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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005  
NEW JERSEY**

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OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NEW JERSEY, 2005

Inclusion Criteria (2005)	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>	1036908 (A)	201588 (E)	835320 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	966994 (B)	152524 (F)	814470 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	465393 (C)	140537 (G)	324856 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	24449 (D)	21823 (H)	2626 (L)

Source: Data for this table are from the MAX 2005 file for New Jersey, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005 (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 2005, 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 2005 was \$1,155,348,710, of which \$290,056,114 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 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.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 2005. 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 N+B18D.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 2005. 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, 2005

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>465,393</b>	<b>79,255</b>	<b>130,058</b>	<b>68,572</b>	<b>187,199</b>	<b>309</b>	<b>2,981,919</b>	<b>800,248</b>	<b>1,337,680</b>	<b>193,521</b>	<b>647,724</b>	<b>2,746</b>
<b>Age</b>												
5 and younger	93,450	0	3,215	24	90,211	0	298,571	0	25,134	73	273,364	0
6-14	74,835	0	7,061	34	67,740	0	316,235	0	66,501	106	249,628	0
15-20	44,420	0	6,495	9,009	28,915	1	214,779	0	62,287	29,109	123,371	12
21-44	89,359	2	34,729	54,211	331	86	506,064	20	354,125	149,802	1,348	769
45-64	57,222	95	51,665	5,242	2	218	548,185	919	531,071	14,246	13	1,936
65-74	40,339	22,183	18,114	38	0	4	423,326	222,814	200,340	143	0	29
75-84	38,568	31,197	7,364	7	0	0	408,936	325,979	82,945	12	0	0
85 and older	27,200	25,778	1,415	7	0	0	265,823	250,516	15,277	30	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>												
Female	279,294	58,160	69,488	58,219	93,118	309	1,803,512	591,375	724,345	167,796	317,250	2,746
Male	186,099	21,095	60,570	10,353	94,081	0	1,178,407	208,873	613,335	25,725	330,474	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	190,932	40,323	55,567	30,199	64,655	188	1,273,627	397,841	578,353	83,673	212,127	1,633
African American	133,215	10,822	37,925	22,932	61,473	63	809,631	112,505	387,843	65,764	242,943	576
Other/unknown	141,246	28,110	36,566	15,441	61,071	58	898,661	289,902	371,484	44,084	192,654	537
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	24,449	17,901	6,539	0	9	0	247,879	176,292	71,479	0	108	0
Part year	13,596	9,406	4,165	12	11	2	129,719	87,990	41,550	57	102	20
None	427,348	51,948	119,354	68,560	187,179	307	2,604,321	535,966	1,224,651	193,464	647,514	2,726
<b>Maintenance Assistance Status</b>												
Cash	201,717	30,970	92,748	27,444	50,555	0	1,499,394	333,762	947,953	76,098	141,581	0
Medically needy	38	12	24	0	2	0	321	105	207	0	9	0
Poverty-related	171,585	17,170	22,478	18,523	113,105	309	814,163	178,509	236,820	59,313	336,775	2,746
Other/unknown	92,053	31,103	14,808	22,605	23,537	0	668,041	287,872	152,700	58,110	169,359	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	139,345	70,839	68,127	340	21	18	1,472,287	724,493	746,113	1,324	177	180
Full dual, part year	1,192	883	298	10	1	0	11,509	8,542	2,877	80	10	0
Non-dual, all year	324,856	7,533	61,633	68,222	187,177	291	1,498,123	67,213	588,690	192,117	647,537	2,566
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	272,132	78,514	122,838	21,465	49,008	307	2,425,222	797,212	1,310,036	64,255	250,994	2,725
FFS part year, with Rx claims	59,008	688	6,150	17,699	34,469	2	202,128	2,845	23,871	56,830	118,561	21
FFS part year, no Rx claims	134,253	53	1,070	29,408	103,722	0	354,569	191	3,773	72,436	278,169	0

Source: Data for this table are from the MAX 2005 file for New Jersey, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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.

All Medicaid Beneficiaries

TABLE 3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
NEW JERSEY, 2005

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>52.7</b>	<b>23.4</b>	<b>\$1,859</b>	<b>\$80</b>	<b>\$10,511</b>	<b>17.7</b>	<b>465,393</b>
<b>Age</b>							
5 and younger	25.5	1.1	76	70	2,354	3.2	93,450
6-14	26.5	2.5	248	99	2,764	9.0	74,835
15-20	33.5	3.5	396	113	5,325	7.4	44,420
21-44	49.8	15.5	1,629	105	8,548	19.1	89,359
45-64	81.4	54.2	4,858	90	21,454	22.6	57,222
65-74	88.1	51.7	3,772	73	14,049	26.8	40,339
75-84	90.8	58.5	3,979	68	20,889	19.0	38,568
85 and older	92.0	58.6	3,417	58	31,790	10.7	27,200
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	89.0	52.1	3,395	65	21,208	16.0	79,255
Disabled	82.4	49.2	4,378	89	20,219	21.7	130,058
Adults	32.7	1.4	87	63	2,004	4.3	68,572
Children	23.9	1.3	108	84	2,342	4.6	187,199
Unknown	80.6	20.1	2,115	105	18,244	11.6	309
<b>Gender</b>							
Female	55.5	25.6	1,929	75	10,668	18.1	279,294
Male	48.5	19.9	1,755	88	10,276	17.1	186,099
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	57.8	30.1	2,231	74	14,435	15.5	190,932
African American	48.4	17.2	1,560	91	8,771	17.8	133,215
Other/unknown	49.8	20.1	1,639	82	6,850	23.9	141,246
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	97.4	88.4	5,184	59	57,901	9.0	24,449
Part year	96.3	70.3	4,749	68	40,351	11.8	13,596
None	48.7	18.1	1,577	87	6,851	23.0	427,348
<b>Maintenance Assistance Status</b>							
Cash	61.7	26.7	2,379	89	9,438	25.2	201,717
Medically needy	76.3	25.6	1,820	71	15,587	11.7	38
Poverty related	36.6	11.5	1,030	90	3,774	27.3	171,585
Other/unknown	62.8	38.1	2,266	60	25,419	8.9	92,053

Source: Data for this table are from the MAX 2005 file for New Jersey, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries



TABLE 4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 NEW JERSEY, 2005

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>\$290</b>	<b>17.7</b>	<b>47.3</b>	<b>17.9</b>	<b>6.3</b>	<b>12.7</b>	<b>10.6</b>	<b>5.1</b>	<b>\$1,641</b>	<b>465,393</b>	<b>2,981,919</b>
<b>Age</b>												
5 and younger	0.3	24	3.2	74.5	19.9	3.3	2.0	0.3	0.1	737	93,450	298,571
6-14	0.6	59	9.0	73.5	18.4	3.7	3.2	0.8	0.4	654	74,835	316,235
15-20	0.7	82	7.4	66.5	23.5	4.3	3.9	1.3	0.5	1,101	44,420	214,779
21-44	2.7	288	19.1	50.2	22.9	7.0	10.4	5.9	3.5	1,509	89,359	506,064
45-64	5.7	507	22.6	18.6	13.3	8.8	23.2	22.3	13.7	2,239	57,222	548,185
65-74	4.9	359	26.8	11.9	14.1	10.9	28.7	24.5	9.8	1,339	40,339	423,326
75-84	5.5	375	19.0	9.2	11.0	9.4	29.1	29.0	12.3	1,970	38,568	408,936
85 and older	6.0	350	10.7	8.0	8.6	8.4	29.0	32.6	13.3	3,253	27,200	265,823
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	5.2	336	16.0	11.0	12.5	10.2	28.9	26.7	10.7	2,100	79,255	800,248
Disabled	4.8	426	21.7	17.6	18.3	9.2	22.8	20.6	11.6	1,966	130,058	1,337,680
Adults	0.5	31	4.3	67.3	22.7	4.9	3.9	1.1	0.3	710	68,572	193,521
Children	0.4	31	4.6	76.1	18.1	3.1	2.2	0.4	0.1	677	187,199	647,724
Unknown	2.3	238	11.6	19.4	34.0	17.2	22.3	6.1	1.0	2,053	309	2,746
<b>Gender</b>												
Female	4.0	299	18.1	44.5	17.6	6.5	13.7	12.0	5.7	1,652	279,294	1,803,512
Male	3.1	277	17.1	51.5	18.3	6.1	11.2	8.6	4.3	1,623	186,099	1,178,407
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	335	15.5	42.2	16.3	6.4	14.2	13.4	7.4	2,164	190,932	1,273,627
African American	2.8	257	17.8	51.6	20.5	6.1	10.5	7.8	3.5	1,443	133,215	809,631
Other/unknown	3.2	258	23.9	50.2	17.5	6.3	12.9	9.6	3.6	1,077	141,246	898,661
<b>Use of Nursing Facilities<sup>f</sup></b>												
Entire year	8.7	511	9.0	2.6	3.5	4.6	22.0	39.1	28.1	5,711	24,449	247,879
Part year	7.4	498	11.8	3.7	6.1	6.7	26.7	36.2	20.7	4,229	13,596	129,719
None	3.0	259	23.0	51.3	19.1	6.4	11.8	8.2	3.3	1,124	427,348	2,604,321
<b>Maintenance Assistance Status</b>												
Cash	3.6	320	25.2	38.3	19.7	8.1	16.3	12.4	5.3	1,270	201,717	1,499,394
Medically needy	3.0	215	11.7	23.7	36.8	5.3	18.4	13.2	2.6	1,845	38	321
Poverty related	2.4	217	27.3	63.4	16.8	4.5	7.9	5.5	1.8	795	171,585	814,163
Other/unknown	5.2	312	8.9	37.2	15.8	5.9	13.8	16.3	10.9	3,503	92,053	668,041

Source: Data for this table are from the MAX 2005 file for New Jersey, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 eight states (DE, IA, IL, 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 eight states (DE, IA, IL, 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.

All Medicaid Beneficiaries

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, 2005

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>\$290</b>	<b>\$80</b>	<b>1.7</b>	<b>\$224</b>	<b>\$130</b>	<b>0.1</b>	<b>\$11</b>	<b>\$78</b>	<b>1.8</b>	<b>\$55</b>	<b>\$31</b>
<b>Age</b>												
5 and younger	0.3	24	70	0.1	18	181	0.0	1	55	0.2	5	22
6-14	0.6	59	99	0.3	48	159	0.0	3	118	0.3	8	30
15-20	0.7	82	113	0.4	68	193	0.0	3	87	0.3	11	32
21-44	2.7	288	105	1.3	225	177	0.1	14	106	1.3	49	37
45-64	5.7	507	90	2.6	388	147	0.2	23	98	2.8	96	35
65-74	4.9	359	73	2.5	282	113	0.2	11	59	2.2	67	30
75-84	5.5	375	68	2.7	291	107	0.2	10	52	2.6	75	29
85 and older	6.0	350	58	2.6	257	99	0.2	9	48	3.2	85	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	5.2	336	65	2.5	258	105	0.2	8	51	2.5	70	28
Disabled	4.8	426	89	2.3	330	145	0.2	18	91	2.3	78	34
Adults	0.5	31	63	0.2	21	123	0.0	1	66	0.3	8	28
Children	0.4	31	84	0.2	25	151	0.0	1	80	0.2	5	26
Unknown	2.3	238	105	0.9	191	203	0.1	4	59	1.3	43	34
<b>Gender</b>												
Female	4.0	299	75	1.9	228	123	0.2	11	73	2.0	59	30
Male	3.1	277	88	1.5	218	142	0.1	10	87	1.5	49	33
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.5	335	74	2.1	251	122	0.2	13	80	2.3	70	31
African American	2.8	257	91	1.3	203	151	0.1	9	85	1.4	44	32
Other/unknown	3.2	258	82	1.6	205	127	0.1	8	67	1.4	44	31
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	8.7	511	59	3.6	366	102	0.2	12	52	4.9	133	27
Part year	7.4	498	68	3.1	366	118	0.2	12	62	4.1	119	29
None	3.0	259	87	1.5	204	137	0.1	11	83	1.4	45	33
<b>Maintenance Assistance Status</b>												
Cash	3.6	320	89	1.8	252	142	0.2	13	83	1.7	56	33
Medically needy	3.0	215	71	1.5	173	115	0.1	5	74	1.5	37	26
Poverty related	2.4	217	90	1.2	167	143	0.1	9	95	1.2	41	35
Other/unknown	5.2	312	60	2.3	231	100	0.2	9	54	2.8	72	26

Source: Data for this table are from the MAX 2005 file for New Jersey, released by CMS in 2/2009. This table was produced on 04/23/2009.

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, 1.2 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.medispn.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.

All Medicaid Beneficiaries

TABLE 6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 NEW JERSEY, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users			\$ per Rx			Users <sup>e</sup>							
	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total	Patented Brand-	Off-Patent Brand-	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months			
		Name	Name		Name	Name		Name	Name						Name	Name	
Anti-infective Agents	0.4	0.2	0.1	0.2	\$64	\$52	\$4	\$7	\$158	\$318	\$82	\$38	540,349	\$85,582,367	138,661	29.8	1,339,794
Biologicals	0.1	0.1	0.0	0.0	57	32	4	21	433	351	2,418	535	11,290	4,883,653	7,937	1.7	85,223
Antineoplastic Agents	0.5	0.1	0.0	0.4	118	73	0	45	231	668	345	112	58,128	13,449,795	11,132	2.4	114,318
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	63	47	4	12	62	114	55	22	986,529	61,296,836	95,268	20.5	973,427
Cardiovascular Agents	1.8	0.9	0.0	0.9	92	71	0	20	50	77	52	23	2,459,974	123,774,173	126,794	27.2	1,346,602
Respiratory Agents	0.7	0.4	0.0	0.3	51	42	2	7	68	96	61	24	820,817	55,694,045	115,299	24.8	1,101,979
Gastrointestinal Agents	0.8	0.5	0.0	0.3	76	66	0	10	93	132	56	32	837,907	77,720,516	96,170	20.7	1,017,970
Genitourinary Agents	0.5	0.4	0.0	0.1	35	30	1	4	69	82	68	32	176,435	12,143,413	33,854	7.3	349,343
CNS Drugs	1.5	0.8	0.0	0.7	141	117	4	21	97	151	152	31	1,624,842	157,152,123	107,068	23.0	1,112,962
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	70	64	1	6	110	130	118	41	53,534	5,911,033	8,910	1.9	84,169
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	121	117	0	3	153	156	55	107	163,521	25,099,687	19,554	4.2	207,955
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	60	28	7	25	85	160	183	51	804,831	68,253,316	111,395	23.9	1,133,026
Neuromuscular Agents	1.2	0.5	0.1	0.7	79	49	4	27	68	105	74	41	745,198	50,316,841	59,628	12.8	634,693
Nutritional Products	0.5	0.0	0.1	0.4	8	1	1	6	15	24	16	14	382,358	5,809,938	76,777	16.5	717,364
Hematological Agents	0.8	0.4	0.0	0.4	116	107	1	7	139	279	43	18	442,404	61,523,727	50,492	10.8	532,610
Topical Products	0.6	0.3	0.0	0.3	40	29	1	10	67	101	69	34	726,761	48,905,460	120,574	25.9	1,215,504
Miscellaneous Products	0.4	0.2	0.0	0.1	109	87	9	13	280	417	289	89	26,971	7,562,245	6,968	1.5	69,308
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	10	0	0	0	28	0	0	0	7,612	213,428	1,959	0.4	21,473
<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>10,869,461</b>	<b>865,292,596</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2005 file for New Jersey, released by CMS in 2/2009. This table was produced on 04/23/2009.

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.medispn.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, 1.2 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.medispn.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 2005.

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, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$97,878,037	56,985	12.2	621,103	0.9	\$179	\$158
ULCER DRUGS	60,794,146	93,968	20.2	1,017,940	0.6	104	60
ANTIVIRAL	56,548,365	18,318	3.9	196,875	0.5	530	287
ANTIHYPERLIPIDEMIC	44,406,834	67,553	14.5	754,252	0.6	99	59
ANTICONVULSANT	39,772,207	49,899	10.7	542,636	1.0	72	73
ANTIDEPRESSANTS	37,043,805	79,105	17.0	842,775	0.7	66	44
ANALGESICS - Narcotic	36,813,657	103,195	22.2	1,099,072	0.4	84	33
ANTIDIABETIC	36,511,392	74,941	16.1	821,971	0.6	70	44
ANTIASTHMATIC	35,227,881	97,835	21.0	994,579	0.4	81	35
DERMATOLOGICAL	31,940,298	164,253	35.3	1,759,987	0.2	74	18
Total	476,936,622	806,052		8,651,190	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New Jersey, released by CMS in 2/2009. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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.

All Medicaid Beneficiaries