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STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2007
NEW MEXICO

LIST OF TABLES

OVERVIEW OF STUDY POPULATION

TABLE 1. OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION

FOR ALL MEDICAID BENEFICIARIES

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

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

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

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

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

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

FOR ALL NONDUAL BENEFICIARIES

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

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

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

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

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

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

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

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

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

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

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

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

FOR DUAL ELIGIBLE BENEFICIARIES

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

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

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

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

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

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

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

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

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

TABLE D.11. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D

AMONG DUALS, BY BENEFICIARY CHARACTERISTIC
TABLE D.12. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
AMONG DUALS PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC
TABLE D.13. USE AND REIMBURSEMENT FOR DRUGS EXCLUDED BY STATUTE FROM MEDICARE PART D
FOR SELECTED DRUG CATEGORIES AMONG DUALS

SUPPLEMENTAL TABLES

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

APPENDIX TABLES

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

TABLE ND.2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
NONDUAL BENEFICIARIES, NEW MEXICO, 2007

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	229,000	463	11,590	73,496	143,097	354	1,244,499	3,582	85,871	463,496	688,110	3,440
Age												
5 and younger	55,747	0	623	0	55,124	0	243,841	0	4,453	0	239,388	0
6-14	60,519	0	1,224	0	59,295	0	314,251	0	11,113	0	303,138	0
15-20	35,426	0	1,139	5,620	28,667	0	184,872	0	9,332	29,987	145,553	0
21-44	65,852	0	3,221	62,531	11	89	422,851	0	22,411	399,596	31	813
45-64	10,666	1	5,060	5,341	0	264	71,659	1	35,137	33,901	0	2,620
65-74	305	83	218	3	0	1	2,896	616	2,263	10	0	7
75-84	264	187	76	1	0	0	2,468	1,610	856	2	0	0
85 and older	221	192	29	0	0	0	1,661	1,355	306	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	143,026	281	5,339	65,592	71,460	354	819,059	2,172	40,446	428,227	344,774	3,440
Male	85,974	182	6,251	7,904	71,637	0	425,440	1,410	45,425	35,269	343,336	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	40,421	168	2,334	16,054	21,731	134	151,164	1,071	9,990	85,670	53,141	1,292
African American	4,020	2	255	1,291	2,469	3	12,501	3	983	5,818	5,678	19
Other/unknown	184,559	293	9,001	56,151	118,897	217	1,080,834	2,508	74,898	372,008	629,291	2,129
Use of Nursing Facilities^c												
Entire year	323	85	238	0	0	0	3,418	847	2,571	0	0	0
Part year	250	41	204	5	0	0	2,052	391	1,621	40	0	0
None	228,427	337	11,148	73,491	143,097	354	1,239,029	2,344	81,679	463,456	688,110	3,440
Maintenance Assistance Status												
Cash	66,177	167	10,610	23,896	31,504	0	373,108	1,635	80,782	117,779	172,912	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty-related	94,401	5	5	8,245	85,792	354	446,372	27	37	35,371	407,497	3,440
Other/unknown	68,422	291	975	41,355	25,801	0	425,019	1,920	5,052	310,346	107,701	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	110,289	432	7,365	43,274	58,874	344	906,155	3,500	71,651	346,359	481,278	3,367
FFS part year, with Rx claims	21,973	14	1,710	8,803	11,436	10	72,686	36	6,138	35,347	31,092	73
FFS part year, no Rx claims	96,738	17	2,515	21,419	72,787	0	265,658	46	8,082	81,790	175,740	0

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, 2007

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	22.0	1.1	\$53	\$48	\$2,686	2.0	229,000
Age							
5 and younger	19.0	0.4	15	34	2,619	0.6	55,747
6-14	16.1	0.4	19	44	1,434	1.3	60,519
15-20	21.9	0.7	29	42	1,943	1.5	35,426
21-44	27.3	1.4	65	47	3,012	2.2	65,852
45-64	38.6	7.4	430	58	9,421	4.6	10,666
65-74	42.6	14.0	766	55	21,729	3.5	305
75-84	21.2	6.1	244	40	16,232	1.5	264
85 and older	19.9	5.5	232	42	16,854	1.4	221
Unknown	0.0	0.0	0	0	0	0.0	0
Basis of Eligibility^e							
Aged	23.1	7.4	318	43	15,335	2.1	463
Disabled	44.6	8.2	557	68	14,650	3.8	11,590
Adults	26.5	1.1	39	34	2,369	1.7	73,496
Children	17.7	0.4	16	35	1,792	0.9	143,097
Unknown	87.3	21.7	1,461	67	21,552	6.8	354
Gender							
Female	23.7	1.2	52	44	2,633	2.0	143,026
Male	19.1	1.0	56	57	2,773	2.0	85,974
Unknown	0.0	0.0	0	0	0	0.0	0
Race							
White	19.7	1.2	63	54	3,082	2.1	40,421
African American	15.3	0.7	30	46	2,776	1.1	4,020
Other/unknown	22.7	1.1	52	47	2,597	2.0	184,559
Use of Nursing Facilities^f							
Entire year	87.0	67.4	4,329	64	60,956	7.1	323
Part year	87.2	42.9	2,343	55	60,729	3.9	250
None	21.8	1.0	45	46	2,540	1.8	228,427
Maintenance Assistance Status							
Cash	28.3	2.1	112	54	4,054	2.8	66,177
Medically needy	0.0	0.0	0	0	0	0.0	0
Poverty related	19.8	0.6	23	41	2,213	1.1	94,401
Other/unknown	18.8	0.9	39	42	2,015	1.9	68,422

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, TN, TX, 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, TN, TX, 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, 2007

Beneficiary Characteristics	Number of Rx, Percentage with:										Number	
	Mean Number of Rx	Mean Rx \$	Rx \$ as a Percentage of All Medicaid FFS \$ ^c	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	Mean \$, All Medicaid FFS \$ ^d	Beneficiaries	Benefit Months
All	0.2	\$10	2.0	78.0	18.5	1.8	1.3	0.3	0.1	\$494	229,000	1,244,499
Age												
5 and younger	0.1	4	0.6	81.0	17.0	1.4	0.6	0.0	0.0	599	55,747	243,841
6-14	0.1	4	1.3	83.9	14.5	1.1	0.5	0.1	0.0	276	60,519	314,251
15-20	0.1	6	1.5	78.1	19.4	1.8	0.7	0.1	0.0	372	35,426	184,872
21-44	0.2	10	2.2	72.7	23.0	2.2	1.7	0.4	0.1	469	65,852	422,851
45-64	1.1	64	4.6	61.4	19.1	6.2	8.3	3.9	1.1	1,402	10,666	71,659
65-74	1.5	81	3.5	57.4	15.1	5.9	13.1	4.9	3.6	2,288	305	2,896
75-84	0.7	26	1.5	78.8	10.2	1.9	4.9	3.4	0.8	1,736	264	2,468
85 and older	0.7	31	1.4	80.1	9.0	2.7	4.1	3.6	0.5	2,243	221	1,661
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Basis of Eligibility^e												
Aged	1.0	41	2.1	76.9	9.1	2.6	6.0	3.7	1.7	1,982	463	3,582
Disabled	1.1	75	3.8	55.4	24.2	6.7	8.2	4.2	1.3	1,977	11,590	85,871
Adults	0.2	6	1.7	73.5	22.8	2.0	1.5	0.3	0.0	376	73,496	463,496
Children	0.1	3	0.9	82.3	15.8	1.3	0.5	0.0	0.0	373	143,097	688,110
Unknown	2.2	150	6.8	12.7	34.2	18.4	27.4	6.8	0.6	2,218	354	3,440
Gender												
Female	0.2	9	2.0	76.3	20.2	1.8	1.3	0.3	0.1	460	143,026	819,059
Male	0.2	11	2.0	80.9	15.6	1.9	1.2	0.3	0.1	560	85,974	425,440
Unknown	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Race												
White	0.3	17	2.1	80.3	14.4	2.4	2.0	0.7	0.2	824	40,421	151,164
African American	0.2	10	1.1	84.7	11.0	2.1	1.6	0.5	0.0	893	4,020	12,501
Other/unknown	0.2	9	2.0	77.3	19.6	1.7	1.1	0.2	0.1	444	184,559	1,080,834
Use of Nursing Facilities^f												
Entire year	6.4	409	7.1	13.0	11.5	5.3	18.6	31.6	20.1	5,760	323	3,418
Part year	5.2	286	3.9	12.8	10.8	10.8	23.2	30.8	11.6	7,399	250	2,052
None	0.2	8	1.8	78.2	18.5	1.8	1.2	0.3	0.0	468	228,427	1,239,029
Maintenance Assistance Status												
Cash	0.4	20	2.8	71.7	21.5	3.1	2.7	0.8	0.2	719	66,177	373,108
Medically needy	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Poverty related	0.1	5	1.1	80.2	17.7	1.5	0.6	0.1	0.0	468	94,401	446,372
Other/unknown	0.1	6	1.9	81.2	16.7	1.1	0.7	0.2	0.0	324	68,422	425,019

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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, TN, TX, 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, TN, TX, 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, 2007

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	0.2	\$10	\$48	0.0	\$7	\$152	0.0	\$1	\$55	0.1	\$2	\$17
Age												
5 and younger	0.1	4	34	0.0	2	134	0.0	0	32	0.1	1	14
6-14	0.1	4	44	0.0	3	104	0.0	0	52	0.1	1	14
15-20	0.1	6	42	0.0	4	128	0.0	1	58	0.1	2	16
21-44	0.2	10	47	0.0	6	149	0.0	1	56	0.2	3	18
45-64	1.1	64	58	0.3	47	185	0.1	4	61	0.8	13	17
65-74	1.5	81	55	0.4	62	156	0.1	5	51	1.0	14	15
75-84	0.7	26	40	0.2	18	111	0.0	2	78	0.5	6	13
85 and older	0.7	31	42	0.2	19	110	0.0	2	71	0.5	10	19
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	1.0	41	43	0.2	28	119	0.0	3	81	0.7	10	15
Disabled	1.1	75	68	0.3	58	209	0.1	5	62	0.8	13	17
Adults	0.2	6	34	0.0	3	98	0.0	1	53	0.1	3	18
Children	0.1	3	35	0.0	2	107	0.0	0	40	0.1	1	14
Unknown	2.2	150	67	0.6	108	179	0.1	9	114	1.5	33	21
Gender												
Female	0.2	9	44	0.0	6	135	0.0	1	54	0.2	3	17
Male	0.2	11	57	0.0	8	182	0.0	1	56	0.1	2	16
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Race												
White	0.3	17	54	0.1	12	141	0.0	1	80	0.2	5	20
African American	0.2	10	46	0.0	6	137	0.0	1	86	0.2	3	18
Other/unknown	0.2	9	47	0.0	6	155	0.0	1	52	0.1	2	16
Use of Nursing Facilities^e												
Entire year	6.4	409	64	1.9	309	162	0.2	20	90	4.2	78	18
Part year	5.2	286	55	1.3	206	157	0.2	17	79	3.7	61	17
None	0.2	8	46	0.0	6	150	0.0	1	52	0.1	2	16
Maintenance Assistance Status												
Cash	0.4	20	54	0.1	14	185	0.0	1	55	0.3	4	15
Medically needy	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Poverty related	0.1	5	41	0.0	3	126	0.0	0	51	0.1	1	16
Other/unknown	0.1	6	42	0.0	4	105	0.0	1	58	0.1	2	20

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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

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

c. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions

combined. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2007

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	0.0	0.0	0.2	\$6	\$2	\$1	\$3	\$28	\$192	\$45	\$15	33,014	\$928,429	21,554	9.4	157,740
Biologicals	0.1	0.1	0.0	0.0	15	15	0	0	140	140	0	0	3,588	501,019	3,122	1.4	33,624
Antineoplastic Agents	0.5	0.2	0.0	0.3	114	107	0	6	216	501	17	20	1,764	380,930	363	0.2	3,350
Endocrine/Metabolic Drugs	0.4	0.1	0.0	0.3	20	12	2	6	47	104	46	22	50,272	2,364,185	13,755	6.0	115,329
Cardiovascular Agents	0.8	0.1	0.1	0.7	23	12	3	7	28	109	59	11	23,838	660,939	3,761	1.6	29,254
Respiratory Agents	0.3	0.1	0.0	0.2	16	12	1	3	48	94	53	17	25,967	1,258,564	12,279	5.4	80,012
Gastrointestinal Agents	0.4	0.1	0.0	0.3	24	11	4	9	65	180	117	34	10,897	703,875	3,922	1.7	29,575
Genitourinary Agents	0.3	0.1	0.0	0.2	11	6	1	4	42	103	41	23	3,341	141,199	1,920	0.8	13,283
CNS Drugs	0.6	0.2	0.0	0.4	47	40	1	6	77	210	79	14	23,999	1,840,657	5,520	2.4	39,336
Stimulants/Anti-obesity/Anorexia	0.4	0.3	0.0	0.1	41	36	0	5	101	120	61	48	2,439	245,141	1,007	0.4	6,003
Miscellaneous Psychological/Neurological Agents	0.5	0.5	0.0	0.0	97	95	0	2	183	185	0	121	603	110,481	170	0.1	1,137
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	7	4	0	3	24	278	41	12	32,298	781,247	14,023	6.1	106,978
Neuromuscular Agents	0.6	0.1	0.0	0.4	40	29	4	8	71	193	87	21	13,345	953,563	3,231	1.4	23,743
Nutritional Products	0.3	0.0	0.0	0.2	3	1	0	2	12	34	46	10	7,752	93,099	4,354	1.9	29,934
Hematological Agents	0.5	0.1	0.1	0.3	87	82	2	3	173	684	19	9	4,217	728,622	1,030	0.4	8,376
Topical Products	0.2	0.0	0.0	0.2	5	2	0	2	25	91	41	13	14,142	349,465	9,053	4.0	68,592
Miscellaneous Products	0.2	0.1	0.0	0.0	20	18	1	1	104	121	430	25	1,231	128,296	838	0.4	6,481
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	10	0	0	0	75	0	0	0	897	67,612	666	0.3	6,599
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.	253,604	12,237,323	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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.medi-span.com/master-drug-database.aspx>.
 - d. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. In New Mexico, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
 - For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - e. A user is a beneficiary who had at least one prescription filled in a given therapeutic category during 2007.
- Bene(s) = beneficiary (or beneficiaries); Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2007

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
CONTRACEPTIVES	\$1,303,416	9,262	4.0	82,576	0.4	\$42	\$16
ANTIPSYCHOTICS	1,297,775	1,401	0.6	11,081	0.5	229	117
ANTI-DIABETIC	973,470	3,447	1.5	30,694	0.4	79	32
ANTI-ASTHMATIC	932,210	8,526	3.7	61,509	0.2	64	15
ANTI-CONVULSANT	870,993	2,157	0.9	16,803	0.5	95	52
ANTI-DEPRESSANTS	446,192	4,043	1.8	29,944	0.4	39	15
MISC. HEMATOLOGICAL	430,864	150	0.1	977	0.5	876	441
PASSIVE IMMUNIZING AGENTS	428,383	97	0.0	639	0.3	1,992	670
ANALGESICS - ANTI-INFLAMMATORY	393,170	10,653	4.7	92,457	0.2	24	4
ULCER DRUGS	393,138	3,148	1.4	23,752	0.3	53	17
Total	7,469,611	42,884	n.a.	350,432	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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

Nondual Medicaid 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, 2007

Beneficiary Characteristics	All Top 10 Drug Groups				CONTRACEPTIVES				ANTIPSYCHOTICS			
	Number of Rx	Rx \$	Number of Users	Users as % of All Benefes	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month	Number of Users	Users as % of All Benefes	Number of Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	107,985	\$7,469,611	9,262	4.0	82,576	0.4	\$16	1,401	0.6	11,081	0.5	\$117
Female												
All Females	77,264	4,600,665	9,257	6.5	82,526	0.4	16	748	0.5	5,802	0.5	107
Female, Disabled												
All Ages	21,654	2,123,755	142	2.7	1,505	0.3	14	397	7.4	3,388	0.7	161
5 and younger	192	17,013	0	0.0	0	0.0	0	0	0.0	0	0.0	0
6-14	582	70,500	3	0.7	31	0.1	4	13	3.2	101	0.4	196
15-20	798	80,618	32	7.6	346	0.2	13	25	6.0	243	0.4	125
21-44	4,897	575,256	93	6.5	976	0.3	15	111	7.8	886	0.6	115
45-64	14,217	1,309,357	14	0.5	152	0.2	13	234	8.9	2,012	0.7	182
65-74	890	66,712	0	0.0	0	0.0	0	12	8.8	122	1.1	193
75-84	78	4,299	0	0.0	0	0.0	0	2	4.3	24	1.1	118
85 and older	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	55,610	2,476,910	9,115	6.6	81,021	0.4	16	351	0.3	2,414	0.2	33
5 and younger	2,862	178,262	2	0.0	13	0.2	14	0	0.0	0	0.0	0
6-14	3,836	164,496	52	0.2	357	0.2	10	48	0.2	375	0.2	49
15-20	6,035	250,702	1,486	7.4	11,544	0.2	12	78	0.4	581	0.2	30
21-44	37,505	1,597,140	7,435	13.2	67,754	0.4	17	160	0.3	932	0.2	34
45-64	4,626	244,769	140	3.1	1,353	0.4	17	56	1.2	437	0.2	7
65-74	181	11,963	0	0.0	0	0.0	0	3	6.1	25	0.4	112
75-84	310	18,613	0	0.0	0	0.0	0	5	4.8	52	0.8	118
85 and older	255	10,965	0	0.0	0	0.0	0	1	0.8	12	0.5	15
Male												
All Males	30,721	2,868,946	5	0.0	50	0.1	14	653	0.8	5,279	0.5	128
Male, Disabled												
All Ages	17,250	2,131,739	3	0.0	36	0.1	18	440	7.0	3,815	0.6	152
5 and younger	306	69,013	0	0.0	0	0.0	0	1	0.3	4	1.0	209
6-14	1,024	81,426	0	0.0	0	0.0	0	29	3.6	296	0.4	68
15-20	1,035	157,224	0	0.0	0	0.0	0	42	5.8	397	0.4	138
21-44	3,943	724,142	2	0.1	24	0.1	25	164	9.1	1,265	0.5	133
45-64	10,507	1,057,185	0	0.0	0	0.0	0	195	8.0	1,756	0.7	184
65-74	404	40,362	1	1.2	12	0.1	4	9	11.0	97	0.6	131
75-84	31	2,387	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
Male, Other Eligibles												
All Ages	13,471	737,207	2	0.0	14	0.1	4	213	0.3	1,464	0.3	65
5 and younger	3,645	193,636	0	0.0	0	0.0	0	4	0.0	28	0.2	8
6-14	4,489	266,236	0	0.0	0	0.0	0	90	0.3	661	0.3	53
15-20	2,244	117,802	2	0.0	14	0.1	4	78	0.6	535	0.3	70
21-44	1,747	77,536	0	0.0	0	0.0	0	28	0.4	122	0.3	42
45-64	865	41,391	0	0.0	0	0.0	0	3	0.3	10	0.4	33
65-74	194	16,317	0	0.0	0	0.0	0	4	10.5	43	0.7	223
75-84	148	9,441	0	0.0	0	0.0	0	2	2.4	24	0.7	160
85 and older	139	14,848	0	0.0	0	0.0	0	4	6.3	41	0.7	99
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2007

Beneficiary Characteristics	ANTIDIABETIC					ANTIASTHMATIC					ANTICONVULSANT				
	Number of Users	Users as % of All Benes	Number of 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 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 Months Among Users	Mean Number of Rx per Benefit Month	Mean Rx \$ per Benefit Month
All	3,447	1.5	30,694	0.4	\$32	8,526	3.7	61,509	0.2	\$15	2,157	0.9	16,803	0.5	\$52
Female															
All Females	2,321	1.6	20,802	0.4	31	4,511	3.2	32,975	0.2	16	1,232	0.9	9,370	0.5	49
Female, Disabled															
All Ages	1,056	19.8	10,460	0.4	38	755	14.1	7,036	0.3	28	706	13.2	6,139	0.6	62
5 and younger	0	0.0	0	0.0	0	53	20.6	517	0.2	14	11	4.3	78	0.4	36
6-14	0	0.0	0	0.0	0	68	16.6	728	0.3	28	34	8.3	334	0.5	62
15-20	8	1.9	85	0.3	19	61	14.5	676	0.3	22	30	7.1	328	0.5	71
21-44	107	7.5	1,008	0.5	41	147	10.3	1,297	0.4	33	232	16.3	1,879	0.6	98
45-64	889	33.8	8,788	0.4	38	398	15.2	3,517	0.3	31	383	14.6	3,362	0.6	42
65-74	52	38.2	579	0.5	36	25	18.4	265	0.3	19	16	11.8	158	0.9	48
75-84	0	0.0	0	0.0	0	3	6.4	36	0.1	1	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
Female, Other Eligibles															
All Ages	1,265	0.9	10,342	0.3	25	3,756	2.7	25,939	0.2	12	526	0.4	3,231	0.4	25
5 and younger	4	0.0	18	0.3	21	906	3.3	6,155	0.2	8	24	0.1	143	0.4	27
6-14	27	0.1	157	0.3	28	1,158	3.9	8,117	0.2	13	39	0.1	252	0.4	55
15-20	64	0.3	411	0.3	33	527	2.6	3,468	0.2	12	69	0.3	328	0.4	46
21-44	767	1.4	6,296	0.3	21	979	1.7	6,711	0.2	13	286	0.5	1,686	0.3	20
45-64	372	8.3	3,143	0.4	28	175	3.9	1,406	0.3	20	99	2.2	745	0.4	16
65-74	7	14.3	62	0.9	48	5	10.2	27	0.6	34	5	10.2	36	0.5	12
75-84	17	16.2	177	0.8	46	3	2.9	20	0.3	8	2	1.9	17	0.8	100
85 and older	7	5.4	78	0.7	33	3	2.3	35	0.4	36	2	1.6	24	0.8	35
Male															
All Males	1,126	1.3	9,892	0.4	33	4,015	4.7	28,534	0.2	15	925	1.1	7,433	0.6	55
Male, Disabled															
All Ages	721	11.5	6,984	0.4	37	551	8.8	5,269	0.3	24	693	11.1	6,094	0.6	59
5 and younger	0	0.0	0	0.0	0	58	15.8	532	0.3	18	18	4.9	183	0.4	63
6-14	2	0.2	8	0.4	62	115	14.1	1,202	0.3	27	39	4.8	272	0.5	45
15-20	6	0.8	41	0.3	23	64	8.9	738	0.2	11	63	8.8	599	0.6	80
21-44	115	6.4	1,123	0.3	24	65	3.6	630	0.4	23	229	12.7	1,878	0.6	60
45-64	587	24.1	5,701	0.5	40	234	9.6	1,993	0.3	27	336	13.8	3,067	0.7	53
65-74	8	9.8	75	0.7	13	13	15.9	154	0.3	36	8	9.8	95	1.0	125
75-84	3	10.3	36	0.2	51	2	6.9	20	0.3	16	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
Male, Other Eligibles															
All Ages	405	0.5	2,908	0.3	23	3,464	4.3	23,265	0.2	13	232	0.3	1,339	0.4	41
5 and younger	3	0.0	19	0.4	56	1,332	4.8	9,120	0.2	9	16	0.1	86	0.4	30
6-14	24	0.1	88	0.7	90	1,549	5.2	10,250	0.2	15	57	0.2	387	0.4	60
15-20	28	0.2	188	0.4	38	417	3.0	2,907	0.2	14	56	0.4	315	0.4	43
21-44	201	3.1	1,475	0.3	19	131	2.0	671	0.3	16	66	1.0	326	0.3	22
45-64	139	12.4	1,047	0.3	19	25	2.2	198	0.2	12	29	2.6	135	0.5	33
65-74	1	2.6	1	1.0	22	5	13.2	60	1.1	56	4	10.5	43	0.9	34
75-84	6	7.2	72	0.5	28	2	2.4	23	0.1	1	2	2.4	23	0.6	42
85 and older	3	4.8	18	0.9	18	3	4.8	36	0.4	64	2	3.2	24	0.4	37
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.
 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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					MISC. HEMATOLOGICAL					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	4,043	1.8	29,944	0.4	\$15	150	0.1	977	0.5	\$441	97	0.0	639	0.3	\$670
Female															
All Females	2,816	2.0	20,308	0.4	15	61	0.0	430	0.5	57	53	0.0	291	0.4	570
Female, Disabled															
All Ages	983	18.4	8,540	0.4	18	48	0.9	359	0.5	61	3	0.1	27	0.5	2,073
5 and younger	1	0.4	12	0.1	5	0	0.0	0	0.0	0	2	0.8	15	0.2	243
6-14	11	2.7	84	0.4	7	0	0.0	0	0.0	0	0	0.0	0	0.0	0
15-20	34	8.1	368	0.3	5	0	0.0	0	0.0	0	0	0.0	0	0.0	0
21-44	255	17.9	2,093	0.4	18	5	0.4	32	0.3	22	1	0.1	12	0.9	4,360
45-64	664	25.3	5,803	0.5	18	39	1.5	279	0.5	68	0	0.0	0	0.0	0
65-74	16	11.8	156	0.5	20	3	2.2	36	0.4	50	0	0.0	0	0.0	0
75-84	2	4.3	24	0.5	40	1	2.1	12	1.1	27	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
Female, Other Eligibles															
All Ages	1,833	1.3	11,768	0.3	13	13	0.0	71	0.5	40	50	0.0	264	0.3	417
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	42	0.2	213	0.4	507
6-14	88	0.3	741	0.2	5	0	0.0	0	0.0	0	1	0.0	8	0.1	132
15-20	234	1.2	1,596	0.2	9	0	0.0	0	0.0	0	2	0.0	4	0.5	59
21-44	1,172	2.1	6,853	0.3	12	5	0.0	28	0.4	41	5	0.0	39	0.1	16
45-64	319	7.1	2,383	0.4	19	3	0.1	13	0.2	29	0	0.0	0	0.0	0
65-74	6	12.2	50	0.7	37	2	4.1	3	0.7	86	0	0.0	0	0.0	0
75-84	5	4.8	51	1.0	13	1	1.0	3	0.3	43	0	0.0	0	0.0	0
85 and older	9	7.0	94	0.6	24	2	1.6	24	0.8	37	0	0.0	0	0.0	0
Male															
All Males	1,227	1.4	9,636	0.4	15	89	0.1	547	0.5	743	44	0.1	348	0.3	754
Male, Disabled															
All Ages	717	11.5	6,270	0.5	18	65	1.0	441	0.5	856	9	0.1	99	0.4	1,732
5 and younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	6	1.6	72	0.3	626
6-14	54	6.6	590	0.4	11	1	0.1	12	0.8	154	0	0.0	0	0.0	0
15-20	43	6.0	425	0.3	10	0	0.0	0	0.0	0	1	0.1	12	0.8	2,913
21-44	207	11.5	1,730	0.4	14	5	0.3	30	0.5	11,578	1	0.1	3	0.3	26
45-64	399	16.4	3,395	0.5	22	57	2.3	378	0.5	67	1	0.0	12	0.8	7,613
65-74	13	15.9	120	0.6	20	2	2.4	21	0.2	138	0	0.0	0	0.0	0
75-84	1	3.4	10	0.1	1	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
Male, Other Eligibles															
All Ages	510	0.6	3,366	0.3	11	24	0.0	106	0.4	271	35	0.0	249	0.3	365
5 and younger	3	0.0	5	0.8	5	0	0.0	0	0.0	0	33	0.1	237	0.3	375
6-14	158	0.5	1,209	0.3	7	3	0.0	16	0.3	1,513	1	0.0	10	0.1	1
15-20	142	1.0	1,042	0.3	9	1	0.0	4	0.5	65	1	0.0	2	1.0	1,011
21-44	150	2.3	733	0.3	13	5	0.1	22	0.3	41	0	0.0	0	0.0	0
45-64	47	4.2	278	0.4	19	12	1.1	45	0.5	61	0	0.0	0	0.0	0
65-74	2	5.3	19	1.0	50	0	0.0	0	0.0	0	0	0.0	0	0.0	0
75-84	4	4.8	48	0.5	23	1	1.2	11	0.3	3	0	0.0	0	0.0	0
85 and older	4	6.3	32	0.7	42	2	3.2	8	0.6	79	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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.
 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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2007

Beneficiary Characteristics	ANALGESICS - ANTI-INFLAMMATORY					ULCER DRUGS						
	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 Beneficiaries	Number of Benefit Months
All	10,653	4.7	92,457	0.2	\$4	3,148	1.4	23,752	0.3	\$17	229,000	1,244,499
Female												
All Females	6,719	4.7	58,634	0.2	5	2,118	1.5	16,460	0.3	15	143,026	819,059
Female, Disabled												
All Ages	757	14.2	7,679	0.2	27	689	12.9	6,254	0.4	24	5,339	40,446
5 and younger	14	5.4	155	0.1	1	8	3.1	30	0.4	102	257	1,762
6-14	33	8.0	386	0.1	1	11	2.7	112	0.6	79	410	3,698
15-20	34	8.1	400	0.2	1	16	3.8	172	0.3	21	420	3,507
21-44	187	13.1	1,769	0.3	34	174	12.2	1,504	0.4	27	1,424	10,135
45-64	464	17.7	4,688	0.3	31	456	17.4	4,200	0.4	21	2,627	19,163
65-74	20	14.7	221	0.3	9	22	16.2	212	0.4	15	136	1,467
75-84	5	10.6	60	0.1	1	2	4.3	24	0.6	4	47	524
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	18	190
Female, Other Eligibles												
All Ages	5,962	4.3	50,955	0.2	2	1,429	1.0	10,206	0.2	10	137,687	778,613
5 and younger	996	3.7	8,266	0.2	1	112	0.4	515	0.3	10	27,177	118,788
6-14	1,142	3.9	10,595	0.1	1	129	0.4	979	0.2	5	29,361	150,714
15-20	1,118	5.5	9,326	0.2	1	221	1.1	1,582	0.2	4	20,214	104,032
21-44	2,400	4.3	20,017	0.2	3	756	1.3	5,212	0.2	8	56,164	371,762
45-64	296	6.6	2,683	0.2	4	184	4.1	1,635	0.3	22	4,488	31,133
65-74	4	8.2	22	0.2	2	8	16.3	65	0.6	42	49	369
75-84	2	1.9	12	0.4	6	7	6.7	75	0.6	21	105	907
85 and older	4	3.1	34	0.3	2	12	9.3	143	0.5	20	129	908
Male												
All Males	3,934	4.6	33,823	0.2	2	1,030	1.2	7,292	0.4	20	85,974	425,440
Male, Disabled												
All Ages	616	9.9	6,122	0.2	7	502	8.0	4,326	0.4	25	6,251	45,425
5 and younger	22	6.0	253	0.1	1	13	3.6	104	0.3	19	366	2,691
6-14	54	6.6	637	0.1	1	20	2.5	206	0.3	33	814	7,415
15-20	63	8.8	696	0.1	1	19	2.6	165	0.5	40	719	5,825
21-44	147	8.2	1,486	0.2	3	106	5.9	899	0.5	27	1,797	12,276
45-64	320	13.2	2,956	0.3	12	330	13.6	2,842	0.4	23	2,433	15,974
65-74	8	9.8	70	0.4	20	12	14.6	86	0.6	30	82	796
75-84	2	6.9	24	0.1	0	2	6.9	24	0.6	9	29	332
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	11	116
Male, Other Eligibles												
All Ages	3,318	4.2	27,701	0.2	1	528	0.7	2,966	0.3	12	79,723	380,015
5 and younger	1,071	3.8	8,657	0.2	1	134	0.5	643	0.3	13	27,947	120,600
6-14	1,032	3.4	9,446	0.1	1	98	0.3	626	0.2	8	29,934	152,424
15-20	680	4.8	5,825	0.2	1	75	0.5	493	0.2	5	14,073	71,508
21-44	406	6.3	2,890	0.2	2	150	2.3	720	0.3	12	6,467	28,678
45-64	125	11.2	853	0.2	3	55	4.9	314	0.3	10	1,118	5,389
65-74	2	5.3	15	1.4	15	3	7.9	26	0.8	29	38	264
75-84	0	0.0	0	0.0	0	8	9.6	94	0.5	16	83	705
85 and older	2	3.2	15	0.7	67	5	7.9	50	0.7	87	63	447
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. 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 2007. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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 Medicaid 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, 2007

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	\$409	6.4	323	3,418
Age				
0-64	535	8.1	205	2,209
65-74	333	5.5	38	413
75-84	118	2.6	33	336
85 and older	88	1.8	47	460
Unknown	0	0.0	0	0
Gender				
Female	381	6.2	172	1,819
Male	441	6.6	151	1,599
Unknown	0	0.0	0	0
Race				
White	466	7.4	145	1,520
African American	408	7.7	3	34
Other/unknown	363	5.5	175	1,864
Basis of Eligibility^c				
Aged	129	2.6	85	847
Disabled	501	7.6	238	2,571
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

a. Table ND.8 includes the beneficiaries represented by Cell L of Table 1, those who resided in nursing facilities throughout their 2007 Medicaid enrollment. A total of 250 beneficiaries who were in nursing facilities for part of their enrollment and their 2,052 benefit months were excluded from the analysis. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.

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

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

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

TABLE ND.9
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR ALL-YEAR NURSING FACILITY RESIDENTS,
BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d, e}
NONDUAL BENEFICIARIES, NEW MEXICO, 2007

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	0.0	0.3	\$24	\$15	\$0	\$9	\$65	\$225	\$127	\$30	645	\$41,756	158	48.9	1,725	
Biologicals	0.1	0.1	0.0	0.0	3	3	0	0	34	34	0	0	51	1,709	49	15.2	569	
Antineoplastic Agents	0.6	0.0	0.0	0.6	42	14	0	28	73	700	0	50	29	2,109	5	1.5	50	
Endocrine/Metabolic Drugs	1.5	0.5	0.1	0.9	62	51	3	8	42	94	50	9	2,359	98,613	142	44.0	1,582	
Cardiovascular Agents	1.9	0.3	0.1	1.5	52	27	8	18	27	92	70	12	3,527	96,554	167	51.7	1,845	
Respiratory Agents	0.7	0.3	0.1	0.4	51	36	5	11	70	124	91	27	915	63,602	111	34.4	1,235	
Gastrointestinal Agents	1.0	0.2	0.1	0.7	51	25	12	14	50	140	122	19	1,711	85,854	154	47.7	1,698	
Genitourinary Agents	0.8	0.4	0.0	0.4	52	36	1	15	67	90	90	41	594	39,790	70	21.7	763	
CNS Drugs	1.9	0.9	0.0	1.0	219	202	1	16	114	214	91	17	4,820	548,101	225	69.7	2,500	
Stimulants/Anti-obesity/Anorexia	0.4	0.0	0.0	0.3	8	5	0	3	21	117	0	9	9	192	2	0.6	24	
Miscellaneous Psychological/Neurological Agents	0.8	0.8	0.0	0.0	166	166	0	0	197	198	0	79	330	65,049	36	11.1	392	
Analgesics and Anesthetics	1.0	0.1	0.0	0.9	36	7	2	27	37	123	74	30	1,519	56,076	144	44.6	1,537	
Neuromuscular Agents	1.5	0.5	0.0	1.0	103	72	5	26	67	154	172	25	2,990	200,642	174	53.9	1,956	
Nutritional Products	0.7	0.0	0.0	0.7	9	0	0	8	12	14	7	12	622	7,365	80	24.8	864	
Hematological Agents	0.9	0.2	0.0	0.7	58	50	1	7	62	321	27	9	890	55,203	90	27.9	955	
Topical Products	0.4	0.1	0.0	0.3	15	8	2	5	37	97	93	18	664	24,763	147	45.5	1,672	
Miscellaneous Products	0.4	0.2	0.0	0.2	19	17	0	2	47	103	0	9	68	3,215	15	4.6	170	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	43	0	0	0	184	0	0	0	42	7,713	15	4.6	180	
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.	21,785	1,398,306	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 250 beneficiaries who were in nursing facilities for part of their enrollment and their 2,052 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 2007. A beneficiary who used drugs from two or more categories was counted as a user for each category. Therefore, the sum of users across categories may exceed the total number of individual users. Benefit months are months during which beneficiaries had fee-for-service pharmacy benefits.
 - c. Medicaid reimbursement amounts presented in this table do not reflect federally required rebates from drug manufacturers to the state.
 - d. For information about these therapeutic categories, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 - e. Brand-name drugs, sometimes called "innovator single-source drugs," are drugs whose patents have not yet expired. Off-patent brand-name drugs, sometimes called "innovator multiple-source drugs," are brand-name drugs whose patents have expired. Generic drugs, sometimes called "non-innovator multiple-source drugs," are off-patent drugs manufactured and sold by companies other than the original patent holder. For information about this classification method, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
- In New Mexico, 0.7 percent of drug claims have missing values for brand status. Thus, the sum of the three groups in this table may be smaller than all prescriptions combined.
- Bene Mo(s) = benefit month(s); CMS = Centers for Medicare & Medicaid Services; CNS = Central Nervous System; MAX = Medicaid Analytic Extract; n.a. = not applicable; NF = nursing facility; Rx = prescription(s) or pharmacy benefit; \$ = Medicaid reimbursement.

TABLE ND.10
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT FOR TOP 10 DRUG GROUPS AMONG ALL-YEAR NURSING FACILITY RESIDENTS,
 BY TOP-10 DRUG GROUP^{a, b, c, d}
 NONDUAL BENEFICIARIES, NEW MEXICO, 2007

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	\$441,703	180	55.7	2,057	0.9	\$230	\$215	
ANTICONVULSANT	170,652	201	62.2	2,286	0.9	80	75	
ANTIDEPRESSANTS	91,769	197	61.0	2,208	0.8	52	42	
ANTIDIABETIC	86,175	140	43.3	1,618	0.9	56	53	
ULCER DRUGS	75,848	154	47.7	1,714	0.7	61	44	
MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL	65,503	53	16.4	567	0.6	189	116	
ANTIASTHMATIC	46,331	97	30.0	1,080	0.5	87	43	
ANALGESICS - Narcotic	45,435	159	49.2	1,690	0.6	42	27	
ANTIHYPERTENSIVE	43,655	77	23.8	903	0.8	64	48	
HEMATOPOIETIC AGENTS	24,881	90	27.9	987	0.5	46	25	
Total	1,091,952	1,348	n.a.	15,110	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 250 beneficiaries who were in nursing facilities for part of their enrollment and their 2,052 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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; n.a. = not applicable.

Nondual Medicaid 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, 2007

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	11,788	\$1,091,952	180	55.7	2,057	0.9	\$215	201	62.2	2,286	0.9	\$75
Female												
All Females	5,796	528,949	96	55.8	1,091	1.0	191	89	51.7	978	0.9	69
Female, Disabled												
All Ages	5,166	491,017	88	73.9	1,006	1.0	198	83	69.7	920	0.9	71
64 or younger	4,653	448,849	80	79.2	910	1.0	200	75	74.3	824	0.9	71
65-74	454	38,254	6	54.5	72	1.3	200	8	72.7	96	1.0	65
75-84	52	3,879	2	100.0	24	1.1	118	0	0.0	0	0.0	0
85 and older	7	35	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles												
All Ages	630	37,932	8	15.1	85	0.7	107	6	11.3	58	0.8	41
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	148	11,538	3	30.0	25	0.4	112	4	40.0	34	0.5	12
75-84	250	18,487	4	23.5	48	0.9	127	1	5.9	12	1.1	127
85 and older	232	7,907	1	3.8	12	0.5	15	1	3.8	12	1.3	34
Male												
All Males	5,992	563,003	84	55.6	966	0.9	242	112	74.2	1,308	1.0	79
Male, Disabled												
All Ages	5,466	521,076	76	63.9	882	0.9	247	106	89.1	1,241	1.0	81
64 or younger	5,086	489,233	70	67.3	810	0.9	257	99	95.2	1,157	1.0	78
65-74	367	31,747	6	46.2	72	0.5	129	7	53.8	84	1.1	131
75-84	13	96	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
Male, Other Eligibles												
All Ages	526	41,927	8	25.0	84	0.7	190	6	18.8	67	0.7	35
64 or younger	0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	207	18,543	4	100.0	43	0.7	223	4	100.0	43	0.9	34
75-84	151	7,362	1	7.7	12	0.8	231	0	0.0	0	0.0	0
85 and older	168	16,022	3	20.0	29	0.8	124	2	13.3	24	0.4	37
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 250 beneficiaries who were in nursing facilities for part of their enrollment and their 2,052 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2007

Beneficiary Characteristics	ANTIDEPRESSANTS					ANTIDIABETIC					ULCER DRUGS				
	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$	Users as % of All-Year Nursing Facility Residents		Number of Benefit Months Among Users	Mean Number of Rx	Mean Rx \$
	Number of Users	Facility Residents			Number of Users	Facility Residents				Number of Users	Facility Residents				
All	197	61.0	2,208	0.8	\$42	140	43.3	1,618	0.9	\$53	154	47.7	1,714	0.7	\$44
Female															
All Females	94	54.7	1,034	0.8	47	78	45.3	901	0.9	57	82	47.7	904	0.7	38
Female, Disabled															
All Ages	87	73.1	961	0.8	49	62	52.1	726	0.9	60	69	58.0	748	0.7	41
64 or younger	82	81.2	901	0.8	49	53	52.5	618	0.9	61	66	65.3	712	0.7	42
65-74	4	36.4	48	0.7	35	9	81.8	108	0.9	52	2	18.2	24	0.8	45
75-84	1	50.0	12	1.0	79	0	0.0	0	0.0	0	1	50.0	12	1.1	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Female, Other Eligibles															
All Ages	7	13.2	73	1.0	24	16	30.2	175	0.8	43	13	24.5	156	0.6	24
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	3	30.0	25	0.8	31	3	30.0	36	1.1	72	2	20.0	24	0.5	11
75-84	2	11.8	24	1.1	14	7	41.2	73	0.8	32	3	17.6	36	0.7	32
85 and older	2	7.7	24	1.0	26	6	23.1	66	0.7	39	8	30.8	96	0.6	23
Male															
All Males	103	68.2	1,174	0.8	37	62	41.1	717	1.0	49	72	47.7	810	0.8	51
Male, Disabled															
All Ages	94	79.0	1,087	0.8	37	53	44.5	627	1.0	52	60	50.4	676	0.8	52
64 or younger	87	83.7	1,016	0.8	38	50	48.1	591	1.0	54	53	51.0	608	0.8	56
65-74	7	53.8	71	0.8	17	3	23.1	36	1.1	20	6	46.2	56	0.6	23
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	1	100.0	12	1.1	8
85 and older	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
Male, Other Eligibles															
All Ages	9	28.1	87	0.7	38	9	28.1	90	0.6	26	12	37.5	134	0.7	46
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	2	50.0	19	1.0	50	0	0.0	0	0.0	0	2	50.0	24	0.9	31
75-84	3	23.1	36	0.6	29	6	46.2	72	0.5	28	5	38.5	60	0.6	19
85 and older	4	26.7	32	0.7	42	3	20.0	18	0.9	18	5	33.3	50	0.7	87
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

- 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 2007. A total of 250 beneficiaries who were in nursing facilities for part of their enrollment and their 2,052 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state. For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.
 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.

Nondual Medicaid Beneficiaries

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, 2007

Beneficiary Characteristics	MISC PSYCHOTHERAPEUTIC AND NEUROLOGICAL					ANTIASTHMATIC					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	53	16.4	567	0.6	\$116	97	30.0	1,080	0.5	\$43	159	49.2	1,690	0.6	\$27
Female															
All Females	21	12.2	207	0.8	186	43	25.0	446	0.5	41	84	48.8	894	0.6	24
Female, Disabled															
All Ages	14	11.8	155	0.8	220	41	34.5	422	0.5	40	74	62.2	784	0.6	26
64 or younger	12	11.9	131	0.8	234	38	37.6	386	0.5	43	72	71.3	760	0.6	26
65-74	2	18.2	24	0.9	143	3	27.3	36	0.1	3	2	18.2	24	1.3	9
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
Female, Other Eligibles															
All Ages	7	13.2	52	0.7	82	2	3.8	24	0.5	54	10	18.9	110	0.6	9
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	5	50.0	42	0.6	99	0	0.0	0	0.0	0	3	30.0	29	0.2	15
75-84	0	0.0	0	0.0	0	1	5.9	12	0.1	6	2	11.8	24	1.2	8
85 and older	2	7.7	10	1.0	11	1	3.8	12	1.0	102	5	19.2	57	0.5	6
Male															
All Males	32	21.2	360	0.5	75	54	35.8	634	0.5	45	75	49.7	796	0.7	31
Male, Disabled															
All Ages	26	21.8	297	0.5	73	45	37.8	526	0.5	43	69	58.0	740	0.7	33
64 or younger	24	23.1	273	0.5	67	43	41.3	502	0.5	42	66	63.5	715	0.7	32
65-74	2	15.4	24	0.5	146	2	15.4	24	0.5	61	3	23.1	25	0.8	40
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
Male, Other Eligibles															
All Ages	6	18.8	63	0.5	85	9	28.1	108	0.7	52	6	18.8	56	0.3	4
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0.0	0
65-74	1	25.0	12	1.1	193	5	125.0	60	1.1	56	2	50.0	24	0.3	4
75-84	0	0.0	0	0.0	0	1	7.7	12	0.1	1	0	0.0	0	0.0	0
85 and older	5	33.3	51	0.4	59	3	20.0	36	0.4	64	4	26.7	32	0.3	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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 250 beneficiaries who were in nursing facilities for part of their enrollment and their 2,052 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2007

Beneficiary Characteristics	ANTIHYPERTENSIVE					HEMATOPOIETIC AGENTS						
	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	77	23.8	903	0.8	\$48	90	27.9	987	0.5	\$25	323	3,418
Female												
All Females	42	24.4	484	0.8	39	42	24.4	459	0.5	51	172	1,819
Female, Disabled												
All Ages	37	31.1	442	0.8	38	32	26.9	339	0.5	54	119	1,277
64 or younger	33	32.7	394	0.8	41	28	27.7	291	0.5	47	101	1,079
65-74	4	36.4	48	0.6	16	3	27.3	36	0.8	131	11	132
75-84	0	0.0	0	0.0	0	0	0.0	0	0.0	0	2	24
85 and older	0	0.0	0	0.0	0	1	20.0	12	0.6	3	5	42
Female, Other Eligibles												
All Ages	5	9.4	42	0.8	47	10	18.9	120	0.6	42	53	542
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	3	30.0	36	0.5	2	10	98
75-84	4	23.5	37	0.8	52	3	17.6	36	0.6	134	17	176
85 and older	1	3.8	5	0.8	9	4	15.4	48	0.5	3	26	268
Male												
All Males	35	23.2	419	0.8	59	48	31.8	528	0.6	3	151	1,599
Male, Disabled												
All Ages	32	26.9	383	0.8	64	35	29.4	406	0.6	3	119	1,294
64 or younger	29	27.9	347	0.8	65	28	26.9	325	0.6	3	104	1,130
65-74	3	23.1	36	0.9	60	7	53.8	81	0.5	2	13	140
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	1	12
Male, Other Eligibles												
All Ages	3	9.4	36	0.7	7	13	40.6	122	0.5	2	32	305
64 or younger	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0	0
65-74	0	0.0	0	0.0	0	3	75.0	31	0.5	2	4	43
75-84	3	23.1	36	0.7	7	3	23.1	36	0.6	3	13	124
85 and older	0	0.0	0	0.0	0	7	46.7	55	0.3	2	15	138
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 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A total of 250 beneficiaries who were in nursing facilities for part of their enrollment and their 2,052 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 2007. 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 2007 Medicaid reimbursement for all-year nursing facility residents in this state.

For information about these drug groups, see Wolters Kluwer Health, <http://www.medi-span.com/master-drug-database.aspx>.

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, 2007

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	15,033	6.6	0.2	48,709	\$2	\$407,690	\$8	3.3	229,000	
Age										
5 and younger	4,372	7.8	0.2	11,345	1	81,815	7	9.6	55,747	
6-14	3,405	5.6	0.1	7,903	1	66,225	8	5.8	60,519	
15-20	1,791	5.1	0.1	3,970	1	45,663	12	4.4	35,426	
21-44	3,467	5.3	0.2	10,678	1	98,391	9	2.3	65,852	
45-64	1,791	16.8	1.2	12,475	9	99,696	8	2.2	10,666	
65-74	97	31.8	3.8	1,156	26	8,026	7	3.4	305	
75-84	56	21.2	2.1	565	14	3,678	7	5.7	264	
85 and older	54	24.4	2.8	617	19	4,196	7	8.2	221	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Basis of Eligibility^c										
Aged	107	23.1	2.7	1,234	18	8,435	7	5.7	463	
Disabled	2,359	20.4	1.5	17,816	16	186,369	10	2.9	11,590	
Adults	3,469	4.7	0.1	8,063	1	60,608	8	2.1	73,496	
Children	8,960	6.3	0.1	21,023	1	146,957	7	6.6	143,097	
Unknown	138	39.0	1.6	573	15	5,321	9	1.0	354	
Gender										
Female	9,150	6.4	0.2	29,887	2	237,328	8	3.2	143,026	
Male	5,883	6.8	0.2	18,822	2	170,362	9	3.6	85,974	
Unknown	0	0.0	0.0	0	0	0	0	0.0	0	
Race										
White	1,567	3.9	0.2	6,570	1	60,047	9	2.3	40,421	
African American	112	2.8	0.1	330	1	3,086	9	2.5	4,020	
Other/unknown	13,354	7.2	0.2	41,809	2	344,557	8	3.6	184,559	
Use of Nursing Facilities^d										
Entire year	264	81.7	14.5	4,680	121	39,172	8	2.8	323	
Part year	196	78.4	8.7	2,166	80	20,096	9	3.4	250	
None	14,573	6.4	0.2	41,863	2	348,422	8	3.4	228,427	
Maintenance Assistance Status										
Cash	6,696	10.1	0.4	27,479	4	252,402	9	3.4	66,177	
Medically needy	0	0.0	0.0	0	0	0	0	0.0	0	
Poverty related	5,892	6.2	0.1	13,032	1	92,581	7	4.2	94,401	
Other/unknown	2,445	3.6	0.1	8,198	1	62,707	8	2.4	68,422	

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

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	0.0	\$0	\$8	\$0	\$0	1,244,499
Age						
5 and younger	0.0	0	7	0	0	243,841
6-14	0.0	0	8	0	0	314,251
15-20	0.0	0	12	0	0	184,872
21-44	0.0	0	9	0	0	422,851
45-64	0.2	1	8	0	0	71,659
65-74	0.4	3	7	0	0	2,896
75-84	0.2	1	7	0	0	2,468
85 and older	0.4	3	7	0	0	1,661
Unknown	0.0	0	0	0	0	0
Basis of Eligibility^c						
Aged	0.3	2	7	0	0	3,582
Disabled	0.2	2	10	0	0	85,871
Adults	0.0	0	8	0	0	463,496
Children	0.0	0	7	0	0	688,110
Unknown	0.2	2	9	0	1	3,440
Gender						
Female	0.0	0	8	0	0	819,059
Male	0.0	0	9	0	0	425,440
Unknown	0.0	0	0	0	0	0
Race						
White	0.0	0	9	0	0	151,164
African American	0.0	0	9	0	0	12,501
Other/unknown	0.0	0	8	0	0	1,080,834
Use of Nursing Facilities^d						
Entire year	1.4	11	8	0	2	3,418
Part year	1.1	10	9	0	2	2,052
None	0.0	0	8	0	0	1,239,029
Maintenance Assistance Status						
Cash	0.1	1	9	0	0	373,108
Medically needy	0.0	0	0	0	0	0
Poverty related	0.0	0	7	0	0	446,372
Other/unknown	0.0	0	8	0	0	425,019

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007.

b. The statute establishing the Medicare Part D prescription program that started in 2007 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 2007 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, 2007

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	
				Excluded Rx \$	Total Number Rx. \$ per Rx	Total Number Rx.	\$ per Rx
All	17,489	\$23	\$407,690	100.0	48,709	\$8	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	2,044	16	33,336	8.2	2,399	14	4.9
Vitamins and minerals	1,324	31	40,890	10.0	3,114	13	6.4
Non-prescription drugs	11,665	21	250,167	61.4	37,081	7	76.1
Barbiturates	105	38	4,009	1.0	585	7	1.2
Benzodiazepines	1,712	23	39,954	9.8	4,651	9	9.5
Other Part D Excl Rx Drugs	639	62	39,334	9.6	879	45	1.8

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 2007. A user is a beneficiary who had at least one prescription filled for a Part D excluded drug in 2007. 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 2007 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 2007 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 Medicaid 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, 2007

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	457,525	592	37,978	103,935	314,666	354	4,382,324	5,135	415,378	922,435	3,035,906	3,470
Age												
5 and younger	121,611	0	2,013	0	119,598	0	1,139,330	0	22,159	0	1,117,171	0
6-14	139,293	0	5,041	0	134,252	0	1,414,212	0	57,953	0	1,356,259	0
15-20	71,986	0	3,978	7,203	60,805	0	671,351	0	44,643	64,306	562,402	0
21-44	99,155	0	10,756	88,299	11	89	904,582	0	117,003	786,684	74	821
45-64	24,075	2	15,388	8,421	0	264	238,605	13	164,610	71,340	0	2,642
65-74	796	125	661	9	0	1	8,654	1,165	7,400	82	0	7
75-84	362	249	111	2	0	0	3,618	2,312	1,287	19	0	0
85 and older	247	216	30	1	0	0	1,972	1,645	323	4	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Gender												
Female	265,720	356	18,847	89,791	156,372	354	2,539,332	3,070	208,428	811,745	1,512,619	3,470
Male	191,805	236	19,131	14,144	158,294	0	1,842,992	2,065	206,950	110,690	1,523,287	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0
Race												
White	97,010	191	10,843	24,356	61,486	134	902,006	1,365	115,743	208,951	574,646	1,301
African American	9,920	4	987	2,248	6,678	3	91,271	36	10,198	18,921	62,097	19
Other/unknown	350,595	397	26,148	77,331	246,502	217	3,389,047	3,734	289,437	694,563	2,399,163	2,150
Use of Nursing Facilities^c												
Entire year	323	85	238	0	0	0	3,420	847	2,573	0	0	0
Part year	250	41	204	5	0	0	2,440	395	1,988	57	0	0
None	456,952	466	37,536	103,930	314,666	354	4,376,464	3,893	410,817	922,378	3,035,906	3,470
Maintenance Assistance Status												
Cash	148,176	281	36,040	42,688	69,167	0	1,481,382	2,999	396,719	382,616	699,048	0
Medically needy	0	0	0	0	0	0	0	0	0	0	0	0
Poverty related	203,153	5	5	8,615	194,174	354	1,949,747	27	40	58,665	1,887,545	3,470
Other/unknown	106,196	306	1,933	52,632	51,325	0	951,195	2,109	18,619	481,154	449,313	0
Managed Care (MC) Status												
Fee-for-service (FFS) all year	110,289	432	7,365	43,274	58,874	344	906,155	3,500	71,651	346,359	481,278	3,367
FFS part year, with Rx claims	21,973	14	1,710	8,803	11,436	10	205,038	92	15,562	83,553	105,728	103
FFS part year, no Rx claims	96,738	17	2,515	21,419	72,787	0	878,519	121	22,837	202,742	652,819	0
MC all year, with Rx claims	456	0	37	65	354	0	4,917	0	421	751	3,745	0
MC all year, no Rx claims	228,069	129	26,351	30,374	171,215	0	2,387,695	1,422	304,907	289,030	1,792,336	0

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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, 2007

	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	457,525	4,382,324	229,000	1,244,499	0	3,137,825
Fee-for-service (FFS) all year	110,289	906,155	110,289	906,155	0	0
FFS part year, with Rx claims	21,973	205,038	21,973	72,686	0	132,352
FFS part year, with no Rx claims	96,738	878,519	96,738	265,658	0	612,861
Managed care (MC) all year, with Rx claims	456	4,917	0	0	0	4,917
MC all year, with no Rx claims	228,069	2,387,695	0	0	0	2,387,695

Source: Data for this table are from the MAX 2007 file for New Mexico, released by CMS in 4/2010. This table was produced on 10/06/2010.

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 Medicaid Beneficiaries