

**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2001  
NEW JERSEY**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NEW JERSEY, 2001

Inclusion Criteria (2001)	No. of Dual and Non-dual Eligible Benes (Cell)	No. of Dual Eligible Benes (Cell) <sup>g</sup>	No. of Non-dual Eligible Benes (Cell)
1. Benes who were eligible for Medicaid during at least one month <sup>a</sup>	971,235 (A)	183,517 (E)	787,718 (I)
2. Benes who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	917,950 (B)	145,212 (F)	772,738 (J)
3. Benes who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	528,662 (C)	141,347 (G)	387,315 (K)
4. Benes who were all-year nursing facility residents <sup>f</sup>	27,325 (D)	25,022 (H)	2,303 (L)

Source: Data for this table are from the MAX 2001 file for New Jersey, released by CMS in 06/2005. This table was produced on 10/04/2006.

- 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 2001 (based on MAX data element "Eligible Restricted Benefits Flag").
- 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 2001, 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 21 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 21 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.
- d. The total Medicaid pharmacy reimbursement for New Jersey in 2001 was \$641,988,970, of which \$63,643,374 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 21 states where no PHP provided a pharmacy benefit in 2001 were AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NE, NY, OR, PA, SC, SD, TN, TX, UT, WA, and WI. This list was constructed based on consultation with CMS staff and on the CMS 2001 Medicaid Managed Care Enrollment Report, which can be found at: <https://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmc01.pdf>.
- f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2001. 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 D.8 through D.10D and ND.8 through ND.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 D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. 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. Pharmacy benefit use and reimbursement among non-dual eligibles are presented in Tables ND.2 through ND.7D and Tables ND.11 through ND.13, corresponding to the sample of beneficiaries in Cell K. 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 2001. All benefit months of such dual eligible beneficiaries, of which 0.4 percent were restricted benefit months without a pharmacy benefit in New Jersey, were used in the dual tables. Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible 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<sup>a,b</sup>  
 NEW JERSEY, 2001

Beneficiary Characteristics	No. of Benefes							No. of Bene Mos										
	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown	All	Aged	Disabled	Adults	Children	Other/Unknown
<b>All</b>	<b>528,662</b>	<b>84,813</b>	<b>146,143</b>	<b>115,910</b>	<b>181,773</b>	<b>23</b>	<b>3,413,128</b>	<b>855,294</b>	<b>1,455,297</b>	<b>360,876</b>	<b>741,583</b>	<b>78</b>						
<b>Age</b>																		
5 and younger	90,665	0	4,411	667	85,587	0	346,664	0	36,994	1,722	307,948	0						
6-14	83,295	1	10,742	1,249	71,303	0	414,541	12	100,792	3,494	310,243	0						
15-20	46,212	0	8,138	13,404	24,670	0	242,131	0	76,945	42,704	122,482	0						
21-44	134,244	4	44,653	89,371	210	6	717,405	30	441,441	275,017	899	18						
45-64	62,312	91	51,200	11,003	1	17	538,283	769	500,316	37,135	3	60						
65-74	43,185	23,356	19,694	135	0	0	451,363	234,083	216,807	473	0	0						
75-84	39,361	33,424	5,900	37	0	0	414,294	347,511	66,638	145	0	0						
85 and older	29,385	27,936	1,405	44	0	0	288,435	272,885	15,364	186	0	0						
Unknown	3	1	0	0	2	0	12	4	0	0	8	0						
<b>Gender</b>																		
Female	325,546	63,750	79,211	92,233	90,329	23	2,094,700	647,833	796,616	286,464	363,709	78						
Male	203,116	21,063	66,932	23,677	91,444	0	1,318,428	207,461	658,681	74,412	377,874	0						
Unknown	0	0	0	0	0	0	0	0	0	0	0	0						
<b>Race</b>																		
White	184,797	46,439	60,557	34,714	43,074	13	1,373,011	459,627	617,835	111,078	184,430	41						
African American	158,003	11,465	42,872	34,677	68,984	5	948,516	118,861	423,578	103,790	302,273	14						
Other/unknown	185,862	26,909	42,714	46,519	69,715	5	1,091,601	276,806	413,884	146,008	254,880	23						
<b>Use of Nursing Facilities<sup>c</sup></b>																		
Entire year	27,325	21,406	5,915	0	4	0	276,201	211,345	64,808	0	48	0						
Part year	12,465	9,207	3,246	8	4	0	118,557	85,463	33,009	51	34	0						
None	488,872	54,200	136,982	115,902	181,765	23	3,018,370	558,486	1,357,480	360,825	741,501	78						
<b>Maintenance Assistance Status</b>																		
Cash	228,923	34,236	113,930	26,389	54,368	0	1,704,011	364,701	1,114,560	73,586	151,164	0						
Medically needy	4	0	4	0	0	0	25	0	25	0	0	0						
Poverty-related	151,981	16,929	18,866	14,427	101,736	23	793,963	175,387	200,806	47,191	370,501	78						
Other/unknown	147,754	33,648	13,343	75,094	25,669	0	915,129	315,206	139,906	240,099	219,918	0						
<b>Dual Medicare Status<sup>d</sup></b>																		
Full dual, all year	140,207	73,953	65,633	606	15	0	1,477,002	755,708	718,923	2,232	139	0						
Full dual, part year	1,140	808	322	10	0	0	11,327	8,213	3,035	79	0	0						
Non-dual, all year	387,315	10,052	80,188	115,294	181,758	23	1,924,799	91,373	733,339	358,565	741,444	78						
<b>Managed Care Status</b>																		
FFS all year	297,607	82,007	123,678	31,529	60,370	23	2,645,443	838,486	1,333,203	109,378	364,298	78						
FFS part year, with Rx claims	74,320	2,334	18,192	25,119	28,675	0	293,980	14,481	103,145	80,799	95,555	0						
FFS part year, no Rx claims	156,735	472	4,273	59,262	92,728	0	473,705	2,327	18,949	170,699	281,730	0						

Source: Data for this table are from the MAX 2001 file for New Jersey, released by CMS in 06/2005. This table was produced on 10/04/2006.

- 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. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2001. 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<sup>a, b</sup>  
 NEW JERSEY, 2001

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	51.2 %	17.7	\$1,094	\$62	\$7,439	14.7 %	528,662
<b>Age</b>							
5 and younger	27.7	1.3	67	50	2,056	3.2	90,665
6-14	28.7	2.6	196	75	2,414	8.1	83,295
15-20	34.4	3.3	248	75	4,296	5.8	46,212
21-44	43.9	11.4	936	82	5,903	15.9	134,244
45-64	76.4	39.0	2,690	69	13,391	20.1	62,312
65-74	86.9	41.2	2,304	56	10,033	23.0	43,185
75-84	89.5	45.6	2,343	51	15,496	15.1	39,361
85 and older	90.0	44.5	2,024	46	23,018	8.8	29,385
Unknown	0.0	0.0	0	0	332	0.0	3
<b>Basis of Eligibility<sup>c</sup></b>							
Aged	87.6	40.9	2,041	50	15,623	13.1	84,813
Disabled	81.7	37.6	2,642	70	13,996	18.9	146,143
Adults	27.5	1.1	54	48	1,923	2.8	115,910
Children	24.8	1.3	71	53	1,865	3.8	181,773
Unknown	17.4	1.2	190	162	3,404	5.6	23
<b>Gender</b>							
Female	53.8	19.4	1,128	58	7,627	14.8	325,546
Male	47.1	14.9	1,039	70	7,137	14.6	203,116
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	61.0	27.0	1,570	58	11,680	13.4	184,797
African American	46.7	12.8	901	71	6,063	14.9	158,003
Other/unknown	45.3	12.5	785	63	4,391	17.9	185,862
<b>Use of Nursing Facilities<sup>d</sup></b>							
Entire year	97.3	64.1	3,007	47	39,708	7.6	27,325
Part year	95.4	54.4	2,940	54	28,004	10.5	12,465
None	47.5	14.1	940	67	5,110	18.4	488,872

Table 3

All Medicaid Beneficiaries

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
<b>Maintenance Assistance Status</b>							
Cash	62.8	21.9	1,515	69	7,271	20.8	228,923
Medically needy	75.0	22.8	1,870	82	12,183	15.3	4
Poverty related	35.9	9.8	658	67	3,055	21.6	151,981
Other/unknown	49.0	19.1	890	47	12,207	7.3	147,754

Source: Data for this table are from the MAX 2001 file for New Jersey, released by CMS in 06/2005. This table was produced on 10/04/2006.

- 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. 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 of Table 1 for methodology used to determine nursing facility residence.
- 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 3

TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
 NEW JERSEY, 2001

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	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	\$170	14.7 %	48.8 %	19.6 %	6.9 %	13.0 %	8.8 %	2.8 %	\$1,152	3,413,128
<b>Age</b>											
5 and younger	0.4	18	3.2	72.3	21.8	3.5	2.0	0.3	0.1	538	346,664
6-14	0.5	39	8.1	71.3	20.9	3.8	3.2	0.6	0.1	485	414,541
15-20	0.6	47	5.8	65.6	25.3	4.3	3.6	0.9	0.3	820	242,131
21-44	2.1	175	15.9	56.1	21.2	6.4	9.2	5.0	2.2	1,105	717,405
45-64	4.5	311	20.1	23.6	14.7	9.4	24.1	20.1	8.0	1,550	538,283
65-74	3.9	221	23.0	13.1	18.2	12.9	30.2	20.4	5.2	960	451,363
75-84	4.3	223	15.1	10.5	14.9	12.2	31.6	24.3	6.4	1,472	414,294
85 and older	4.5	206	8.8	10.0	12.4	11.2	33.2	26.7	6.6	2,345	288,435
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	83	12
<b>Basis of Eligibility<sup>c</sup></b>											
Aged	4.1	202	13.1	12.4	16.3	12.6	31.0	22.2	5.6	1,549	855,294
Disabled	3.8	265	18.9	18.3	22.4	10.7	24.0	17.9	6.7	1,406	1,455,297
Adults	0.4	17	2.8	72.5	19.1	4.0	3.1	0.9	0.3	618	360,876
Children	0.3	17	3.8	75.2	19.3	3.1	2.0	0.3	0.1	457	741,583
Unknown	0.3	56	5.6	82.6	8.7	8.7	0.0	0.0	0.0	1,004	23
<b>Gender</b>											
Female	3.0	175	14.8	46.2	19.2	7.2	14.2	10.1	3.1	1,185	2,094,700
Male	2.3	160	14.6	52.9	20.3	6.4	11.2	6.8	2.4	1,100	1,318,428
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
<b>Race</b>											
White	3.6	211	13.4	39.0	17.2	7.6	17.3	13.7	5.1	1,572	1,373,011
African American	2.1	150	14.9	53.3	22.2	6.3	10.2	6.2	1.8	1,010	948,516
Other/unknown	2.1	134	17.9	54.7	19.8	6.7	11.2	6.2	1.4	748	1,091,601
<b>Use of Nursing Facilities<sup>d</sup></b>											
Entire year	6.3	298	7.6	2.7	6.9	8.0	31.5	35.8	15.0	3,928	276,201
Part year	5.7	309	10.5	4.6	10.1	10.0	32.6	31.2	11.5	2,944	118,557
None	2.3	152	18.4	52.5	20.6	6.7	11.5	6.7	1.9	828	3,018,370

Table 4



Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:						Mean \$, All Services	Bene Mos	No.
				None	More than 0, 1, but 2 or Less		More than 2, but 5 or Less		More than 5, but 10 or Less			
					but 1 or Less	Less	Less	Less				
<b>Maintenance Assistance Status</b>												
Cash	2.9	204	20.8	37.2	22.2	9.2	17.4	11.0	3.0	977	228,923	1,704,011
Medically needy	3.6	299	15.3	25.0	25.0	0.0	25.0	25.0	0.0	1,949	4	25
Poverty related	1.9	126	21.6	64.1	17.2	4.8	8.0	4.8	1.1	585	151,981	793,963
Other/unknown	3.1	144	7.3	51.0	18.1	5.5	11.4	9.7	4.3	1,971	147,754	915,129

Source: Data for this table are from the MAX 2001 file for New Jersey, released by CMS in 06/2005. This table was produced on 10/04/2006.

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.

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 of Table 1 for methodology used to determine nursing facility residence.

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 4

TABLE 5  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
 NEW JERSEY, 2001

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	\$ per Rx	No. of Rx	\$ per Rx
All	2.7	\$170	1.3	\$129	0.2	\$65	1.2	\$26
<b>Age</b>								
5 and younger	0.4	18	0.1	14	0.0	102	0.2	3
6-14	0.5	39	0.3	32	0.0	119	0.2	5
15-20	0.6	47	0.3	38	0.0	113	0.3	7
21-44	2.1	175	1.1	138	0.2	129	0.9	21
45-64	4.5	311	2.3	242	0.4	107	1.9	43
65-74	3.9	221	2.1	168	0.3	81	1.6	36
75-84	4.3	223	2.1	162	0.3	78	1.9	42
85 and older	4.5	206	1.9	142	0.4	75	2.3	46
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Basis of Eligibility<sup>d</sup></b>								
Aged	4.1	202	1.9	147	0.3	77	1.8	39
Disabled	3.8	265	1.9	206	0.3	109	1.6	36
Adults	0.4	17	0.2	14	0.0	75	0.2	3
Children	0.3	17	0.2	14	0.0	87	0.2	3
Unknown	0.3	56	0.1	53	0.0	372	0.2	3
<b>Gender</b>								
Female	3.0	175	1.5	132	0.2	90	1.3	28
Male	2.3	160	1.1	124	0.2	110	1.0	23
Unknown	0.0	0	0.0	0	0.0	0	0.0	0
<b>Race</b>								
White	3.6	211	1.7	156	0.3	92	1.6	36
African American	2.1	150	1.1	118	0.2	112	0.9	21
Other/unknown	2.1	134	1.1	104	0.2	93	0.8	19
<b>Use of Nursing Facilities<sup>e</sup></b>								
Entire year	6.3	298	2.6	207	0.4	79	3.3	70
Part year	5.7	309	2.5	225	0.4	91	2.8	61
None	2.3	152	1.2	118	0.2	100	0.9	21

Table 5

All Medicaid Beneficiaries

Beneficiary Characteristics	All Rx		Patented Brand-Name Drugs		Off-Patent Brand-Name Drugs		Generic Drugs	
	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$	No. of Rx	Rx \$
<b>Maintenance Assistance Status</b>								
Cash	2.9	204	1.5	158	0.2	17	1.2	28
Medically needy	3.6	299	2.2	246	0.4	23	1.0	30
Poverty related	1.9	126	1.0	96	0.1	11	0.8	19
Other/unknown	3.1	144	1.4	104	0.2	10	1.5	29

Source: Data for this table are from the MAX 2001 file for New Jersey, released by CMS in 06/2005. This table was produced on 10/04/2006.

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.

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, 1.6 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](http://www.Medi-Span.com/products/product_mddb.asp) (May 13 2003).

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 = 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<sup>a, b, c, d</sup>  
 NEW JERSEY, 2001

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo 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	Generic	Total No. of Rx	Total Rx \$	No. of Bene Mos	As % of All Benes			
															Generic	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.4	0.3	0.0	0.1	\$46	\$44	\$0	\$2	\$117	\$164	\$69	\$16	557,034	\$65,394,727	150,945	28.6 %	1,430,412
Biologics	0.1	0.1	0.0	0.0	31	17	2	12	263	247	2,411	246	13,822	3,637,824	10,801	2.0	118,657
Antineoplastic Agents	0.5	0.2	0.2	0.1	110	61	35	14	206	343	168	96	61,791	12,757,528	11,523	2.2	115,777
Endocrine/Metabolic Drugs	0.9	0.5	0.0	0.3	42	36	1	5	48	70	40	14	765,800	36,856,816	89,417	16.9	887,702
Cardiovascular Agents	1.6	0.7	0.1	0.8	63	39	5	19	41	59	49	24	1,984,927	80,407,972	123,342	23.3	1,280,555
Respiratory Agents	0.7	0.4	0.0	0.3	32	23	1	8	47	63	41	27	802,536	37,665,250	125,146	23.7	1,186,403
Gastrointestinal Agents	0.7	0.4	0.1	0.3	57	44	5	8	80	118	89	29	660,279	53,121,261	89,303	16.9	930,757
Genitourinary Agents	0.4	0.3	0.0	0.1	21	18	0	2	52	62	42	23	121,532	6,350,577	31,144	5.9	309,387
CNS Drugs	1.3	0.7	0.1	0.5	104	78	14	12	79	115	102	23	1,479,812	116,590,747	110,443	20.9	1,124,116
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	32	25	2	5	60	78	43	30	46,301	2,765,755	8,824	1.7	86,480
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	56	52	0	3	115	122	79	60	62,242	7,137,078	12,009	2.3	127,167
Analgesics and Anesthetics	0.6	0.3	0.1	0.3	41	32	5	5	65	107	76	16	760,414	49,179,044	119,584	22.6	1,187,901
Neuromuscular Agents	1.1	0.5	0.1	0.5	54	38	4	12	47	75	44	21	672,648	31,590,232	56,951	10.8	590,070
Nutritional Products	0.5	0.0	0.1	0.3	7	1	2	4	15	20	21	13	365,269	5,602,747	83,308	15.8	765,307
Hematological Agents	0.7	0.3	0.1	0.3	86	77	3	7	125	294	25	22	295,070	36,962,458	41,772	7.9	428,686
Topical Products	0.5	0.3	0.1	0.2	21	15	2	4	41	55	44	19	646,247	26,287,417	123,728	23.4	1,236,117
Miscellaneous Products	0.4	0.2	0.1	0.1	74	52	14	9	194	275	238	64	30,008	5,835,338	7,764	1.5	78,596
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	20	0	0	0	10,737	212,825	3,891	0.7	41,121
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	9,336,469	578,355,596	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2001 file for New Jersey, released by CMS in 06/2005. This table was produced on 10/04/2006.

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 2001. 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](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, 1.6 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](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<sup>a, b, c</sup>  
 NEW JERSEY, 2001

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	\$64,336,834	11.2 %	57,858	615,829	0.8	\$125	\$104	
ULCER DRUGS	45,656,412	18.0	93,251	990,400	0.5	96	46	
ANTIVIRAL	39,486,195	3.9	20,032	207,431	0.5	362	190	
ANTIDEPRESSANTS	31,817,298	14.8	76,432	786,775	0.6	66	40	
ANTICONVULSANT	25,234,997	9.3	48,012	505,430	1.0	51	50	
ANALGESICS - ANTI-INFLAMMATORY	24,782,087	19.6	101,109	1,049,792	0.3	71	24	
ANTIDIABETIC	24,297,087	12.6	65,150	689,669	0.6	57	35	
ANTIASTHMATIC	22,074,024	18.5	95,877	955,630	0.4	53	23	
ANTIHYPERTENSIVE	21,271,454	16.3	84,044	896,273	0.6	41	24	
ANTIHYPERLIPIDEMIC	20,930,917	7.7	39,665	431,167	0.6	86	49	
Total	319,887,305		681,430	7,128,396	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2001 file for New Jersey, released by CMS in 06/2005. This table was produced on 10/04/2006.

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 2001. 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 2001. For information about these drug groups, see Wolters Kluwer Health, [http://www.Medi-Span.com/products/product\\_mddb.asp](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.