

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 1999 NEW MEXICO

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TABLE 11

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	31,034	15,433	15,458	138	5	0	330,803	161,255	168,850	669	29	0
Age												
5 and younger	2	1	1	0	0	0	14	2	12	0	0	0
6-14	7	1	5	0	1	0	70	4	54	0	12	0
15-20	54	0	50	2	2	0	422	0	398	9	15	0
21-44	4,601	1	4,498	101	1	0	48,951	12	48,412	526	1	0
45-64	4,930	7	4,893	30	0	0	52,870	76	52,676	118	0	0
65-74	8,761	4,775	3,982	4	0	0	94,565	50,412	44,140	13	0	0
75-84	7,159	5,690	1,467	1	1	0	77,234	60,404	16,826	3	1	0
85 and older	5,520	4,958	562	0	0	0	56,677	50,345	6,332	0	0	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
Gender												
Female	19,902	10,934	8,885	80	3	0	213,572	115,369	97,700	487	16	0
Male	11,131	4,499	6,572	58	2	0	117,219	45,886	71,138	182	13	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
Race												
White	14,525	7,246	7,238	38	3	0	152,289	73,399	78,695	179	16	0
African American	628	216	407	5	0	0	6,728	2,373	4,344	11	0	0
Other/unknown	15,881	7,971	7,813	95	2	0	171,786	85,483	85,811	479	13	0
Use of Nursing Facilities												
All year	4,175	3,720	455	0	0	0	42,814	37,687	5,127	0	0	0
Part year	2,011	1,703	307	1	0	0	18,093	15,017	3,064	12	0	0
None	24,848	10,010	14,696	137	5	0	269,896	108,551	160,659	657	29	0
Maintenance Assistance Status												
Cash	23,461	9,251	14,123	87	0	0	257,722	102,606	154,829	287	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty-related	402	228	156	13	5	0	3,555	1,986	1,473	67	29	0
Other/unknown	7,171	5,954	1,179	38	0	0	69,526	56,663	12,548	315	0	0
Dual Medicare Status^c												
Full dual, all year	30,374	14,981	15,256	132	5	0	324,390	156,871	166,873	617	29	0
Full dual, part year	660	452	202	6	0	0	6,413	4,384	1,977	52	0	0
Managed Care Status												
FFS all year	29,596	15,147	14,372	73	4	0	321,980	159,421	162,032	501	26	0
FFS part year, with Rx claims	899	149	714	36	0	0	6,000	1,048	4,863	89	0	0
FFS part year, no Rx claims	539	137	372	29	1	0	2,823	786	1,955	79	3	0

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 11 includes the beneficiaries represented by Cells G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

Table 11

Dual Eligible Beneficiaries

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. 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 = Center for Medicare and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE 12

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BENEFICIARY CHARACTERISTIC^{a,b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	Mean OTC Drug \$ ^c	No. of Benes
All	76.1 %	28.8	\$1,162	\$40	\$9,743	11.9 %	\$34	31,034
Age								
5 and younger	100.0	18.0	344	19	6,623	5.2	104	2
6-14	57.1	17.6	2,051	117	9,919	20.7	24	7
15-20	57.4	15.5	1,269	82	8,721	14.5	29	54
21-44	73.5	24.7	1,496	61	10,987	13.6	20	4,601
45-64	80.4	36.3	1,617	45	10,323	15.7	42	4,930
65-74	70.1	25.8	951	37	5,487	17.3	35	8,761
75-84	77.7	29.9	1,062	36	9,687	11.0	36	7,159
85 and older	82.0	29.3	941	32	15,024	6.3	36	5,520
Unknown	0.0	0.0	0	0	0	0.0	0	0
Basis of Eligibility								
Aged	74.4	26.3	911	35	10,608	8.6	32	15,433
Disabled	77.9	31.6	1,422	45	8,954	15.9	37	15,458
Adults	52.9	4.4	195	44	1,570	12.4	3	138
Children	20.0	7.2	1,402	195	2,045	68.6	3	5
Unknown	0.0	0.0	0	0	0	0.0	0	0
Gender								
Female	79.1	32.1	1,208	38	9,440	12.8	40	19,902
Male	70.7	23.0	1,081	47	10,284	10.5	25	11,131
Unknown	0.0	0.0	0	0	210	0.0	0	1
Race								
White	82.8	34.2	1,395	41	11,250	12.4	38	14,525
African American	83.6	33.9	1,282	38	8,249	15.5	40	628
Other/unknown	69.6	23.7	945	40	8,423	11.2	31	15,881
Use of Nursing Facilities								
Entire year	91.5	43.6	1,567	36	30,025	5.2	68	4,175
Part year	86.1	30.5	1,107	36	17,366	6.4	42	2,011
None	72.6	26.2	1,099	42	5,718	19.2	28	24,848
Maintenance Assistance Status								
Cash	73.5	26.3	1,080	41	4,824	22.4	28	23,461
Medically needy	0.0	0.0	0	0	0	0.0	0	0
Poverty related	67.4	14.6	618	42	5,163	12.0	13	402
Other/unknown	84.9	37.9	1,464	39	26,093	5.6	56	7,171

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 12

Dual Eligible Beneficiaries

a. Table 12 includes beneficiaries represented by Cell G 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. Information about OTC drugs appears in this column only. OTC drugs are not part of the reimbursement amount for prescription drugs.

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

TABLE 13
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	Mean No. of Rx	Mean Rx \$	Rx \$ as % of All Services	No. of Rx, % with:					Mean \$, All Services	Benes	Bene Mos	
				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
All	2.7	\$109	11.9 %	23.9 %	23.4 %	11.7 %	24.7 %	13.8 %	2.5 %	\$914	31,034	330,803
Age												
5 and younger	2.6	49	5.2	0.0	50.0	0.0	50.0	0.0	0.0	946	2	14
6-14	1.8	205	20.7	42.9	0.0	14.3	42.9	0.0	0.0	992	7	70
15-20	2.0	162	14.5	42.6	27.8	5.6	14.8	9.3	0.0	1,116	54	422
21-44	2.3	141	13.6	26.5	28.9	11.3	20.6	10.4	2.3	1,033	4,601	48,951
45-64	3.4	151	15.7	19.6	21.2	11.1	26.0	17.6	4.4	963	4,930	52,870
65-74	2.4	88	17.3	29.9	24.0	10.4	21.8	11.6	2.3	508	8,761	94,565
75-84	2.8	98	11.0	22.3	22.0	11.9	26.4	15.0	2.3	898	7,159	77,234
85 and older	2.9	92	6.3	18.0	21.7	14.3	29.3	15.1	1.5	1,463	5,520	56,677
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility												
Aged	2.5	87	8.6	25.6	22.7	12.2	24.8	12.9	1.8	1,015	15,433	161,255
Disabled	2.9	130	15.9	22.1	24.1	11.2	24.7	14.7	3.2	820	15,458	168,850
Adults	0.9	40	12.4	47.1	24.6	8.7	13.0	5.1	1.4	324	138	669
Children	1.2	242	68.6	80.0	0.0	0.0	20.0	0.0	0.0	353	5	29
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	3.0	113	12.8	20.9	21.8	12.2	26.6	15.5	3.1	880	19,902	213,572
Male	2.2	103	10.5	29.3	26.3	10.8	21.3	10.8	1.5	977	11,131	117,219
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	18	1	12
Race												
White	3.3	133	12.4	17.2	21.6	12.6	27.7	17.5	3.4	1,073	14,525	152,289
African American	3.2	120	15.5	16.4	24.5	13.7	26.3	15.6	3.5	770	628	6,728
Other/unknown	2.2	87	11.2	30.4	25.1	10.7	21.9	10.3	1.6	779	15,881	171,786
Use of Nursing Facilities												
Entire year	4.3	153	5.2	8.5	13.4	12.6	34.4	26.5	4.6	2,928	4,175	42,814
Part year	3.4	123	6.4	13.9	19.7	13.7	33.1	17.2	2.4	1,930	2,011	18,093
None	2.4	101	19.2	27.4	25.4	11.4	22.3	11.4	2.2	526	24,848	269,896
Maintenance Assistance Status												
Cash	2.4	98	22.4	26.5	25.9	11.6	22.7	11.2	2.1	439	23,461	257,722
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	1.7	70	12.0	32.6	33.6	11.4	14.9	6.7	0.7	584	402	3,555
Other/unknown	3.9	151	5.6	15.1	14.8	11.8	31.7	22.8	3.8	2,691	7,171	69,526

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

Table 13

Dual Eligible Beneficiaries

a. Table 13 includes the beneficiaries represented by Cell G 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.

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 14
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx	No. of Rx	Rx \$	\$ per Rx
All	2.7	\$109	\$40	0.9	\$63	\$71	0.5	\$22	\$46	1.2	\$19	\$16
Age												
5 and younger	2.6	49	19	0.2	6	27	0.8	33	42	0.5	3	6
6-14	1.8	205	117	0.8	177	222	0.2	9	50	0.7	11	15
15-20	2.0	162	82	0.7	102	136	0.5	46	99	0.7	13	18
21-44	2.3	141	61	0.8	91	117	0.4	26	73	1.1	19	18
45-64	3.4	151	45	1.2	90	77	0.5	28	56	1.6	26	17
65-74	2.4	88	37	0.8	50	60	0.4	17	43	1.1	16	15
75-84	2.8	98	36	0.9	53	60	0.5	21	39	1.2	18	15
85 and older	2.9	92	32	0.8	46	59	0.6	21	34	1.3	18	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility												
Aged	2.5	87	35	0.8	47	60	0.5	19	38	1.1	16	15
Disabled	2.9	130	45	1.0	77	80	0.5	25	54	1.3	22	16
Adults	0.9	40	44	0.2	25	115	0.1	6	78	0.6	8	14
Children	1.2	242	195	0.7	222	339	0.2	6	33	0.4	7	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	3.0	113	38	1.0	63	64	0.5	22	43	1.3	20	15
Male	2.2	103	47	0.7	61	89	0.4	20	52	1.0	17	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	3.3	133	41	1.1	76	72	0.6	27	46	1.5	23	16
African American	3.2	120	38	0.9	65	70	0.6	27	47	1.5	23	15
Other/unknown	2.2	87	40	0.7	51	70	0.4	16	45	1.0	15	15
Use of Nursing Facilities												
Entire year	4.3	153	36	1.2	82	66	0.9	34	37	1.9	29	15
Part year	3.4	123	36	1.0	67	67	0.7	26	37	1.5	23	15
None	2.4	101	42	0.8	59	73	0.4	19	50	1.1	17	16
Maintenance Assistance Status												
Cash	2.4	98	41	0.8	57	71	0.4	19	49	1.1	17	16
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	1.7	70	42	0.5	40	74	0.3	14	47	0.7	11	15
Other/unknown	3.9	151	39	1.2	85	72	0.8	32	39	1.8	27	16

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 14 includes the beneficiaries represented by Cell G 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.

Table 14

Dual Eligible Beneficiaries

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 Mexico, 9.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE 15

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total	Patented Brand-Name	Off-Patent Brand-Name	Total No. of Rx	Total Rx \$	No. Dual Benes	As % of Benes	No. of Bene Mos			
															Generic	Generic	Generic
Anti-infective Agents	0.3	0.1	0.0	0.1	\$15	\$13	\$0	\$2	\$53	\$98	\$42	\$12	47,367	\$2,509,397	14,643	47.2 %	163,586
Biologics	0.1	0.1	0.0	0.0	5	1	0	4	42	12	0	88	362	15,164	306	1.0	3,331
Antineoplastic Agents	0.5	0.2	0.1	0.2	60	35	14	11	119	223	116	49	3,634	431,630	663	2.1	7,162
Endocrine/Metabolic Drugs	0.9	0.4	0.2	0.3	24	18	3	3	26	43	13	12	105,024	2,759,286	10,488	33.8	115,923
Cardiovascular Agents	1.3	0.4	0.3	0.6	38	20	11	7	29	46	37	12	187,252	5,509,829	13,198	42.5	144,294
Respiratory Agents	0.6	0.3	0.0	0.3	21	16	1	5	35	51	31	17	68,115	2,408,293	10,245	33.0	114,819
Gastrointestinal Agents	0.6	0.2	0.1	0.2	38	22	10	6	66	109	80	23	59,452	3,918,532	9,321	30.0	103,514
Genitourinary Agents	0.4	0.2	0.0	0.2	12	8	0	4	34	51	37	20	12,683	431,746	3,072	9.9	34,815
CNS Drugs	1.0	0.4	0.1	0.5	56	36	13	7	56	101	97	14	128,888	7,249,120	11,788	38.0	128,469
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.2	20	7	7	7	45	65	47	34	463	20,820	94	0.3	1,025
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.1	36	33	1	2	90	108	101	26	2,931	263,304	659	2.1	7,287
Analgesics and Anesthetics	0.6	0.1	0.1	0.4	21	10	5	6	35	104	67	15	90,306	3,165,195	13,321	42.9	147,701
Neuromuscular Agents	0.8	0.2	0.2	0.4	37	18	8	10	49	94	48	27	50,971	2,496,316	6,058	19.5	67,340
Nutritional Products	0.6	0.0	0.3	0.3	9	0	6	3	17	13	21	11	29,460	486,573	4,904	15.8	52,907
Hematological Agents	0.6	0.0	0.3	0.3	22	9	7	6	36	221	28	19	20,667	750,594	3,136	10.1	33,972
Topical Products	0.4	0.1	0.1	0.2	11	6	2	2	29	44	35	14	40,613	1,181,507	9,701	31.3	109,827
Miscellaneous Products	0.6	0.2	0.2	0.2	132	80	43	9	218	330	237	52	2,205	481,066	337	1.1	3,638
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	19	0	0	0	45	0	0	0	44,555	1,992,703	9,328	30.1	104,524
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.	894,948	36,071,075	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

- a. Table 15 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories 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. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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 Mexico, 9.0 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/products/product_mddb.asp (May 13 2003).
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	No.	As % of Dual Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ULCER DRUGS	\$3,373,319	8,712	28.1 %	97,789	0.4	\$81	\$34
ANTIPSYCHOTICS	3,255,288	4,344	14.0	47,417	0.6	108	69
ANTIDEPRESSANTS	2,899,646	9,176	29.6	100,124	0.6	52	29
ANTIHYPERTENSIVE	1,947,829	8,113	26.1	89,584	0.6	35	22
ANTIDIABETIC	1,833,580	6,955	22.4	77,465	0.6	37	24
ANTICONVULSANT	1,769,152	3,750	12.1	41,360	0.7	58	43
ANALGESICS - Narcotic	1,527,507	13,368	43.1	148,339	0.3	30	10
ANALGESICS - ANTI-INFLAMMATORY	1,418,100	9,054	29.2	103,405	0.3	43	14
CALCIUM BLOCKERS	1,348,424	3,934	12.7	43,428	0.7	45	31
ANTIASTHMATIC	1,270,861	7,296	23.5	80,488	0.4	37	16

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 16 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. 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 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	All Top 10 Drug Groups					ULCER DRUGS					ANTIPSYCHOTICS					
	No. of Rx	Rx \$	No. of Users	Users as % of Dual Benes	Mean No. of Rx	No. of Users	Users as % of Dual Benes	Mean No. of Rx	No. of Users	Users as % of Dual Benes	Mean No. of Rx	No. of Users	Users as % of Dual Benes	Mean No. of Rx	No. of Users	Users as % of Dual Benes
All	411,539	\$20,643,706	8,712	28.1 %	0.4	97,789	14.0 %	\$35	4,344	14.0 %	47,417	0.6	\$69			
Female	283,929	13,684,283	6,150	30.9	0.4	69,393	13.1	34	2,605	13.1	28,307	0.6	56			
Disabled	152,404	7,921,376	3,211	36.1	0.4	36,796	14.6	34	1,300	14.6	14,657	0.6	71			
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			
6-14	42	1,992	2	50.0	0.4	24	0.0	35	0	0.0	0	0.0	0			
15-20	186	8,878	5	20.0	0.5	54	0.0	37	0	0.0	0	0.0	0			
21-44	26,933	1,788,767	469	24.5	0.4	5,291	22.8	33	435	22.8	4,886	0.7	96			
45-64	55,508	3,007,232	1,130	40.8	0.4	12,976	17.0	36	471	17.0	5,383	0.6	71			
65-74	47,641	2,163,896	1,080	40.4	0.4	12,364	9.5	33	254	9.5	2,797	0.5	53			
75-84	16,794	725,246	393	36.5	0.4	4,558	9.5	36	102	9.5	1,172	0.5	29			
85 and older	5,300	225,365	132	31.0	0.4	1,529	8.9	34	38	8.9	419	0.5	26			
Other Eligibles	131,525	5,762,907	2,939	26.7	0.4	32,597	11.8	34	1,305	11.8	13,650	0.5	40			
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			
6-14	9	505	1	50.0	0.3	12	0.0	27	0	0.0	0	0.0	0			
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			
21-44	166	5,493	6	8.7	0.3	38	7.2	11	5	7.2	48	0.2	12			
45-64	24	912	2	16.7	0.2	24	8.3	5	1	8.3	1	1.0	219			
65-74	30,973	1,374,473	664	21.8	0.4	7,467	6.1	30	185	6.1	1,962	0.5	51			
75-84	55,077	2,433,245	1,168	28.9	0.4	13,139	12.1	34	490	12.1	5,156	0.6	46			
85 and older	45,276	1,948,279	1,098	28.6	0.5	11,917	16.2	37	624	16.2	6,483	0.5	32			
Male	127,610	6,959,423	2,562	23.0	0.4	28,396	15.6	35	1,739	15.6	19,110	0.7	87			
Disabled	83,811	4,987,722	1,553	23.6	0.4	17,732	18.4	35	1,211	18.4	13,722	0.8	103			
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			
15-20	187	15,440	7	28.0	0.3	79	28.0	16	7	28.0	40	0.3	92			
21-44	32,014	2,327,188	511	19.8	0.4	5,834	27.4	36	707	27.4	8,026	0.9	117			
45-64	30,841	1,764,463	548	25.8	0.4	6,216	17.3	39	367	17.3	4,155	0.7	98			
65-74	15,481	648,728	329	25.1	0.4	3,779	6.0	30	79	6.0	916	0.6	45			
75-84	4,198	181,358	120	30.8	0.4	1,379	11.0	31	43	11.0	498	0.6	43			
85 and older	1,090	50,545	38	27.9	0.4	445	5.9	42	8	5.9	87	0.4	28			
Other Eligibles	43,799	1,971,701	1,009	22.1	0.4	10,664	11.6	34	528	11.6	5,388	0.5	47			
5 and younger	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			
6-14	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			
15-20	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			
21-44	77	2,521	4	11.8	1.2	6	0.0	66	0	0.0	0	0.0	0			
45-64	159	6,817	4	16.0	0.4	48	0.0	11	0	0.0	0	0.0	0			
65-74	13,749	616,457	323	18.6	0.4	3,503	7.3	28	127	7.3	1,281	0.6	60			
75-84	19,124	883,993	401	24.3	0.5	4,257	14.2	36	235	14.2	2,440	0.6	51			
85 and older	10,690	461,913	277	24.9	0.5	2,850	14.9	37	166	14.9	1,667	0.5	31			
Unknown	0	0	0	0.0	0.0	0	0.0	0	0	0.0	0	0.0	0			

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 1/2003. This table was produced on 06/25/2004.

a. Table 16A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mdmb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIHYPERTENSIVE					ANTIDIABETIC				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean Rx	Mean Rx \$
All	9,176	29.6 %	100,124	0.6	\$29	8,113	26.1 %	89,584	0.6	\$22	6,955	22.4 %	77,465	0.6	\$24
Female	6,540	32.9	71,721	0.6	29	5,654	28.4	62,646	0.6	22	5,032	25.3	56,351	0.6	24
Disabled	3,602	40.5	40,360	0.5	31	2,459	27.7	27,799	0.6	22	2,623	29.5	29,667	0.7	27
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	25.0	6	0.5	31	3	75.0	24	0.6	5	0	0.0	0	0.0	0
15-20	6	24.0	58	0.3	16	5	20.0	60	1.0	52	1	4.0	12	0.2	7
21-44	934	48.8	10,228	0.5	34	203	10.6	2,241	0.6	18	181	9.5	1,947	0.8	35
45-64	1,493	53.9	16,939	0.6	34	715	25.8	7,959	0.6	21	897	32.4	10,113	0.7	29
65-74	816	30.6	9,085	0.5	25	978	36.6	11,067	0.6	22	1,095	41.0	12,428	0.7	28
75-84	259	24.0	2,997	0.5	21	408	37.9	4,792	0.6	23	355	33.0	4,134	0.6	20
85 and older	93	21.8	1,047	0.5	17	147	34.5	1,656	0.6	24	94	22.1	1,033	0.6	22
Other Eligibles	2,938	26.7	31,361	0.6	27	3,195	29.0	34,847	0.6	22	2,409	21.9	26,684	0.6	21
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	27.5	144	0.3	16	4	5.8	18	0.3	5	3	4.3	24	0.3	9
45-64	1	8.3	1	1.0	64	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	600	19.7	6,628	0.5	24	805	26.4	8,889	0.6	22	786	25.8	8,774	0.6	22
75-84	1,159	28.7	12,509	0.6	26	1,344	33.3	14,901	0.7	23	1,060	26.2	11,780	0.6	21
85 and older	1,159	30.2	12,079	0.6	29	1,042	27.1	11,039	0.7	22	560	14.6	6,106	0.7	19
Male	2,636	23.7	28,403	0.6	30	2,459	22.1	26,938	0.6	21	1,923	17.3	21,114	0.6	22
Disabled	1,684	25.6	18,828	0.5	30	1,272	19.4	14,263	0.6	21	1,117	17.0	12,522	0.6	24
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	2	8.0	13	0.6	30	6	24.0	72	0.5	18	1	4.0	12	0.1	2
21-44	834	32.3	9,315	0.5	33	229	8.9	2,627	0.6	20	170	6.6	1,941	0.7	27
45-64	590	27.8	6,627	0.6	29	506	23.8	5,486	0.6	22	505	23.8	5,518	0.6	25
65-74	187	14.3	2,057	0.5	21	384	29.3	4,386	0.6	21	363	27.7	4,151	0.6	23
75-84	53	13.6	614	0.7	34	112	28.7	1,293	0.6	24	67	17.2	777	0.6	17
85 and older	18	13.2	202	0.5	18	35	25.7	399	0.5	19	11	8.1	123	0.7	35
Other Eligibles	952	20.9	9,575	0.6	28	1,187	26.0	12,675	0.6	22	806	17.7	8,592	0.6	20
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	5	14.7	13	0.5	16	2	5.9	4	0.5	17	0	0.0	0	0.0	0
45-64	5	20.0	60	0.6	34	6	24.0	52	0.3	12	2	8.0	13	1.1	11
65-74	258	14.9	2,694	0.5	27	400	23.1	4,327	0.6	20	327	18.8	3,558	0.6	20
75-84	430	26.1	4,276	0.6	30	481	29.2	5,115	0.6	23	340	20.6	3,592	0.6	21
85 and older	254	22.8	2,532	0.6	27	298	26.8	3,177	0.7	21	137	12.3	1,429	0.6	16
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16B

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 16B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - Narcotic					ANALGESICS - ANTI-INFLAMMATORY				
	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of Dual Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	3,750	12.1 %	41,360	0.7	\$43	13,368	43.1 %	148,339	0.3	\$10	9,054	29.2 %	103,405	0.3	\$14
Female	2,175	10.9	23,905	0.7	38	9,291	46.7	103,527	0.3	10	6,415	32.2	73,589	0.3	15
Disabled	1,458	16.4	16,326	0.7	44	5,230	58.9	59,472	0.4	11	3,636	40.9	41,900	0.3	15
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	4.0	12	0.1	2	10	40.0	104	0.3	3	1	4.0	6	0.2	1
21-44	541	28.3	5,952	0.8	55	1,047	54.8	11,798	0.4	15	626	32.7	7,108	0.3	12
45-64	599	21.6	6,789	0.7	44	1,897	68.5	21,599	0.4	13	1,226	44.3	14,087	0.3	16
65-74	247	9.3	2,760	0.7	28	1,516	56.8	17,254	0.3	9	1,195	44.8	13,814	0.3	16
75-84	46	4.3	537	0.7	32	587	54.5	6,812	0.3	6	462	42.9	5,411	0.3	16
85 and older	24	5.6	276	0.6	16	173	40.6	1,905	0.3	8	126	29.6	1,474	0.4	13
Other Eligibles	717	6.5	7,579	0.6	24	4,061	36.9	44,055	0.3	8	2,779	25.2	31,689	0.3	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	2.9	12	0.2	14	29	42.0	220	0.3	4	12	17.4	113	0.2	3
45-64	0	0.0	0	0.0	0	2	16.7	3	1.7	28	2	16.7	13	0.3	5
65-74	175	5.7	1,889	0.6	25	957	31.4	10,654	0.3	8	815	26.8	9,344	0.3	13
75-84	326	8.1	3,464	0.6	23	1,598	39.5	17,636	0.3	9	1,128	27.9	12,974	0.3	15
85 and older	214	5.6	2,214	0.7	23	1,475	38.4	15,542	0.3	8	822	21.4	9,245	0.4	15
Male	1,575	14.1	17,455	0.8	50	4,077	36.6	44,812	0.3	11	2,639	23.7	29,816	0.3	11
Disabled	1,256	19.1	14,195	0.8	55	2,781	42.3	31,350	0.4	13	1,778	27.1	20,403	0.3	10
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	5	20.0	34	1.1	153	8	32.0	73	0.2	2	2	8.0	13	0.2	4
21-44	677	26.2	7,650	0.8	61	1,105	42.7	12,483	0.4	14	602	23.3	6,876	0.3	8
45-64	447	21.1	5,082	0.8	51	988	46.5	11,033	0.4	15	662	31.2	7,562	0.3	11
65-74	101	7.7	1,140	0.8	35	493	37.6	5,596	0.4	8	400	30.5	4,627	0.3	13
75-84	21	5.4	229	0.6	16	145	37.2	1,697	0.3	4	79	20.3	938	0.3	10
85 and older	5	3.7	60	0.8	17	42	30.9	468	0.3	6	33	24.3	387	0.3	11
Other Eligibles	319	7.0	3,260	0.7	30	1,296	28.4	13,462	0.3	7	861	18.9	9,413	0.3	13
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	2	5.9	2	1.5	135	18	52.9	41	1.1	18	7	20.6	16	0.8	44
45-64	1	4.0	12	0.7	112	15	60.0	101	0.6	20	4	16.0	30	0.2	3
65-74	119	6.9	1,237	0.8	32	426	24.6	4,531	0.3	8	327	18.8	3,681	0.3	9
75-84	149	9.0	1,506	0.8	31	532	32.2	5,667	0.3	7	332	20.1	3,638	0.4	15
85 and older	48	4.3	503	0.5	17	305	27.4	3,122	0.3	7	191	17.1	2,048	0.3	14
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Table 16C

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 16C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE 16D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BOE, AND AGE^{a, b, c}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	CALCIUM BLOCKERS				ANTIASTHMATIC				Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Mos among Users	Users as % of Dual Benes	No. of Mos among Users	Mean Rx \$	Mean No. of Rx	No. of Benes	No. of Mos
	No. of Users	Users as % of Dual Benes	No. of Mos among Users	Mean Rx \$	Mean No. of Rx	Users as % of Dual Benes	No. of Mos among Users	Mean Rx \$										
All	3,934	12.7 %	43,428	0.7	\$31	7,296	23.5 %	80,488	0.4	\$16	31,034	330,803						
Female	2,952	14.8	32,823	0.7	31	4,998	25.1	55,615	0.4	16	19,902	213,572						
Disabled	1,261	14.2	14,264	0.7	32	2,694	30.3	30,417	0.4	16	8,885	97,700						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12						
6-14	2	50.0	18	0.9	47	0	0.0	0	0.0	0	4	42						
15-20	5	20.0	60	0.8	39	3	12.0	32	0.1	2	25	190						
21-44	94	4.9	1,054	0.6	33	423	22.1	4,811	0.4	14	1,912	20,709						
45-64	373	13.5	4,151	0.7	33	955	34.5	10,824	0.4	17	2,770	30,047						
65-74	481	18.0	5,438	0.7	32	959	35.9	10,670	0.5	17	2,670	29,537						
75-84	219	20.3	2,541	0.7	30	289	26.8	3,343	0.4	17	1,077	12,369						
85 and older	87	20.4	1,002	0.8	33	65	15.3	737	0.4	16	426	4,794						
Other Eligibles	1,691	15.3	18,559	0.7	30	2,304	20.9	25,198	0.4	15	11,017	115,872						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2						
6-14	1	50.0	12	0.4	14	1	50.0	12	0.1	1	2	16						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	12						
21-44	2	2.9	14	0.2	11	5	7.2	42	0.2	4	69	437						
45-64	1	8.3	12	0.8	29	0	0.0	0	0.0	0	12	79						
65-74	458	15.0	5,078	0.7	30	553	18.2	6,170	0.4	18	3,044	32,405						
75-84	668	16.5	7,484	0.7	31	1,051	26.0	11,579	0.4	15	4,042	43,569						
85 and older	561	14.6	5,959	0.7	29	694	18.1	7,395	0.4	13	3,844	39,352						
Male	982	8.8	10,605	0.7	31	2,298	20.6	24,873	0.4	16	11,131	117,219						
Disabled	502	7.6	5,587	0.7	34	1,179	17.9	13,252	0.4	16	6,572	71,138						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12						
15-20	4	16.0	48	0.7	47	5	20.0	46	0.4	24	25	208						
21-44	81	3.1	914	0.7	39	303	11.7	3,445	0.3	12	2,585	27,691						
45-64	217	10.2	2,337	0.7	35	414	19.5	4,627	0.5	16	2,123	22,629						
65-74	145	11.1	1,652	0.7	32	322	24.5	3,608	0.5	19	1,312	14,603						
75-84	42	10.8	488	0.7	27	114	29.2	1,277	0.4	14	390	4,457						
85 and older	13	9.6	148	0.6	23	21	15.4	249	0.2	10	136	1,538						
Other Eligibles	480	10.5	5,018	0.6	28	1,119	24.5	11,621	0.4	16	4,559	46,081						
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0						
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12						
21-44	1	2.9	2	1.0	77	0	0.0	0	0.0	0	34	102						
45-64	1	4.0	2	0.5	17	1	4.0	12	0.3	4	25	115						
65-74	149	8.6	1,562	0.6	29	317	18.3	3,351	0.5	17	1,735	18,020						
75-84	200	12.1	2,132	0.6	28	492	29.8	5,107	0.4	16	1,650	16,839						
85 and older	129	11.6	1,320	0.7	27	309	27.7	3,151	0.5	17	1,114	10,993						
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12						

Table 16D

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 16D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 1999. A beneficiary who used drugs from two or more drug groups was counted as a user for each group. Therefore, the sum of users across drug groups may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. The top 10 drug groups were determined based on total Medicaid reimbursement in the state for 1999. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy; \$ = Medicaid reimbursement.

TABLE 17
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	Rx \$ per Bene Mo	No. of Rx per Bene Mo	No. of All-Year NF Residents	Bene Mos among All-Year NF Residents
All	\$153	4.3	4,175	42,814
Age				
0-64	225	4.8	201	2,191
65-74	199	4.9	523	5,528
75-84	170	4.6	1,381	14,055
85 and older	121	3.8	2,070	21,040
Unknown	0	0.0	0	0
Gender				
Female	149	4.3	2,876	29,837
Male	161	4.1	1,299	12,977
Unknown	0	0.0	0	0
Race				
White	161	4.5	2,703	27,041
African American	130	3.5	65	737
Other/unknown	139	3.9	1,407	15,036
Basis of Eligibility				
Aged	148	4.2	3,720	37,687
Disabled	189	4.5	455	5,127
Adults	0	0.0	0	0
Children	0	0.0	0	0
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 17 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 1999 Medicaid enrollment. A total of 2,011 beneficiaries who were in nursing facilities for part of their enrollment and their 18,093 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

TABLE 18

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			\$ per Rx			Users							
	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total	Patented	Off-Patent	Total # of Rx	Total Rx \$	No.	As % of Dual All-Year NF Residents	No. of Bene Mos			
		Brand-Name	Generic		Brand-Name	Generic		Brand-Name	Generic								
Anti-infective Agents	0.3	0.1	0.0	0.1	\$13	\$12	\$0	\$2	\$47	\$79	\$31	\$12	7,958	\$376,871	2,598	62.2 %	27,980
Biologicals	0.1	0.1	0.0	0.0	2	0	0	1	14	7	0	23	205	2,781	169	4.0	1,854
Antineoplastic Agents	0.5	0.1	0.2	0.2	54	18	24	12	101	130	125	58	871	87,673	157	3.8	1,638
Endocrine/Metabolic Drugs	1.0	0.4	0.3	0.3	21	14	4	3	20	39	11	10	18,543	379,857	1,702	40.8	17,890
Cardiovascular Agents	1.6	0.4	0.4	0.8	34	14	11	9	22	38	29	11	38,278	843,184	2,359	56.5	24,691
Respiratory Agents	0.6	0.3	0.0	0.3	22	13	1	8	34	47	26	25	9,458	324,304	1,388	33.2	14,847
Gastrointestinal Agents	0.8	0.2	0.2	0.3	44	22	16	7	58	101	71	21	13,558	788,409	1,653	39.6	17,749
Genitourinary Agents	0.5	0.2	0.0	0.3	17	10	0	6	31	51	42	18	3,624	112,045	609	14.6	6,739
CNS Drugs	1.2	0.6	0.2	0.5	67	48	12	7	55	87	75	14	31,620	1,725,820	2,452	58.7	25,874
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.1	0.3	8	0	1	7	21	0	17	21	47	974	12	0.3	120
Miscellaneous Psychological/Neurological Agents	0.6	0.5	0.0	0.1	62	59	0	2	106	114	0	35	1,012	107,021	167	4.0	1,738
Analgesics and Anesthetics	0.6	0.1	0.1	0.5	21	11	4	6	32	82	59	13	12,358	393,581	1,821	43.6	19,089
Neuromuscular Agents	0.9	0.2	0.3	0.4	38	14	13	12	43	72	50	27	10,913	471,572	1,125	26.9	12,276
Nutritional Products	0.7	0.0	0.4	0.3	11	0	7	4	16	14	18	13	9,444	148,264	1,286	30.8	13,492
Hematological Agents	0.8	0.0	0.3	0.4	21	6	8	7	26	218	25	15	6,885	178,300	822	19.7	8,629
Topical Products	0.4	0.1	0.1	0.2	11	5	3	3	26	40	32	13	8,973	232,403	1,933	46.3	21,345
Miscellaneous Products	0.3	0.0	0.0	0.2	16	3	4	9	65	244	194	42	221	14,415	85	2.0	878
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	20	0	0	0	43	0	0	0	8,234	354,350	1,641	39.3	17,878
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.	182,202	6,541,824	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table 18 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 1999. A total of 2,011 beneficiaries who were in nursing facilities for part of their enrollment and their 18,093 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 1999. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

d. For information about these therapeutic categories, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003). In New Mexico, 9.0 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.

Table 18

Dual Eligible Beneficiaries

Bene Mo(s) = benefit month(s); CMS = Center for Medicare and Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

APPENDIX TABLE A.3

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	No. of Benes						No. of Bene Mos					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	31,727	15,494	16,028	199	6	0	344,103	162,640	179,883	1,532	48	0
Age												
5 and younger	2	1	1	0	0	0	14	2	12	0	0	0
6-14	8	1	6	0	1	0	78	4	62	0	12	0
15-20	71	0	66	2	3	0	760	0	713	13	34	0
21-44	4,850	1	4,706	142	1	0	53,575	12	52,415	1,147	1	0
45-64	5,126	7	5,072	47	0	0	56,377	76	55,965	336	0	0
65-74	8,968	4,814	4,147	7	0	0	98,855	51,295	47,527	33	0	0
75-84	7,179	5,709	1,468	1	1	0	77,681	60,823	16,854	3	1	0
85 and older	5,523	4,961	562	0	0	0	56,763	50,428	6,335	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	20,246	10,978	9,171	94	3	0	220,960	116,357	103,801	777	25	0
Male	11,480	4,516	6,856	105	3	0	123,131	46,283	76,070	755	23	0
Unknown	1	0	1	0	0	0	12	0	12	0	0	0
Race												
White	14,804	7,254	7,491	55	4	0	157,430	73,622	83,383	390	35	0
African American	642	216	419	7	0	0	6,992	2,377	4,566	49	0	0
Other/unknown	16,281	8,024	8,118	137	2	0	179,681	86,641	91,934	1,093	13	0
Use of Nursing Facilities												
All year	4,175	3,720	455	0	0	0	42,814	37,687	5,127	0	0	0
Part year	2,011	1,703	307	1	0	0	18,144	15,029	3,103	12	0	0
None	25,541	10,071	15,266	198	6	0	283,145	109,924	171,653	1,520	48	0
Maintenance Assistance Status												
Cash	24,125	9,310	14,671	144	0	0	270,130	103,861	165,253	1,016	0	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	404	228	157	13	6	0	3,760	2,045	1,588	79	48	0
Other/unknown	7,198	5,956	1,200	42	0	0	70,213	56,734	13,042	437	0	0
Dual Status^c												
Full dual, all year	31,067	15,042	15,826	193	6	0	337,531	158,197	177,812	1,474	48	0
Full dual, part year	660	452	202	6	0	0	6,572	4,443	2,071	58	0	0
Managed Care Status												
FFS all year	29,596	15,147	14,372	73	4	0	321,980	159,421	162,032	501	26	0
FFS part year, with Rx claims	899	149	714	36	0	0	9,662	1,412	7,981	269	0	0
FFS part year, no Rx claims	539	137	372	29	1	0	5,174	1,169	3,759	234	12	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	693	61	570	61	1	0	7,287	638	6,111	528	10	0

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

a. Table A.3 includes the beneficiaries represented by Cell F of Table 1. Benefit months are months during which beneficiaries had pharmacy benefit.

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. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 1999. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 1999

Beneficiary Characteristics	Bene(s) and			Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Bene Mo(s) in Cell F of Table 1	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos	No. of Bene Mos
All	31,727	344,103	31,034	330,803	693	13,300	
FFS all year	29,596	321,980	29,596	321,980	0	0	
FFS part year, with Rx claims	899	9,662	899	6,000	0	3,662	
FFS part year, with no Rx claims	539	5,174	539	2,823	0	2,351	
MC all year, with Rx claims	0	0	0	0	0	0	
MC all year, with no Rx claims	693	7,287	0	0	693	7,287	

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 11/2003. This table was produced on 06/25/2004.

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

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SUPPLEMENTAL TABLE 1D
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER^{a, b}
 NEW MEXICO, 1999

Total Number of Dual Eligible Beneficiaries, Age 85+ 5,520
 Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+ \$5,194,411
 Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+ \$941

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+ 18.0 %	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	995		0	0.0 %
1-500	1,700	30.8	363,825	7.0
501-1,000	948	17.2	692,447	13.3
1,001-1,500	634	11.5	786,011	15.1
1,501-2,000	422	7.6	727,916	14.0
2,001-2,500	274	5.0	609,888	11.7
2,501-3,000	192	3.5	525,881	10.1
3,001-3,500	122	2.2	398,040	7.7
3,501-4,000	84	1.5	314,380	6.1
4,001-4,500	48	0.9	204,641	3.9
4,501-5,000	32	0.6	150,707	2.9
5,001-5,500	31	0.6	161,590	3.1
5,501-6,000	8	0.1	45,597	0.9
6,001-6,500	7	0.1	43,732	0.8
6,501-7,000	9	0.2	60,249	1.2
7,001-7,500	6	0.1	43,460	0.8
7,501-8,000	6	0.1	46,078	0.9
8,001-8,500	1	0.0	8,979	0.2
8,501-9,000	1	0.0	10,990	0.2
9,001-9,500				
9,501-10,000				
10,001+				

Source: Data for this table are from the MAX 1999 file for New Mexico, released by CMS in 1/2003. This table was produced on 10/26/2004.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 1999.

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