

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 NEW JERSEY

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NEW JERSEY, 2004

Inclusion Criteria (2004)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)		Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>		Number of Non-dual Eligible Beneficiaries (Cell)	
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	1,012,323	(A)	193,672	(E)	818,651	(I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	946,725	(B)	149,250	(F)	797,275	(J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	454,511	(C)	138,597	(G)	315,914	(K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	24,817	(D)	21,943	(H)	2,874	(L)

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2004 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2004, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for New Jersey in 2004 was \$1,019,808,415, of which \$240,535,093 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 23 states in 2004 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NY, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 7 states in which MC plans did not provide a pharmacy benefit (DE, IA, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for nonduals but not for duals. These lists were constructed from the CMS 2004 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer04.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2004. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2004. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2  
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
NEW JERSEY, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>454,511</b>	<b>79,444</b>	<b>128,494</b>	<b>62,564</b>	<b>183,780</b>	<b>229</b>	<b>2,946,016</b>	<b>800,878</b>	<b>1,310,901</b>	<b>169,338</b>	<b>662,865</b>	<b>2,034</b>
<b>Age</b>												
5 and younger	91,664	0	3,391	22	88,251	0	301,415	0	26,345	56	275,014	0
6-14	75,863	1	7,538	36	68,288	0	334,294	4	69,417	107	264,766	0
15-20	43,257	1	6,495	9,860	26,900	1	212,787	12	61,275	29,948	121,551	1
21-44	83,997	3	35,104	48,486	337	67	485,039	19	354,571	128,369	1,525	555
45-64	53,870	84	49,516	4,112	2	156	517,426	823	504,442	10,709	4	1,448
65-74	40,128	22,014	18,075	34	0	5	420,122	218,996	200,985	111	0	30
75-84	38,408	31,412	6,985	10	1	0	406,395	327,756	78,604	32	3	0
85 and older	27,323	25,929	1,390	4	0	0	268,536	253,268	15,262	6	0	0
Unknown	1	0	0	0	1	0		0	0	0	2	0
<b>Gender</b>												
Female	274,388	58,683	68,633	54,664	92,179	229	1,787,110	596,563	711,529	150,131	326,853	2,034
Male	180,123	20,761	59,861	7,900	91,601	0	1,158,906	204,315	599,372	19,207	336,012	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	183,366	41,452	54,591	26,726	60,459	138	1,249,808	408,923	566,680	70,490	202,489	1,226
African American	135,910	10,977	37,719	22,755	64,412	47	829,615	113,259	381,838	60,598	273,511	409
Other/unknown	135,235	27,015	36,184	13,083	58,909	44	866,593	278,696	362,383	38,250	186,865	399
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	24,817	18,428	6,382	0	7	0	253,524	183,171	70,289	0	64	0
Part year	13,005	9,140	3,847	13	5	0	124,337	86,044	38,172	69	52	0
None	416,689	51,876	118,265	62,551	183,768	229	2,568,155	531,663	1,202,440	169,269	662,749	2,034
<b>Maintenance Assistance Status</b>												
Cash	202,525	31,169	92,923	27,091	51,342	0	1,477,760	335,752	938,884	68,281	134,843	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	160,719	16,761	20,991	18,836	103,902	229	753,308	172,278	221,044	57,920	300,032	2,034
Other/unknown	91,267	31,514	14,580	16,637	28,536	0	714,948	292,848	150,973	43,137	227,990	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	137,409	70,615	66,477	293	16	8	1,451,157	721,756	728,018	1,187	136	60
Full dual, part year	1,188	873	308	7	0	0	12,469	9,335	3,100	34	0	0
Non-dual, all year	315,914	7,956	61,709	62,264	183,764	221	1,482,390	69,787	579,783	168,117	662,729	1,974
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	266,228	78,546	119,962	16,729	50,764	227	2,416,601	797,368	1,275,875	50,876	290,462	2,020
FFS part year, with Rx claims	53,352	795	7,017	16,022	29,517	1	178,510	3,135	29,500	46,917	98,947	11
FFS part year, no Rx claims	134,931	103	1,515	29,813	103,499	1	350,905	375	5,526	71,545	273,456	3

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table 2 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NEW JERSEY, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>52.4 %</b>	<b>23.1</b>	<b>\$1,715</b>	<b>\$74</b>	<b>\$10,177</b>	<b>16.8 %</b>	<b>454,511</b>
<b>Age</b>							
5 and younger	24.8	1.2	81	69	2,199	3.7	91,664
6-14	26.6	2.6	246	93	3,003	8.2	75,863
15-20	32.4	3.5	356	103	5,566	6.4	43,257
21-44	50.6	16.2	1,617	100	9,010	17.9	83,997
45-64	81.7	53.4	4,490	84	20,216	22.2	53,870
65-74	87.5	50.4	3,442	68	13,579	25.3	40,128
75-84	90.5	57.6	3,591	62	19,991	18.0	38,408
85 and older	90.8	57.7	3,075	53	29,173	10.5	27,323
Unknown	100.0	1.0	9	9	1,697	0.5	1
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	88.3	51.4	3,084	60	20,013	15.4	79,444
Disabled	81.4	47.3	3,964	84	18,950	20.9	128,494
Adults	31.9	1.3	79	61	2,390	3.3	62,564
Children	23.5	1.4	106	77	2,430	4.4	183,780
Unknown	78.2	19.1	2,008	105	20,787	9.7	229
<b>Gender</b>							
Female	55.0	25.4	1,777	70	10,338	17.2	274,388
Male	48.4	19.7	1,620	82	9,933	16.3	180,123
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	58.1	30.8	2,107	68	14,124	14.9	183,366
African American	47.6	16.3	1,397	86	8,288	16.9	135,910
Other/unknown	49.5	19.6	1,502	77	6,725	22.3	135,235
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	98.0	89.4	4,721	53	52,740	9.0	24,817
Part year	96.4	69.8	4,422	63	37,391	11.8	13,005
None	48.3	17.7	1,451	82	6,793	21.4	416,689
<b>Maintenance Assistance Status</b>							
Cash	60.0	25.6	2,144	84	8,956	23.9	202,525
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	35.0	11.2	951	85	3,776	25.2	160,719
Other/unknown	66.1	38.5	2,106	55	24,159	8.7	91,267

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table 3 includes beneficiaries represented by Cell C of Table 1.

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

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

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

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

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

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



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NEW JERSEY, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	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
<b>All</b>	<b>3.6</b>	<b>\$265</b>	<b>16.8 %</b>	<b>47.6 %</b>	<b>17.7 %</b>	<b>6.4 %</b>	<b>12.9 %</b>	<b>10.5 %</b>	<b>5.0 %</b>	<b>\$1,570</b>	<b>454,511</b>	<b>2,946,016</b>
<b>Age</b>												
5 and younger	0.4	25	3.7	75.2	19.1	3.4	1.9	0.3	0.1	669	91,664	301,415
6-14	0.6	56	8.2	73.4	18.5	3.6	3.2	0.8	0.4	681	75,863	334,294
15-20	0.7	72	6.4	67.6	22.8	4.2	3.7	1.1	0.5	1,131	43,257	212,787
21-44	2.8	280	17.9	49.4	22.6	7.3	10.8	6.2	3.7	1,560	83,997	485,039
45-64	5.6	468	22.2	18.3	13.4	8.8	23.9	22.4	13.2	2,105	53,870	517,426
65-74	4.8	329	25.3	12.5	14.6	10.9	29.1	23.7	9.2	1,297	40,128	420,122
75-84	5.4	339	18.0	9.5	11.5	9.6	29.4	28.3	11.7	1,889	38,408	406,395
85 and older	5.9	313	10.5	9.2	8.9	8.6	28.8	31.6	12.8	2,968	27,323	268,536
Unknown	0.5	5	0.5	0.0	100.0	0.0	0.0	0.0	0.0	849	1	2
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.1	306	15.4	11.7	12.9	10.2	29.0	25.9	10.3	1,985	79,444	800,878
Disabled	4.6	389	20.9	18.6	18.4	9.4	22.7	20.0	10.9	1,858	128,494	1,310,901
Adults	0.5	29	3.3	68.1	22.0	4.8	3.8	1.1	0.3	883	62,564	169,338
Children	0.4	30	4.4	76.5	17.8	3.2	2.1	0.4	0.1	674	183,780	662,865
Unknown	2.1	226	9.7	21.8	33.6	20.1	16.2	7.9	0.4	2,340	229	2,034
<b>Gender</b>												
Female	3.9	273	17.2	45.0	17.3	6.5	13.9	11.9	5.4	1,587	274,388	1,787,110
Male	3.1	252	16.3	51.6	18.3	6.2	11.3	8.4	4.2	1,544	180,123	1,158,906
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	4.5	309	14.9	41.9	15.8	6.5	14.7	13.7	7.4	2,072	183,366	1,249,808
African American	2.7	229	16.9	52.4	20.7	6.1	10.2	7.4	3.2	1,358	135,910	829,615
Other/unknown	3.1	234	22.3	50.5	17.2	6.5	13.1	9.4	3.4	1,050	135,235	866,593
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.7	462	9.0	2.0	4.0	4.7	23.5	38.3	27.4	5,163	24,817	253,524
Part year	7.3	463	11.8	3.6	6.7	6.8	27.4	35.6	19.9	3,911	13,005	124,337
None	2.9	235	21.4	51.7	18.8	6.5	11.8	8.1	3.2	1,102	416,689	2,568,155
<b>Maintenance Assistance Status</b>												
Cash	3.5	294	23.9	40.0	18.9	8.1	16.1	12.0	4.9	1,227	202,525	1,477,760
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.4	203	25.2	65.0	15.4	4.4	7.9	5.5	1.7	806	160,719	753,308
Other/unknown	4.9	269	8.7	33.9	18.9	6.1	14.4	16.1	10.7	3,084	91,267	714,948

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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

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

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

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

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

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

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

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
NEW JERSEY, 2004

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
<b>All</b>	<b>3.6</b>	<b>\$265</b>	<b>\$74</b>	<b>1.7</b>	<b>\$206</b>	<b>\$120</b>	<b>0.2</b>	<b>\$12</b>	<b>\$68</b>	<b>1.7</b>	<b>\$46</b>	<b>\$28</b>
<b>Age</b>												
5 and younger	0.4	25	69	0.1	19	162	0.0	1	44	0.2	5	21
6-14	0.6	56	93	0.3	46	144	0.0	2	77	0.3	7	30
15-20	0.7	72	103	0.4	59	167	0.0	3	72	0.3	11	34
21-44	2.8	280	100	1.4	222	163	0.2	17	103	1.3	41	32
45-64	5.6	468	84	2.7	365	136	0.3	26	89	2.6	76	30
65-74	4.8	329	68	2.5	260	104	0.2	13	55	2.1	56	27
75-84	5.4	339	62	2.7	262	98	0.3	12	47	2.5	66	26
85 and older	5.9	313	53	2.5	230	91	0.3	10	38	3.0	72	24
Unknown	0.5	5	9	0.0	0	0	0.0	0	0	0.5	5	9
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.1	306	60	2.4	234	96	0.2	10	44	2.4	61	25
Disabled	4.6	389	84	2.3	305	135	0.2	20	83	2.1	63	30
Adults	0.5	29	61	0.2	21	116	0.0	2	69	0.3	6	23
Children	0.4	30	77	0.2	24	131	0.0	1	54	0.2	5	25
Unknown	2.1	226	105	0.9	178	194	0.1	5	64	1.1	43	37
<b>Gender</b>												
Female	3.9	273	70	1.9	211	113	0.2	12	63	1.8	49	27
Male	3.1	252	82	1.5	199	132	0.2	12	79	1.4	41	30
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.5	309	68	2.1	235	112	0.2	16	68	2.2	59	27
African American	2.7	229	86	1.3	184	140	0.1	10	77	1.2	35	29
Other/unknown	3.1	234	77	1.6	187	118	0.1	9	64	1.3	38	29
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.7	462	53	3.6	334	92	0.4	18	42	4.7	110	24
Part year	7.3	463	63	3.1	347	111	0.3	17	52	3.8	98	26
None	2.9	235	82	1.5	187	127	0.1	11	78	1.2	37	30
<b>Maintenance Assistance Status</b>												
Cash	3.5	294	84	1.8	233	132	0.2	14	78	1.6	47	30
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.4	203	85	1.2	158	133	0.1	10	86	1.1	34	32
Other/unknown	4.9	269	55	2.2	201	92	0.2	11	44	2.5	57	23

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

- a. Table 5 includes the beneficiaries represented by Cell C of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Jersey, 1.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007)
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NEW JERSEY, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	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	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.2	\$62	\$53	\$3	\$6	\$155	\$236	\$152	\$39	520,876	\$80,622,221	133,095	29.3 %	1,302,676
Biologicals	0.1	0.1	0.0	0.1	82	53	1	28	555	583	223	528	7,763	4,311,428	5,090	1.1	52,402
Antineoplastic Agents	0.5	0.1	0.0	0.4	113	66	1	46	218	685	536	109	57,276	12,459,439	10,789	2.4	109,981
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	56	44	2	11	58	98	32	23	891,112	52,020,361	89,826	19.8	922,940
Cardiovascular Agents	1.8	0.8	0.0	0.9	84	61	2	21	46	72	41	23	2,355,996	109,552,321	122,498	27.0	1,300,183
Respiratory Agents	0.7	0.4	0.0	0.3	45	38	0	7	62	85	33	26	786,292	48,879,000	111,445	24.5	1,082,360
Gastrointestinal Agents	0.8	0.5	0.0	0.3	72	58	1	12	87	127	46	36	800,457	69,983,974	92,139	20.3	976,540
Genitourinary Agents	0.5	0.4	0.0	0.1	32	28	1	3	65	77	49	29	164,376	10,610,640	31,839	7.0	328,759
CNS Drugs	1.5	0.7	0.1	0.7	131	105	6	20	90	141	98	30	1,596,766	143,258,869	105,206	23.1	1,092,800
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.2	58	51	1	6	92	111	84	40	55,466	5,123,773	9,315	2.0	88,084
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	105	102	0	3	145	148	103	96	137,425	19,930,847	17,828	3.9	189,694
Analgesics and Anesthetics	0.7	0.4	0.0	0.4	61	48	3	11	83	132	281	30	843,867	70,148,704	111,655	24.6	1,144,315
Neuromuscular Agents	1.2	0.5	0.2	0.6	75	43	16	16	62	92	90	28	743,345	45,831,273	57,263	12.6	609,359
Nutritional Products	0.5	0.0	0.1	0.4	8	0	2	6	15	22	15	14	378,092	5,592,663	75,153	16.5	705,033
Hematological Agents	0.8	0.4	0.1	0.4	107	97	3	6	129	272	57	15	416,019	53,753,392	47,921	10.5	503,947
Topical Products	0.6	0.3	0.0	0.3	34	23	3	8	59	87	63	31	688,081	40,519,814	116,701	25.7	1,183,519
Miscellaneous Products	0.4	0.2	0.0	0.1	93	70	11	11	257	382	304	81	24,852	6,376,584	6,793	1.5	68,649
Unknown Therapeutic Category	0.9	0.0	0.0	0.0	6	0	0	0	7	0	0	0	41,843	298,019	4,473	1.0	49,123
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>10,509,904</b>	<b>779,273,322</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispans.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, 1.6 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispans.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 2004.

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

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NEW JERSEY, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of All Beneficiaries	As a Percentage	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$88,644,489	56,881	12.5 %	621,357	0.9	\$162	\$143
ULCER DRUGS	56,185,012	91,398	20.1	990,815	0.6	99	57
ANTIVIRAL	51,945,506	18,270	4.0	196,215	0.5	486	265
ANTIHYPERLIPIDEMIC	37,523,333	59,029	13.0	659,423	0.6	96	57
ANTICONVULSANT	36,237,253	48,568	10.7	528,808	1.0	65	69
ANTIDEPRESSANTS	35,324,995	76,879	16.9	815,838	0.7	63	43
ANALGESICS - Narcotic	32,548,130	96,124	21.1	1,024,919	0.4	79	32
ANTIDIABETIC	32,200,542	68,101	15.0	745,283	0.6	67	43
ANTIASTHMATIC	30,364,102	92,407	20.3	944,953	0.4	74	32
ANALGESICS - ANTI-INFLAMMATORY	29,901,162	88,500	19.5	955,455	0.4	89	31
<b>Total</b>	<b>430,874,524</b>	<b>696,157</b>		<b>7,483,066</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for New Jersey, released by CMS in 01/2008. This table was produced on 03/06/2008.

a. Table 7 includes the beneficiaries represented by Cell C of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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.