STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003
NEW JERSEY

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW JERSEY, 2003

Inclusion Criteria (2003)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell)[g]		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1,017,273	(A)	191,660	(E)	825,613	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	954,347	(B)	148,925	(F)	805,422	(j)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	454,598	(C)	138,698	(G)	315,900	(K)
4. Beneficiaries who were all-year nursing facility residents[f]	25,464	(D)	22,719	(H)	2,745	(L)

Source: Data for this table are from the MAX 2003 file for New Jersey, released by CMS in 05/2007. This table was produced on 12/27/2007.

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 2003 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2003, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for New Jersey in 2003 was $807,798,464, of which $136,372,361 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. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 19 states in 2003 that had PHPs that did not include a pharmacy benefit: AL, AR, CA, CO, FL, GA, IA, KY, MA, MI, NY, OR, PA, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit: DE, IA, NE, NY, TX, UT, and WV. These lists were constructed from the CMS 2003 Medicaid Managed Care Enrollment Report [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer02.pdf] and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

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 2003. 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 are treated seperately 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 are not counted as nursing facility residents in the nursing facility tables.

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. The dual eligible tables include all dual eligible benefit months in which the benficiary had a fee-for-service pharmacy benefit.

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 2003. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**454,598**	**80,162**	**129,227**	**64,024**	**181,185**	**0**	**2,990,062**	**802,276**	**1,303,783**	**180,433**	**703,570**	**0**
Age												
5 and younger	91,310	0	3,817	27	87,466	0	324,214	0	28,798	89	295,327	0
6-14	76,200	1	8,247	39	67,913	0	359,614	12	74,458	130	285,014	0
15-20	42,277	2	6,638	10,190	25,447	0	216,210	15	62,181	32,549	121,465	0
21-44	86,370	53	36,389	49,584	344	0	501,341	434	363,462	135,759	1,686	0
45-64	52,159	204	47,808	4,145	2	0	495,897	1,776	482,338	11,773	10	0
65-74	40,127	21,755	18,343	29	0	0	419,273	215,948	203,216	109	0	0
75-84	38,383	31,815	6,560	8	0	0	404,243	330,364	73,863	16	0	0
85 and older	27,757	26,332	1,424	1	0	0	269,191	253,727	15,461	3	0	0
Unknown	15	0	1	1	13	0	79	0	6	5	68	0
Gender												
Female	275,240	59,692	68,926	56,154	90,468	0	1,815,277	601,959	707,999	159,007	346,312	0
Male	179,358	20,470	60,301	7,870	90,717	0	1,174,785	200,317	595,784	21,426	357,258	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	181,158	42,773	54,549	26,360	57,476	0	1,262,802	418,251	560,776	73,058	210,717	0
African American	140,898	10,998	37,750	24,105	68,045	0	860,615	113,059	378,196	65,872	303,488	0
Other/unknown	132,542	26,391	36,928	13,559	55,664	0	866,645	270,966	364,811	41,503	189,365	0
Use of Nursing Facilities[c]												
Entire year	25,464	19,239	6,220	0	5	0	255,686	188,000	67,626	0	60	0
Part year	12,886	9,228	3,638	10	10	0	121,080	84,775	36,172	62	71	0
None	416,248	51,695	119,369	64,014	181,170	0	2,613,296	529,501	1,199,985	180,371	703,439	0
Maintenance Assistance Status												
Cash	206,174	31,801	95,702	25,912	52,759	0	1,502,441	341,435	954,885	66,782	139,339	0
Medically needy	1	0	1	0	0	4	0	0	4	0	0	0
Poverty-related	152,780	16,303	19,653	17,568	99,256	0	741,112	166,923	206,093	55,327	312,769	0
Other/unknown	95,643	32,058	13,871	20,544	29,170	0	746,505	293,918	142,801	58,324	251,462	0
Dual Medicare Status[d]												
Full dual, all year	137,615	71,456	65,823	318	18	0	1,444,306	724,716	718,233	1,225	132	0
Full dual, part year	1,083	841	237	5	0	0	10,884	8,580	2,267	37	0	0
Non-dual, all year	315,900	7,865	63,167	63,701	181,167	0	1,534,872	68,980	583,283	179,171	703,438	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	271,588	79,080	119,553	17,531	55,424	0	2,465,499	797,838	1,264,688	55,910	347,063	0
FFS part year, with Rx claims	52,882	882	7,380	16,190	28,430	0	175,194	3,846	31,017	48,421	91,910	0
FFS part year, no Rx claims	130,128	200	2,294	30,303	97,331	0	349,369	592	8,078	76,102	264,597	0

Source: Data for this table are from the MAX 2003 file for New Jersey, released by CMS in 05/2007. This table was produced on 12/27/2007.

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 includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The “Full dual, part year” group includes 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. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]

NEW JERSEY, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx $	$ per Rx	Mean $, All Medicaid FFS $[c]	Rx $ as a Percentage of All Medicaid FFS $[d]	Number of Beneficiaries
All	**53.0 %**	**21.0**	**$1,477**	**$70**	**$9,375**	**15.8 %**	**454,598**
Age							
5 and younger	26.8	1.3	76	57	2,179	3.5	91,310
6-14	28.5	2.7	230	85	2,904	7.9	76,200
15-20	34.7	3.5	333	95	5,771	5.8	42,277
21-44	50.2	15.4	1,409	92	8,879	15.9	86,370
45-64	80.1	48.2	3,830	80	17,979	21.3	52,159
65-74	87.1	46.0	2,971	65	12,153	24.4	40,127
75-84	90.2	51.9	3,095	60	17,902	17.3	38,383
85 and older	90.7	50.5	2,643	52	25,871	10.2	27,757
Unknown	20.0	1.1	53	49	869	6.0	15
Basis of Eligibility[e]							
Aged	88.1	46.1	2,662	58	17,922	14.9	80,162
Disabled	80.1	42.6	3,370	79	17,030	19.8	129,227
Adults	32.1	1.3	71	56	2,964	2.4	64,024
Children	25.5	1.5	100	66	2,399	4.2	181,185
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	55.7	23.1	1,529	66	9,539	16.0	275,240
Male	48.8	17.9	1,397	78	9,123	15.3	179,358
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	59.3	28.5	1,864	65	13,159	14.2	181,158
African American	47.2	14.4	1,158	80	7,483	15.5	140,898
Other/unknown	50.5	17.9	1,288	72	6,213	20.7	132,542
Use of Nursing Facilities[f]							
Entire year	97.8	74.1	3,987	54	45,715	8.7	25,464
Part year	96.4	62.3	3,752	60	33,326	11.3	12,886
None	48.9	16.5	1,253	76	6,410	19.5	416,248
Maintenance Assistance Status							
Cash	59.7	23.4	1,830	78	8,295	22.1	206,174
Medically needy	0.0	0.0	0	0	3,993	0.0	1
Poverty related	36.0	10.7	840	79	3,723	22.6	152,780
Other/unknown	65.5	32.5	1,733	53	20,730	8.4	95,643

Source: Data for this table are from the MAX 2003 file for New Jersey, released by CMS in 05/2007. This table was produced on 12/27/2007.

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

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

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

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

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

TABLE 4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC[a, b]

NEW JERSEY, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of All Medicaid FFS $[c]	Number of Rx, Percentage with: None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean $, All Medicaid FFS $[d]	Number Beneficiaries	Benefit Months
All	**3.2**	**$225**	**15.8 %**	**47.0 %**	**18.9 %**	**6.7 %**	**13.2 %**	**10.2 %**	**4.0 %**	**$1,425**	**454,598**	**2,990,062**
Age												
5 and younger	0.4	21	3.5	73.2	20.8	3.6	2.1	0.3	0.1	614	91,310	324,214
6-14	0.6	49	7.9	71.5	20.4	3.9	3.2	0.8	0.3	615	76,200	359,614
15-20	0.7	65	5.8	65.3	24.9	4.5	3.7	1.2	0.4	1,129	42,277	216,210
21-44	2.6	243	15.9	49.8	22.9	7.3	10.7	6.1	3.3	1,530	86,370	501,341
45-64	5.1	403	21.3	19.9	14.0	9.3	23.9	21.6	11.3	1,891	52,159	495,897
65-74	4.4	284	24.4	12.9	15.7	11.7	29.5	23.0	7.2	1,163	40,127	419,273
75-84	4.9	294	17.3	9.8	12.3	10.8	30.5	27.5	9.1	1,700	38,383	404,243
85 and older	5.2	273	10.2	9.3	9.6	9.3	31.4	31.0	9.5	2,668	27,757	269,191
Unknown	0.2	10	6.0	80.0	20.0	0.0	0.0	0.0	0.0	165	15	79
Basis of Eligibility[e]												
Aged	4.6	266	14.9	11.9	13.7	11.0	30.2	25.3	7.9	1,791	80,162	802,276
Disabled	4.2	334	19.8	19.9	19.5	9.8	22.8	19.1	8.9	1,688	129,227	1,303,783
Adults	0.4	25	2.4	67.9	22.6	4.8	3.5	1.1	0.3	1,052	64,024	180,433
Children	0.4	26	4.2	74.5	19.5	3.3	2.2	0.4	0.1	618	181,185	703,570
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.5	232	16.0	44.3	18.5	6.9	14.3	11.6	4.4	1,446	275,240	1,815,277
Male	2.7	213	15.3	51.2	19.5	6.5	11.3	8.0	3.4	1,393	179,358	1,174,785
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	4.1	267	14.2	40.7	16.6	7.0	15.6	13.8	6.3	1,888	181,158	1,262,802
African American	2.4	190	15.5	52.8	21.9	6.2	9.9	6.7	2.5	1,225	140,898	860,615
Other/unknown	2.7	197	20.7	49.5	18.8	7.0	13.3	8.9	2.5	950	132,542	866,645
Use of Nursing Facilities[f]												
Entire year	7.4	397	8.7	2.2	4.6	6.1	27.1	38.9	21.0	4,553	25,464	255,686
Part year	6.6	399	11.3	3.6	6.6	8.0	30.1	36.1	15.7	3,547	12,886	121,080
None	2.6	200	19.5	51.1	20.1	6.7	11.8	7.6	2.6	1,021	416,248	2,613,296
Maintenance Assistance Status												
Cash	3.2	251	22.1	40.3	19.9	8.4	16.3	11.3	3.9	1,138	206,174	1,502,441
Medically needy	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	998	1	4
Poverty related	2.2	173	22.6	64.0	16.6	4.7	8.0	5.3	1.5	768	152,780	741,112
Other/unknown	4.2	222	8.4	34.5	20.3	6.5	14.7	15.5	8.3	2,656	95,643	746,505

Source: Data for this table are from the MAX 2003 file for New Jersey, released by CMS in 05/2007. This table was produced on 12/27/2007.

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

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

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

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

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

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]

NEW JERSEY, 2003

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**3.2**	**$225**	**$70**	**1.6**	**$180**	**$110**	**0.1**	**$8**	**$57**	**1.4**	**$36**	**$26**
Age												
5 and younger	0.4	21	57	0.1	16	119	0.0	0	50	0.2	4	20
6-14	0.6	49	85	0.3	41	132	0.0	1	72	0.2	6	27
15-20	0.7	65	95	0.4	54	147	0.0	2	63	0.3	9	31
21-44	2.6	243	92	1.4	201	145	0.1	10	79	1.1	31	27
45-64	5.1	403	80	2.6	328	125	0.2	16	69	2.2	58	26
65-74	4.4	284	65	2.4	228	94	0.2	9	52	1.8	47	26
75-84	4.9	294	60	2.5	229	91	0.2	9	44	2.2	55	25
85 and older	5.2	273	52	2.4	203	86	0.2	7	32	2.6	61	24
Unknown	0.2	10	49	0.1	7	98	0.0	0	0	0.1	3	20
Basis of Eligibility[d]												
Aged	4.6	266	58	2.3	207	89	0.2	7	39	2.1	51	25
Disabled	4.2	334	79	2.2	272	123	0.2	13	67	1.8	48	27
Adults	0.4	25	56	0.2	19	99	0.0	1	55	0.2	5	20
Children	0.4	26	66	0.2	21	107	0.0	1	54	0.2	4	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.5	232	66	1.8	184	103	0.1	8	52	1.6	39	25
Male	2.7	213	78	1.4	174	122	0.1	7	66	1.2	32	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	4.1	267	65	2.0	210	104	0.2	10	54	1.9	47	25
African American	2.4	190	80	1.2	156	128	0.1	5	64	1.0	27	26
Other/unknown	2.7	197	72	1.5	160	107	0.1	7	60	1.1	30	27
Use of Nursing Facilities[e]												
Entire year	7.4	397	54	3.3	298	91	0.3	8	28	3.8	90	24
Part year	6.6	399	60	3.0	308	103	0.2	8	32	3.4	82	24
None	2.6	200	76	1.4	163	115	0.1	8	66	1.1	29	27
Maintenance Assistance Status												
Cash	3.2	251	78	1.7	205	119	0.1	9	69	1.3	36	27
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.2	173	79	1.2	139	120	0.1	7	75	0.9	27	29
Other/unknown	4.2	222	53	2.0	171	87	0.2	5	29	2.0	45	22

Source: Data for this table are from the MAX 2003 file for New Jersey, released by CMS in 05/2007. This table was produced on 12/27/2007.

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, 1.7 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007)

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

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

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

TABLE 6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d]

NEW JERSEY, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Total Number of Rx	Total Rx $	Users[e]		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.1	$54	$50	$0	$4	$141	$203	$86	$30	505,009	$70,964,913	133,708	29.4 %	1,307,164
Biologicals	0.1	0.1	0.0	0.0	42	27	2	13	341	291	2,654	452	10,419	3,557,864	7,803	1.7	85,108
Antineoplastic Agents	0.5	0.1	0.0	0.3	118	76	2	39	242	533	236	118	53,941	13,029,594	10,978	2.4	110,763
Endocrine/Metabolic Drugs	0.9	0.5	0.1	0.3	50	41	2	8	54	80	18	23	825,467	44,367,610	87,004	19.1	887,823
Cardiovascular Agents	1.7	0.8	0.0	0.9	75	53	2	20	45	69	60	23	2,085,030	93,706,279	118,225	26.0	1,247,878
Respiratory Agents	0.7	0.4	0.0	0.3	38	30	1	7	56	78	54	25	746,959	41,690,401	113,488	25.0	1,099,441
Gastrointestinal Agents	0.8	0.4	0.0	0.3	66	52	1	12	86	123	98	38	713,063	61,568,864	88,037	19.4	929,326
Genitourinary Agents	0.5	0.4	0.0	0.1	29	26	0	2	63	73	41	24	140,939	8,853,627	29,989	6.6	305,929
CNS Drugs	1.4	0.8	0.1	0.5	119	99	7	14	87	127	118	26	1,471,815	127,505,705	103,138	22.7	1,067,540
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	46	38	2	6	80	98	65	40	49,042	3,942,546	8,758	1.9	85,064
Miscellaneous Psychological/ Neurological Agents	0.6	0.5	0.0	0.0	79	75	0	4	136	139	53	89	90,138	12,223,402	14,680	3.2	155,448
Analgesics and Anesthetics	0.7	0.3	0.0	0.3	53	45	2	7	77	130	88	20	777,895	59,904,502	109,805	24.2	1,120,180
Neuromuscular Agents	1.2	0.6	0.1	0.5	67	50	3	14	56	85	47	26	688,144	38,858,535	54,686	12.0	578,963
Nutritional Products	0.5	0.1	0.0	0.4	8	1	1	6	16	20	17	15	358,765	5,595,546	75,887	16.7	710,672
Hematological Agents	0.8	0.4	0.1	0.3	99	92	2	5	130	262	22	16	356,731	46,420,877	44,917	9.9	466,550
Topical Products	0.5	0.3	0.0	0.2	28	20	1	6	51	71	49	25	628,895	32,073,427	114,605	25.2	1,162,854
Miscellaneous Products	0.3	0.2	0.0	0.1	74	57	9	8	225	310	265	73	21,366	4,803,288	6,417	1.4	65,157
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	19	0	0	0	73	0	0	0	32,252	2,359,123	12,409	2.7	122,832
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.	9,555,870	671,426,103	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Jersey, released by CMS in 05/2007. This table was produced on 12/27/2007.

a. Table 6 includes the beneficiaries represented by Cell C of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

d. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Jersey, 1.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]

NEW JERSEY, 2003

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$59,571,073	40,388	8.9 %	437,207	0.9	$156	$136
ANTIVIRAL	41,923,763	16,031	3.5	168,336	0.5	466	249
ULCER DRUGS	37,048,188	68,700	15.1	743,012	0.5	104	50
ANTIHYPERLIPIDEMIC	26,793,880	44,248	9.7	493,329	0.6	97	54
ANTIDIABETIC	24,695,934	54,212	11.9	588,046	0.6	69	42
ANTICONVULSANT	24,294,031	35,679	7.8	381,735	1.0	62	64
ANTIDEPRESSANTS	23,042,069	54,785	12.1	576,531	0.6	67	40
ANALGESICS - ANTI-INFLAMMATORY	22,899,832	78,554	17.3	835,166	0.3	85	27
ANALGESICS - Narcotic	22,367,501	77,084	17.0	815,397	0.3	83	27
ANTIHYPERTENSIVE	20,610,451	71,772	15.8	785,001	0.6	47	26
Total	303,246,722	541,453		5,823,760	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Jersey, released by CMS in 05/2007. This table was produced on 12/27/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

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