

STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2003 NEW MEXICO

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TABLE ND.2

CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a,b}
NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months						
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown		
All	239,287	569	12,313	83,942	142,463	0	1,302,523	4,424	84,098	563,665	650,336	0		
Age														
5 and younger	55,166	1	656	0	54,509	0	223,188	3	4,075	0	219,110	0		
6-14	62,470	4	1,270	0	61,196	0	312,417	28	9,718	0	302,671	0		
15-20	34,107	12	1,166	6,186	26,743	0	168,077	108	7,798	31,655	128,516	0		
21-44	76,481	112	3,727	72,627	15	0	525,857	949	24,041	500,828	39	0		
45-64	10,484	110	5,255	5,119	0	0	68,074	924	36,002	31,148	0	0		
65-74	272	67	200	5	0	0	2,490	441	2,030	19	0	0		
75-84	166	129	33	4	0	0	1,372	990	371	11	0	0		
85 and older	141	134	6	1	0	0	1,048	981	63	4	0	0		
Unknown	0	0	0	0	0	0	0	0	0	0	0	0		
Gender														
Female	150,669	426	5,935	73,243	71,065	0	891,393	3,391	41,205	525,054	321,743	0		
Male	88,601	143	6,373	10,699	71,386	0	411,014	1,033	42,843	38,611	328,527	0		
Unknown	17	0	5	0	12	0	116	0	50	0	66	0		
Race														
White	49,961	227	3,192	21,803	24,739	0	202,196	1,767	14,968	131,530	53,931	0		
African American	4,183	7	283	1,487	2,406	0	13,593	53	1,234	7,387	4,919	0		
Other/unknown	185,143	335	8,838	60,652	115,318	0	1,086,734	2,604	67,896	424,748	591,486	0		
Use of Nursing Facilities^c														
Entire year	374	86	288	0	0	0	3,820	794	3,026	0	0	0		
Part year	317	37	275	5	0	0	2,449	322	2,088	39	0	0		
None	238,596	446	11,750	83,937	142,463	0	1,296,254	3,308	78,984	563,626	650,336	0		
Maintenance Assistance Status														
Cash	90,773	114	11,238	35,423	43,998	0	439,690	915	78,883	152,367	207,525	0		
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0		
Poverty-related	92,557	236	548	7,742	84,031	0	423,603	1,992	2,278	35,153	384,180	0		
Other/unknown	55,957	219	527	40,777	14,434	0	439,230	1,517	2,937	376,145	58,631	0		
Managed Care (MC) Status														
Fee-for-service (FFS) all year	112,098	523	6,843	49,089	55,643	0	973,160	4,228	64,708	442,793	461,431	0		
FFS part year, with Rx claims	31,781	23	2,731	11,913	17,114	0	98,749	129	10,397	45,745	42,478	0		
FFS part year, no Rx claims	95,408	23	2,739	22,940	69,706	0	230,614	67	8,993	75,127	146,427	0		

Table ND2

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	28.5 %	1.6	\$64	\$41	\$2,297	2.8 %	239,287
Age							
5 and younger	27.3	0.8	22	26	2,041	1.1	55,166
6-14	23.9	0.8	32	40	1,362	2.3	62,470
15-20	29.5	1.2	51	43	2,545	2.0	34,107
21-44	30.7	1.8	73	41	2,281	3.2	76,481
45-64	41.3	8.6	397	46	7,617	5.2	10,484
65-74	74.3	31.1	1,281	41	20,627	6.2	272
75-84	64.5	28.4	1,237	44	17,675	7.0	166
85 and older	59.6	23.7	1,073	45	16,430	6.5	141
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	64.7	19.8	892	45	12,700	7.0	569
Disabled	53.4	11.1	599	54	12,432	4.8	12,313
Adults	29.8	1.4	47	34	1,852	2.5	83,942
Children	25.5	0.8	25	31	1,641	1.5	142,463
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	29.6	1.6	62	38	2,202	2.8	150,669
Male	26.8	1.5	69	45	2,459	2.8	88,601
Unknown	29.4	1.9	87	46	3,894	2.2	17
Race							
White	25.0	1.6	73	46	2,615	2.8	49,961
African American	21.7	1.1	46	41	2,378	1.9	4,183
Other/unknown	29.6	1.6	62	39	2,209	2.8	185,143
Use of Nursing Facilities^f							
Entire year	98.1	93.2	4,089	44	50,650	8.1	374
Part year	95.9	48.7	2,625	54	47,036	5.6	317
None	28.3	1.4	54	40	2,162	2.5	238,596
Maintenance Assistance Status							
Cash	32.9	2.4	104	44	3,111	3.3	90,773
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	26.7	0.9	30	34	1,896	1.6	92,557
Other/unknown	24.4	1.5	56	39	1,640	3.4	55,957

Table ND3

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
- d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
- e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; OTC = over-the-counter; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.4

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of		Number of Rx, Percentage with:										Beneficiaries	Number
			All Medicaid	FFS ^c	More than 0, but 1 or Less	More than 1, but 2 or Less	More than 2, but 5 or Less	More than 5, but 10 or Less	More than 10	Mean \$, All Medicaid	FFS ^d	Beneficiaries	Benefit Months			
All	0.3	\$12	2.8 %	71.5 %	23.2 %	2.7 %	2.0 %	0.5 %	0.1 %	\$422	239,287	1,302,523				
Age																
5 and younger	0.2	6	1.1	72.7	23.3	2.7	1.2	0.1	0.0	504	55,166	223,188				
6-14	0.2	6	2.3	76.1	20.4	2.2	1.2	0.1	0.0	272	62,470	312,417				
15-20	0.2	10	2.0	70.5	24.4	3.0	1.9	0.2	0.0	516	34,107	168,077				
21-44	0.3	11	3.2	69.3	25.3	2.6	2.0	0.6	0.1	332	76,481	525,857				
45-64	1.3	61	5.2	58.7	19.4	6.2	9.4	4.8	1.6	1,173	10,484	68,074				
65-74	3.4	140	6.2	25.7	27.6	8.8	18.0	14.0	5.9	2,253	272	2,490				
75-84	3.4	150	7.0	35.5	16.3	7.2	21.7	15.1	4.2	2,139	166	1,372				
85 and older	3.2	144	6.5	40.4	10.6	7.1	24.8	16.3	0.7	2,211	141	1,048				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Basis of Eligibility^e																
Aged	2.5	115	7.0	35.3	24.6	10.0	17.0	11.4	1.6	1,633	569	4,424				
Disabled	1.6	88	4.8	46.6	26.7	7.6	11.4	5.8	1.9	1,820	12,313	84,098				
Adults	0.2	7	2.5	70.2	25.3	2.4	1.7	0.4	0.1	276	83,942	563,665				
Children	0.2	6	1.5	74.5	21.6	2.5	1.2	0.1	0.0	360	142,463	650,336				
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0				
Gender																
Female	0.3	10	2.8	70.4	24.5	2.6	1.9	0.5	0.1	372	150,669	891,393				
Male	0.3	15	2.8	73.2	20.9	3.0	2.1	0.6	0.1	530	88,601	411,014				
Unknown	0.3	13	2.2	70.6	23.5	5.9	0.0	0.0	0.0	571	17	116				
Race																
White	0.4	18	2.8	75.0	17.6	3.4	2.7	1.0	0.3	646	49,961	202,196				
African American	0.3	14	1.9	78.3	14.7	3.5	2.5	0.7	0.2	732	4,183	13,593				
Other/unknown	0.3	11	2.8	70.4	24.9	2.5	1.8	0.4	0.1	376	185,143	1,086,734				
Use of Nursing Facilities^f																
Entire year	9.1	400	8.1	1.9	6.1	5.3	26.2	35.6	24.9	4,959	374	3,820				
Part year	6.3	340	5.6	4.1	11.4	9.1	28.1	31.9	15.5	6,088	317	2,449				
None	0.3	10	2.5	71.7	23.2	2.7	1.9	0.4	0.1	398	238,596	1,296,254				
Maintenance Assistance Status																
Cash	0.5	22	3.3	67.1	24.1	4.1	3.4	1.1	0.3	642	90,773	439,690				
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	7	1.6	73.3	22.8	2.4	1.3	0.2	0.0	414	92,557	423,603				
Other/unknown	0.2	7	3.4	75.6	22.2	1.1	0.8	0.3	0.1	209	55,957	439,230				

Table ND4

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.
 - d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.
 - e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
 - f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.3	\$12	\$41	0.1	\$8	\$85	0.0	\$1	\$30	0.2	\$3	\$16
Age												
5 and younger	0.2	6	26	0.0	3	73	0.0	0	23	0.1	2	13
6-14	0.2	6	40	0.1	5	83	0.0	0	29	0.1	1	15
15-20	0.2	10	43	0.1	7	86	0.0	1	44	0.1	2	16
21-44	0.3	11	41	0.1	7	79	0.0	1	34	0.1	3	18
45-64	1.3	61	46	0.5	47	99	0.1	3	23	0.7	11	15
65-74	3.4	140	41	1.3	109	82	0.3	6	19	1.7	25	14
75-84	3.4	150	44	1.4	116	83	0.3	5	17	1.8	29	16
85 and older	3.2	144	45	1.3	114	85	0.2	4	25	1.7	26	15
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	2.5	115	45	1.0	91	88	0.2	3	18	1.3	20	15
Disabled	1.6	88	54	0.6	69	114	0.2	4	27	0.9	14	17
Adults	0.2	7	34	0.1	4	60	0.0	1	33	0.1	2	18
Children	0.2	6	31	0.1	4	71	0.0	0	30	0.1	2	14
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	0.3	10	38	0.1	7	77	0.0	1	30	0.2	3	16
Male	0.3	15	45	0.1	11	101	0.0	1	30	0.2	3	15
Unknown	0.3	13	46	0.2	10	64	0.0	1	51	0.1	2	16
Race												
White	0.4	18	46	0.2	14	84	0.0	1	31	0.2	4	18
African American	0.3	14	41	0.1	10	81	0.0	1	24	0.2	3	17
Other/unknown	0.3	11	39	0.1	8	85	0.0	1	30	0.2	2	15
Use of Nursing Facilities^e												
Entire year	9.1	400	44	3.9	317	82	0.9	18	21	4.4	65	15
Part year	6.3	340	54	2.4	263	112	0.4	15	33	3.5	61	17
None	0.3	10	40	0.1	7	84	0.0	1	31	0.1	2	16
Maintenance Assistance												
Status												
Cash	0.5	22	44	0.2	16	99	0.0	1	26	0.3	4	15
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	7	34	0.1	5	78	0.0	0	30	0.1	2	14
Other/unknown	0.2	7	39	0.1	5	60	0.0	1	38	0.1	2	21

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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, 0.7 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				Users ^e								
	Total	Patented	Off-Patent	Generic	Total	Patented	Off-Patent	Generic	Total Number of Rx	Total Rx \$	Number of Users	Percentage of All Benes	As a Percentage	Number of Benefit Months			
															Brand-Name	Brand-Name	Brand-Name
Anti-infective Agents	0.2	0.1	0.0	0.2	\$8	\$5	\$0	\$2	\$34	\$73	\$46	\$16	50,516	\$1,718,873	30,335	12.7 %	223,660
Biologics	0.1	0.1	0.0	0.0	18	15	0	3	162	141	746	577	1,790	290,365	1,548	0.6	16,544
Antineoplastic Agents	0.5	0.2	0.0	0.3	74	64	1	10	142	265	58	35	1,177	166,733	269	0.1	2,253
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	19	12	3	5	38	54	35	23	75,966	2,922,568	17,880	7.5	153,749
Cardiovascular Agents	0.9	0.2	0.1	0.6	24	16	1	6	27	66	13	11	26,102	695,207	3,971	1.7	28,712
Respiratory Agents	0.3	0.1	0.0	0.2	12	8	0	3	36	71	41	14	48,148	1,711,140	21,343	8.9	144,964
Gastrointestinal Agents	0.4	0.2	0.0	0.3	28	22	1	6	66	135	60	22	15,286	1,004,536	4,881	2.0	35,343
Genitourinary Agents	0.3	0.1	0.0	0.1	10	7	1	2	38	53	52	19	4,291	165,152	2,257	0.9	16,369
CNS Drugs	0.8	0.4	0.0	0.4	55	49	1	5	69	115	54	14	41,200	2,840,322	8,049	3.4	51,817
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	32	24	2	6	61	82	57	29	4,552	277,305	1,503	0.6	8,720
Miscellaneous Psychological/Neurological Agents	0.5	0.4	0.0	0.0	83	80	0	3	172	182	0	69	429	73,858	117	0.0	889
Analgesics and Anesthetics	0.3	0.0	0.0	0.2	7	4	0	2	22	117	10	9	46,316	1,014,158	19,808	8.3	155,215
Neuromuscular Agents	0.6	0.2	0.1	0.3	35	25	3	6	54	102	36	21	20,920	1,129,174	4,575	1.9	32,696
Nutritional Products	0.3	0.0	0.0	0.2	3	0	0	3	12	17	16	11	9,169	110,778	5,100	2.1	31,974
Hematological Agents	0.6	0.1	0.2	0.3	59	53	3	3	98	387	17	11	4,469	437,737	947	0.4	7,374
Topical Products	0.2	0.0	0.0	0.2	5	2	1	3	25	58	64	16	22,988	583,581	13,425	5.6	106,203
Miscellaneous Products	0.2	0.1	0.0	0.0	16	13	1	1	87	87	226	55	1,886	164,213	1,251	0.5	10,432
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	2	0	0	0	14	0	0	0	3,223	44,722	2,451	1.0	22,791
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.	378,428	15,350,422	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table ND.6 includes the beneficiaries represented by Cell K of Table 1. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 0.7 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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2003.

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

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Top 10 Drug Groups	Users			Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	Rx \$ per Benefit
						Month
CONTRACEPTIVES	\$2,010,235	13,288	5.6 %	123,482	0.4	\$38
ANTIPSYCHOTICS	1,648,282	2,389	1.0	16,910	0.7	144
ANTIDEPRESSANTS	1,055,991	6,803	2.8	43,643	0.5	52
ANTICONVULSANT	962,706	2,723	1.1	19,493	0.7	66
ANTIASTHMATIC	889,749	12,435	5.2	91,715	0.2	39
ULCER DRUGS	722,363	4,205	1.8	31,052	0.3	69
ANTI-DIABETIC	639,765	3,293	1.4	26,591	0.5	49
PENICILLINS	454,186	18,534	7.7	148,181	0.2	20
ANALGESICS - Narcotic	450,633	11,880	5.0	90,440	0.2	20
ANTIHISTAMINES	440,688	11,299	4.7	91,869	0.2	26
Total	9,274,598	86,849		683,376	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					CONTRACEPTIVES					ANTIPSYCHOTICS						
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	206,435	\$9,274,598	13,288	5.6 %	123,482	0.4	\$16	2,389	1.0 %	16,910	0.7	\$98					
Female	140,375	5,988,096	13,283	8.8	123,432	0.4	16	1,258	0.8	9,108	0.6	85					
Disabled	38,089	2,346,190	178	3.0	1,718	0.4	15	719	12.1	5,679	0.7	110					
5 and younger	482	27,282	0	0.0	0	0.0	0	2	0.8	8	0.3	35					
6-14	1,095	86,138	5	1.1	35	0.2	8	30	6.4	280	0.5	103					
15-20	1,496	116,968	43	9.6	368	0.3	13	47	10.5	373	0.4	77					
21-44	9,898	648,047	119	6.9	1,194	0.4	16	264	15.4	1,714	0.6	99					
45-64	22,873	1,352,052	11	0.4	121	0.3	17	350	12.1	3,045	0.8	121					
65-74	1,974	98,145	0	0.0	0	0.0	0	21	15.8	199	1.0	100					
75-84	234	15,458	0	0.0	0	0.0	0	5	25.0	60	1.0	160					
85 and older	37	2,100	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	102,286	3,641,906	13,105	9.1	121,714	0.4	16	539	0.4	3,429	0.3	42					
5 and younger	9,211	183,169	0	0.0	0	0.0	0	1	0.0	12	0.8	77					
6-14	9,204	290,153	58	0.2	437	0.2	10	84	0.3	510	0.3	42					
15-20	12,133	479,521	2,060	10.5	15,011	0.3	14	160	0.8	1,013	0.3	48					
21-44	65,499	2,408,404	10,874	17.1	105,100	0.4	17	222	0.3	1,306	0.2	30					
45-64	4,405	186,692	113	2.9	1,166	0.5	19	39	1.0	258	0.2	26					
65-74	327	16,816	0	0.0	0	0.0	0	6	14.6	46	0.5	45					
75-84	895	43,993	0	0.0	0	0.0	0	14	20.3	146	1.4	117					
85 and older	612	33,158	0	0.0	0	0.0	0	13	15.1	138	0.5	52					
Male	66,038	3,285,317	5	0.0	50	0.5	25	1,131	1.3	7,802	0.8	113					
Disabled	29,906	1,944,236	3	0.0	26	0.4	22	649	10.2	5,192	0.9	131					
5 and younger	984	49,087	0	0.0	0	0.0	0	5	1.3	28	0.2	34					
6-14	2,191	152,170	0	0.0	0	0.0	0	77	9.7	570	0.6	102					
15-20	1,825	178,979	2	0.3	14	0.4	18	72	10.0	609	0.5	108					
21-44	9,018	673,034	0	0.0	0	0.0	0	259	12.9	1,975	0.9	145					
45-64	14,396	812,156	1	0.0	12	0.5	27	212	8.9	1,741	1.2	135					
65-74	1,305	65,482	0	0.0	0	0.0	0	18	26.9	197	1.4	121					
75-84	178	13,228	0	0.0	0	0.0	0	5	38.5	60	0.7	114					
85 and older	9	100	0	0.0	0	0.0	0	1	33.3	12	0.1	2					
Other Eligibles	36,132	1,341,081	2	0.0	24	0.5	28	482	0.6	2,610	0.5	77					
5 and younger	10,810	233,148	0	0.0	0	0.0	0	7	0.0	26	0.3	39					
6-14	12,548	497,076	0	0.0	0	0.0	0	193	0.6	1,101	0.5	70					
15-20	6,139	297,467	1	0.0	12	0.8	31	193	1.5	993	0.6	79					
21-44	4,178	175,351	1	0.0	12	0.3	25	59	0.7	220	0.4	51					
45-64	1,065	46,948	0	0.0	0	0.0	0	8	0.6	46	0.3	73					
65-74	322	21,578	0	0.0	0	0.0	0	7	22.6	82	0.7	156					
75-84	613	40,242	0	0.0	0	0.0	0	8	12.5	70	1.4	158					
85 and older	457	29,271	0	0.0	0	0.0	0	7	14.3	72	0.6	88					
Unknown	22	1,185	0	0.0	0	0.0	0	0	0.0	0	0.0	0					

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0ff1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month	Number of Users	Users as % of All Benefes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean of Rx per Benefit Month
All	6,803	2.8 %	43,643	0.5	\$24	2,723	1.1 %	19,493	0.7	\$49	12,435	5.2 %	91,715	0.2	\$10
Female	4,477	3.0	28,150	0.4	23	1,513	1.0	10,670	0.7	48	6,131	4.1	45,132	0.2	9
Disabled	1,574	26.5	12,253	0.5	28	933	15.7	7,617	0.8	53	1,019	17.2	8,858	0.3	16
5 and younger	1	0.4	12	0.2	5	16	6.1	142	0.7	84	77	29.5	750	0.3	16
6-14	38	8.1	307	0.4	29	50	10.7	444	0.6	60	76	16.2	789	0.3	12
15-20	63	14.0	496	0.5	36	69	15.4	606	0.7	73	52	11.6	522	0.3	12
21-44	556	32.3	3,986	0.5	29	333	19.4	2,514	0.7	55	223	13.0	1,818	0.3	16
45-64	876	30.4	7,013	0.5	27	434	15.1	3,600	1.0	48	549	19.1	4,557	0.4	18
65-74	34	25.6	367	0.6	27	30	22.6	299	1.0	34	36	27.1	350	0.4	19
75-84	6	30.0	72	0.5	19	1	5.0	12	1.7	54	6	30.0	72	0.4	20
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,903	2.0	15,897	0.4	20	580	0.4	3,053	0.4	34	5,112	3.5	36,274	0.2	8
5 and younger	1	0.0	12	0.1	3	33	0.1	202	0.3	27	1,684	6.2	12,748	0.2	6
6-14	245	0.8	1,517	0.4	21	74	0.2	368	0.7	56	1,472	4.9	10,430	0.2	8
15-20	591	3.0	3,250	0.4	22	119	0.6	544	0.4	33	655	3.3	4,567	0.2	8
21-44	1,721	2.7	8,891	0.3	18	285	0.4	1,452	0.4	29	1,126	1.8	7,241	0.2	9
45-64	289	7.3	1,637	0.4	21	54	1.4	317	0.4	30	144	3.7	1,005	0.3	12
65-74	10	24.4	97	0.8	35	6	14.6	62	0.7	56	8	19.5	50	0.6	60
75-84	21	30.4	224	0.8	23	5	7.2	60	0.8	44	6	8.7	53	0.2	4
85 and older	25	29.1	269	0.6	37	4	4.7	48	0.6	41	17	19.8	180	0.3	8
Male	2,326	2.6	15,493	0.5	26	1,208	1.4	8,799	0.8	52	6,301	7.1	46,547	0.3	10
Disabled	1,003	15.7	7,966	0.6	28	793	12.4	6,703	0.8	56	828	13.0	7,491	0.3	16
5 and younger	4	1.0	37	0.4	12	23	5.8	196	0.6	53	143	36.2	1,365	0.3	20
6-14	91	11.4	832	0.4	22	91	11.4	777	0.6	42	177	22.2	1,855	0.3	14
15-20	100	13.9	860	0.5	28	81	11.3	731	0.7	84	55	7.7	578	0.3	13
21-44	383	19.1	2,796	0.6	28	325	16.2	2,512	0.8	53	139	6.9	1,040	0.3	15
45-64	401	16.9	3,196	0.7	28	252	10.6	2,259	1.0	56	291	12.3	2,387	0.4	18
65-74	19	28.4	198	1.0	44	19	28.4	204	1.2	44	18	26.9	206	0.3	8
75-84	3	23.1	32	0.6	44	2	15.4	24	1.5	40	5	38.5	60	0.5	41
85 and older	2	66.7	15	0.4	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,323	1.6	7,527	0.4	24	415	0.5	2,096	0.6	39	5,473	6.7	39,056	0.2	9
5 and younger	6	0.0	44	0.3	16	40	0.1	250	0.4	18	2,264	8.2	16,114	0.2	6
6-14	402	1.3	2,514	0.4	22	116	0.4	550	0.6	44	2,338	7.5	17,392	0.2	10
15-20	527	4.0	3,156	0.5	24	113	0.9	616	0.6	38	620	4.7	4,144	0.3	11
21-44	283	3.2	1,117	0.4	23	110	1.2	422	0.4	42	197	2.2	1,062	0.3	13
45-64	69	5.4	365	0.4	20	24	1.9	135	0.5	44	36	2.8	167	0.3	11
65-74	4	12.9	38	1.1	13	3	9.7	36	0.9	49	4	12.9	42	1.5	29
75-84	16	25.0	156	0.7	38	7	10.9	66	0.7	33	9	14.1	87	0.3	9
85 and older	16	32.7	137	0.8	51	2	4.1	21	0.8	71	5	10.2	48	0.8	57
Unknown	0	0.0	0	0.0	0	2	11.8	24	0.3	14	3	17.6	36	0.3	20

Table ND7B

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a,b,c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ULCER DRUGS				ANTI-DIABETIC				PENICILLINS			
	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Beneficiaries	Number of Benefit Months Among Users	Mean Rx \$ per Benefit Month
All	4,205	1.8%	31,052	0.3	3,293	1.4%	26,591	0.5	18,534	7.7%	148,181	0.2
Female	2,686	1.8	19,983	0.3	2,165	1.4	17,895	0.5	10,261	6.8	81,969	0.2
Disabled	945	15.9	8,123	0.4	1,099	18.5	10,274	0.5	817	13.8	8,392	0.1
5 and younger	10	3.8	65	0.3	0	0.0	0	0.0	76	29.1	738	0.1
6-14	21	4.5	191	0.5	4	0.9	35	0.1	88	18.8	980	0.1
15-20	24	5.3	227	0.4	15	3.3	82	0.7	46	10.2	472	0.1
21-44	228	13.3	1,876	0.4	149	8.7	1,246	0.5	223	13.0	2,205	0.1
45-64	623	21.6	5,325	0.4	855	29.7	8,049	0.5	360	12.5	3,718	0.1
65-74	30	22.6	331	0.6	74	55.6	839	0.7	19	14.3	219	0.1
75-84	7	35.0	84	0.5	2	10.0	23	1.0	4	20.0	48	0.1
85 and older	2	66.7	24	0.5	0	0.0	0	0.0	1	33.3	12	0.1
Other Eligibles	1,741	1.2	11,860	0.2	1,066	0.7	7,621	0.4	9,444	6.5	73,577	0.2
5 and younger	116	0.4	645	0.2	3	0.0	5	0.8	3,597	13.3	27,306	0.2
6-14	172	0.6	1,215	0.2	45	0.1	261	0.5	2,492	8.3	20,505	0.1
15-20	284	1.4	1,979	0.2	62	0.3	370	0.5	1,149	5.8	8,675	0.1
21-44	923	1.4	6,092	0.2	643	1.0	4,533	0.4	1,980	3.1	15,232	0.1
45-64	197	5.0	1,412	0.3	273	6.9	2,019	0.4	200	5.1	1,574	0.1
65-74	10	24.4	99	0.3	9	22.0	92	0.9	4	9.8	32	0.2
75-84	22	31.9	239	0.7	20	29.0	214	0.7	3	4.3	36	0.2
85 and older	17	19.8	179	0.5	11	12.8	127	0.7	19	22.1	217	0.1
Male	1,519	1.7	11,069	0.4	1,128	1.3	8,696	0.5	8,271	9.3	66,188	0.2
Disabled	720	11.3	6,154	0.5	665	10.4	6,073	0.5	761	11.9	7,854	0.1
5 and younger	31	7.8	230	0.3	0	0.0	0	0.0	134	33.9	1,358	0.2
6-14	18	2.3	184	0.4	5	0.6	28	0.3	161	20.2	1,786	0.1
15-20	35	4.9	339	0.3	6	0.8	48	0.3	67	9.3	690	0.1
21-44	218	10.9	1,773	0.5	143	7.1	1,280	0.5	170	8.5	1,624	0.1
45-64	395	16.6	3,368	0.5	474	20.0	4,313	0.5	214	9.0	2,216	0.2
65-74	20	29.9	224	0.7	33	49.3	364	0.5	13	19.4	156	0.1
75-84	3	23.1	36	0.2	3	23.1	28	0.8	1	7.7	12	0.3
85 and older	0	0.0	0	0.0	1	33.3	12	0.1	1	33.3	12	0.1
Other Eligibles	799	1.0	4,915	0.3	463	0.6	2,623	0.5	7,510	9.1	58,334	0.2
5 and younger	127	0.5	709	0.3	6	0.0	14	1.0	3,868	14.0	28,780	0.2
6-14	171	0.6	1,445	0.2	40	0.1	197	0.6	2,505	8.1	21,228	0.1
15-20	132	1.0	927	0.2	37	0.3	196	0.7	717	5.4	5,742	0.1
21-44	270	3.0	1,225	0.3	225	2.5	1,211	0.5	357	4.0	2,126	0.2
45-64	63	4.9	253	0.3	126	9.8	666	0.4	49	3.8	299	0.2
65-74	5	16.1	50	1.3	4	12.9	42	0.4	4	12.9	46	0.2
75-84	20	31.3	199	0.5	17	26.6	201	0.9	5	7.8	54	0.1
85 and older	11	22.4	107	0.5	8	16.3	96	0.9	5	10.2	59	0.3
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	2	11.8	24	0.1

Nondual Beneficiaries

Table ND7C

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.7D

MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANALGESICS - Narcotic					ANTIHIISTAMINES						
	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per \$ per Month	Number of Users	Users as % of All Beneficiaries	Number of Months Among Users	Mean of Rx Benefit per Month	Mean of Rx Benefit per \$ per Month	Number of Beneficiaries	Number of Benefit Months
All	11,880	5.0 %	90,440	0.2	\$5	11,299	4.7 %	91,869	0.2	\$5	239,287	1,302,523
Female	8,032	5.3	62,359	0.2	5	6,740	4.5	54,303	0.2	5	150,669	891,393
Disabled	1,724	29.0	14,949	0.4	12	845	14.2	8,130	0.3	8	5,935	41,205
5 and younger	5	1.9	51	0.1	1	26	10.0	266	0.2	3	261	1,558
6-14	26	5.5	265	0.1	1	59	12.6	629	0.1	4	469	3,532
15-20	50	11.1	509	0.2	3	50	11.1	500	0.2	8	449	3,002
21-44	542	31.5	4,302	0.4	12	268	15.6	2,463	0.3	10	1,719	11,234
45-64	1,038	36.0	9,151	0.4	13	424	14.7	4,080	0.3	8	2,881	20,268
65-74	53	39.8	560	0.5	20	17	12.8	180	0.3	12	133	1,353
75-84	6	30.0	63	0.3	2	1	5.0	12	0.3	15	20	222
85 and older	4	133.3	48	0.5	13	0	0.0	0	0.0	0	3	36
Other Eligibles	6,308	4.4	47,410	0.2	2	5,895	4.1	46,173	0.2	4	144,734	850,188
5 and younger	182	0.7	1,681	0.1	1	1,302	4.8	11,072	0.2	2	26,964	108,714
6-14	540	1.8	4,857	0.1	1	1,631	5.4	13,395	0.2	4	30,153	148,267
15-20	1,119	5.7	8,243	0.2	1	964	4.9	7,092	0.2	5	19,703	95,071
21-44	3,999	6.3	29,051	0.2	2	1,801	2.8	12,967	0.2	5	63,777	469,464
45-64	409	10.4	2,969	0.3	5	171	4.3	1,408	0.2	7	3,941	27,244
65-74	10	24.4	81	0.2	3	6	14.6	35	0.4	8	41	269
75-84	28	40.6	293	0.4	11	13	18.8	142	0.1	4	69	517
85 and older	21	24.4	235	0.3	11	7	8.1	62	0.5	13	86	642
Male	3,848	4.3	28,081	0.3	6	4,558	5.1	37,554	0.2	5	88,601	411,014
Disabled	1,224	19.2	9,876	0.4	12	552	8.7	5,308	0.3	8	6,373	42,843
5 and younger	25	6.3	275	0.1	1	41	10.4	422	0.2	2	395	2,517
6-14	36	4.5	411	0.1	1	106	13.3	1,103	0.2	5	796	6,136
15-20	53	7.4	503	0.2	10	64	8.9	609	0.2	10	717	4,796
21-44	435	21.7	3,146	0.4	13	154	7.7	1,450	0.4	12	2,008	12,807
45-64	645	27.2	5,216	0.4	14	176	7.4	1,592	0.3	8	2,374	15,734
65-74	25	37.3	269	0.5	9	9	13.4	108	0.5	12	67	677
75-84	5	38.5	56	0.3	3	2	15.4	24	0.2	9	13	149
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	3	27
Other Eligibles	2,624	3.2	18,205	0.2	3	4,006	4.9	32,246	0.2	5	82,228	368,171
5 and younger	263	1.0	2,224	0.1	1	1,422	5.2	11,605	0.2	2	27,542	110,384
6-14	637	2.1	5,547	0.1	1	1,817	5.9	15,006	0.2	5	31,041	154,399
15-20	618	4.7	4,814	0.2	1	534	4.0	4,098	0.2	7	13,236	65,190
21-44	905	10.1	4,420	0.3	7	184	2.0	1,151	0.2	7	8,977	32,352
45-64	171	13.3	891	0.4	6	31	2.4	202	0.3	12	1,288	4,828
65-74	6	19.4	60	0.4	5	5	16.1	46	0.3	12	31	191
75-84	9	14.1	106	0.3	8	5	7.8	54	0.1	4	64	484
85 and older	15	30.6	143	0.4	6	8	16.3	84	0.3	4	49	343
Unknown	0	0.0	0	0.0	0	1	5.9	12	0.1	1	17	116

Table ND7D

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. 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 2003. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Rx \$ per Benefit Month	Number of Rx per Benefit Month	Number of All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	\$400	9.1	374	3,820
Age				
0-64	467	10.5	244	2,544
65-74	343	8.9	45	456
75-84	277	5.9	40	408
85 and older	177	4.3	45	412
Unknown	0	0.0	0	0
Gender				
Female	410	8.9	198	2,047
Male	389	9.4	176	1,773
Unknown	0	0.0	0	0
Race				
White	408	9.6	197	2,033
African American	259	11.1	9	102
Other/unknown	399	8.5	168	1,685
Basis of Eligibility^c				
Aged	232	5.6	86	794
Disabled	445	10.0	288	3,026
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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2003 Medicaid enrollment. A total of 317 beneficiaries who were in nursing facilities for part of their enrollment and their 2,449 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 = Centers for Medicare & 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, 2003

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month 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 Number of Rx	Total Rx \$	Number of Users	Percentage of All-Year Nursing Facility Residents	Number of Benefit Months			
	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	Generic	As a							
Anti-infective Agents	0.4	0.2	0.0	0.2	\$23	\$17	\$0	\$6	\$59	\$102	\$94	\$27	1,008	\$59,513	242	64.7 %	2,553
Biologicals	0.1	0.1	0.0	0.0	3	1	0	2	28	22	0	38	65	1,824	56	15.0	645
Antineoplastic Agents	0.3	0.1	0.0	0.2	102	75	0	27	353	872	0	134	27	9,528	8	2.1	93
Endocrine/Metabolic Drugs	1.8	0.6	0.5	0.7	48	37	4	7	26	58	8	9	3,390	89,067	177	47.3	1,857
Cardiovascular Agents	2.0	0.5	0.1	1.4	41	26	1	14	20	57	7	10	4,366	88,796	212	56.7	2,169
Respiratory Agents	0.8	0.4	0.1	0.3	39	30	3	5	50	74	55	16	1,225	60,725	150	40.1	1,567
Gastrointestinal Agents	1.3	0.4	0.0	0.9	56	38	1	17	42	90	68	19	2,669	110,862	194	51.9	1,991
Genitourinary Agents	1.1	0.7	0.0	0.4	47	39	1	7	42	57	54	16	697	28,984	59	15.8	617
CNS Drugs	3.1	1.8	0.0	1.2	198	180	5	14	64	98	96	11	9,627	611,607	294	78.6	3,089
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.3	0.2	10	0	8	2	24	0	33	11	10	238	2	0.5	24
Miscellaneous Psychological/Neurological Agents	0.9	0.9	0.0	0.0	175	175	0	0	193	193	0	0	218	42,023	23	6.1	240
Analgesics and Anesthetics	1.4	0.7	0.1	0.6	68	59	2	7	48	82	20	11	2,930	141,234	209	55.9	2,083
Neuromuscular Agents	2.5	1.1	0.5	1.0	90	57	10	23	36	54	20	23	5,626	200,967	208	55.6	2,238
Nutritional Products	0.8	0.0	0.0	0.8	13	0	0	13	15	14	13	16	909	14,050	101	27.0	1,077
Hematological Agents	1.3	0.2	0.5	0.6	51	40	6	6	39	197	12	9	982	37,888	72	19.3	741
Topical Products	0.4	0.1	0.0	0.3	14	6	2	6	31	51	39	21	908	27,901	185	49.5	2,044
Miscellaneous Products	0.8	0.5	0.0	0.3	12	3	0	9	16	6	0	38	102	1,676	14	3.7	135
Unknown Therapeutic Category	0.6	0.0	0.0	0.0	14	0	0	0	25	0	0	0	100	2,498	17	4.5	174
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.	34,859	1,529,381	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 317 beneficiaries who were in nursing facilities for part of their enrollment and their 2,449 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 2003. 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.medspan.com/marketing/ContentPage.aspx?contentid=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In New Mexico, 0.7 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 = Centers for Medicare & 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, 2003

	Users					Among Users		
	Total Medicaid Rx \$	Number of Users	As a Percentage of All-Year Nursing Facility Residents	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month	
Top 10 Drug Groups in Nursing Facilities	\$458,053	254	67.9 %	2,864	1.5	\$103	\$160	
ANTIPTYCHOTICS	160,974	222	59.4	2,405	1.9	36	67	
ANTICONVULSANT	133,283	234	62.6	2,491	1.3	41	54	
ANTIDEPRESSANTS	85,823	159	42.5	1,618	1.0	53	53	
ULCER DRUGS	80,009	179	47.9	1,721	1.0	49	46	
ANALGESICS - Narcotic	58,561	127	34.0	1,390	1.2	35	42	
ANTIIDIABETIC								
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	42,367	28	7.5	273	0.8	186	155	
MIGRAINE PRODUCTS	30,238	29	7.8	332	1.1	82	91	
ANALGESICS - ANTI-INFLAMMATORY	29,819	86	23.0	912	0.7	44	33	
ANTIASTHMATIC	28,570	109	29.1	1,076	0.6	47	27	
Total	1,107,697	1,427		15,082	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 317 beneficiaries who were in nursing facilities for part of their enrollment and their 2,449 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	All Top 10 Drug Groups					ANTIPSYCHOTICS					ANTICONVULSANT						
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	18,904	\$1,107,697	254	67.9 %	2,864	1.5	\$160	222	59.4 %	2,405	1.9	\$67					
Female	9,915	600,677	135	68.2	1,541	1.4	153	111	56.1	1,211	2.0	73					
Disabled	8,762	537,193	116	79.5	1,335	1.4	162	103	70.5	1,125	2.1	76					
64 or younger	7,664	474,684	102	84.3	1,183	1.5	167	87	71.9	952	2.3	82					
65-74	955	49,292	11	61.1	116	1.2	95	15	83.3	161	1.3	44					
75-84	143	13,217	3	42.9	36	1.1	230	1	14.3	12	1.7	54					
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	1,153	63,484	19	36.5	206	1.2	96	8	15.4	86	0.8	41					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	205	9,572	4	40.0	38	0.4	32	4	40.0	38	0.6	31					
75-84	598	31,215	9	60.0	99	1.9	157	3	20.0	36	1.0	37					
85 and older	350	22,697	6	22.2	69	0.6	43	1	3.7	12	1.1	85					
Male	8,989	507,020	119	67.6	1,323	1.7	168	111	63.1	1,194	1.7	60					
Disabled	8,245	451,891	102	71.8	1,153	1.8	168	104	73.2	1,121	1.7	62					
64 or younger	7,275	400,658	83	67.5	944	1.9	176	89	72.4	954	1.8	65					
65-74	841	40,228	14	107.7	149	1.6	142	13	100.0	143	1.5	49					
75-84	124	10,975	5	100.0	60	0.7	114	2	40.0	24	1.5	40					
85 and older	5	30	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
Other Eligibles	744	55,129	17	50.0	170	1.1	162	7	20.6	73	0.8	35					
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0					
65-74	220	15,287	6	150.0	70	0.7	153	3	75.0	36	0.9	49					
75-84	316	22,933	7	53.8	64	1.5	171	3	23.1	25	0.6	15					
85 and older	208	16,909	4	23.5	36	1.1	160	1	5.9	12	0.8	35					
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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 317 beneficiaries who were in nursing facilities for part of their enrollment and their 2,449 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	234	62.6 %	2,491	1.3	\$54	159	42.5 %	1,618	1.0	\$53	179	47.9 %	1,721	1.0	\$47
Female	130	65.7	1,392	1.2	55	94	47.5	988	0.9	47	104	52.5	1,034	0.9	56
Disabled	102	69.9	1,107	1.2	59	75	51.4	792	0.9	51	88	60.3	887	1.0	61
64 or younger	86	71.1	930	1.3	62	65	53.7	679	0.9	55	76	62.8	760	0.9	58
65-74	14	77.8	153	0.8	45	7	38.9	77	0.9	33	10	55.6	103	1.3	101
75-84	2	28.6	24	0.5	32	3	42.9	36	0.7	12	2	28.6	24	0.4	3
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	28	53.8	285	0.9	38	19	36.5	196	0.7	34	16	30.8	147	0.4	24
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5	50.0	43	1.0	45	5	50.0	60	0.3	8	2	20.0	17	0.2	1
75-84	11	73.3	113	1.2	33	7	46.7	68	1.1	56	6	40.0	46	0.8	39
85 and older	12	44.4	129	0.7	41	7	25.9	68	0.7	36	8	29.6	84	0.3	21
Male	104	59.1	1,099	1.5	52	65	36.9	630	1.2	62	75	42.6	687	1.0	32
Disabled	86	60.6	931	1.5	53	54	38.0	542	1.2	65	65	45.8	603	1.2	36
64 or younger	76	61.8	833	1.6	54	51	41.5	509	1.2	64	62	50.4	582	1.1	34
65-74	8	61.5	74	1.5	44	3	23.1	33	2.2	86	3	23.1	21	3.7	86
75-84	1	20.0	12	0.8	61	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	1	100.0	12	0.3	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	18	52.9	168	1.0	48	11	32.4	88	0.9	42	10	29.4	84	0.2	6
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	50.0	22	1.7	21	1	25.0	10	4.1	114	1	25.0	10	0.3	2
75-84	7	53.8	69	0.9	42	6	46.2	55	0.4	35	2	15.4	24	0.1	1
85 and older	9	52.9	77	1.0	61	4	23.5	23	0.7	26	7	41.2	50	0.2	9
Unknown	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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 317 beneficiaries who were in nursing facilities for part of their enrollment and their 2,449 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0ffed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANTIDIABETIC				MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL				MIGRAINE PRODUCTS						
	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	% of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	127	34.0 %	1,390	1.2	\$42	28	7.5 %	273	0.8	\$155	29	7.8 %	332	1.1	\$91
Female															
Disabled	72	36.4	794	1.2	34	18	9.1	181	0.9	119	13	6.6	144	0.7	73
64 or younger	49	33.6	541	1.3	39	11	7.5	105	1.1	144	13	8.9	144	0.7	73
65-74	35	28.9	377	1.3	36	10	8.3	93	1.1	145	12	9.9	132	0.7	79
75-84	13	72.2	153	1.4	48	0	0.0	0	0.0	0	1	5.6	12	0.3	11
85 and older	1	14.3	11	1.1	45	1	14.3	12	1.0	139	0	0.0	0	0.0	0
Other Eligibles	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	23	44.2	253	0.8	24	7	13.5	76	0.6	83	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	8	80.0	85	1.0	36	1	10.0	12	0.2	44	0	0.0	0	0.0	0
85 and older	10	66.7	113	0.6	15	2	13.3	23	0.6	68	0	0.0	0	0.0	0
Male	5	18.5	55	0.8	25	4	14.8	41	0.7	104	0	0.0	0	0.0	0
Disabled	55	31.3	596	1.3	52	10	5.7	92	0.8	227	16	9.1	188	1.5	105
64 or younger	43	30.3	455	1.3	51	7	4.9	66	0.7	274	16	11.3	188	1.5	105
65-74	37	30.1	399	1.4	54	5	4.1	49	0.8	348	16	13.0	188	1.5	105
75-84	4	30.8	32	1.7	46	2	15.4	17	0.6	63	0	0.0	0	0.0	0
85 and older	1	20.0	12	1.1	8	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1	100.0	12	0.1	1	0	0.0	0	0.0	0	0	0.0	0	0.0	0
64 or younger	12	35.3	141	1.0	58	3	8.8	26	0.8	109	0	0.0	0	0.0	0
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	8	61.5	93	1.0	41	2	15.4	22	0.9	116	0	0.0	0	0.0	0
Unknown	4	23.5	48	1.0	91	1	5.9	4	0.8	70	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 317 beneficiaries who were in nursing facilities for part of their enrollment and their 2,449 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d} NONDUAL BENEFICIARIES, NEW MEXICO, 2003

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ANTI-ASTHMATIC						
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	86	23.0 %	912	0.7	\$33	109	29.1 %	1,076	0.6	\$27	374	3,820
Female	45	22.7	475	0.8	42	66	33.3	636	0.5	25	198	2,047
Disabled	34	23.3	360	0.8	38	56	38.4	583	0.5	26	146	1,563
64 or younger	26	21.5	280	0.8	33	52	43.0	541	0.5	28	121	1,279
65-74	6	33.3	56	1.1	66	2	11.1	18	0.2	13	18	201
75-84	2	28.6	24	0.5	34	2	28.6	24	0.1	1	7	83
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	11	21.2	115	0.8	52	10	19.2	53	0.5	12	52	484
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	2	20.0	17	0.8	57	5	50.0	14	0.5	12	10	83
75-84	4	26.7	43	0.7	43	0	0.0	0	0.0	0	15	143
85 and older	5	18.5	55	0.8	58	5	18.5	39	0.5	11	27	258
Male	41	23.3	437	0.7	23	43	24.4	440	0.7	29	176	1,773
Disabled	34	23.9	365	0.8	26	38	26.8	403	0.6	29	142	1,463
64 or younger	32	26.0	349	0.6	23	34	27.6	355	0.6	26	123	1,265
65-74	2	15.4	16	4.2	98	1	7.7	12	0.3	7	13	126
75-84	0	0.0	0	0.0	0	3	60.0	36	0.7	66	5	60
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
Other Eligibles	7	20.6	72	0.2	9	5	14.7	37	1.7	34	34	310
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	3	75.0	30	2.0	39	4	46
75-84	4	30.8	44	0.1	8	1	7.7	4	0.3	6	13	122
85 and older	3	17.6	28	0.3	10	1	5.9	3	0.3	24	17	142
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 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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 2003. A total of 317 beneficiaries who were in nursing facilities for part of their enrollment and their 2,449 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 2003. 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 2003 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

Bene Mo(s) = benefit month(s); BOE = basis of eligibility; CMS = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number of Beneficiaries with at Least One Part D Excluded Rx		Percentage of Beneficiaries with at Least One Part D Excluded Rx		Number of Part D Excluded Rx per Beneficiary	Total Number Part D Excluded Rx \$ per Beneficiary		Total Part D Excluded Rx \$	\$ per Part D Excluded Rx	Part D Excluded Rx as a Percentage of All Nondual Rx \$		Total Number of Beneficiaries
	D Excluded Rx	27,956	Excluded Rx	11.7 %		Excluded Rx	88,653			Excluded Rx \$	\$4	
Age												
5 and younger	9,197		16.7		0.4	20,550	4	213,983	10	17.5	55,166	
6-14	7,173		11.5		0.2	15,038	3	177,668	12	8.9	62,470	
15-20	3,173		9.3		0.2	7,190	3	88,614	12	5.1	34,107	
21-44	5,779		7.6		0.2	19,060	3	227,411	12	4.1	76,481	
45-64	2,337		22.3		2.2	22,564	19	195,955	9	4.7	10,484	
65-74	149		54.8		8.1	2,206	67	18,214	8	5.2	272	
75-84	79		47.6		7.2	1,192	61	10,207	9	5.0	166	
85 and older	69		48.9		6.0	853	54	7,637	9	5.0	141	
Unknown	0		0.0		0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c												
Aged	237		41.7		4.1	2,332	34	19,473	8	3.8	569	
Disabled	3,760		30.5		2.9	35,171	36	448,276	13	6.1	12,313	
Adults	5,685		6.8		0.2	12,989	1	102,242	8	2.6	83,942	
Children	18,274		12.8		0.3	38,161	3	369,698	10	10.4	142,463	
Unknown	0		0.0		0.0	0	0	0	0	0.0	0	
Gender												
Female	16,512		11.0		0.3	52,279	4	545,124	10	5.9	150,669	
Male	11,440		12.9		0.4	36,341	4	393,182	11	6.5	88,601	
Unknown	4		23.5		1.9	33	81	1,383	42	93.8	17	
Race												
White	3,145		6.3		0.3	14,231	3	141,482	10	3.9	49,961	
African American	256		6.1		0.2	851	2	8,338	10	4.3	4,183	
Other/unknown	24,555		13.3		0.4	73,571	4	789,869	11	6.9	185,143	
Use of Nursing Facilities^d												
Entire year	336		89.8		25.0	9,356	187	70,047	7	4.6	374	
Part year	272		85.8		13.3	4,215	140	44,470	11	5.3	317	
None	27,348		11.5		0.3	75,082	3	825,172	11	6.4	238,596	
Maintenance Assistance Status												
Cash	13,526		14.9		0.6	53,795	7	590,365	11	6.2	90,773	
Medically needy	0		0.0		0.0	0	0	0	0	0.0	0	
Poverty related	11,440		12.4		0.3	23,662	3	232,706	10	8.4	92,557	
Other/unknown	2,990		5.3		0.2	11,196	2	116,618	10	3.7	55,957	
												Nondual Beneficiaries

Table ND11

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
 - 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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$1	\$11	\$0	\$0	1,302,523
Age						
5 and younger	0.1	1	10	0	0	223,188
6-14	0.0	1	12	0	0	312,417
15-20	0.0	1	12	0	0	168,077
21-44	0.0	0	12	0	0	525,857
45-64	0.3	3	9	0	0	68,074
65-74	0.9	7	8	0	1	2,490
75-84	0.9	7	9	0	0	1,372
85 and older	0.8	7	9	0	0	1,048
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.5	4	8	0	0	4,424
Disabled	0.4	5	13	0	1	84,098
Adults	0.0	0	8	0	0	563,665
Children	0.1	1	10	0	0	650,336
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	1	10	0	0	891,393
Male	0.1	1	11	0	0	411,014
Unknown	0.3	12	42	0	0	116
Race						
White	0.1	1	10	0	0	202,196
African American	0.1	1	10	0	0	13,593
Other/unknown	0.1	1	11	0	0	1,086,734
Use of Nursing Facilities^d						
Entire year	2.4	18	7	1	3	3,820
Part year	1.7	18	11	0	3	2,449
None	0.1	1	11	0	0	1,296,254
Maintenance Assistance Status						
Cash	0.1	1	11	0	0	439,690
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	10	0	0	423,603
Other/unknown	0.0	0	10	0	0	439,230

Table ND12

Nondual Beneficiaries

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003.
- 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 = Centers for Medicare & 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, 2003

Drug Category	Number of Users	Rx \$ per User	Rx \$ as a Percentage of All Part D		Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
			Total Rx \$	Excluded Rx \$			
All	33,975	\$28	\$939,689	100.0 %	88,653	\$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	0	0	0	0.0	0	0	0.0
Cough and cold medications	8,146	24	198,613	21.1	10,485	19	11.8
Vitamins and minerals	899	50	45,246	4.8	2,961	15	3.3
Non-prescription drugs	19,946	27	530,869	56.5	63,693	8	71.8
Barbiturates	195	39	7,638	0.8	1,416	5	1.6
Benzodiazepines	2,201	38	83,263	8.9	6,596	13	7.4
Other Part D Excl Rx Drugs	2,588	29	74,060	7.9	3,502	21	4.0

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

- 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 2003. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2003. 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 = Centers for Medicare & 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, 2003

Beneficiary Characteristics	Number of Beneficiaries					Number of Benefit Months				
	All	Aged	Disabled	Adults	Unknown	All	Aged	Disabled	Adults	Unknown
All	447,772	813	33,495	109,024	0	4,410,627	7,386	365,241	1,030,192	0
Age										
5 and younger	114,918	1	1,808	0	113,109	1,091,659	11	19,994	0	1,071,654
6-14	139,079	4	4,158	0	134,917	1,443,498	29	47,588	0	1,395,881
15-20	67,128	12	3,190	7,527	56,399	644,826	109	35,380	69,113	540,224
21-44	104,415	112	10,126	94,162	15	1,006,492	970	109,752	895,721	49
45-64	20,972	110	13,542	7,320	0	211,087	931	144,907	65,249	0
65-74	750	145	595	10	0	8,285	1,441	6,761	83	0
75-84	339	267	68	4	0	3,392	2,598	772	22	0
85 and older	171	162	8	1	0	1,388	1,297	87	4	0
Unknown	0	0	0	0	0	0	0	0	0	0
Gender										
Female	262,371	544	17,220	93,379	151,228	2,599,222	4,872	190,223	908,374	1,495,753
Male	185,382	269	16,269	15,645	153,199	1,811,255	2,514	174,946	121,818	1,511,977
Unknown	19	0	6	0	13	150	0	72	0	78
Race										
White	104,989	261	10,734	28,835	65,159	1,001,507	2,208	114,085	264,192	621,022
African American	9,745	8	850	2,352	6,535	94,309	76	9,212	21,702	63,319
Other/unknown	333,038	544	21,911	77,837	232,746	3,314,811	5,102	241,944	744,298	2,323,467
Use of Nursing Facilities^c										
Entire year	374	86	288	0	0	3,820	794	3,026	0	0
Part year	317	37	275	5	0	2,922	346	2,531	45	0
None	447,081	690	32,932	109,019	304,440	4,403,885	6,246	359,684	1,030,147	3,007,808
Maintenance Assistance Status										
Cash	183,445	348	31,897	57,106	94,094	1,838,020	3,692	350,980	520,583	962,765
Medically needy	0	0	0	0	0	0	0	0	0	0
Poverty related	189,151	236	761	7,954	180,200	1,825,502	2,021	7,125	56,023	1,760,333
Other/unknown	75,176	229	837	43,964	30,146	747,105	1,673	7,136	453,586	284,710
Managed Care (MC) Status										
Fee-for-service (FFS) all year	112,098	523	6,843	49,089	55,643	973,160	4,228	64,708	442,793	461,431
FFS part year, with Rx claims	31,781	23	2,731	11,913	17,114	313,247	237	28,040	115,612	169,358
FFS part year, no Rx claims	95,408	23	2,739	22,940	69,706	917,732	214	27,347	215,523	674,648
MC all year, with Rx claims	404	0	136	1	267	3,705	0	1,602	12	2,091
MC all year, no Rx claims	208,081	244	21,046	25,081	161,710	2,202,783	2,707	243,544	256,252	1,700,280

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, NEW MEXICO, 2003

	Beneficiaries and			Beneficiaries		Beneficiaries	
	Benefit Months in Cell J of Table 1 Number of Beneficiaries	Number of Beneficiaries	Months	Included in Cell K of Table 1 Number of Beneficiaries	Number of Beneficiaries	Months	Excluded from Cell K of Table 1 Number of Beneficiaries
All	447,772	4,410,627		239,287	1,302,523	0	3,108,104
Fee-for-service (FFS) all year	112,098	973,160		112,098	973,160	0	0
FFS part year, with Rx claims	31,781	313,247		31,781	98,749	0	214,498
FFS part year, with no Rx claims	95,408	917,732		95,408	230,614	0	687,118
Managed care (MC) all year, with Rx claims	404	3,705		0	0	0	3,705
MC all year, with no Rx claims	208,081	2,202,783		0	0	0	2,202,783

Source: Data for this table are from the MAX 2003 file for New Mexico, released by CMS in 05/2007. This table was produced on 11/01/2007.

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

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