

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2002 NEW MEXICO

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

TABLE 2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE 3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE 4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE 5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE 6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE 7. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

FOR ALL NONDUAL BENEFICIARIES

TABLE ND.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY

TABLE ND.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC

TABLE ND.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC

TABLE ND.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP

TABLE ND.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY

TABLE ND.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP

TABLE ND.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC

TABLE ND.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC

TABLE ND.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS

FOR DUAL ELIGIBLE BENEFICIARIES

- TABLE D.2. CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY
- TABLE D.3. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC
- TABLE D.4. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.5. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC
- TABLE D.6. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.7-7D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP
- TABLE D.8. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.9. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS, BY BRAND STATUS AND THERAPEUTIC CATEGORY
- TABLE D.10-10D. MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY TOP 10 DRUG GROUP
- TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
- TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
- TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

- SUPPLEMENTAL TABLE 1. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES
- SUPPLEMENTAL TABLE 1A. MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65
- SUPPLEMENTAL TABLE 1B. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER
- SUPPLEMENTAL TABLE 1C. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74
- SUPPLEMENTAL TABLE 1D. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84
- SUPPLEMENTAL TABLE 1E. MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER

APPENDIX TABLE

- APPENDIX TABLE A.1. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.2. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, NONDUAL BENEFICIARIES
- APPENDIX TABLE A.3. CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY, DUAL ELIGIBLE BENEFICIARIES
- APPENDIX TABLE A.4. MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS, DUAL ELIGIBLE BENEFICIARIES

TABLE ND.2
 CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	No. of Benes							No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	226,845	446	12,688	75,470	138,153	88	1,221,157	3,240	88,621	498,509	630,387	400		
Age														
5 and younger	52,717	2	655	0	52,060	0	213,987	12	4,185	0	209,790	0		
6-14	61,553	2	1,315	0	60,236	0	309,761	4	10,027	0	299,730	0		
15-20	33,302	0	1,088	6,382	25,825	7	160,853	0	7,366	32,701	120,759	27		
21-44	69,024	1	3,896	65,071	22	34	468,625	1	25,675	442,704	80	165		
45-64	9,427	1	5,367	4,009	3	47	60,793	1	37,502	23,068	14	208		
65-74	451	136	310	5	0	0	4,164	878	3,267	19	0	0		
75-84	199	151	46	2	0	0	1,751	1,243	500	8	0	0		
85 and older	164	153	10	1	0	0	1,206	1,101	96	9	0	0		
Unknown	8	0	1	0	7	0	17	0	3	0	14	0		
Gender														
Female	141,759	270	6,200	66,333	68,868	88	824,643	1,956	43,965	466,542	311,780	400		
Male	85,070	176	6,481	9,137	69,276	0	396,388	1,284	44,591	31,967	318,546	0		
Unknown	16	0	7	0	9	0	126	0	65	0	61	0		
Race														
White	47,986	156	3,400	19,617	24,781	32	189,850	1,062	17,084	116,851	54,696	157		
African American	4,096	5	316	1,428	2,345	2	12,985	40	1,408	6,831	4,703	3		
Other/unknown	174,763	285	8,972	54,425	111,027	54	1,018,322	2,138	70,129	374,827	570,988	240		
Use of Nursing Facilities^c														
Entire year	364	92	272	0	0	0	3,856	892	2,964	0	0	0		
Part year	253	25	225	3	0	0	1,877	220	1,643	14	0	0		
None	226,228	329	12,191	75,467	138,153	88	1,215,424	2,128	84,014	498,495	630,387	400		
Maintenance Assistance Status														
Cash	84,154	217	11,777	32,623	39,537	0	411,142	1,667	84,003	136,065	189,407	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	94,049	2	472	8,158	85,329	88	426,655	7	2,075	35,528	388,645	400		
Other/unknown	48,642	227	439	34,689	13,287	0	383,360	1,566	2,543	326,916	52,335	0		
Managed Care Status														
FFS all year	104,579	362	7,305	41,953	54,877	82	904,401	2,978	69,040	381,412	450,601	370		
FFS part year, with Rx claims	29,471	37	2,564	11,127	15,741	2	91,893	128	10,153	42,755	38,849	8		
FFS part year, no Rx claims	92,795	47	2,819	22,390	67,535	4	224,863	134	9,428	74,342	140,937	22		

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.2 includes the beneficiaries represented by Cell K 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.

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 ND.3
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	% with at Least One Rx	Mean No. of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Services	Rx \$ as % of All Services	No. of Benes
All	27.0 %	1.4	\$55	\$39	\$2,179	2.5 %	226,845
Age							
5 and younger	25.9	0.8	20	25	2,022	1.0	52,717
6-14	21.7	0.7	28	38	1,277	2.2	61,553
15-20	27.6	1.0	41	40	2,325	1.8	33,302
21-44	30.1	1.6	64	40	2,221	2.9	69,024
45-64	40.9	7.6	343	45	7,067	4.9	9,427
65-74	63.4	21.5	844	39	14,319	5.9	451
75-84	64.8	22.7	952	42	13,640	7.0	199
85 and older	54.3	21.7	929	43	15,083	6.2	164
Unknown	0.0	0.0	0	0	0	0.0	8
Basis of Eligibility^c							
Aged	53.6	17.7	739	42	11,613	6.4	446
Disabled	48.8	9.3	486	53	11,000	4.4	12,688
Adults	29.4	1.3	42	33	1,787	2.3	75,470
Children	23.6	0.7	21	29	1,548	1.3	138,153
Unknown	59.1	6.1	418	68	8,256	5.1	88
Gender							
Female	28.3	1.5	53	36	2,091	2.5	141,759
Male	24.9	1.3	58	44	2,324	2.5	85,070
Unknown	50.0	3.8	143	38	4,973	2.9	16
Race							
White	24.5	1.4	61	43	2,462	2.5	47,986
African American	20.2	1.0	35	35	2,010	1.7	4,096
Other/unknown	27.9	1.4	54	38	2,105	2.6	174,763
Use of Nursing Facilities^d							
Entire year	95.6	78.1	3,639	47	49,598	7.3	364
Part year	94.5	48.6	2,161	44	42,420	5.1	253
None	26.9	1.2	47	38	2,057	2.3	226,228
Maintenance Assistance Status							
Cash	30.6	2.2	94	43	2,965	3.2	84,154
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	25.1	0.8	23	30	1,763	1.3	94,049
Other/unknown	24.7	1.4	51	37	1,622	3.1	48,642

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.3 includes beneficiaries represented by Cell K 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. 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.
 - d. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- 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 ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

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	0.3	\$10	2.5 %	73.0 %	22.1 %	2.6 %	1.8 %	0.4 %	0.1 %	\$405	226,845	1,221,157
Age												
5 and younger	0.2	5	1.0	74.1	22.1	2.5	1.2	0.1	0.0	498	52,717	213,987
6-14	0.1	6	2.2	78.3	18.6	2.0	1.0	0.1	0.0	254	61,553	309,761
15-20	0.2	9	1.8	72.4	23.3	2.8	1.4	0.2	0.0	481	33,302	160,853
21-44	0.2	10	2.9	69.9	24.8	2.5	2.1	0.5	0.1	327	69,024	468,625
45-64	1.2	53	4.9	59.1	20.6	6.1	8.9	3.9	1.4	1,096	9,427	60,793
65-74	2.3	92	5.9	36.6	27.5	8.2	13.7	9.5	4.4	1,551	451	4,164
75-84	2.6	108	7.0	35.2	24.1	8.0	17.1	13.6	2.0	1,550	199	1,751
85 and older	3.0	126	6.2	45.7	12.2	6.1	19.5	14.0	2.4	2,051	164	1,206
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	8	17
Basis of Eligibility^c												
Aged	2.4	102	6.4	46.4	18.4	6.7	15.9	10.5	2.0	1,599	446	3,240
Disabled	1.3	70	4.4	51.2	26.0	7.0	9.8	4.5	1.6	1,575	12,688	88,621
Adults	0.2	6	2.3	70.6	24.9	2.4	1.7	0.4	0.1	271	75,470	498,509
Children	0.2	5	1.3	76.4	20.2	2.3	1.1	0.1	0.0	339	138,153	630,387
Unknown	1.4	92	5.1	40.9	28.4	9.1	19.3	2.3	0.0	1,816	88	400
Gender												
Female	0.3	9	2.5	71.7	23.5	2.5	1.7	0.4	0.1	359	141,759	824,643
Male	0.3	13	2.5	75.1	19.6	2.8	1.9	0.4	0.1	499	85,070	396,388
Unknown	0.5	18	2.9	50.0	43.8	0.0	6.3	0.0	0.0	632	16	126
Race												
White	0.4	15	2.5	75.5	17.4	3.5	2.6	0.8	0.3	622	47,986	189,850
African American	0.3	11	1.7	79.8	13.7	3.4	2.3	0.6	0.1	634	4,096	12,985
Other/unknown	0.2	9	2.6	72.1	23.6	2.3	1.6	0.3	0.1	361	174,763	1,018,322
Use of Nursing Facilities^d												
Entire year	7.4	344	7.3	4.4	5.5	7.7	29.7	34.3	18.4	4,682	364	3,856
Part year	6.6	291	5.1	5.5	11.9	8.3	30.0	28.1	16.2	5,718	253	1,877
None	0.2	9	2.3	73.1	22.1	2.6	1.7	0.4	0.1	383	226,228	1,215,424
Maintenance Assistance Status												
Cash	0.4	19	3.2	69.4	22.4	3.7	3.3	0.9	0.3	607	84,154	411,142
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	5	1.3	74.9	21.5	2.3	1.1	0.1	0.0	389	94,049	426,655
Other/unknown	0.2	7	3.1	75.3	22.6	1.1	0.7	0.3	0.1	206	48,642	383,360

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.4 includes the beneficiaries represented by Cell K 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. 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.
- d. 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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.5
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

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	0.3	\$10	\$39	0.1	\$7	\$80	0.0	\$1	\$40	0.1	\$2	\$17
Age												
5 and younger	0.2	5	25	0.0	3	68	0.0	0	30	0.1	2	12
6-14	0.1	6	38	0.0	4	76	0.0	1	51	0.1	1	16
15-20	0.2	9	40	0.1	5	79	0.0	1	54	0.1	2	16
21-44	0.2	10	40	0.1	6	77	0.0	2	40	0.1	2	18
45-64	1.2	53	45	0.4	37	92	0.2	6	34	0.6	11	18
65-74	2.3	92	39	0.8	60	74	0.4	12	33	1.2	20	17
75-84	2.6	108	42	1.0	75	77	0.4	12	35	1.3	20	16
85 and older	3.0	126	43	1.1	92	84	0.2	8	33	1.6	26	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.4	102	42	0.9	71	79	0.3	10	34	1.2	21	17
Disabled	1.3	70	53	0.5	50	107	0.2	7	38	0.7	13	19
Adults	0.2	6	33	0.1	3	57	0.0	1	39	0.1	2	18
Children	0.2	5	29	0.0	3	61	0.0	1	44	0.1	1	14
Unknown	1.4	92	68	0.5	74	148	0.0	1	48	0.8	16	20
Gender												
Female	0.3	9	36	0.1	6	72	0.0	1	38	0.1	2	17
Male	0.3	13	44	0.1	9	93	0.0	1	44	0.2	3	17
Unknown	0.5	18	38	0.2	14	61	0.1	1	21	0.2	2	13
Race												
White	0.4	15	43	0.1	10	79	0.0	2	39	0.2	4	19
African American	0.3	11	35	0.1	7	66	0.0	1	35	0.2	3	16
Other/unknown	0.2	9	38	0.1	6	81	0.0	1	40	0.1	2	16
Use of Nursing Facilities^e												
Entire year	7.4	344	47	2.8	251	90	1.0	31	30	3.5	61	17
Part year	6.6	291	44	2.5	208	85	0.7	23	31	3.3	60	18
None	0.2	9	38	0.1	5	78	0.0	1	41	0.1	2	16
Maintenance Assistance Status												
Cash	0.4	19	43	0.1	13	94	0.1	2	39	0.3	4	16
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	5	30	0.0	3	66	0.0	1	41	0.1	2	14
Other/unknown	0.2	7	37	0.1	3	56	0.0	1	40	0.1	2	21

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.5 includes the beneficiaries represented by Cell K 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 Mexico, 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 combined. For information about this classification method, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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 = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users				\$ per Bene Mo among Users				Total No. of Rx	Total Rx \$	No.	As % of All Benes	No. of Bene Mos				
	Patented		Off-Patent		Patented		Off-Patent										
	Total	Brand-Name	Generic	Total	Brand-Name	Generic	Total	Brand-Name						Generic			
Anti-infective Agents	0.2	0.1	0.0	0.1	\$7	\$4	\$1	\$2	\$31	\$64	\$62	\$13	45,252	\$1,392,276	27,653	12.2 %	200,982
Biologics	0.1	0.1	0.0	0.0	18	18	0	0	163	167	1,091	22	750	122,386	638	0.3	6,753
Antineoplastic Agents	0.5	0.2	0.1	0.2	75	63	1	10	157	358	23	41	850	133,469	231	0.1	1,791
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	18	9	5	4	38	52	39	24	64,749	2,459,929	15,674	6.9	134,895
Cardiovascular Agents	0.8	0.2	0.2	0.4	24	13	5	6	29	60	29	14	22,013	640,612	3,625	1.6	26,466
Respiratory Agents	0.3	0.1	0.0	0.2	12	8	1	3	36	63	55	16	42,296	1,504,281	18,645	8.2	123,140
Gastrointestinal Agents	0.4	0.2	0.0	0.2	26	20	1	5	60	118	76	21	12,681	764,017	4,119	1.8	29,602
Genitourinary Agents	0.3	0.1	0.0	0.1	9	7	1	2	34	47	40	18	3,966	134,930	2,107	0.9	14,635
CNS Drugs	0.7	0.4	0.0	0.3	51	42	2	8	68	110	70	23	33,776	2,312,938	7,037	3.1	45,276
Stimulants/Anti-obesity/Anorexia	0.5	0.1	0.1	0.3	25	10	5	10	48	71	54	34	3,975	189,924	1,291	0.6	7,566
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.1	77	74	0	3	162	178	0	52	269	43,479	96	0.0	565
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	7	4	1	2	23	120	16	11	38,065	866,500	17,087	7.5	130,717
Neuromuscular Agents	0.7	0.2	0.1	0.3	34	23	5	6	50	94	38	20	17,334	861,107	3,689	1.6	25,031
Nutritional Products	0.3	0.0	0.0	0.2	3	0	1	3	12	25	14	11	8,684	103,404	5,061	2.2	30,914
Hematological Agents	0.5	0.1	0.2	0.2	53	47	4	2	100	388	20	11	3,434	344,850	844	0.4	6,462
Topical Products	0.2	0.0	0.0	0.2	5	2	1	2	25	60	63	13	20,453	508,121	12,043	5.3	93,617
Miscellaneous Products	0.2	0.1	0.0	0.0	15	11	3	2	81	75	208	51	1,559	126,110	1,014	0.4	8,383
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	0	13	0	0	0	1,469	18,626	1,042	0.5	10,799
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.	321,575	12,526,959	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2002. 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/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, 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/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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Top 10 Drug Groups	Users				Among Users		
	Total Medicaid Rx \$	No. As % of All Benes	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo	
CONTRACEPTIVES	\$1,618,387	11,154	103,968	0.4	\$37	\$16	
ANTIPSYCHOTICS	1,206,129	1,945	13,921	0.6	136	87	
ANTIDEPRESSANTS	958,515	5,800	37,579	0.4	58	26	
ANTIASTHMATIC	780,021	10,887	79,334	0.3	39	10	
ANTICONVULSANT	734,147	2,389	17,046	0.7	60	43	
ULCER DRUGS	600,925	3,561	26,002	0.3	70	23	
ANTIDIABETIC	553,631	2,917	24,278	0.5	49	23	
ANTIHISTAMINES	430,142	9,918	77,312	0.2	30	6	
ANALGESICS - Narcotic	425,127	10,284	75,704	0.2	23	6	
PENICILLINS	400,562	16,987	133,341	0.2	19	3	
Total	7,707,586	75,842	588,485	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.7A
 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}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	All Top 10 Drug Groups					CONTRACEPTIVES					ANTIPSYCHOTICS						
	No. of Rx	Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$
All	174,891	\$7,707,586	11,154	4.9 %	103,968	0.4	\$16	1,945	0.9 %	13,921	0.6	\$87					
Female	118,711	4,901,898	11,149	7.9	103,921	0.4	16	957	0.7	6,993	0.6	72					
Disabled	32,637	1,931,388	157	2.5	1,491	0.3	14	566	9.1	4,614	0.7	92					
5 and younger	431	23,326	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	1,144	79,520	1	0.2	7	0.3	10	26	5.5	218	0.7	136					
15-20	1,222	95,801	26	6.0	243	0.4	15	27	6.2	228	0.6	101					
21-44	8,175	518,044	121	6.6	1,172	0.3	13	213	11.6	1,531	0.6	78					
45-64	18,673	1,061,131	9	0.3	69	0.5	31	273	9.3	2,389	0.8	95					
65-74	2,549	127,650	0	0.0	0	0.0	0	20	9.2	164	1.4	113					
75-84	346	21,693	0	0.0	0	0.0	0	6	20.0	72	0.5	93					
85 and older	97	4,223	0	0.0	0	0.0	0	1	20.0	12	0.1	1					
Other Eligibles	86,074	2,970,510	10,992	8.1	102,430	0.4	16	391	0.3	2,379	0.3	33					
5 and younger	8,522	168,631	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
6-14	8,252	266,498	34	0.1	272	0.2	10	75	0.3	438	0.4	46					
15-20	10,356	391,987	1,778	9.1	12,883	0.3	14	113	0.6	739	0.3	26					
21-44	54,719	1,947,511	9,100	15.8	88,492	0.4	16	145	0.3	771	0.3	33					
45-64	2,646	112,119	80	2.7	783	0.5	19	24	0.8	124	0.2	14					
65-74	418	23,499	0	0.0	0	0.0	0	4	4.5	38	0.6	74					
75-84	676	36,460	0	0.0	0	0.0	0	14	15.7	128	0.7	51					
85 and older	485	23,805	0	0.0	0	0.0	0	16	16.8	141	0.3	22					
Male	56,144	2,804,092	5	0.0	47	0.3	19	988	1.2	6,928	0.7	101					
Disabled	24,611	1,658,874	4	0.1	42	0.3	19	610	9.4	4,840	0.8	116					
5 and younger	944	51,295	0	0.0	0	0.0	0	2	0.5	22	0.1	6					
6-14	2,304	176,784	0	0.0	0	0.0	0	83	10.0	643	0.6	102					
15-20	1,475	133,302	1	0.2	12	0.2	9	68	10.4	480	0.6	114					
21-44	7,454	592,795	1	0.0	12	0.1	16	266	12.9	2,008	0.8	128					
45-64	11,162	637,486	2	0.1	18	0.6	29	177	7.3	1,527	1.0	111					
65-74	1,070	53,584	0	0.0	0	0.0	0	8	8.6	96	1.4	104					
75-84	160	12,151	0	0.0	0	0.0	0	6	37.5	64	0.8	105					
85 and older	42	1,477	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	31,533	1,145,218	1	0.0	5	0.2	19	378	0.5	2,088	0.5	66					
5 and younger	10,020	216,904	0	0.0	0	0.0	0	7	0.0	29	0.4	94					
6-14	11,369	440,379	0	0.0	0	0.0	0	137	0.4	752	0.5	69					
15-20	5,046	246,429	0	0.0	0	0.0	0	160	1.3	887	0.5	64					
21-44	3,098	132,728	1	0.0	5	0.2	19	46	0.6	176	0.4	58					
45-64	848	40,095	0	0.0	0	0.0	0	8	0.7	44	0.3	33					
65-74	232	14,464	0	0.0	0	0.0	0	4	7.5	45	1.0	141					
75-84	453	25,076	0	0.0	0	0.0	0	8	12.5	84	0.6	49					
85 and older	467	29,143	0	0.0	0	0.0	0	8	13.6	71	0.6	65					
Unknown	36	1,596	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.7A includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.7B
 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}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIASTHMATIC					ANTICONVULSANT				
	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among	Mean Rx \$	Mean No. of Rx
All	5,800	2.6 %	37,579	\$26	0.4	10,887	4.8 %	79,334	\$10	0.3	2,389	1.1 %	17,046	\$43	0.7
Female	3,766	2.7	24,078	24	0.4	5,456	3.8	39,062	10	0.3	1,268	0.9	8,958	41	0.7
Disabled	1,368	22.1	11,053	29	0.5	1,001	16.1	8,643	16	0.3	756	12.2	6,398	47	0.8
5 and younger	1	0.4	12	5	0.2	71	27.4	615	14	0.3	21	8.1	193	55	0.5
6-14	27	5.7	226	34	0.5	89	18.7	977	10	0.3	58	12.2	505	38	0.6
15-20	52	12.0	353	47	0.6	54	12.5	459	16	0.3	50	11.5	441	71	0.7
21-44	482	26.2	3,480	30	0.5	236	12.8	1,838	15	0.3	259	14.1	1,940	50	0.6
45-64	750	25.5	6,413	27	0.5	478	16.2	3,940	18	0.4	334	11.3	2,932	45	1.0
65-74	49	22.6	491	32	0.9	62	28.6	696	16	0.3	29	13.4	327	36	0.9
75-84	4	13.3	48	48	0.8	8	26.7	82	39	0.8	5	16.7	60	31	1.1
85 and older	3	60.0	30	39	0.7	3	60.0	36	26	0.7	0	0.0	0	0	0.0
Other Eligibles	2,398	1.8	13,025	20	0.3	4,455	3.3	30,419	8	0.2	512	0.4	2,560	25	0.4
5 and younger	1	0.0	3	2	0.3	1,538	6.0	10,918	6	0.2	28	0.1	171	8	0.3
6-14	223	0.8	1,370	22	0.4	1,228	4.2	8,629	9	0.2	85	0.3	430	26	0.5
15-20	494	2.5	2,876	21	0.3	617	3.2	4,099	9	0.2	96	0.5	456	27	0.4
21-44	1,451	2.5	7,474	19	0.3	926	1.6	5,709	9	0.2	257	0.4	1,208	26	0.4
45-64	186	6.2	894	22	0.4	106	3.5	678	16	0.3	31	1.0	151	19	0.3
65-74	10	11.4	73	32	0.6	8	9.1	82	35	0.5	5	5.7	54	61	0.9
75-84	16	18.0	153	27	0.6	15	16.9	144	6	0.2	6	6.7	53	7	0.4
85 and older	17	17.9	182	40	0.7	17	17.9	160	13	0.2	4	4.2	37	38	0.9
Male	2,034	2.4	13,501	28	0.5	5,428	6.4	40,236	10	0.3	1,119	1.3	8,064	45	0.7
Disabled	877	13.5	6,947	31	0.5	714	11.0	6,225	15	0.3	745	11.5	6,188	49	0.8
5 and younger	3	0.8	19	43	0.4	134	33.9	1,313	15	0.3	25	6.3	206	91	0.7
6-14	111	13.3	963	30	0.5	154	18.5	1,514	13	0.3	98	11.8	917	49	0.6
15-20	84	12.8	644	32	0.4	46	7.0	427	14	0.4	76	11.6	566	63	0.7
21-44	310	15.1	2,395	33	0.5	108	5.2	928	12	0.3	290	14.1	2,274	44	0.7
45-64	350	14.4	2,714	29	0.6	244	10.1	1,800	17	0.4	235	9.7	1,993	47	1.0
65-74	17	18.3	190	32	0.7	22	23.7	201	14	0.4	17	18.3	190	39	0.9
75-84	2	12.5	22	5	0.3	3	18.8	36	65	0.7	3	18.8	30	37	1.4
85 and older	0	0.0	0	0	0.0	3	60.0	6	18	0.5	1	20.0	12	2	0.2
Other Eligibles	1,157	1.5	6,554	25	0.4	4,714	6.0	34,011	9	0.2	374	0.5	1,876	34	0.5
5 and younger	6	0.0	43	10	0.3	1,990	7.6	14,522	7	0.2	36	0.1	170	28	0.5
6-14	367	1.2	2,275	24	0.4	2,042	6.7	15,224	10	0.2	119	0.4	646	28	0.5
15-20	464	3.7	2,716	26	0.4	478	3.8	3,250	11	0.3	111	0.9	585	39	0.5
21-44	233	3.0	950	21	0.4	141	1.8	619	19	0.4	75	1.0	290	40	0.4
45-64	57	5.3	252	22	0.4	38	3.6	140	18	0.4	20	1.9	44	33	0.5
65-74	3	5.7	16	10	1.3	5	9.4	48	21	0.8	5	9.4	58	29	0.7
75-84	13	20.3	146	38	0.6	14	21.9	136	18	0.4	4	6.3	43	29	1.0
85 and older	14	23.7	156	53	0.8	6	10.2	72	42	0.8	4	6.8	40	59	0.7
Unknown	0	0.0	0	0	0.0	3	12.5	36	33	0.6	2	8.3	24	12	0.3

Table ND7B
 Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.7C
 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}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	ULCER DRUGS				ANTI-DIABETIC				ANTI-HISTAMINES			
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx
All	3,561	1.6 %	26,002	0.3	2,917	1.3 %	24,278	0.5	9,918	4.4 %	77,312	0.2
Female												
Disabled	2,193	1.5	15,870	0.3	1,994	1.4	16,961	0.4	5,758	4.1	44,279	0.2
5 and younger	833	13.4	7,205	0.4	1,036	16.7	9,924	0.5	677	10.9	6,487	0.3
6-14	15	5.8	90	0.3	0	0.0	0	0.0	25	9.7	271	0.2
15-20	13	2.7	156	0.4	7	1.5	77	0.1	49	10.3	526	0.2
21-44	23	5.3	193	0.5	3	0.7	23	1.5	32	7.4	325	0.2
45-64	218	11.9	1,730	0.4	135	7.3	1,092	0.4	206	11.2	1,854	0.3
65-74	491	16.7	4,240	0.4	771	26.2	7,342	0.5	335	11.4	3,164	0.2
75-84	56	25.8	605	0.5	114	52.5	1,318	0.5	26	12.0	309	0.2
85 and older	11	36.7	125	0.6	6	20.0	72	0.7	3	10.0	29	0.1
Other Eligibles	6	120.0	66	0.3	0	0.0	0	0.0	1	20.0	9	0.2
5 and younger	1,360	1.0	8,665	0.2	958	0.7	7,037	0.4	5,081	3.7	37,792	0.2
6-14	84	0.3	479	0.2	3	0.0	4	1.3	1,187	4.6	9,438	0.2
15-20	164	0.6	1,132	0.2	48	0.2	185	0.6	1,448	4.9	11,299	0.2
21-44	216	1.1	1,386	0.2	48	0.2	309	0.5	832	4.3	5,782	0.2
45-64	728	1.3	4,385	0.2	577	1.0	4,333	0.3	1,470	2.6	10,169	0.2
65-74	116	3.9	772	0.3	224	7.5	1,627	0.4	122	4.1	884	0.2
75-84	16	18.2	124	0.6	22	25.0	218	0.6	3	3.4	15	0.6
85 and older	21	23.6	228	0.5	31	34.8	304	0.7	7	7.9	79	0.3
Male												
Disabled	1,368	1.6	10,132	0.3	923	1.1	7,317	0.5	4,160	4.9	33,033	0.2
5 and younger	687	10.6	5,940	0.4	562	8.7	5,364	0.5	465	7.2	4,410	0.2
6-14	23	5.8	207	0.4	2	0.5	10	0.3	36	9.1	399	0.1
15-20	29	3.5	319	0.3	3	0.4	27	0.1	85	10.2	820	0.2
21-44	29	4.4	276	0.3	3	0.5	36	0.9	45	6.9	421	0.2
45-64	197	9.6	1,686	0.4	111	5.4	1,100	0.5	131	6.4	1,281	0.3
65-74	378	15.6	3,110	0.4	410	16.9	3,805	0.5	157	6.5	1,357	0.3
75-84	26	28.0	300	0.6	30	32.3	350	0.8	10	10.8	120	0.2
85 and older	3	18.8	28	0.4	1	6.3	12	1.0	0	0.0	0	0.0
Other Eligibles	2	40.0	14	0.2	2	40.0	24	0.8	1	20.0	12	0.3
5 and younger	681	0.9	4,192	0.2	361	0.5	1,953	0.5	3,695	4.7	28,623	0.2
6-14	127	0.5	703	0.2	0	0.0	0	0.0	1,277	4.8	10,193	0.2
15-20	163	0.5	1,381	0.2	29	0.1	130	0.6	1,759	5.7	13,968	0.2
21-44	90	0.7	628	0.2	40	0.3	207	0.7	456	3.6	3,359	0.2
45-64	197	2.6	835	0.3	157	2.1	819	0.4	154	2.0	765	0.3
65-74	75	7.0	354	0.3	108	10.1	547	0.4	29	2.7	115	0.3
75-84	8	15.1	78	0.6	8	15.1	40	0.3	6	11.3	62	0.1
85 and older	10	15.6	108	0.5	12	18.8	134	0.9	5	7.8	60	0.2
Unknown	11	18.6	105	0.7	7	11.9	76	0.9	9	15.3	101	0.3
	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Table ND7C
 Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.7D
 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}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	ANALGESICS - Narcotic					PENICILLINS						
	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Users	Users as % of All Benes	No. of Bene Mos among Users	Mean No. of Rx	Mean Rx \$	No. of Benes	No. of Bene Mos
Female	6,970	4.9	51,912	0.2	5	9,279	6.5	72,659	0.2	3	141,757	824,639
Disabled	1,580	25.5	13,910	0.3	12	732	11.8	7,612	0.1	3	6,200	43,965
5 and younger	14	5.4	138	0.1	1	69	26.6	658	0.1	3	259	1,575
6-14	22	4.6	250	0.2	2	77	16.2	849	0.1	3	475	3,588
15-20	37	8.5	341	0.2	2	49	11.3	535	0.1	2	433	2,856
21-44	513	27.9	4,099	0.4	13	196	10.7	1,894	0.1	4	1,837	11,962
45-64	915	31.1	8,224	0.3	12	305	10.4	3,259	0.1	4	2,944	21,286
65-74	68	31.3	733	0.3	22	29	13.4	333	0.1	3	217	2,308
75-84	5	16.7	53	0.3	12	6	20.0	72	0.1	3	30	333
85 and older	6	120.0	72	0.4	10	1	20.0	12	0.1	1	5	57
Other Eligibles	5,390	4.0	38,002	0.2	3	8,547	6.3	65,047	0.2	3	135,557	780,674
5 and younger	156	0.6	1,325	0.1	1	3,386	13.2	25,085	0.2	3	25,709	104,524
6-14	498	1.7	4,458	0.1	1	2,301	7.8	18,716	0.1	3	29,544	146,044
15-20	915	4.7	6,304	0.2	1	954	4.9	7,179	0.1	3	19,557	92,617
21-44	3,494	6.1	23,694	0.2	3	1,760	3.1	12,829	0.2	3	57,484	416,165
45-64	268	9.0	1,635	0.3	4	118	3.9	937	0.2	3	2,991	19,351
65-74	17	19.3	157	0.2	3	7	8.0	76	0.1	1	88	606
75-84	23	25.8	240	0.4	22	9	10.1	99	0.2	5	89	711
85 and older	19	20.0	189	0.4	14	12	12.6	126	0.2	2	95	656
Male	3,311	3.9	23,756	0.3	6	7,705	9.1	60,646	0.2	3	85,064	396,375
Disabled	1,093	16.9	8,866	0.3	11	624	9.6	6,273	0.1	4	6,480	44,588
5 and younger	21	5.3	217	0.1	2	113	28.6	1,103	0.2	3	395	2,607
6-14	35	4.2	394	0.1	1	132	15.8	1,424	0.1	3	834	6,377
15-20	56	8.5	547	0.2	5	43	6.6	464	0.1	3	655	4,510
21-44	349	16.9	2,619	0.4	16	156	7.6	1,516	0.1	3	2,059	13,713
45-64	596	24.6	4,710	0.3	11	166	6.9	1,607	0.1	5	2,423	16,216
65-74	30	32.3	333	0.3	7	11	11.8	123	0.1	4	93	959
75-84	5	31.3	34	0.3	9	2	12.5	24	0.2	5	16	167
85 and older	1	20.0	12	0.8	9	1	20.0	12	0.2	20	5	39
Other Eligibles	2,218	2.8	14,890	0.2	3	7,081	9.0	54,373	0.2	3	78,584	351,787
5 and younger	218	0.8	1,958	0.1	1	3,693	14.0	27,172	0.2	3	26,349	105,253
6-14	574	1.9	5,068	0.1	1	2,442	8.0	20,527	0.1	3	30,691	153,668
15-20	558	4.4	4,149	0.2	2	600	4.7	4,787	0.1	3	12,655	60,856
21-44	730	9.5	2,972	0.4	10	289	3.8	1,479	0.2	6	7,644	26,785
45-64	107	10.0	450	0.5	14	40	3.7	214	0.2	5	1,069	3,940
65-74	7	13.2	52	0.3	9	5	9.4	60	0.2	3	53	291
75-84	11	17.2	126	0.2	3	8	12.5	92	0.2	17	64	540
85 and older	13	22.0	115	0.3	8	4	6.8	42	0.2	3	59	454
Unknown	3	12.5	36	0.1	1	3	12.5	36	0.1	3	24	143

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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 2002. 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

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	\$344	7.4	364	3,856
Age				
0-64	417	8.7	218	2,343
65-74	263	6.8	46	518
75-84	217	4.7	44	452
85 and older	207	4.6	56	543
Unknown	0	0.0	0	0
Gender				
Female	347	7.7	203	2,195
Male	339	7.0	161	1,661
Unknown	0	0.0	0	0
Race				
White	365	7.5	183	1,921
African American	241	8.7	12	135
Other/unknown	328	7.1	169	1,800
Basis of Eligibility^c				
Aged	205	4.6	92	892
Disabled	385	8.2	272	2,964
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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2002 Medicaid enrollment. A total of 253 beneficiaries who were in nursing facilities for part of their enrollment and their 1,877 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.

c. 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.

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 ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Therapeutic Category	No. of Rx per Bene Mo among Users			\$ per Bene Mo among Users			Total # of Rx	Total Rx \$	No.	As % of All-Year NF Residents	No. of Bene Mos						
	Users			Users								Total	Off-Patent	Patented	Generic		
	Total	Patented	Off-Patent	Total	Patented	Off-Patent											
Anti-infective Agents	0.4	0.2	0.0	0.2	\$22	\$19	\$1	\$3	\$63	\$113	\$77	\$14	936	\$58,606	239	65.7 %	2,607
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	21	21	0	22	58	1,225	54	14.8	607
Antineoplastic Agents	0.5	0.3	0.0	0.2	165	144	3	18	324	540	354	76	59	19,142	12	3.3	116
Endocrine/Metabolic Drugs	1.8	0.7	0.4	0.7	50	34	7	10	27	47	15	14	3,190	86,990	163	44.8	1,737
Cardiovascular Agents	1.9	0.4	0.3	1.2	42	19	8	15	22	51	22	13	3,947	87,975	196	53.8	2,113
Respiratory Agents	0.7	0.3	0.1	0.3	30	18	5	8	43	60	55	25	1,045	45,217	139	38.2	1,494
Gastrointestinal Agents	1.1	0.4	0.0	0.7	59	42	2	15	53	114	47	21	2,100	110,261	179	49.2	1,873
Genitourinary Agents	1.0	0.6	0.1	0.4	35	28	2	6	35	50	39	14	739	26,074	64	17.6	739
CNS Drugs	2.3	1.3	0.1	1.0	155	130	9	16	67	103	94	17	6,823	453,856	272	74.7	2,928
Stimulants/Anti-obesity/Anorexia	0.0	0.0	0.0	0.0	0	0	0	0	0	0	0	0	0	0	0	0.0	0
Miscellaneous Psychological/Neurological Agents	0.6	0.6	0.0	0.0	130	130	0	0	203	203	0	0	107	21,681	16	4.4	167
Analgesics and Anesthetics	1.2	0.5	0.1	0.6	63	51	3	9	53	105	49	14	2,265	119,797	181	49.7	1,901
Neuromuscular Agents	2.2	0.7	0.6	0.8	78	40	18	20	36	55	30	25	4,403	159,906	184	50.5	2,041
Nutritional Products	0.8	0.0	0.0	0.8	14	0	1	13	17	0	16	17	804	13,643	89	24.5	983
Hematological Agents	1.0	0.2	0.5	0.3	81	72	5	3	79	312	11	11	731	57,737	67	18.4	716
Topical Products	0.5	0.1	0.1	0.2	25	20	2	4	56	144	25	15	1,034	57,643	203	55.8	2,280
Miscellaneous Products	0.3	0.1	0.0	0.2	11	7	0	3	36	66	0	18	74	2,691	22	6.0	253
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	9	0	0	0	17	0	0	0	122	2,020	19	5.2	217
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.	28,437	1,324,464	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 253 beneficiaries who were in nursing facilities for part of their enrollment and their 1,877 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 2002. 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, 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.

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.

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Top 10 Drug Groups in Nursing Facilities	Users				Among Users		
	Total Medicaid Rx \$	No. of Users	As % of All-Year NF Residents	No. of Bene Mos	No. of Rx per Bene Mo	\$ per Rx	Rx \$ per Bene Mo
ANTIPTYCHOTICS	\$303,775	211	58.0 %	2,297	1.2	\$107	\$132
ANTIDEPRESSANTS	127,526	208	57.1	2,264	1.1	50	56
ANTICONVULSANT	125,099	191	52.5	2,145	1.6	37	58
ULCER DRUGS	93,101	154	42.3	1,626	0.8	68	57
ANALGESICS - Narcotic	74,525	170	46.7	1,745	0.7	64	43
ANTIDIABETIC	58,749	138	37.9	1,506	1.1	34	39
DERMATOLOGICAL	48,541	294	80.8	3,333	0.2	65	15
HEMATOPOIETIC AGENTS	36,780	68	18.7	733	0.6	87	50
ANTIHYPERTENSIVE	35,071	100	27.5	1,104	1.0	31	32
ANTIASTHMATIC	25,477	116	31.9	1,194	0.5	46	21
Total	928,644	1,650		17,947	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 253 beneficiaries who were in nursing facilities for part of their enrollment and their 1,877 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- 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 benefit; \$ = Medicaid reimbursement.

TABLE ND.10A

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	All Top 10 Drug Groups										ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	No. of Rx	Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	Users as %			Mean No. of Rx	Mean Rx \$	Users as %			Mean No. of Rx	Mean Rx \$			
			No. of Users	No. of Bene Mos among Users	of All-Year NF Residents			No. of Users	No. of Bene Mos among Users	of All-Year NF Residents			No. of Users	No. of Bene Mos among Users	of All-Year NF Residents					
All	15,796	\$928,644	211	2,297	58.0 %	1.2	\$132	208	2,264	57.1 %	1.1	\$66								
Female	9,149	529,161	118	1,294	58.1	1.2	119	123	1,367	60.6	1.1	56								
Disabled	7,954	455,977	91	1,050	62.8	1.3	137	98	1,111	67.6	1.2	59								
64 or younger	6,392	382,712	76	870	67.3	1.3	142	80	902	70.8	1.1	61								
65-74	1,237	54,611	9	108	45.0	1.8	127	14	167	70.0	1.5	53								
75-84	285	17,241	6	72	54.5	0.5	93	2	24	18.2	0.8	54								
85 and older	40	1,413	0	0	0.0	0.0	0	2	18	200.0	0.5	37								
Other Eligibles	1,195	73,184	27	244	46.6	0.6	40	25	256	43.1	0.7	41								
64 or younger	0	0	0	0	0.0	0.0	0	0	0	0.0	0.0	0								
65-74	150	6,260	2	24	40.0	0.6	43	2	24	40.0	0.5	36								
75-84	479	26,409	12	106	66.7	0.8	57	9	79	50.0	0.7	38								
85 and older	566	40,515	13	114	37.1	0.3	23	14	153	40.0	0.7	43								
Male	6,647	399,483	93	1,003	57.8	1.3	150	85	897	52.8	1.2	57								
Disabled	5,923	356,947	79	867	62.2	1.4	158	67	709	52.8	1.2	57								
64 or younger	5,273	321,421	70	759	66.7	1.5	166	59	623	56.2	1.3	60								
65-74	467	23,327	4	48	26.7	1.3	106	7	74	46.7	0.8	41								
75-84	158	11,624	5	60	83.3	0.8	105	1	12	16.7	0.1	6								
85 and older	25	575	0	0	0.0	0.0	0	0	0	0.0	0.0	0								
Other Eligibles	724	42,536	14	136	41.2	0.8	95	18	188	52.9	0.9	56								
64 or younger	0	0	0	0	0.0	0.0	0	0	0	0.0	0.0	0								
65-74	189	9,997	3	33	50.0	1.2	163	2	11	33.3	1.8	13								
75-84	166	8,042	3	32	33.3	0.8	93	5	57	55.6	0.7	46								
85 and older	369	24,497	8	71	42.1	0.6	65	11	120	57.9	1.0	64								
Unknown	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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 253 beneficiaries who were in nursing facilities for part of their enrollment and their 1,877 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a,b,c,d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	ANTICONVULSANT						ULCER DRUGS						ANALGESICS - Narcotic							
	Users as %			Users as %			Users as %			Users as %			Users as %			Users as %				
	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx		
All	191	2,145	1.6	154	1,626	0.8	170	1,745	0.7	46.7 %	46.7 %	170	1,745	0.7	46.7 %	46.7 %	170	1,745	0.7	\$43
Female	99	1,122	1.7	95	1,033	0.8	104	1,112	0.8	46.8	46.8	104	1,112	0.8	51.2	51.2	104	1,112	0.8	51
Disabled	92	1,059	1.7	74	812	0.8	83	916	0.8	51.0	51.0	83	916	0.8	57.2	57.2	83	916	0.8	54
64 or younger	72	819	1.9	58	626	0.8	75	820	0.8	51.3	51.3	75	820	0.8	66.4	66.4	75	820	0.8	53
65-74	16	192	1.2	7	84	1.2	6	72	0.8	35.0	35.0	6	72	0.8	30.0	30.0	6	72	0.8	72
75-84	4	48	0.9	7	84	0.6	51	24	0.4	63.6	63.6	2	24	0.4	18.2	18.2	2	24	0.4	25
85 and older	0	0	0.0	2	18	0.5	0	0	0.0	200.0	200.0	0	0	0.0	0.0	0.0	0	0	0.0	0
Other Eligibles	7	63	0.9	21	221	0.7	41	196	0.5	36.2	36.2	21	196	0.5	36.2	36.2	21	196	0.5	36
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0	0	0.0	0.0	0.0	0	0	0.0	0
65-74	1	12	1.1	3	36	0.8	19	12	0.1	60.0	60.0	1	12	0.1	20.0	20.0	1	12	0.1	1
75-84	2	14	0.7	9	90	0.6	46	74	0.6	50.0	50.0	9	74	0.6	50.0	50.0	9	74	0.6	61
85 and older	4	37	0.9	9	95	0.7	44	110	0.5	25.7	25.7	11	110	0.5	31.4	31.4	11	110	0.5	22
Male	92	1,023	1.4	59	593	0.9	74	66	0.5	36.6	36.6	66	633	0.5	41.0	41.0	66	633	0.5	29
Disabled	83	921	1.5	50	518	1.0	78	55	0.6	39.4	39.4	55	542	0.6	43.3	43.3	55	542	0.6	33
64 or younger	70	785	1.6	42	432	1.0	80	44	0.6	40.0	40.0	44	438	0.6	41.9	41.9	44	438	0.6	40
65-74	10	106	1.0	7	74	0.9	78	8	0.2	46.7	46.7	8	86	0.2	53.3	53.3	8	86	0.2	3
75-84	3	30	1.4	1	12	0.2	5	3	0.3	16.7	16.7	3	18	0.3	50.0	50.0	3	18	0.3	6
85 and older	0	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0	0	0.0	0.0	0.0	0	0	0.0	0
Other Eligibles	9	102	0.9	9	75	0.9	48	11	0.2	26.5	26.5	11	91	0.2	32.4	32.4	11	91	0.2	4
64 or younger	0	0	0.0	0	0	0.0	0	0	0.0	0.0	0.0	0	0	0.0	0.0	0.0	0	0	0.0	0
65-74	3	36	1.0	3	27	0.8	49	1	0.5	50.0	50.0	1	2	0.5	16.7	16.7	1	2	0.5	58
75-84	3	31	0.9	1	10	0.7	35	4	0.1	11.1	11.1	4	43	0.1	44.4	44.4	4	43	0.1	1
85 and older	3	35	0.7	5	38	0.9	51	6	0.2	26.3	26.3	6	46	0.2	31.6	31.6	6	46	0.2	5
Unknown	0	0	0.0	0	0	0.0	0	0	0.0	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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 253 beneficiaries who were in nursing facilities for part of their enrollment and their 1,877 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	ANTIDIABETIC					DERMATOLOGICAL					HEMATOPOIETIC AGENTS				
	Users as %					Users as %					Users as %				
	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	Mean No. of Rx	No. of Users	No. of Bene Users	Mean No. of Rx	Mean Rx \$	
All	138	1,506	1.1	\$39	0.2	294	3,333	0.2	\$15	0.2	68	733	0.6	\$50	
Female	81	906	1.2	38	0.3	166	1,866	0.3	20	0.3	38	416	0.6	47	
Disabled	57	663	1.3	40	0.3	137	1,591	0.3	22	0.3	33	363	0.6	16	
64 or younger	35	401	1.3	39	0.3	108	1,246	0.3	27	0.3	23	246	0.6	20	
65-74	19	226	1.1	44	0.2	21	252	0.2	5	0.2	3	36	0.5	20	
75-84	3	36	0.9	17	0.2	7	84	0.2	3	0.2	6	72	0.5	3	
85 and older	0	0	0.0	0	0.4	1	9	0.4	3	0.4	1	9	1.0	5	
Other Eligibles	24	243	0.9	33	0.3	29	275	0.3	4	0.3	5	53	0.8	264	
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
65-74	7	84	0.9	39	0.1	2	24	0.1	1	0.1	0	0	0.0	0	
75-84	14	126	0.9	31	0.2	14	107	0.2	4	0.2	1	5	0.2	1	
85 and older	3	33	0.7	21	0.3	13	144	0.3	4	0.3	4	48	0.8	291	
Male	57	600	1.1	41	0.2	128	1,467	0.2	8	0.2	30	317	0.6	54	
Disabled	52	548	1.1	39	0.2	107	1,224	0.2	9	0.2	19	198	0.5	70	
64 or younger	46	486	1.1	40	0.2	101	1,162	0.2	9	0.2	16	162	0.5	83	
65-74	4	38	1.3	34	0.1	4	38	0.1	5	0.1	2	24	0.3	1	
75-84	1	12	1.0	15	0.2	2	24	0.2	35	0.2	1	12	0.4	30	
85 and older	1	12	0.9	13	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
Other Eligibles	5	52	1.1	69	0.2	21	243	0.2	5	0.2	11	119	0.7	27	
64 or younger	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	
65-74	0	0	0.0	0	0.4	2	24	0.4	8	0.4	4	35	0.7	4	
75-84	1	12	1.9	52	0.1	5	55	0.1	2	0.1	1	12	0.5	3	
85 and older	4	40	0.9	74	0.1	14	164	0.1	5	0.1	6	72	0.8	43	
Unknown	0	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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 253 beneficiaries who were in nursing facilities for part of their enrollment and their 1,877 benefit months were excluded from the analysis.
 - b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).
- BOE = basis of eligibility; CMS = Center for Medicare and Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BOE, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANTIASTHMATIC					Mean Rx \$	Mean No. of Rx	All-Year NF Residents	Bene Mos among All-Year NF Residents		
	Users as %		No. of Bene Mos among Users		Mean		Users as %		No. of Bene Mos among Users						Mean	
	No. of Users	Residents	No. of Users	Residents	Rx \$	No. of Rx	No. of Users	Residents	Rx \$	No. of Rx					Rx \$	No. of Rx
All	100	27.5 %	1,104	1.0	\$32	116	31.9 %	1,194	0.5	\$21	364	3,856				
Female	56	27.6	648	0.9	35	58	28.6	636	0.5	23	203	2,195				
Disabled	34	23.4	404	0.9	30	40	27.6	458	0.6	27	145	1,636				
64 or younger	22	19.5	264	1.0	31	34	30.1	386	0.6	29	113	1,256				
65-74	8	40.0	95	0.6	20	5	25.0	60	0.4	20	20	239				
75-84	3	27.3	36	1.0	48	1	9.1	12	0.8	7	11	132				
85 and older	1	100.0	9	1.0	15	0	0.0	0	0.0	0	1	9				
Other Eligibles	22	37.9	244	0.8	42	18	31.0	178	0.2	12	58	559				
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
65-74	1	20.0	12	0.1	4	0	0.0	0	0.0	0	5	60				
75-84	8	44.4	91	0.9	43	6	33.3	54	0.1	6	18	155				
85 and older	13	37.1	141	0.9	45	12	34.3	124	0.3	14	35	344				
Male	44	27.3	456	1.2	28	58	36.0	558	0.4	20	161	1,661				
Disabled	36	28.3	376	1.3	31	49	38.6	462	0.4	21	127	1,328				
64 or younger	26	24.8	266	1.5	34	39	37.1	379	0.4	18	105	1,087				
65-74	7	46.7	74	1.0	24	7	46.7	47	0.3	10	15	163				
75-84	2	33.3	24	0.6	12	3	50.0	36	0.7	65	6	66				
85 and older	1	100.0	12	1.2	35	0	0.0	0	0.0	0	1	12				
Other Eligibles	8	23.5	80	0.6	15	9	26.5	96	0.5	14	34	333				
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0				
65-74	1	16.7	9	0.3	13	4	66.7	36	1.0	28	6	56				
75-84	3	33.3	34	0.7	12	2	22.2	24	0.1	2	9	99				
85 and older	4	21.1	37	0.7	18	3	15.8	36	0.2	7	19	178				
Unknown	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 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2002. A total of 253 beneficiaries who were in nursing facilities for part of their enrollment and their 1,877 benefit months were excluded from the analysis.

b. A user is a beneficiary who had at least one prescription filled in a given drug group during 2002. 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.

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

d. The top 10 drug groups were determined based on total 2002 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, http://www.Medi-Span.com/products/product_mddb.asp (May 13 2003).

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

TABLE ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW MEXICO, 2002

Beneficiary Characteristics	No. of Benes with at Least One Part D Excl Rx	% Benes with at Least One Part D Excl Rx	No. of Part D Excl Rx per Bene	Total No. Part D Excl Rx	Part D Excl Rx \$ per Bene	Total Part D Excl Rx \$	\$ per Part D Excl Rx	Part D Excl Rx \$ as % of All Nondual Rx \$	Total No. of Benes
Age									
5 and younger	7,358	14.0	0.3	15,181	3	157,121	10	15.2	52,717
6-14	5,336	8.7	0.2	10,600	2	136,455	13	8.0	61,553
15-20	2,433	7.3	0.2	5,103	2	62,789	12	4.6	33,302
21-44	4,768	6.9	0.2	14,807	2	161,416	11	3.6	69,024
45-64	1,902	20.2	1.6	14,866	16	153,398	10	4.7	9,427
65-74	185	41.0	5.8	2,637	47	21,287	8	5.6	451
75-84	92	46.2	5.4	1,077	50	9,891	9	5.2	199
85 and older	73	44.5	5.6	922	52	8,527	9	5.6	164
Unknown	0	0.0	0.0	0	0	0	0	0.0	8
Basis of Eligibility^c									
Aged	165	37.0	4.2	1,853	38	16,932	9	5.1	446
Disabled	3,196	25.2	2.1	26,081	29	364,448	14	5.9	12,688
Adults	4,661	6.2	0.1	9,975	1	86,424	9	2.7	75,470
Children	14,098	10.2	0.2	27,195	2	241,927	9	8.5	138,153
Unknown	27	30.7	1.0	89	13	1,153	13	3.1	88
Gender									
Female	13,175	9.3	0.3	39,405	3	404,515	10	5.4	141,759
Male	8,971	10.5	0.3	25,778	4	305,912	12	6.2	85,070
Unknown	1	6.3	0.6	10	29	457	46	20.0	16
Race									
White	2,910	6.1	0.2	11,006	3	124,483	11	4.2	47,986
African American	229	5.6	0.2	754	2	6,559	9	4.6	4,096
Other/unknown	19,008	10.9	0.3	53,433	3	579,842	11	6.1	174,763
Use of Nursing Facilities^d									
Entire year	309	84.9	18.1	6,584	179	65,323	10	4.9	364
Part year	216	85.4	12.3	3,123	112	28,400	9	5.2	253
None	21,622	9.6	0.2	55,486	3	617,161	11	5.8	226,228
Maintenance Assistance Status									
Cash	10,467	12.4	0.5	39,361	6	468,864	12	5.9	84,154
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	9,437	10.0	0.2	17,918	2	156,276	9	7.2	94,049
Other/unknown	2,243	4.6	0.2	7,914	2	85,744	11	3.5	48,642

Table ND11

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
- b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
- c. 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.
- d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.12

USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW MEXICO, 2002

Beneficiary Characteristics	No. Rx per Bene Mo.	Rx \$ per Bene Mo.	\$ per Rx	Barbiturate \$ per Bene Mo.	Benzodiazepine \$ per Bene Mo.	No. of Bene Mos
All	0.1	\$1	\$11	\$0	\$0	1,221,157
Age						
5 and younger	0.1	1	10	0	0	213,987
6-14	0.0	0	13	0	0	309,761
15-20	0.0	0	12	0	0	160,853
21-44	0.0	0	11	0	0	468,625
45-64	0.2	3	10	0	1	60,793
65-74	0.6	5	8	0	1	4,164
75-84	0.6	6	9	0	0	1,751
85 and older	0.8	7	9	0	1	1,206
Unknown	0.0	0	0	0	0	17
Basis of Eligibility^c						
Aged	0.6	5	9	0	1	3,240
Disabled	0.3	4	14	0	1	88,621
Adults	0.0	0	9	0	0	498,509
Children	0.0	0	9	0	0	630,387
Unknown	0.2	3	13	0	2	400
Gender						
Female	0.0	0	10	0	0	824,643
Male	0.1	1	12	0	0	396,388
Unknown	0.1	4	46	0	0	126
Race						
White	0.1	1	11	0	0	189,850
African American	0.1	1	9	0	0	12,985
Other/unknown	0.1	1	11	0	0	1,018,322
Use of Nursing Facilities^d						
Entire year	1.7	17	10	1	4	3,856
Part year	1.7	15	9	1	4	1,877
None	0.0	1	11	0	0	1,215,424
Maintenance Assistance Status						
Cash	0.1	1	12	0	0	411,142
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	9	0	0	426,655
Other/unknown	0.0	0	11	0	0	383,360

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

- a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002.
 - b. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.
 - c. 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.
 - d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.
- Bene(s) = beneficiary (or beneficiaries); CMS = Center for Medicare and Medicaid Services; Excl = excluded; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 NEW MEXICO, 2002

Drug Category	No. Users	Rx \$ per User	Total Rx \$	Rx \$ as % of All Part D Excl Rx \$	Total No. Rx.	\$ per Rx	No. Rx as % of All Part D Excl Rx
All	26,325	\$27	\$710,884	100.0 %	65,193	\$11	100.0 %
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	2	11	22	0.0	2	11	0.0
Cough and cold medications	6,621	21	140,063	19.7	8,545	16	13.1
Vitamins and minerals	760	54	41,175	5.8	2,494	17	3.8
Non-prescription drugs	15,131	26	387,206	54.5	44,931	9	68.9
Barbiturates	180	48	8,592	1.2	1,480	6	2.3
Benzodiazepines	1,881	60	111,928	15.7	5,461	20	8.4
Other Part D Excl Rx Drugs	1,750	13	21,898	3.1	2,280	10	3.5

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2002. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2002. A beneficiary who used drugs from two or more Part D excluded categories was counted as a user for each category. Therefore, the sum of users across drug categories may exceed the total number of individual users as noted on Table ND11.

b. Includes OTC drugs as well as prescription drugs.

c. The statute establishing the Medicare Part D prescription program that started in 2006 excludes several types of drugs from coverage. State Medicaid programs have been allowed to exclude these drugs since 1990, but many states have chosen to cover them, and if states cover them for any Medicaid beneficiaries they must also cover them for dual eligibles, who as of 2006 receive the remainder of their prescription drug coverage through Part D. Excluded drugs include benzodiazepines; barbiturates; nonprescription (OTC) medications; prescription vitamins and minerals (not including prenatal vitamins and fluoride preparations); and drugs used for anorexia, weight loss, or weight gain. Other excluded drugs include those that promote fertility; those used for cosmetic purposes or hair growth, for symptomatic relief of coughs and colds; or drugs for which the manufacturer requires that associated tests or monitoring services be purchased exclusively from the manufacturer.

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

APPENDIX TABLE A.1

CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEW MEXICO, 2002

Beneficiary Characteristics	No. of Benes					No. of Bene Mos						
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	419,083	975	33,452	92,835	291,733	88	4,110,302	9,817	363,047	873,134	2,863,870	434
Age												
5 and younger	110,222	2	1,700	0	108,520	0	1,037,214	23	18,430	0	1,018,761	0
6-14	134,159	2	4,051	0	130,106	0	1,388,769	15	46,154	0	1,342,600	0
15-20	63,698	0	3,061	7,558	53,072	7	603,572	0	33,754	67,435	502,339	44
21-44	90,146	1	10,324	79,763	24	34	869,649	4	111,351	757,985	129	180
45-64	18,884	1	13,334	5,499	3	47	189,892	1	142,060	47,606	15	210
65-74	1,204	328	864	12	0	0	13,522	3,436	9,995	91	0	0
75-84	547	439	106	2	0	0	5,866	4,666	1,192	8	0	0
85 and older	214	202	11	1	0	0	1,789	1,672	108	9	0	0
Unknown	9	0	1	0	8	0	29	0	3	0	26	0
Gender												
Female	243,857	559	17,298	80,832	145,080	88	2,404,795	5,525	190,089	783,685	1,425,062	434
Male	175,209	416	16,147	12,003	146,643	0	1,705,368	4,292	172,883	89,449	1,438,744	0
Unknown	17	0	7	0	10	0	139	0	75	0	64	0
Race												
White	98,671	235	10,945	24,490	62,969	32	937,610	2,050	115,943	223,312	596,147	158
African American	9,393	6	874	2,099	6,412	2	90,024	52	9,126	18,933	61,910	3
Other/unknown	311,019	734	21,633	66,246	222,352	54	3,082,668	7,715	237,978	630,889	2,205,813	273
Use of Nursing Facilities^c												
Entire year	364	92	272	0	0	0	3,859	892	2,967	0	0	0
Part year	253	25	225	3	0	0	2,303	221	2,046	36	0	0
None	418,466	858	32,955	92,832	291,733	88	4,104,140	8,704	358,034	873,098	2,863,870	434
Maintenance Assistance Status												
Cash	163,732	742	32,117	47,307	83,566	0	1,647,072	8,171	350,834	431,627	856,440	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	192,036	2	637	8,399	182,910	88	1,846,049	7	6,107	57,614	1,781,887	434
Other/unknown	63,315	231	698	37,129	25,257	0	617,181	1,639	6,106	383,893	225,543	0
Managed Care Status												
FFS all year	104,579	362	7,305	41,953	54,877	82	904,401	2,978	69,040	381,412	450,601	370
FFS part year, with Rx claims	29,471	37	2,564	11,127	15,741	2	287,217	350	26,127	106,861	153,861	18
FFS part year, no Rx claims	92,795	47	2,819	22,390	67,535	4	882,739	425	28,060	208,181	646,027	46
MC all year, with Rx claims	272	0	8	7	257	0	2,154	0	80	48	2,026	0
MC all year, no Rx claims	191,966	529	20,756	17,358	153,323	0	2,033,791	6,064	239,740	176,632	1,611,355	0

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

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

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.

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.2
MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
NONDUAL BENEFICIARIES, NEW MEXICO, 2002

	Bene Mos in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos	No. of Benes	No. of Bene Mos
All	419,083	4,110,302	226,845	1,221,157	0	2,889,145
FFS all year	104,579	904,401	104,579	904,401	0	0
FFS part year, with Rx claims	29,471	287,217	29,471	91,893	0	195,324
FFS part year, with no Rx claims	92,795	882,739	92,795	224,863	0	657,876
MC all year, with Rx claims	272	2,154	0	0	0	2,154
MC all year, with no Rx claims	191,966	2,033,791	0	0	0	2,033,791

Source: Data for this table are from the MAX 2002 file for New Mexico, released by CMS in 05/2006. This table was produced on 04/19/2007.

a. Benefit months are months during which beneficiaries had pharmacy benefit coverage.

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.