

# STATISTICAL COMPENDIUM: MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2004 NEW MEXICO

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CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	Number of Beneficiaries							Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown		All	Aged	Disabled	Adults	Children	Other/ Unknown
<b>All</b>	<b>36,989</b>	<b>16,091</b>	<b>20,319</b>	<b>567</b>	<b>5</b>	<b>7</b>		<b>381,453</b>	<b>165,174</b>	<b>211,958</b>	<b>4,240</b>	<b>22</b>	<b>59</b>
<b>Age</b>													
5 and younger	2	0	2	0	0	0		24	0	24	0	0	0
6-14	5	0	4	0	1	0		49	0	46	0	3	0
15-20	85	0	80	2	3	0		559	0	530	11	18	0
21-44	6,263	1	5,865	396	0	1		62,593	12	59,411	3,158	0	12
45-64	7,269	1	7,110	155	0	3		74,667	4	73,646	996	0	21
65-74	9,794	4,765	5,015	11	0	3		102,466	49,245	53,136	59	0	26
75-84	8,191	6,445	1,743	3	0	0		86,881	67,229	19,636	16	0	0
85 and older	5,380	4,879	500	0	1	0		54,214	48,684	5,529	0	1	0
Unknown	0	0	0	0	0	0		0	0	0	0	0	0
<b>Gender</b>													
Female	22,903	11,068	11,408	420	0	7		238,990	115,291	120,205	3,435	0	59
Male	14,086	5,023	8,911	147	5	0	0	142,463	49,883	91,753	805	22	0
Unknown	0	0	0	0	0	0		0	0	0	0	0	0
<b>Race</b>													
White	15,222	6,747	8,250	219	1	5		153,774	66,925	85,211	1,596	3	39
African American	711	184	510	17	0	0	0	7,107	1,955	5,069	83	0	0
Other/unknown	21,056	9,160	11,559	331	4	2		220,572	96,294	121,678	2,561	19	20
<b>Use of Nursing Facilities<sup>c</sup></b>													
Entire year	3,887	3,354	533	0	0	0		38,643	32,925	5,718	0	0	0
Part year	2,047	1,631	414	2	0	0		19,992	15,628	4,342	22	0	0
None	31,055	11,106	19,372	565	5	7		322,818	116,621	201,898	4,218	22	59
<b>Maintenance Assistance Status</b>													
Cash	26,844	9,289	17,375	180	0	0		283,977	100,257	182,853	867	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0	0
Poverty-related	1,223	196	993	24	3	7		10,253	1,893	8,081	204	16	59
Other/unknown	8,922	6,606	1,951	363	2	0		87,223	63,024	21,024	3,169	6	0
<b>Dual Medicare Status<sup>d</sup></b>							0						
Full dual, all year	35,875	15,548	19,790	525	5	7		370,559	159,599	207,057	3,822	22	59
Full dual, part year	1,114	543	529	42	0	0		10,894	5,575	4,901	418	0	0
<b>Managed Care (MC) Status</b>													
Fee-for-service (FFS) all year	33,830	15,481	17,961	379	2	7		366,142	162,058	200,546	3,466	13	59
FFS part year, with Rx claims	1,336	192	1,048	94	2	0		8,853	1,549	6,824	474	6	0
FFS part year, no Rx claims	1,823	418	1,310	94	1	0		6,458	1,567	4,588	300	3	0

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

- a. Table D.2 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
  - b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.
  - c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.
  - d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; Rx = pharmacy benefit.

TABLE D.3  
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ <sup>c</sup>	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>d</sup>	Number of Beneficiaries
<b>All</b>	<b>81.5 %</b>	<b>38.1</b>	<b>\$2,178</b>	<b>\$57</b>	<b>\$17,485</b>	<b>12.5 %</b>	<b>36,989</b>
<b>Age</b>							
5 and younger	100.0	71.5	16,577	232	25,287	65.6	2
6-14	100.0	35.0	8,713	249	14,885	58.5	5
15-20	52.9	9.1	1,099	121	15,894	6.9	85
21-44	74.8	26.1	2,234	86	18,360	12.2	6,263
45-64	82.9	44.3	2,979	67	18,083	16.5	7,269
65-74	77.6	35.9	1,795	50	12,512	14.3	9,794
75-84	85.4	42.1	2,064	49	17,828	11.6	8,191
85 and older	88.9	41.8	1,910	46	24,214	7.9	5,380
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>e</sup></b>							
Aged	81.8	38.0	1,836	48	17,537	10.5	16,091
Disabled	82.5	39.0	2,499	64	17,857	14.0	20,319
Adults	38.3	6.8	374	55	2,593	14.4	567
Children	60.0	23.2	9,629	415	18,462	52.2	5
Unknown	100.0	30.1	1,638	54	23,244	7.0	7
<b>Gender</b>							
Female	84.8	42.4	2,304	54	17,328	13.3	22,903
Male	76.2	31.1	1,975	64	17,740	11.1	14,086
Unknown	0.0	0.0	0	0	0	0.0	0
<b>Race</b>							
White	82.6	43.4	2,545	59	19,533	13.0	15,222
African American	79.7	39.1	2,273	58	15,500	14.7	711
Other/unknown	80.7	34.2	1,910	56	16,071	11.9	21,056
<b>Use of Nursing Facilities<sup>f</sup></b>							
Entire year	96.5	68.7	3,519	51	39,291	9.0	3,887
Part year	93.2	51.3	2,688	52	27,338	9.8	2,047
None	78.9	33.4	1,977	59	14,106	14.0	31,055
<b>Maintenance Assistance Status</b>							
Cash	80.7	34.3	1,984	58	12,501	15.9	26,844
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	68.4	18.3	1,491	81	5,777	25.8	1,223
Other/unknown	85.8	52.1	2,858	55	34,086	8.4	8,922

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.3 includes beneficiaries represented by Cell G of Table 1.

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

c. 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 D.4  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ <sup>c</sup>	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ <sup>d</sup>	Number	
				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		Beneficiaries	Benefit Months
<b>All</b>	<b>3.7</b>	<b>\$211</b>	<b>12.5 %</b>	<b>18.5 %</b>	<b>19.9 %</b>	<b>10.9 %</b>	<b>26.3 %</b>	<b>19.4 %</b>	<b>4.9 %</b>	<b>\$1,696</b>	<b>36,989</b>	<b>381,453</b>
<b>Age</b>												
5 and younger	6.0	1,381	65.6	0.0	0.0	0.0	50.0	50.0	0.0	2,107	2	24
6-14	3.6	889	58.5	0.0	0.0	40.0	40.0	20.0	0.0	1,519	5	49
15-20	1.4	167	6.9	47.1	28.2	11.8	9.4	3.5	0.0	2,417	85	559
21-44	2.6	224	12.2	25.2	28.3	11.7	21.0	11.4	2.4	1,837	6,263	62,593
45-64	4.3	290	16.5	17.1	17.0	11.0	25.7	22.1	7.0	1,760	7,269	74,667
65-74	3.4	172	14.3	22.4	21.2	10.5	24.2	16.9	4.8	1,196	9,794	102,466
75-84	4.0	195	11.6	14.6	17.5	11.0	29.0	22.6	5.3	1,681	8,191	86,881
85 and older	4.1	190	7.9	11.1	15.3	10.7	33.5	24.6	4.8	2,403	5,380	54,214
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Basis of Eligibility<sup>e</sup></b>												
Aged	3.7	179	10.5	18.2	18.1	10.4	27.9	20.6	4.8	1,708	16,091	165,174
Disabled	3.7	240	14.0	17.5	21.4	11.5	25.6	18.9	5.1	1,712	20,319	211,958
Adults	0.9	50	14.4	61.7	18.9	5.8	9.2	3.4	1.1	347	567	4,240
Children	5.3	2,188	52.2	40.0	0.0	0.0	40.0	20.0	0.0	4,196	5	22
Unknown	3.6	194	7.0	0.0	42.9	0.0	28.6	28.6	0.0	2,758	7	59
<b>Gender</b>												
Female	4.1	221	13.3	15.2	17.8	11.1	28.1	21.9	5.8	1,661	22,903	238,990
Male	3.1	195	11.1	23.8	23.4	10.8	23.4	15.2	3.4	1,754	14,086	142,463
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
<b>Race</b>												
White	4.3	252	13.0	17.4	15.5	9.6	27.2	23.5	6.9	1,934	15,222	153,774
African American	3.9	227	14.7	20.3	16.2	13.1	25.0	20.8	4.6	1,551	711	7,107
Other/unknown	3.3	182	11.9	19.3	23.2	11.9	25.8	16.4	3.5	1,534	21,056	220,572
<b>use of nursing Facilities<sup>f</sup></b>												
Entire year	6.9	354	9.0	3.5	5.9	6.5	30.3	38.5	15.3	3,952	3,887	38,643
Part year	5.3	275	9.8	6.8	11.7	9.9	31.7	30.4	9.5	2,799	2,047	19,992
None	3.2	190	14.0	21.1	22.2	11.6	25.5	16.3	3.3	1,357	31,055	322,818
<b>Maintenance Assistance Status</b>												
Cash	3.2	188	15.9	19.3	22.8	12.1	26.1	16.3	3.4	1,182	26,844	283,977
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	2.2	178	25.8	31.6	26.4	12.2	19.4	8.7	1.7	689	1,223	10,253
Other/unknown	5.3	292	8.4	14.2	10.3	7.4	28.0	30.1	9.9	3,487	8,922	87,223

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

- a. Table D.4 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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 D.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC<sup>a, b, c</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
Characteristics	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
<b>All</b>	<b>3.7</b>	<b>\$211</b>	<b>\$57</b>	<b>1.4</b>	<b>\$157</b>	<b>\$113</b>	<b>0.3</b>	<b>\$15</b>	<b>\$57</b>	<b>2.0</b>	<b>\$39</b>	<b>\$19</b>
<b>Age</b>												
5 and younger	6.0	1,381	232	2.5	1,087	428	0.5	45	84	2.8	248	88
6-14	3.6	889	249	2.0	836	410	0.2	18	111	1.4	35	26
15-20	1.4	167	121	0.5	143	267	0.1	5	63	0.8	19	25
21-44	2.6	224	86	1.0	171	172	0.2	18	91	1.4	35	25
45-64	4.3	290	67	1.6	215	133	0.3	23	76	2.4	51	22
65-74	3.4	172	50	1.3	126	98	0.2	11	49	1.9	34	18
75-84	4.0	195	49	1.5	144	94	0.3	12	42	2.1	38	18
85 and older	4.1	190	46	1.5	138	92	0.3	11	37	2.3	39	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Basis of Eligibility<sup>d</sup></b>												
Aged	3.7	179	48	1.4	132	94	0.3	11	41	2.0	35	18
Disabled	3.7	240	64	1.4	178	128	0.3	18	69	2.1	43	21
Adults	0.9	50	55	0.3	33	127	0.1	4	71	0.6	12	21
Children	5.3	2,188	415	3.1	2,146	694	0.0	1	31	2.1	41	19
Unknown	3.6	194	54	1.0	129	134	0.2	10	51	2.4	55	23
<b>Gender</b>												
Female	4.1	221	54	1.5	163	107	0.3	15	54	2.2	42	19
Male	3.1	195	64	1.2	147	127	0.2	14	63	1.7	34	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
<b>Race</b>												
White	4.3	252	59	1.6	186	113	0.3	18	61	2.3	47	20
African American	3.9	227	58	1.4	170	119	0.2	15	68	2.2	41	18
Other/unknown	3.3	182	56	1.2	136	112	0.2	12	53	1.8	33	19
<b>Use of Nursing Facilities<sup>e</sup></b>												
Entire year	6.9	354	51	2.7	270	100	0.6	22	36	3.5	61	17
Part year	5.3	275	52	2.0	203	104	0.4	18	45	2.8	53	19
None	3.2	190	59	1.2	141	117	0.2	14	65	1.8	36	20
<b>Maintenance Assistance Status</b>												
Cash	3.2	188	58	1.2	139	115	0.2	13	62	1.8	35	20
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	2.2	178	81	0.9	139	158	0.1	14	99	1.1	25	21
Other/unknown	5.3	292	55	2.0	218	107	0.4	20	46	2.8	53	19

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

- a. Table D.5 includes the beneficiaries represented by Cell G of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- 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, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medispain.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 D.6  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users <sup>e</sup>		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number	As a Percentage of Dual Benes	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$20	\$14	\$2	\$4	\$67	\$143	\$91	\$23	58,246	\$3,920,539	17,621	47.6 %	197,309
Biologicals	0.1	0.1	0.0	0.0	2	1	0	1	22	18	62	30	1,046	22,896	995	2.7	11,511
Antineoplastic Agents	0.5	0.1	0.0	0.4	71	47	2	22	138	501	160	53	5,663	782,780	1,052	2.8	11,082
Endocrine/Metabolic Drugs	1.0	0.4	0.1	0.5	43	32	3	7	42	85	21	15	174,326	7,368,441	15,588	42.1	173,055
Cardiovascular Agents	1.5	0.5	0.1	1.0	51	36	2	12	33	73	33	13	332,840	11,101,950	19,717	53.3	217,256
Respiratory Agents	0.6	0.4	0.0	0.2	37	33	0	4	57	81	36	16	93,289	5,310,362	12,848	34.7	143,549
Gastrointestinal Agents	0.7	0.3	0.0	0.4	58	42	1	15	83	140	78	39	108,799	9,084,066	14,068	38.0	156,165
Genitourinary Agents	0.5	0.3	0.0	0.2	30	25	2	3	61	81	62	22	26,323	1,613,682	4,817	13.0	53,880
CNS Drugs	1.2	0.5	0.1	0.6	95	76	5	13	80	144	84	23	209,860	16,838,373	16,282	44.0	177,516
Stimulants/Anti-obesity/Anorexia	0.6	0.3	0.0	0.2	48	35	3	11	87	125	82	44	1,757	152,915	284	0.8	3,180
Miscellaneous Psychological/																	
Neurological Agents	0.7	0.7	0.0	0.0	121	120	0	1	165	168	105	66	15,092	2,493,226	1,934	5.2	20,541
Analgesics and Anesthetics	0.7	0.2	0.0	0.5	40	30	2	8	57	131	114	17	147,899	8,373,848	18,716	50.6	207,697
Neuromuscular Agents	0.9	0.2	0.2	0.5	61	29	20	12	70	139	95	27	88,106	6,181,231	9,132	24.7	101,175
Nutritional Products	0.6	0.0	0.0	0.5	8	0	0	8	15	20	19	14	37,066	542,006	6,109	16.5	66,594
Hematological Agents	0.7	0.2	0.1	0.4	63	54	4	5	86	236	32	14	42,145	3,626,100	5,304	14.3	57,369
Topical Products	0.4	0.1	0.0	0.2	16	10	1	4	42	73	52	20	52,011	2,187,378	12,272	33.2	138,788
Miscellaneous Products	0.4	0.2	0.0	0.1	83	62	9	12	227	328	234	88	3,449	782,077	846	2.3	9,373
Unknown Therapeutic Category	0.4	0.0	0.0	0.0	8	0	0	0	19	0	0	0	10,212	194,429	2,289	6.2	25,883
<b>TOTAL NO. OF RX AND RX \$</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>	<b>1,408,129</b>	<b>80,576,299</b>	<b>n.a.</b>	<b>n.a.</b>	<b>n.a.</b>

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.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, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined. For information about this classification method, see Wolters Kluwer Health, <http://www.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 2004.

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 D.7  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of Dual Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$9,972,724	7,061	19.1 %	77,084	0.7	\$175	\$129
ULCER DRUGS	7,713,211	14,197	38.4	158,500	0.5	91	49
ANTIDEPRESSANTS	5,656,430	14,510	39.2	159,311	0.6	58	36
ANTICONVULSANT	4,942,919	7,131	19.3	79,084	0.7	84	63
ANTIDIABETIC	4,659,590	12,857	34.8	144,138	0.6	51	32
ANTIHYPERLIPIDEMIC	4,470,526	7,898	21.4	89,408	0.6	85	50
ANALGESICS - ANTI-INFLAMMATORY	4,087,295	13,216	35.7	150,568	0.4	72	27
ANALGESICS - Narcotic	3,505,266	19,376	52.4	215,863	0.4	45	16
ANTIASTHMATIC	2,988,947	10,461	28.3	115,770	0.4	63	26
ANTIHYPERTENSIVE	2,767,135	14,517	39.2	162,200	0.6	27	17
Total	50,764,043	121,224		1,351,926	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.7 includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement; n.a. = not applicable.

TABLE D.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<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ULCER DRUGS				
	Number of Rx	Rx \$	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>724,853</b>	<b>\$50,764,043</b>	<b>7,061</b>	<b>19.1 %</b>	<b>77,084</b>	<b>0.7</b>	<b>\$129</b>	<b>14,197</b>	<b>38.4 %</b>	<b>158,500</b>	<b>0.5</b>	<b>\$49</b>
<b>Female</b>	481,201	32,832,943	4,066	17.8	44,319	0.7	113	9,775	42.7	109,658	0.5	49
<b>Disabled</b>	270,659	19,997,698	2,277	20.0	25,491	0.7	128	5,347	46.9	60,852	0.5	50
	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	30	2,993	0	0.0	0	0.0	0	1	33.3	12	0.9	119
6-14	121	5,911	3	8.6	18	0.8	68	6	17.1	64	0.5	36
15-20	43,144	4,155,514	783	30.6	8,759	0.6	137	853	33.3	9,444	0.4	43
21-44	110,069	8,647,536	979	24.8	11,018	0.7	136	2,025	51.3	22,976	0.5	53
45-64	81,006	5,013,438	330	10.2	3,685	0.8	106	1,597	49.5	18,389	0.5	49
65-74	28,864	1,766,034	131	10.6	1,492	0.7	94	666	53.9	7,719	0.5	52
75-84	7,425	406,272	51	12.7	519	0.6	67	199	49.5	2,248	0.5	52
85 and older	210,542	12,835,245	1,789	15.6	18,828	0.7	93	4,428	38.5	48,806	0.6	48
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	4	223	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	876	75,433	22	7.0	139	0.4	71	19	6.0	149	0.3	38
21-44	355	17,189	1	1.0	12	0.5	57	12	12.2	94	0.4	37
45-64	49,157	3,024,580	254	9.0	2,778	0.7	120	1,007	35.6	11,373	0.5	44
65-74	92,521	5,666,477	697	15.7	7,389	0.7	94	1,863	42.0	20,701	0.5	47
75-84	67,629	4,051,343	815	21.4	8,510	0.6	84	1,527	40.0	16,489	0.6	52
85 and older												
<b>Male</b>	243,652	17,931,100	2,995	21.3	32,765	0.8	151	4,422	31.4	48,842	0.5	48
<b>Disabled</b>	164,641	13,326,443	2,168	24.3	24,555	0.9	169	2,833	31.8	32,050	0.5	48
	25	2,295	0	0.0	0	0.0	0	2	100.0	24	1.0	94
5 and younger	9	895	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	154	13,181	6	13.3	49	0.8	148	5	11.1	40	0.4	8
15-20	49,083	5,287,811	1,161	35.1	13,206	0.7	180	782	23.7	8,764	0.5	50
21-44	69,946	5,381,026	789	24.9	8,864	1.0	164	1,162	36.7	13,078	0.6	49
45-64	35,414	2,070,813	160	8.9	1,843	1.0	134	658	36.8	7,538	0.5	43
65-74	8,550	473,804	39	7.7	437	0.9	112	182	35.9	2,136	0.6	50
75-84	1,460	96,618	13	13.3	156	0.6	86	42	42.9	470	0.6	57
85 and older	79,011	4,604,657	827	16.0	8,210	0.8	97	1,589	30.7	16,792	0.6	47
<b>Other Eligibles</b>	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
5 and younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	20	1,591	0	0.0	0	0.0	0	2	66.7	15	0.3	41
15-20	430	29,304	9	11.0	49	0.4	91	22	26.8	179	0.2	20
21-44	545	31,381	3	4.9	16	0.3	15	15	24.6	123	0.3	29
45-64	24,328	1,416,604	180	9.2	1,912	0.9	116	463	23.8	5,080	0.5	44
65-74	37,117	2,194,672	383	19.0	3,852	0.8	98	701	34.8	7,508	0.6	49
75-84	16,571	931,105	252	23.7	2,381	0.6	83	386	36.3	3,887	0.6	47
85 and older												
<b>Unknown</b>	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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.7A includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 benefit; \$ = Medicaid reimbursement.

TABLE D.7B  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTICONVULSANT					ANTIDIABETIC				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>14,510</b>	<b>39.2 %</b>	<b>159,311</b>	<b>0.6</b>	<b>\$36</b>	<b>7,131</b>	<b>19.3 %</b>	<b>79,084</b>	<b>0.7</b>	<b>\$63</b>	<b>12,857</b>	<b>34.8 %</b>	<b>144,138</b>	<b>0.6</b>	<b>\$32</b>
<b>Female</b>	10,133	44.2	111,732	0.6	35	4,340	18.9	48,031	0.7	58	8,891	38.8	100,296	0.6	32
<b>Disabled</b>	5,967	52.3	67,071	0.6	35	3,009	26.4	33,791	0.7	66	4,892	42.9	55,664	0.6	35
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1	33.3	12	0.8	66	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	20.0	73	0.2	14	3	8.6	33	0.5	25	0	0.0	0	0.0	0
21-44	1,397	54.6	15,442	0.5	38	993	38.8	10,935	0.7	79	325	12.7	3,643	0.6	39
45-64	2,788	70.6	31,188	0.6	39	1,321	33.5	14,888	0.7	72	1,784	45.2	19,944	0.6	37
65-74	1,253	38.8	14,327	0.6	30	496	15.4	5,720	0.6	41	2,024	62.7	23,275	0.6	34
75-84	397	32.1	4,651	0.5	28	155	12.5	1,774	0.7	36	634	51.3	7,359	0.6	32
85 and older	124	30.8	1,378	0.6	25	41	10.2	441	0.7	24	125	31.1	1,443	0.6	27
<b>Other Eligibles</b>	4,166	36.2	44,661	0.6	35	1,331	11.6	14,240	0.7	39	3,999	34.8	44,632	0.6	29
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	50.0	7	0.1	11	0	0.0	0	0.0	0	1	50.0	7	0.1	6
21-44	56	17.7	394	0.4	33	31	9.8	190	0.5	45	8	2.5	53	0.4	24
45-64	16	16.3	125	0.5	17	7	7.1	59	0.4	13	11	11.2	94	0.5	15
65-74	879	31.1	9,708	0.5	31	296	10.5	3,285	0.7	43	1,312	46.4	14,726	0.6	29
75-84	1,636	36.9	17,773	0.6	36	620	14.0	6,835	0.6	38	1,852	41.8	20,826	0.6	30
85 and older	1,578	41.4	16,654	0.7	38	377	9.9	3,871	0.7	35	815	21.4	8,926	0.7	26
<b>Male</b>	4,377	31.1	47,579	0.6	36	2,791	19.8	31,053	0.8	70	3,966	28.2	43,842	0.6	32
<b>Disabled</b>	3,041	34.1	33,809	0.6	36	2,248	25.2	25,274	0.8	75	2,499	28.0	27,957	0.6	34
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	7	15.6	48	0.4	26	7	15.6	62	0.4	42	0	0.0	0	0.0	0
21-44	1,241	37.5	13,719	0.6	39	1,030	31.2	11,535	0.8	87	357	10.8	4,058	0.7	40
45-64	1,288	40.7	14,260	0.7	37	921	29.1	10,356	0.8	72	1,108	35.0	12,044	0.6	34
65-74	391	21.9	4,448	0.6	28	240	13.4	2,736	0.7	42	861	48.1	9,830	0.6	31
75-84	90	17.8	1,056	0.6	27	35	6.9	408	1.2	39	161	31.8	1,899	0.6	32
85 and older	24	24.5	278	0.5	22	15	15.3	177	0.7	22	12	12.2	126	0.6	24
<b>Other Eligibles</b>	1,336	25.8	13,770	0.7	35	543	10.5	5,779	0.8	48	1,467	28.3	15,885	0.7	30
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.2	13	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	19	23.2	131	0.4	31	16	19.5	108	0.3	25	11	13.4	69	0.5	39
45-64	14	23.0	126	0.4	23	6	9.8	49	0.4	31	16	26.2	131	0.6	50
65-74	322	16.5	3,435	0.6	33	167	8.6	1,863	0.9	53	568	29.1	6,301	0.6	29
75-84	613	30.4	6,437	0.7	35	250	12.4	2,717	0.8	49	667	33.1	7,292	0.7	31
85 and older	367	34.5	3,629	0.7	38	104	9.8	1,042	0.9	39	205	19.3	2,092	0.7	27
<b>Unknown</b>	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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.7B includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7C  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ANTIHYPERTENSIVE					ANALGESICS - ANTI-INFLAMMATORY					ANALGESICS - Narcotic				
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean of Rx per Benefit Month	Mean Rx \$ per Benefit Month
<b>All</b>	<b>7,898</b>	<b>21.4 %</b>	<b>89,408</b>	<b>0.6</b>	<b>\$50</b>	<b>13,216</b>	<b>35.7 %</b>	<b>150,568</b>	<b>0.4</b>	<b>\$27</b>	<b>19,376</b>	<b>52.4 %</b>	<b>215,863</b>	<b>0.4</b>	<b>\$16</b>
<b>Female</b>	5,183	22.6	58,953	0.6	50	9,173	40.1	104,824	0.4	30	13,250	57.9	148,501	0.4	16
<b>Disabled</b>	2,885	25.3	32,958	0.6	50	5,384	47.2	61,984	0.4	29	7,925	69.5	90,228	0.4	17
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	2	66.7	24	0.3	32	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	2.9	5	0.2	26	8	22.9	72	0.2	1	10	28.6	100	0.3	2
21-44	211	8.2	2,301	0.5	42	943	36.9	10,649	0.3	24	1,538	60.1	17,192	0.4	23
45-64	1,096	27.8	12,361	0.6	49	1,965	49.8	22,479	0.4	34	3,103	78.6	35,169	0.4	20
65-74	1,180	36.6	13,628	0.6	51	1,721	53.3	20,050	0.4	27	2,184	67.7	25,115	0.3	12
75-84	348	28.2	4,093	0.6	52	600	48.5	7,043	0.4	29	846	68.4	9,844	0.3	9
85 and older	47	11.7	546	0.5	49	147	36.6	1,691	0.4	27	244	60.7	2,808	0.3	10
<b>Other Eligibles</b>	2,298	20.0	25,995	0.6	50	3,789	33.0	42,840	0.4	32	5,325	46.3	58,273	0.3	14
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	3	0.9	25	0.2	6	27	8.5	263	0.3	64	78	24.7	695	0.4	24
45-64	5	5.1	37	0.9	59	10	10.2	75	0.2	5	12	12.2	114	0.6	46
65-74	815	28.8	9,225	0.6	49	999	35.3	11,562	0.3	25	1,221	43.1	13,799	0.3	12
75-84	1,127	25.4	12,878	0.6	51	1,608	36.3	18,418	0.4	31	2,209	49.8	24,612	0.3	14
85 and older	348	9.1	3,830	0.7	50	1,145	30.0	12,522	0.5	38	1,805	47.3	19,053	0.4	15
<b>Male</b>	2,715	19.3	30,455	0.6	50	4,043	28.7	45,744	0.3	21	6,126	43.5	67,362	0.4	18
<b>Disabled</b>	1,778	20.0	20,086	0.6	50	2,724	30.6	31,065	0.3	18	4,204	47.2	47,102	0.4	21
5 and younger	2	100.0	24	0.1	2	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	0	0.0	0	0.0	0	8	17.8	62	0.1	4	8	17.8	76	0.2	3
21-44	293	8.9	3,313	0.6	46	817	24.7	9,290	0.3	13	1,338	40.5	14,860	0.4	20
45-64	781	24.7	8,680	0.6	49	976	30.9	11,073	0.3	21	1,684	53.2	18,728	0.5	28
65-74	566	31.6	6,459	0.6	53	706	39.5	8,098	0.4	19	894	50.0	10,174	0.3	11
75-84	129	25.4	1,526	0.6	52	185	36.5	2,178	0.4	20	233	46.0	2,727	0.3	6
85 and older	7	7.1	84	0.4	40	32	32.7	364	0.4	32	47	48.0	537	0.3	32
<b>Other Eligibles</b>	937	18.1	10,369	0.6	50	1,319	25.5	14,679	0.4	25	1,922	37.1	20,260	0.3	11
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	1	33.3	12	0.7	65	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	9	11.0	52	0.4	39	17	20.7	131	0.3	5	44	53.7	324	0.4	22
45-64	9	14.8	70	0.5	34	16	26.2	126	0.3	8	33	54.1	280	0.7	40
65-74	392	20.1	4,413	0.6	48	475	24.4	5,379	0.3	17	614	31.5	6,740	0.3	10
75-84	443	22.0	4,932	0.6	53	556	27.6	6,279	0.4	29	805	40.0	8,615	0.3	10
85 and older	83	7.8	890	0.6	45	255	24.0	2,764	0.5	35	426	40.0	4,301	0.3	10
<b>Unknown</b>	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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.7C includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. 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 D.7D  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS  
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ANTIASTHMATIC					ANTIHYPERTENSIVE					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of Dual Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month		
<b>All</b>	<b>10,461</b>	<b>28.3 %</b>	<b>115,770</b>	<b>0.4</b>	<b>\$26</b>	<b>14,517</b>	<b>39.2 %</b>	<b>162,200</b>	<b>0.6</b>	<b>\$17</b>	<b>36,989</b>	<b>381,453</b>
<b>Female</b>	7,142	31.2	79,386	0.4	26	9,730	42.5	109,189	0.6	18	22,903	238,990
<b>Disabled</b>	4,164	36.5	47,150	0.4	26	4,506	39.5	51,338	0.6	18	11,408	120,205
0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	1	33.3	12	0.1	1	3	36
6-14	1	2.9	12	0.1	1	1	2.9	12	0.4	15	35	250
15-20	718	28.1	8,077	0.3	21	276	10.8	3,072	0.6	14	2,559	26,165
21-44	1,648	41.8	18,546	0.4	28	1,514	38.4	16,890	0.6	19	3,947	41,093
45-64	1,247	38.7	14,143	0.4	27	1,757	54.5	20,166	0.6	18	3,226	34,191
65-74	433	35.0	5,025	0.4	26	736	59.5	8,636	0.6	19	1,236	14,017
75-84	117	29.1	1,347	0.4	23	221	55.0	2,550	0.6	17	402	4,453
85 and older	2,978	25.9	32,236	0.4	25	5,224	45.4	57,851	0.7	18	11,495	118,785
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
6-14	2	100.0	8	0.3	13	0	0.0	0	0.0	0	2	11
15-20	27	8.5	240	0.3	14	5	1.6	31	0.5	17	316	2,716
21-44	3	3.1	26	0.3	10	13	13.3	113	0.6	8	98	709
45-64	619	21.9	6,968	0.4	22	1,304	46.1	14,791	0.6	17	2,830	29,705
65-74	1,291	29.1	14,009	0.5	29	2,295	51.8	25,704	0.7	19	4,433	46,843
75-84	1,036	27.1	10,985	0.3	21	1,607	42.1	17,212	0.7	18	3,816	38,801
85 and older	3,319	23.6	36,384	0.4	26	4,787	34.0	53,011	0.6	15	14,086	142,463
<b>Male</b>	1,950	21.9	21,956	0.4	27	2,752	30.9	30,932	0.6	15	8,911	91,753
<b>Disabled</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
5 and younger	1	100.0	10	0.1	1	1	100.0	10	0.8	89	1	10
6-14	3	6.7	12	0.9	34	7	15.6	74	0.3	12	45	280
15-20	523	15.8	5,795	0.4	23	465	14.1	5,172	0.6	14	3,306	33,246
21-44	703	22.2	7,922	0.4	28	1,056	33.4	11,649	0.6	16	3,163	32,553
45-64	526	29.4	5,970	0.5	32	918	51.3	10,481	0.6	15	1,789	18,945
65-74	163	32.1	1,935	0.3	17	269	53.1	3,137	0.5	13	507	5,619
75-84	31	31.6	312	0.4	19	36	36.7	409	0.6	14	98	1,076
85 and older	1,369	26.5	14,428	0.4	25	2,035	39.3	22,079	0.6	14	5,175	50,710
<b>Other Eligibles</b>	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	3
6-14	0	0.0	0	0.0	0	2	66.7	24	0.2	2	3	18
15-20	11	13.4	106	0.3	14	10	12.2	50	0.4	15	82	466
21-44	4	6.6	28	0.2	10	16	26.2	123	0.5	15	61	312
45-64	359	18.4	3,919	0.4	25	686	35.2	7,685	0.6	14	1,949	19,625
65-74	641	31.8	6,738	0.4	27	926	46.0	10,115	0.6	15	2,015	20,402
75-84	354	33.3	3,637	0.4	23	395	37.1	4,082	0.7	12	1,064	9,884
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
<b>Unknown</b>	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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

- a. Table D.7D includes the beneficiaries represented by Cell G of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 2004. 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 2004. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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 D.8  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BENEFICIARY CHARACTERISTIC<sup>a, b</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

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
<b>All</b>	<b>\$354</b>	<b>6.9</b>	<b>3,887</b>	<b>38,643</b>
<b>Age</b>				
0-64	742	9.7	259	2,686
65-74	426	8.7	523	5,461
75-84	357	7.1	1,298	12,912
85 and older	270	5.8	1,807	17,584
Unknown	0	0.0	0	0
<b>Gender</b>				
Female	335	6.7	2,625	26,241
Male	394	7.2	1,262	12,402
Unknown	0	0.0	0	0
<b>Race</b>				
White	346	7	2,436	23,461
African American	304	5.5	44	459
Other/unknown	369	6.8	1,407	14,723
<b>Basis of Eligibility<sup>c</sup></b>				
Aged	319	6.5	3,354	32,925
Disabled	553	9.1	533	5,718
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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.8 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 2,047 beneficiaries who were in nursing facilities for part of their enrollment and their 19,992 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 D.9  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY BRAND STATUS AND THERAPEUTIC CATEGORY<sup>a, b, c, d, e</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Total Number of Rx	Total Rx \$	Users		
	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic	Total	Patented Brand-Name	Off-Patent Brand-Name	Generic			Number of Users	As a Percentage of Dual All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.3	0.1	0.0	0.2	\$16	\$11	\$3	\$3	\$54	\$91	\$90	\$18	7,834	\$425,015	2,441	62.8 %	25,800
Biologicals	0.1	0.0	0.0	0.1	2	1	0	2	26	17	59	30	235	6,111	223	5.7	2,486
Antineoplastic Agents	0.6	0.1	0.0	0.5	91	45	2	44	157	572	294	88	1,140	178,882	201	5.2	1,961
Endocrine/Metabolic Drugs	1.3	0.5	0.3	0.5	43	32	5	6	34	70	16	11	27,463	925,840	2,071	53.3	21,621
Cardiovascular Agents	2.1	0.4	0.1	1.5	44	25	3	16	21	58	23	11	56,270	1,208,119	2,683	69.0	27,202
Respiratory Agents	0.7	0.4	0.0	0.2	35	32	0	3	53	75	28	15	10,788	572,430	1,539	39.6	16,166
Gastrointestinal Agents	1.0	0.4	0.0	0.6	65	42	1	21	62	112	47	33	21,857	1,354,865	1,983	51.0	20,890
Genitourinary Agents	0.8	0.6	0.0	0.2	49	42	3	5	60	73	65	24	7,305	441,278	845	21.7	8,980
CNS Drugs	1.8	1.0	0.1	0.7	128	110	5	13	71	105	55	20	51,745	3,697,603	2,812	72.3	28,854
Stimulants/Anti-obesity/Anorexia	0.5	0.3	0.0	0.2	28	23	0	5	54	86	0	20	134	7,286	24	0.6	264
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	145	145	0	0	143	143	0	63	7,568	1,080,925	739	19.0	7,457
Analgesics and Anesthetics	1.0	0.5	0.0	0.5	53	47	1	5	56	101	35	11	20,649	1,153,062	2,102	54.1	21,698
Neuromuscular Agents	1.5	0.4	0.4	0.8	78	30	24	24	51	85	56	32	19,188	973,464	1,180	30.4	12,442
Nutritional Products	0.8	0.0	0.0	0.7	11	0	0	10	14	13	14	14	9,430	132,224	1,196	30.8	12,332
Hematological Agents	1.1	0.3	0.3	0.6	107	95	5	6	94	333	20	10	11,934	1,119,317	1,033	26.6	10,510
Topical Products	0.5	0.2	0.0	0.3	16	9	2	5	34	63	45	17	9,524	328,079	1,911	49.2	20,505
Miscellaneous Products	0.3	0.1	0.0	0.1	17	13	0	3	64	108	230	24	414	26,561	153	3.9	1,603
Unknown Therapeutic Category	0.7	0.0	0.0	0.0	9	0	0	0	14	0	0	0	3,366	45,581	468	12.0	5,103
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.	266,844	13,676,642	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.9 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,047 beneficiaries who were in nursing facilities for part of their enrollment and their 19,992 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 2004. 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, 1.0 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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 D.10  
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,  
 BY TOP-10 DRUG GROUP<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Top 10 Drug Groups in Nursing Facilities	Total Medicaid Rx \$	Users			Among Users		
		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
ANTIPSYCHOTICS	\$2,334,313	1,722	44.3 %	18,218	1.1	\$120	\$128
ANTIDEPRESSANTS	1,221,008	2,484	63.9	26,074	0.9	51	47
ULCER DRUGS	1,163,484	1,743	44.8	18,459	0.9	71	63
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	1,083,066	898	23.1	9,265	0.8	142	117
MISC. HEMATOLOGICAL	794,199	356	9.2	3,588	0.8	276	221
ANTICONVULSANT	641,563	943	24.3	10,045	1.3	50	64
ANALGESICS - ANTI-INFLAMMATORY	550,970	1,026	26.4	11,112	0.7	74	50
ANALGESICS - Narcotic	488,409	1,876	48.3	19,348	0.5	49	25
ANTIDIABETIC	477,364	1,292	33.2	13,798	0.9	38	35
MISC. ENDOCRINE	393,880	700	18.0	7,594	0.7	70	52
Total	9,148,256	13,040		137,501	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10 includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,047 beneficiaries who were in nursing facilities for part of their enrollment and their 19,992 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 2004. 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 2004 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.



TABLE D.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<sup>a, b, c, d</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	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 \$
<b>All</b>	<b>118,740</b>	<b>\$9,148,256</b>	<b>1,722</b>	<b>44.3 %</b>	<b>18,218</b>	<b>1.1</b>	<b>\$128</b>	<b>2,484</b>	<b>63.9 %</b>	<b>26,074</b>	<b>0.9</b>	<b>\$47</b>
<b>Female</b>	76,727	5,785,638	1,090	41.5	11,605	1.0	122	1,700	64.8	17,917	0.9	47
<b>Disabled</b>	12,143	926,501	158	62.9	1,812	1.6	172	163	64.9	1,847	1.2	53
64 or younger	4,311	444,987	54	58.7	618	1.7	189	67	72.8	750	1.0	57
65-74	4,842	281,521	56	74.7	666	1.9	193	57	76.0	673	1.5	48
75-84	2,103	151,440	35	66.0	399	1.2	129	26	49.1	305	0.9	52
85 and older	887	48,553	13	41.9	129	1.4	113	13	41.9	119	1.6	50
<b>Other Eligibles</b>	64,584	4,859,137	932	39.3	9,793	0.8	113	1,537	64.7	16,070	0.8	46
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	8,248	613,499	117	58.8	1,241	1.0	152	156	78.4	1,646	0.9	49
75-84	24,247	1,835,709	359	45.8	3,778	0.9	114	551	70.3	5,709	0.8	49
85 and older	32,089	2,409,929	456	32.8	4,774	0.7	102	830	59.7	8,715	0.8	44
<b>Male</b>	42,013	3,362,618	632	50.1	6,613	1.3	138	784	62.1	8,157	1.0	47
<b>Disabled</b>	14,802	1,458,575	197	69.9	2,207	1.9	180	195	69.1	2,138	1.3	50
64 or younger	9,310	1,117,382	119	71.3	1,316	2.1	190	131	78.4	1,388	1.3	47
65-74	4,099	254,139	60	75.0	693	1.5	165	50	62.5	600	1.3	54
75-84	1,158	66,532	12	50.0	126	2.2	174	9	37.5	90	1.3	65
85 and older	235	20,522	6	54.5	72	0.7	142	5	45.5	60	0.8	39
<b>Other Eligibles</b>	27,211	1,904,043	435	44.4	4,406	0.9	118	589	60.1	6,019	0.9	46
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	6,297	444,524	88	52.1	955	1.3	158	107	63.3	1,085	1.1	51
75-84	13,001	925,226	209	47.8	2,132	0.9	114	282	64.5	2,917	0.9	45
85 and older	7,913	534,293	138	36.9	1,319	0.8	94	200	53.5	2,017	0.9	45
<b>Unknown</b>	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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10A includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,047 beneficiaries who were in nursing facilities for part of their enrollment and their 19,992 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 2004. 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 2004 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 D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ULCER DRUGS					MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					MISC. HEMATOLOGICAL				
	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 \$
<b>All</b>	<b>1,743</b>	<b>44.8 %</b>	<b>18,459</b>	<b>0.9</b>	<b>\$63</b>	<b>898</b>	<b>23.1 %</b>	<b>9,265</b>	<b>0.8</b>	<b>\$117</b>	<b>356</b>	<b>9.2 %</b>	<b>3,588</b>	<b>0.8</b>	<b>\$221</b>
<b>Female</b>	1,180	45.0	12,514	0.9	61	630	24.0	6,632	0.8	122	223	8.5	2,248	0.8	79
<b>Disabled</b>	121	48.2	1,342	1.1	67	48	19.1	511	0.9	328	13	5.2	150	0.7	82
64 or younger	43	46.7	494	0.9	62	17	18.5	203	0.8	672	5	5.4	54	0.8	88
65-74	36	48.0	428	1.4	70	12	16.0	138	0.9	88	6	8.0	72	0.8	94
75-84	25	47.2	283	0.9	72	11	20.8	112	0.7	95	2	3.8	24	0.5	32
85 and older	17	54.8	137	1.2	65	8	25.8	58	1.5	146	0	0.0	0	0.0	0
<b>Other Eligibles</b>	1,059	44.6	11,172	0.8	61	582	24.5	6,121	0.8	104	210	8.8	2,098	0.8	79
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	86	43.2	913	0.9	62	52	26.1	567	0.9	118	21	10.6	195	0.8	88
75-84	379	48.3	3,996	0.8	58	222	28.3	2,332	0.8	103	75	9.6	758	0.8	78
85 and older	594	42.7	6,263	0.8	62	308	22.1	3,222	0.8	103	114	8.2	1,145	0.8	77
<b>Male</b>	563	44.6	5,945	1.0	67	268	21.2	2,633	0.9	105	133	10.5	1,340	0.8	461
<b>Disabled</b>	132	46.8	1,484	1.3	85	20	7.1	220	0.8	208	20	7.1	212	0.8	2,486
64 or younger	81	48.5	917	1.2	79	10	6.0	100	0.6	390	15	9.0	152	0.9	3,435
65-74	34	42.5	389	1.2	83	8	10.0	96	0.9	48	5	6.3	60	0.7	83
75-84	12	50.0	135	1.7	136	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	5	45.5	43	0.9	62	2	18.2	24	0.8	93	0	0.0	0	0.0	0
<b>Other Eligibles</b>	431	44.0	4,461	0.9	60	248	25.3	2,413	0.9	96	113	11.5	1,128	0.8	80
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	78	46.2	792	0.9	70	27	16.0	272	0.9	98	19	11.2	169	0.8	85
75-84	199	45.5	2,103	0.9	59	127	29.1	1,260	0.9	99	59	13.5	613	0.8	83
85 and older	154	41.2	1,566	0.8	57	94	25.1	881	0.9	91	35	9.4	346	0.8	73
<b>Unknown</b>	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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10B includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,047 beneficiaries who were in nursing facilities for part of their enrollment and their 19,992 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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 D.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, BASIS OF ELIGIBILITY, AND AGE<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ANTICONVULSANT					ANALGESICS - ANTI-INFLAMMATORY					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 \$
<b>All</b>	<b>943</b>	<b>24.3 %</b>	<b>10,045</b>	<b>1.3</b>	<b>\$64</b>	<b>1,026</b>	<b>26.4 %</b>	<b>11,112</b>	<b>0.7</b>	<b>\$50</b>	<b>1,876</b>	<b>48.3 %</b>	<b>19,348</b>	<b>0.5</b>	<b>\$25</b>
<b>Female</b>	561	21.4	5,919	1.1	58	729	27.8	7,871	0.7	53	1,314	50.1	13,617	0.5	27
<b>Disabled</b>	112	44.6	1,268	1.7	81	63	25.1	726	0.8	38	107	42.6	1,192	0.5	29
64 or younger	53	57.6	598	1.5	98	24	26.1	268	0.7	23	46	50.0	512	0.5	36
65-74	35	46.7	410	2.0	65	22	29.3	264	0.9	49	28	37.3	336	0.5	17
75-84	15	28.3	176	1.8	80	14	26.4	168	0.9	45	23	43.4	272	0.6	32
85 and older	9	29.0	84	1.6	37	3	9.7	26	0.5	29	10	32.3	72	0.3	27
<b>Other Eligibles</b>	449	18.9	4,651	0.9	52	666	28.1	7,145	0.7	55	1,207	50.8	12,425	0.5	26
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	77	38.7	858	1.2	64	58	29.1	660	0.6	47	107	53.8	1,173	0.7	41
75-84	197	25.1	2,056	0.9	56	209	26.7	2,272	0.7	63	414	52.8	4,256	0.6	27
85 and older	175	12.6	1,737	0.8	42	399	28.7	4,213	0.7	51	686	49.3	6,996	0.5	24
<b>Male</b>	382	30.3	4,126	1.5	72	297	23.5	3,241	0.7	41	562	44.5	5,731	0.5	22
<b>Disabled</b>	150	53.2	1,646	2.0	92	52	18.4	592	0.8	29	126	44.7	1,354	0.6	27
64 or younger	101	60.5	1,097	2.0	103	25	15.0	270	0.6	28	75	44.9	765	0.6	24
65-74	42	52.5	465	1.6	64	20	25.0	238	1.0	29	42	52.5	481	0.6	28
75-84	3	12.5	36	8.4	184	5	20.8	60	1.1	37	9	37.5	108	0.3	43
85 and older	4	36.4	48	1.0	31	2	18.2	24	0.3	12	0	0.0	0	0.0	0
<b>Other Eligibles</b>	232	23.7	2,480	1.2	59	245	25.0	2,649	0.6	44	436	44.5	4,377	0.5	21
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	63	37.3	714	1.4	65	45	26.6	494	0.6	40	85	50.3	859	0.5	35
75-84	112	25.6	1,199	1.0	63	105	24.0	1,153	0.7	48	199	45.5	2,001	0.6	18
85 and older	57	15.2	567	1.3	42	95	25.4	1,002	0.6	42	152	40.6	1,517	0.4	16
<b>Unknown</b>	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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10C includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,047 beneficiaries who were in nursing facilities for part of their enrollment and their 19,992 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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 D.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<sup>a, b, c, d</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	ANTIDIABETIC					MISC. ENDOCRINE					Benefit Months Among All-Year Nursing Facility Residents	
	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	Nursing Facility Residents
<b>All</b>	<b>1,292</b>	<b>33.2 %</b>	<b>13,798</b>	<b>0.9</b>	<b>\$35</b>	<b>700</b>	<b>18.0 %</b>	<b>7,594</b>	<b>0.7</b>	<b>\$52</b>	<b>3,887</b>	<b>38,643</b>
<b>Female</b>	865	33.0	9,311	0.9	34	603	23.0	6,515	0.7	52	2,625	26,241
<b>Disabled</b>	101	40.2	1,168	1.0	49	42	16.7	475	0.8	58	251	2,706
64 or younger	29	31.5	321	1.0	61	16	17.4	189	0.8	60	92	940
65-74	33	44.0	396	1.2	51	11	14.7	132	0.7	51	75	890
75-84	29	54.7	340	0.9	41	9	17.0	108	0.8	71	53	601
85 and older	10	32.3	111	0.7	27	6	19.4	46	0.5	38	31	275
<b>Other Eligibles</b>	764	32.2	8,143	0.9	32	561	23.6	6,040	0.7	52	2,374	23,535
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	131	65.8	1,434	1.0	31	47	23.6	515	0.7	50	199	2,042
75-84	341	43.5	3,630	0.9	34	181	23.1	1,985	0.7	51	784	7,766
85 and older	292	21.0	3,079	0.9	30	333	23.9	3,540	0.8	52	1,391	13,727
<b>Male</b>	427	33.8	4,487	0.9	36	97	7.7	1,079	0.7	51	1,262	12,402
<b>Disabled</b>	92	32.6	1,013	0.9	37	21	7.4	242	0.7	63	282	3,012
64 or younger	52	31.1	541	1.0	40	9	5.4	107	0.7	73	167	1,746
65-74	34	42.5	400	0.8	33	4	5.0	48	0.7	50	80	905
75-84	5	20.8	60	1.4	50	6	25.0	63	0.9	61	24	250
85 and older	1	9.1	12	0.3	3	2	18.2	24	0.8	50	11	111
<b>Other Eligibles</b>	335	34.2	3,474	0.9	36	76	7.8	837	0.7	48	980	9,390
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	90	53.3	964	1.0	38	15	8.9	180	0.8	48	169	1,624
75-84	162	37.1	1,726	1.0	39	28	6.4	293	0.7	47	437	4,295
85 and older	83	22.2	784	0.8	24	33	8.8	364	0.7	48	374	3,471
<b>Unknown</b>	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 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.10D includes the beneficiaries represented by Cell H of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 2,047 beneficiaries who were in nursing facilities for part of their enrollment and their 19,992 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 2004. 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 2004 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispn.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 D.11  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
NEW MEXICO, 2004

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	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 Dual Rx \$	Total Number of Beneficiaries
<b>All</b>	<b>21,581</b>	<b>58.3 %</b>	<b>7.1</b>	<b>263,534</b>	<b>\$82</b>	<b>\$3,041,984</b>	<b>\$12</b>	<b>3.8 %</b>	<b>36,989</b>
<b>Age</b>									
5 and younger	2	100.0	21.5	43	1,496	2,992	70	9.0	2
6-14	4	80.0	16.0	80	325	1,626	20	3.7	5
15-20	26	30.6	1.5	125	18	1,508	12	1.6	85
21-44	2,890	46.1	4.6	28,566	68	427,493	15	3.1	6,263
45-64	4,358	60.0	8.0	58,033	98	715,994	12	3.3	7,269
65-74	5,275	53.9	6.1	59,465	65	632,223	11	3.6	9,794
75-84	5,229	63.8	8.1	65,959	85	698,183	11	4.1	8,191
85 and older	3,797	70.6	9.5	51,263	104	561,965	11	5.5	5,380
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Basis of Eligibility<sup>c</sup></b>									
Aged	9,659	60.0	7.5	120,597	78	1,261,179	10	4.3	16,091
Disabled	11,807	58.1	7.0	142,404	87	1,774,005	12	3.5	20,319
Adults	109	19.2	0.9	495	12	6,525	13	3.1	567
Children	3	60.0	6.0	30	45	223	7	0.5	5
Unknown	3	42.9	1.1	8	7	52	7	0.5	7
<b>Gender</b>									
Female	14,442	63.1	7.8	179,020	91	2,089,701	12	4.0	22,903
Male	7,139	50.7	6.0	84,514	68	952,283	11	3.4	14,086
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
<b>Race</b>									
White	9,031	59.3	7.8	119,159	93	1,413,910	12	3.6	15,222
African American	388	54.6	6.3	4,495	83	58,743	13	3.6	711
Other/unknown	12,162	57.8	6.6	139,880	75	1,569,331	11	3.9	21,056
<b>Use of Nursing Facilities<sup>d</sup></b>									
Entire year	3,257	83.8	16.2	62,893	141	546,305	9	4.0	3,887
Part year	1,697	82.9	11.5	23,533	126	257,808	11	4.7	2,047
None	16,627	53.5	5.7	177,108	72	2,237,871	13	3.6	31,055
<b>Maintenance Assistance Status</b>									
Cash	14,750	54.9	5.7	152,428	70	1,866,276	12	3.5	26,844
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	445	36.4	2.1	2,587	24	29,701	11	1.6	1,223
Other/unknown	6,386	71.6	12.2	108,519	128	1,146,007	11	4.5	8,922

Table D11

Dual Eligible Beneficiaries

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.11 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

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 D.12  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC<sup>a,b</sup>  
NEW MEXICO, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazapine \$ per Benefit Month	Number of Benefit Months
<b>All</b>	<b>0.7</b>	<b>\$8</b>	<b>\$12</b>	<b>\$0</b>	<b>\$1</b>	<b>381,453</b>
<b>Age</b>						
5 and younger	1.8	125	70	0	0	24
6-14	1.6	33	20	0	0	49
15-20	0.2	3	12	0	0	559
21-44	0.5	7	15	0	2	62,593
45-64	0.8	10	12	0	2	74,667
65-74	0.6	6	11	0	1	102,466
75-84	0.8	8	11	0	1	86,881
85 and older	0.9	10	11	0	1	54,214
Unknown	0.0	0	0	0	0	0
<b>Basis of Eligibility<sup>c</sup></b>						
Aged	0.7	8	10	0	1	165,174
Disabled	0.7	8	12	0	2	211,958
Adults	0.1	2	13	0	0	4,240
Children	1.4	10	7	0	0	22
Unknown	0.1	1	7	0	0	59
<b>Gender</b>						
Female	0.7	9	12	0	2	238,990
Male	0.6	7	11	0	1	142,463
Unknown	0.0	0	0	0	0	0
<b>Race</b>						
White	0.8	9	12	0	2	153,774
African American	0.6	8	13	0	1	7,107
Other/unknown	0.6	7	11	0	1	220,572
<b>Use of Nursing Facilities<sup>d</sup></b>						
Entire year	1.6	14	9	0	2	38,643
Part year	1.2	13	11	0	2	19,992
None	0.5	7	13	0	1	322,818
<b>Maintenance Assistance Status</b>						
Cash	0.5	7	12	0	1	283,977
Medically needy	0.0	0	0	0	0	0
Poverty related	0.3	3	11	0	1	10,253
Other/unknown	1.2	13	11	0	2	87,223

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.12 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004.

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 D.13  
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D  
FOR SELECTED DRUG CATEGORIES AMONG DUALS<sup>a,b,c</sup>  
NEW MEXICO, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D
				Excluded Rx \$			Excluded Rx
<b>All</b>	<b>34,490</b>	<b>\$88</b>	<b>\$3,041,984</b>	<b>100.0 %</b>	<b>263,534</b>	<b>\$12</b>	<b>100.0 %</b>
Anorexia or weight loss/gain	13	266	3,453	0.1	41	84	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	4,124	67	274,380	9.0	9,957	28	3.8
Vitamins and minerals	5,541	91	502,485	16.5	33,144	15	12.6
Non-prescription drugs	16,381	98	1,608,561	52.9	168,444	10	63.9
Barbiturates	342	78	26,742	0.9	3,602	7	1.4
Benzodiazepines	7,241	77	558,287	18.4	45,825	12	17.4
Other Part D Excl Rx Drugs	848	80	68,076	2.2	2,521	27	1.0

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table D.13 includes the beneficiaries represented by Cell G of Table 1. Beneficiaries include all dual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 2004. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2004. 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 D11.

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.

SUPPLEMENTAL TABLE 1  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES<sup>a, b</sup>  
 NEW MEXICO, 2004

Total Number of Dual Eligible Beneficiaries	36,989
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries	\$80,576,299
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary	\$2,178

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	6,841	18.5 %	\$0	0.0 %
1-500	7,590	20.5	1,502,142	1.9
501-1,000	3,927	10.6	2,891,400	3.6
1,001-1,500	3,096	8.4	3,831,798	4.8
1,501-2,000	2,506	6.8	4,369,137	5.4
2,001-2,500	2,073	5.6	4,650,617	5.8
2,501-3,000	1,791	4.8	4,914,762	6.1
3,001-3,500	1,448	3.9	4,701,468	5.8
3,501-4,000	1,221	3.3	4,567,834	5.7
4,001-4,500	1,028	2.8	4,364,672	5.4
4,501-5,000	859	2.3	4,074,670	5.1
5,001-5,500	700	1.9	3,665,132	4.5
5,501-6,000	564	1.5	3,242,812	4.0
6,001-6,500	473	1.3	2,950,664	3.7
6,501-7,000	423	1.1	2,854,879	3.5
7,001-7,500	354	1.0	2,566,203	3.2
7,501-8,000	291	0.8	2,252,373	2.8
8,001-8,500	226	0.6	1,864,547	2.3
8,501-9,000	180	0.5	1,572,229	2.0
9,001-9,500	179	0.5	1,658,501	2.1
9,501-10,000	170	0.5	1,656,379	2.1
10,001+	1,049	2.8	16,424,080	20.4

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1A  
 MEDICAID PHARMACY REIMBURSEMENT FOR DISABLED DUAL ELIGIBLE BENEFICIARIES UNDER AGE 65<sup>a, b, c</sup>  
 NEW MEXICO, 2004

Total Number of Disabled Dual Eligible Beneficiaries, Age < 65	13,061
Total Pharmacy Reimbursement for Disabled Dual Eligible Beneficiaries, Age < 65	\$35,548,065
Mean Pharmacy Reimbursement per Disabled Dual Eligible Beneficiary, Age < 65	\$2,722

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Disabled Dual Beneficiaries, Age < 65	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,516	19.3 %	0	0.0 %
1-500	2,771	21.2	516,891	1.5
501-1,000	1,241	9.5	901,693	2.5
1,001-1,500	882	6.8	1,095,040	3.1
1,501-2,000	730	5.6	1,274,236	3.6
2,001-2,500	625	4.8	1,400,945	3.9
2,501-3,000	547	4.2	1,500,868	4.2
3,001-3,500	436	3.3	1,418,262	4.0
3,501-4,000	391	3.0	1,464,742	4.1
4,001-4,500	347	2.7	1,475,863	4.2
4,501-5,000	282	2.2	1,340,804	3.8
5,001-5,500	257	2.0	1,348,678	3.8
5,501-6,000	225	1.7	1,292,948	3.6
6,001-6,500	197	1.5	1,231,216	3.5
6,501-7,000	162	1.2	1,093,185	3.1
7,001-7,500	164	1.3	1,190,179	3.3
7,501-8,000	147	1.1	1,139,217	3.2
8,001-8,500	117	0.9	965,474	2.7
8,501-9,000	101	0.8	882,090	2.5
9,001-9,500	89	0.7	824,092	2.3
9,501-10,000	88	0.7	858,040	2.4
10,001+	746	5.7	12,333,602	34.7

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

c. This table is limited to dual eligible beneficiaries who were under age 65 and also indicated as disabled in the MAX files. Therefore, dual eligible beneficiaries under age 65 in "adults" or "children" basis-of-eligibility categories in Table D.2 are excluded because they were not classified as disabled in the MAX files. Disabled dual eligible beneficiaries age 65 and older are included in Supplemental Tables 1B through 1E, depending on their age.

SUPPLEMENTAL TABLE 1B  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 AND OLDER<sup>a, b</sup>  
 NEW MEXICO, 2004

Total Number of Dual Eligible Beneficiaries, Age 65+	23,365
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65+	\$44,758,876
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65+	\$1,916

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	3,982	17.0 %	0	0.0 %
1-500	4,690	20.1	960,951	2.1
501-1,000	2,651	11.3	1,964,412	4.4
1,001-1,500	2,199	9.4	2,718,439	6.1
1,501-2,000	1,769	7.6	3,081,892	6.9
2,001-2,500	1,440	6.2	3,231,443	7.2
2,501-3,000	1,235	5.3	3,388,690	7.6
3,001-3,500	1,009	4.3	3,273,189	7.3
3,501-4,000	829	3.5	3,099,339	6.9
4,001-4,500	678	2.9	2,875,954	6.4
4,501-5,000	577	2.5	2,733,866	6.1
5,001-5,500	440	1.9	2,300,403	5.1
5,501-6,000	337	1.4	1,937,888	4.3
6,001-6,500	276	1.2	1,719,448	3.8
6,501-7,000	260	1.1	1,754,987	3.9
7,001-7,500	189	0.8	1,368,862	3.1
7,501-8,000	144	0.6	1,113,156	2.5
8,001-8,500	109	0.5	899,073	2.0
8,501-9,000	79	0.3	690,139	1.5
9,001-9,500	90	0.4	834,409	1.9
9,501-10,000	82	0.4	798,339	1.8
10,001+	300	1.3	4,013,997	9.0

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1C  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 65 TO 74 <sup>a, b</sup>  
 NEW MEXICO, 2004

Total Number of Dual Eligible Beneficiaries, Age 65-74	9,794
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 65-74	\$17,581,425
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 65-74	\$1,795

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 65-74	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	2,191	22.4 %	0	0.0 %
1-500	2,065	21.1	396,096	2.3
501-1,000	1,006	10.3	741,252	4.2
1,001-1,500	833	8.5	1,029,311	5.9
1,501-2,000	648	6.6	1,130,086	6.4
2,001-2,500	528	5.4	1,184,635	6.7
2,501-3,000	471	4.8	1,293,093	7.4
3,001-3,500	376	3.8	1,221,005	6.9
3,501-4,000	281	2.9	1,048,366	6.0
4,001-4,500	253	2.6	1,073,201	6.1
4,501-5,000	195	2.0	924,538	5.3
5,001-5,500	157	1.6	822,097	4.7
5,501-6,000	118	1.2	678,523	3.9
6,001-6,500	103	1.1	641,114	3.6
6,501-7,000	112	1.1	755,894	4.3
7,001-7,500	80	0.8	579,068	3.3
7,501-8,000	55	0.6	424,510	2.4
8,001-8,500	51	0.5	421,570	2.4
8,501-9,000	37	0.4	323,157	1.8
9,001-9,500	38	0.4	353,008	2.0
9,501-10,000	38	0.4	369,065	2.1
10,001+	158	1.6	2,171,836	12.4

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

- a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.
- b. Medicaid reimbursement amounts in this table do not reflect federally required rebates from drug manufacturers to states.

SUPPLEMENTAL TABLE 1D  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 75 TO 84<sup>a, b</sup>  
 NEW MEXICO, 2004

Total Number of Dual Eligible Beneficiaries, Age 75-84	8,191
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 75-84	\$16,901,930
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 75-84	\$2,064

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 75-84	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	1,195	14.6 %	0	0.0 %
1-500	1,533	18.7	317,040	1.9
501-1,000	930	11.4	695,476	4.1
1,001-1,500	788	9.6	977,702	5.8
1,501-2,000	658	8.0	1,143,737	6.8
2,001-2,500	512	6.3	1,149,900	6.8
2,501-3,000	462	5.6	1,267,064	7.5
3,001-3,500	390	4.8	1,266,115	7.5
3,501-4,000	333	4.1	1,247,415	7.4
4,001-4,500	259	3.2	1,097,455	6.5
4,501-5,000	224	2.7	1,059,374	6.3
5,001-5,500	188	2.3	983,329	5.8
5,501-6,000	145	1.8	832,895	4.9
6,001-6,500	111	1.4	690,413	4.1
6,501-7,000	95	1.2	640,983	3.8
7,001-7,500	67	0.8	485,954	2.9
7,501-8,000	59	0.7	457,338	2.7
8,001-8,500	41	0.5	337,024	2.0
8,501-9,000	32	0.4	279,949	1.7
9,001-9,500	39	0.5	361,563	2.1
9,501-10,000	29	0.4	283,258	1.7
10,001+	101	1.2	1,327,946	7.9

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

SUPPLEMENTAL TABLE 1E  
 MEDICAID PHARMACY REIMBURSEMENT FOR DUAL ELIGIBLE BENEFICIARIES AGE 85 AND OLDER<sup>a, b</sup>  
 NEW MEXICO, 2004

Total Number of Dual Eligible Beneficiaries, Age 85+	5,380
Total Pharmacy Reimbursement for Dual Eligible Beneficiaries, Age 85+	\$10,275,521
Mean Pharmacy Reimbursement per Dual Eligible Beneficiary, Age 85+	\$1,910

Annual Pharmacy Reimbursement per Beneficiary	Number of Beneficiaries	Percent of Dual Beneficiaries, Age 85+	Pharmacy Reimbursement	Percent of Total Pharmacy Reimbursement
\$0	596	11.1 %	0	0.0 %
1-500	1,092	20.3	247,815	2.4
501-1,000	715	13.3	527,684	5.1
1,001-1,500	578	10.7	711,426	6.9
1,501-2,000	463	8.6	808,069	7.9
2,001-2,500	400	7.4	896,908	8.7
2,501-3,000	302	5.6	828,533	8.1
3,001-3,500	243	4.5	786,069	7.6
3,501-4,000	215	4.0	803,558	7.8
4,001-4,500	166	3.1	705,298	6.9
4,501-5,000	158	2.9	749,954	7.3
5,001-5,500	95	1.8	494,977	4.8
5,501-6,000	74	1.4	426,470	4.2
6,001-6,500	62	1.2	387,921	3.8
6,501-7,000	53	1.0	358,110	3.5
7,001-7,500	42	0.8	303,840	3.0
7,501-8,000	30	0.6	231,308	2.3
8,001-8,500	17	0.3	140,479	1.4
8,501-9,000	10	0.2	87,033	0.8
9,001-9,500	13	0.2	119,838	1.2
9,501-10,000	15	0.3	146,016	1.4
10,001+	41	0.8	514,215	5.0

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. This table is based on prescription drug claims for beneficiaries who had Medicare as well as Medicaid fee-for-service pharmacy benefit coverage during some or all months of Medicaid enrollment in 2004.

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

APPENDIX TABLE A.3  
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY<sup>a, b</sup>  
DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
<b>All</b>	<b>37,308</b>	<b>16,119</b>	<b>20,547</b>	<b>630</b>	<b>5</b>	<b>7</b>	<b>403,489</b>	<b>168,976</b>	<b>228,596</b>	<b>5,809</b>	<b>49</b>	<b>59</b>
<b>Age</b>												
5 and younger	2	0	2	0	0	0	24	0	24	0	0	0
6-14	5	0	4	0	1	0	60	0	48	0	12	0
15-20	88	0	83	2	3	0	991	0	931	24	36	0
21-44	6,389	1	5,951	436	0	1	69,655	12	65,412	4,219	0	12
45-64	7,388	1	7,208	176	0	3	79,934	4	78,444	1,465	0	21
65-74	9,848	4,779	5,053	13	0	3	109,156	50,913	58,132	85	0	26
75-84	8,202	6,453	1,746	3	0	0	89,039	68,950	20,073	16	0	0
85 and older	5,386	4,885	500	0	1	0	54,630	49,097	5,532	0	1	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Gender</b>												
Female	23,054	11,083	11,519	445	0	7	251,522	117,611	129,553	4,299	0	59
Male	14,254	5,036	9,028	185	5	0	151,967	51,365	99,043	1,510	49	0
Unknown	0	0	0	0	0	0		0	0	0	0	0
<b>Race</b>												
White	15,370	6,750	8,369	245	1	5	161,900	67,707	91,930	2,212	12	39
African American	724	184	520	20	0	0	7,658	1,970	5,541	147	0	0
Other/unknown	21,214	9,185	11,658	365	4	2	233,931	99,299	131,125	3,450	37	20
<b>Use of Nursing Facilities<sup>c</sup></b>												
Entire year	3,887	3,354	533	0	0	0	38,643	32,925	5,718	0	0	0
Part year	2,047	1,631	414	2	0	0	20,060	15,649	4,389	22	0	0
None	31,374	11,134	19,600	628	5	7	344,786	120,402	218,489	5,787	49	59
<b>Maintenance Assistance Status</b>												
Cash	27,067	9,313	17,528	226	0	0	302,188	103,770	196,591	1,827	0	0
Medically needy	0	0	0	0	0	0		0	0	0	0	0
Poverty related	1,286	196	1,056	24	3	7	12,709	1,989	10,401	235	25	59
Other/unknown	8,955	6,610	1,963	380	2	0	88,592	63,217	21,604	3,747	24	0
<b>Dual Status<sup>d</sup></b>												
Full dual, all year	36,194	15,576	20,018	588	5	7	391,685	163,305	222,924	5,348	49	59
Full dual, part year	1,114	543	529	42	0	0	11,804	5,671	5,672	461	0	0
<b>Managed Care (MC) Status</b>												
Fee-for-service (FFS) all year	33,830	15,481	17,961	379	2	7	366,142	162,058	200,546	3,466	13	59
FFS part year, with Rx claims	1,336	192	1,048	94	2	0	14,503	1,962	11,566	951	24	0
FFS part year, no Rx claims	1,823	418	1,310	94	1	0	20,547	4,708	14,814	1,013	12	0
MC all year, with Rx claims	1	0	1	0	0	0		0	9	0	0	0
MC all year, no Rx claims	318	28	227	63	0	0	2,288	248	1,661	379	0	0



Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

a. Table A.3 includes the beneficiaries represented by Cell F 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.

d. The "Full dual, all year" group contains beneficiaries who had Medicare as well as Medicaid pharmacy benefits during all months of Medicaid enrollment in 2004. The "Full dual, part year" group contains beneficiaries who had such benefits for some, but not all, months of their enrollment. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

APPENDIX TABLE A.4  
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS<sup>a</sup>  
 DUAL ELIGIBLE BENEFICIARIES, NEW MEXICO, 2004

Beneficiary Characteristics	Beneficiaries and Benefit Months in Cell F of Table 1		Included in Cell G of Table 1		Excluded from Cell G of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
<b>All</b>	<b>37,308</b>	<b>403,489</b>	<b>36,989</b>	<b>381,453</b>	<b>0</b>	<b>22,036</b>
Fee-for-service (FFS) all year	33,830	366,142	33,830	366,142	0	0
FFS part year, with Rx claims	1,336	14,503	1,336	8,853	0	5,650
FFS part year, with no Rx claims	1,823	20,547	1,823	6,458	0	14,089
Managed care (MC) all year, with Rx claims	1	9	0	0	0	9
MC all year, with no Rx claims	318	2,288	0	0	0	2,288

Source: Data for this table are from the MAX 2004 file for New Mexico, released by CMS in 00/2007. This table was produced on 04/10/2008.

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 and Medicaid Services; FFS = fee-for-service pharmacy benefit; MAX = Medicaid Analytic Extract; MC = managed care; Rx = pharmacy benefit.