

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

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	111,044	872	7,951	18,339	83,882	0	1,006,952	7,799	78,479	139,916	780,758	0
Age												
5 and younger	29,133	0	31	0	29,102	0	260,506	0	356	0	260,150	0
6-14	37,481	0	95	0	37,386	0	367,190	0	1,087	0	366,103	0
15-20	17,766	0	519	0	17,247	0	159,059	0	5,151	0	153,908	0
21-44	20,427	0	3,461	16,824	142	0	163,599	0	34,757	128,251	591	0
45-64	5,340	0	3,841	1,499	0	0	48,724	0	37,100	11,624	0	0
65-74	384	379	2	3	0	0	3,969	3,934	14	21	0	0
75-84	293	291	2	0	0	0	2,701	2,687	14	0	0	0
85 and older	202	202	0	0	0	0	1,178	1,178	0	0	0	0
Unknown	18	0	0	13	5	0	26	0	0	20	6	0
Gender												
Female	62,282	599	4,484	15,874	41,325	0	556,447	5,357	45,245	123,862	381,983	0
Male	48,762	273	3,467	2,465	42,557	0	450,505	2,442	33,234	16,054	398,775	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	99,715	635	7,602	16,509	74,969	0	908,812	5,311	75,127	126,737	701,637	0
African American	2,799	17	107	623	2,052	0	24,273	161	1,070	4,374	18,668	0
Other/unknown	8,530	220	242	1,207	6,861	0	73,867	2,327	2,282	8,805	60,453	0
Use of Nursing Facilities^c												
Entire year	176	98	77	0	1	0	1,846	989	845	0	12	0
Part year	206	37	135	6	28	0	2,184	351	1,438	64	331	0
None	110,662	737	7,739	18,333	83,853	0	1,002,922	6,459	76,196	139,852	780,415	0
Maintenance Assistance Status												
Cash	22,670	422	4,567	5,520	12,161	0	216,036	4,639	48,793	44,727	117,877	0
Medically needy	4,365	173	756	1,953	1,483	0	34,568	995	5,866	13,354	14,353	0
Poverty-related	62,479	4	1	3,771	58,703	0	552,415	40	2	21,609	530,764	0
Other/unknown	21,530	273	2,627	7,095	11,535	0	203,933	2,125	23,818	60,226	117,764	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	111,044	872	7,951	18,339	83,882	0	1,006,952	7,799	78,479	139,916	780,758	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	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 Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.2 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.3

ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	Percentage with at Least One Rx	Mean Number of Rx	Mean Rx \$	\$ per Rx	Mean \$, All Medicaid FFS \$ ^c	Rx \$ as a Percentage of All Medicaid FFS \$ ^d	Number of Beneficiaries
All	62.9 %	7.8	\$477	\$61	\$3,474	13.7 %	111,044
Age							
5 and younger	60.7	2.8	100	36	1,598	6.2	29,133
6-14	57.5	4.5	297	66	2,550	11.6	37,481
15-20	62.1	6.3	410	66	3,756	10.9	17,766
21-44	72.3	13.2	799	60	5,289	15.1	20,427
45-64	78.8	38.6	2,580	67	11,082	23.3	5,340
65-74	81.8	40.4	2,307	57	11,059	20.9	384
75-84	74.4	36.4	1,838	50	11,328	16.2	293
85 and older	44.6	21.8	807	37	10,786	7.5	202
Unknown	0.0	0.0	0	0	0	0.0	18
Basis of Eligibility^e							
Aged	71.1	35.1	1,820	52	11,169	16.3	872
Disabled	80.5	37.3	2,725	73	16,342	16.7	7,951
Adults	70.7	10.5	516	49	2,741	18.8	18,339
Children	59.4	4.1	242	58	2,335	10.4	83,882
Unknown	0.0	0.0	0	0	0	0.0	0
Gender							
Female	65.1	8.8	499	57	3,239	15.4	62,282
Male	60.1	6.6	450	69	3,775	11.9	48,762
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	63.8	8.2	500	61	3,659	13.7	99,715
African American	57.7	4.7	298	63	1,927	15.5	2,799
Other/unknown	54.3	4.5	266	59	1,824	14.6	8,530
Use of Nursing Facilities^f							
Entire year	97.7	87.7	4,696	54	56,296	8.3	176
Part year	100.0	68.1	4,237	62	48,471	8.7	206
None	62.8	7.6	464	61	3,307	14.0	110,662
Maintenance Assistance Status							
Cash	71.5	14.1	895	63	5,578	16.0	22,670
Medically needy	66.9	13.4	850	63	5,299	16.0	4,365
Poverty related	56.9	3.3	179	54	1,608	11.2	62,479
Other/unknown	70.4	13.0	827	64	6,306	13.1	21,530

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.3 includes beneficiaries represented by Cell K of Table 1.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT *PER BENEFIT MONTH*, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	Number of Rx, Percentage with:						Mean \$, All Medicaid FFS \$ ^d	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
All	0.9	\$53	13.7 %	37.1 %	48.8 %	6.0 %	5.6 %	2.0 %	0.5 %	\$383	111,044	1,006,952
Age												
5 and younger	0.3	11	6.2	39.3	58.2	1.7	0.6	0.1	0.0	179	29,133	260,506
6-14	0.5	30	11.6	42.5	49.6	4.5	3.0	0.4	0.0	260	37,481	367,190
15-20	0.7	46	10.9	37.9	49.1	7.3	4.9	0.7	0.1	420	17,766	159,059
21-44	1.7	100	15.1	27.7	42.9	12.0	12.4	4.3	0.7	660	20,427	163,599
45-64	4.2	283	23.3	21.2	19.7	11.0	23.3	17.9	6.8	1,215	5,340	48,724
65-74	3.9	223	20.9	18.2	18.2	12.5	27.1	18.5	5.5	1,070	384	3,969
75-84	4.0	199	16.2	25.6	14.7	11.3	24.9	17.7	5.8	1,229	293	2,701
85 and older	3.7	138	7.5	55.4	6.9	5.4	14.4	13.4	4.5	1,850	202	1,178
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	18	26
Basis of Eligibility^e												
Aged	3.9	203	16.3	28.9	14.4	10.6	23.5	17.2	5.4	1,249	872	7,799
Disabled	3.8	276	16.7	19.5	22.0	12.4	23.8	16.7	5.5	1,656	7,951	78,479
Adults	1.4	68	18.8	29.3	44.9	11.5	10.9	3.0	0.4	359	18,339	139,916
Children	0.4	26	10.4	40.6	52.6	4.1	2.5	0.3	0.0	251	83,882	780,758
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Gender												
Female	1.0	56	15.4	34.9	49.0	6.7	6.2	2.5	0.7	363	62,282	556,447
Male	0.7	49	11.9	39.9	48.5	5.0	4.8	1.5	0.3	409	48,762	450,505
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.9	55	13.7	36.2	49.0	6.2	5.9	2.2	0.6	402	99,715	908,812
African American	0.5	34	15.5	42.3	48.7	5.0	2.9	1.0	0.0	222	2,799	24,273
Other/unknown	0.5	31	14.6	45.7	46.9	3.4	2.9	0.8	0.2	211	8,530	73,867
Use of Nursing Facilities^f												
Entire year	8.4	448	8.3	2.3	2.3	5.7	22.7	38.6	28.4	5,367	176	1,846
Part year	6.4	400	8.7	0.0	12.1	9.7	30.1	31.6	16.5	4,572	206	2,184
None	0.8	51	14.0	37.2	48.9	6.0	5.5	1.9	0.4	365	110,662	1,002,922
Maintenance Assistance Status												
Cash	1.5	94	16.0	28.5	47.0	8.5	9.7	5.0	1.3	585	22,670	216,036
Medically needy	1.7	107	16.0	33.1	37.8	9.5	12.9	5.4	1.3	669	4,365	34,568
Poverty related	0.4	20	11.2	43.1	51.4	3.7	1.7	0.2	0.0	182	62,479	552,415
Other/unknown	1.4	87	13.1	29.6	45.5	9.4	10.8	3.8	1.0	666	21,530	203,933

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.4 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. In seven states (DE, IA, NE, NY, TX, UT, and WV) the expenditures in this column include only Rx drug expenditures for those enrolled in capitated managed care plans, and not expenditures for other services covered by the plans or long-term-care services not covered by the plans. As a result, the amounts shown in this column for all Medicaid fee-for-service expenditures are lower than they would otherwise be.

d. In seven states (DE, IA, NE, NY, TX, UT, and WV) the Rx share of expenditures for all Medicaid services shown in this column is higher than it would be if all expenditures for these other services, including services provided in capitated managed care plans and long-term-care services, were included.

e. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

f. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.5

AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Beneficiary Characteristics	All Rx			Patented Brand-Name Drugs			Off-Patent Brand-Name Drugs			Generic Drugs		
	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx	Number of Rx	Rx \$	\$ per Rx
All	0.9	\$53	\$61	0.3	\$40	\$115	0.0	\$4	\$79	0.5	\$9	\$19
Age												
5 and younger	0.3	11	36	0.1	8	83	0.0	1	38	0.2	3	13
6-14	0.5	30	66	0.2	26	107	0.0	1	57	0.2	3	17
15-20	0.7	46	66	0.3	37	111	0.0	3	67	0.3	7	20
21-44	1.7	100	60	0.6	73	126	0.1	9	91	1.0	18	19
45-64	4.2	283	67	1.6	205	127	0.2	25	101	2.4	53	22
65-74	3.9	223	57	1.7	174	101	0.2	10	63	2.0	39	19
75-84	4.0	199	50	1.7	150	89	0.1	7	46	2.1	42	20
85 and older	3.7	138	37	1.4	100	70	0.2	6	26	2.1	32	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	3.9	203	52	1.7	156	93	0.2	8	50	2.1	39	19
Disabled	3.8	276	73	1.5	205	138	0.2	25	102	2.0	46	23
Adults	1.4	68	49	0.5	48	106	0.1	5	75	0.9	15	17
Children	0.4	26	58	0.2	21	103	0.0	1	56	0.2	4	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Gender												
Female	1.0	56	57	0.4	42	111	0.1	4	74	0.6	10	18
Male	0.7	49	69	0.3	39	120	0.0	3	87	0.4	7	20
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.9	55	61	0.4	42	115	0.0	4	80	0.5	9	19
African American	0.5	34	63	0.2	28	127	0.0	2	67	0.3	5	16
Other/unknown	0.5	31	59	0.2	25	117	0.0	2	58	0.3	5	17
Use of Nursing Facilities^e												
Entire year	8.4	448	54	3.0	309	102	0.5	30	57	4.8	109	23
Part year	6.4	400	62	2.4	288	121	0.4	34	79	3.6	77	21
None	0.8	51	61	0.3	39	115	0.0	4	79	0.4	8	19
Maintenance Assistance Status												
Cash	1.5	94	63	0.6	70	124	0.1	8	95	0.8	17	20
Medically needy	1.7	107	63	0.7	81	123	0.1	8	83	0.9	19	20
Poverty related	0.4	20	54	0.2	16	98	0.0	1	56	0.2	3	16
Other/unknown	1.4	87	64	0.6	67	118	0.1	6	74	0.7	14	20

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

- a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
- b. The Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
- c. Brand-name drugs, sometimes called “innovator single-source drugs,” are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called “innovator multiple-source drugs,” are brand-name drugs whose patents have expired. Generic drugs, sometimes called “non-innovator multiple-source drugs,” are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Hampshire, 0.3 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.medispn.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).
- d. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.
- e. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

TABLE ND.6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Therapeutic Category	Number of Rx per Benefit Month Among Users					\$ per Benefit Month Among Users					\$ per Rx					Users ^e		
	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	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months	
Anti-infective Agents	0.2	0.1	0.0	0.1	\$10	\$6	\$1	\$3	\$44	\$99	\$65	\$18	96,933	\$4,248,538	41,723	37.6 %	441,075	
Biologicals	0.3	0.2	0.0	0.0	179	143	3	33	667	629	808	883	458	305,532	172	0.2	1,703	
Antineoplastic Agents	0.5	0.1	0.0	0.4	140	116	7	17	260	813	173	48	1,895	492,126	331	0.3	3,516	
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	27	20	2	5	60	123	33	21	72,739	4,360,120	15,600	14.0	161,213	
Cardiovascular Agents	0.9	0.3	0.0	0.6	35	26	1	8	37	82	41	13	77,790	2,899,865	7,773	7.0	83,010	
Respiratory Agents	0.4	0.2	0.0	0.2	22	19	0	3	55	79	42	17	97,710	5,354,492	22,610	20.4	240,973	
Gastrointestinal Agents	0.5	0.2	0.0	0.2	35	27	3	6	77	141	71	25	39,041	2,992,876	8,019	7.2	84,845	
Genitourinary Agents	0.3	0.1	0.0	0.1	13	10	1	2	51	78	38	18	9,426	482,730	3,542	3.2	37,008	
CNS Drugs	1.0	0.5	0.1	0.4	81	66	6	10	85	139	95	23	166,904	14,171,555	16,915	15.2	174,876	
Stimulants/Anti-obesity/Anorexia	0.7	0.6	0.0	0.1	57	52	0	5	83	94	62	36	48,101	3,977,245	6,466	5.8	69,610	
Miscellaneous Psychological/																		
Neurological Agents	0.3	0.2	0.0	0.1	71	64	1	5	248	328	106	68	2,319	575,911	754	0.7	8,149	
Analgesics and Anesthetics	0.5	0.1	0.0	0.4	21	13	2	6	42	138	184	15	106,348	4,425,542	20,339	18.3	209,241	
Neuromuscular Agents	0.7	0.3	0.1	0.3	58	39	11	7	80	135	122	22	64,330	5,154,633	8,470	7.6	89,157	
Nutritional Products	0.2	0.0	0.0	0.2	3	1	0	2	15	75	17	11	22,436	336,085	10,738	9.7	112,354	
Hematological Agents	0.6	0.2	0.0	0.4	58	51	2	6	104	321	49	15	7,446	776,800	1,299	1.2	13,394	
Topical Products	0.2	0.1	0.0	0.1	8	5	1	2	41	80	61	20	51,093	2,090,725	23,949	21.6	256,466	
Miscellaneous Products	0.5	0.2	0.1	0.3	101	68	17	16	194	433	210	57	1,773	343,184	316	0.3	3,413	
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	18	0	0	0	415	7,293	140	0.1	1,499	
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.	867,157	52,995,252	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

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

c. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medispn.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 Hampshire, 0.3 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.medispn.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 ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Top 10 Drug Groups	Total Medicaid Rx \$	Users		Among Users			
		Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$7,888,749	6,697	6.0 %	73,367	0.6	\$173	\$108
ANTIDEPRESSANTS	5,539,899	17,157	15.5	179,680	0.5	62	31
ANTICONVULSANT	4,646,630	6,829	6.1	73,521	0.7	95	63
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	3,977,245	7,932	7.1	86,412	0.6	83	46
ANTIASTHMATIC	3,445,357	20,337	18.3	218,412	0.3	59	16
ANALGESICS - Narcotic	2,657,350	23,265	21.0	241,860	0.3	37	11
ULCER DRUGS	2,069,561	7,213	6.5	76,825	0.4	76	27
MISC. ENDOCRINE	1,915,123	1,138	1.0	12,768	0.5	299	150
DERMATOLOGICAL	1,594,058	22,209	20.0	241,997	0.2	43	7
ANTIVIRAL	1,488,720	1,396	1.3	14,717	0.3	326	101
Total	35,222,692	114,173		1,219,559	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7 includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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.medispans.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.

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTIDEPRESSANTS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Months Among Users	Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	436,796	\$35,222,692	6,697	6.0 %	73,367	0.6	\$108	17,157	15.5 %	179,680	0.5	\$31
Female	260,702	19,345,594	3,558	5.7	38,740	0.6	94	12,529	20.1	130,260	0.5	30
Disabled	97,975	8,671,940	1,652	36.8	18,823	0.7	124	3,560	79.4	39,916	0.6	39
5 and younger	173	19,077	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	429	74,618	3	8.6	36	0.1	4	2	5.7	24	0.1	3
15-20	2,512	257,996	58	27.4	667	0.5	94	87	41.0	980	0.6	33
21-44	36,222	3,425,636	808	43.3	9,099	0.6	109	1,470	78.7	16,517	0.5	38
45-64	58,639	4,894,613	783	33.2	9,021	0.8	141	2,001	84.9	22,395	0.7	40
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	162,727	10,673,654	1,906	3.3	19,917	0.5	67	8,969	15.5	90,344	0.4	27
5 and younger	10,979	514,767	8	0.1	92	0.5	67	13	0.1	145	0.5	14
6-14	33,514	2,823,186	395	2.2	4,433	0.5	77	875	4.9	9,594	0.5	23
15-20	26,477	1,946,237	461	5.0	4,884	0.5	80	1,801	19.7	18,558	0.4	26
21-44	74,178	4,151,908	860	5.7	8,603	0.3	46	5,535	37.0	54,307	0.4	27
45-64	9,724	702,510	79	7.7	790	0.4	61	548	53.2	5,534	0.5	37
65-74	3,920	300,608	47	18.4	550	0.8	159	85	33.3	991	0.7	38
75-84	2,686	173,458	38	19.4	402	1.0	123	72	36.7	777	0.7	25
85 and older	1,249	60,980	18	12.0	163	0.9	77	40	26.7	438	0.7	22
Male	176,094	15,877,098	3,139	6.4	34,627	0.7	122	4,628	9.5	49,420	0.5	32
Disabled	54,139	5,625,170	1,132	32.7	12,614	0.8	155	1,532	44.2	16,820	0.6	37
5 and younger	349	31,747	1	5.6	12	0.8	45	1	5.6	12	1.0	8
6-14	832	96,425	4	6.7	48	0.5	20	7	11.7	84	0.8	51
15-20	3,640	349,504	96	31.3	1,096	0.8	139	97	31.6	1,094	0.5	29
21-44	24,605	2,656,303	653	41.0	7,306	0.7	149	734	46.0	8,154	0.6	37
45-64	24,713	2,491,191	378	25.5	4,152	0.8	170	693	46.7	7,476	0.6	39
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	121,955	10,251,928	2,007	4.4	22,013	0.6	104	3,096	6.8	32,600	0.5	29
5 and younger	14,763	839,153	44	0.3	516	0.4	61	35	0.2	378	0.2	11
6-14	65,569	5,771,751	1,193	6.1	13,538	0.6	105	1,453	7.5	16,177	0.5	28
15-20	29,117	2,749,074	617	7.6	6,602	0.7	110	1,041	12.9	10,872	0.5	33
21-44	7,899	551,328	99	5.0	872	0.4	75	404	20.3	3,620	0.4	25
45-64	2,317	185,348	21	4.5	174	0.3	49	113	24.1	1,031	0.4	30
65-74	1,213	95,899	19	15.0	219	0.9	139	22	17.3	263	0.8	32
75-84	697	46,007	8	8.4	56	0.8	80	16	16.8	142	0.8	40
85 and older	380	13,368	6	11.5	36	0.9	99	12	23.1	117	0.9	33
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	ANTICONVULSANT					STIMULANTS/ANTI-OBESITY/ANOREXIANTS					ANTIASTHMATIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean	Mean Rx \$ per Month
				Number of Benefit per Month					Number of Benefit per Month					Number of Benefit per Month	
All	6,829	6.1 %	73,521	0.7	\$63	7,932	7.1 %	86,412	0.6	\$46	20,337	18.3 %	218,412	0.3	\$16
Female	4,297	6.9	45,950	0.6	57	2,422	3.9	26,397	0.5	45	11,265	18.1	119,971	0.3	16
Disabled	1,843	41.1	20,780	0.7	68	173	3.9	1,972	0.5	54	2,162	48.2	24,492	0.4	28
5 and younger	7	53.8	84	1.2	141	0	0.0	0	0.0	0	3	23.1	36	0.3	36
6-14	20	57.1	240	0.8	71	0	0.0	0	0.0	0	12	34.3	144	0.4	33
15-20	82	38.7	968	0.9	79	28	13.2	320	0.5	33	51	24.1	593	0.3	19
21-44	851	45.6	9,594	0.7	73	74	4.0	833	0.5	55	681	36.5	7,790	0.3	18
45-64	883	37.5	9,894	0.7	60	71	3.0	819	0.5	60	1,415	60.1	15,929	0.5	33
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	2,454	4.2	25,170	0.5	47	2,249	3.9	24,425	0.5	44	9,103	15.8	95,479	0.2	13
5 and younger	80	0.6	893	0.6	71	56	0.4	631	0.4	24	1,835	13.0	19,710	0.2	11
6-14	405	2.3	4,548	0.7	80	1,402	7.8	15,443	0.6	45	2,703	15.1	29,522	0.2	12
15-20	379	4.1	3,910	0.5	53	463	5.1	5,046	0.5	41	1,422	15.5	14,746	0.2	12
21-44	1,378	9.2	13,617	0.5	33	287	1.9	2,870	0.4	42	2,682	17.9	26,677	0.3	13
45-64	141	13.7	1,411	0.6	51	38	3.7	401	0.6	67	296	28.7	2,940	0.4	23
65-74	44	17.3	508	0.7	43	3	1.2	34	0.4	18	92	36.1	1,086	0.5	39
75-84	23	11.7	259	1.0	46	0	0.0	0	0.0	0	53	27.0	584	0.6	42
85 and older	4	2.7	24	1.3	35	0	0.0	0	0.0	0	20	13.3	214	0.4	42
Male	2,532	5.2	27,571	0.7	74	5,510	11.3	60,015	0.6	47	9,072	18.6	98,441	0.3	16
Disabled	1,133	32.7	12,683	0.8	80	138	4.0	1,543	0.5	42	957	27.6	10,659	0.4	29
5 and younger	14	77.8	168	0.8	111	0	0.0	0	0.0	0	13	72.2	156	0.2	19
6-14	34	56.7	384	1.0	123	4	6.7	47	0.8	44	16	26.7	191	0.4	23
15-20	108	35.2	1,224	0.8	74	40	13.0	445	0.6	45	40	13.0	445	0.3	17
21-44	571	35.8	6,457	0.8	88	75	4.7	836	0.5	45	341	21.4	3,915	0.4	23
45-64	406	27.3	4,450	0.7	67	19	1.3	215	0.4	21	547	36.8	5,952	0.5	33
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	1,399	3.1	14,888	0.7	70	5,372	11.9	58,472	0.6	47	8,115	17.9	87,782	0.2	14
5 and younger	110	0.7	1,210	0.6	64	218	1.5	2,485	0.4	25	2,931	19.6	31,587	0.2	12
6-14	655	3.4	7,284	0.7	71	4,022	20.7	44,032	0.6	48	3,808	19.6	41,886	0.2	14
15-20	400	4.9	4,262	0.7	79	1,092	13.5	11,619	0.5	49	1,074	13.3	11,416	0.3	14
21-44	169	8.5	1,469	0.5	49	33	1.7	269	0.3	40	172	8.6	1,565	0.3	19
45-64	39	8.3	371	0.5	27	6	1.3	55	0.5	31	51	10.9	452	0.5	34
65-74	20	15.7	231	0.7	71	1	0.8	12	0.1	12	50	39.4	576	0.5	35
75-84	2	2.1	18	1.3	171	0	0.0	0	0.0	0	28	29.5	297	0.5	44
85 and older	4	7.7	43	1.4	20	0	0.0	0	0.0	0	1	1.9	3	0.3	3
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7B includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	ANALGESICS - Narcotic					ULCER DRUGS					MISC. ENDOCRINE				
	Number of Users	Users as % of All 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 All 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 All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	23,265	21.0 %	241,860	0.3	\$11	7,213	6.5 %	76,825	0.4	\$27	1,138	1.0 %	12,768	0.5	\$150
Female	17,284	27.8	179,041	0.3	10	5,007	8.0	53,586	0.3	26	624	1.0	7,037	0.5	147
Disabled	3,429	76.5	38,726	0.5	26	1,813	40.4	20,667	0.4	36	245	5.5	2,798	0.5	73
5 and younger	2	15.4	24	0.4	6	2	15.4	24	0.5	34	3	23.1	36	0.4	107
6-14	3	8.6	36	0.1	1	16	45.7	192	0.5	52	7	20.0	84	0.7	504
15-20	45	21.2	509	0.2	1	29	13.7	314	0.5	33	9	4.2	108	0.9	466
21-44	1,500	80.3	17,060	0.4	19	619	33.2	7,137	0.4	30	36	1.9	420	0.5	58
45-64	1,879	79.8	21,097	0.5	32	1,147	48.7	13,000	0.5	39	190	8.1	2,150	0.5	39
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	13,855	24.0	140,315	0.2	5	3,194	5.5	32,919	0.3	19	379	0.7	4,239	0.5	196
5 and younger	381	2.7	4,217	0.1	1	365	2.6	3,556	0.3	18	15	0.1	177	0.6	120
6-14	999	5.6	11,167	0.1	1	322	1.8	3,683	0.2	16	168	0.9	1,852	0.5	285
15-20	2,284	25.0	23,621	0.1	1	428	4.7	4,507	0.2	11	36	0.4	421	0.6	497
21-44	9,389	62.7	93,078	0.3	6	1,617	10.8	16,182	0.3	19	21	0.1	195	0.3	26
45-64	611	59.3	6,119	0.4	17	236	22.9	2,468	0.3	24	20	1.9	209	0.4	42
65-74	100	39.2	1,140	0.4	17	134	52.5	1,548	0.5	34	60	23.5	700	0.5	39
75-84	56	28.6	627	0.4	14	66	33.7	715	0.6	39	47	24.0	553	0.5	50
85 and older	35	23.3	346	0.7	22	26	17.3	260	0.7	56	12	8.0	132	0.6	37
Male	5,981	12.3	62,819	0.3	15	2,206	4.5	23,239	0.4	30	514	1.1	5,731	0.5	153
Disabled	1,656	47.8	18,217	0.5	37	845	24.4	9,401	0.5	40	83	2.4	969	0.7	81
5 and younger	2	11.1	24	0.1	0	14	77.8	168	0.8	54	2	11.1	24	0.5	16
6-14	5	8.3	60	0.1	1	14	23.3	161	0.7	94	7	11.7	77	1.0	271
15-20	40	13.0	457	0.2	2	28	9.1	316	0.6	43	10	3.3	110	0.9	56
21-44	731	45.9	8,091	0.4	24	333	20.9	3,779	0.4	37	39	2.4	462	0.6	83
45-64	878	59.1	9,585	0.6	50	456	30.7	4,977	0.5	40	25	1.7	296	0.6	43
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4,325	9.5	44,602	0.2	6	1,361	3.0	13,838	0.3	23	431	1.0	4,762	0.5	168
5 and younger	531	3.5	5,916	0.1	1	447	3.0	4,391	0.3	21	28	0.2	315	0.5	138
6-14	1,157	5.9	13,032	0.1	1	329	1.7	3,645	0.3	19	304	1.6	3,371	0.4	138
15-20	1,309	16.2	13,857	0.1	1	245	3.0	2,649	0.3	23	81	1.0	901	0.5	314
21-44	1,038	52.0	8,999	0.4	19	194	9.7	1,697	0.3	24	3	0.2	28	0.3	78
45-64	224	47.8	2,045	0.4	19	74	15.8	653	0.4	34	2	0.4	20	0.4	22
65-74	35	27.6	408	0.3	7	34	26.8	408	0.4	31	5	3.9	60	0.6	47
75-84	22	23.2	257	0.3	8	34	35.8	364	0.6	41	4	4.2	28	0.6	51
85 and older	9	17.3	88	1.0	12	4	7.7	31	0.7	42	4	7.7	39	0.9	54
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7C includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	DERMATOLOGICAL					ANTIVIRAL					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Number of Rx per Benefit Month	Mean Benefit per Rx \$ per Month		
All	22,209	20.0 %	241,997	0.2	\$7	1,396	1.3 %	14,717	0.3	\$101	111,044	1,006,952
Female	13,546	21.8	147,340	0.2	7	1,071	1.7	11,185	0.3	81	62,271	556,431
Disabled	1,998	44.6	23,122	0.2	9	241	5.4	2,734	0.4	159	4,484	45,245
5 and younger	10	76.9	120	0.2	9	0	0.0	0	0.0	0	13	146
6-14	12	34.3	144	0.1	2	0	0.0	0	0.0	0	35	409
15-20	58	27.4	658	0.1	4	4	1.9	39	0.1	9	212	2,135
21-44	768	41.1	8,937	0.2	8	121	6.5	1,393	0.4	201	1,867	19,031
45-64	1,150	48.8	13,263	0.2	11	116	4.9	1,302	0.3	118	2,356	23,522
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	2
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	11,548	20.0	124,218	0.1	6	830	1.4	8,451	0.3	56	57,787	511,186
5 and younger	3,263	23.1	34,952	0.1	4	35	0.2	386	0.1	7	14,113	126,077
6-14	3,221	18.0	35,927	0.1	6	74	0.4	843	0.3	55	17,920	174,653
15-20	2,060	22.5	22,103	0.2	8	133	1.5	1,386	0.2	15	9,152	80,670
21-44	2,534	16.9	26,042	0.2	8	540	3.6	5,306	0.3	60	14,971	116,037
45-64	233	22.6	2,478	0.2	10	42	4.1	458	0.4	191	1,030	8,378
65-74	115	45.1	1,321	0.2	10	3	1.2	36	0.1	12	255	2,650
75-84	71	36.2	803	0.2	5	1	0.5	12	0.1	6	196	1,842
85 and older	51	34.0	592	0.3	3	2	1.3	24	0.1	3	150	879
Male	8,663	17.8	94,657	0.2	7	325	0.7	3,532	0.4	164	48,755	450,495
Disabled	1,127	32.5	12,978	0.2	9	150	4.3	1,726	0.5	249	3,467	33,234
5 and younger	7	38.9	84	0.1	3	1	5.6	12	0.1	3	18	210
6-14	33	55.0	375	0.2	4	0	0.0	0	0.0	0	60	678
15-20	125	40.7	1,486	0.3	12	8	2.6	83	0.3	114	307	3,016
21-44	476	29.9	5,532	0.2	8	67	4.2	788	0.5	198	1,594	15,726
45-64	486	32.7	5,501	0.2	8	74	5.0	843	0.6	313	1,485	13,578
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	14
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	12
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	7,536	16.6	81,679	0.1	6	175	0.4	1,806	0.2	84	45,288	417,261
5 and younger	3,036	20.3	32,213	0.1	4	30	0.2	328	0.1	23	14,989	134,073
6-14	2,419	12.4	27,227	0.1	5	66	0.3	736	0.2	31	19,466	191,450
15-20	1,747	21.6	19,003	0.2	11	32	0.4	362	0.2	52	8,095	73,238
21-44	197	9.9	1,825	0.2	10	33	1.7	249	0.4	206	1,995	12,805
45-64	52	11.1	517	0.2	10	14	3.0	131	0.5	389	469	3,246
65-74	35	27.6	410	0.1	5	0	0.0	0	0.0	0	127	1,305
75-84	25	26.3	271	0.2	5	0	0.0	0	0.0	0	95	845
85 and older	25	48.1	213	0.2	3	0	0.0	0	0.0	0	52	299
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	26

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.7D includes the beneficiaries represented by Cell K of Table 1. A user is a beneficiary who had at least one prescription filled in a given drug group during 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 ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 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
All	\$448	8.4	176	1,846
Age				
0-64	570	9.1	78	857
65-74	544	10.2	15	152
75-84	416	8.5	34	364
85 and older	221	6.2	49	473
Unknown	0	0.0	0	0
Gender				
Female	425	8.4	121	1,276
Male	498	8.2	55	570
Unknown	0	0.0	0	0
Race				
White	447	8.3	172	1,798
African American	0	0	0	0
Other/unknown	462	11	4	48
Basis of Eligibility^c				
Aged	342	7.7	98	989
Disabled	577	9.2	77	845
Adults	0	0.0	0	0
Children	65	4.1	1	12
Unknown	0	0.0	0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2004 Medicaid enrollment. A total of 206 beneficiaries who were in nursing facilities for part of their enrollment and their 2,184 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services.

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

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 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 All-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.2	0.0	0.3	\$26	\$19	\$1	\$7	\$60	\$120	\$37	\$25	547	\$32,821	117	66.5 %	1,281
Biologicals	0.1	0.0	0.0	0.1	2	0	0	2	25	0	21	25	9	221	9	5.1	90
Antineoplastic Agents	0.9	0.2	0.0	0.7	92	50	0	41	99	218	0	60	96	9,540	11	6.3	104
Endocrine/Metabolic Drugs	1.4	0.6	0.2	0.6	54	40	5	10	38	71	20	16	1,315	50,397	86	48.9	928
Cardiovascular Agents	2.1	0.5	0.1	1.6	55	27	2	26	26	55	21	17	2,569	66,368	116	65.9	1,198
Respiratory Agents	0.8	0.5	0.0	0.3	42	34	0	8	52	73	33	23	634	32,831	71	40.3	784
Gastrointestinal Agents	1.1	0.4	0.1	0.7	63	39	1	22	57	108	25	32	1,454	82,328	120	68.2	1,302
Genitourinary Agents	0.9	0.6	0.1	0.3	54	44	3	7	57	71	41	26	358	20,386	33	18.8	379
CNS Drugs	2.2	1.0	0.1	1.1	145	114	3	28	67	114	57	25	3,207	214,717	139	79.0	1,477
Stimulants/Anti-obesity/Anorexia Miscellaneous Psychological/ Neurological Agents	0.4	0.0	0.0	0.4	8	0	0	8	19	9	0	19	20	374	4	2.3	45
Neurological Agents	1.0	1.0	0.0	0.0	130	129	0	1	132	133	0	82	293	38,822	29	16.5	298
Analgesics and Anesthetics	1.4	0.6	0.0	0.8	82	66	5	11	57	114	193	13	1,546	87,530	102	58.0	1,069
Neuromuscular Agents	1.8	0.5	0.3	1.0	148	68	36	43	82	139	113	44	1,499	122,617	78	44.3	829
Nutritional Products	0.9	0.0	0.0	0.9	16	0	0	15	17	4	8	18	371	6,401	40	22.7	405
Hematological Agents	1.2	0.3	0.1	0.8	63	54	2	7	52	173	18	9	570	29,845	49	27.8	471
Topical Products	0.7	0.2	0.1	0.5	25	15	3	7	36	88	50	16	806	28,739	105	59.7	1,162
Miscellaneous Products	1.0	0.2	0.4	0.4	25	1	15	9	25	5	40	21	65	1,639	7	4.0	66
Unknown Therapeutic Category	0.5	0.0	0.0	0.0	7	0	0	0	12	0	0	0	75	898	12	6.8	137
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.	15,434	826,474	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.9 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 206 beneficiaries who were in nursing facilities for part of their enrollment and their 2,184 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.medispn.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.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

In New Hampshire, 0.3 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.

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

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 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	\$136,232	87	49.4 %	951	1.0	\$138	\$143
ANTICONVULSANT	101,923	92	52.3	1,007	1.1	90	101
ULCER DRUGS	68,162	95	54.0	1,050	0.8	80	65
ANTIDEPRESSANTS	63,920	152	86.4	1,679	0.9	43	38
ANALGESICS - Narcotic	50,120	104	59.1	1,069	0.9	50	47
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	38,904	35	19.9	361	0.8	131	108
ANALGESICS - ANTI-INFLAMMATORY	32,717	61	34.7	670	0.7	73	49
ANTIDIABETIC	28,268	70	39.8	794	0.9	39	36
ANTIASTHMATIC	25,717	63	35.8	704	0.6	60	37
MISC. ENDOCRINE	21,872	32	18.2	339	0.9	68	65
Total	567,835	791		8,624	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.10 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 206 beneficiaries who were in nursing facilities for part of their enrollment and their 2,184 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	All Top 10 Drug Groups		ANTIPSYCHOTICS					ANTICONVULSANT				
	Number of Rx	Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	7,677	\$567,835	87	49.4 %	951	1.0	\$143	92	52.3 %	1,007	1.1	\$101
Female	5,372	365,176	53	43.8	595	1.1	150	59	48.8	643	1.2	112
Disabled	2,295	175,416	16	39.0	192	1.2	177	42	102.4	455	1.2	138
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	3,077	189,760	37	46.3	403	1.1	138	17	21.3	188	1.1	50
64 or younger	714	51,830	10	76.9	120	0.9	161	5	38.5	60	0.6	59
65-74	1,375	87,402	14	46.7	158	1.4	162	9	30.0	107	1.3	49
75-84	988	50,528	13	35.1	125	1.0	84	3	8.1	21	1.4	31
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male	2,305	202,659	34	61.8	356	0.9	131	33	60.0	364	1.0	82
Disabled	1,823	170,469	25	69.4	286	0.8	134	29	80.6	336	1.0	85
64 or younger	1,823	170,469	25	69.4	286	0.8	134	29	80.6	336	1.0	85
65-74	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	482	32,190	9	47.4	70	1.0	120	4	21.1	28	1.4	48
64 or younger	1	27	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	46	3,713	2	100.0	15	1.0	120	1	50.0	3	0.7	178
75-84	138	11,044	3	75.0	25	1.0	127	1	25.0	6	1.8	118
85 and older	297	17,406	4	33.3	30	0.9	115	2	16.7	19	1.4	5
Unknown	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.10A includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 206 beneficiaries who were in nursing facilities for part of their enrollment and their 2,184 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.medspan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	ULCER DRUGS					ANTIDEPRESSANTS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	95	54.0 %	1,050	0.8	\$65	152	86.4 %	1,679	0.9	\$38	104	59.1 %	1,069	0.9	\$47
Female	61	50.4	673	0.8	57	105	86.8	1,166	0.9	36	72	59.5	769	0.9	36
Disabled	19	46.3	208	0.9	55	33	80.5	334	1.2	52	23	56.1	256	1.1	55
64 or younger	19	46.3	208	0.9	55	33	80.5	334	1.2	52	23	56.1	256	1.1	55
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	42	52.5	465	0.7	57	72	90.0	832	0.7	29	49	61.3	513	0.8	27
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	10	76.9	110	0.7	58	12	92.3	144	0.9	44	6	46.2	62	0.6	16
75-84	17	56.7	196	0.7	53	29	96.7	335	0.8	31	19	63.3	221	0.7	23
85 and older	15	40.5	159	0.7	62	31	83.8	353	0.6	21	24	64.9	230	0.9	32
Male	34	61.8	377	0.8	80	47	85.5	513	0.9	44	32	58.2	300	1.0	75
Disabled	26	72.2	309	0.9	85	30	83.3	342	0.9	43	22	61.1	215	1.2	104
64 or younger	26	72.2	309	0.9	85	30	83.3	342	0.9	43	22	61.1	215	1.2	104
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	8	42.1	68	0.7	55	17	89.5	171	0.9	44	10	52.6	85	0.4	3
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	1	50.0	12	0.3	21	1	50.0	12	1.0	69	2	100.0	15	0.1	1
75-84	5	125.0	37	0.7	61	6	150.0	55	1.0	53	2	50.0	18	0.1	1
85 and older	2	16.7	19	1.1	67	10	83.3	104	0.9	37	6	50.0	52	0.6	5
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.10B includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 206 beneficiaries who were in nursing facilities for part of their enrollment and their 2,184 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 ND.10C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANALGESICS - ANTI-INFLAMMATORY					ANTIDIABETIC				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	35	19.9 %	361	0.8	\$108	61	34.7 %	670	0.7	\$49	70	39.8 %	794	0.9	\$36
Female	24	19.8	260	0.9	115	43	35.5	491	0.6	21	55	45.5	643	1.0	36
Disabled	5	12.2	60	0.8	263	19	46.3	212	0.7	11	22	53.7	264	1.0	39
64 or younger	5	12.2	60	0.8	263	19	46.3	212	0.7	11	22	53.7	264	1.0	39
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	19	23.8	200	0.9	70	24	30.0	279	0.6	28	33	41.3	379	1.0	35
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	15.4	15	0.3	5	0	0.0	0	0.0	0	18	138.5	216	1.0	40
75-84	10	33.3	101	0.9	88	10	33.3	120	0.5	25	12	40.0	127	0.9	33
85 and older	7	18.9	84	1.0	61	14	37.8	159	0.6	31	3	8.1	36	0.5	6
Male	11	20.0	101	0.7	90	18	32.7	179	0.8	126	15	27.3	151	0.7	32
Disabled	7	19.4	61	0.5	60	9	25.0	108	0.8	180	13	36.1	147	0.7	33
64 or younger	7	19.4	61	0.5	60	9	25.0	108	0.8	180	13	36.1	147	0.7	33
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Other Eligibles	4	21.1	40	1.1	135	9	47.4	71	0.6	44	2	10.5	4	0.8	8
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	0	0.0	0	0.0	0	1	50.0	3	0.3	1	0	0.0	0	0.0	0
75-84	1	25.0	12	1.1	141	1	25.0	6	1.0	47	0	0.0	0	0.0	0
85 and older	3	25.0	28	1.0	132	7	58.3	62	0.6	45	2	16.7	4	0.8	8
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.10C includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 206 beneficiaries who were in nursing facilities for part of their enrollment and their 2,184 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 ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	ANTIASTHMATIC					MISC. ENDOCRINE					Benefit Months	
	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	Among All-Year Nursing Facility Residents
All	63	35.8 %	704	0.6	\$37	32	18.2 %	339	0.9	\$65	176	1,846
Female	41	33.9	467	0.5	31	27	22.3	279	0.9	66	121	1,276
Disabled	11	26.8	118	0.5	20	9	22.0	91	1.1	56	41	439
64 or younger	11	26.8	118	0.5	20	9	22.0	91	1.1	56	41	439
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	30	37.5	349	0.5	35	18	22.5	188	0.8	71	80	837
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	8	61.5	96	0.9	66	1	7.7	2	1.0	46	13	137
75-84	11	36.7	132	0.6	36	9	30.0	100	0.9	99	30	333
85 and older	11	29.7	121	0.2	8	8	21.6	86	0.7	39	37	367
Male	22	40.0	237	0.8	48	5	9.1	60	1.1	57	55	570
Disabled	18	50.0	204	0.9	54	2	5.6	24	1.5	59	36	406
64 or younger	18	50.0	204	0.9	54	2	5.6	24	1.5	59	36	406
65-74	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
Other Eligibles	4	21.1	33	0.4	11	3	15.8	36	0.9	55	19	164
64 or younger	1	100.0	12	0.1	2	0	0.0	0	0.0	0	1	12
65-74	2	100.0	15	0.7	20	0	0.0	0	0.0	0	2	15
75-84	1	25.0	6	0.2	5	0	0.0	0	0.0	0	4	31
85 and older	0	0.0	0	0.0	0	3	25.0	36	0.9	55	12	106
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.10D includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their Medicaid enrollment in 2004. A total of 206 beneficiaries who were in nursing facilities for part of their enrollment and their 2,184 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 ND.11
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW HAMPSHIRE, 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 Nondual Rx \$	Total Number of Beneficiaries
All	24,010	21.6 %	1.0	114,889	\$14	\$1,570,572	\$14	3.0 %	111,044
Age									
5 and younger	6,027	20.7	0.5	13,623	6	176,462	13	6.1	29,133
6-14	5,525	14.7	0.4	14,857	7	244,338	16	2.2	37,481
15-20	2,837	16.0	0.5	9,225	10	172,261	19	2.4	17,766
21-44	6,493	31.8	1.8	36,329	23	476,469	13	2.9	20,427
45-64	2,703	50.6	6.2	32,939	81	434,065	13	3.2	5,340
65-74	201	52.3	8.3	3,205	95	36,535	11	4.1	384
75-84	149	50.9	9.5	2,782	66	19,361	7	3.6	293
85 and older	75	37.1	9.5	1,929	55	11,081	6	6.8	202
Unknown	0	0.0	0.0	0	0	0	0	0.0	18
Basis of Eligibility^c									
Aged	424	48.6	9.1	7,914	77	66,969	8	4.2	872
Disabled	4,133	52.0	6.3	50,286	85	677,646	13	3.1	7,951
Adults	5,270	28.7	1.2	21,577	16	294,668	14	3.1	18,339
Children	14,183	16.9	0.4	35,112	6	531,289	15	2.6	83,882
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Gender									
Female	15,063	24.2	1.2	76,428	17	1,042,631	14	3.4	62,282
Male	8,947	18.3	0.8	38,461	11	527,941	14	2.4	48,762
Unknown	0	0.0	0.0	0	0	0	0	0.0	0
Race									
White	21,478	21.5	1.1	107,069	14	1,445,189	13	2.9	99,715
African American	686	24.5	0.8	2,154	27	75,048	35	9.0	2,799
Other/unknown	1,846	21.6	0.7	5,666	6	50,335	9	2.2	8,530
Use of Nursing Facilities^d									
Entire year	170	96.6	40.1	7,050	396	69,679	10	8.4	176
Part year	187	90.8	18.1	3,736	206	42,467	11	4.9	206
None	23,653	21.4	0.9	104,103	13	1,458,426	14	2.8	110,662
Maintenance Assistance Status									
Cash	7,598	33.5	2.2	49,065	26	590,530	12	2.9	22,670
Medically needy	1,294	29.6	2.0	8,868	36	156,509	18	4.2	4,365
Poverty related	8,865	14.2	0.3	19,627	5	286,931	15	2.6	62,479
Other/unknown	6,253	29.0	1.7	37,329	25	536,602	14	3.0	21,530

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

- a. Table ND.11 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.12
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
 NEW HAMPSHIRE, 2004

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$2	\$14	\$0	\$1	1,006,952
Age						
5 and younger	0.1	1	13	0	0	260,506
6-14	0.0	1	16	0	0	367,190
15-20	0.1	1	19	0	0	159,059
21-44	0.2	3	13	0	1	163,599
45-64	0.7	9	13	0	3	48,724
65-74	0.8	9	11	0	2	3,969
75-84	1.0	7	7	0	1	2,701
85 and older	1.6	9	6	0	1	1,178
Unknown	0.0	0	0	0	0	26
Basis of Eligibility^c						
Aged	1.0	9	8	0	2	7,799
Disabled	0.6	9	13	0	4	78,479
Adults	0.2	2	14	0	1	139,916
Children	0.0	1	15	0	0	780,758
Unknown	0.0	0	0	0	0	0
Gender						
Female	0.1	2	14	0	1	556,447
Male	0.1	1	14	0	0	450,505
Unknown	0.0	0	0	0	0	0
Race						
White	0.1	2	13	0	1	908,812
African American	0.1	3	35	0	0	24,273
Other/unknown	0.1	1	9	0	0	73,867
Use of Nursing Facilities^d						
Entire year	3.8	38	10	0	17	1,846
Part year	1.7	19	11	0	8	2,184
None	0.1	1	14	0	0	1,002,922
Maintenance Assistance Status						
Cash	0.2	3	12	0	1	216,036
Medically needy	0.3	5	18	0	1	34,568
Poverty related	0.0	1	15	0	0	552,415
Other/unknown	0.2	3	14	0	1	203,933

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.12 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND.13
 USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
 FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
 NEW HAMPSHIRE, 2004

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D Excluded Rx \$	Total Number Rx.	\$ per Rx	Number Rx as a Percentage of All Part D Excluded Rx
All	30,622	\$51	\$1,570,572	100.0 %	114,889	\$14	100.0 %
Anorexia or weight loss/gain	50	200	9,990	0.6	125	80	0.1
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	143	8	1,103	0.1	174	6	0.2
Cough and cold medications	5,667	46	262,250	16.7	9,676	27	8.4
Vitamins and minerals	3,999	38	152,482	9.7	10,758	14	9.4
Non-prescription drugs	13,781	30	406,637	25.9	55,406	7	48.2
Barbiturates	201	60	12,066	0.8	1,709	7	1.5
Benzodiazepines	5,831	89	517,828	33.0	33,645	15	29.3
Other Part D Excl Rx Drugs	950	219	208,216	13.3	3,396	61	3.0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

a. Table ND.13 includes the beneficiaries represented by Cell K of Table 1. Beneficiaries include all nondual Medicaid beneficiaries who had Medicaid pharmacy benefits during at least one month in 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 ND11.

b. Includes OTC drugs as well as prescription drugs.

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

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

APPENDIX TABLE A.1
 CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Unknown	All	Aged	Disabled	Adults	Children	Unknown
All	111,044	872	7,951	18,339	83,882	0	1,006,952	7,799	78,479	139,916	780,758	0
Age												
5 and younger	29,133	0	31	0	29,102	0	260,506	0	356	0	260,150	0
6-14	37,481	0	95	0	37,386	0	367,190	0	1,087	0	366,103	0
15-20	17,766	0	519	0	17,247	0	159,059	0	5,151	0	153,908	0
21-44	20,427	0	3,461	16,824	142	0	163,599	0	34,757	128,251	591	0
45-64	5,340	0	3,841	1,499	0	0	48,724	0	37,100	11,624	0	0
65-74	384	379	2	3	0	0	3,969	3,934	14	21	0	0
75-84	293	291	2	0	0	0	2,701	2,687	14	0	0	0
85 and older	202	202	0	0	0	0	1,178	1,178	0	0	0	0
Unknown	18	0	0	13	5	0	26	0	0	20	6	0
Gender												
Female	62,282	599	4,484	15,874	41,325	0	556,447	5,357	45,245	123,862	381,983	0
Male	48,762	273	3,467	2,465	42,557	0	450,505	2,442	33,234	16,054	398,775	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	99,715	635	7,602	16,509	74,969	0	908,812	5,311	75,127	126,737	701,637	0
African American	2,799	17	107	623	2,052	0	24,273	161	1,070	4,374	18,668	0
Other/unknown	8,530	220	242	1,207	6,861	0	73,867	2,327	2,282	8,805	60,453	0
Use of Nursing Facilities^c												
Entire year	176	98	77	0	1	0	1,846	989	845	0	12	0
Part year	206	37	135	6	28	0	2,184	351	1,438	64	331	0
None	110,662	737	7,739	18,333	83,853	0	1,002,922	6,459	76,196	139,852	780,415	0
Maintenance Assistance Status												
Cash	22,670	422	4,567	5,520	12,161	0	216,036	4,639	48,793	44,727	117,877	0
Medically needy	4,365	173	756	1,953	1,483	0	34,568	995	5,866	13,354	14,353	0
Poverty related	62,479	4	1	3,771	58,703	0	552,415	40	2	21,609	530,764	0
Other/unknown	21,530	273	2,627	7,095	11,535	0	203,933	2,125	23,818	60,226	117,764	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	111,044	872	7,951	18,339	83,882	0	1,006,952	7,799	78,479	139,916	780,758	0
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
MC all year, no Rx claims	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 Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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

b. Medicaid basis of eligibility is classified as: aged, disabled, adults, and children. The disabled group includes beneficiaries of any age who were determined to be eligible because of disability or blindness. The children's group includes children receiving foster care and adoptive services. The total includes some beneficiaries with unknown basis of eligibility and some whose age categories are not consistent with basis of eligibility.

c. Please refer to footnote f of Table 1 for methodology used to determine nursing facility residence.

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, NEW HAMPSHIRE, 2004

	Beneficiaries and Benefit Months in Cell J of Table 1		Included in Cell K of Table 1		Excluded from Cell K of Table 1	
	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months	Number of Beneficiaries	Number of Benefit Months
All	111,044	1,006,952	111,044	1,006,952	0	0
Fee-for-service (FFS) all year	111,044	1,006,952	111,044	1,006,952	0	0
FFS part year, with Rx claims	0	0	0	0	0	0
FFS part year, with no Rx claims	0	0	0	0	0	0
Managed care (MC) all year, with Rx claims	0	0	0	0	0	0
MC all year, with no Rx claims	0	0	0	0	0	0

Source: Data for this table are from the MAX 2004 file for New Hampshire, released by CMS in 02/2008. This table was produced on 03/06/2008.

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