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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2005
NEW MEXICO**

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TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	298,044	450	13,609	96,499	187,208	278	1,421,263	3,786	94,180	597,558	723,171	2,568
Age												
5 and younger	70,775	3	658	0	70,114	0	252,800	10	4,259	0	248,531	0
6-14	83,088	0	1,338	0	81,750	0	338,376	0	10,512	0	327,864	0
15-20	43,335	0	1,272	6,729	35,334	0	188,397	0	8,820	32,838	146,739	0
21-44	86,617	2	4,059	82,444	6	106	547,444	16	26,297	520,259	21	851
45-64	13,404	1	5,915	7,314	3	171	86,549	3	40,416	44,409	5	1,716
65-74	348	89	249	9	0	1	3,359	716	2,606	36	0	1
75-84	272	178	92	2	0	0	2,664	1,651	1,000	13	0	0
85 and older	204	177	26	1	0	0	1,663	1,390	270	3	0	0
Unknown	1	0	0	0	1	0	11	0	0	0	11	0
Gender												
Female	184,870	266	6,460	84,416	93,450	278	960,705	2,256	45,536	551,369	358,976	2,568
Male	113,167	184	7,149	12,082	93,752	0	460,547	1,530	48,644	46,188	364,185	0
Unknown	7	0	0	1	6	0	11	0	0	1	10	0
Race												
White	58,814	158	3,269	23,771	31,500	116	215,400	1,209	15,125	131,105	66,939	1,022
African American	6,039	2	325	1,876	3,836	0	17,118	3	1,334	8,227	7,554	0
Other/unknown	233,191	290	10,015	70,852	151,872	162	1,188,745	2,574	77,721	458,226	648,678	1,546
Use of Nursing Facilities^c												
Entire year	360	92	268	0	0	0	3,841	935	2,906	0	0	0
Part year	286	37	246	3	0	0	2,370	309	2,049	12	0	0
None	297,398	321	13,095	96,496	187,208	278	1,415,052	2,542	89,225	597,546	723,171	2,568
Maintenance Assistance Status												
Cash	102,358	183	12,390	36,580	53,205	0	450,909	1,769	88,112	148,349	212,679	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	115,918	7	735	8,125	106,773	278	443,367	61	3,015	37,444	400,279	2,568
Other/unknown	79,768	260	484	51,794	27,230	0	526,987	1,956	3,053	411,765	110,213	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	119,584	419	7,788	53,202	57,900	275	987,610	3,693	75,466	455,955	449,955	2,541
FFS part year, with Rx claims	36,879	12	2,642	13,254	20,968	3	107,397	41	8,939	46,981	51,409	27
FFS part year, no Rx claims	141,581	19	3,179	30,043	108,340	0	326,256	52	9,775	94,622	221,807	0

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

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

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

TABLE ND.3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
NONDUAL BENEFICIARIES, NEW MEXICO, 2005

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	24.9	1.3	\$61	\$47	\$2,393	2.5	298,044
Age							
5 and younger	22.8	0.6	21	35	2,260	0.9	70,775
6-14	19.5	0.6	24	43	1,437	1.7	83,088
15-20	24.5	0.9	40	46	2,194	1.8	43,335
21-44	29.6	1.6	73	45	2,582	2.8	86,617
45-64	38.8	7.5	423	57	7,387	5.7	13,404
65-74	61.8	22.2	1,338	60	22,199	6.0	348
75-84	44.1	16.6	792	48	16,459	4.8	272
85 and older	49.0	19.8	878	44	19,292	4.6	204
Unknown	100.0	1.0	12	12	1,166	1.0	1
Basis of Eligibility^e							
Aged	46.7	19.0	833	44	17,150	4.9	450
Disabled	51.9	10.2	655	64	13,076	5.0	13,609
Adults	28.4	1.3	47	37	2,106	2.3	96,499
Children	21.0	0.6	20	36	1,708	1.2	187,208
Unknown	85.3	19.4	1,405	72	16,054	8.8	278
Gender							
Female	26.4	1.4	61	44	2,343	2.6	184,870
Male	22.5	1.1	61	53	2,474	2.5	113,167
Unknown	14.3	0.6	33	59	586	5.7	7
Race							
White	21.9	1.2	63	52	2,663	2.4	58,814
African American	17.6	0.8	36	46	2,247	1.6	6,039
Other/unknown	25.8	1.3	61	46	2,329	2.6	233,191
Use of Nursing Facilities^f							
Entire year	96.4	85.7	4,717	55	59,861	7.9	360
Part year	92.3	52.8	3,171	60	50,395	6.3	286
None	24.7	1.1	52	46	2,277	2.3	297,398
Maintenance Assistance Status							
Cash	28.9	2.1	106	52	3,275	3.2	102,358
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	22.0	0.7	27	40	1,982	1.3	115,918
Other/unknown	23.9	1.2	52	42	1,858	2.8	79,768

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

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

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

TABLE ND.4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

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	0.3	\$13	2.5	75.1	19.9	2.6	1.9	0.5	0.1	\$502	298,044	1,421,263
Age												
5 and younger	0.2	6	0.9	77.2	19.3	2.3	1.0	0.1	0.0	633	70,775	252,800
6-14	0.1	6	1.7	80.5	16.3	2.0	1.1	0.1	0.0	353	83,088	338,376
15-20	0.2	9	1.8	75.5	20.5	2.4	1.5	0.2	0.0	505	43,335	188,397
21-44	0.3	12	2.8	70.4	23.8	2.7	2.3	0.6	0.1	409	86,617	547,444
45-64	1.2	66	5.7	61.2	18.1	6.5	8.9	4.1	1.2	1,144	13,404	86,549
65-74	2.3	139	6.0	38.2	24.1	8.3	16.7	8.9	3.7	2,300	348	3,359
75-84	1.7	81	4.8	55.9	15.1	7.0	11.4	9.2	1.5	1,681	272	2,664
85 and older	2.4	108	4.6	51.0	11.3	5.9	19.1	10.8	2.0	2,367	204	1,663
Unknown	0.1	1	1.0	0.0	100.0	0.0	0.0	0.0	0.0	106	1	11
Basis of Eligibility^e												
Aged	2.3	99	4.9	53.3	13.1	5.3	14.9	11.1	2.2	2,038	450	3,786
Disabled	1.5	95	5.0	48.1	26.4	8.0	11.0	5.0	1.5	1,889	13,609	94,180
Adults	0.2	8	2.3	71.6	23.3	2.6	2.0	0.5	0.1	340	96,499	597,558
Children	0.1	5	1.2	79.0	17.7	2.1	1.1	0.1	0.0	442	187,208	723,171
Unknown	2.1	152	8.8	14.7	43.5	15.5	17.6	7.6	1.1	1,738	278	2,568
Gender												
Female	0.3	12	2.6	73.6	21.4	2.5	1.9	0.5	0.1	451	184,870	960,705
Male	0.3	15	2.5	77.5	17.5	2.6	1.9	0.4	0.1	608	113,167	460,547
Unknown	0.4	21	5.7	85.7	0.0	14.3	0.0	0.0	0.0	373	7	11
Race												
White	0.3	17	2.4	78.1	15.1	3.2	2.6	0.8	0.2	727	58,814	215,400
African American	0.3	13	1.6	82.4	12.2	2.9	1.8	0.5	0.2	793	6,039	17,118
Other/unknown	0.3	12	2.6	74.2	21.3	2.4	1.7	0.4	0.1	457	233,191	1,188,745
Use of Nursing Facilities^f												
Entire year	8.0	442	7.9	3.6	6.7	5.3	27.5	36.1	20.8	5,611	360	3,841
Part year	6.4	383	6.3	7.7	9.1	5.9	26.9	36.4	14.0	6,081	286	2,370
None	0.2	11	2.3	75.3	19.9	2.6	1.8	0.4	0.1	479	297,398	1,415,052
Maintenance Assistance Status												
Cash	0.5	24	3.2	71.1	20.7	3.8	3.2	1.0	0.2	743	102,358	450,909
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.2	7	1.3	78.0	18.6	2.1	1.2	0.1	0.0	518	115,918	443,367
Other/unknown	0.2	8	2.8	76.1	20.8	1.6	1.1	0.3	0.1	281	79,768	526,987

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

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

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

TABLE ND.5
AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
NONDUAL BENEFICIARIES, NEW MEXICO, 2005

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	0.3	\$13	\$47	0.1	\$8	\$118	0.0	\$1	\$57	0.2	\$3	\$19
Age												
5 and younger	0.2	6	35	0.0	4	117	0.0	0	37	0.1	2	13
6-14	0.1	6	43	0.0	4	95	0.0	1	63	0.1	1	16
15-20	0.2	9	46	0.0	6	120	0.0	1	50	0.1	2	18
21-44	0.3	12	45	0.1	7	110	0.0	2	61	0.2	4	20
45-64	1.2	66	57	0.3	45	138	0.1	6	58	0.7	15	20
65-74	2.3	139	60	0.8	107	138	0.2	8	42	1.3	24	18
75-84	1.7	81	48	0.5	60	114	0.1	5	43	1.0	15	15
85 and older	2.4	108	44	0.8	75	97	0.2	6	32	1.5	26	18
Unknown	0.1	1	12	0.0	0	0	0.0	0	0	0.1	1	12
Basis of Eligibility^d												
Aged	2.3	99	44	0.7	71	98	0.1	6	39	1.4	22	16
Disabled	1.5	95	64	0.4	66	153	0.1	9	69	0.9	19	21
Adults	0.2	8	37	0.0	4	86	0.0	1	49	0.1	3	19
Children	0.1	5	36	0.0	3	95	0.0	0	47	0.1	2	15
Unknown	2.1	152	72	0.7	118	171	0.1	3	51	1.3	31	23
Gender												
Female	0.3	12	44	0.1	7	110	0.0	1	52	0.2	3	19
Male	0.3	15	53	0.1	10	131	0.0	1	70	0.2	3	18
Unknown	0.4	21	59	0.2	20	108	0.0	0	0	0.2	2	9
Race												
White	0.3	17	52	0.1	12	113	0.0	1	57	0.2	5	22
African American	0.3	13	46	0.1	9	97	0.0	1	48	0.2	3	19
Other/unknown	0.3	12	46	0.1	8	120	0.0	1	57	0.2	3	18
Use of Nursing Facilities^e												
Entire year	8.0	442	55	2.8	322	113	0.7	30	45	4.5	90	20
Part year	6.4	383	60	2.1	285	136	0.4	17	45	3.9	80	21
None	0.2	11	46	0.1	7	118	0.0	1	58	0.2	3	18
Maintenance Assistance Status												
Cash	0.5	24	52	0.1	16	138	0.0	3	60	0.3	6	18
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.2	7	40	0.0	5	108	0.0	1	49	0.1	2	16
Other/unknown	0.2	8	42	0.1	5	86	0.0	1	55	0.1	3	22

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table ND.5 includes the beneficiaries represented by Cell K of Table 1. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 1.0 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.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 MEXICO, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users ^e				
	Total	Patented		Generic	Total	Patented		Generic	Total	Patented		Generic	Total Number of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Brand-Name	Off-Brand-Name			Brand-Name	Off-Brand-Name			Brand-Name	Off-Brand-Name						
Anti-infective Agents	0.2	0.0	0.0	0.2	\$7	\$3	\$1	\$3	\$32	\$87	\$54	\$17	52,215	\$1,681,715	33,292	11.2	227,174
Biologicals	0.1	0.1	0.0	0.0	31	22	9	0	271	210	2,940	55	2,599	703,960	2,138	0.7	22,633
Antineoplastic Agents	0.5	0.2	0.0	0.4	89	74	1	14	171	484	171	39	1,713	293,756	368	0.1	3,294
Endocrine/Metabolic Drugs	0.5	0.1	0.1	0.3	21	11	3	6	44	76	52	24	75,001	3,275,984	19,975	6.7	159,261
Cardiovascular Agents	0.9	0.2	0.0	0.6	31	23	1	7	36	99	17	13	32,755	1,177,007	5,144	1.7	37,506
Respiratory Agents	0.3	0.1	0.0	0.2	13	9	1	3	38	93	47	14	46,532	1,790,542	22,062	7.4	138,180
Gastrointestinal Agents	0.4	0.1	0.0	0.3	31	22	0	9	79	183	40	33	15,173	1,198,541	5,306	1.8	38,367
Genitourinary Agents	0.2	0.1	0.0	0.1	11	5	2	3	43	82	52	24	4,400	191,203	2,464	0.8	17,854
CNS Drugs	0.7	0.3	0.0	0.4	56	48	1	7	80	149	63	19	38,318	3,052,597	8,830	3.0	54,216
Stimulants/Anti-obesity/Anorexia	0.5	0.4	0.0	0.1	40	36	1	3	80	99	44	26	5,305	426,777	2,127	0.7	10,778
Miscellaneous Psychological/ Neurological Agents	0.7	0.6	0.0	0.0	150	147	0	3	224	230	67	93	708	158,442	135	0.0	1,058
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	8	3	2	3	26	173	58	12	48,312	1,244,841	20,515	6.9	147,322
Neuromuscular Agents	0.6	0.1	0.1	0.4	41	22	5	14	68	158	60	36	19,545	1,332,625	4,838	1.6	32,248
Nutritional Products	0.3	0.0	0.0	0.2	4	0	0	3	14	27	29	13	9,048	126,449	5,040	1.7	33,987
Hematological Agents	0.6	0.1	0.1	0.4	57	51	2	4	92	400	17	12	5,435	501,904	1,134	0.4	8,740
Topical Products	0.2	0.0	0.0	0.2	6	2	0	3	27	76	51	17	21,924	600,886	13,866	4.7	101,229
Miscellaneous Products	0.2	0.1	0.0	0.0	21	18	1	2	110	121	227	53	2,214	244,096	1,488	0.5	11,422
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	4	0	0	0	23	0	0	0	3,284	75,492	1,864	0.6	18,768
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.	384,481	18,076,817	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 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.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 2005.

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.

Nondual Beneficiaries

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number of Users	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
CONTRACEPTIVES	\$1,978,285	13,789	4.6	120,087	0.4	\$41	\$16
ANTIPSYCHOTICS	1,915,803	2,667	0.9	18,211	0.6	178	105
ANTICONVULSANT	1,188,542	2,922	1.0	20,163	0.7	90	59
ANTIASTHMATIC	1,132,550	14,249	4.8	96,195	0.3	46	12
ANTIDIABETIC	1,042,501	4,344	1.5	35,464	0.5	64	29
ANTIDEPRESSANTS	969,211	6,860	2.3	43,559	0.4	53	22
ULCER DRUGS	732,963	4,525	1.5	33,100	0.3	68	22
PASSIVE IMMUNIZING AGENTS	655,385	134	0.0	1,076	0.4	1,680	609
ANTIHYPERLIPIDEMIC	590,890	1,557	0.5	12,446	0.5	105	47
ANALGESICS - Narcotic	567,809	13,908	4.7	98,963	0.3	23	6
Total	10,773,939	64,955		479,264	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			CONTRACEPTIVES					ANTIPSYCHOTICS			
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	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	173,075	\$10,773,939	13,789	4.6	120,087	0.4	\$17	2,667	0.9	18,211	0.6	\$105
Female												
All Females	123,670	6,853,809	13,786	7.5	120,058	0.4	17	1,366	0.7	9,326	0.6	90
Female, Disabled												
All Ages	38,361	3,113,097	198	3.1	1,953	0.3	15	674	10.4	5,439	0.7	119
5 and younger	425	141,942	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	750	62,146	4	0.9	37	0.3	18	28	6.1	158	0.5	126
15-20	1,443	143,914	50	9.7	480	0.3	11	64	12.5	508	0.5	92
21-44	9,075	779,372	130	6.9	1,295	0.4	17	222	11.8	1,637	0.6	85
45-64	24,574	1,824,825	14	0.4	141	0.3	17	338	10.8	2,913	0.9	143
65-74	1,738	133,332	0	0.0	0	0.0	0	17	11.1	169	0.6	115
75-84	318	24,761	0	0.0	0	0.0	0	5	9.6	54	0.6	86
85 and older	38	2,805	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	85,309	3,740,712	13,588	7.6	118,105	0.4	17	692	0.4	3,887	0.3	50
5 and younger	3,017	227,456	2	0.0	15	0.2	11	3	0.0	9	0.3	32
6-14	4,663	232,749	85	0.2	439	0.3	12	130	0.3	581	0.4	61
15-20	9,091	416,980	2,123	8.6	14,370	0.3	13	173	0.7	957	0.3	72
21-44	60,402	2,425,228	11,211	15.5	101,806	0.4	17	284	0.4	1,557	0.3	32
45-64	6,053	325,196	167	2.8	1,475	0.6	22	74	1.3	503	0.2	18
65-74	500	26,396	0	0.0	0	0.0	0	5	8.5	53	0.5	58
75-84	821	45,396	0	0.0	0	0.0	0	13	13.3	125	1.1	150
85 and older	762	41,311	0	0.0	0	0.0	0	10	8.5	102	0.5	82
Male												
All Males	49,403	3,919,972	3	0.0	29	0.2	14	1,301	1.1	8,885	0.6	121
Male, Disabled												
All Ages	27,978	2,601,803	2	0.0	24	0.3	15	743	10.4	5,957	0.7	139
5 and younger	469	79,244	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	1,459	143,396	0	0.0	0	0.0	0	82	9.3	611	0.4	77
15-20	1,516	214,887	0	0.0	0	0.0	0	101	13.3	629	0.6	182
21-44	7,534	683,462	1	0.0	12	0.2	10	276	12.7	2,181	0.6	120
45-64	15,799	1,356,298	1	0.0	12	0.3	20	260	9.3	2,269	0.9	151
65-74	1,016	103,632	0	0.0	0	0.0	0	19	19.8	216	0.9	226
75-84	164	17,741	0	0.0	0	0.0	0	4	10.0	39	1.0	210
85 and older	21	3,143	0	0.0	0	0.0	0	1	12.5	12	1.3	248

Nondual Beneficiaries

TABLE ND.7A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS COMBINED
 AND FIRST AND SECOND GROUPS SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			CONTRACEPTIVES				ANTIPSYCHOTICS				
	Number of Rx	Rx \$	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles												
All Ages	21,425	1,318,169	1	0.0	5	0.2	9	558	0.5	2,928	0.5	86
5 and younger	3,922	304,018	0	0.0	0	0.0	0	11	0.0	64	0.4	61
6-14	6,670	388,695	0	0.0	0	0.0	0	257	0.6	1,255	0.4	71
15-20	3,655	232,987	1	0.0	5	0.2	9	205	1.2	1,110	0.4	89
21-44	4,523	215,386	0	0.0	0	0.0	0	55	0.6	242	0.4	65
45-64	1,389	79,100	0	0.0	0	0.0	0	9	0.6	29	0.6	44
65-74	261	13,313	0	0.0	0	0.0	0	2	5.0	24	1.0	174
75-84	510	43,452	0	0.0	0	0.0	0	6	7.3	65	1.3	318
85 and older	495	41,218	0	0.0	0	0.0	0	13	21.3	139	0.8	126
Unknown	2	158	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIDIABETIC				
	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	2,922	1.0	20,163	0.7	\$59	14,249	4.8	96,195	0.3	\$12	4,344	1.5	35,464	0.5	\$29
Female															
All Females	1,674	0.9	11,076	0.7	61	7,393	4.0	50,178	0.3	12	2,883	1.6	23,807	0.4	28
Female, Disabled															
All Ages	903	14.0	7,598	0.8	72	1,079	16.7	9,862	0.3	21	1,280	19.8	12,368	0.5	33
5 and younger	21	8.3	188	0.5	74	68	26.9	729	0.3	18	0	0.0	0	0.0	0
6-14	40	8.7	275	0.7	48	87	19.0	967	0.3	18	3	0.7	6	0.7	55
15-20	69	13.4	614	0.7	98	65	12.6	680	0.3	17	14	2.7	142	0.4	26
21-44	345	18.3	2,812	0.6	80	227	12.0	1,945	0.3	18	170	9.0	1,526	0.5	42
45-64	401	12.8	3,405	0.9	63	582	18.6	4,998	0.4	24	991	31.7	9,518	0.5	32
65-74	22	14.4	246	1.1	82	39	25.5	429	0.4	24	89	58.2	1,021	0.5	31
75-84	4	7.7	46	0.5	45	9	17.3	90	0.2	5	13	25.0	155	0.5	47
85 and older	1	5.6	12	0.1	8	2	11.1	24	0.1	1	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	771	0.4	3,478	0.4	37	6,314	3.5	40,316	0.2	10	1,603	0.9	11,439	0.4	23
5 and younger	31	0.1	203	0.4	29	1,732	5.0	11,411	0.2	8	5	0.0	23	0.6	53
6-14	89	0.2	339	0.5	68	1,933	4.8	11,422	0.2	11	65	0.2	241	0.7	54
15-20	100	0.4	476	0.4	36	890	3.6	5,412	0.2	10	84	0.3	463	0.4	30
21-44	457	0.6	1,895	0.4	31	1,485	2.0	9,939	0.2	10	921	1.3	6,669	0.3	19
45-64	85	1.4	481	0.4	43	233	4.0	1,706	0.3	17	448	7.6	3,179	0.4	26
65-74	3	5.1	29	0.7	49	20	33.9	208	0.4	21	25	42.4	236	0.6	23
75-84	4	4.1	35	0.3	25	14	14.3	154	0.3	11	34	34.7	393	0.6	28
85 and older	2	1.7	20	0.6	26	7	6.0	64	0.3	19	21	17.9	235	0.8	30
Male															
All Males	1,248	1.1	9,087	0.7	56	6,854	6.1	46,013	0.3	11	1,461	1.3	11,657	0.5	32
Male, Disabled															
All Ages	842	11.8	7,307	0.7	59	893	12.5	8,041	0.3	16	902	12.6	8,375	0.5	34
5 and younger	28	6.9	194	0.5	53	101	24.9	997	0.3	12	0	0.0	0	0.0	0
6-14	66	7.5	608	0.5	41	199	22.6	2,002	0.3	13	3	0.3	25	0.2	9
15-20	82	10.8	741	0.7	83	72	9.5	712	0.3	14	8	1.1	60	0.4	20
21-44	314	14.5	2,551	0.7	57	163	7.5	1,422	0.3	13	170	7.8	1,676	0.4	30
45-64	328	11.8	2,954	0.8	59	346	12.4	2,764	0.3	20	676	24.2	6,138	0.5	34
65-74	22	22.9	246	0.8	46	11	11.5	132	0.2	16	40	41.7	424	0.6	41
75-84	1	2.5	12	0.9	37	0	0.0	0	0.0	0	5	12.5	52	0.6	43
85 and older	1	12.5	1	1.0	7	1	12.5	12	0.1	10	0	0.0	0	0.0	0

Nondual Beneficiaries

TABLE ND.7B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTICONVULSANT					ANTIASTHMATIC					ANTIDIABETIC				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	406	0.4	1,780	0.5	47	5,961	5.6	37,972	0.2	11	559	0.5	3,282	0.4	28
5 and younger	30	0.1	192	0.4	57	2,269	6.4	14,748	0.2	8	8	0.0	28	0.9	68
6-14	124	0.3	418	0.5	55	2,651	6.4	16,836	0.3	12	42	0.1	126	0.7	64
15-20	105	0.6	454	0.4	46	699	4.0	4,436	0.3	12	57	0.3	306	0.5	43
21-44	121	1.2	546	0.5	44	254	2.5	1,309	0.3	14	261	2.6	1,521	0.4	21
45-64	19	1.2	111	0.4	30	59	3.7	316	0.2	11	158	9.9	961	0.4	27
65-74	3	7.5	25	0.6	16	7	17.5	83	1.3	30	2	5.0	2	1.0	60
75-84	1	1.2	12	0.5	22	12	14.6	124	0.6	29	22	26.8	248	0.5	28
85 and older	3	4.9	22	0.4	20	10	16.4	120	0.2	17	9	14.8	90	0.7	32
Unknown	0	0.0	0	0.0	0	2	25.0	4	0.5	40	0	0.0	0	0.0	0

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					PASSIVE IMMUNIZING AGENTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	6,860	2.3	43,559	0.4	\$22	4,525	1.5	33,100	0.3	\$22	134	0.0	1,076	0.4	\$609
Female															
All Females	4,731	2.6	29,302	0.4	22	2,932	1.6	21,563	0.3	21	65	0.0	599	0.3	486
Female, Disabled															
All Ages	1,555	24.1	12,640	0.5	26	1,023	15.8	9,237	0.4	31	22	0.3	246	0.3	677
5 and younger	0	0.0	0	0.0	0	10	4.0	53	0.3	36	20	7.9	222	0.3	509
6-14	30	6.6	179	0.4	23	17	3.7	151	0.5	40	0	0.0	0	0.0	0
15-20	66	12.8	539	0.4	16	31	6.0	312	0.4	23	0	0.0	0	0.0	0
21-44	479	25.4	3,660	0.5	25	236	12.5	2,002	0.4	30	2	0.1	24	0.5	2,234
45-64	939	30.0	7,805	0.5	27	675	21.6	6,111	0.4	31	0	0.0	0	0.0	0
65-74	31	20.3	346	0.4	28	40	26.1	449	0.6	34	0	0.0	0	0.0	0
75-84	10	19.2	111	0.4	20	9	17.3	99	0.4	29	0	0.0	0	0.0	0
85 and older	0	0.0	0	0.0	0	5	27.8	60	0.5	43	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	3,176	1.8	16,662	0.4	19	1,909	1.1	12,326	0.2	13	43	0.0	353	0.3	352
5 and younger	2	0.0	9	0.2	2	143	0.4	894	0.2	8	31	0.1	252	0.4	485
6-14	234	0.6	1,306	0.4	16	186	0.5	1,210	0.2	10	0	0.0	0	0.0	0
15-20	522	2.1	2,916	0.3	16	279	1.1	1,798	0.2	7	5	0.0	36	0.1	14
21-44	1,982	2.7	9,630	0.3	18	1,008	1.4	6,168	0.2	11	7	0.0	65	0.1	22
45-64	382	6.5	2,271	0.4	22	240	4.1	1,690	0.3	24	0	0.0	0	0.0	0
65-74	6	10.2	64	0.8	36	11	18.6	119	0.7	48	0	0.0	0	0.0	0
75-84	25	25.5	235	0.6	18	18	18.4	187	0.6	23	0	0.0	0	0.0	0
85 and older	23	19.7	231	0.8	45	24	20.5	260	0.7	38	0	0.0	0	0.0	0
Male															
All Males	2,129	1.9	14,257	0.4	23	1,593	1.4	11,537	0.4	25	69	0.1	477	0.4	764
Male, Disabled															
All Ages	976	13.7	8,072	0.5	27	775	10.8	6,761	0.4	31	13	0.2	141	0.4	1,318
5 and younger	0	0.0	0	0.0	0	26	6.4	232	0.3	24	9	2.2	93	0.3	549
6-14	75	8.5	672	0.4	17	32	3.6	349	0.2	25	2	0.2	24	0.4	1,005
15-20	90	11.9	698	0.4	23	23	3.0	202	0.5	44	1	0.1	12	0.1	70
21-44	345	15.9	2,871	0.4	29	221	10.2	1,886	0.4	27	0	0.0	0	0.0	0
45-64	445	15.9	3,612	0.5	26	458	16.4	3,912	0.4	33	1	0.0	12	1.0	9,147
65-74	16	16.7	159	0.7	38	12	12.5	144	0.5	40	0	0.0	0	0.0	0
75-84	4	10.0	48	0.9	77	3	7.5	36	0.5	32	0	0.0	0	0.0	0
85 and older	1	12.5	12	0.2	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0

Nondual Beneficiaries

TABLE ND.7C
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR SIXTH TO EIGHTH TOP DRUG GROUPS SEPARATELY,
 BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					PASSIVE IMMUNIZING AGENTS				
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month
Male, Other Eligibles															
All Ages	1,153	1.1	6,185	0.4	19	818	0.8	4,776	0.3	16	56	0.1	336	0.4	532
5 and younger	4	0.0	14	0.4	16	166	0.5	861	0.2	10	54	0.2	324	0.4	491
6-14	353	0.9	2,010	0.4	16	163	0.4	1,093	0.2	11	2	0.0	12	0.8	1,650
15-20	379	2.2	2,129	0.3	16	116	0.7	736	0.2	10	0	0.0	0	0.0	0
21-44	304	3.0	1,309	0.4	22	266	2.7	1,291	0.3	19	0	0.0	0	0.0	0
45-64	82	5.1	406	0.4	11	78	4.9	491	0.3	21	0	0.0	0	0.0	0
65-74	5	12.5	59	0.7	38	8	20.0	96	0.5	33	0	0.0	0	0.0	0
75-84	7	8.5	57	1.4	46	7	8.5	74	0.8	46	0	0.0	0	0.0	0
85 and older	19	31.1	201	0.7	48	14	23.0	134	0.8	47	0	0.0	0	0.0	0
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. 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.

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic					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 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	1,557	0.5	12,446	0.5	\$48	13,908	4.7	98,963	0.3	\$6	298,044	1,421,263
Female												
All Females	874	0.5	7,056	0.5	45	9,685	5.2	70,029	0.2	6	184,869	960,694
Female, Disabled												
All Ages	509	7.9	4,752	0.5	52	1,893	29.3	16,693	0.3	15	6,460	45,536
5 and younger	2	0.8	2	1.0	38	7	2.8	80	0.1	1	253	1,668
6-14	0	0.0	0	0.0	0	16	3.5	154	0.1	1	458	3,638
15-20	1	0.2	7	0.3	6	48	9.3	498	0.2	2	514	3,511
21-44	48	2.5	481	0.5	50	574	30.4	4,566	0.4	14	1,887	12,235
45-64	425	13.6	3,892	0.5	51	1,173	37.5	10,537	0.4	16	3,125	22,109
65-74	28	18.3	310	0.4	59	49	32.0	567	0.3	15	153	1,621
75-84	5	9.6	60	0.4	76	21	40.4	231	0.3	4	52	559
85 and older	0	0.0	0	0.0	0	5	27.8	60	0.1	2	18	195
Female, Other Eligibles												
All Ages	365	0.2	2,304	0.4	33	7,792	4.4	53,336	0.2	3	178,409	915,158
5 and younger	37	0.1	179	0.2	5	163	0.5	1,326	0.1	1	34,685	123,478
6-14	4	0.0	14	0.4	10	524	1.3	3,934	0.1	1	40,438	161,475
15-20	5	0.0	22	0.4	16	1,200	4.9	8,161	0.2	1	24,560	105,212
21-44	157	0.2	839	0.3	28	5,229	7.2	34,818	0.2	3	72,560	483,011
45-64	136	2.3	978	0.4	41	619	10.5	4,518	0.3	5	5,892	39,700
65-74	6	10.2	61	0.8	63	7	11.9	51	0.5	9	59	454
75-84	13	13.3	132	0.4	31	18	18.4	186	0.4	4	98	901
85 and older	7	6.0	79	0.6	36	32	27.4	342	0.3	4	117	927
Male												
All Males	683	0.6	5,390	0.5	50	4,223	3.7	28,934	0.3	6	113,167	460,547
Male, Disabled												
All Ages	433	6.1	3,987	0.5	54	1,370	19.2	10,907	0.3	10	7,149	48,644
5 and younger	1	0.2	12	0.2	11	6	1.5	71	0.1	1	405	2,591
6-14	2	0.2	24	0.1	4	29	3.3	326	0.1	1	880	6,874
15-20	3	0.4	16	0.4	19	54	7.1	536	0.2	2	758	5,309
21-44	79	3.6	739	0.4	46	473	21.8	3,476	0.3	11	2,172	14,062
45-64	330	11.8	2,981	0.5	57	778	27.9	6,157	0.3	11	2,790	18,307
65-74	15	15.6	179	0.5	61	24	25.0	278	0.3	5	96	985
75-84	3	7.5	36	0.6	55	5	12.5	51	0.2	2	40	441
85 and older	0	0.0	0	0.0	0	1	12.5	12	0.1	1	8	75

Nondual Beneficiaries

TABLE ND.7D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY, BY SEX, BASIS OF ELIGIBILITY, AND AGE^a, ^b, ^c
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIHYPERLIPIDEMIC					ANALGESICS - Narcotic					Number of Beneficiaries	Number of Benefit Months
	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benes	Number of Benefit Months Among Users	Mean Rx per Benefit Month	Mean Rx \$ per Benefit Month		
Male, Other Eligibles												
All Ages	250	0.2	1,403	0.4	39	2,853	2.7	18,027	0.2	4	106,018	411,903
5 and younger	29	0.1	112	0.3	4	224	0.6	1,682	0.1	1	35,430	125,059
6-14	5	0.0	30	0.7	26	545	1.3	4,239	0.1	1	41,310	166,386
15-20	6	0.0	45	0.2	24	624	3.6	4,490	0.2	1	17,501	74,362
21-44	106	1.1	619	0.3	38	1,189	11.9	5,960	0.3	8	9,997	38,135
45-64	93	5.8	485	0.4	47	242	15.2	1,365	0.3	5	1,597	6,433
65-74	3	7.5	24	0.6	28	2	5.0	23	0.1	1	40	299
75-84	6	7.3	72	0.5	64	13	15.9	137	0.3	10	82	763
85 and older	2	3.3	16	0.6	72	14	23.0	131	0.2	10	61	466
Unknown	0	0.0	0	0.0	0	0	0.0	0	0.0	0	8	22

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. 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 2005. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

Nondual Beneficiaries

TABLE ND.8
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BENEFICIARY CHARACTERISTIC^{a, b}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

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	\$442	8.0	360	3,841
Age				
0-64	520	9.2	226	2,441
65-74	380	6.9	46	529
75-84	299	6.4	36	362
85 and older	234	4.8	52	509
Unknown	0	0.0	0	0
Gender				
Female	438	8.5	187	1,992
Male	447	7.5	173	1,849
Unknown	0	0.0	0	0
Race				
White	465	8.7	166	1,752
African American	532	12	9	95
Other/unknown	418	7.3	185	1,994
Basis of Eligibility^c				
Aged	257	5.8	92	935
Disabled	502	8.7	268	2,906
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2005 Medicaid enrollment. A total of 286 beneficiaries who were in nursing facilities for part of their enrollment and their 2,370 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.

Nondual Beneficiaries

TABLE ND.9
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
 BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users				\$ per Benefit Month Among Users				\$ per Rx				Users				
	Total	Patented Brand-Name	Off-Patent Brand-Name	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-Year Nursing Facility Residents	Number of Benefit Months
Anti-infective Agents	0.4	0.1	0.1	0.2	\$25	\$15	\$5	\$6	\$71	\$150	\$92	\$28	883	\$62,753	226	62.8	2,478
Biologicals	0.1	0.0	0.0	0.1	3	1	0	2	29	20	66	33	97	2,827	76	21.1	876
Antineoplastic Agents	0.4	0.2	0.0	0.2	83	65	0	19	233	380	0	100	19	4,418	6	1.7	53
Endocrine/Metabolic Drugs	1.6	0.4	0.3	0.9	48	35	6	8	31	77	21	9	3,293	101,267	193	53.6	2,091
Cardiovascular Agents	2.1	0.5	0.1	1.5	46	30	1	16	22	61	6	11	4,854	106,061	214	59.4	2,292
Respiratory Agents	0.7	0.4	0.1	0.2	32	25	4	4	49	68	60	16	1,082	52,868	146	40.6	1,641
Gastrointestinal Agents	1.1	0.4	0.0	0.7	59	37	0	22	54	99	36	31	2,405	130,964	202	56.1	2,227
Genitourinary Agents	0.8	0.4	0.1	0.4	38	27	2	9	46	73	32	22	650	29,777	69	19.2	788
CNS Drugs	2.6	1.5	0.0	1.0	232	214	1	16	91	138	37	17	7,704	699,450	272	75.6	3,018
Stimulants/Anti-obesity/Anorexia	0.8	0.2	0.0	0.6	54	46	0	9	65	207	0	14	49	3,201	5	1.4	59
Miscellaneous Psychological/Neurological Agents	1.0	1.0	0.0	0.0	210	210	0	0	209	210	78	174	388	81,228	37	10.3	386
Analgesics and Anesthetics	1.0	0.2	0.1	0.7	66	24	22	20	63	95	181	30	2,130	134,065	189	52.5	2,043
Neuromuscular Agents	2.1	0.4	0.5	1.2	99	43	14	43	48	106	30	35	4,313	206,006	185	51.4	2,071
Nutritional Products	0.8	0.0	0.0	0.8	11	0	0	11	14	4	0	14	857	11,632	98	27.2	1,089
Hematological Agents	1.1	0.2	0.1	0.9	37	26	1	11	34	161	10	12	1,032	34,681	89	24.7	936
Topical Products	0.4	0.1	0.0	0.3	15	8	2	6	36	70	54	20	910	32,672	188	52.2	2,144
Miscellaneous Products	0.4	0.2	0.0	0.2	11	9	0	2	27	40	0	11	109	2,924	24	6.7	276
Unknown Therapeutic Category	0.3	0.0	0.0	0.0	5	0	0	0	16	0	0	0	79	1,301	24	6.7	252
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.	30,854	1,698,095	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 286 beneficiaries who were in nursing facilities for part of their enrollment and their 2,370 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 2005. 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.medispain.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 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.

Nondual Beneficiaries

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

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 per	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$528,156	247	68.6	2,831	1.3	\$147	\$187
ANTICONVULSANT	176,874	177	49.2	2,029	1.5	56	87
ANTIDEPRESSANTS	151,486	253	70.3	2,835	1.0	54	53
ULCER DRUGS	113,580	191	53.1	2,097	0.8	64	54
ANALGESICS - Narcotic	85,418	163	45.3	1,701	0.7	70	50
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	81,628	52	14.4	563	0.7	205	145
ANTIDIABETIC	72,882	167	46.4	1,840	1.0	39	40
ANTIHYPERTENSIVE	40,516	63	17.5	668	1.1	53	61
ANTIASTHMATIC	31,676	111	30.8	1,239	0.4	57	26
DERMATOLOGICAL	26,025	360	100.0	4,146	0.2	29	6
Total	1,308,241	1,784		19,949	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 286 beneficiaries who were in nursing facilities for part of their enrollment and their 2,370 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 2005. 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 2005 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); CMS = Centers for Medicare & Medicaid Services; MAX = Medicaid Analytic Extract; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

Nondual Beneficiaries

TABLE ND.10A
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR TOP 10 DRUG GROUPS COMBINED AND FIRST
 AND SECOND TOP DRUG GROUPS SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	All Top 10 Drug Groups			ANTI PSYCHOTICS				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	17,019	\$1,308,241	247	68.6	2,831	1.3	\$187	177	49.2	2,029	1.5	\$87
Female												
All Females	9,400	676,583	121	64.7	1,365	1.3	176	79	42.2	887	2.0	105
Female, Disabled												
All Ages	7,963	604,162	105	79.5	1,191	1.4	185	77	58.3	863	2.1	107
64 or younger	7,180	546,370	95	84.8	1,077	1.5	188	66	58.9	739	2.1	115
65-74	654	47,742	6	46.2	72	0.9	178	11	84.6	124	1.5	60
75-84	100	7,076	4	80.0	42	0.7	111	0	0.0	0	0.0	0
85 and older	29	2,974	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	1,437	72,421	16	29.1	174	1.0	121	2	3.6	24	0.7	31
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	409	20,097	4	33.3	41	0.6	66	1	8.3	12	0.8	35
75-84	582	28,517	8	50.0	87	1.4	169	0	0.0	0	0.0	0
85 and older	446	23,807	4	14.8	46	0.5	78	1	3.7	12	0.6	27
Male												
All Males	7,619	631,658	126	72.8	1,466	1.2	196	98	56.6	1,142	1.2	73
Male, Disabled												
All Ages	6,549	546,019	111	81.6	1,293	1.2	191	96	70.6	1,118	1.2	75
64 or younger	5,746	455,779	91	79.8	1,063	1.3	182	83	72.8	973	1.2	75
65-74	691	77,686	17	113.3	203	0.9	230	11	73.3	132	1.2	73
75-84	84	8,842	2	50.0	15	1.3	302	1	25.0	12	0.9	37
85 and older	28	3,712	1	33.3	12	1.3	248	1	33.3	1	1.0	7
Male, Other Eligibles												
All Ages	1,070	85,639	15	40.5	173	1.1	233	2	5.4	24	0.5	10
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	248	12,494	2	33.3	24	1.0	174	2	33.3	24	0.5	10
75-84	378	35,603	6	54.5	65	1.3	318	0	0.0	0	0.0	0
85 and older	444	37,542	7	35.0	84	1.0	185	0	0.0	0	0.0	0
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 286 beneficiaries who were in nursing facilities for part of their enrollment and their 2,370 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispain.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10B
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR THIRD TO FIFTH TOP DRUG GROUPS SEPARATELY
 AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIDEPRESSANTS					ULCER DRUGS					ANALGESICS - Narcotic				
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
All	253	70.3	2,835	1.0	\$53	191	53.1	2,097	0.8	\$54	163	45.3	1,701	0.7	\$50
Female															
All Females	140	74.9	1,559	1.1	53	108	57.8	1,175	0.8	51	79	42.2	832	0.9	74
Female, Disabled															
All Ages	111	84.1	1,246	1.1	58	79	59.8	842	0.9	55	56	42.4	593	1.0	102
64 or younger	98	87.5	1,100	1.2	59	66	58.9	707	0.8	55	53	47.3	561	1.0	97
65-74	9	69.2	103	0.8	65	10	76.9	104	1.1	65	2	15.4	24	1.3	261
75-84	4	80.0	43	0.5	16	2	40.0	19	0.6	19	1	20.0	8	0.1	19
85 and older	0	0.0	0	0.0	0	1	50.0	12	1.0	78	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	29	52.7	313	0.9	32	29	52.7	333	0.8	39	23	41.8	239	0.4	5
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	4	33.3	48	0.9	32	8	66.7	94	0.7	43	3	25.0	22	1.0	14
75-84	14	87.5	146	0.8	17	12	75.0	134	0.7	26	7	43.8	68	0.7	5
85 and older	11	40.7	119	1.0	51	9	33.3	105	0.9	52	13	48.1	149	0.3	3
Male															
All Males	113	65.3	1,276	0.9	55	83	48.0	922	0.8	59	84	48.6	869	0.6	27
Male, Disabled															
All Ages	90	66.2	1,036	0.9	54	65	47.8	743	0.8	59	66	48.5	699	0.7	30
64 or younger	80	70.2	917	0.9	55	57	50.0	647	0.8	59	59	51.8	624	0.7	33
65-74	7	46.7	83	0.8	47	6	40.0	72	0.8	63	6	40.0	72	0.5	13
75-84	2	50.0	24	0.9	93	2	50.0	24	0.7	43	1	25.0	3	0.3	3
85 and older	1	33.3	12	0.2	3	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	23	62.2	240	1.0	56	18	48.6	179	1.0	58	18	48.6	170	0.3	15
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	3	50.0	36	1.0	58	4	66.7	48	0.9	45	1	16.7	12	0.1	1
75-84	7	63.6	57	1.4	46	3	27.3	26	1.9	107	6	54.5	53	0.4	23
85 and older	13	65.0	147	0.8	59	11	55.0	105	0.9	52	11	55.0	105	0.3	12
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 286 beneficiaries who were in nursing facilities for part of their enrollment and their 2,370 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.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 MEXICO, 2005

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIDIABETIC					ANTIHYPERLIPIDEMIC				
	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	52	14.4	563	0.7	\$145	167	46.4	1,840	1.0	\$40	63	17.5	668	1.1	\$61
Female															
All Females	27	14.4	263	0.9	207	90	48.1	1,034	1.0	33	31	16.6	331	1.3	60
Female, Disabled															
All Ages	19	14.4	214	1.0	232	50	37.9	568	1.2	36	25	18.9	267	1.4	62
64 or younger	17	15.2	195	1.0	241	38	33.9	433	1.3	36	24	21.4	255	1.4	60
65-74	1	7.7	7	1.0	142	11	84.6	124	0.7	34	1	7.7	12	1.1	114
75-84	0	0.0	0	0.0	0	1	20.0	11	1.4	84	0	0.0	0	0.0	0
85 and older	1	50.0	12	1.1	152	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	8	14.5	49	0.7	97	40	72.7	466	0.7	29	6	10.9	64	0.9	50
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	16.7	22	0.6	91	15	125.0	178	0.7	23	3	25.0	36	0.9	54
75-84	2	12.5	8	0.5	73	16	100.0	192	0.7	27	2	12.5	16	0.9	18
85 and older	4	14.8	19	0.8	115	9	33.3	96	0.9	42	1	3.7	12	1.1	80
Male															
All Males	25	14.5	300	0.5	91	77	44.5	806	1.1	48	32	18.5	337	1.0	62
Male, Disabled															
All Ages	21	15.4	252	0.5	87	61	44.9	648	1.1	51	28	20.6	297	1.0	65
64 or younger	17	14.9	204	0.5	97	51	44.7	529	1.2	50	25	21.9	262	1.0	61
65-74	3	20.0	36	0.4	52	9	60.0	107	1.0	58	3	20.0	35	0.9	92
75-84	0	0.0	0	0.0	0	1	25.0	12	1.2	51	0	0.0	0	0.0	0
85 and older	1	33.3	12	0.2	24	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	4	10.8	48	0.8	108	16	43.2	158	0.7	35	4	10.8	40	0.9	38
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	16.7	12	0.7	86	0	0.0	0	0.0	0	1	16.7	12	1.0	30
75-84	2	18.2	24	0.8	108	9	81.8	92	0.6	33	2	18.2	24	0.8	33
85 and older	1	5.0	12	0.9	131	7	35.0	66	0.8	39	1	5.0	4	1.3	93
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 286 beneficiaries who were in nursing facilities for part of their enrollment and their 2,370 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 2005. 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 2005 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medispan.com/marketing/ContentPage.aspx?contentId=09e0f1ed-80a9-4a87-8bc9-ad778d7b6615> (October 26, 2007).

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

TABLE ND.10D
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH FOR NINTH AND TENTH TOP DRUG GROUPS
 SEPARATELY AMONG ALL-YEAR NURSING FACILITY RESIDENTS, BY SEX, BASIS OF ELIGIBILITY, AND AGE^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	ANTIASTHMATIC						DERMATOLOGICAL					
	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Number of Users	Users as % of All-Year Nursing Facility Residents	Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	All-Year Nursing Facility Residents	Benefit Months Among All-Year Nursing Facility Residents
All	111	30.8	1,239	0.4	\$26	360	100.0	4,146	0.2	\$6	360	3,841
Female												
All Females	53	28.3	595	0.5	29	173	92.5	2,007	0.2	7	187	1,992
Female, Disabled												
All Ages	35	26.5	389	0.5	36	129	97.7	1,487	0.2	8	132	1,443
64 or younger	31	27.7	349	0.5	39	105	93.8	1,210	0.2	9	112	1,221
65-74	4	30.8	40	0.2	8	16	123.1	184	0.3	5	13	143
75-84	0	0.0	0	0.0	0	6	120.0	69	0.3	4	5	55
85 and older	0	0.0	0	0.0	0	2	100.0	24	0.2	9	2	24
Female, Other Eligibles												
All Ages	18	32.7	206	0.4	17	44	80.0	520	0.2	4	55	549
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	11	91.7	132	0.5	22	8	66.7	96	0.1	1	12	135
75-84	4	25.0	47	0.4	10	15	93.8	173	0.2	5	16	167
85 and older	3	11.1	27	0.3	3	21	77.8	251	0.2	3	27	247
Male												
All Males	58	33.5	644	0.4	22	187	108.1	2,139	0.2	6	173	1,849
Male, Disabled												
All Ages	42	30.9	470	0.3	19	157	115.4	1,822	0.2	6	136	1,463
64 or younger	38	33.3	422	0.3	20	142	124.6	1,644	0.2	6	114	1,220
65-74	3	20.0	36	0.1	2	13	86.7	154	0.2	4	15	179
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	4	39
85 and older	1	33.3	12	0.1	10	2	66.7	24	0.3	12	3	25
Male, Other Eligibles												
All Ages	16	43.2	174	0.9	32	30	81.1	317	0.1	3	37	386
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	4	66.7	48	2.2	49	4	66.7	48	0.1	2	6	72
75-84	6	54.5	54	0.6	29	10	90.9	86	0.2	4	11	101
85 and older	6	30.0	72	0.3	22	16	80.0	183	0.2	3	20	213
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 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A total of 286 beneficiaries who were in nursing facilities for part of their enrollment and their 2,370 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 2005. 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 2005 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.11
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEW MEXICO, 2005

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	29,350	9.8	0.3	90,174	\$4	\$1,090,408	\$12	6.0	298,044
Age									
5 and younger	9,579	13.5	0.3	21,448	3	200,657	9	13.4	70,775
6-14	7,380	8.9	0.2	15,431	2	205,442	13	10.2	83,088
15-20	3,116	7.2	0.2	6,975	2	80,804	12	4.7	43,335
21-44	6,238	7.2	0.2	19,629	3	264,821	13	4.2	86,617
45-64	2,707	20.2	1.7	22,332	23	305,108	14	5.4	13,404
65-74	153	44.0	6.1	2,107	47	16,464	8	3.5	348
75-84	96	35.3	4.4	1,199	33	8,917	7	4.1	272
85 and older	81	39.7	5.2	1,053	40	8,195	8	4.6	204
Unknown	0	0.0	0.0	0	0	0	0	0.0	1
Basis of Eligibility^c									
Aged	157	34.9	4.7	2,114	35	15,581	7	4.2	450
Disabled	3,922	28.8	2.5	33,559	42	571,022	17	6.4	13,609
Adults	6,237	6.5	0.1	14,301	1	122,293	9	2.7	96,499
Children	18,904	10.1	0.2	39,639	2	374,952	9	9.8	187,208
Unknown	130	46.8	2.0	561	24	6,560	12	1.7	278
Gender									
Female	17,516	9.5	0.3	55,149	3	572,155	10	5.1	184,870
Male	11,834	10.5	0.3	35,025	5	518,253	15	7.5	113,167
Unknown	0	0.0	0.0	0	0	0	0	0.0	7
Race									
White	3,234	5.5	0.2	11,780	2	128,654	11	3.5	58,814
African American	303	5.0	0.1	863	2	9,109	11	4.2	6,039
Other/unknown	25,813	11.1	0.3	77,531	4	952,645	12	6.7	233,191
Use of Nursing Facilities^d									
Entire year	311	86.4	21.0	7,556	173	62,347	8	3.7	360
Part year	231	80.8	12.5	3,562	129	36,983	10	4.1	286
None	28,808	9.7	0.3	79,056	3	991,078	13	6.4	297,398
Maintenance Assistance Status									
Cash	12,899	12.6	0.5	51,576	7	719,812	14	6.6	102,358
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0
Poverty related	11,242	9.7	0.2	23,272	2	230,119	10	7.5	115,918
Other/unknown	5,209	6.5	0.2	15,326	2	140,477	9	3.4	79,768

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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

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

d. Please refer to footnote f on Table 1 for methodology used to determine use of nursing facilities.

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

TABLE ND.12
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG NONDUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a,b}
NEW MEXICO, 2005

Beneficiary Characteristics	Number Rx per Benefit Month	Rx \$ per Benefit Month	\$ per Rx	Barbiturate \$ per Benefit Month	Benzodiazepine \$ per Benefit Month	Number of Benefit Months
All	0.1	\$1	\$12	\$0	\$0	1,421,263
Age						
5 and younger	0.1	1	9	0	0	252,800
6-14	0.0	1	13	0	0	338,376
15-20	0.0	0	12	0	0	188,397
21-44	0.0	0	13	0	0	547,444
45-64	0.3	4	14	0	0	86,549
65-74	0.6	5	8	0	1	3,359
75-84	0.5	3	7	0	0	2,664
85 and older	0.6	5	8	0	0	1,663
Unknown	0.0	0	0	0	0	11
Basis of Eligibility^c						
Aged	0.6	4	7	0	0	3,786
Disabled	0.4	6	17	0	1	94,180
Adults	0.0	0	9	0	0	597,558
Children	0.1	1	9	0	0	723,171
Unknown	0.2	3	12	0	1	2,568
Gender						
Female	0.1	1	10	0	0	960,705
Male	0.1	1	15	0	0	460,547
Unknown	0.0	0	0	0	0	11
Race						
White	0.1	1	11	0	0	215,400
African American	0.1	1	11	0	0	17,118
Other/unknown	0.1	1	12	0	0	1,188,745
Use of Nursing Facilities^d						
Entire year	2.0	16	8	0	3	3,841
Part year	1.5	16	10	0	3	2,370
None	0.1	1	13	0	0	1,415,052
Maintenance Assistance Status						
Cash	0.1	2	14	0	0	450,909
Medically needy	0.0	0	0	0	0	0
Poverty related	0.1	1	10	0	0	443,367
Other/unknown	0.0	0	9	0	0	526,987

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005.

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.

TABLE ND.13
USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D FOR SELECTED DRUG CATEGORIES AMONG NONDUALS^{a,b,c}
NEW MEXICO, 2005

Drug Category	Number of Users	Rx \$ per User	Total Rx \$	Rx \$ as a Percentage of All Part D		Number Rx as a Percentage of All Part D	
				Excluded Rx \$	Total Number Rx.	\$ per Rx	Excluded Rx
All	34,523	\$32	\$1,090,408	100.0	90,174	\$12	100.0
Anorexia or weight loss/gain	0	0	0	0.0	0	0	0.0
Fertility drugs	0	0	0	0.0	0	0	0.0
Drugs for cosmetic purposes	0	0	0	0.0	0	0	0.0
Cough and cold medications	8,445	22	188,916	17.3	10,101	19	11.2
Vitamins and minerals	1,274	43	54,639	5.0	3,409	16	3.8
Non-prescription drugs	21,080	25	526,925	48.3	67,252	8	74.6
Barbiturates	179	38	6,823	0.6	1,062	6	1.2
Benzodiazepines	2,607	34	88,834	8.1	6,987	13	7.7
Other Part D Excl Rx Drugs	938	239	224,271	20.6	1,363	165	1.5

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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 2005. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2005. 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.

Nondual Beneficiaries

APPENDIX TABLE A.1
CHARACTERISTICS OF MEDICAID BENEFICIARIES WITH AT LEAST ONE MONTH OF PHARMACY BENEFIT COVERAGE, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEW MEXICO, 2005

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown	All	Aged	Blind/ Disabled	Adults	Children	Other/ Unknown
All	471,384	644	36,972	121,855	311,635	278	4,425,141	6,118	400,764	1,101,756	2,913,931	2,572
Age												
5 and younger	118,470	3	1,909	0	116,558	0	1,075,309	26	21,022	0	1,054,261	0
6-14	140,162	0	4,579	0	135,583	0	1,376,888	0	52,306	0	1,324,582	0
15-20	70,980	0	3,721	7,777	59,482	0	645,266	0	41,406	68,826	535,034	0
21-44	114,964	2	10,878	103,971	7	106	1,064,017	23	116,862	946,252	26	854
45-64	25,329	1	15,069	10,085	3	171	248,329	3	160,053	86,551	5	1,717
65-74	821	138	664	18	0	1	8,890	1,361	7,431	97	0	1
75-84	416	289	124	3	0	0	4,360	2,943	1,390	27	0	0
85 and older	240	211	28	1	0	0	2,059	1,762	294	3	0	0
Unknown	2	0	0	0	2	0	23	0	0	0	23	0
Gender												
Female	277,174	370	18,693	103,194	154,639	278	2,619,627	3,505	205,043	960,215	1,448,292	2,572
Male	194,199	274	18,278	18,660	156,987	0	1,805,484	2,613	195,719	141,540	1,465,612	0
Unknown	11	0	1	1	9	0	30	0	2	1	27	0
Race												
White	106,980	186	11,166	31,361	64,151	116	974,603	1,541	118,254	274,425	579,357	1,026
African American	10,289	3	986	2,609	6,691	0	93,572	22	10,183	22,550	60,817	0
Other/unknown	354,115	455	24,820	87,885	240,793	162	3,356,966	4,555	272,327	804,781	2,273,757	1,546
Use of Nursing Facilities^c												
Entire year	360	92	268	0	0	0	3,843	935	2,908	0	0	0
Part year	290	37	250	3	0	0	2,834	321	2,487	26	0	0
None	470,734	515	36,454	121,852	311,635	278	4,418,464	4,862	395,369	1,101,730	2,913,931	2,572
Maintenance Assistance Status												
Cash	165,494	369	34,997	50,130	79,998	0	1,582,458	3,987	382,082	427,763	768,626	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	190,723	7	1,140	8,402	180,896	278	1,736,703	61	11,015	61,057	1,661,998	2,572
Other/unknown	115,167	268	835	63,323	50,741	0	1,105,980	2,070	7,667	612,936	483,307	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	119,584	419	7,788	53,202	57,900	275	987,610	3,693	75,466	455,955	449,955	2,541
FFS part year, with Rx claims	36,879	12	2,642	13,254	20,968	3	364,684	128	25,659	130,794	208,072	31
FFS part year, no Rx claims	141,581	19	3,179	30,043	108,340	0	1,370,723	149	30,171	285,796	1,054,607	0
MC all year, with Rx claims	741	0	20	197	524	0	7,603	0	230	2,307	5,066	0
MC all year, no Rx claims	172,599	194	23,343	25,159	123,903	0	1,694,521	2,148	269,238	226,904	1,196,231	0

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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

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

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

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

APPENDIX TABLE A.2
 MEDICAID BENEFICIARIES AND THEIR BENEFIT MONTHS WITH OR WITHOUT FEE-FOR-SERVICE PHARMACY BENEFITS^a
 NONDUAL BENEFICIARIES, NEW MEXICO, 2005

	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	471,384	4,425,141	298,044	1,421,263	0	3,003,878
Fee-for-service (FFS) all year	119,584	987,610	119,584	987,610	0	0
FFS part year, with Rx claims	36,879	364,684	36,879	107,397	0	257,287
FFS part year, with no Rx claims	141,581	1,370,723	141,581	326,256	0	1,044,467
Managed care (MC) all year, with Rx claims	741	7,603	0	0	0	7,603
MC all year, with no Rx claims	172,599	1,694,521	0	0	0	1,694,521

Source: Data for this table are from the MAX 2005 file for New Mexico, released by CMS in 11/2008. This table was produced on 04/23/2009.

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.

Nondual Beneficiaries