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

LIST OF TABLES

List of Tables

TABLE D.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY[a,b]

DUAL ELIGIBLE BENEFICIARIES, 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	138,698	72,297	66,060	323	18	0	1,455,190	733,296	720,500	1,262	132	0
Age												
5 and younger	4	0	3	0	1	0	37	0	35	0	2	0
6-14	17	1	14	0	2	0	158	12	122	0	24	0
15-20	190	0	176	3	11	0	1,852	0	1,741	18	93	0
21-44	17,369	0	17,136	229	4	0	183,405	0	182,592	800	13	0
45-64	24,219	14	24,122	83	0	0	261,649	110	261,148	391	0	0
65-74	35,750	18,809	16,933	8	0	0	380,369	191,521	188,795	53	0	0
75-84	35,390	29,072	6,318	0	0	0	376,870	305,592	71,278	0	0	0
85 and older	25,759	24,401	1,358	0	0	0	250,850	236,061	14,789	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	92,951	54,238	38,482	221	10	0	978,398	553,861	423,555	891	91	0
Male	45,747	18,059	27,578	102	8	0	476,792	179,435	296,945	371	41	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	72,487	39,750	32,566	162	9	0	749,249	391,655	356,925	610	59	0
African American	27,045	10,028	16,899	112	6	0	287,710	104,101	183,106	437	66	0
Other/unknown	39,166	22,519	16,595	49	3	0	418,231	237,540	180,469	215	7	0
Use of Nursing Facilities[c]												
Entire year	22,719	18,258	4,461	0	0	0	228,257	179,065	49,192	0	0	0
Part year	11,064	8,745	2,319	0	0	0	104,850	80,686	24,164	0	0	0
None	104,915	45,294	59,280	323	18	0	1,122,083	473,545	647,144	1,262	132	0
Maintenance Assistance Status												
Cash	68,757	29,822	38,800	135	0	0	747,949	322,808	424,659	482	0	0
Medically needy	1	0	1	0	0	0	4	0	4	0	0	0
Poverty-related	30,557	13,834	16,669	49	5	0	326,787	145,597	180,970	207	13	0
Other/unknown	39,383	28,641	10,590	139	13	0	380,450	264,891	114,867	573	119	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
Managed Care (MC) Status												
Fee-for-service (FFS) all year	136,173	71,638	64,430	90	15	0	1,444,619	730,450	713,492	552	125	0
FFS part year, with Rx claims	2,044	539	1,355	147	3	0	9,090	2,497	6,102	484	7	0
FFS part year, no Rx claims	481	120	275	86	0	0	1,481	349	906	226	0	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 D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

Table D2

Dual Eligible Beneficiaries

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC[a, b]
DUAL ELIGIBLE BENEFICIARIES, 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	**90.3 %**	**52.3**	**$3,475**	**$67**	**$18,603**	**18.7 %**	**138,698**
Age							
5 and younger	100.0	15.5	821	53	8,132	10.1	4
6-14	94.1	42.9	7,398	173	18,769	39.4	17
15-20	70.0	20.2	2,615	129	10,733	24.4	190
21-44	83.3	42.6	3,943	93	16,977	23.2	17,369
45-64	90.9	63.5	4,837	76	21,094	22.9	24,219
65-74	89.0	48.2	3,120	65	12,230	25.5	35,750
75-84	92.2	53.7	3,211	60	18,295	17.6	35,390
85 and older	93.6	52.3	2,740	52	26,684	10.3	25,759
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	90.7	48.3	2,792	58	18,603	15.0	72,297
Disabled	90.0	56.9	4,236	75	18,678	22.7	66,060
Adults	59.8	9.5	844	89	3,937	21.4	323
Children	66.7	7.5	1,058	141	2,779	38.1	18
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	92.1	54.2	3,436	63	18,622	18.5	92,951
Male	86.7	48.5	3,555	73	18,563	19.2	45,747
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	91.1	57.9	3,635	63	23,849	15.2	72,487
African American	88.6	48.3	3,593	74	16,279	22.1	27,045
Other/unknown	89.9	44.7	3,097	69	10,498	29.5	39,166
Use of Nursing Facilities[f]							
Entire year	97.9	72.5	3,818	53	43,509	8.8	22,719
Part year	96.4	61.2	3,487	57	29,859	11.7	11,064
None	88.0	47.0	3,400	72	12,022	28.3	104,915
Maintenance Assistance Status							
Cash	88.8	45.6	3,348	73	10,705	31.3	68,757
Medically needy	0.0	0.0	0	0	3,993	0.0	1
Poverty related	90.4	47.5	3,794	80	10,150	37.4	30,557
Other/unknown	92.8	67.6	3,451	51	38,949	8.9	39,383

Dual Eligible Beneficiaries

Table D3

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

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

c. In 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 D.4

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

DUAL ELIGIBLE BENEFICIARIES, 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:							Mean $, All Medicaid FFS $[d]	Number	
				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			Beneficiaries	Benefit Months
All	**5.0**	**$331**	**18.7 %**	**9.7 %**	**14.0 %**	**10.7 %**	**29.8 %**	**26.3 %**	**9.5 %**		**$1,773**	**138,698**	**1,455,190**
Age													
5 and younger	1.7	89	10.1	0.0	50.0	25.0	25.0	0.0	0.0		879	4	37
6-14	4.6	796	39.4	5.9	17.6	29.4	23.5	17.6	5.9		2,019	17	158
15-20	2.1	268	24.4	30.0	27.4	12.1	16.8	11.6	2.1		1,101	190	1,852
21-44	4.0	373	23.2	16.7	23.1	11.7	24.5	16.0	8.0		1,608	17,369	183,405
45-64	5.9	448	22.9	9.1	12.4	9.4	27.8	27.4	13.9		1,953	24,219	261,649
65-74	4.5	293	25.5	11.0	15.2	11.8	30.4	24.2	7.4		1,150	35,750	380,369
75-84	5.0	302	17.6	7.8	12.2	10.9	31.4	28.4	9.4		1,718	35,390	376,870
85 and older	5.4	281	10.3	6.4	9.8	9.6	32.4	32.1	9.7		2,740	25,759	250,850
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0	0	0
Basis of Eligibility[e]													
Aged	4.8	275	15.0	9.3	13.4	11.2	31.3	26.6	8.2		1,834	72,297	733,296
Disabled	5.2	388	22.7	10.0	14.5	10.2	28.2	26.0	11.0		1,713	66,060	720,500
Adults	2.4	216	21.4	40.2	21.4	9.9	13.3	9.3	5.9		1,008	323	1,262
Children	1.0	144	38.1	33.3	38.9	5.6	16.7	5.6	0.0		379	18	132
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0	0	0
Gender													
Female	5.1	326	18.5	7.9	12.5	10.8	31.1	27.9	9.8		1,769	92,951	978,398
Male	4.7	341	19.2	13.3	16.8	10.7	27.2	22.9	9.0		1,781	45,747	476,792
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0	0	0
Race													
White	5.6	352	15.2	8.9	11.8	9.5	28.8	28.7	12.4		2,307	72,487	749,249
African American	4.5	338	22.1	11.4	15.6	11.2	29.9	24.4	7.5		1,530	27,045	287,710
Other/unknown	4.2	290	29.5	10.1	16.8	12.7	31.6	23.1	5.6		983	39,166	418,231
Use of nursing Facilities[f]													
Entire year	7.2	380	8.8	2.1	4.7	6.4	27.7	39.1	19.8		4,331	22,719	228,257
Part year	6.5	368	11.7	3.6	6.8	8.2	30.8	36.5	14.1		3,151	11,064	104,850
None	4.4	318	28.3	12.0	16.7	11.9	30.1	22.4	6.8		1,124	104,915	1,122,083
Maintenance Assistance Status													
Cash	4.2	308	31.3	11.2	17.1	11.9	30.5	23.1	6.1		984	68,757	747,949
Medically needy	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0		998	1	4
Poverty related	4.4	355	37.4	9.6	15.6	12.5	31.8	24.1	6.4		949	30,557	326,787
Other/unknown	7.0	357	8.9	7.2	7.3	7.3	27.0	33.4	18.0		4,032	39,383	380,450

Dual Eligible Beneficiaries

Table D4

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

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

c. In 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.

Dual Eligible Beneficiaries

Table D4

TABLE D.5

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

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**5.0**	**$331**	**$67**	**2.6**	**$263**	**$102**	**0.2**	**$12**	**$54**	**2.2**	**$56**	**$26**
Age												
5 and younger	1.7	89	53	1.1	76	70	0.0	0	0	0.6	13	22
6-14	4.6	796	173	2.4	741	303	0.2	5	20	1.9	50	26
15-20	2.1	268	129	1.1	237	218	0.1	5	56	0.9	25	28
21-44	4.0	373	93	2.1	306	143	0.2	18	84	1.7	48	29
45-64	5.9	448	76	3.1	362	118	0.3	19	67	2.5	65	26
65-74	4.5	293	65	2.5	235	95	0.2	9	52	1.8	48	26
75-84	5.0	302	60	2.6	235	91	0.2	9	44	2.2	57	25
85 and older	5.4	281	52	2.4	210	86	0.2	7	32	2.7	63	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	4.8	275	58	2.4	214	89	0.2	7	39	2.2	53	25
Disabled	5.2	388	75	2.7	312	114	0.2	16	65	2.2	59	27
Adults	2.4	216	89	1.3	184	139	0.1	7	59	1.0	24	25
Children	1.0	144	141	0.5	129	240	0.1	6	63	0.4	9	24
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	5.1	326	63	2.6	257	98	0.2	11	49	2.3	57	25
Male	4.7	341	73	2.4	274	113	0.2	13	64	2.0	54	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	5.6	352	63	2.8	274	99	0.3	13	51	2.6	64	25
African American	4.5	338	74	2.4	274	115	0.2	10	60	2.0	53	27
Other/unknown	4.2	290	69	2.4	235	100	0.2	10	57	1.7	44	27
Use of Nursing Facilities[e]												
Entire year	7.2	380	53	3.2	284	89	0.3	7	27	3.7	87	23
Part year	6.5	368	57	2.9	280	96	0.2	7	30	3.3	79	24
None	4.4	318	72	2.4	257	107	0.2	13	64	1.8	47	27
Maintenance Assistance Status												
Cash	4.2	308	73	2.3	248	108	0.2	12	65	1.7	46	27
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	4.4	355	80	2.4	284	120	0.2	14	76	1.9	55	29
Other/unknown	7.0	357	51	3.3	272	83	0.3	8	28	3.4	75	22

Dual Eligible Beneficiaries

Table D5

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 D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies 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.

Dual Eligible Beneficiaries

Table D5

TABLE D.6

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

DUAL ELIGIBLE BENEFICIARIES, 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]		Number of Benefit Months
	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	As a Percentage of Dual Benes	
Anti-infective Agents	0.4	0.2	0.0	0.1	$44	$40	$0	$4	$123	$173	$95	$31	300,314	$36,813,582	75,832	54.7 %	841,023
Biologicals	0.1	0.1	0.0	0.0	14	2	2	11	144	26	2,563	344	5,982	858,643	5,211	3.8	59,778
Antineoplastic Agents	0.5	0.1	0.0	0.3	107	67	2	39	220	483	204	114	43,754	9,643,422	8,806	6.3	90,046
Endocrine/Metabolic Drugs	1.0	0.6	0.1	0.4	52	42	2	8	52	76	17	23	667,494	34,423,719	60,743	43.8	665,531
Cardiovascular Agents	1.7	0.8	0.0	0.9	78	55	2	21	45	69	56	23	1,767,164	79,436,856	93,365	67.3	1,012,530
Respiratory Agents	0.7	0.4	0.0	0.3	40	32	1	6	56	77	57	23	484,574	27,147,171	61,677	44.5	687,133
Gastrointestinal Agents	0.8	0.4	0.0	0.3	68	53	1	13	86	122	92	38	573,474	49,255,074	66,859	48.2	729,128
Genitourinary Agents	0.5	0.4	0.0	0.1	31	29	0	2	65	75	43	25	115,357	7,449,873	21,641	15.6	238,481
CNS Drugs	1.4	0.8	0.1	0.5	116	95	7	14	83	121	116	26	1,068,096	88,850,067	70,540	50.9	766,353
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	44	40	1	3	109	139	76	28	8,828	964,544	1,968	1.4	22,058
Miscellaneous Psychological/ Neurological Agents	0.6	0.6	0.0	0.0	80	78	0	2	133	136	59	82	80,425	10,735,397	12,549	9.0	134,211
Analgesics and Anesthetics	0.7	0.4	0.0	0.3	55	47	2	6	77	122	86	20	574,897	44,005,489	72,150	52.0	794,488
Neuromuscular Agents	1.2	0.6	0.1	0.6	64	47	3	15	54	81	44	27	478,141	25,617,316	36,057	26.0	397,870
Nutritional Products	0.6	0.1	0.0	0.5	9	1	1	7	16	21	17	15	264,549	4,185,681	42,546	30.7	465,273
Hematological Agents	0.8	0.4	0.1	0.3	87	80	2	6	111	217	22	17	301,649	33,475,227	35,620	25.7	383,273
Topical Products	0.6	0.3	0.0	0.2	30	23	2	6	51	70	48	25	483,337	24,708,408	72,834	52.5	810,829
Miscellaneous Products	0.3	0.2	0.0	0.1	67	49	11	8	210	313	265	64	13,048	2,745,222	3,783	2.7	40,821
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	23	0	0	0	77	0	0	0	21,932	1,691,730	6,488	4.7	73,238
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.	7,253,015	482,007,421	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 D.6 includes the beneficiaries represented by Cell G of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.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.

Dual Eligible Beneficiaries

Table D6

TABLE D.7

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

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Top 10 Drug Groups	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$38,505,701	24,195	17.4 %	268,205	0.9	$152	$144
ULCER DRUGS	29,652,897	50,782	36.6	565,931	0.5	105	52
ANTIHYPERLIPIDEMIC	22,943,258	36,244	26.1	411,233	0.6	98	56
ANTIDIABETIC	19,816,152	41,756	30.1	466,071	0.6	69	43
ANTIVIRAL	19,540,472	7,448	5.4	83,268	0.5	468	235
ANALGESICS - ANTI-INFLAMMATORY	18,328,373	51,002	36.8	582,172	0.3	92	31
ANTIHYPERTENSIVE	17,253,195	56,514	40.7	632,468	0.6	48	27
ANTIDEPRESSANTS	15,710,205	34,211	24.7	377,501	0.6	68	42
ANTICONVULSANT	14,691,038	21,328	15.4	236,836	1.1	58	62
ANALGESICS - Narcotic	14,662,825	51,714	37.3	575,306	0.3	78	25
Total	211,104,116	375,194	n.a.	4,198,991	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 D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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; n.a. = not applicable.

Dual Eligible Beneficiaries

TABLE D.7A
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a,b,c]
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx $	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	2,325,983	$211,104,116	24,195	17.4 %	268,205	0.9	$144	50,782	36.6 %	565,931	0.5	$52
Female	1,495,471	130,251,013	13,286	14.3	145,855	0.8	119	36,232	39.0	404,748	0.5	53
Disabled	945,062	86,543,773	10,480	27.2	118,854	0.9	131	19,553	50.8	223,247	0.5	53
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	229	0	0.0	0	0.0	0	1	14.3	12	0.1	2
15-20	688	89,590	20	29.4	203	0.5	79	15	22.1	168	0.6	50
21-44	177,143	18,404,073	3,680	50.2	41,742	0.9	144	2,519	34.3	28,443	0.5	49
45-64	397,531	37,528,871	4,688	35.0	53,461	1.0	138	7,287	54.4	82,928	0.5	55
65-74	264,482	22,104,567	1,425	12.3	16,063	0.7	100	6,725	58.2	77,368	0.5	53
75-84	91,204	7,303,939	548	11.1	6,113	0.6	80	2,524	51.2	28,939	0.5	52
85 and older	14,010	1,112,504	119	10.0	1,272	0.5	68	482	40.6	5,389	0.5	56
Other Eligibles	550,409	43,707,240	2,806	5.2	27,001	0.5	63	16,679	30.6	181,501	0.5	52
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	34	7,362	0	0.0	0	0.0	0	2	100.0	24	0.3	21
15-20	34	7,937	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	433	40,605	14	8.2	86	0.7	71	16	9.4	76	0.4	40
45-64	543	55,829	4	7.3	24	0.5	72	13	23.6	120	0.4	43
65-74	169,518	13,846,981	593	4.8	6,313	0.5	63	5,142	41.9	57,221	0.4	48
75-84	267,639	21,257,225	1,151	5.4	11,601	0.5	63	7,683	36.2	85,961	0.5	53
85 and older	112,208	8,491,301	1,044	5.0	8,977	0.5	64	3,823	18.4	38,099	0.5	57
Male	830,512	80,853,103	10,909	23.8	122,350	1.1	173	14,550	31.8	161,183	0.5	52
Disabled	645,512	66,791,240	10,114	36.7	114,730	1.1	181	9,189	33.3	103,471	0.6	53
5 and younger	7	514	0	0.0	0	0.0	0	3	100.0	35	0.2	14
6-14	75	8,738	0	0.0	0	0.0	0	2	28.6	21	0.2	25
15-20	760	71,963	14	13.0	140	0.7	127	19	17.6	223	0.4	38
21-44	220,639	26,062,592	5,198	53.0	58,971	1.0	180	2,346	23.9	26,327	0.6	50
45-64	298,062	30,825,099	4,197	39.2	47,738	1.2	192	3,862	36.0	43,255	0.7	55
65-74	102,253	8,063,540	566	10.5	6,353	1.0	128	2,310	43.0	26,191	0.5	53
75-84	22,002	1,637,066	127	9.1	1,422	0.6	75	595	42.7	6,831	0.5	54
85 and older	1,714	121,728	12	7.0	106	0.9	119	52	30.2	588	0.5	50
Other Eligibles	185,000	14,061,863	795	4.4	7,620	0.6	63	5,361	29.5	57,712	0.5	49
5 and younger	1	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	7	54	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	119	10,325	4	6.3	23	0.5	132	7	11.1	35	0.4	33
45-64	313	37,800	2	4.8	11	0.5	52	10	23.8	86	0.5	64
65-74	75,072	5,892,037	269	4.1	2,750	0.6	71	2,070	31.6	22,355	0.4	46
75-84	88,634	6,598,157	357	4.5	3,462	0.5	56	2,521	32.0	27,647	0.5	51
85 and older	20,854	1,523,477	163	4.5	1,374	0.5	64	753	20.7	7,589	0.5	53
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table D7A

Dual Eligible Beneficiaries

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 D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Eligible Beneficiaries

Table D7A

TABLE D.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS

SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a,b,c]

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANTIDIABETIC					ANTIVIRAL				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**36,244**	**26.1 %**	**411,233**	**0.6**	**$56**	**41,756**	**30.1 %**	**466,071**	**0.6**	**$43**	**7,448**	**5.4 %**	**83,268**	**0.5**	**$235**
Female	25,254	27.2	287,577	0.6	56	28,784	31.0	322,636	0.6	42	3,470	3.7	39,157	0.4	184
Disabled	12,756	33.1	146,863	0.6	56	15,928	41.4	181,067	0.6	45	2,774	7.2	31,414	0.5	217
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	7	0.1	28	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	6	8.8	60	0.3	25	3	4.4	34	0.3	24	19	27.9	220	0.4	163
21-44	747	10.2	8,551	0.6	48	1,031	14.1	11,730	0.6	43	950	13.0	10,459	0.5	223
45-64	4,554	34.0	52,044	0.6	54	5,808	43.3	65,333	0.6	46	1,348	10.1	15,508	0.5	255
65-74	5,455	47.2	63,001	0.6	56	6,708	58.0	76,898	0.6	45	369	3.2	4,205	0.3	108
75-84	1,811	36.8	21,104	0.6	60	2,127	43.2	24,307	0.6	41	71	1.4	831	0.2	48
85 and older	182	15.3	2,096	0.5	55	251	21.2	2,765	0.6	37	17	1.4	191	0.1	44
Other Eligibles	12,498	22.9	140,714	0.5	56	12,856	23.6	141,569	0.6	40	696	1.3	7,743	0.2	50
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	150.0	36	0.4	185
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	20.0	24	0.5	289
21-44	3	1.8	14	1.0	85	7	4.1	31	0.4	21	8	4.7	62	0.3	109
45-64	16	29.1	134	0.3	39	17	30.9	137	0.7	59	4	7.3	8	0.5	213
65-74	4,693	38.2	52,469	0.5	53	4,685	38.2	51,533	0.6	41	239	1.9	2,747	0.2	95
75-84	6,152	29.0	70,357	0.5	58	6,226	29.4	69,681	0.6	40	306	1.4	3,500	0.1	25
85 and older	1,634	7.9	17,740	0.6	59	1,921	9.3	20,187	0.6	35	134	0.6	1,366	0.1	13
Male	10,990	24.0	123,656	0.6	56	12,972	28.4	143,435	0.6	43	3,978	8.7	44,111	0.6	279
Disabled	6,524	23.7	74,250	0.6	55	7,793	28.3	87,670	0.6	45	3,690	13.4	40,929	0.6	294
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	33.3	12	0.1	3
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	42.9	33	0.3	198
15-20	7	6.5	76	0.8	78	6	5.6	68	0.8	61	5	4.6	57	0.4	176
21-44	1,291	13.2	14,749	0.6	48	1,246	12.7	14,004	0.7	45	1,634	16.7	18,083	0.6	276
45-64	2,781	26.0	31,333	0.7	55	3,408	31.8	37,876	0.6	45	1,866	17.4	20,701	0.6	319
65-74	2,037	37.9	23,363	0.6	58	2,569	47.8	29,267	0.6	44	165	3.1	1,854	0.5	221
75-84	387	27.8	4,490	0.6	59	539	38.7	6,169	0.6	43	12	0.9	141	0.6	215
85 and older	21	12.2	239	0.8	65	25	14.5	286	0.7	48	4	2.3	48	0.1	13
Other Eligibles	4,466	24.6	49,406	0.6	57	5,179	28.5	55,765	0.6	40	288	1.6	3,182	0.2	87
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	4	6.3	18	0.3	24	8	12.7	17	0.6	50	1	1.6	5	0.2	106
45-64	10	23.8	89	0.5	45	16	38.1	123	0.6	52	4	9.5	31	0.8	520
65-74	2,080	31.8	22,558	0.5	56	2,441	37.3	26,001	0.6	41	130	2.0	1,469	0.3	145
75-84	2,034	25.8	23,019	0.6	59	2,275	28.9	25,060	0.6	39	130	1.7	1,425	0.2	30
85 and older	338	9.3	3,722	0.6	54	439	12.0	4,564	0.6	41	23	0.6	252	0.2	20
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7B

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 D7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE D.7C
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a,b,c]
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTIHYPERTENSIVE					ANTIDEPRESSANTS				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month
All	**51,002**	**36.8 %**	**582,172**	**0.3**	**$32**	**56,514**	**40.7 %**	**632,468**	**0.6**	**$27**	**34,211**	**24.7 %**	**377,501**	**0.6**	**$42**
Female	36,338	39.1	415,476	0.4	34	38,893	41.8	436,780	0.6	28	23,544	25.3	259,511	0.6	41
Disabled	20,093	52.2	231,904	0.4	34	18,383	47.8	209,615	0.6	27	16,011	41.6	180,972	0.6	43
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	14.3	12	0.2	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	15	22.1	153	0.3	3	11	16.2	124	0.3	7	22	32.4	233	0.6	40
21-44	2,819	38.4	32,319	0.3	21	1,114	15.2	12,456	0.5	21	3,994	54.5	44,582	0.7	46
45-64	7,519	56.1	86,238	0.4	35	6,071	45.3	68,704	0.6	26	7,249	54.1	81,966	0.7	46
65-74	6,919	59.9	80,490	0.4	37	7,690	66.5	88,213	0.6	28	3,441	29.8	39,338	0.5	37
75-84	2,434	49.4	28,276	0.4	37	2,978	60.5	34,288	0.6	28	1,115	22.6	12,726	0.5	35
85 and older	386	32.5	4,416	0.4	38	519	43.8	5,830	0.6	28	190	16.0	2,127	0.4	32
Other Eligibles	16,245	29.8	183,572	0.4	35	20,510	37.7	227,165	0.6	29	7,533	13.8	78,539	0.5	36
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	50.0	12	0.3	3	1	50.0	12	0.3	12	0	0.0	0	0.0	0
15-20	1	10.0	2	0.5	5	2	20.0	14	1.0	46	1	10.0	2	0.5	3
21-44	26	15.3	121	0.4	18	8	4.7	50	0.5	19	44	25.9	156	0.6	47
45-64	12	21.8	120	0.4	107	25	45.5	184	0.5	29	22	40.0	165	0.5	34
65-74	5,708	46.5	64,356	0.3	32	6,420	52.3	71,278	0.5	28	2,232	18.2	24,483	0.5	32
75-84	7,571	35.7	86,795	0.4	36	9,862	46.5	111,476	0.6	29	3,389	16.0	36,667	0.5	36
85 and older	2,926	14.1	32,166	0.4	38	4,192	20.2	44,151	0.6	29	1,845	8.9	17,066	0.6	43
Male	14,664	32.1	166,696	0.3	25	17,621	38.5	195,688	0.6	26	10,667	23.3	117,990	0.7	43
Disabled	9,290	33.7	106,454	0.3	23	9,789	35.5	109,809	0.6	26	8,734	31.7	97,950	0.7	45
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	6	85.7	69	0.9	24	0	0.0	0	0.0	0
15-20	15	13.9	164	0.2	7	20	18.5	227	0.6	28	12	11.1	131	0.6	30
21-44	2,585	26.4	29,526	0.2	15	1,758	17.9	19,489	0.6	24	3,784	38.6	42,243	0.7	47
45-64	3,867	36.1	44,066	0.3	25	4,073	38.0	45,185	0.6	26	3,755	35.0	42,089	0.8	46
65-74	2,246	41.8	25,986	0.3	29	3,110	57.8	35,319	0.6	27	954	17.7	10,872	0.6	36
75-84	527	37.8	6,121	0.3	29	764	54.8	8,843	0.6	26	212	15.2	2,428	0.5	33
85 and older	50	29.1	591	0.4	33	58	33.7	677	0.5	23	17	9.9	187	0.5	34
Other Eligibles	5,374	29.6	60,242	0.3	27	7,832	43.1	85,879	0.5	26	1,933	10.6	20,040	0.5	34
5 and younger	0	0.0	0	0.0	0	1	100.0	2	0.5	7	0	0.0	0	0.0	0
6-14	1	100.0	12	0.3	3	0	0.0	0	0.0	0	1	100.0	12	0.3	2
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	6	9.5	29	0.3	11	8	12.7	27	0.6	23	9	14.3	26	0.5	58
45-64	10	23.8	88	0.2	8	18	42.9	113	0.4	19	7	16.7	38	0.3	19
65-74	2,312	35.3	25,596	0.3	25	3,258	49.8	35,271	0.5	26	695	10.6	7,504	0.5	32
75-84	2,435	30.9	27,864	0.3	28	3,685	46.8	41,314	0.6	27	917	11.7	9,731	0.5	34
85 and older	610	16.7	6,653	0.3	30	862	23.6	9,152	0.6	26	304	8.3	2,729	0.6	39
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Dual Eligible Beneficiaries

Table D7C

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 D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.7D
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c]
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx $ per Benefit Month		
All	21,328	15.4 %	236,836	1.1	$62	51,714	37.3 %	575,306	0.3	$26	138,698	1,455,190
Female	12,975	14.0	143,760	0.9	57	36,552	39.3	407,197	0.3	23	92,951	978,398
Disabled	9,896	25.7	111,646	1.1	65	22,745	59.1	260,122	0.3	28	38,482	423,555
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	7	63
15-20	20	29.4	218	0.5	70	31	45.6	352	0.2	3	68	674
21-44	3,156	43.0	35,506	1.2	85	4,223	57.6	47,757	0.4	36	7,334	78,207
45-64	4,312	32.2	48,797	1.2	68	9,345	69.7	106,756	0.4	37	13,406	146,184
65-74	1,749	15.1	19,770	0.6	37	6,481	56.1	74,859	0.3	18	11,556	129,628
75-84	576	11.7	6,462	0.6	29	2,291	46.5	26,300	0.3	14	4,925	55,812
85 and older	83	7.0	893	0.5	29	374	31.5	4,098	0.3	19	1,186	12,987
Other Eligibles	3,079	5.7	32,114	0.5	30	13,807	25.3	147,075	0.3	14	54,469	554,843
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	0	0.0	0	0.0	0	2	100.0	24	0.1	1	2	24
15-20	1	10.0	12	0.3	28	1	10.0	2	1.0	6	10	82
21-44	22	12.9	74	0.7	67	44	25.9	191	0.5	39	170	610
45-64	10	18.2	68	0.4	82	26	47.3	199	0.3	24	55	302
65-74	935	7.6	10,235	0.5	29	4,054	33.0	45,087	0.2	10	12,275	126,847
75-84	1,423	6.7	15,279	0.5	29	6,322	29.8	70,019	0.3	14	21,201	224,597
85 and older	688	3.3	6,446	0.6	32	3,358	16.2	31,553	0.3	18	20,756	202,381
Male	8,353	18.3	93,076	1.3	69	15,162	33.1	168,109	0.3	31	45,747	476,792
Disabled	7,277	26.4	81,774	1.4	74	11,037	40.0	124,194	0.4	38	27,578	296,945
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	35
6-14	0	0.0	0	0.0	0	0	0.0	12	0.1	1	7	59
15-20	19	17.6	199	0.7	67	21	14.3	242	0.1	3	108	1,067
21-44	3,345	34.1	37,425	1.3	84	3,721	19.4	41,834	0.4	43	9,802	104,385
45-64	3,024	28.2	34,234	1.6	75	4,769	38.0	53,391	0.4	47	10,716	114,964
65-74	738	13.7	8,186	0.8	38	2,022	44.5	23,050	0.3	17	5,377	59,167
75-84	137	9.8	1,572	0.8	36	464	37.6	5,227	0.3	11	1,393	15,466
85 and older	14	8.1	158	0.6	23	39	33.3	438	0.3	11	172	1,802
Other Eligibles	1,076	5.9	11,302	0.6	31	4,125	22.7	43,915	0.2	12	18,169	179,847
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	29
21-44	2	3.2	3	0.7	48	21	33.3	82	0.4	21	63	203
45-64	4	9.5	25	0.6	17	10	23.8	93	0.3	12	42	199
65-74	430	6.6	4,597	0.5	30	1,656	25.3	18,007	0.2	12	6,542	64,727
75-84	514	6.5	5,472	0.6	30	1,909	24.3	20,622	0.2	12	7,871	80,995
85 and older	126	3.5	1,205	0.6	36	529	14.5	5,111	0.3	12	3,645	33,680
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Dual Eligible Beneficiaries

Table D7D

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 D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2003. 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 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); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; $ = Medicaid reimbursement.

Table D7D

Dual Eligible Beneficiaries

TABLE D.8
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BENEFICIARY CHARACTERISTIC[a, b]
DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	Rx $ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	**$380**	**7.2**	**22,719**	**228,257**
Age				
0-64	606	9.3	1,732	18,969
65-74	467	8.3	2,588	27,554
75-84	396	7.5	6,980	70,975
85 and older	310	6.4	11,419	110,759
Unknown	0	0.0	0	0
Gender				
Female	362	7.1	17,559	176,365
Male	442	7.7	5,160	51,892
Unknown	0	0.0	0	0
Race				
White	375	7.3	17,933	178,507
African American	394	6.9	2,956	31,051
Other/unknown	407	7.2	1,830	18,699
Basis of Eligibility[c]				
Aged	348	6.9	18,258	179,065
Disabled	499	8.3	4,461	49,192
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

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

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 11,064 beneficiaries who were in nursing facilities for part of their enrollment and their 104,850 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

Dual Eligible Beneficiaries

TABLE D.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,

BY BRAND STATUS AND THERAPEUTIC CATEGORY[a, b, c, d, e]

DUAL ELIGIBLE BENEFICIARIES, 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		Number of Benefit Months
	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	Percentage of Dual All-Year Nursing Facility Residents	
Anti-infective Agents	0.3	0.2	0.0	0.1	$23	$19	$0	$4	$68	$94	$77	$27	51,063	$3,481,356	14,191	62.5 %	149,209
Biologicals	0.1	0.0	0.0	0.1	2	1	0	1	19	17	0	20	1,450	27,142	1,360	6.0	14,965
Antineoplastic Agents	0.6	0.1	0.0	0.5	90	33	1	56	151	347	88	113	16,085	2,423,340	2,814	12.4	27,071
Endocrine/Metabolic Drugs	1.3	0.5	0.2	0.5	42	32	2	8	33	59	11	15	132,921	4,446,135	10,158	44.7	104,675
Cardiovascular Agents	2.2	0.6	0.0	1.5	65	32	1	32	30	53	46	21	364,345	10,964,336	16,602	73.1	168,464
Respiratory Agents	0.9	0.4	0.0	0.5	38	23	2	13	44	64	58	28	81,229	3,602,753	8,980	39.5	94,340
Gastrointestinal Agents	1.1	0.5	0.0	0.6	76	55	0	21	68	105	47	35	148,179	10,008,777	12,859	56.6	131,941
Genitourinary Agents	0.6	0.4	0.0	0.2	34	29	0	5	56	68	32	28	34,550	1,941,177	5,394	23.7	56,882
CNS Drugs	1.7	1.1	0.0	0.6	129	112	2	15	74	101	63	25	270,263	19,984,184	15,032	66.2	154,990
Stimulants/Anti-obesity/Anorexia	0.9	0.4	0.0	0.5	53	48	0	5	59	119	27	10	1,647	96,383	181	0.8	1,807
Miscellaneous Psychological/ Neurological Agents	0.8	0.8	0.0	0.0	103	103	0	0	123	123	0	76	35,858	4,416,189	4,202	18.5	42,877
Analgesics and Anesthetics	1.1	0.6	0.0	0.5	60	54	0	6	54	86	29	12	107,119	5,811,944	9,588	42.2	97,563
Neuromuscular Agents	1.5	0.6	0.0	0.9	78	47	1	31	53	82	46	35	110,421	5,837,479	7,048	31.0	74,595
Nutritional Products	0.8	0.0	0.0	0.7	12	1	0	10	14	34	11	13	69,410	991,741	8,392	36.9	86,026
Hematological Agents	1.2	0.5	0.2	0.5	99	91	3	4	81	185	16	8	99,724	8,085,540	8,126	35.8	81,992
Topical Products	0.7	0.3	0.0	0.4	26	18	1	6	36	54	36	18	112,537	4,019,892	14,755	64.9	156,670
Miscellaneous Products	0.2	0.1	0.0	0.2	13	8	0	5	51	124	291	26	2,813	143,899	1,104	4.9	11,371
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	26	0	0	0	65	0	0	0	7,204	465,933	1,653	7.3	18,081
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.	1,646,818	86,748,200	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 D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,064 beneficiaries who were in nursing facilities for part of their enrollment and their 104,850 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 2003. 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615 (October 26, 2007).

Dual Eligible Beneficiaries

Table D9

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

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.

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

Table D9

Dual Eligible Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
BY TOP-10 DRUG GROUP[a, b, c, d]

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx $	Users			Among Users		
		Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$211,464	174	0.8 %	946	1.5	$145	$224
ULCER DRUGS	112,770	206	0.9	701	1.8	90	161
ANTIDEPRESSANTS	118,632	223	1.0	956	1.9	66	124
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	66,316	78	0.3	447	1.2	124	148
ANTICONVULSANT	73,359	123	0.5	592	2.3	53	124
HEMATOPOIETIC AGENTS	37,774	56	0.2	227	1.8	95	166
ANALGESICS - Narcotic	33,864	194	0.9	555	1.5	40	61
ANALGESICS - ANTI-INFLAMMATORY	36,031	81	0.4	342	1.5	71	105
ANTIASTHMATIC	37,089	175	0.8	550	1.4	48	67
ANTIHYPERTENSIVE	36,613	129	0.6	553	1.9	35	66
Total	763,912	1,439		5,869	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 D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,064 beneficiaries who were in nursing facilities for part of their enrollment and their 104,850 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Eligible Beneficiaries

TABLE D.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	**10,010**	**$763,912**	**174**	**0.8 %**	**946**	**1.5**	**$224**	**206**	**0.9 %**	**701**	**1.8**	**$161**
Female	7,145	539,341	121	0.7	634	1.6	223	161	0.9	495	1.9	166
Disabled	1,276	116,961	24	0.9	148	1.9	358	20	0.8	83	1.7	160
64 or younger	399	38,831	6	0.8	46	1.5	370	4	0.5	17	1.8	148
65-74	474	44,804	10	1.2	59	1.8	342	5	0.6	15	2.9	301
75-84	350	29,946	8	1.1	43	2.3	348	9	1.3	45	1.3	125
85 and older	53	3,380	0	0.0	0	0.0	0	2	0.6	6	1.5	112
Other Eligibles	5,869	422,380	97	0.6	486	1.5	182	141	0.9	412	1.9	167
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	470	35,011	6	0.8	36	2.0	287	6	0.8	21	2.1	197
75-84	2,026	139,935	29	0.6	196	1.4	160	34	0.8	120	2.0	167
85 and older	3,373	247,434	62	0.6	254	1.5	185	101	1.0	271	1.8	165
Male	2,865	224,571	53	1.0	312	1.5	224	45	0.9	206	1.6	149
Disabled	1,502	128,468	28	1.5	207	1.4	247	18	1.0	103	1.8	156
64 or younger	864	72,354	13	1.4	83	1.9	289	10	1.0	55	1.9	155
65-74	390	37,782	8	1.4	62	1.1	281	5	0.9	26	1.8	171
75-84	145	9,760	3	1.1	22	1.3	168	2	0.7	20	1.1	135
85 and older	103	8,572	4	6.8	40	0.9	150	1	1.7	2	3.0	185
Other Eligibles	1,363	96,103	25	0.8	105	1.6	178	27	0.8	103	1.5	142
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	243	18,054	8	1.6	25	1.4	163	4	0.8	15	2.5	241
75-84	765	50,515	13	0.9	64	1.5	153	14	1.0	65	1.2	104
85 and older	355	27,534	4	0.3	16	2.8	304	9	0.7	23	1.8	187
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,064 beneficiaries who were in nursing facilities for part of their enrollment and their 104,850 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Table D10A   Dual Eligible Beneficiaries

TABLE D.10B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a, b, c, d]

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTICONVULSANT				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	223	1.0 %	956	1.9	$124	78	0.3 %	447	1.2	$148	123	0.5 %	592	2.3	$124
Female	168	1.0	674	2.0	132	63	0.4	368	1.2	146	84	0.5	399	2.0	101
Disabled	12	0.5	49	2.7	172	3	0.1	15	1.5	238	23	0.9	138	1.9	126
64 or younger	4	0.5	19	3.5	256	1	0.1	5	1.2	331	8	1.0	57	1.9	125
65-74	6	0.7	15	3.0	166	0	0.0	0	0.0	0	10	1.2	54	2.0	156
75-84	2	0.3	15	0.9	42	1	0.1	5	1.4	144	3	0.4	21	1.9	80
85 and older	0	0.0	0	0.0	0	1	0.3	5	1.0	134	2	0.6	6	0.7	20
Other Eligibles	156	1.0	625	1.9	129	60	0.4	353	1.2	142	61	0.4	261	2.0	87
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	10	1.4	47	1.5	78	2	0.3	20	1.4	161	9	1.3	57	1.5	55
75-84	49	1.1	197	2.1	137	17	0.4	114	1.1	127	24	0.5	96	2.4	95
85 and older	97	1.0	381	1.8	131	41	0.4	219	1.2	148	28	0.3	108	2.0	97
Male	55	1.1	282	1.7	106	15	0.3	79	1.3	161	39	0.8	193	3.0	172
Disabled	22	1.2	164	1.4	80	4	0.2	35	0.9	114	22	1.2	137	2.8	185
64 or younger	14	1.5	98	1.7	103	1	0.1	12	0.3	35	10	1.0	74	2.8	235
65-74	5	0.9	36	1.0	62	3	0.5	23	1.2	149	11	2.0	53	2.1	112
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	3	5.1	30	0.4	14	0	0.0	0	0.0	0	1	1.7	10	2.1	67
Other Eligibles	33	1.0	118	2.3	143	11	0.3	44	1.6	198	17	0.5	56	3.6	142
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	4	0.8	17	4.6	333	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	17	1.2	73	1.4	73	5	0.3	15	1.7	208	13	0.9	51	2.9	121
85 and older	12	0.9	28	3.1	209	6	0.4	29	1.4	169	4	0.3	5	6.4	225
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,064 beneficiaries who were in nursing facilities for part of their enrollment and their 104,850 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Eligible Beneficiaries

Table D10B

TABLE D.10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a,b,c,d]

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $
All	56	0.2 %	227	1.8	$166	194	0.9 %	555	1.5	$61	81	0.4 %	342	1.5	$105
Female	39	0.2	144	1.8	174	154	0.9	434	1.5	59	67	0.4	286	1.5	103
Disabled	3	0.1	8	2.0	179	11	0.4	27	3.0	167	13	0.5	35	1.7	112
64 or younger	0	0.0	0	0.0	0	4	0.5	10	4.0	265	4	0.5	4	3.8	217
65-74	1	0.1	1	4.0	938	1	0.1	2	13.5	727	4	0.5	13	1.8	120
75-84	1	0.1	5	0.8	95	4	0.6	13	0.8	28	3	0.4	16	1.1	81
85 and older	1	0.3	2	1.5	5	2	0.6	2	1.5	13	2	0.6	2	2.0	104
Other Eligibles	36	0.2	136	1.8	173	143	1.0	407	1.4	52	54	0.4	251	1.4	102
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	0.3	3	3.0	414	5	0.7	23	2.3	71	3	0.4	25	1.0	109
75-84	8	0.2	37	1.5	306	44	1.0	156	1.3	39	22	0.5	102	1.1	73
85 and older	26	0.3	96	1.9	115	94	1.0	228	1.4	59	29	0.3	124	1.8	124
Male	17	0.3	83	1.6	154	40	0.8	121	1.7	68	14	0.3	56	1.5	118
Disabled	4	0.2	31	1.7	131	13	0.7	48	2.4	91	8	0.4	29	1.1	88
64 or younger	2	0.2	22	1.5	181	8	0.8	37	2.2	89	3	0.3	12	1.0	66
65-74	2	0.4	9	1.6	8	4	0.7	10	2.3	93	4	0.7	7	1.6	147
75-84	0	0.0	0	0.0	0	1	0.4	1	9.0	140	1	0.4	10	0.6	55
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	13	0.4	52	1.6	167	27	0.8	73	1.3	52	6	0.2	27	1.9	149
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	0.2	1	6.0	275	3	0.6	7	2.1	91	2	0.4	4	1.8	105
75-84	9	0.6	37	1.2	143	11	0.8	24	2.3	101	3	0.2	22	1.8	142
85 and older	3	0.2	14	2.3	225	13	1.0	42	0.6	18	1	0.1	1	6.0	478
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,064 beneficiaries who were in nursing facilities for part of their enrollment and their 104,850 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Dual Eligible Beneficiaries

Table D10C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE[a,b,c,d]

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx $	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	175	0.8 %	550	1.4	$67	129	0.6 %	553	1.9	$66	22,719	228,257
Female	140	0.8	423	1.3	63	103	0.6	443	1.8	59	17,559	176,365
Disabled	34	1.3	154	1.1	54	11	0.4	87	1.3	37	2,617	29,001
64 or younger	4	0.5	13	1.8	103	4	0.5	32	1.1	25	774	8,624
65-74	16	2.0	78	1.0	50	2	0.2	20	1.7	43	805	8,940
75-84	9	1.3	54	1.1	52	5	0.7	35	1.2	40	720	8,067
85 and older	5	1.6	9	0.7	22	0	0.0	0	0.0	0	318	3,370
Other Eligibles	106	0.7	269	1.5	69	92	0.6	356	1.9	65	14,942	147,364
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
65-74	4	0.6	17	1.8	184	8	1.1	32	1.6	55	719	7,210
75-84	31	0.7	81	1.8	76	21	0.5	98	2.1	73	4,529	45,643
85 and older	71	0.7	171	1.3	54	63	0.6	226	1.8	63	9,693	94,509
Male	35	0.7	127	1.6	82	26	0.5	110	2.4	94	5,160	51,892
Disabled	6	0.3	55	1.0	35	15	0.8	80	1.8	76	1,844	20,191
64 or younger	2	0.2	15	0.9	25	8	0.8	42	1.9	83	957	10,343
65-74	3	0.5	30	0.6	28	4	0.7	16	2.2	91	561	6,318
75-84	1	0.4	10	2.3	64	1	0.4	10	1.5	31	267	2,916
85 and older	0	0.0	0	0.0	0	2	3.4	12	1.3	68	59	614
Other Eligibles	29	0.9	72	2.1	117	11	0.3	30	3.9	143	3,316	31,701
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	4	0.8	6	2.5	177	2	0.4	11	2.3	93	503	5,086
75-84	20	1.4	61	2.0	113	7	0.5	16	3.4	102	1,464	14,349
85 and older	5	0.4	5	2.2	94	2	0.1	3	12.3	545	1,349	12,266
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

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

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 11,064 beneficiaries who were in nursing facilities for part of their enrollment and their 104,850 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. 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 Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

Table D10D

Dual Eligible Beneficiaries

TABLE D.11

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC[a,b]
NEW JERSEY, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx	Percentage of Beneficiaries with at Least One Part D Excluded Rx	Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx	Part D Excluded Rx $ per Beneficiary	Total Part D Excluded Rx $	$ per Part D Excluded Rx	Part D Excluded Rx $ as a Percentage of All Dual Rx $	Total Number of Beneficiaries
All	77,248	55.7 %	4.7	651,350	$116	$16,130,857	$25	3.3 %	138,698
Age									
5 and younger	2	50.0	2.5	10	336	1,345	135	40.9	4
6-14	8	47.1	5.0	85	276	4,687	55	3.7	17
15-20	70	36.8	1.8	339	75	14,291	42	2.9	190
21-44	8,202	47.2	4.1	70,693	122	2,117,131	30	3.1	17,369
45-64	14,704	60.7	6.2	151,076	183	4,440,882	29	3.8	24,219
65-74	19,700	55.1	4.2	151,786	98	3,511,161	23	3.1	35,750
75-84	20,291	57.3	4.6	163,594	104	3,691,676	23	3.2	35,390
85 and older	14,271	55.4	4.4	113,767	91	2,349,684	21	3.3	25,759
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Basis of Eligibility[c]									
Aged	38,611	53.4	4.0	286,735	83	5,993,332	21	3.0	72,297
Disabled	38,554	58.4	5.5	364,279	153	10,127,176	28	3.6	66,060
Adults	79	24.5	1.0	321	26	8,291	26	3.0	323
Children	4	22.2	0.8	15	114	2,058	137	10.8	18
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	54,332	58.5	4.9	456,154	119	11,093,478	24	3.5	92,951
Male	22,916	50.1	4.3	195,196	110	5,037,379	26	3.1	45,747
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	39,789	54.9	5.0	362,705	113	8,174,439	23	3.1	72,487
African American	14,484	53.6	4.3	115,529	122	3,289,925	28	3.4	27,045
Other/unknown	22,975	58.7	4.4	173,116	119	4,666,493	27	3.8	39,166
Use of Nursing Facilities[d]									
Entire year	12,670	55.8	5.9	134,612	81	1,845,995	14	2.1	22,719
Part year	7,156	64.7	5.0	55,856	87	966,407	17	2.5	11,064
None	57,422	54.7	4.4	460,882	127	13,318,455	29	3.7	104,915
Maintenance Assistance Status									
Cash	38,809	56.4	4.5	309,070	129	8,852,792	29	3.8	68,757
Medically needy	0	0.0	0.0	0	0	0	0	0.0	1
Poverty related	16,810	55.0	4.3	132,425	132	4,026,206	30	3.5	30,557
Other/unknown	21,629	54.9	5.3	209,855	83	3,251,859	15	2.4	39,383
								Dual Eligible Beneficiaries	

Table D11

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 D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

TABLE D.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC[a,b]
NEW JERSEY, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx $ per Benefit Month	$ per Rx	Barbiturate $ per Benefit Month	Benzodiazapine $ per Benefit Month	Number of Benefit Months
All	**0.4**	**$11**	**$25**	**$0**	**$3**	**1,455,190**
Age						
5 and younger	0.3	36	135	0	0	37
6-14	0.5	30	55	4	0	158
15-20	0.2	8	42	0	1	1,852
21-44	0.4	12	30	0	5	183,405
45-64	0.6	17	29	0	6	261,649
65-74	0.4	9	23	0	3	380,369
75-84	0.4	10	23	0	2	376,870
85 and older	0.5	9	21	0	2	250,850
Unknown	0.0	0	0	0	0	0
Basis of Eligibility[c]						
Aged	0.4	8	21	0	2	733,296
Disabled	0.5	14	28	0	5	720,500
Adults	0.3	7	26	0	2	1,262
Children	0.1	16	137	0	0	132
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.5	11	24	0	3	978,398
Male	0.4	11	26	0	3	476,792
Unknown	0.0	0	0	0	0	0
Race						
White	0.5	11	23	0	4	749,249
African American	0.4	11	28	0	2	287,710
Other/unknown	0.4	11	27	0	3	418,231
Use of Nursing Facilities[d]						
Entire year	0.6	8	14	0	3	228,257
Part year	0.5	9	17	0	3	104,850
None	0.4	12	29	0	4	1,122,083
Maintenance Assistance Status						
Cash	0.4	12	29	0	3	747,949
Medically needy	0.0	0	0	0	0	4
Poverty related	0.4	12	30	0	4	326,787
Other/unknown	0.6	9	15	0	3	380,450

Dual Eligible Beneficiaries

Table D12

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 D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003.

b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

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

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

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS[a,b,c]
NEW JERSEY, 2003

Drug Category	Number of Users	Rx $ per User	Total Rx $	Rx $ as a Percentage of All Part D Excluded Rx $ %	Total Number Rx.	$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx %
All	**119,707**	**$135**	**$16,130,857**	**100.0 %**	**651,350**	**$25**	**100.0 %**
Anorexia or weight loss/gain	1	19	19	0.0	1	19	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	44	20	888	0.0	82	11	0.0
Cough and cold medications	32,921	84	2,759,551	17.1	94,411	29	14.5
Vitamins and minerals	42,238	96	4,067,546	25.2	262,503	15	40.3
Non-prescription drugs	7,532	368	2,773,300	17.2	28,241	98	4.3
Barbiturates	1,642	51	82,947	0.5	22,181	4	3.4
Benzodiazepines	30,369	162	4,916,294	30.5	226,466	22	34.8
Other Part D Excl Rx Drugs	4,960	309	1,530,312	9.5	17,465	88	2.7

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 D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table D11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

SUPPLEMENTAL TABLE 1

MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES[a, b]

NEW JERSEY, 2003

Total Number of Dual Eligible Beneficiaries 138,698
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries $482,007,421
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary $3,475

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	13,494	9.7 %	$0	0.0 %
1-500	16,696	12.0	3,748,396	0.8
501-1,000	12,615	9.1	9,384,464	1.9
1,001-1,500	10,859	7.8	13,502,825	2.8
1,501-2,000	9,807	7.1	17,144,247	3.6
2,001-2,500	9,263	6.7	20,803,651	4.3
2,501-3,000	8,342	6.0	22,904,642	4.8
3,001-3,500	7,626	5.5	24,741,912	5.1
3,501-4,000	6,610	4.8	24,773,607	5.1
4,001-4,500	5,897	4.3	25,050,028	5.2
4,501-5,000	5,208	3.8	24,721,991	5.1
5,001-5,500	4,398	3.2	23,059,926	4.8
5,501-6,000	3,845	2.8	22,081,136	4.6
6,001-6,500	3,325	2.4	20,765,206	4.3
6,501-7,000	2,883	2.1	19,451,574	4.0
7,001-7,500	2,314	1.7	16,752,510	3.5
7,501-8,000	1,991	1.4	15,416,070	3.2
8,001-8,500	1,744	1.3	14,369,407	3.0
8,501-9,000	1,479	1.1	12,941,323	2.7
9,001-9,500	1,210	0.9	11,185,812	2.3
9,501-10,000	1,009	0.7	9,834,150	2.0
10,001+	8,083	5.8	129,374,544	26.8

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

2/25/2008

Supp Table 1

SUPPLEMENTAL TABLE 1A
MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65[a, b, c]
NEW JERSEY, 2003

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	41,451
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	$185,941,792
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	$4,486

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	5,037	12.2 %	0	0.0 %
1-500	5,414	13.1	1,126,022	0.6
501-1,000	3,253	7.8	2,398,283	1.3
1,001-1,500	2,590	6.2	3,215,413	1.7
1,501-2,000	2,251	5.4	3,928,832	2.1
2,001-2,500	2,122	5.1	4,772,285	2.6
2,501-3,000	1,822	4.4	4,998,316	2.7
3,001-3,500	1,767	4.3	5,740,800	3.1
3,501-4,000	1,527	3.7	5,728,463	3.1
4,001-4,500	1,403	3.4	5,963,470	3.2
4,501-5,000	1,357	3.3	6,444,103	3.5
5,001-5,500	1,184	2.9	6,210,247	3.3
5,501-6,000	1,080	2.6	6,200,953	3.3
6,001-6,500	985	2.4	6,153,774	3.3
6,501-7,000	940	2.3	6,348,455	3.4
7,001-7,500	745	1.8	5,392,238	2.9
7,501-8,000	744	1.8	5,764,663	3.1
8,001-8,500	661	1.6	5,447,444	2.9
8,501-9,000	597	1.4	5,227,208	2.8
9,001-9,500	512	1.2	4,735,187	2.5
9,501-10,000	459	1.1	4,471,974	2.4
10,001+	5,001	12.1	85,673,662	46.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

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

2/25/2008

Supp Table 1A

SUPPLEMENTAL TABLE 1B
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER[a, b]
NEW JERSEY, 2003

Total Number of Dual Eligible Beneficiaries, Age 65+	96,899
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	$295,757,100
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	$3,052

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	8,320	8.6 %	0	0.0 %
1-500	11,175	11.5	2,604,018	0.9
501-1,000	9,326	9.6	6,960,831	2.4
1,001-1,500	8,251	8.5	10,265,178	3.5
1,501-2,000	7,545	7.8	13,195,484	4.5
2,001-2,500	7,134	7.4	16,015,958	5.4
2,501-3,000	6,514	6.7	17,889,749	6.0
3,001-3,500	5,851	6.0	18,975,731	6.4
3,501-4,000	5,081	5.2	19,037,291	6.4
4,001-4,500	4,493	4.6	19,082,062	6.5
4,501-5,000	3,850	4.0	18,273,239	6.2
5,001-5,500	3,214	3.3	16,849,679	5.7
5,501-6,000	2,764	2.9	15,874,559	5.4
6,001-6,500	2,339	2.4	14,604,964	4.9
6,501-7,000	1,943	2.0	13,103,119	4.4
7,001-7,500	1,568	1.6	11,353,245	3.8
7,501-8,000	1,246	1.3	9,643,572	3.3
8,001-8,500	1,082	1.1	8,913,605	3.0
8,501-9,000	881	0.9	7,705,151	2.6
9,001-9,500	697	0.7	6,441,235	2.2
9,501-10,000	550	0.6	5,362,176	1.8
10,001+	3,075	3.2	43,606,254	14.7

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

2/25/2008

Supp Table 1B

SUPPLEMENTAL TABLE 1C
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 [a, b]
NEW JERSEY, 2003

Total Number of Dual Eligible Beneficiaries, Age 65-74	35,750
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	$111,543,020
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	$3,120

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	3,929	11.0 %	0	0.0 %
1-500	4,183	11.7	968,832	0.9
501-1,000	3,298	9.2	2,470,791	2.2
1,001-1,500	2,836	7.9	3,527,949	3.2
1,501-2,000	2,639	7.4	4,613,388	4.1
2,001-2,500	2,452	6.9	5,505,217	4.9
2,501-3,000	2,214	6.2	6,087,977	5.5
3,001-3,500	2,044	5.7	6,636,559	5.9
3,501-4,000	1,731	4.8	6,489,178	5.8
4,001-4,500	1,520	4.3	6,449,230	5.8
4,501-5,000	1,367	3.8	6,484,759	5.8
5,001-5,500	1,145	3.2	6,006,959	5.4
5,501-6,000	1,006	2.8	5,776,127	5.2
6,001-6,500	837	2.3	5,227,087	4.7
6,501-7,000	712	2.0	4,792,802	4.3
7,001-7,500	588	1.6	4,257,720	3.8
7,501-8,000	502	1.4	3,887,122	3.5
8,001-8,500	426	1.2	3,512,081	3.1
8,501-9,000	347	1.0	3,034,564	2.7
9,001-9,500	313	0.9	2,892,098	2.6
9,501-10,000	237	0.7	2,310,513	2.1
10,001+	1,424	4.0	20,612,067	18.5

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.
b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84[a, b]
NEW JERSEY, 2003

Total Number of Dual Eligible Beneficiaries, Age 75-84	35,390
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	$113,646,794
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	$3,211

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	2,749	7.8 %	0	0.0 %
1-500	3,552	10.0	844,855	0.7
501-1,000	3,184	9.0	2,375,941	2.1
1,001-1,500	2,963	8.4	3,692,042	3.2
1,501-2,000	2,797	7.9	4,899,062	4.3
2,001-2,500	2,644	7.5	5,939,170	5.2
2,501-3,000	2,391	6.8	6,566,782	5.8
3,001-3,500	2,145	6.1	6,949,721	6.1
3,501-4,000	1,945	5.5	7,281,888	6.4
4,001-4,500	1,789	5.1	7,605,838	6.7
4,501-5,000	1,525	4.3	7,239,742	6.4
5,001-5,500	1,268	3.6	6,648,393	5.9
5,501-6,000	1,074	3.0	6,170,628	5.4
6,001-6,500	969	2.7	6,051,370	5.3
6,501-7,000	805	2.3	5,433,307	4.8
7,001-7,500	665	1.9	4,815,051	4.2
7,501-8,000	514	1.5	3,975,487	3.5
8,001-8,500	414	1.2	3,410,651	3.0
8,501-9,000	367	1.0	3,209,859	2.8
9,001-9,500	274	0.8	2,532,544	2.2
9,501-10,000	217	0.6	2,116,009	1.9
10,001+	1,139	3.2	15,888,454	14.0

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

SUPPLEMENTAL TABLE 1E
MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER[a, b]
NEW JERSEY, 2003

Total Number of Dual Eligible Beneficiaries, Age 85+	25,759
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	$70,567,286
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	$2,740

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
$0	1,642	6.4 %	0	0.0 %
1-500	3,440	13.4	790,331	1.1
501-1,000	2,844	11.0	2,114,099	3.0
1,001-1,500	2,452	9.5	3,045,187	4.3
1,501-2,000	2,109	8.2	3,683,034	5.2
2,001-2,500	2,038	7.9	4,571,571	6.5
2,501-3,000	1,909	7.4	5,234,990	7.4
3,001-3,500	1,662	6.5	5,389,451	7.6
3,501-4,000	1,405	5.5	5,266,225	7.5
4,001-4,500	1,184	4.6	5,026,994	7.1
4,501-5,000	958	3.7	4,548,738	6.4
5,001-5,500	801	3.1	4,194,327	5.9
5,501-6,000	684	2.7	3,927,804	5.6
6,001-6,500	533	2.1	3,326,507	4.7
6,501-7,000	426	1.7	2,877,010	4.1
7,001-7,500	315	1.2	2,280,474	3.2
7,501-8,000	230	0.9	1,780,963	2.5
8,001-8,500	242	0.9	1,990,873	2.8
8,501-9,000	167	0.6	1,460,728	2.1
9,001-9,500	110	0.4	1,016,593	1.4
9,501-10,000	96	0.4	935,654	1.3
10,001+	512	2.0	7,105,733	10.1

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. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2003.

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

2/25/2008

Supp Table 1E

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY[a,b]

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	148,925	74,629	73,045	1,223	28	0	1,586,497	763,703	811,266	11,254	274	0
Age												
5 and younger	5	0	4	0	1	0	49	0	47	0	2	0
6-14	21	1	16	0	4	0	211	12	151	0	48	0
15-20	238	0	217	3	18	0	2,562	0	2,337	26	199	0
21-44	20,469	0	19,772	692	5	0	223,836	0	217,572	6,239	25	0
45-64	26,760	16	26,315	429	0	0	293,798	134	289,628	4,036	0	0
65-74	38,871	19,889	18,889	93	0	0	420,113	205,761	213,462	890	0	0
75-84	36,551	30,087	6,458	6	0	0	391,855	318,699	73,093	63	0	0
85 and older	26,010	24,636	1,374	0	0	0	254,073	239,097	14,976	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	99,505	55,843	42,946	702	14	0	1,062,781	574,864	481,360	6,407	150	0
Male	49,420	18,786	30,099	521	14	0	523,716	188,839	329,906	4,847	124	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	76,273	40,258	35,418	583	14	0	797,629	398,311	393,947	5,253	118	0
African American	29,657	10,329	18,973	348	7	0	321,597	108,041	210,202	3,280	74	0
Other/unknown	42,995	24,042	18,654	292	7	0	467,271	257,351	207,117	2,721	82	0
Use of Nursing Facilities[c]												
Entire year	22,719	18,258	4,461	0	0	0	228,262	179,067	49,195	0	0	0
Part year	11,069	8,746	2,323	0	0	0	105,430	80,905	24,525	0	0	0
None	115,137	47,625	66,261	1,223	28	0	1,252,805	503,731	737,546	11,254	274	0
Maintenance Assistance Status												
Cash	76,252	31,739	44,173	337	3	0	843,697	347,702	493,076	2,883	36	0
Medically needy	1	0	1	0	0	0	4	0	4	0	0	0
Poverty related	32,288	14,169	18,047	61	11	0	350,458	150,032	199,922	397	107	0
Other/unknown	40,384	28,721	10,824	825	14	0	392,338	265,969	118,264	7,974	131	0
Dual Status[d]												
Full dual, all year	147,842	73,788	72,808	1,218	28	0	1,575,445	755,075	808,892	11,204	274	0
Full dual, part year	1,083	841	237	5	0	0	11,052	8,628	2,374	50	0	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	136,173	71,638	64,430	90	15	0	1,444,619	730,450	713,492	552	125	0
FFS part year, with Rx claims	2,044	539	1,355	147	3	0	22,249	5,736	15,073	1,406	34	0
FFS part year, no Rx claims	481	120	275	86	0	0	4,867	1,122	2,920	825	0	0
MC all year, with Rx claims	3,906	920	2,876	108	2	0	45,769	10,792	33,842	1,111	24	0
MC all year, no Rx claims	6,321	1,412	4,109	792	8	0	68,993	15,603	45,939	7,360	91	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 A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2003. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4

MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS[a]

DUAL ELIGIBLE BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	**148,925**	**1,586,497**	**138,698**	**1,455,190**	**0**	**131,307**
Fee-for-service (FFS) all year	136,173	1,444,619	136,173	1,444,619	0	0
FFS part year, with Rx claims	2,044	22,249	2,044	9,090	0	13,159
FFS part year, with no Rx claims	481	4,867	481	1,481	0	3,386
Managed care (MC) all year, with Rx claims	3,906	45,769	0	0	0	45,769
MC all year, with no Rx claims	6,321	68,993	0	0	0	68,993

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. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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