

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 NEW JERSEY

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW JERSEY, 1999

Inclusion Criteria (1999)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) ^g
1. Benes who were eligible for Medicaid during at least one month ^a	869,612 (A)	178,150 (E)
2. Benes who had Medicaid pharmacy benefits during at least one month ^b	823,416 (B)	143,104 (F)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	507,115 (C)	140,403 (G)
4. Benes who were all-year nursing facility residents ^f	29,448 (D)	27,366 (H)

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.
- b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 1999 (based on MAX data element "Eligible Restricted Benefits Flag"). Characteristics of beneficiaries represented by Cell B are shown in Appendix Table A.1.
- c. Cell C represents the study population for Tables 2 through 7D. Cell C was obtained by excluding from Cell B beneficiaries who were under MC plans during all months of Medicaid eligibility in 1999, because the MAX files would not include separate prescription drug claims for those beneficiaries. MC plans include HMOs, PHPs, or other MC organizations that provided pharmacy benefits under capitation arrangements. Beneficiaries included are those who were in fee-for-service, PCCM, or PHP plans in selected states. Beneficiaries in PHPs were included if they were in one of 18 states where no PHP in the state provided a pharmacy benefit (see footnote e). For all other states, beneficiaries in PHPs were excluded. For example, if a beneficiary was under fee-for-service, PCCM, or PHPs in one of the 18 states for three months of the year but enrolled in an MC plan for the remaining nine months, only the three months were counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits. Beneficiaries and their benefit months included and excluded based on this criterion are shown in Appendix Table A.2.
- d. The total Medicaid pharmacy reimbursement for New Jersey in 1999 was \$505,694,080, of which \$36,452,163 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.
- e. The 18 states where no PHP provided a pharmacy benefit in 1999 were AL, AR, CO, FL, GA, IA, IL, KY, MA, MI, MT, NE, NY, NC, OR, PA, UT, and WI. This list was constructed based on consultation with CMS staff and two CMS documents, which can be found at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms699.asp> and at <http://www.cms.hhs.gov/medicaid/managedcare/mmcms99.asp>.
- f. Cell D represents the study population for Tables 8 through 10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 1999. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents were excluded from the analysis because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables 8 through 10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded were excluded from the analysis.
- g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables 11 through 18. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 1999. All benefit months of such dual eligible beneficiaries, of which 0.3 percent were restricted benefit months without a pharmacy benefit in New Jersey, were used in the dual tables. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NEW JERSEY, 1999

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/Unknown		All	Aged	Disabled	Adults	Children	Other/Unknown	
All	507,115	88,802	151,589	66,434	200,290	0		3,422,935	854,875	1,609,246	200,973	757,841	0	
Age														
5 and younger	95,149	14	5,149	69	89,917	0		354,543	52	46,512	256	307,723	0	
6-14	96,131	4	12,461	83	83,583	0		463,604	18	131,215	282	332,089	0	
15-20	47,866	0	9,115	12,233	26,518	0		251,745	0	96,134	38,571	117,040	0	
21-44	99,241	3	47,906	51,062	270	0		664,023	36	511,215	151,796	976	0	
45-64	53,866	65	50,878	2,923	0	0		550,517	579	540,047	9,891	0	0	
65-74	44,853	25,477	19,339	37	0	0		464,844	252,792	211,945	107	0	0	
75-84	39,386	33,925	5,444	17	0	0		398,941	339,964	58,928	49	0	0	
85 and older	30,610	29,304	1,296	10	0	0		274,612	261,353	13,238	21	0	0	
Unknown	13	10	1	0	2	0		106	81	12	0	13	0	
Gender														
Female	310,349	66,969	82,129	61,465	99,786	0		2,088,639	648,009	882,288	184,705	373,637	0	
Male	196,766	21,833	69,460	4,969	100,504	0		1,334,296	206,866	726,958	16,268	384,204	0	
Unknown	0	0	0	0	0	0		0	0	0	0	0	0	
Race														
White	180,625	49,661	62,911	18,243	49,810	0		1,372,835	454,382	671,850	57,087	189,516	0	
African American	159,825	11,575	44,141	26,380	77,729	0		992,159	116,602	469,380	80,528	325,649	0	
Other/unknown	166,665	27,566	44,537	21,811	72,751	0		1,057,941	283,891	468,016	63,358	242,676	0	
Use of Nursing Facilities														
All year	29,448	23,779	5,659	4	6	0		259,719	205,829	53,815	24	51	0	
Part year	10,962	8,453	2,447	55	7	0		90,453	67,707	22,163	533	50	0	
None	466,705	56,570	143,483	66,375	200,277	0		3,072,763	581,339	1,533,268	200,416	757,740	0	
Maintenance Assistance Status														
Cash	238,736	35,386	122,082	29,567	51,701	0		1,931,958	383,096	1,305,570	87,076	156,216	0	
Medically needy	10	2	7	0	1	0		72	16	53	0	3	0	
Poverty-related	160,471	17,877	17,973	18,136	106,485	0		766,772	177,801	189,060	58,710	341,201	0	
Other/unknown	107,898	35,537	11,527	18,731	42,103	0		724,133	293,962	114,563	55,187	260,421	0	
Dual Medicare Status^c														
Full dual, all year	139,547	75,705	63,314	512	16	0		1,423,439	728,491	690,940	3,861	147	0	
Full dual, part year	856	655	195	6	0	0		8,324	6,357	1,913	54	0	0	
Non-dual, all year	366,712	12,442	88,080	65,916	200,274	0		1,991,172	120,027	916,393	197,058	757,694	0	
Managed Care Status														
FFS all year	293,706	72,296	143,634	24,178	53,598	0		2,693,890	721,763	1,552,254	84,196	335,677	0	
FFS part year, with Rx claims	77,011	15,851	6,887	18,013	36,260	0		360,278	129,689	52,945	57,965	119,679	0	
FFS part year, no Rx claims	136,398	655	1,068	24,243	110,432	0		368,767	3,423	4,047	58,812	302,485	0	

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 2

All Medicaid Beneficiaries

a. Table 2 includes the beneficiaries represented by Cell C 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. 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 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had Medicaid fee-for-service pharmacy benefits. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW JERSEY, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benefes
All	55.5 %	17.9	\$925	\$52	\$7,042	13.1 %	\$31	507,115
Age								
5 and younger	31.2	1.6	62	38	1,914	3.2	5	95,149
6-14	30.8	2.7	203	75	2,271	8.9	7	96,131
15-20	38.5	3.5	234	67	3,502	6.7	5	47,866
21-44	58.6	15.9	1,166	73	7,206	16.2	31	99,241
45-64	83.8	42.8	2,432	57	12,703	19.1	102	53,866
65-74	85.4	37.7	1,669	44	8,672	19.2	71	44,853
75-84	87.9	41.8	1,701	41	14,024	12.1	49	39,386
85 and older	89.2	41.5	1,439	35	21,628	6.7	24	30,610
Unknown	84.6	39.1	1,468	38	23,920	6.1	0	13
Basis of Eligibility								
Aged	86.0	37.5	1,469	39	14,265	10.3	37	88,802
Disabled	81.5	35.2	2,121	60	12,215	17.4	79	151,589
Adults	40.9	2.1	101	48	2,284	4.4	4	66,434
Children	27.1	1.3	53	40	1,502	3.5	2	200,290
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	58.4	20.1	949	47	7,310	13.0	32	310,349
Male	50.8	14.5	888	62	6,619	13.4	30	196,766
Unknown	0.0	0.0	0	0	0	0.0	0	0
Race								
White	64.6	26.3	1,267	48	11,022	11.5	26	180,625
African American	48.4	12.5	756	60	5,411	14.0	36	159,825
Other/unknown	52.3	14.0	718	51	4,293	16.7	33	166,665
Use of Nursing Facilities								
Entire year	96.8	58.6	2,091	36	35,545	5.9	0	29,448
Part year	93.0	47.7	2,047	43	24,856	8.2	24	10,962
None	52.0	14.6	825	56	4,825	17.1	33	466,705
Maintenance Assistance Status								
Cash	64.4	22.1	1,265	57	6,689	18.9	52	238,736
Medically needy	50.0	6.0	800	133	8,870	9.0	0	10
Poverty related	37.9	8.6	457	53	2,623	17.4	17	160,471
Other/unknown	62.0	22.6	870	39	14,394	6.0	7	107,898

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 3

All Medicaid Beneficiaries

a. Table 3 includes beneficiaries represented by Cell C 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW JERSEY, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Benes	Bene Mos
				None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10			
All	2.7	\$137	13.1 %	44.5 %	22.9 %	7.9 %	13.6 %	8.3 %	2.8 %	\$1,043	507,115	3,422,935
Age												
5 and younger	0.4	17	3.2	68.8	24.3	4.3	2.3	0.3	0.1	514	95,149	354,543
6-14	0.6	42	8.9	69.2	23.3	4.1	2.9	0.4	0.1	471	96,131	463,604
15-20	0.7	45	6.7	61.5	29.1	5.0	3.4	0.7	0.2	666	47,866	251,745
21-44	2.4	174	16.2	41.4	28.4	9.0	12.7	6.3	2.2	1,077	99,241	664,023
45-64	4.2	238	19.1	16.2	17.0	11.7	28.0	20.2	6.8	1,243	53,866	550,517
65-74	3.6	161	19.2	14.6	20.2	13.2	29.3	17.8	4.8	837	44,853	464,844
75-84	4.1	168	12.1	12.1	15.9	12.5	31.0	21.4	7.1	1,385	39,386	398,941
85 and older	4.6	160	6.7	10.8	13.0	11.0	31.0	24.8	9.4	2,411	30,610	274,612
Unknown	4.8	180	6.1	15.4	7.7	7.7	30.8	23.1	15.4	2,934	13	106
Basis of Eligibility												
Aged	3.9	153	10.3	14.0	17.5	12.5	29.6	19.6	6.8	1,482	88,802	854,875
Disabled	3.3	200	17.4	18.5	25.2	11.7	23.9	15.6	5.1	1,151	151,589	1,609,246
Adults	0.7	33	4.4	59.1	29.7	6.1	3.9	1.0	0.3	755	66,434	200,973
Children	0.4	14	3.5	72.9	21.3	3.5	2.0	0.2	0.0	397	200,290	757,841
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.0	141	13.0	41.6	22.3	8.1	15.1	9.6	3.2	1,086	310,349	2,088,639
Male	2.1	131	13.4	49.2	23.8	7.4	11.4	6.2	2.0	976	196,766	1,334,296
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	3.5	167	11.5	35.4	19.9	8.5	18.1	13.0	5.1	1,450	180,625	1,372,835
African American	2.0	122	14.0	51.6	24.8	6.7	9.8	5.4	1.6	872	159,825	992,159
Other/unknown	2.2	113	16.7	47.7	24.3	8.2	12.3	6.0	1.4	676	166,665	1,057,941
Use of Nursing Facilities												
Entire year	6.6	237	5.9	3.2	8.1	8.5	29.4	31.9	19.0	4,030	29,448	259,719
Part year	5.8	248	8.2	7.0	10.5	10.2	30.1	27.3	14.9	3,012	10,962	90,453
None	2.2	125	17.1	48.0	24.1	7.8	12.2	6.4	1.4	733	466,705	3,072,763
Maintenance Assistance Status												
Cash	2.7	156	18.9	35.6	24.9	9.9	17.5	9.6	2.5	827	238,736	1,931,958
Medically needy	0.8	111	9.0	50.0	30.0	10.0	0.0	10.0	0.0	1,232	10	72
Poverty related	1.8	96	17.4	62.1	20.2	5.3	7.5	4.0	0.9	549	160,471	766,772
Other/unknown	3.4	130	6.0	38.0	22.5	7.3	14.1	11.8	6.2	2,145	107,898	724,133

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

Table 4

All Medicaid Beneficiaries

a. Table 4 includes the beneficiaries represented by Cell C 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.

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

TABLE 5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NEW JERSEY, 1999

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	\$ per Rx	No. of Rx	Rx \$	No. of Rx	Rx \$
All	2.7	\$137	1.0	\$89	0.4	\$25	1.1	\$19
Age								
5 and younger	0.4	17	0.1	11	0.0	1	0.3	4
6-14	0.6	42	0.2	26	0.1	8	0.3	8
15-20	0.7	45	0.3	33	0.1	5	0.3	5
21-44	2.4	174	1.0	126	0.4	27	0.9	17
45-64	4.2	238	1.7	159	0.7	43	1.6	29
65-74	3.6	161	1.5	100	0.6	32	1.4	24
75-84	4.1	168	1.5	99	0.7	34	1.7	29
85 and older	4.6	160	1.5	89	0.8	32	2.1	33
Unknown	4.8	180	1.6	129	0.2	11	2.2	29
Basis of Eligibility								
Aged	3.9	153	1.4	90	0.7	30	1.6	27
Disabled	3.3	200	1.3	135	0.5	35	1.3	25
Adults	0.7	33	0.3	24	0.1	4	0.3	4
Children	0.4	14	0.1	10	0.0	1	0.2	3
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Gender								
Female	3.0	141	1.1	90	0.5	26	1.2	21
Male	2.1	131	0.8	88	0.3	23	0.9	17
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
Race								
White	3.5	167	1.3	104	0.5	32	1.5	26
African American	2.0	122	0.8	85	0.3	18	0.8	15
Other/unknown	2.2	113	0.9	75	0.4	20	0.8	15
Use of Nursing Facilities								
Entire year	6.6	237	2.1	135	1.0	41	3.2	53
Part year	5.8	248	2.0	156	0.8	39	2.7	45
None	2.2	125	0.9	84	0.4	23	0.8	16
Maintenance Assistance Status								
Cash	2.7	156	1.1	104	0.5	28	1.0	19
Medically needy	0.8	111	0.4	55	0.1	31	0.3	4
Poverty related	1.8	96	0.7	62	0.3	18	0.7	12
Other/unknown	3.4	130	1.1	78	0.5	21	1.6	26

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 5 includes the beneficiaries represented by Cell C 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.

Table 5

All Medicaid Beneficiaries

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 New Jersey, 6.4 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NEW JERSEY, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.4	0.2	0.0	0.1	\$39	\$37	\$0	\$2	\$103	\$150	\$60	\$14	600,884	\$61,943,527	164,034	32.3 %	1,570,543
Biologicals	0.1	0.1	0.0	0.0	87	66	10	11	655	784	3,377	244	9,671	6,338,086	7,264	1.4	72,738
Antineoplastic Agents	0.6	0.2	0.2	0.1	96	56	32	8	175	278	144	61	49,890	8,710,296	9,138	1.8	90,523
Endocrine/Metabolic Drugs	0.8	0.4	0.1	0.3	33	27	2	4	42	70	39	12	646,201	27,313,314	81,137	16.0	827,808
Cardiovascular Agents	1.5	0.5	0.4	0.6	54	27	17	10	36	52	45	16	1,851,511	66,898,443	117,847	23.2	1,238,576
Respiratory Agents	0.6	0.3	0.0	0.3	23	15	1	6	36	51	39	20	805,248	28,705,230	129,725	25.6	1,258,274
Gastrointestinal Agents	0.7	0.3	0.1	0.2	47	31	9	7	71	106	78	27	595,734	42,524,256	85,185	16.8	898,899
Genitourinary Agents	0.3	0.2	0.0	0.1	14	10	0	3	42	48	36	30	95,900	4,033,737	29,339	5.8	286,702
CNS Drugs	1.2	0.5	0.2	0.5	78	51	18	8	65	101	89	17	1,342,172	86,898,240	106,789	21.1	1,118,849
Stimulants/Anti-obesity/Anorexia	0.6	0.1	0.1	0.3	20	5	6	9	33	37	40	29	40,661	1,355,422	6,769	1.3	67,090
Miscellaneous Psychological/Neurological Agents	0.4	0.4	0.0	0.1	42	37	3	2	96	105	105	33	46,679	4,460,797	10,008	2.0	106,065
Analgesics and Anesthetics	0.6	0.2	0.1	0.3	27	17	6	4	48	95	67	14	656,959	31,629,945	112,683	22.2	1,164,264
Neuromuscular Agents	1.0	0.3	0.2	0.5	43	26	7	10	44	78	43	22	561,339	24,929,245	54,050	10.7	576,474
Nutritional Products	0.5	0.0	0.1	0.3	7	1	3	3	14	21	19	11	390,356	5,498,732	89,195	17.6	814,595
Hematological Agents	0.6	0.1	0.1	0.4	71	49	11	11	110	415	83	27	240,431	26,474,666	37,611	7.4	373,862
Topical Products	0.5	0.2	0.1	0.2	17	10	5	2	34	46	39	14	648,603	22,295,343	127,533	25.1	1,274,439
Miscellaneous Products	0.4	0.2	0.1	0.1	61	37	19	5	161	216	244	39	31,787	5,127,162	8,395	1.7	83,774
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	14	0	0	0	30	0	0	0	465,270	14,105,476	98,411	19.4	1,018,037
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.	9,079,296	469,241,917	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. 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/products/product_mddb.asp (May 13 2003).
- 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 New Jersey, 6.4 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/products/product_mddb.asp (May 13 2003).

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

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NEW JERSEY, 1999

Top 10 Drug Groups	Users					Among Users		
	Total Medicaid Rx \$	No. As	% of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
ANTIPSYCHOTICS	\$46,466,183	53,512	10.6 %	578,330	0.8	\$106	\$80	
ANTIVIRAL	36,056,272	21,493	4.2	229,408	0.5	321	157	
ULCER DRUGS	34,143,693	86,967	17.1	943,391	0.4	87	36	
ANTIDEPRESSANTS	24,585,901	68,476	13.5	726,807	0.6	58	34	
ANTICONVULSANT	18,900,130	41,243	8.1	444,381	0.8	50	43	
CALCIUM BLOCKERS	17,881,265	47,705	9.4	517,443	0.7	50	35	
ANTIHYPERTENSIVE	17,352,659	72,244	14.2	783,583	0.6	38	22	
ANTIASTHMATIC	16,409,591	90,284	17.8	919,986	0.4	41	18	
ANALGESICS - ANTI-INFLAMMATORY	16,155,374	99,460	19.6	1,071,621	0.3	54	15	
ANTIDIABETIC	15,266,452	52,385	10.3	571,321	0.6	41	27	

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a,b,c}
 NEW JERSEY, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ANTIPSYCHOTICS				ANTIVIRAL			
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3,633,139	\$243,217,520	53,512	10.6 %	578,330	0.8	\$80	21,493	4.2 %	229,408	0.5	\$157
Female	2,417,502	150,162,768	31,407	10.1	336,554	0.7	69	10,729	3.5	113,747	0.4	137
Disabled	1,458,251	101,350,385	21,271	25.9	240,162	0.7	79	8,334	10.1	92,569	0.5	152
5 and younger	7,082	388,746	9	0.4	83	0.1	7	88	3.9	953	0.7	110
6-14	18,664	1,327,889	202	4.9	2,279	0.5	59	260	6.3	3,042	0.6	131
15-20	18,778	1,367,850	404	12.0	4,558	0.6	60	116	3.5	1,364	0.4	136
21-44	352,119	31,378,529	8,397	37.4	94,933	0.8	88	4,676	20.8	51,443	0.5	163
45-64	667,584	45,095,358	8,789	28.5	99,709	0.7	78	2,689	8.7	29,991	0.5	160
65-74	291,113	16,328,436	2,332	17.1	26,272	0.7	64	390	2.9	4,502	0.2	51
75-84	84,747	4,544,213	902	20.7	9,802	0.7	54	85	2.0	946	0.1	10
85 and older	18,164	919,364	236	21.4	2,526	0.6	37	30	2.7	328	0.1	9
Other Eligibles	959,163	48,808,496	10,134	4.4	96,376	0.6	43	2,395	1.0	21,178	0.3	69
5 and younger	7,342	239,159	13	0.0	91	0.2	9	121	0.3	1,115	0.6	60
6-14	13,584	766,141	279	0.7	2,744	0.7	56	140	0.3	1,341	0.6	165
15-20	13,127	644,734	375	1.5	3,393	0.8	54	102	0.4	674	0.3	69
21-44	23,618	1,858,198	392	0.8	2,087	0.4	41	773	1.6	4,938	0.5	171
45-64	5,873	401,507	79	3.7	642	0.6	61	83	3.9	555	0.5	151
65-74	209,529	11,127,863	1,182	7.0	12,254	0.6	47	297	1.8	3,320	0.2	32
75-84	382,676	19,494,200	3,470	13.7	34,490	0.7	45	435	1.7	4,809	0.1	9
85 and older	303,414	14,276,694	4,344	17.5	40,675	0.6	39	444	1.8	4,426	0.1	9
Male	1,215,637	93,054,752	22,105	11.2	241,776	0.8	97	10,764	5.5	115,661	0.5	177
Disabled	897,866	76,550,226	18,383	26.5	206,218	0.9	105	9,801	14.1	106,724	0.5	183
5 and younger	9,814	466,796	39	1.3	378	0.4	25	89	3.1	923	0.6	78
6-14	35,206	2,138,554	748	9.0	8,292	0.5	43	259	3.1	2,897	0.5	132
15-20	22,728	1,654,743	707	12.3	7,891	0.6	67	121	2.1	1,397	0.4	118
21-44	356,478	36,778,893	10,190	40.1	115,070	0.9	117	5,547	21.8	59,973	0.5	179
45-64	348,383	28,745,128	5,511	27.5	61,767	0.9	103	3,587	17.9	39,297	0.6	203
65-74	104,190	5,696,822	917	16.0	9,992	0.8	70	167	2.9	1,913	0.3	112
75-84	18,562	941,136	222	20.3	2,298	0.8	60	29	2.7	300	0.2	50
85 and older	2,505	128,154	49	25.5	530	0.5	44	2	1.0	24	0.1	12
Other Eligibles	317,667	16,495,331	3,716	2.9	35,486	0.7	51	963	0.8	8,937	0.4	108
5 and younger	10,137	358,282	39	0.1	349	0.3	25	119	0.3	992	0.6	89
6-14	22,323	1,327,169	599	1.4	5,995	0.6	62	166	0.4	1,640	0.7	165
15-20	12,769	745,215	483	3.6	4,708	0.8	67	34	0.3	301	0.4	113
21-44	6,123	615,721	142	3.6	1,138	0.7	86	183	4.6	1,404	0.5	177
45-64	3,517	357,854	41	4.7	366	0.6	59	118	13.4	1,040	0.6	185
65-74	94,865	4,853,269	592	6.9	5,886	0.6	48	144	1.7	1,492	0.3	60
75-84	116,632	5,850,361	1,107	12.7	10,757	0.6	46	129	1.5	1,398	0.1	28
85 and older	51,301	2,387,460	713	15.7	6,287	0.6	37	70	1.5	670	0.1	7
Unknown	192	13,082	8	61.5	88	0.8	70	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7A includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

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

TABLE 7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NEW JERSEY, 1999

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANTICONVULSANT				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	86,967	17.1 %	943,391	0.4	\$36	68,476	13.5 %	726,807	0.6	\$34	41,243	8.1 %	444,381	0.8	\$43
Female	62,108	20.0	675,869	0.4	36	47,725	15.4	505,052	0.6	34	23,573	7.6	252,883	0.8	40
Disabled	34,288	41.7	391,630	0.4	35	29,950	36.5	338,271	0.5	34	17,383	21.2	194,667	0.8	43
5 and younger	151	6.7	1,623	0.4	20	12	0.5	122	0.2	10	161	7.2	1,739	0.6	40
6-14	215	5.2	2,431	0.4	23	234	5.7	2,627	0.4	26	573	13.9	6,402	0.7	50
15-20	345	10.3	3,909	0.3	20	462	13.8	5,231	0.5	29	552	16.4	6,247	0.8	66
21-44	6,770	30.1	77,144	0.3	31	9,923	44.2	111,470	0.6	36	7,078	31.5	79,479	0.9	49
45-64	16,217	52.5	185,524	0.4	35	14,228	46.1	161,396	0.6	35	6,648	21.5	74,683	0.8	40
65-74	7,772	57.1	89,287	0.4	37	3,813	28.0	43,414	0.5	28	1,748	12.8	19,482	0.8	30
75-84	2,250	51.7	25,437	0.5	41	1,032	23.7	11,373	0.6	28	544	12.5	5,791	0.8	27
85 and older	568	51.4	6,275	0.5	41	246	22.3	2,638	0.6	28	79	7.2	844	0.9	25
Other Eligibles	27,818	12.2	284,222	0.5	38	17,773	7.8	166,765	0.7	33	6,189	2.7	58,208	0.8	28
5 and younger	241	0.5	1,446	0.3	10	15	0.0	118	0.3	18	38	0.1	263	0.6	39
6-14	231	0.6	1,636	0.2	13	339	0.8	3,029	0.6	32	254	0.6	2,250	0.8	34
15-20	303	1.2	2,125	0.2	14	621	2.4	5,147	0.6	33	330	1.3	2,964	0.8	38
21-44	1,048	2.2	5,920	0.4	32	1,451	3.1	6,816	0.5	28	495	1.0	2,634	0.7	39
45-64	229	10.9	1,538	0.4	31	244	11.6	1,487	0.5	31	93	4.4	654	0.7	43
65-74	6,668	39.5	73,303	0.4	33	2,859	16.9	30,391	0.5	27	1,017	6.0	10,512	0.7	27
75-84	10,498	41.6	113,957	0.5	39	5,926	23.5	60,412	0.7	33	2,195	8.7	22,240	0.9	26
85 and older	8,600	34.7	84,297	0.6	45	6,318	25.5	59,365	0.8	37	1,767	7.1	16,691	0.9	25
Male	24,859	12.6	267,522	0.4	36	20,751	10.5	221,755	0.6	34	17,670	9.0	191,498	0.9	46
Disabled	16,212	23.3	180,855	0.4	36	15,502	22.3	172,797	0.6	35	14,662	21.1	163,038	0.9	48
5 and younger	209	7.2	2,259	0.4	25	15	0.5	162	0.3	13	179	6.1	1,793	0.7	38
6-14	366	4.4	4,136	0.3	20	625	7.5	6,977	0.4	24	1,016	12.2	11,282	0.7	44
15-20	345	6.0	3,943	0.3	21	593	10.3	6,637	0.4	30	778	13.5	8,764	0.7	47
21-44	5,026	19.8	56,531	0.4	35	7,343	28.9	82,117	0.6	37	7,363	28.9	82,772	0.9	54
45-64	7,146	35.7	79,608	0.4	37	5,596	28.0	62,374	0.6	34	4,348	21.7	47,934	0.9	43
65-74	2,565	44.8	28,444	0.4	38	1,110	19.4	12,158	0.6	30	811	14.2	8,741	0.9	33
75-84	475	43.5	5,050	0.5	41	190	17.4	2,079	0.6	33	150	13.7	1,576	1.0	30
85 and older	80	41.7	884	0.4	34	30	15.6	293	0.5	25	17	8.9	176	0.9	27
Other Eligibles	8,646	6.8	86,655	0.4	36	5,248	4.1	48,946	0.6	32	3,004	2.4	28,412	0.8	33
5 and younger	263	0.6	1,699	0.4	14	35	0.1	262	0.4	22	75	0.2	542	0.6	25
6-14	207	0.5	1,656	0.2	17	665	1.6	6,134	0.5	31	495	1.2	4,767	0.7	38
15-20	130	1.0	995	0.3	14	517	3.9	4,558	0.7	37	381	2.9	3,516	0.8	39
21-44	110	5.3	1,212	0.4	40	237	6.0	1,520	0.6	41	222	5.6	1,826	0.8	52
45-64	213	12.9	751	0.4	35	107	12.2	683	0.6	44	67	7.6	577	0.8	42
65-74	2,791	32.4	29,643	0.4	34	1,087	12.6	11,083	0.5	28	583	6.8	5,894	0.8	30
75-84	3,337	38.4	35,468	0.5	37	1,569	18.1	15,370	0.6	31	806	9.3	7,900	0.9	29
85 and older	1,595	35.1	15,231	0.6	43	1,031	22.7	9,336	0.7	35	375	8.3	3,390	0.9	27
Unknown	3	23.1	29	0.9	89	3	23.1	28	0.8	35	5	38.5	56	0.7	50

All Medicaid Beneficiaries

Table 7B

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 7B includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BOE, AND AGE^{a, b, c}
 NEW JERSEY, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS					ANTIHYPERTENSIVE					ANTIASTHMATIC				
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	47,705	9.4 %	517,443	0.7	\$35	72,244	14.2 %	783,583	0.6	\$22	90,284	17.8 %	919,986	0.4	\$18
Female	35,075	11.3	381,171	0.7	35	49,091	15.8	534,089	0.6	22	58,164	18.7	600,178	0.4	18
Disabled	16,318	19.9	185,455	0.7	35	23,882	29.1	271,245	0.6	22	34,506	42.0	392,699	0.4	19
5 and younger	4	0.2	48	0.3	11	41	1.8	462	0.6	20	990	44.2	10,819	0.4	15
6-14	15	0.4	171	0.6	40	143	3.5	1,611	0.5	13	1,565	37.9	17,823	0.4	16
15-20	41	1.2	469	0.5	69	77	2.3	876	0.4	15	941	28.0	10,843	0.4	15
21-44	1,476	6.6	16,610	0.6	32	2,426	10.8	27,217	0.5	18	7,746	34.5	88,093	0.4	17
45-64	7,893	25.6	89,295	0.7	35	11,734	38.0	132,983	0.5	22	15,757	51.0	179,581	0.5	20
65-74	4,964	36.5	56,940	0.7	36	6,962	51.1	79,795	0.6	23	5,699	41.9	65,441	0.5	20
75-84	1,571	36.1	17,980	0.7	36	2,050	47.1	23,299	0.6	23	1,526	35.1	17,176	0.5	20
85 and older	354	32.1	3,942	0.7	35	449	40.7	5,002	0.6	23	282	25.5	2,923	0.5	20
Other Eligibles	18,756	8.2	195,711	0.7	34	25,208	11.0	262,832	0.6	23	23,654	10.4	207,443	0.4	17
5 and younger	5	0.0	31	0.7	17	26	0.1	230	0.5	9	2,601	5.8	15,444	0.3	8
6-14	15	0.0	114	0.7	46	165	0.4	1,640	0.6	11	2,004	4.8	13,587	0.3	11
15-20	24	0.1	142	0.3	12	41	0.2	321	0.6	15	1,139	4.5	7,527	0.3	10
21-44	334	0.7	1,709	0.6	32	527	1.1	2,717	0.5	13	2,331	4.9	10,810	0.5	16
45-64	162	7.7	783	0.6	30	262	12.4	1,364	0.6	20	246	11.7	1,411	0.5	20
65-74	4,820	28.5	52,534	0.7	33	6,703	39.7	73,031	0.6	22	3,737	22.1	40,890	0.4	18
75-84	7,666	30.4	83,559	0.7	35	10,359	41.0	113,269	0.6	24	6,325	25.0	67,227	0.5	20
85 and older	5,730	23.1	56,839	0.8	34	7,125	28.8	70,260	0.7	25	5,271	21.3	50,547	0.5	17
Male	12,630	6.4	136,272	0.7	34	23,153	11.8	249,494	0.6	22	32,120	16.3	319,808	0.4	17
Disabled	7,536	10.8	83,426	0.7	36	13,686	19.7	151,587	0.6	21	18,683	26.9	209,070	0.4	18
5 and younger	7	0.2	58	0.9	46	90	3.1	914	0.5	11	1,496	51.4	16,080	0.4	14
6-14	26	0.3	308	0.6	30	545	6.5	6,158	0.5	10	3,240	38.9	36,965	0.3	15
15-20	49	0.9	548	0.4	28	184	3.2	2,035	0.5	15	1,129	19.6	12,818	0.3	13
21-44	1,552	6.1	17,230	0.6	37	2,830	11.1	31,572	0.5	19	4,225	16.6	47,519	0.4	16
45-64	3,916	19.6	43,340	0.6	36	6,688	33.4	73,896	0.6	22	5,920	29.6	66,317	0.5	20
65-74	1,658	29.0	18,362	0.7	35	2,812	49.1	31,208	0.6	23	2,179	38.1	24,239	0.5	23
75-84	290	26.0	3,172	0.7	35	463	42.4	5,080	0.6	24	436	40.0	4,613	0.5	18
85 and older	38	19.8	408	0.8	39	74	38.5	724	0.6	23	58	30.2	519	0.5	19
Other Eligibles	5,094	4.0	52,846	0.7	32	9,467	7.4	97,907	0.6	22	13,437	10.6	110,738	0.4	17
5 and younger	0	0.0	0	0.0	0	73	0.2	749	0.5	7	3,496	7.7	21,186	0.3	9
6-14	11	0.0	74	0.7	31	486	1.2	4,603	0.7	11	2,812	6.7	19,140	0.3	11
15-20	10	0.1	54	0.6	33	70	0.5	652	0.7	14	695	5.2	5,168	0.3	10
21-44	55	1.4	296	0.5	29	90	2.3	446	0.5	18	186	4.7	1,017	0.6	22
45-64	53	6.0	321	0.7	35	118	13.4	741	0.5	19	79	9.0	547	0.5	21
65-74	1,932	22.4	20,678	0.6	32	3,566	41.4	37,777	0.6	22	2,199	25.5	23,586	0.5	20
75-84	2,182	25.1	23,145	0.7	33	3,673	42.3	39,402	0.6	24	2,724	31.3	28,465	0.5	22
85 and older	851	18.7	8,278	0.7	31	1,391	30.6	13,537	0.7	25	1,246	27.4	11,629	0.6	20
Unknown	1	7.7	5	0.8	20	1	7.7	12	0.8	22	4	30.8	36	0.3	4

All Medicaid Beneficiaries

Table 7C

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7C includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 NEW JERSEY, 1999

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
All	99,460	19.6 %	1,071,621	0.3	\$15	52,385	10.3 %	571,321	0.6	\$27	507,115	3,422,935
Female	71,248	23.0	770,376	0.3	17	37,734	12.2	413,231	0.6	27	310,342	2,088,594
Disabled	40,590	49.4	468,590	0.3	16	22,458	27.3	255,290	0.6	29	82,129	882,288
5 and younger	269	12.0	2,980	0.2	2	5	0.2	60	0.1	3	2,238	20,126
6-14	657	15.9	7,596	0.2	4	42	1.0	484	0.6	23	4,124	43,634
15-20	750	22.3	8,596	0.2	4	70	2.1	792	0.7	28	3,358	35,644
21-44	8,691	38.7	99,423	0.3	11	2,253	10.0	25,504	0.6	27	22,464	240,618
45-64	18,656	60.4	215,484	0.3	18	12,077	39.1	136,691	0.6	29	30,872	332,088
65-74	8,847	65.0	102,906	0.3	19	6,318	46.4	72,492	0.7	29	13,616	151,012
75-84	2,229	51.2	25,958	0.3	21	1,492	34.3	17,049	0.7	25	4,353	47,685
85 and older	491	44.5	5,647	0.3	20	201	18.2	2,218	0.7	21	1,104	11,481
Other Eligibles	30,658	13.4	301,786	0.3	17	15,275	6.7	157,933	0.7	24	228,213	1,206,306
5 and younger	1,219	2.7	6,893	0.2	2	4	0.0	40	0.2	6	44,626	152,397
6-14	1,250	3.0	8,310	0.2	2	42	0.1	287	0.7	32	41,674	163,061
15-20	1,280	5.0	8,126	0.2	2	49	0.2	223	0.5	20	25,479	96,036
21-44	2,984	6.3	14,464	0.3	9	503	1.1	2,042	0.7	26	47,399	140,220
45-64	420	19.9	2,463	0.3	19	224	10.6	1,085	0.6	28	2,109	7,110
65-74	7,974	47.2	89,103	0.3	17	5,135	30.4	55,325	0.6	26	16,901	169,629
75-84	10,229	40.5	116,149	0.3	20	6,417	25.4	70,241	0.7	25	25,251	255,495
85 and older	5,302	21.4	56,278	0.4	20	2,901	11.7	28,690	0.7	20	24,774	222,358
Male	28,212	14.3	301,245	0.3	11	14,651	7.4	158,090	0.6	26	196,760	1,334,235
Disabled	18,460	26.6	210,147	0.2	11	9,596	13.8	106,478	0.6	28	69,459	726,946
5 and younger	366	12.6	4,071	0.2	3	3	0.1	36	0.8	37	2,911	26,386
6-14	1,158	13.9	13,398	0.1	2	53	0.6	587	0.6	27	8,337	87,581
15-20	837	14.5	9,696	0.1	3	61	1.1	692	0.8	37	5,757	60,490
21-44	6,080	23.9	69,141	0.2	8	1,780	7.0	20,064	0.6	27	25,442	270,597
45-64	7,131	35.6	81,074	0.3	13	5,229	26.1	58,003	0.6	28	20,006	207,959
65-74	2,444	42.7	27,800	0.3	16	2,153	37.6	23,737	0.7	28	5,723	60,933
75-84	399	36.6	4,451	0.3	16	287	26.3	3,081	0.7	24	1,091	11,243
85 and older	45	23.4	516	0.3	20	30	15.6	278	1.1	36	192	1,757
Other Eligibles	9,752	7.7	91,098	0.3	13	5,055	4.0	51,612	0.6	24	127,301	607,289
5 and younger	1,255	2.8	7,106	0.2	2	14	0.0	75	0.4	21	45,374	155,634
6-14	1,109	2.6	7,346	0.2	2	34	0.1	220	0.6	28	41,996	169,328
15-20	596	4.5	4,739	0.2	2	38	0.3	202	0.8	32	13,272	59,575
21-44	334	8.5	1,496	0.3	9	84	2.1	382	0.6	30	3,936	12,588
45-64	118	13.4	672	0.4	20	104	11.8	587	0.6	22	879	3,360
65-74	2,858	33.2	31,517	0.3	15	2,201	25.6	23,199	0.6	24	8,613	83,270
75-84	2,613	30.1	29,024	0.3	16	1,984	22.8	21,110	0.7	25	8,691	84,518
85 and older	869	19.1	9,198	0.3	16	596	13.1	5,837	0.7	19	4,540	39,016
Unknown	0	0.0	0	0.0	0	1	7.7	8	0.9	5	13	106

Table 7D

All Medicaid Beneficiaries

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 7D includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NEW JERSEY, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$237	6.6	29,448	259,719
Age				
0-64	416	9.4	2,640	24,610
65-74	290	7.8	3,256	30,264
75-84	241	6.7	8,617	76,595
85 and older	188	5.8	14,929	128,202
Unknown	88	4.8	6	48
Gender				
Female	225	6.5	22,901	202,574
Male	280	7.1	6,547	57,145
Unknown	0	0.0	0	0
Race				
White	231	6.6	23,805	207,683
African American	258	6.5	3,442	31,888
Other/unknown	269	6.9	2,201	20,148
Basis of Eligibility				
Aged	213	6.2	23,779	205,829
Disabled	331	8.2	5,659	53,815
Adults	269	6.3	4	24
Children	213	8.3	6	51
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 8 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 10,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,453 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.

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

TABLE 9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NEW JERSEY, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx			Total 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	Patented Brand-Name	Off-Patent Brand-Name	No.	As % of All-Year NF Residents	No. of Bene Mos		
Anti-infective Agents	0.4	0.3	0.0	0.1	\$22	\$20	\$1	\$2	\$54	\$74	\$56	\$16	71,004	\$3,824,959	18,621	63.2 %	171,140
Biologicals	0.1	0.1	0.0	0.1	2	1	0	1	14	15	0	14	4,051	58,368	3,739	12.7	36,531
Antineoplastic Agents	0.7	0.2	0.4	0.1	85	32	46	8	118	165	118	56	14,928	1,761,619	2,377	8.1	20,623
Endocrine/Metabolic Drugs	1.3	0.5	0.0	0.8	26	19	1	6	20	41	54	8	115,009	2,354,638	9,872	33.5	89,299
Cardiovascular Agents	2.3	0.5	0.5	1.3	56	17	17	22	25	37	33	17	389,079	9,607,305	19,350	65.7	172,773
Respiratory Agents	0.9	0.3	0.0	0.6	26	13	1	12	28	43	38	20	86,067	2,441,671	10,211	34.7	93,675
Gastrointestinal Agents	1.2	0.4	0.2	0.6	66	37	13	15	53	84	61	26	149,872	7,890,432	13,305	45.2	120,413
Genitourinary Agents	0.6	0.3	0.0	0.3	24	12	0	11	42	50	33	36	24,432	1,021,580	4,594	15.6	42,732
CNS Drugs	1.7	0.9	0.2	0.7	84	65	11	8	49	71	69	13	257,983	12,572,126	16,537	56.2	150,549
Stimulants/Anti-obesity/Anorexia	0.7	0.0	0.1	0.6	12	2	1	9	17	56	21	14	940	15,767	144	0.5	1,271
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	89	88	0	0	102	103	100	21	13,821	1,409,856	1,799	6.1	15,868
Analgesics and Anesthetics	0.9	0.3	0.1	0.5	33	24	4	5	37	78	51	10	75,660	2,822,321	9,417	32.0	85,141
Neuromuscular Agents	1.7	0.4	0.3	1.0	62	23	13	26	37	62	41	27	120,653	4,478,513	7,755	26.3	72,068
Nutritional Products	0.9	0.0	0.3	0.6	11	1	5	6	13	20	17	10	76,859	974,872	9,760	33.1	87,355
Hematological Agents	1.1	0.2	0.2	0.8	52	38	5	9	45	203	27	12	76,391	3,470,720	7,493	25.4	67,054
Topical Products	0.8	0.3	0.2	0.3	24	15	6	3	28	43	34	10	151,813	4,283,096	19,270	65.4	178,952
Miscellaneous Products	0.3	0.1	0.0	0.3	13	2	0	11	40	28	66	43	4,980	199,939	1,705	5.8	15,277
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	18	0	0	0	26	0	0	0	92,892	2,397,046	14,058	47.7	130,119
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.	1,726,434	61,584,828	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 9 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,453 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 1999. 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/products/product_mddb.asp (May 13 2003).

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/products/product_mddb.asp (May 13 2003).

In New Jersey, 6.4 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.

Table 9

All Medicaid Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and 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 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}
 NEW JERSEY, 1999

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ULCER DRUGS	\$5,401,455	10,411	35.4 %	97,029	0.8	\$69	\$56
ANTIPSYCHOTICS	5,374,697	8,973	30.5	85,935	0.8	75	63
ANTIDEPRESSANTS	4,338,722	10,206	34.7	95,092	0.9	49	46
DERMATOLOGICAL	2,604,712	23,770	80.7	230,475	0.4	31	11
ANTICONVULSANT	2,296,834	5,670	19.3	54,659	1.3	32	42
ANTIHYPERTENSIVE	2,214,225	7,595	25.8	70,099	1.0	32	32
CALCIUM BLOCKERS	2,153,262	5,777	19.6	53,778	1.0	39	40
ANTIANGINAL AGENTS	2,004,586	5,767	19.6	52,574	1.0	38	38
ANTIASTHMATIC	1,567,514	7,413	25.2	68,312	0.8	30	23
ANTINEOPLASTICS	1,526,827	2,123	7.2	19,009	0.7	118	80

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10 includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,453 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 NEW JERSEY, 1999

Beneficiary Characteristics	All Top 10 Drug Groups				ULCER DRUGS				ANTIPSYCHOTICS			
	No. of Rx	Rx \$	No. of Users	Mean No. of Rx	No. of Users	Residents	NF Mos among Users	Mean Rx \$	No. of Users	Residents	NF Mos among Users	Mean Rx \$
All	638,190	\$29,482,834	10,411	0.8	97,029	35.4 %	8,973	\$56	30.5 %	85,935	0.8	\$63
Female	478,881	21,931,037	7,930	0.8	74,185	34.6	6,706	56	29.3	64,284	0.8	60
Disabled	104,748	5,133,104	1,347	0.9	13,366	39.9	1,543	59	45.7	15,618	1.0	88
64 or younger	44,830	2,283,339	494	1.0	4,841	39.0	562	63	44.3	5,564	1.1	100
65-74	34,210	1,617,490	428	0.9	4,274	41.0	488	58	46.7	5,010	1.1	94
75-84	19,184	961,427	299	0.8	3,023	38.9	380	57	49.5	3,893	0.9	77
85 and older	6,524	270,848	126	0.8	1,228	42.3	113	50	37.9	1,151	0.9	44
Other Eligibles	374,099	16,797,147	6,582	0.8	60,814	33.7	5,163	55	26.5	48,666	0.7	51
64 or younger	121	4,455	2	1.3	3	13.3	1	138	6.7	2	0.5	33
65-74	25,887	1,216,785	385	0.8	3,582	40.0	385	59	40.0	3,693	0.9	71
75-84	128,176	5,894,902	2,081	0.8	19,581	35.6	1,845	56	31.6	17,742	0.8	57
85 and older	219,915	9,681,005	4,114	0.8	37,648	32.4	2,932	54	23.1	27,229	0.7	44
Male	159,309	7,551,797	2,481	0.8	22,844	37.9	2,267	56	34.6	21,651	0.9	71
Disabled	69,622	3,417,586	858	0.9	8,189	37.6	1,009	60	44.3	9,951	1.0	91
64 or younger	42,955	2,154,868	505	0.9	4,721	37.3	557	64	41.1	5,347	1.1	97
65-74	19,355	910,019	246	0.8	2,450	39.4	307	54	49.1	3,192	1.0	87
75-84	6,330	304,074	93	0.8	892	37.1	119	55	47.4	1,134	1.0	78
85 and older	982	48,625	14	28.0	126	28.0	26	42	52.0	278	0.6	65
Other Eligibles	89,648	4,132,732	1,622	0.8	14,643	38.0	1,256	54	29.4	11,676	0.8	54
64 or younger	93	3,151	1	33.3	12	33.3	0	56	0.0	0	0.0	0
65-74	16,751	758,724	276	0.8	2,602	44.2	239	53	38.3	2,330	0.9	61
75-84	39,503	1,840,078	675	0.8	6,296	38.4	573	55	32.6	5,464	0.8	57
85 and older	33,301	1,530,779	670	0.8	5,733	35.7	444	53	23.6	3,882	0.7	44
Unknown	73	2,265	2	0.6	17	33.3	2	53	33.3	24	1.2	23

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10A includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,453 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 NEW JERSEY, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS						DERMATOLOGICAL						ANTICONVULSANT					
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %		
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx
All	10,206	95,092	0.9	23,770	230,475	0.4	5,670	54,659	\$11	5,670	19.3 %	\$42	5,670	54,659	1.3	5,670	54,659	1.3
Female	8,048	75,379	0.9	18,139	175,737	0.4	3,787	36,512	11	3,787	16.5	40	3,787	36,512	1.3	3,787	36,512	1.3
Disabled	1,242	12,383	1.0	3,236	32,864	0.4	1,370	13,639	13	1,370	40.5	51	1,370	13,639	1.5	1,370	13,639	1.5
64 or younger	532	5,245	1.1	1,486	14,960	0.4	706	7,042	16	706	55.7	61	706	7,042	1.6	706	7,042	1.6
65-74	394	3,977	1.1	945	9,666	0.4	416	4,129	13	416	39.8	44	416	4,129	1.4	416	4,129	1.4
75-84	238	2,380	0.9	600	6,196	0.3	216	2,144	10	216	28.1	38	216	2,144	1.2	216	2,144	1.2
85 and older	78	781	0.8	205	2,042	0.4	32	324	11	32	10.7	31	32	324	1.3	32	324	1.3
Other Eligibles	6,806	62,996	0.9	14,902	142,863	0.4	2,417	22,873	11	2,417	12.4	33	2,417	22,873	1.1	2,417	22,873	1.1
64 or younger	3	19	0.4	10	49	0.8	2	18	35	2	13.3	21	2	18	1.0	2	18	1.0
65-74	461	4,302	1.0	788	7,471	0.4	280	2,698	12	280	29.1	42	280	2,698	1.3	280	2,698	1.3
75-84	2,339	21,798	0.9	4,591	44,737	0.4	1,014	9,653	11	1,014	17.4	35	1,014	9,653	1.2	1,014	9,653	1.2
85 and older	4,003	36,877	0.9	9,513	90,606	0.3	1,121	10,504	10	1,121	8.8	29	1,121	10,504	1.1	1,121	10,504	1.1
Male	2,158	19,713	0.9	5,631	54,738	0.4	1,883	18,147	12	1,883	28.8	47	1,883	18,147	1.4	1,883	18,147	1.4
Disabled	702	6,838	1.0	2,287	22,910	0.4	1,118	11,069	14	1,118	49.0	52	1,118	11,069	1.5	1,118	11,069	1.5
64 or younger	449	4,285	1.1	1,473	14,660	0.4	753	7,350	15	753	55.6	58	753	7,350	1.6	753	7,350	1.6
65-74	177	1,799	1.1	591	6,037	0.4	276	2,831	11	276	44.2	45	276	2,831	1.4	276	2,831	1.4
75-84	66	670	0.9	193	1,932	0.3	80	803	10	80	31.9	35	80	803	1.3	80	803	1.3
85 and older	10	84	1.0	30	281	0.4	9	85	10	9	18.0	34	9	85	1.2	9	85	1.2
Other Eligibles	1,456	12,875	0.9	3,343	31,816	0.4	765	7,078	11	765	17.9	38	765	7,078	1.2	765	7,078	1.2
64 or younger	0	0	0.0	2	24	0.1	2	20	4	2	66.7	71	2	20	2.3	2	20	2.3
65-74	232	2,123	0.9	502	4,893	0.3	207	2,003	10	207	33.2	43	207	2,003	1.3	207	2,003	1.3
75-84	619	5,556	0.9	1,404	13,525	0.4	349	3,291	11	349	19.8	36	349	3,291	1.2	349	3,291	1.2
85 and older	605	5,196	0.9	1,435	13,374	0.4	207	1,764	12	207	11.0	35	207	1,764	1.1	207	1,764	1.1
Unknown	0	0	0.0	2	22	0.5	0	0	3	0	0.0	0	0	0	0.0	0	0	0.0

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

- a. Table 10B includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,453 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).
- Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 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, BOE, AND AGE^{a, b, c, d}
 NEW JERSEY, 1999

Beneficiary Characteristics	ANTIHYPERTENSIVE					CALCIUM BLOCKERS					ANTIANGINAL AGENTS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene NF	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$	No. of Users	No. of Bene NF	No. of Bene Mos among	Mean No. of Rx	Mean Rx \$
All	7,595	25.8 %	70,099	1.0	\$32	5,777	19.6 %	53,778	1.0	\$40	5,767	19.6 %	52,574	1.0	\$38
Female	5,697	24.9	52,669	1.0	31	4,608	20.1	42,884	1.0	40	4,624	20.2	42,199	1.0	38
Disabled	777	23.0	7,670	1.1	33	602	17.8	6,058	1.1	44	517	15.3	5,184	1.0	39
64 or younger	268	21.1	2,592	1.0	32	164	12.9	1,577	1.2	52	115	9.1	1,149	1.0	34
65-74	278	26.6	2,823	1.1	34	224	21.4	2,307	1.1	43	170	16.3	1,718	1.1	42
75-84	163	21.2	1,643	1.0	31	150	19.5	1,533	1.0	41	157	20.4	1,620	1.0	40
85 and older	68	22.8	612	1.1	35	64	21.5	641	1.0	37	75	25.2	697	1.1	40
Other Eligibles	4,920	25.2	44,999	1.0	31	4,005	20.5	36,821	1.0	39	4,107	21.0	37,015	1.0	38
64 or younger	3	20.0	18	1.4	46	1	6.7	4	2.5	52	1	6.7	1	1.0	44
65-74	297	30.9	2,806	1.1	32	209	21.7	1,883	1.2	43	168	17.5	1,577	1.0	38
75-84	1,625	27.8	15,147	1.0	32	1,252	21.4	11,648	1.0	42	1,202	20.6	10,994	1.0	37
85 and older	2,995	23.6	27,028	1.0	30	2,543	20.0	23,286	1.0	38	2,736	21.5	24,443	1.0	39
Male	1,898	29.0	17,430	1.0	34	1,169	17.9	10,894	1.0	41	1,143	17.5	10,375	1.0	38
Disabled	631	27.7	6,119	1.0	35	378	16.6	3,727	1.1	44	270	11.8	2,618	1.0	37
64 or younger	374	27.6	3,569	1.0	37	196	14.5	1,867	1.0	46	114	8.4	1,090	1.0	34
65-74	181	29.0	1,813	1.0	34	132	21.1	1,326	1.1	43	105	16.8	1,038	1.1	39
75-84	63	25.1	620	0.9	33	42	16.7	452	1.0	41	42	16.7	414	1.0	39
85 and older	13	26.0	117	1.3	27	8	16.0	82	1.1	36	9	18.0	76	0.9	36
Other Eligibles	1,267	29.7	11,311	1.0	33	791	18.5	7,167	1.0	39	873	20.5	7,757	1.0	38
64 or younger	2	66.7	20	1.1	42	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	245	39.3	2,322	1.0	31	131	21.0	1,297	1.0	41	125	20.0	1,165	0.9	35
75-84	535	30.4	4,804	1.0	34	353	20.1	3,213	1.0	41	348	19.8	3,205	1.0	38
85 and older	485	25.8	4,165	1.0	32	307	16.3	2,657	1.0	37	400	21.3	3,387	1.0	38
Unknown	0	0.0	0	0.0	0	1	16.7	5	0.8	20	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10C includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,453 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

TABLE 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, BOE, AND AGE^{a, b, c, d}
 NEW JERSEY, 1999

Beneficiary Characteristics	ANTI-ASTHMATIC					ANTINEOPLASTICS					Bene Mos among All-Year NF Residents	
	Users as %		No. of Bene		Mean Rx	Users as %		No. of Bene		Mean Rx		
	No. of Users	Residents	No. of Users	Mos among Users		No. of All-Year NF Residents	Residents	No. of Users	Mos among Users			
All	7,413	25.2 %	68,312	0.8	\$23	2,123	7.2 %	19,009	0.7	\$80	29,448	259,719
Female	5,517	24.1	51,115	0.7	22	1,706	7.5	15,289	0.7	70	22,897	202,550
Disabled	908	26.9	8,948	1.1	32	205	6.1	1,979	0.8	108	3,379	32,443
64 or younger	378	29.8	3,643	1.2	40	71	5.6	670	0.9	184	1,268	12,037
65-74	277	26.5	2,733	1.1	34	54	5.2	544	0.8	72	1,045	10,193
75-84	193	25.1	1,990	0.7	18	62	8.1	589	0.7	66	768	7,449
85 and older	60	20.1	582	0.9	25	18	6.0	176	0.7	70	298	2,764
Other Eligibles	4,607	23.6	42,147	0.7	20	1,501	7.7	13,310	0.7	65	19,518	170,107
64 or younger	4	26.7	30	0.5	11	0	0.0	0	0.0	0	15	67
65-74	265	27.5	2,372	0.7	21	69	7.2	614	0.7	87	962	8,463
75-84	1,469	25.2	13,585	0.7	23	433	7.4	3,862	0.7	65	5,839	51,693
85 and older	2,869	22.6	26,160	0.6	18	999	7.9	8,834	0.7	63	12,702	109,884
Male	1,896	29.0	17,197	0.9	26	417	6.4	3,720	0.7	122	6,545	57,121
Disabled	603	26.4	5,726	1.0	28	132	5.8	1,183	0.8	134	2,280	21,372
64 or younger	356	26.3	3,406	0.9	27	82	6.1	713	0.9	173	1,354	12,474
65-74	163	26.1	1,585	1.0	29	27	4.3	266	0.6	59	625	6,140
75-84	68	27.1	606	1.0	28	17	6.8	149	1.0	107	251	2,329
85 and older	16	32.0	129	0.7	22	6	12.0	55	0.5	60	50	429
Other Eligibles	1,293	30.3	11,471	0.8	24	285	6.7	2,537	0.6	116	4,265	35,749
64 or younger	1	33.3	10	0.9	13	0	0.0	0	0.0	0	3	32
65-74	188	30.1	1,692	0.9	28	31	5.0	288	0.6	97	624	5,468
75-84	557	31.7	5,144	0.8	26	106	6.0	983	0.6	117	1,759	15,124
85 and older	547	29.1	4,625	0.7	22	148	7.9	1,266	0.5	120	1,879	15,125
Unknown	2	33.3	20	0.4	3	0	0.0	0	0.0	0	6	48

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table 10D includes the beneficiaries represented by Cell D of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 10,962 beneficiaries who were in nursing facilities for part of their enrollment and their 90,453 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 1999. 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 1999 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/products/product_mddb.asp (May 13 2003).

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NEW JERSEY, 1999

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	823,416	89,861	159,810	131,967	441,778	0	7,823,752	907,265	1,736,108	1,012,013	4,168,366	0
Age												
5 and younger	193,360	14	5,750	75	187,521	0	1,722,278	57	56,331	384	1,665,506	0
6-14	209,716	4	14,257	89	195,366	0	2,114,273	18	157,390	428	1,956,437	0
15-20	83,685	0	9,864	16,047	57,774	0	756,412	0	106,635	109,826	539,951	0
21-44	158,846	3	50,673	107,060	1,110	0	1,383,582	36	551,018	826,110	6,418	0
45-64	61,409	66	52,743	8,598	2	0	644,732	597	569,442	74,679	14	0
65-74	45,645	25,856	19,721	68	0	0	480,772	260,526	219,826	420	0	0
75-84	39,869	34,347	5,503	19	0	0	419,516	357,924	61,501	91	0	0
85 and older	30,872	29,561	1,298	11	2	0	302,054	288,012	13,953	75	14	0
Unknown	14	10	1	0	3	0	133	95	12	0	26	0
Gender												
Female	497,502	67,744	87,018	122,321	220,419	0	4,671,948	689,879	957,589	942,325	2,082,155	0
Male	325,914	22,117	72,792	9,646	221,359	0	3,151,804	217,386	778,519	69,688	2,086,211	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	246,637	50,153	65,160	31,014	100,310	0	2,322,536	492,866	710,538	212,914	906,218	0
African American	296,695	11,724	47,659	57,964	179,348	0	2,886,662	122,398	521,545	492,577	1,750,142	0
Other/unknown	280,084	27,984	46,991	42,989	162,120	0	2,614,554	292,001	504,025	306,522	1,512,006	0
Use of Nursing Facilities												
All year	29,769	24,060	5,699	4	6	0	302,537	239,623	62,830	30	54	0
Part year	11,006	8,487	2,454	57	8	0	102,266	76,732	24,844	623	67	0
None	782,641	57,314	151,657	131,906	441,764	0	7,418,949	590,910	1,648,434	1,011,360	4,168,245	0
Maintenance Assistance Status												
Cash	368,290	35,866	129,635	67,316	135,473	0	3,718,693	391,130	1,415,800	591,516	1,320,247	0
Medically needy	10	2	7	0	1	0	73	16	53	0	4	0
Poverty related	251,788	18,081	18,514	24,046	191,147	0	2,218,974	181,984	196,805	123,833	1,716,352	0
Other/unknown	203,328	35,912	11,654	40,605	115,157	0	1,886,012	334,135	123,450	296,664	1,131,763	0
Dual Status^c												
Full dual, all year	142,248	76,491	64,954	784	19	0	1,503,516	775,795	720,780	6,748	193	0
Full dual, part year	856	655	195	6	0	0	8,622	6,582	1,978	62	0	0
Non-dual, all year	680,312	12,715	94,661	131,177	441,759	0	6,311,614	124,888	1,013,350	1,005,203	4,168,173	0
Managed Care Status												
FFS all year	293,706	72,296	143,634	24,178	53,598	0	2,693,890	721,763	1,552,254	84,196	335,677	0
FFS part year, with Rx claims	77,011	15,851	6,887	18,013	36,260	0	753,898	171,355	78,264	152,887	351,392	0
FFS part year, no Rx claims	136,398	655	1,068	24,243	110,432	0	1,267,505	5,123	11,563	205,221	1,045,598	0
MC all year, with Rx claims	1,438	254	269	476	439	0	11,921	773	2,776	4,121	4,251	0
MC all year, no Rx claims	314,863	805	7,952	65,057	241,049	0	3,096,538	8,251	91,251	565,588	2,431,448	0

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

a. Table A.1 includes the beneficiaries represented by Cell B of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible or dually eligible but never had pharmacy benefits. 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 = Center for Medicare and 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
 NEW JERSEY, 1999

	Benes and			
	Bene Mos in Cell B of Table 1 No. of Benes	Bene Mos in Cell C of Table 1 No. of Benes	Bene Mos in Cell D of Table 1 No. of Benes	Bene Mos in Cell E of Table 1 No. of Benes
All	823,416	7,823,752	507,115	316,301
FFS all year	293,706	2,693,890	293,706	0
FFS part year, with Rx claims	77,011	753,898	77,011	0
FFS part year, with no Rx claims	136,398	1,267,505	136,398	0
MC all year, with Rx claims	1,438	11,921	0	1,438
MC all year, with no Rx claims	314,863	3,096,538	0	314,863

Source: Data for this table are from the MAX 1999 file for New Jersey, released by CMS in 1/2004. This table was produced on 06/25/2004.

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