	33	5	53
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	6	33.3	72	0.4	5	6	33.3	72	0.9	49	18	212
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	3	50.0	36	0.7	8	3	50.0	36	0.6	24	6	72
75-84	1	33.3	12	0.2	2	3	100.0	36	1.3	73	3	32
85 and older	2	22.2	24	0.2	3	0	0.0	0	0.0	0	9	108
Male												
All Males	39	57.4	418	0.6	34	14	20.6	161	0.8	43	68	708
Male, Disabled												
All Ages	34	54.8	372	0.5	29	14	22.6	161	0.8	43	62	650
64 or younger	34	56.7	372	0.5	29	11	18.3	125	0.9	44	60	626
65-74	0	0.0	0	0.0	0	3	150.0	36	0.7	39	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
Male, Other Eligibles												
All Ages	5	83.3	46	0.9	67	0	0.0	0	0.0	0	6	58
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	0	0
75-84	5	166.7	46	0.9	67	0	0.0	0	0.0	0	3	31
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2007. A total of 106 beneficiaries who were in nursing facilities for part of their enrollment and their 1,019 benefit months were excluded from the analysis.

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

c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state. d. The top 10 drug groups were determined based on total 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 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 Nondual Rx \$	Total Number of Beneficiaries
All	33,773	31.6	1.2	124,514	\$15	\$1,569,069	\$13	1.6	106,734
Age									
5 and younger	6,474	28.1	0.5	10,982	5	114,854	10	1.7	23,078
6-14	4,846	23.5	0.5	10,866	7	152,735	14	1.2	20,585
15-20	3,174	25.7	0.6	7,855	9	113,521	14	1.4	12,347
21-44	12,383	33.6	1.4	50,194	18	653,135	13	1.9	36,853
45-64	6,688	49.7	3.2	43,369	39	522,308	12	1.5	13,445
65-74	141	50.5	3.1	858	33	9,151	11	1.4	279
75-84	42	42.0	2.4	240	22	2,176	9	1.2	100
85 and older	25	53.2	3.2	150	25	1,189	8	2.6	47
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility^c									
Aged	86	55.5	4.1	642	36	5,612	9	1.5	155
Disabled	4,753	46.8	3.4	34,951	43	439,546	13	1.3	10,164
Adults	16,602	34.3	1.4	66,621	18	847,782	13	1.9	48,358
Children	12,316	25.6	0.5	22,212	6	274,992	12	1.6	48,016
Unknown	16	39.0	2.1	88	28	1,137	13	1.0	41
Gender									
Female	22,235	33.3	1.3	86,047	17	1,105,628	13	1.9	66,858
Male	11,538	28.9	1.0	38,467	12	463,441	12	1.2	39,875
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Race									
White	16,050	33.8	1.5	73,034	21	980,786	13	1.8	47,496
African American	13,056	29.4	0.9	39,997	10	457,301	11	1.4	44,336
Other/unknown	4,667	31.3	0.8	11,483	9	130,982	11	1.5	14,902
Use of Nursing Facilities^d									
Entire year	96	66.7	6.7	958	70	10,041	10	1.1	144
Part year	73	68.9	6.9	728	88	9,338	13	2.3	106
None	33,604	31.6	1.2	122,828	15	1,549,690	13	1.6	106,484
Maintenance Assistance Status									
Cash	21,869	32.3	1.1	76,499	14	964,195	13	1.7	67,673
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	1,023	24.2	0.4	1,701	5	19,632	12	1.5	4,235
Other/unknown	10,881	31.2	1.3	46,314	17	585,242	13	1.6	34,826

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

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

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

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

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

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

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$13	\$0	\$1	1,026,518
Age						
5 and younger	0.0	0	10	0	0	230,039
6-14	0.1	1	14	0	0	216,282
15-20	0.1	1	14	0	0	121,404
21-44	0.2	2	13	0	1	329,034
45-64	0.3	4	12	0	2	125,485
65-74	0.3	3	11	0	1	2,770
75-84	0.2	2	9	0	0	1,018
85 and older	0.3	2	8	0	1	486
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.4	3	9	0	1	1,617
Disabled	0.3	4	13	0	2	113,864
Adults	0.2	2	13	0	1	425,010
Children	0.0	1	12	0	0	485,699
Unknown	0.3	3	13	0	1	328
Gender						
Female	0.1	2	13	0	1	635,410
Male	0.1	1	12	0	0	391,100
Unknown	0.0	0	0	0	0	8
Race						
White	0.2	2	13	0	1	450,886
African American	0.1	1	11	0	0	430,423
Other/unknown	0.1	1	11	0	0	145,209
Use of Nursing Facilities^d						
Entire year	0.6	6	10	1	3	1,584
Part year	0.7	9	13	0	3	1,019
None	0.1	2	13	0	1	1,023,915
Maintenance Assistance Status						
Cash	0.1	1	13	0	0	687,361
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	1	12	0	0	36,960
Other/unknown	0.2	2	13	0	1	302,197

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

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

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

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

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

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D			Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx	
All	41,951	\$37	\$1,569,069	100.0	124,514	\$13	100.0	
Anorexia or weight loss/gain	1	68	68	0.0	2	34	0.0	
Fertility drugs	0	0	0	0.0	0	0	0.0	
Drugs for cosmetic purposes	120	11	1,298	0.1	164	8	0.1	
Cough and cold medications	10,025	44	442,740	28.2	17,565	25	14.1	
Vitamins and minerals	2,841	32	92,163	5.9	6,598	14	5.3	
Non-prescription drugs	18,811	22	406,516	25.9	47,442	9	38.1	
Barbiturates	199	58	11,557	0.7	1,739	7	1.4	
Benzodiazepines	9,289	58	536,942	34.2	49,037	11	39.4	
Other Part D Excl Rx Drugs	665	117	77,785	5.0	1,967	40	1.6	

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

b. Includes OTC drugs as well as prescription drugs.

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

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

Nondual Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, 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	155,615	222	12,349	64,335	78,659	50	1,412,449	2,249	134,065	554,368	721,395	372
Age												
5 and younger	34,878	0	864	5	34,009	0	313,207	0	8,932	35	304,240	0
6-14	34,407	4	2,793	1	31,609	0	331,981	41	30,929	8	301,003	0
15-20	20,389	0	2,073	5,320	12,996	0	185,183	0	22,478	46,855	115,850	0
21-44	48,736	9	2,921	45,760	33	13	427,928	78	31,752	395,822	220	56
45-64	16,610	5	3,656	12,902	11	36	148,691	35	39,527	108,739	76	314
65-74	380	90	42	246	1	1	3,428	960	447	2,013	6	2
75-84	139	60	0	79	0	0	1,296	619	0	677	0	0
85 and older	76	54	0	22	0	0	735	516	0	219	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	90,565	158	5,742	44,869	39,746	50	840,989	1,661	62,997	410,076	365,883	372
Male	65,049	64	6,607	19,466	38,912	0	571,452	588	71,068	144,292	355,504	0
Unknown	1	0	0	0	1	0	8	0	0	0	8	0
Race												
White	64,795	88	5,771	30,845	28,061	30	581,299	811	62,286	265,273	252,720	209
African American	67,583	84	5,495	26,933	35,053	18	621,506	857	60,036	232,377	328,085	151
Other/unknown	23,237	50	1,083	6,557	15,545	2	209,644	581	11,743	56,718	140,590	12
Use of Nursing Facilities^c												
Entire year	162	38	123	1	0	0	1,718	376	1,340	2	0	0
Part year	117	19	88	9	1	0	1,110	165	853	86	6	0
None	155,336	165	12,138	64,325	78,658	50	1,409,621	1,708	131,872	554,280	721,389	372
Maintenance Assistance Status												
Cash	99,671	152	10,639	28,022	60,858	0	942,886	1,641	115,607	261,021	564,617	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	7,106	9	15	416	6,616	50	55,796	91	163	2,516	52,654	372
Other/unknown	48,838	61	1,695	35,897	11,185	0	413,767	517	18,295	290,831	104,124	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	3,333	1	0	3,273	59	0	24,745	12	0	24,359	374	0
FFS part year, with Rx claims	3,876	3	25	3,781	66	1	41,477	26	280	40,444	715	12
FFS part year, no Rx claims	1,430	7	7	1,353	62	1	13,967	60	79	13,194	624	10
MC all year, with Rx claims	98,095	144	10,132	39,951	47,829	39	978,632	1,561	113,728	378,286	484,740	317
MC all year, no Rx claims	48,881	67	2,185	15,977	30,643	9	353,628	590	19,978	98,085	234,942	33

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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

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

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

	Beneficiaries and		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Benefit Months in Cell J of Table 1		Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	155,615	1,412,449	106,734	1,026,518	0	385,931
Fee-for-service (FFS) all year	3,333	24,745	3,333	24,745	0	0
FFS part year, with Rx claims	3,876	41,477	3,876	15,719	0	25,758
FFS part year, with no Rx claims	1,430	13,967	1,430	7,422	0	6,545
Managed care (MC) all year, with Rx claims	98,095	978,632	98,095	978,632	0	0
MC all year, with no Rx claims	48,881	353,628	0	0	0	353,628

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 & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

All Medicaid Beneficiaries