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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
NEW JERSEY

LIST OF TABLES

TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
NEW JERSEY, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell)[g]	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month[a]	1081498 (A)	204633 (E)	876865 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month[b]	1013429 (B)	155918 (F)	857511 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month[c, d, e]	485833 (C)	142203 (G)	343630 (K)
4. Beneficiaries who were all-year nursing facility residents[f]	23835 (D)	21165 (H)	2670 (L)

Source: Data for this table are from the MAX 2006 file for New Jersey, released by CMS in 7/2009. This table was produced on 02/11/2010.
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 2006 (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 2006, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.
d. The total Medicaid pharmacy reimbursement for New Jersey in 2006 was $559,403,334, of which $195,615,660 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 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report 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 2006. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated seperately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and ND.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.
g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the 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 2006. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.
Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2

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

NEW JERSEY, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	**485,833**	**88,939**	**122,716**	**86,048**	**187,767**	**363**	**3,027,842**	**907,903**	**1,255,982**	**238,002**	**622,591**	**3,364**
Age												
5 and younger	94,675	0	3,098	19	91,558	0	280,668	0	23,941	40	256,687	0
6-14	73,132	0	6,731	30	66,371	0	302,645	0	63,291	72	239,282	0
15-20	46,033	0	6,685	9,928	29,420	0	219,211	0	64,529	29,847	124,835	0
21-44	102,356	4	33,996	67,863	406	87	533,206	39	345,837	184,766	1,769	795
45-64	62,653	121	54,106	8,143	12	271	582,686	1,104	555,963	23,072	18	2,529
65-74	41,180	29,452	11,675	48	0	5	429,452	299,633	129,628	151	0	40
75-84	38,735	33,312	5,415	8	0	0	411,936	350,221	61,696	19	0	0
85 and older	27,069	26,050	1,010	9	0	0	268,038	256,906	11,097	35	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	292,528	64,032	64,181	70,186	93,766	363	1,831,080	658,174	666,584	196,170	306,788	3,364
Male	193,305	24,907	58,535	15,862	94,001	0	1,196,762	249,729	589,398	41,832	315,803	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	197,130	44,028	51,982	36,335	64,561	224	1,281,266	441,717	537,569	98,370	201,604	2,006
African American	135,442	13,093	35,979	26,393	59,911	66	810,057	137,841	366,200	73,825	231,519	672
Other/unknown	153,261	31,818	34,755	23,320	63,295	73	936,519	328,345	352,213	65,807	189,468	686
Use of Nursing Facilities[c]												
Entire year	23,835	19,380	4,442	1	12	0	247,135	198,369	48,634	6	126	0
Part year	13,400	10,203	3,174	13	9	1	128,000	97,019	30,817	71	81	12
None	448,598	59,356	115,100	86,034	187,746	362	2,652,707	612,515	1,176,531	237,925	622,384	3,352
Maintenance Assistance Status												
Cash	203,333	31,058	93,369	29,315	49,591	0	1,502,695	335,517	953,799	80,261	133,118	0
Medically needy	40	11	26	0	3	0	305	110	178	0	17	0
Poverty-related	175,857	22,708	18,484	17,921	116,381	363	819,179	236,427	191,369	53,407	334,612	3,364
Other/unknown	106,603	35,162	10,837	38,812	21,792	0	705,663	335,849	110,636	104,334	154,844	0
Dual Medicare Status[d]												
Full dual, all year	141,227	79,844	60,835	491	33	24	1,493,512	827,093	664,196	1,675	324	224
Full dual, part year	976	718	249	9	0	0	9,946	7,439	2,452	55	0	0
Non-dual, all year	343,630	8,377	61,632	85,548	187,734	339	1,524,384	73,371	589,334	236,272	622,267	3,140
Managed Care (MC) Status												
Fee-for-service (FFS) all year	264,069	87,981	115,140	18,790	41,798	360	2,421,136	903,907	1,225,086	59,953	228,848	3,342
FFS part year, with Rx claims	58,486	828	6,176	20,761	30,719	2	184,533	3,465	25,742	61,002	94,308	16
FFS part year, no Rx claims	163,278	130	1,400	46,497	115,250	1	422,173	531	5,154	117,047	299,435	6

Source: Data for this table are from the MAX 2006 file for New Jersey, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. The “Full

dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.

TABLE 3

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

NEW JERSEY, 2006

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	**46.2**	**8.3**	**$749**	**$90**	**$9,517**	**7.9**	**485,833**
Age							
5 and younger	22.0	0.9	77	83	2,526	3.0	94,675
6-14	24.1	2.2	258	115	2,827	9.1	73,132
15-20	30.9	3.2	432	134	5,606	7.7	46,033
21-44	42.2	7.2	823	114	7,580	10.9	102,356
45-64	74.2	27.0	2,624	97	19,327	13.6	62,653
65-74	77.5	13.0	818	63	11,165	7.3	41,180
75-84	78.5	11.3	623	55	17,409	3.6	38,735
85 and older	72.5	8.9	422	47	29,520	1.4	27,069
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility[e]							
Aged	74.7	10.4	580	56	19,321	3.0	88,939
Disabled	76.5	22.8	2,322	102	17,882	13.0	122,716
Adults	28.4	1.2	77	67	2,816	2.7	86,048
Children	20.9	1.1	105	95	2,455	4.3	187,767
Unknown	83.2	21.3	2,480	117	21,558	11.5	363
Gender							
Female	48.5	8.6	700	82	9,587	7.3	292,528
Male	42.6	7.9	823	104	9,413	8.7	193,305
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	49.8	8.9	745	84	13,131	5.7	197,130
African American	43.8	8.2	859	105	8,333	10.3	135,442
Other/unknown	43.6	7.7	656	85	5,916	11.1	153,261
Use of Nursing Facilities[f]							
Entire year	74.8	19.2	1,133	59	56,725	2.0	23,835
Part year	80.0	20.0	1,540	77	38,651	4.0	13,400
None	43.6	7.4	705	95	6,139	11.5	448,598
Maintenance Assistance Status							
Cash	57.1	13.2	1,302	99	8,662	15.0	203,333
Medically needy	65.0	11.6	1,210	104	13,725	8.8	40
Poverty related	32.6	3.5	268	78	3,346	8.0	175,857
Other/unknown	47.7	7.1	485	69	21,328	2.3	106,603

Source: Data for this table are from the MAX 2006 file for New Jersey, released by CMS in 7/2009. This table was produced on 02/11/2010.

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

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

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 4

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

NEW JERSEY, 2006

				Number of Rx, Percentage with:							Number	
Beneficiary Characteristics	Mean Number of Rx	Mean Rx $	Rx $ as a Percentage of 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	Mean $, All Medicaid FFS $[d]	Beneficiaries	Benefit Months
All	**1.3**	**$120**	**7.9**	**53.8**	**28.3**	**7.1**	**6.6**	**2.8**	**1.4**	**$1,527**	**485,833**	**3,027,842**
Age												
5 and younger	0.3	26	3.0	78.0	16.6	3.1	1.9	0.3	0.1	852	94,675	280,668
6-14	0.5	62	9.1	75.9	16.5	3.5	3.0	0.8	0.4	683	73,132	302,645
15-20	0.7	91	7.7	69.1	21.4	4.1	3.8	1.2	0.4	1,177	46,033	219,211
21-44	1.4	158	10.9	57.8	24.7	6.4	6.8	3.0	1.4	1,455	102,356	533,206
45-64	2.9	282	13.6	25.8	30.0	11.5	15.9	10.7	6.0	2,078	62,653	582,686
65-74	1.2	78	7.3	22.5	50.4	13.2	9.9	2.9	1.2	1,071	41,180	429,452
75-84	1.1	59	3.6	21.5	54.0	13.2	8.6	2.0	0.6	1,637	38,735	411,936
85 and older	0.9	43	1.4	27.5	52.1	10.4	7.4	2.0	0.5	2,981	27,069	268,038
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility[e]												
Aged	1.0	57	3.0	25.3	51.9	11.7	8.2	2.2	0.7	1,893	88,939	907,903
Disabled	2.2	227	13.0	23.5	37.4	11.9	14.4	8.2	4.6	1,747	122,716	1,255,982
Adults	0.4	28	2.7	71.6	19.1	4.4	3.5	1.1	0.3	1,018	86,048	238,002
Children	0.3	32	4.3	79.1	15.4	2.9	2.1	0.4	0.1	740	187,767	622,591
Unknown	2.3	268	11.5	16.8	32.0	18.7	24.5	6.9	1.1	2,326	363	3,364
Gender												
Female	1.4	112	7.3	51.5	30.0	7.5	6.7	2.9	1.4	1,532	292,528	1,831,080
Male	1.3	133	8.7	57.4	25.7	6.5	6.4	2.7	1.3	1,520	193,305	1,196,762
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	1.4	115	5.7	50.2	30.1	7.8	7.4	3.0	1.5	2,020	197,130	1,281,266
African American	1.4	144	10.3	56.2	26.7	6.5	6.3	3.0	1.5	1,393	135,442	810,057
Other/unknown	1.3	107	11.1	56.4	27.5	6.8	5.9	2.4	1.1	968	153,261	936,519
Use of Nursing Facilities[f]												
Entire year	1.9	109	2.0	25.2	44.4	10.2	10.0	5.8	4.4	5,471	23,835	247,135
Part year	2.1	161	4.0	20.0	46.6	10.4	11.1	6.7	5.1	4,046	13,400	128,000
None	1.2	119	11.5	56.4	26.9	6.8	6.3	2.5	1.1	1,038	448,598	2,652,707
Maintenance Assistance Status												
Cash	1.8	176	15.0	42.9	31.9	8.9	9.2	4.7	2.5	1,172	203,333	1,502,695
Medically needy	1.5	159	8.8	35.0	25.0	20.0	12.5	5.0	2.5	1,800	40	305
Poverty related	0.7	58	8.0	67.4	23.1	5.0	3.4	0.8	0.3	718	175,857	819,179
Other/unknown	1.1	73	2.3	52.3	30.2	7.1	7.0	2.5	1.0	3,222	106,603	705,663

Source: Data for this table are from the MAX 2006 file for New Jersey, released by CMS in 7/2009. This table was produced on 02/11/2010.

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

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.
f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC[a, b, c]
NEW JERSEY, 2006

	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Beneficiary Characteristics	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx	Number of Rx	Rx $	$ per Rx
All	**1.3**	**$120**	**$90**	**0.5**	**$90**	**$169**	**0.1**	**$6**	**$92**	**0.7**	**$23**	**$32**
Age												
5 and younger	0.3	26	83	0.1	20	219	0.0	1	75	0.2	5	23
6-14	0.5	62	115	0.3	53	194	0.0	2	95	0.3	8	32
15-20	0.7	91	134	0.3	77	234	0.0	3	109	0.3	11	35
21-44	1.4	158	114	0.6	122	218	0.1	8	126	0.8	28	37
45-64	2.9	282	97	1.2	209	177	0.1	15	111	1.6	58	37
65-74	1.2	78	63	0.5	56	113	0.1	6	66	0.7	17	26
75-84	1.1	59	55	0.4	40	102	0.1	5	60	0.6	13	23
85 and older	0.9	43	47	0.3	29	101	0.1	3	50	0.5	11	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility[d]												
Aged	1.0	57	56	0.4	40	105	0.1	4	59	0.6	13	22
Disabled	2.2	227	102	0.9	172	190	0.1	12	107	1.2	43	36
Adults	0.4	28	67	0.2	19	119	0.0	2	130	0.2	7	29
Children	0.3	32	95	0.1	26	175	0.0	1	81	0.2	5	29
Unknown	2.3	268	117	0.9	204	223	0.1	19	200	1.3	45	35
Gender												
Female	1.4	112	82	0.5	82	152	0.1	7	89	0.8	23	30
Male	1.3	133	104	0.5	103	197	0.1	6	96	0.7	24	35
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	1.4	115	84	0.5	83	163	0.1	7	100	0.8	25	32
African American	1.4	144	105	0.6	112	196	0.1	6	94	0.7	25	35
Other/unknown	1.3	107	85	0.5	82	153	0.1	6	78	0.7	20	30
Use of Nursing Facilities[e]												
Entire year	1.9	109	59	0.6	75	135	0.1	5	59	1.2	29	24
Part year	2.1	161	77	0.7	116	164	0.1	9	83	1.3	37	29
None	1.2	119	95	0.5	91	173	0.1	6	96	0.7	22	34
Maintenance Assistance Status												
Cash	1.8	176	99	0.7	134	180	0.1	9	97	0.9	33	35
Medically needy	1.5	159	104	0.7	130	192	0.1	6	80	0.8	23	30
Poverty related	0.7	58	78	0.3	41	143	0.0	4	92	0.4	12	30
Other/unknown	1.1	73	69	0.4	54	145	0.0	4	71	0.6	15	24

Source: Data for this table are from the MAX 2006 file for New Jersey, released by CMS in 7/2009. This table was produced on 02/11/2010.
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.medi-span.com/master-drug-database.aspx
d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability

or blindness. The children's group includes children receiving foster care and adoptive services.
e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; $ = Medicaid reimbursement.

TABLE 6

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

NEW JERSEY, 2006

Therapeutic Category	Number of Rx per Benefit Month Among Users				$ per Benefit Month Among Users				$ per Rx				Users[e]				
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	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	$77	$67	$1	$9	$209	$430	$122	$44	252,251	$52,725,314	79,101	16.3	688,607
Biologicals	0.1	0.1	0.0	0.0	90	88	0	1	617	811	1,492	39	5,839	3,604,809	3,984	0.8	40,111
Antineoplastic Agents	0.3	0.1	0.0	0.2	102	74	1	27	316	822	629	116	16,526	5,222,202	5,090	1.0	51,294
Endocrine/Metabolic Drugs	0.5	0.2	0.0	0.3	36	27	2	7	75	132	141	28	300,453	22,656,761	63,827	13.1	624,038
Cardiovascular Agents	0.7	0.3	0.0	0.3	39	27	3	9	55	80	105	25	654,890	35,789,306	86,007	17.7	908,055
Respiratory Agents	0.5	0.2	0.0	0.2	34	26	1	7	68	108	58	28	403,451	27,460,686	86,958	17.9	810,334
Gastrointestinal Agents	0.4	0.3	0.0	0.1	45	36	4	5	110	145	403	32	243,141	26,654,315	58,023	11.9	597,900
Genitourinary Agents	0.3	0.1	0.0	0.1	19	12	3	4	69	87	95	36	46,452	3,196,610	17,293	3.6	166,103
CNS Drugs	0.9	0.3	0.0	0.5	81	64	5	12	95	199	115	25	748,121	70,787,641	84,882	17.5	871,515
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	69	64	1	5	116	133	125	42	42,572	4,939,315	7,755	1.6	71,576
Miscellaneous Psychological/ Neurological Agents	0.3	0.3	0.0	0.0	65	63	0	1	218	226	129	85	26,703	5,814,468	8,451	1.7	89,616
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	44	18	4	22	92	234	200	58	322,921	29,804,498	70,407	14.5	680,672
Neuromuscular Agents	0.7	0.2	0.0	0.4	56	37	2	17	82	165	106	39	287,940	23,743,589	40,839	8.4	424,902
Nutritional Products	0.4	0.1	0.1	0.3	7	2	2	4	16	23	17	14	260,795	4,146,003	64,268	13.2	593,827
Hematological Agents	0.5	0.2	0.0	0.3	70	64	0	6	146	415	29	18	177,530	25,930,028	35,306	7.3	370,757
Topical Products	0.4	0.1	0.0	0.2	25	17	1	7	71	116	71	36	237,017	16,885,804	71,244	14.7	673,539
Miscellaneous Products	0.3	0.2	0.0	0.1	122	106	6	10	354	472	268	103	11,935	4,225,245	3,756	0.8	34,762
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	18	0	0	0	88	0	0	0	2,290	201,080	1,124	0.2	11,341
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.	4,040,827	363,787,674	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New Jersey, released by CMS in 7/2009. This table was produced on 02/11/2010.

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.medi-span.com/master-drug-database.aspx.

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.medi-span.com/master-drug-database.aspx.

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2006.

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

TABLE 7

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP[a, b, c]
NEW JERSEY, 2006

		Users			Among Users		
Top 10 Drug Groups	Total Medicaid Rx $	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	$ per Rx	Rx $ per Benefit Month
ANTIPSYCHOTICS	$43,417,266	34,279	7.1	370,927	0.5	$239	$117
ANTIVIRAL	38,793,116	11,980	2.5	124,809	0.5	585	311
ANTICONVULSANT	19,773,015	34,748	7.2	373,727	0.6	91	53
ULCER DRUGS	18,864,235	52,338	10.8	556,141	0.3	116	34
ANALGESICS - Narcotic	17,471,953	53,768	11.1	542,551	0.3	101	32
ANTIASTHMATIC	16,497,476	59,972	12.3	579,177	0.3	89	28
ANTIHYPERLIPIDEMIC	13,343,131	41,697	8.6	460,684	0.3	102	29
ANTIDEPRESSANTS	12,343,336	45,144	9.3	469,268	0.4	70	26
ANTIDIABETIC	12,169,199	45,828	9.4	494,112	0.3	75	25
DERMATOLOGICAL	11,810,633	76,015	15.6	763,421	0.2	77	15
Total	204,483,360	455,769	n.a.	4,734,817	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for New Jersey, released by CMS in 7/2009. This table was produced on 02/11/2010.
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 2006. 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 2006. For information about these drug groups, see Wolters Kluwer Health, http://www.medi-span.com/master-drug-database.aspx.
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.