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**STATISTICAL COMPENDIUM:  
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007  
NEW JERSEY**

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TABLE 1  
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION  
NEW JERSEY, 2007

Inclusion Criteria (2007)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) <sup>g</sup>	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month <sup>a</sup>	1107385 (A)	205322 (E)	902063 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month <sup>b</sup>	971596 (B)	156695 (F)	814901 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month <sup>c, d, e</sup>	513810 (C)	156695 (G)	357115 (K)
4. Beneficiaries who were all-year nursing facility residents <sup>f</sup>	22768 (D)	20093 (H)	2675 (L)

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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 2007 (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 2007, 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 2007 was \$500,850,711, of which \$41,979,315 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 27 states in 2007 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, MA, MI, NC, NH, NM, NV, NY, 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, TN, TX, and WV). These lists were constructed from the CMS 2007 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 reviewed prescription drug expenditures by type of managed care plan to determine whether enrollees in comprehensive MC plans had significant prescription drug expenditures during the year, since that would indicate that at least some prescription drugs were not included in the capitated benefit and were being provided on a fee-for-service basis. There were some states in which most, but not all, prescription drugs were included in the MC capitated benefit package. Mental health drugs, for example, may have been excluded. In those states, we excluded all the MC enrollees from the study population, but some of their drugs would have been included, potentially resulting in higher reported per-beneficiary use of those drugs than would have been the case if we had been able to exclude those drugs.

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 2007. 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 2007. 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, 2007**

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>513,810</b>	<b>94,491</b>	<b>169,726</b>	<b>65,115</b>	<b>184,065</b>	<b>413</b>	<b>3,635,208</b>	<b>980,816</b>	<b>1,845,263</b>	<b>185,824</b>	<b>619,346</b>	<b>3,959</b>
<b>Age</b>												
5 and younger	95,392	0	5,372	28	89,991	1	300,498	0	50,718	70	249,701	9
6-14	78,439	0	14,703	24	63,712	0	399,606	0	160,606	76	238,924	0
15-20	52,232	0	12,064	10,321	29,847	0	289,932	0	129,782	31,375	128,775	0
21-44	95,524	3	44,813	50,126	498	84	629,522	36	486,726	140,045	1,927	788
45-64	75,607	118	70,594	4,563	15	317	781,967	1,077	763,840	13,957	15	3,078
65-74	47,584	32,268	15,257	48	0	11	511,789	336,583	174,834	288	0	84
75-84	41,196	35,301	5,892	3	0	0	444,997	377,549	67,439	9	0	0
85 and older	27,834	26,801	1,031	2	0	0	276,893	265,571	11,318	4	0	0
Unknown	2	0	0	0	2	0	4	0	0	0	4	0
<b>Gender</b>												
Female	306,074	67,544	89,848	56,689	91,581	412	2,163,904	703,933	989,751	162,372	303,898	3,950
Male	207,736	26,947	79,878	8,426	92,484	1	1,471,304	276,883	855,512	23,452	315,448	9
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
<b>Race</b>												
White	205,402	44,112	68,007	28,271	64,762	250	1,468,794	445,517	739,286	79,155	202,433	2,403
African American	148,390	13,909	51,939	24,227	58,232	83	1,015,540	147,050	566,013	68,965	232,744	768
Other/unknown	160,018	36,470	49,780	12,617	61,071	80	1,150,874	388,249	539,964	37,704	184,169	788
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	22,768	18,287	4,464	1	16	0	234,593	185,750	48,639	12	192	0
Part year	13,993	10,686	3,273	15	17	2	135,999	101,868	33,832	103	172	24
None	477,049	65,518	161,989	65,099	184,032	411	3,264,616	693,198	1,762,792	185,709	618,982	3,935
<b>Maintenance Assistance Status</b>												
Cash	249,133	33,849	136,632	30,513	48,139	0	2,090,260	373,356	1,496,561	88,261	132,082	0
Medically needy	3	1	2	0	0	0	32	12	20	0	0	0
Poverty-related	179,994	24,802	21,105	17,645	116,029	413	889,420	265,099	225,578	51,436	343,348	3,959
Other/unknown	84,680	35,839	11,987	16,957	19,897	0	655,496	342,349	123,104	46,127	143,916	0
<b>Dual Medicare Status<sup>d</sup></b>												
Full dual, all year	155,677	83,931	70,926	756	32	32	1,678,033	879,064	792,870	5,525	247	327
Full dual, part year	1,018	763	253	2	0	0	10,735	8,057	2,655	23	0	0
Non-dual, all year	357,115	9,797	98,547	64,357	184,033	381	1,946,440	93,695	1,049,738	180,276	619,099	3,632
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	323,354	94,474	167,214	15,441	45,814	411	3,121,174	980,687	1,829,194	56,341	251,008	3,944
FFS part year, with Rx claims	41,900	9	1,418	14,919	25,552	2	133,858	72	10,381	44,332	79,058	15
FFS part year, no Rx claims	148,556	8	1,094	34,755	112,699	0	380,176	57	5,688	85,151	289,280	0

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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 2007. 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, 2007**

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>42.8</b>	<b>9.1</b>	<b>\$893</b>	<b>\$98</b>	<b>\$10,289</b>	<b>8.7</b>	<b>513,810</b>
<b>Age</b>							
5 and younger	20.3	1.1	123	111	2,861	4.3	95,392
6-14	27.8	3.2	376	117	3,639	10.3	78,439
15-20	32.1	3.8	547	144	6,286	8.7	52,232
21-44	45.0	9.6	1,145	120	9,390	12.2	95,524
45-64	73.0	32.0	3,197	100	19,756	16.2	75,607
65-74	56.6	8.6	479	56	10,543	4.5	47,584
75-84	55.4	6.4	271	42	16,731	1.6	41,196
85 and older	51.1	4.8	148	31	29,394	0.5	27,834
Unknown	0.0	0.0	0	0	773	0.0	2
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	52.4	6.1	273	45	18,691	1.5	94,491
Disabled	70.0	22.7	2,390	106	16,484	14.5	169,726
Adults	27.4	1.2	93	80	3,926	2.4	65,115
Children	18.2	1.0	110	107	2,488	4.4	184,065
Unknown	81.1	23.6	2,736	116	21,493	12.7	413
<b>Gender</b>							
Female	44.3	9.6	844	88	10,338	8.2	306,074
Male	40.7	8.5	966	113	10,215	9.5	207,736
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	44.0	9.5	882	93	13,708	6.4	205,402
African American	41.6	9.0	1,001	111	9,093	11.0	148,390
Other/unknown	42.6	8.9	808	91	7,008	11.5	160,018
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	57.4	15.6	971	62	59,128	1.6	22,768
Part year	66.3	15.6	1,273	82	40,439	3.1	13,993
None	41.5	8.6	878	102	7,073	12.4	477,049
<b>Maintenance Assistance Status</b>							
Cash	54.0	14.7	1,540	105	9,414	16.4	249,133
Medically needy	33.3	3.3	61	18	22,220	0.3	3
Poverty related	25.9	2.5	182	73	3,420	5.3	179,994
Other/unknown	46.0	6.9	501	73	27,460	1.8	84,680

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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, TN, TX, 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, TN, TX, 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, 2007**

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Number of Rx, Percentage with:							More than 10	Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
			Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	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	Beneficiaries			Benefit Months	
<b>All</b>	<b>1.3</b>	<b>\$126</b>	<b>8.7</b>	<b>57.2</b>	<b>26.8</b>	<b>5.3</b>	<b>6.1</b>	<b>3.4</b>	<b>1.3</b>	<b>\$1,454</b>	<b>513,810</b>	<b>3,635,208</b>	
<b>Age</b>													
5 and younger	0.4	39	4.3	79.7	15.4	2.8	1.7	0.2	0.0	908	95,392	300,498	
6-14	0.6	74	10.3	72.2	19.3	4.1	3.4	0.8	0.2	714	78,439	399,606	
15-20	0.7	99	8.7	67.9	22.5	4.3	4.0	1.1	0.3	1,133	52,232	289,932	
21-44	1.4	174	12.2	55.0	25.5	6.4	8.0	3.8	1.2	1,425	95,524	629,522	
45-64	3.1	309	16.2	27.0	27.5	8.3	16.9	14.3	6.0	1,910	75,607	781,967	
65-74	0.8	45	4.5	43.4	42.6	5.9	5.1	2.3	0.6	980	47,584	511,789	
75-84	0.6	25	1.6	44.6	45.0	5.5	3.3	1.4	0.3	1,549	41,196	444,997	
85 and older	0.5	15	0.5	48.9	42.8	4.8	2.5	0.8	0.2	2,955	27,834	276,893	
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	387	2	4	
<b>Basis of Eligibility<sup>e</sup></b>													
Aged	0.6	26	1.5	47.6	41.9	5.2	3.7	1.4	0.3	1,801	94,491	980,816	
Disabled	2.1	220	14.5	30.0	36.0	8.7	13.1	8.8	3.5	1,516	169,726	1,845,263	
Adults	0.4	33	2.4	72.6	18.4	4.2	3.4	1.0	0.3	1,376	65,115	185,824	
Children	0.3	33	4.4	81.8	13.4	2.5	1.8	0.4	0.1	739	184,065	619,346	
Unknown	2.5	285	12.7	18.9	31.5	16.2	21.8	10.4	1.2	2,242	413	3,959	
<b>Gender</b>													
Female	1.4	119	8.2	55.7	27.8	5.3	6.1	3.6	1.4	1,462	306,074	2,163,904	
Male	1.2	136	9.5	59.3	25.2	5.2	6.2	3.2	1.1	1,442	207,736	1,471,304	
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	1.3	123	6.4	56.0	26.8	5.7	6.5	3.7	1.4	1,917	205,402	1,468,794	
African American	1.3	146	11.0	58.4	25.6	5.0	6.2	3.5	1.3	1,329	148,390	1,015,540	
Other/unknown	1.2	112	11.5	57.4	27.8	4.9	5.6	3.1	1.1	974	160,018	1,150,874	
<b>Use of Nursing Facilities<sup>f</sup></b>													
Entire year	1.5	94	1.6	42.6	37.2	6.7	5.3	4.1	4.1	5,739	22,768	234,593	
Part year	1.6	131	3.1	33.7	45.6	6.0	5.7	5.2	3.8	4,161	13,993	135,999	
None	1.3	128	12.4	58.5	25.7	5.2	6.2	3.4	1.1	1,034	477,049	3,264,616	
<b>Maintenance Assistance Status</b>													
Cash	1.8	184	16.4	46.0	30.4	6.7	9.0	5.8	2.2	1,122	249,133	2,090,260	
Medically needy	0.3	6	0.3	66.7	33.3	0.0	0.0	0.0	0.0	2,083	3	32	
Poverty related	0.5	37	5.3	74.1	19.7	3.0	2.3	0.8	0.2	692	179,994	889,420	
Other/unknown	0.9	65	1.8	54.0	31.1	5.9	5.8	2.3	0.9	3,547	84,680	655,496	

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

- 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, TN, TX, 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, TN, TX, 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, 2007**

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>1.3</b>	<b>\$126</b>	<b>\$98</b>	<b>0.5</b>	<b>\$92</b>	<b>\$204</b>	<b>0.1</b>	<b>\$7</b>	<b>\$83</b>	<b>0.8</b>	<b>\$27</b>	<b>\$36</b>
<b>Age</b>												
5 and younger	0.4	39	111	0.1	32	304	0.0	1	94	0.2	7	28
6-14	0.6	74	117	0.3	60	196	0.0	3	119	0.3	10	35
15-20	0.7	99	144	0.3	82	258	0.0	4	124	0.3	13	38
21-44	1.4	174	120	0.5	132	247	0.1	8	113	0.8	33	40
45-64	3.1	309	100	1.1	221	201	0.2	17	92	1.8	72	40
65-74	0.8	45	56	0.2	28	124	0.1	4	48	0.5	13	26
75-84	0.6	25	42	0.1	14	103	0.1	2	36	0.4	8	21
85 and older	0.5	15	31	0.1	8	91	0.0	1	32	0.4	6	16
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	0.6	26	45	0.1	16	109	0.1	2	40	0.4	8	22
Disabled	2.1	220	106	0.8	162	216	0.1	11	93	1.2	47	39
Adults	0.4	33	80	0.2	24	158	0.0	1	68	0.2	8	32
Children	0.3	33	107	0.1	26	198	0.0	1	103	0.2	5	32
Unknown	2.5	285	116	0.9	202	233	0.1	16	123	1.5	68	46
<b>Gender</b>												
Female	1.4	119	88	0.5	85	184	0.1	7	80	0.8	28	35
Male	1.2	136	113	0.4	104	236	0.1	6	87	0.7	26	38
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	1.3	123	93	0.4	87	199	0.1	7	96	0.8	29	36
African American	1.3	146	111	0.5	112	232	0.1	7	81	0.7	28	37
Other/unknown	1.2	112	91	0.4	82	184	0.1	6	71	0.7	24	34
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	1.5	94	62	0.4	63	163	0.1	4	61	1.1	27	26
Part year	1.6	131	82	0.4	90	211	0.1	7	69	1.1	34	32
None	1.3	128	102	0.5	95	207	0.1	7	85	0.7	27	37
<b>Maintenance Assistance Status</b>												
Cash	1.8	184	105	0.6	135	212	0.1	9	88	1.0	39	38
Medically needy	0.3	6	18	0.3	5	19	0.0	0	0	0.0	0	12
Poverty related	0.5	37	73	0.1	25	168	0.0	2	61	0.3	10	31
Other/unknown	0.9	65	73	0.3	47	174	0.0	3	69	0.6	15	26

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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, 1.1 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.

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, 2007

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users <sup>e</sup>				
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Brand-Name			Brand-Name	Brand-Name			Brand-Name	Brand-Name						
Anti-infective Agents	0.4	0.2	0.0	0.2	\$94	\$80	\$2	\$12	\$233	\$533	\$191	\$50	294,073	\$68,459,005	76,053	14.8	729,241
Biologicals	0.2	0.2	0.0	0.0	156	156	0	0	946	946	0	0	6,512	6,161,277	3,737	0.7	39,391
Antineoplastic Agents	0.4	0.1	0.0	0.3	153	117	1	35	351	1,063	697	108	16,040	5,629,497	3,511	0.7	36,815
Endocrine/Metabolic Drugs	0.8	0.3	0.0	0.4	68	54	1	13	86	159	69	30	347,788	29,955,743	44,226	8.6	442,256
Cardiovascular Agents	1.4	0.4	0.1	0.8	80	43	10	27	58	101	75	33	701,641	40,811,111	47,989	9.3	511,036
Respiratory Agents	0.6	0.3	0.0	0.3	44	33	2	9	78	118	78	35	524,118	40,957,731	91,551	17.8	936,244
Gastrointestinal Agents	0.5	0.2	0.0	0.3	50	33	6	11	101	170	134	42	202,557	20,547,563	38,198	7.4	408,680
Genitourinary Agents	0.4	0.2	0.0	0.2	27	19	1	8	76	100	85	49	46,553	3,531,344	12,855	2.5	128,612
CNS Drugs	1.0	0.4	0.0	0.6	111	87	4	21	109	243	151	32	931,691	101,807,257	85,793	16.7	915,860
Stimulants/Anti-obesity/Anorexia	0.6	0.5	0.0	0.1	72	65	1	6	118	138	70	46	64,704	7,652,906	10,343	2.0	106,928
Miscellaneous Psychological/ Neurological Agents	0.4	0.4	0.0	0.0	97	96	0	1	257	268	151	73	25,569	6,572,711	6,184	1.2	67,727
Analgesics and Anesthetics	0.6	0.1	0.0	0.5	51	20	3	27	85	332	404	52	366,758	31,257,340	60,236	11.7	617,544
Neuromuscular Agents	0.9	0.3	0.0	0.5	83	56	7	20	97	185	162	39	388,946	37,842,674	41,829	8.1	456,016
Nutritional Products	0.5	0.1	0.1	0.3	8	2	2	4	17	29	19	14	319,501	5,485,145	68,237	13.3	685,284
Hematological Agents	0.6	0.2	0.0	0.4	80	74	0	5	139	373	31	15	184,718	25,703,641	29,734	5.8	320,685
Topical Products	0.4	0.2	0.0	0.2	32	21	2	9	77	133	104	39	256,363	19,765,033	62,047	12.1	624,983
Miscellaneous Products	0.3	0.2	0.0	0.1	139	128	4	8	420	545	275	94	15,129	6,351,065	4,441	0.9	45,608
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	13	0	0	0	54	0	0	0	7,089	380,353	2,777	0.5	30,053
<b>TOTAL NO. OF RX AND RX \$</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	4,699,750	458,871,396	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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, 1.1 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 2007.

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.

All Medicaid Beneficiaries

TABLE 7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 NEW JERSEY, 2007

Top 10 Drug Groups	Total Medicaid Rx \$	Users			Among Users		
		Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$67,899,057	33,371	6.5	366,735	0.7	\$273	\$185
ANTIVIRAL	53,276,293	11,450	2.2	122,381	0.7	656	435
ANTICONVULSANT	33,786,924	38,592	7.5	425,067	0.7	110	79
ANTIASTHMATIC	27,748,509	65,062	12.7	669,295	0.4	104	41
ANALGESICS - Narcotic	19,846,245	56,026	10.9	595,824	0.4	92	33
ANTIDIABETIC	18,149,408	32,447	6.3	355,512	0.6	88	51
ANTIDEPRESSANTS	17,240,921	40,212	7.8	432,185	0.5	74	40
ANTIHYPERLIPIDEMIC	16,316,943	28,153	5.5	312,843	0.5	101	52
DERMATOLOGICAL	14,786,649	77,033	15.0	817,454	0.2	83	18
ULCER DRUGS	14,381,970	40,489	7.9	442,170	0.4	83	33
Total	283,432,919	422,835	n.a.	4,539,466	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Jersey, released by CMS in 5/2010. This table was produced on 04/19/2011.

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 2007. 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 2007. 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.

All Medicaid Beneficiaries