

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

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL 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	Aged	Disabled	Adults	Children	Other/ Unknown	
All	315,900	7,865	63,167	63,701	181,167	0	1,534,872	68,980	583,283	179,171	703,438	0	1,534,872	68,980	583,283	179,171	703,438	0	
Age																			
5 and younger	91,306	0	3,814	27	87,465	0	324,177	0	28,763	89	295,325	0	324,177	0	28,763	89	295,325	0	
6-14	76,183	0	8,233	39	67,911	0	359,456	0	74,336	130	284,990	0	359,456	0	74,336	130	284,990	0	
15-20	42,087	2	6,462	10,187	25,436	0	214,358	15	60,440	32,531	121,372	0	214,358	15	60,440	32,531	121,372	0	
21-44	69,001	53	19,253	49,355	340	0	317,936	434	180,870	134,959	1,673	0	317,936	434	180,870	134,959	1,673	0	
45-64	27,940	190	23,686	4,062	2	0	234,248	1,666	221,190	11,382	10	0	234,248	1,666	221,190	11,382	10	0	
65-74	4,377	2,946	1,410	21	0	0	38,904	24,427	14,421	56	0	0	38,904	24,427	14,421	56	0	0	
75-84	2,993	2,743	242	8	0	0	27,373	24,772	2,585	16	0	0	27,373	24,772	2,585	16	0	0	
85 and older	1,998	1,931	66	1	0	0	18,341	17,666	672	3	0	0	18,341	17,666	672	3	0	0	
Unknown	15	0	1	1	13	0	79	0	6	5	68	0	79	0	6	5	68	0	
Gender																			
Female	182,289	5,454	30,444	55,933	90,458	0	836,879	48,098	284,444	158,116	346,221	0	836,879	48,098	284,444	158,116	346,221	0	
Male	133,611	2,411	32,723	7,768	90,709	0	697,993	20,882	298,839	21,055	357,217	0	697,993	20,882	298,839	21,055	357,217	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Race																			
White	108,671	3,023	21,983	26,198	57,467	0	513,553	26,596	203,851	72,448	210,658	0	513,553	26,596	203,851	72,448	210,658	0	
African American	113,853	970	20,851	23,993	68,039	0	572,905	8,958	195,090	65,435	303,422	0	572,905	8,958	195,090	65,435	303,422	0	
Other/unknown	93,376	3,872	20,333	13,510	55,661	0	448,414	33,426	184,342	41,288	189,358	0	448,414	33,426	184,342	41,288	189,358	0	
Use of Nursing Facilities^c																			
Entire year	2,745	981	1,759	0	5	0	27,429	8,935	18,434	0	60	0	27,429	8,935	18,434	0	60	0	
Part year	1,822	483	1,319	10	10	0	16,230	4,089	12,008	62	71	0	16,230	4,089	12,008	62	71	0	
None	311,333	6,401	60,089	63,691	181,152	0	1,491,213	55,956	552,841	179,109	703,307	0	1,491,213	55,956	552,841	179,109	703,307	0	
Maintenance Assistance Status																			
Cash	137,417	1,979	56,902	25,777	52,759	0	754,492	18,627	530,226	66,300	139,339	0	754,492	18,627	530,226	66,300	139,339	0	
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Poverty-related	122,223	2,469	2,984	17,519	99,251	0	414,325	21,326	25,123	55,120	312,756	0	414,325	21,326	25,123	55,120	312,756	0	
Other/unknown	56,260	3,417	3,281	20,405	29,157	0	366,055	29,027	27,934	57,751	251,343	0	366,055	29,027	27,934	57,751	251,343	0	
Managed Care (MC) Status																			
Fee-for-service (FFS) all year	135,415	7,442	55,123	17,441	55,409	0	1,020,880	67,388	551,196	55,358	346,938	0	1,020,880	67,388	551,196	55,358	346,938	0	
FFS part year, with Rx claims	50,838	343	6,025	16,043	28,427	0	166,104	1,349	24,915	47,937	91,903	0	166,104	1,349	24,915	47,937	91,903	0	
FFS part year, no Rx claims	129,647	80	2,019	30,217	97,331	0	347,888	243	7,172	75,876	264,597	0	347,888	243	7,172	75,876	264,597	0	

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

- a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
- c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, 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	36.6 %	7.3	\$600	\$82	\$5,323	11.3 %	315,900
Age							
5 and younger	26.8	1.3	75	57	2,179	3.5	91,306
6-14	28.5	2.7	229	85	2,900	7.9	76,183
15-20	34.5	3.4	323	94	5,749	5.6	42,087
21-44	41.9	8.5	772	91	6,841	11.3	69,001
45-64	70.8	34.9	2,958	85	15,280	19.4	27,940
65-74	71.6	28.4	1,755	62	11,524	15.2	4,377
75-84	65.9	30.0	1,723	57	13,254	13.0	2,993
85 and older	53.6	27.5	1,393	51	15,399	9.0	1,998
Unknown	20.0	1.1	53	49	869	6.0	15
Basis of Eligibility^e							
Aged	64.3	25.5	1,457	57	11,658	12.5	7,865
Disabled	69.8	27.7	2,464	89	15,306	16.1	63,167
Adults	32.0	1.2	67	55	2,959	2.2	63,701
Children	25.5	1.5	100	66	2,399	4.2	181,167
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	37.2	7.2	557	77	4,907	11.4	182,289
Male	35.9	7.4	658	89	5,891	11.2	133,611
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	38.1	8.9	682	77	6,028	11.3	108,671
African American	37.4	6.4	579	91	5,394	10.7	113,853
Other/unknown	33.9	6.6	528	80	4,417	12.0	93,376
Use of Nursing Facilities^f							
Entire year	97.1	87.9	5,381	61	63,975	8.4	2,745
Part year	96.5	69.3	5,358	77	54,378	9.9	1,822
None	35.7	6.2	530	85	4,519	11.7	311,333
Maintenance Assistance Status							
Cash	45.2	12.2	1,071	88	7,089	15.1	137,417
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	22.4	1.5	102	69	2,116	4.8	122,223
Other/unknown	46.4	7.9	531	67	7,977	6.7	56,260

Table ND3

Nondual 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 ND.3 includes beneficiaries represented by Cell K of Table 1.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. In 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 ND.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:										Beneficiaries	Mean \$, All Medicaid FFS ^d	Benefit Months
			All Medicaid	FFS ^c	None	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Beneficiaries						
All	1.5	\$123	11.3 %	63.4 %	21.1 %	5.0 %	5.9 %	3.1 %	1.6 %	\$1,096	315,900	1,534,872					
Age																	
5 and younger	0.4	21	3.5	73.2	20.8	3.6	2.1	0.3	0.1	614	91,306	324,177					
6-14	0.6	49	7.9	71.5	20.4	3.9	3.2	0.8	0.3	615	76,183	359,456					
15-20	0.7	63	5.6	65.5	24.9	4.4	3.6	1.2	0.4	1,129	42,087	214,358					
21-44	1.8	168	11.3	58.1	22.9	6.1	7.2	3.6	2.1	1,485	69,001	317,936					
45-64	4.2	353	19.4	29.2	15.4	9.3	20.5	16.6	9.0	1,823	27,940	234,248					
65-74	3.2	198	15.2	28.4	19.9	10.8	21.9	13.6	5.4	1,297	4,377	38,904					
75-84	3.3	188	13.0	34.1	14.0	9.2	20.3	16.8	5.6	1,449	2,993	27,373					
85 and older	3.0	152	9.0	46.4	7.0	4.9	18.4	15.8	7.5	1,678	1,998	18,341					
Unknown	0.2	10	6.0	80.0	20.0	0.0	0.0	0.0	0.0	165	15	79					
Basis of Eligibility^e																	
Aged	2.9	166	12.5	35.7	16.4	9.3	20.0	13.5	5.2	1,329	7,865	68,980					
Disabled	3.0	267	16.1	30.2	24.7	9.4	17.0	11.9	6.8	1,658	63,167	583,283					
Adults	0.4	24	2.2	68.0	22.6	4.8	3.4	1.0	0.2	1,052	63,701	179,171					
Children	0.4	26	4.2	74.5	19.5	3.3	2.2	0.4	0.1	618	181,167	703,438					
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
Gender																	
Female	1.6	121	11.4	62.8	21.5	5.0	5.8	3.3	1.6	1,069	182,289	836,879					
Male	1.4	126	11.2	64.1	20.5	5.0	5.9	2.9	1.5	1,128	133,611	697,993					
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
Race																	
White	1.9	144	11.3	61.9	19.9	5.3	6.7	4.0	2.2	1,276	108,671	513,553					
African American	1.3	115	10.7	62.6	23.4	5.0	5.2	2.5	1.3	1,072	113,853	572,905					
Other/unknown	1.4	110	12.0	66.1	19.6	4.6	5.6	2.9	1.2	920	93,376	448,414					
Use of Nursing Facilities^f																	
Entire year	8.8	539	8.4	2.9	3.4	3.7	22.1	37.2	30.7	6,402	2,745	27,429					
Part year	7.8	602	9.9	3.5	5.8	6.7	25.6	33.3	25.1	6,105	1,822	16,230					
None	1.3	111	11.7	64.3	21.3	5.0	5.6	2.7	1.2	944	311,333	1,491,213					
Maintenance Assistance Status																	
Cash	2.2	195	15.1	54.8	21.3	6.6	9.2	5.4	2.8	1,291	137,417	754,492					
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0					
Poverty related	0.4	30	4.8	77.6	16.8	2.7	2.0	0.6	0.2	624	122,223	414,325					
Other/unknown	1.2	82	6.7	53.6	29.5	6.0	6.2	3.1	1.6	1,226	56,260	366,055					

Table ND4

Nondual 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 ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	1.5	\$123	\$82	0.8	\$102	\$133	0.1	\$4	\$68	0.7	\$18	\$26
Age												
5 and younger	0.4	21	57	0.1	16	119	0.0	0	50	0.2	4	20
6-14	0.6	49	85	0.3	41	131	0.0	1	72	0.2	6	27
15-20	0.7	63	94	0.4	53	145	0.0	2	63	0.3	9	31
21-44	1.8	168	91	0.9	141	149	0.1	6	70	0.8	21	25
45-64	4.2	353	85	2.1	290	136	0.2	12	74	1.9	50	27
65-74	3.2	198	62	1.7	155	91	0.1	7	63	1.4	35	26
75-84	3.3	188	57	1.7	146	88	0.1	5	37	1.5	37	25
85 and older	3.0	152	51	1.4	112	81	0.1	3	31	1.5	36	24
Unknown	0.2	10	49	0.1	7	98	0.0	0	0	0.1	3	20
Basis of Eligibility^d												
Aged	2.9	166	57	1.5	129	86	0.1	4	44	1.3	32	25
Disabled	3.0	267	89	1.5	222	144	0.1	9	72	1.3	36	27
Adults	0.4	24	55	0.2	18	97	0.0	1	54	0.2	5	20
Children	0.4	26	66	0.2	21	107	0.0	1	54	0.2	4	23
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.6	121	77	0.8	99	125	0.1	4	65	0.7	18	26
Male	1.4	126	89	0.7	105	145	0.0	4	73	0.6	17	27
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.9	144	77	0.9	117	124	0.1	5	66	0.9	22	26
African American	1.3	115	91	0.6	97	150	0.0	3	72	0.6	15	26
Other/unknown	1.4	110	80	0.7	90	128	0.1	4	68	0.6	16	26
Use of Nursing Facilities^e												
Entire year	8.8	539	61	3.8	410	109	0.3	11	40	4.7	115	24
Part year	7.8	602	77	3.6	488	137	0.3	11	44	4.0	101	26
None	1.3	111	85	0.7	92	136	0.0	4	73	0.6	15	26
Maintenance Assistance Status												
Cash	2.2	195	88	1.1	162	142	0.1	7	75	1.0	26	27
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.4	30	69	0.2	24	114	0.0	1	57	0.2	5	25
Other/unknown	1.2	82	67	0.6	66	107	0.0	2	42	0.5	13	24

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 ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Jersey, 1.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Beneficiaries	As a Percentage of All Beneficiaries	Number of Benefit Months			
															Total	Patented Brand-Name	Off-Patent Brand-Name
Anti-infective Agents	0.4	0.3	0.0	0.2	\$73	\$68	\$0	\$4	\$167	\$249	\$78	\$28	204,695	\$34,151,331	57,876	18.3%	466,141
Biologicals	0.2	0.1	0.0	0.0	107	86	1	20	608	580	3,548	745	4,437	2,699,221	2,592	0.8	25,330
Antineoplastic Agents	0.5	0.2	0.0	0.3	163	116	5	43	332	721	322	135	10,187	3,386,172	2,172	0.7	20,717
Endocrine/Metabolic Drugs	0.7	0.4	0.1	0.3	45	37	1	7	63	96	23	25	157,973	9,943,891	26,261	8.3	222,292
Cardiovascular Agents	1.4	0.6	0.0	0.7	61	43	2	15	45	68	91	22	317,866	14,269,423	24,860	7.9	235,348
Respiratory Agents	0.6	0.3	0.0	0.3	35	27	1	8	55	80	47	28	262,385	14,543,230	51,811	16.4	412,308
Gastrointestinal Agents	0.7	0.4	0.0	0.3	62	49	1	11	88	127	128	37	139,589	12,313,790	21,178	6.7	200,198
Genitourinary Agents	0.4	0.3	0.0	0.1	21	19	0	2	55	65	37	24	25,582	1,403,754	8,348	2.6	67,448
CNS Drugs	1.3	0.8	0.0	0.5	128	109	6	13	96	143	126	25	403,719	38,655,638	32,598	10.3	301,187
Stimulants/Anti-obesity/Anorexia	0.6	0.4	0.0	0.2	47	38	2	8	74	88	63	42	40,214	2,978,002	6,790	2.1	63,006
Miscellaneous Psychological/Neurological Agents	0.5	0.3	0.0	0.1	70	59	0	11	153	169	47	101	9,713	1,488,005	2,131	0.7	21,237
Analgesics and Anesthetics	0.6	0.2	0.0	0.3	49	39	2	7	78	157	93	20	202,998	15,899,013	37,655	11.9	325,692
Neuromuscular Agents	1.2	0.6	0.1	0.5	73	58	3	12	63	94	55	25	210,003	13,241,219	18,629	5.9	181,093
Nutritional Products	0.4	0.1	0.0	0.3	6	1	0	4	15	20	16	14	94,216	1,409,865	33,341	10.6	245,399
Hematological Agents	0.7	0.3	0.1	0.3	155	149	1	5	235	536	23	16	55,082	12,945,650	9,297	2.9	83,277
Topical Products	0.4	0.2	0.0	0.2	21	15	1	5	51	73	55	27	145,558	7,365,019	41,771	13.2	352,025
Miscellaneous Products	0.3	0.2	0.0	0.1	85	70	7	8	247	306	267	93	8,318	2,058,066	2,634	0.8	24,336
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	65	0	0	0	10,320	667,393	5,921	1.9	49,594
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.	2,302,855	189,418,682	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 ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Jersey, 1.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

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

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit Month
ANTIVIRAL	\$22,383,291	8,583	2.7 %	85,068	0.6	\$463
ANTIPSYCHOTICS	21,065,372	16,193	5.1	169,002	0.8	165
ANTICONVULSANT	9,602,993	14,351	4.5	144,899	0.9	71
ANTIASTHMATIC	8,019,734	36,004	11.4	320,509	0.4	69
ANALGESICS - Narcotic	7,704,676	25,370	8.0	240,091	0.3	92
ULCER DRUGS	7,395,291	17,918	5.7	177,081	0.4	97
ANTIDEPRESSANTS	7,331,864	20,574	6.5	199,030	0.6	66
MISC. HEMATOLOGICAL	5,482,514	2,461	0.8	25,088	0.5	478
ANTIIDIABETIC	4,879,782	12,456	3.9	121,975	0.6	69
DERMATOLOGICAL	4,701,871	43,409	13.7	396,877	0.2	56
Total	98,567,388	197,319		1,879,620	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 ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIVIRAL					ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	863,252	\$98,567,388	8,583	2.7 %	85,068	\$263	16,193	5.1 %	169,002	0.8	\$125				
Female	480,107	49,964,562	4,419	2.4	43,240	0.5	7,919	4.3	82,364	0.7	115				
Disabled	393,960	43,062,992	3,600	11.8	37,984	0.6	6,528	21.4	70,388	0.7	119				
5 and younger	3,881	317,230	23	1.4	248	0.6	6	0.4	42	0.5	53				
6-14	11,843	1,395,952	143	5.4	1,459	0.7	179	6.8	1,973	0.6	98				
15-20	12,297	1,259,053	66	2.8	708	0.3	315	13.4	3,361	0.6	100				
21-44	131,925	15,724,540	1,761	19.2	18,381	0.5	2,802	30.5	30,058	0.7	119				
45-64	222,181	23,385,687	1,589	11.8	16,981	0.6	3,105	23.0	33,584	0.7	122				
65-74	10,555	882,148	17	1.8	195	0.2	106	11.5	1,198	0.7	119				
75-84	1,219	94,765	1	0.7	12	0.4	13	9.2	153	0.7	100				
85 and older	59	3,617	0	0.0	0	0.0	2	4.8	19	0.3	13				
Other Eligibles	86,141	6,900,979	819	0.5	5,256	0.5	1,391	0.9	11,976	0.7	94				
5 and younger	11,950	676,648	82	0.2	647	0.5	22	0.1	237	0.5	61				
6-14	16,397	1,518,009	157	0.5	1,491	0.6	387	1.1	4,071	0.7	109				
15-20	17,081	1,468,954	146	0.6	1,216	0.4	489	2.2	4,590	0.8	102				
21-44	16,014	1,305,775	357	0.8	1,361	0.6	250	0.6	1,103	0.5	69				
45-64	4,059	340,415	42	1.5	189	0.5	54	1.9	383	0.4	57				
65-74	8,712	679,291	14	0.7	127	0.2	68	3.4	634	0.5	71				
75-84	8,514	645,449	16	0.9	177	0.1	65	3.6	512	0.5	61				
85 and older	3,414	266,438	5	0.3	48	0.2	56	3.8	446	0.5	60				
Male	383,145	48,602,826	4,164	3.1	41,828	0.6	8,274	6.2	86,638	0.8	134				
Disabled	309,452	41,576,417	3,758	11.5	38,431	0.6	6,465	19.8	68,512	0.8	137				
5 and younger	5,325	446,197	22	1.0	179	0.4	22	1.0	211	0.4	74				
6-14	21,785	3,515,987	122	2.2	1,333	0.7	628	11.2	6,779	0.6	102				
15-20	17,300	4,101,823	93	2.3	1,077	0.4	597	14.5	6,388	0.6	102				
21-44	129,831	15,280,417	1,499	14.9	14,836	0.6	3,240	32.2	34,205	0.9	142				
45-64	129,558	17,759,320	2,005	19.7	20,802	0.6	1,938	19.0	20,483	0.9	154				
65-74	4,779	396,601	16	3.3	192	0.4	33	6.7	367	0.7	100				
75-84	798	70,527	1	1.0	12	0.7	6	6.0	70	0.5	45				
85 and older	76	5,545	0	0.0	0	0.0	1	4.2	9	0.2	18				
Other Eligibles	73,691	7,026,354	406	0.4	3,397	0.6	1,809	1.8	18,126	0.7	120				
5 and younger	14,256	898,302	72	0.2	438	0.5	45	0.1	480	0.4	63				
6-14	27,727	3,250,654	191	0.6	1,928	0.7	956	2.8	10,026	0.8	126				
15-20	17,938	1,836,791	62	0.5	615	0.5	695	5.3	6,886	0.7	122				
21-44	2,239	191,974	47	0.8	143	0.6	44	0.8	186	0.6	102				
45-64	900	75,372	9	0.6	22	0.8	8	0.6	24	0.6	62				
65-74	4,725	369,438	14	1.4	136	0.1	21	2.1	176	0.3	44				
75-84	4,445	299,776	7	0.7	71	0.2	19	2.0	142	0.5	49				
85 and older	1,461	104,047	4	0.9	44	0.1	21	4.5	206	0.5	67				
Unknown	8	646	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 ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispain.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 ND.7B

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANALGESICS - Narcotic				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	14,351	4.5 %	144,899	0.9	\$66	36,004	11.4 %	320,509	0.4	\$25	25,370	8.0 %	240,091	0.3	\$32
Female															
Disabled	7,715	4.2	76,843	0.8	63	20,404	11.2	182,303	0.4	25	16,661	9.1	153,738	0.3	29
5 and younger	6,327	20.8	66,941	0.8	64	11,720	38.5	126,790	0.4	28	11,847	38.9	127,605	0.3	32
6-14	70	4.3	759	0.7	72	576	35.2	5,951	0.3	28	37	2.3	394	0.1	2
15-20	371	14.0	4,025	0.8	99	877	33.1	9,618	0.3	26	138	5.2	1,491	0.2	5
21-44	412	17.6	4,502	0.8	93	555	23.7	6,065	0.3	23	296	12.6	3,289	0.2	13
45-64	2,522	27.4	26,402	1.0	72	3,178	34.6	34,101	0.4	24	3,929	42.7	42,015	0.3	38
65-74	2,854	21.1	30,176	0.7	49	6,216	46.0	67,503	0.4	30	7,127	52.7	76,921	0.4	31
75-84	91	9.9	996	0.6	39	283	30.8	3,148	0.5	35	280	30.4	3,056	0.3	15
85 and older	7	4.9	81	0.6	25	34	23.9	402	0.4	26	36	25.4	406	0.3	14
85 and older	0	0.0	0	0.0	0	1	2.4	2	2.5	223	4	9.5	33	0.5	6
Other Eligibles	1,388	0.9	9,902	0.7	56	8,682	5.7	55,495	0.3	20	4,814	3.2	26,133	0.3	12
5 and younger	49	0.1	397	0.4	50	2,821	6.5	18,470	0.3	20	74	0.2	582	0.2	3
6-14	283	0.8	2,668	0.7	59	2,073	6.1	14,878	0.3	18	220	0.7	1,826	0.1	2
15-20	396	1.8	3,412	0.8	70	1,194	5.3	8,793	0.3	15	770	3.4	4,822	0.2	3
21-44	392	0.9	1,370	0.6	48	1,785	4.1	6,607	0.4	24	2,783	6.3	10,534	0.4	19
45-64	100	3.5	478	0.6	38	261	9.2	1,216	0.4	25	337	11.9	1,997	0.3	14
65-74	73	3.7	714	0.4	27	226	11.5	2,264	0.3	25	265	13.4	2,765	0.2	8
75-84	60	3.3	572	0.7	43	232	12.9	2,466	0.4	32	277	15.4	2,800	0.2	12
85 and older	35	2.4	291	0.8	41	90	6.1	801	0.4	34	88	6.0	807	0.4	23
Male															
Disabled	6,636	5.0	68,056	1.1	70	15,600	11.7	138,206	0.4	25	8,709	6.5	86,353	0.4	38
5 and younger	5,386	16.5	56,918	1.1	72	7,703	23.5	82,186	0.4	27	7,159	21.9	75,979	0.4	42
6-14	109	5.0	1,013	0.6	93	944	43.4	9,030	0.3	28	48	2.2	480	0.1	1
15-20	643	11.5	6,918	0.7	82	1,938	34.7	21,046	0.3	24	202	3.6	2,255	0.1	3
21-44	509	12.4	5,447	0.8	77	771	18.7	8,521	0.3	20	343	8.3	3,789	0.2	7
45-64	2,436	24.2	25,939	1.5	81	1,519	15.1	16,488	0.4	25	2,598	25.8	27,611	0.4	38
65-74	1,650	16.2	17,188	0.9	52	2,374	23.3	25,340	0.5	32	3,820	37.5	40,201	0.4	52
75-84	35	7.1	365	0.8	34	126	25.7	1,394	0.5	27	118	24.1	1,288	0.3	14
85 and older	4	4.0	48	0.5	26	27	27.0	321	0.3	26	28	28.0	331	0.3	17
85 and older	0	0.0	0	0.0	0	4	16.7	46	0.4	9	2	8.3	24	0.1	2
Other Eligibles	1,250	1.2	11,138	0.8	61	7,897	7.8	56,020	0.3	22	1,550	1.5	10,374	0.2	10
5 and younger	65	0.1	503	0.5	55	3,679	8.4	24,244	0.3	23	123	0.3	948	0.2	6
6-14	580	1.7	5,576	0.8	60	2,842	8.3	21,168	0.3	21	235	0.7	1,941	0.1	2
15-20	409	3.1	3,905	0.8	69	875	6.7	7,036	0.3	17	339	2.6	2,808	0.2	4
21-44	82	1.4	258	0.6	45	157	2.7	544	0.5	31	436	7.6	1,298	0.6	38
45-64	29	2.0	65	0.7	67	67	4.7	191	0.5	35	112	7.9	326	0.6	20
65-74	39	3.9	367	0.6	34	119	12.0	1,231	0.4	34	145	14.6	1,431	0.2	9
75-84	32	3.3	312	1.2	39	116	12.1	1,227	0.5	29	113	11.8	1,168	0.2	9
85 and older	14	3.0	152	0.9	19	42	9.0	379	0.4	31	47	10.1	454	0.3	19
Unknown	0	0.0	0	0.0	0	2	13.3	18	0.1	16	0	0.0	0	0.0	0

Table ND7B

Nondual 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 ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7C

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ULCER DRUGS				ANTIDEPRESSANTS				MISC. HEMATOLOGICAL				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	
All	17,918	5.7 %	177,081	0.4	20,574	6.5 %	199,030	0.6	2,461	0.8 %	25,088	0.5	\$219
Female	11,740	6.4	116,190	0.4	13,209	7.2	125,310	0.5	1,421	0.8	14,744	0.4	52
Disabled	8,848	29.1	95,320	0.4	9,811	32.2	103,966	0.6	1,113	3.7	11,842	0.4	53
5 and younger	140	8.5	1,403	0.4	5	0.3	42	0.3	0	0.0	0	0.0	0
6-14	166	6.3	1,807	0.4	118	4.5	1,296	0.5	2	0.1	24	0.8	31
15-20	190	8.1	2,039	0.3	293	12.5	3,090	0.5	2	0.1	22	0.3	22
21-44	2,324	25.3	24,967	0.4	3,646	39.7	38,105	0.6	101	1.1	1,105	0.4	100
45-64	5,643	41.8	60,904	0.4	5,536	41.0	59,070	0.6	918	6.8	9,729	0.4	47
65-74	345	37.5	3,750	0.4	198	21.5	2,196	0.5	78	8.5	831	0.5	53
75-84	37	26.1	431	0.5	15	10.6	167	0.6	9	6.3	105	0.7	73
85 and older	3	7.1	19	0.3	0	0.0	0	0.0	3	7.1	26	0.6	66
Other Eligibles	2,892	1.9	20,870	0.4	3,398	2.2	21,344	0.5	308	0.2	2,902	0.5	49
5 and younger	281	0.6	1,871	0.3	12	0.0	126	0.2	0	0.0	0	0.0	0
6-14	174	0.5	1,339	0.3	423	1.3	4,035	0.5	0	0.0	0	0.0	0
15-20	315	1.4	2,347	0.2	835	3.7	6,883	0.5	0	0.0	0	0.0	0
21-44	799	1.8	3,123	0.4	1,428	3.2	5,023	0.5	28	0.1	121	0.4	38
45-64	253	8.9	1,433	0.4	310	10.9	1,422	0.5	36	1.3	230	0.4	45
65-74	522	26.5	5,430	0.3	176	8.9	1,806	0.4	92	4.7	1,003	0.4	45
75-84	388	21.6	3,981	0.4	142	7.9	1,427	0.6	102	5.7	1,091	0.5	50
85 and older	160	10.9	1,546	0.5	72	4.9	622	0.6	50	3.4	457	0.6	62
Male	6,178	4.6	60,891	0.5	7,365	5.5	73,720	0.6	1,040	0.8	10,344	0.5	456
Disabled	4,884	14.9	51,063	0.5	5,620	17.2	58,816	0.6	822	2.5	8,471	0.5	509
5 and younger	154	7.1	1,418	0.4	11	0.5	107	0.2	0	0.0	0	0.0	0
6-14	222	4.0	2,431	0.3	269	4.8	2,815	0.5	11	0.2	121	0.4	8,865
15-20	207	5.0	2,250	0.4	431	10.5	4,471	0.5	13	0.3	134	0.5	16,985
21-44	1,500	14.9	15,735	0.6	2,418	24.0	25,125	0.6	83	0.8	858	0.4	509
45-64	2,614	25.7	27,175	0.5	2,419	23.8	25,487	0.6	638	6.3	6,510	0.5	74
65-74	154	31.4	1,668	0.4	57	11.6	635	0.5	67	13.7	728	0.5	50
75-84	30	30.0	350	0.5	14	14.0	164	0.5	9	9.0	108	0.5	66
85 and older	3	12.5	36	0.4	1	4.2	12	1.1	1	4.2	12	0.1	10
Other Eligibles	1,294	1.3	9,828	0.4	1,745	1.7	14,904	0.6	218	0.2	1,873	0.5	214
5 and younger	321	0.7	2,048	0.3	27	0.1	263	0.3	2	0.0	3	0.7	2,514
6-14	158	0.5	1,208	0.3	674	2.0	6,474	0.6	6	0.0	45	0.5	6,249
15-20	163	1.2	1,399	0.4	650	4.9	5,997	0.7	2	0.0	9	0.4	2,025
21-44	123	2.1	429	0.4	184	3.2	565	0.5	13	0.2	47	0.3	31
45-64	82	5.8	280	0.4	59	4.2	185	0.5	16	1.1	39	0.6	59
65-74	216	21.7	2,158	0.4	73	7.3	667	0.4	27	6.5	625	0.5	60
75-84	165	17.3	1,684	0.5	59	6.2	595	0.5	87	9.1	845	0.5	49
85 and older	66	14.2	622	0.5	19	4.1	158	0.5	27	5.8	260	0.5	42
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

Table ND7C

Nondual 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 ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ANTIDIABETIC				DERMATOLOGICAL					
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Number of Beneficiaries	Number of Benefit Months
All	12,456	3.9 %	121,975	0.6	43,409	13.7 %	396,877	0.2	315,900	1,534,872
Female	8,212	4.5	80,647	0.6	25,204	13.8	229,605	0.2	182,282	836,844
Disabled	6,361	20.9	67,547	0.6	13,336	43.8	147,890	0.2	30,444	284,444
5 and younger	4	0.2	42	0.2	379	23.1	3,927	0.2	7	12,713
6-14	26	1.0	279	0.6	834	31.5	9,200	0.2	7	2,650
15-20	53	2.3	557	0.6	651	27.8	7,216	0.2	8	2,345
21-44	905	9.8	9,486	0.6	3,905	42.5	43,361	0.2	13	86,300
45-64	4,911	36.3	52,214	0.6	7,134	52.8	79,336	0.2	14	13,512
65-74	424	46.1	4,526	0.6	386	42.0	4,313	0.2	13	9,468
75-84	38	26.8	443	0.7	45	31.7	518	0.2	11	1,536
85 and older	0	0.0	0	0.0	2	4.8	19	0.3	3	406
Other Eligibles	1,851	1.2	13,100	0.6	11,865	7.8	81,688	0.2	10	151,838
5 and younger	10	0.0	36	0.9	4,395	10.1	26,095	0.2	7	43,461
6-14	63	0.2	459	0.5	2,613	7.7	20,210	0.2	8	33,835
15-20	73	0.3	500	0.5	1,881	8.4	15,034	0.2	10	22,472
21-44	535	1.2	1,873	0.6	1,572	3.6	6,721	0.3	17	44,003
45-64	260	9.2	1,130	0.6	249	8.8	1,452	0.3	14	2,834
65-74	481	24.4	4,763	0.6	549	27.8	5,903	0.2	12	1,972
75-84	363	20.2	3,757	0.6	431	24.0	4,596	0.2	14	1,795
85 and older	66	4.5	582	0.7	175	11.9	1,677	0.2	14	1,466
Male	4,244	3.2	41,328	0.6	18,205	13.6	167,272	0.2	12	133,603
Disabled	3,408	10.4	35,448	0.6	9,470	28.9	103,830	0.2	14	32,722
5 and younger	6	0.3	70	0.5	512	23.5	5,190	0.2	6	2,176
6-14	44	0.8	418	0.5	1,489	26.7	16,434	0.1	11	5,583
15-20	68	1.7	695	0.6	1,020	24.8	11,366	0.2	10	4,117
21-44	660	6.6	6,877	0.6	2,807	27.9	30,937	0.2	14	10,058
45-64	2,439	24.0	25,324	0.6	3,403	33.4	37,211	0.3	17	10,174
65-74	171	34.9	1,826	0.6	202	41.2	2,259	0.2	20	4,953
75-84	18	18.0	214	0.6	35	35.0	409	0.2	15	1,049
85 and older	2	8.3	24	1.0	2	8.3	24	0.1	5	266
Other Eligibles	836	0.8	5,880	0.6	8,733	8.7	63,434	0.2	9	100,881
5 and younger	13	0.0	67	0.5	4,156	9.4	24,910	0.2	8	44,031
6-14	50	0.1	297	0.6	2,376	7.0	19,118	0.2	8	34,115
15-20	61	0.5	414	0.7	1,389	10.6	12,508	0.2	9	13,153
21-44	121	2.1	303	0.6	144	2.5	473	0.4	21	5,745
45-64	138	9.7	345	0.6	65	4.6	195	0.5	26	1,420
65-74	262	26.3	2,515	0.6	286	28.7	2,949	0.2	16	995
75-84	157	16.4	1,584	0.6	220	23.0	2,327	0.2	13	956
85 and older	34	7.3	355	0.5	97	20.8	954	0.3	12	466
Unknown	0	0.0	0	0.0	5	33.3	35	0.2	15	79

Table ND7D

Nondual 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 ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL 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	\$539	8.8	2,745	27,429
Age				
0-64	646	9.9	1,547	16,126
65-74	491	8.2	290	2,959
75-84	385	7.0	396	3,752
85 and older	315	6.6	512	4,592
Unknown	0	0.0	0	0
Gender				
Female	515	8.7	1,527	15,258
Male	568	8.9	1,218	12,171
Unknown	0	0.0	0	0
Race				
White	506	8.8	1,582	15,397
African American	614	8.9	690	7,148
Other/unknown	532	8.6	473	4,884
Basis of Eligibility^c				
Aged	366	7.1	981	8,935
Disabled	623	9.6	1,759	18,434
Adults	0	0.0	0	0
Children	249	4.3	5	60
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 ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 1,822 beneficiaries who were in nursing facilities for part of their enrollment and their 16,230 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e} NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users						
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months		
Anti-infective Agents	0.6	0.4	0.0	0.2	\$87	\$80	\$1	\$7	\$138	\$93	\$33	11,487	\$1,583,487	1,728	63.0 %	18,111
Biologicals	0.1	0.1	0.0	0.0	14	13	0	1	122	189	0	393	48,028	313	11.4	3,376
Antineoplastic Agents	0.7	0.1	0.0	0.5	121	57	1	63	181	503	115	1,891	343,191	296	10.8	2,848
Endocrine/Metabolic Drugs	1.3	0.6	0.1	0.6	60	46	2	12	45	76	14	15,160	677,322	1,106	40.3	11,321
Cardiovascular Agents	2.2	0.7	0.0	1.5	74	40	1	32	33	57	55	38,369	1,280,944	1,739	63.4	17,378
Respiratory Agents	1.2	0.4	0.0	0.7	49	28	2	20	43	66	49	14,716	631,345	1,198	43.6	12,760
Gastrointestinal Agents	1.4	0.7	0.0	0.7	88	65	1	23	63	100	55	23,707	1,485,646	1,655	60.3	16,838
Genitourinary Agents	0.7	0.4	0.0	0.3	37	29	0	8	54	71	22	4,482	240,326	620	22.6	6,445
CNS Drugs	2.2	1.1	0.0	1.0	164	139	4	21	76	122	88	43,023	3,263,219	1,942	70.7	19,845
Stimulants/Anti-obesity/Anorexia	1.1	0.3	0.0	0.7	44	30	4	10	40	99	76	540	21,643	47	1.7	492
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	103	101	0	1	133	134	0	2,686	357,310	350	12.8	3,480
Analgesics and Anesthetics	1.4	0.7	0.0	0.7	79	69	1	9	56	105	46	17,144	987,023	1,212	44.2	12,200
Neuromuscular Agents	2.0	0.7	0.0	1.2	118	76	3	39	60	102	60	28,500	1,706,699	1,336	48.7	14,437
Nutritional Products	0.9	0.1	0.0	0.8	12	2	1	10	14	24	11	9,509	135,326	1,071	39.0	10,984
Hematological Agents	1.3	0.6	0.2	0.6	134	127	3	5	102	226	16	13,363	1,366,457	1,019	37.1	10,176
Topical Products	0.8	0.4	0.0	0.4	28	19	2	7	36	54	47	14,546	530,202	1,784	65.0	18,807
Miscellaneous Products	0.5	0.1	0.0	0.4	36	8	1	27	80	146	214	799	63,885	162	5.9	1,775
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	30	0	0	0	68	0	0	995	67,415	206	7.5	2,233
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.	241,310	14,769,468	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 ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,822 beneficiaries who were in nursing facilities for part of their enrollment and their 16,230 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).

Table ND9

Nondual Beneficiaries

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 ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Top 10 Drug Groups in Nursing Facilities	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
ANTIPSYCHOTICS	\$63,056	38	1.4 %	234	1.6	\$173	\$269	
ANTICONVULSANT	35,925	36	1.3	187	2.9	66	192	
ULCER DRUGS	24,030	49	1.8	187	1.4	89	129	
ANTIVIRAL	21,248	7	0.3	12	5.7	312	1,771	
ANTIDEPRESSANTS	15,589	29	1.1	141	1.9	57	111	
HEMATOPOIETIC AGENTS	22,807	19	0.7	64	2.0	174	356	
ANALGESICS - Narcotic	22,525	32	1.2	120	2.4	78	188	
ANTIASTHMATIC	7,698	22	0.8	55	2.7	52	140	
ANTIDIABETIC	5,952	18	0.7	57	2.0	52	104	
ANTICOAGULANTS	9,491	14	0.5	50	2.1	92	190	
Total	228,321	264		1,107	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 ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,822 beneficiaries who were in nursing facilities for part of their enrollment and their 16,230 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.medspan.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.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT				
	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	2,308	\$228,321	38	1.4 %	234	1.6	\$270	36	1.3 %	187	2.9	\$192			
Female	1,116	122,919	17	1.1	104	1.5	294	18	1.2	103	2.6	194			
Disabled	826	104,741	14	1.7	87	1.6	331	15	1.8	90	2.6	198			
64 or younger	758	87,352	13	1.9	78	1.5	319	14	2.0	80	2.9	220			
65-74	68	17,389	1	0.9	9	2.7	434	1	0.9	10	0.6	24			
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	290	18,178	3	0.4	17	0.9	107	3	0.4	13	2.8	166			
64 or younger	3	81	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	41	2,194	1	1.4	2	0.5	73	1	1.4	2	2.0	60			
75-84	39	2,470	0	0.0	0	0.0	0	1	0.4	10	1.1	144			
85 and older	207	13,433	2	0.5	15	0.8	82	1	0.3	1	21.0	596			
Male	1,192	105,402	21	1.7	130	1.6	250	18	1.5	84	3.3	190			
Disabled	1,092	95,435	18	1.9	111	1.7	257	17	1.8	83	3.3	189			
64 or younger	1,054	92,604	16	1.9	100	1.9	279	17	2.0	83	3.3	188			
65-74	7	657	1	1.6	1	1.0	166	0	0.0	0	0.0	0			
75-84	30	2,029	1	5.0	10	0.4	38	0	0.0	0	0.0	0			
85 and older	1	145	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
Other Eligibles	100	9,967	3	1.0	19	1.0	206	1	0.3	1	4.0	307			
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			
65-74	21	2,438	0	0.0	0	0.0	0	1	2.2	1	4.0	307			
75-84	34	2,158	1	0.9	1	5.0	681	0	0.0	0	0.0	0			
85 and older	45	5,371	2	1.6	18	0.7	169	0	0.0	0	0.0	0			
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0			

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

- a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,822 beneficiaries who were in nursing facilities for part of their enrollment and their 16,230 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.medispain.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 ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ULCER DRUGS					ANTIVIRAL					ANTIDEPRESSANTS				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx	Number of Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx	Number of Months Among Users	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Mean Rx	Number of Months Among Users	Mean Rx \$
All	49	1.8 %	1.4	187	\$129	7	0.3 %	5.7	\$1,771	29	1.1 %	5.7	141	\$111	
Female	17	1.1	1.4	76	130	5	0.3	7.8	1,859	17	1.1	7.8	62	118	
Disabled	11	1.3	1.3	50	124	5	0.6	7.8	1,859	15	1.8	7.8	51	114	
64 or younger	10	1.4	1.3	41	117	5	0.7	7.8	1,859	14	2.0	7.8	42	134	
65-74	1	0.9	1.4	9	155	0	0.0	0.0	0	1	0.9	0.0	9	21	
75-84	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
Other Eligibles	6	0.9	1.6	26	142	0	0.0	0.0	0	2	0.3	0.0	11	135	
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
65-74	1	1.4	0.5	2	26	0	0.0	0.0	0	0	0.0	0.0	0	0	
75-84	1	0.4	2.0	1	28	0	0.0	0.0	0	1	0.4	0.0	10	40	
85 and older	4	1.1	1.6	23	153	0	0.0	0.0	0	1	0.3	0.0	1	1,018	
Male	32	2.6	1.5	111	128	2	0.2	4.1	1,708	12	1.0	4.1	79	105	
Disabled	28	3.0	1.4	99	119	2	0.2	4.1	1,708	10	1.1	4.1	77	100	
64 or younger	26	3.1	1.6	79	138	2	0.2	4.1	1,708	9	1.1	4.1	67	112	
65-74	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
75-84	2	10.0	0.5	20	36	0	0.0	0.0	0	1	5.0	0.0	10	14	
85 and older	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
Other Eligibles	4	1.4	1.8	12	201	0	0.0	0.0	0	2	0.7	0.0	2	287	
64 or younger	0	0.0	0.0	0	0	0	0.0	0.0	0	0	0.0	0.0	0	0	
65-74	1	2.2	1.6	5	278	0	0.0	0.0	0	0	0.0	0.0	0	0	
75-84	1	0.9	1.8	5	164	0	0.0	0.0	0	0	0.0	0.0	0	0	
85 and older	2	1.6	2.0	2	104	0	0.0	0.0	0	2	1.6	0.0	2	178	
Unknown	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 ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,822 beneficiaries who were in nursing facilities for part of their enrollment and their 16,230 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=09e0ffed-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 ND10B

Nondual Beneficiaries

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	HEMATOPOIETIC AGENTS					ANALGESICS - Narcotic					ANTI-ASTHMATIC				
	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	19	0.7 %	64	2.0	\$356	32	1.2 %	120	2.4	\$188	22	0.8 %	55	2.7	\$140
Female	5	0.3	17	2.5	876	18	1.2	81	2.0	202	13	0.9	31	3.2	170
Disabled	4	0.5	12	3.1	1,239	13	1.6	53	1.8	223	6	0.7	8	6.1	355
64 or younger	3	0.4	3	7.7	1,109	12	1.7	52	1.7	226	6	0.9	8	6.1	355
65-74	1	0.9	9	1.6	1,283	1	0.9	1	3.0	114	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1	0.1	5	1.2	3	5	0.7	28	2.4	162	7	1.0	23	2.2	106
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	1	0.4	1	1.0	17	0	0.0	0	0.0	0
85 and older	1	0.3	5	1.0	2	4	1.1	27	2.1	158	7	1.9	23	1.9	82
Male	14	1.1	47	1.9	169	14	1.1	39	3.3	158	9	0.7	24	2.0	101
Disabled	10	1.1	33	2.2	194	11	1.2	36	3.3	159	8	0.9	22	1.9	103
64 or younger	10	1.2	33	2.1	186	10	1.2	35	3.3	161	8	0.9	22	1.9	103
65-74	0	0.0	0	0.0	0	1	1.6	1	2.0	81	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4	1.4	14	1.1	110	3	1.0	3	4.0	141	1	0.3	2	3.0	80
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	4.4	4	0.8	4	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	0.9	2	2.5	67
85 and older	2	1.6	10	1.1	151	3	2.3	3	2.0	51	0	0.0	0	0.0	0
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

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

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,822 beneficiaries who were in nursing facilities for part of their enrollment and their 16,230 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	ANTIDIABETIC				ANTICOAGULANTS				Benefit Months Among All-Nursing Facility Residents			
	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
All	18	0.7 %	57	2.0	\$104	14	0.5 %	50	2.1	\$190	2,745	27,429
Female	10	0.7	31	2.3	103	7	0.5	31	1.7	198	1,527	15,258
Disabled	6	0.7	9	2.9	131	7	0.8	31	1.6	197	828	8,891
64 or younger	6	0.9	9	2.8	130	7	1.0	31	1.6	197	693	7,411
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	114	1,256
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	17	189
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	35
Other Eligibles	4	0.6	22	2.0	92	0	0.0	0	0.0	0	699	6,367
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
65-74	1	1.4	10	1.9	99	0	0.0	0	0.0	0	70	642
75-84	1	0.4	1	6.0	117	0	0.0	0	0.0	0	250	2,317
85 and older	2	0.5	11	1.7	83	0	0.0	0	0.0	0	377	3,394
Male	8	0.7	26	1.7	106	7	0.6	19	2.6	177	1,218	12,171
Disabled	7	0.8	25	1.5	98	7	0.8	19	2.4	159	931	9,543
64 or younger	6	0.7	15	2.2	112	7	0.8	19	2.4	159	847	8,651
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	61	649
75-84	1	5.0	10	0.5	77	0	0.0	0	0.0	0	20	207
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	36
Other Eligibles	1	0.3	1	7.0	315	0	0.0	0	0.0	0	287	2,628
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	5	50
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	45	412
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	109	1,039
85 and older	1	0.8	1	2.0	28	0	0.0	0	0.0	0	128	1,127
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 ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2003. A total of 1,822 beneficiaries who were in nursing facilities for part of their enrollment and their 16,230 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, 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		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx \$ as a Percentage of All Nondual Rx \$	Total Number of Beneficiaries
				Part D Excluded Rx	Beneficiary Rx \$ per Beneficiary				
All	58,801	18.6%	0.9	283,250	\$28	\$8,902,911	\$31	4.7%	315,900
Age									
5 and younger	17,427	19.1	0.5	44,390	12	1,093,666	25	15.9	91,306
6-14	11,208	14.7	0.4	34,017	17	1,282,660	38	7.4	76,183
15-20	4,676	11.1	0.4	14,729	17	723,204	49	5.3	42,087
21-44	9,882	14.3	0.9	62,353	31	2,117,815	34	4.0	69,001
45-64	12,230	43.8	3.7	104,507	115	3,214,822	31	3.9	27,940
65-74	1,661	37.9	2.5	10,897	54	234,402	22	3.1	4,377
75-84	1,105	36.9	2.6	7,737	49	147,880	19	2.9	2,993
85 and older	609	30.5	2.3	4,612	44	88,349	19	3.2	1,998
Unknown	3	20.0	0.5	8	8	113	14	14.3	15
Basis of Eligibility^c									
Aged	2,651	33.7	2.1	16,703	40	318,251	19	2.8	7,865
Disabled	26,160	41.4	3.2	200,161	111	6,998,050	35	4.5	63,167
Adults	3,558	5.6	0.1	6,530	3	181,056	28	4.3	63,701
Children	26,432	14.6	0.3	59,856	8	1,405,554	23	7.8	181,167
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	32,562	17.9	0.9	161,351	27	5,001,753	31	4.9	182,289
Male	26,239	19.6	0.9	121,899	29	3,901,158	32	4.4	133,611
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	19,387	17.8	1.0	106,067	26	2,873,833	27	3.9	108,671
African American	20,998	18.4	0.8	92,708	29	3,342,021	36	5.1	113,853
Other/unknown	18,416	19.7	0.9	84,475	29	2,687,057	32	5.4	93,376
Use of Nursing Facilities^d									
Entire year	1,737	63.3	9.5	25,950	132	361,580	14	2.4	2,745
Part year	1,282	70.4	6.7	12,237	179	325,867	27	3.3	1,822
None	55,782	17.9	0.8	245,063	26	8,215,464	34	5.0	311,333
Maintenance Assistance Status									
Cash	33,473	24.4	1.5	201,594	50	6,897,845	34	4.7	137,417
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	12,453	10.2	0.2	28,145	6	703,734	25	5.6	122,223
Other/unknown	12,875	22.9	1.0	53,511	23	1,301,332	24	4.4	56,260

Table ND11

Nondual 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 ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS 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	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.2	\$6	\$31	\$0	\$1	1,534,872
Age						
5 and younger	0.1	3	25	0	0	324,177
6-14	0.1	4	38	0	0	359,456
15-20	0.1	3	49	0	0	214,358
21-44	0.2	7	34	0	2	317,936
45-64	0.4	14	31	0	5	234,248
65-74	0.3	6	22	0	2	38,904
75-84	0.3	5	19	0	1	27,373
85 and older	0.3	5	19	0	1	18,341
Unknown	0.1	1	14	0	0	79
Basis of Eligibility^c						
Aged	0.2	5	19	0	1	68,980
Disabled	0.3	12	35	0	4	583,283
Adults	0.0	1	28	0	0	179,171
Children	0.1	2	23	0	0	703,438
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.2	6	31	0	2	836,879
Male	0.2	6	32	0	1	697,993
Unknown	0.0	0	0	0	0	0
Race						
White	0.2	6	27	0	2	513,553
African American	0.2	6	36	0	1	572,905
Other/unknown	0.2	6	32	0	1	448,414
Use of Nursing Facilities^d						
Entire year	0.9	13	14	1	6	27,429
Part year	0.8	20	27	0	5	16,230
None	0.2	6	34	0	1	1,491,213
Maintenance Assistance Status						
Cash	0.3	9	34	0	3	754,492
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	2	25	0	0	414,325
Other/unknown	0.1	4	24	0	0	366,055

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 ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
NEW JERSEY, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
All	86,693	\$103	\$8,902,911	100.0 %	283,250	\$31	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	29	14	398	0.0	42	9	0.0
Cough and cold medications	30,971	61	1,877,070	21.1	62,534	30	22.1
Vitamins and minerals	25,758	46	1,195,286	13.4	82,002	15	29.0
Non-prescription drugs	14,436	180	2,600,377	29.2	36,067	72	12.7
Barbiturates	1,219	52	63,589	0.7	13,640	5	4.8
Benzodiazepines	11,686	194	2,264,203	25.4	80,176	28	28.3
Other Part D Excl Rx Drugs	2,594	348	901,988	10.1	8,789	103	3.1

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. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.
- 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.

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months					
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown	
All	805,422	10,193	98,299	183,882	513,048	7,784,651	98,048	1,043,951	1,649,314	4,993,338	0
Age											
5 and younger	222,370	0	5,741	33	216,596	2,063,929	0	56,583	176	2,007,170	0
6-14	230,477	0	14,659	44	215,774	2,365,773	0	160,630	190	2,204,953	0
15-20	104,207	2	9,742	14,816	79,647	995,028	15	104,631	115,499	774,883	0
21-44	177,813	54	28,784	147,978	997	1,640,247	449	305,797	1,327,967	6,034	0
45-64	57,840	202	36,729	20,905	4	593,652	1,815	387,214	204,595	28	0
65-74	6,129	3,787	2,259	83	0	60,925	35,338	24,868	719	0	0
75-84	4,205	3,875	312	18	0	42,275	38,663	3,478	134	0	0
85 and older	2,350	2,273	72	4	1	22,545	21,768	744	29	4	0
Unknown	31	0	1	1	29	277	0	6	5	266	0
Gender											
Female	465,057	7,086	49,945	151,294	256,732	4,454,940	68,482	538,446	1,345,387	2,502,625	0
Male	340,365	3,107	48,354	32,588	256,316	3,329,711	29,566	505,505	303,927	2,490,713	0
Unknown	0	0	0	0	0	0	0	0	0	0	0
Race											
White	283,344	3,414	33,223	74,389	172,318	2,718,492	31,543	351,441	667,611	1,667,897	0
African American	279,930	1,184	32,329	64,305	182,112	2,768,213	11,641	347,928	585,697	1,822,947	0
Other/unknown	242,148	5,595	32,747	45,188	158,618	2,297,946	54,864	344,582	396,006	1,502,494	0
Use of Nursing Facilities^c											
Entire year	2,746	981	1,759	0	6	27,452	8,940	18,448	0	64	0
Part year	1,846	484	1,340	12	10	17,730	4,227	13,284	120	99	0
None	800,830	8,728	95,200	183,870	513,032	7,739,469	84,881	1,012,219	1,649,194	4,993,175	0
Maintenance Assistance Status											
Cash	309,621	3,251	91,347	60,779	154,244	3,095,784	34,193	979,936	538,345	1,543,310	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0
Poverty related	340,234	3,206	3,453	21,814	311,761	3,150,614	30,746	32,450	121,511	2,965,907	0
Other/unknown	155,567	3,736	3,499	101,289	47,043	1,538,253	33,109	31,565	989,458	484,121	0
Managed Care (MC) Status											
Fee-for-service (FFS) all year	135,415	7,442	55,123	17,441	55,409	1,020,880	67,388	551,196	55,358	346,938	0
FFS part year, with Rx claims	50,838	343	6,025	16,043	28,427	491,107	3,590	67,302	139,782	280,433	0
FFS part year, no Rx claims	129,647	80	2,019	30,217	97,331	1,220,053	773	21,156	265,346	932,778	0
MC all year, with Rx claims	32,798	1,721	25,969	2,716	2,392	383,106	20,379	308,461	28,286	25,980	0
MC all year, no Rx claims	456,724	607	9,163	117,465	329,489	4,669,505	5,918	95,836	1,160,542	3,407,209	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.1 includes the beneficiaries represented by Cell J of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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

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

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, NEW JERSEY, 2003

	Beneficiaries and		
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Included in Cell K of Table 1 Number of Beneficiaries	Excluded from Cell K of Table 1 Number of Beneficiaries
All	805,422	315,900	0
Fee-for-service (FFS) all year	135,415	135,415	0
FFS part year, with Rx claims	50,838	50,838	0
FFS part year, with no Rx claims	129,647	129,647	0
Managed care (MC) all year, with Rx claims	32,798	0	0
MC all year, with no Rx claims	456,724	0	0
		1,534,872	6,249,779

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