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

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TABLE 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
LOUISIANA, 2005

Inclusion Criteria (2005)	Number of Dual and Non-dual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Non-dual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	1166153 (A)	174572 (E)	991581 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1091050 (B)	111676 (F)	979374 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1091050 (C)	111676 (G)	979374 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	17999 (D)	15546 (H)	2453 (L)

Source: Data for this table are from the MAX 2005 file for Louisiana, released by CMS in 3/2009. This table was produced on 04/23/2009.

a. MAX data element "Eligible Months Count" was used to determine an individual's Medicaid eligibility. All individuals who had a value greater than zero were considered as beneficiaries and counted in Cell A.

b. Counts in Cell B were obtained by excluding from Cell A beneficiaries who never had pharmacy benefit coverage during their Medicaid enrollment in 2005 (based on MAX data element "Eligible Restricted Benefits Flag").

c. Cell C represents the study population for Tables 2 through 7. Cell C was obtained by excluding from Cell B beneficiaries who were in managed care (MC) plans that included prescription drugs in their capitated benefit package during all months of Medicaid eligibility in 2005, because the MAX files do not include separate prescription drug claims for those beneficiaries. MC plans include health maintenance organizations (HMOs), prepaid health plans (PHPs), or other MC organizations that provide health care benefits under capitation arrangements. Beneficiaries included in the study population are those who were in fee-for-service or primary care case management (PCCM) programs. In addition, beneficiaries in selected states in which prescription drug benefits were not covered in the capitated benefit package in MC or PHP plans are also included (see footnote e for a list of these states). In those states, if a beneficiary spent part of the year in fee-for-service, PCCM, or in a PHP or MC plan in which drugs were not included in the capitation, and spent part of the year in a PHP or MC plan in which drugs were capitated, only the months with fee-for-service pharmacy benefits are included in the tables. For example, if a beneficiary was in an MC plan that did not include prescription drugs in the capitation for 3 months of the year, and in a PHP with capitated drug coverage for the remaining 9 months, only the 3 months would be counted toward the number of benefit months associated with the beneficiary. Therefore, benefit months included represent the benefit months with fee-for-service pharmacy benefits.

d. The total Medicaid pharmacy reimbursement for Louisiana in 2005 was \$989,536,717, of which \$36,905,170 was excluded from our analysis because those claims were made for beneficiaries who were outside the study population or took place during months that were excluded from the analysis.

e. Enrollees in prepaid health plans (PHP) or managed care (MC) plans that did not provide a pharmacy benefit are treated as having fee-for-service pharmacy benefit coverage. There were 26 states in 2005 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, FL, GA, IA, KY, MA, MI, MS, NH, NV, NY, OH, OK, OR, PA, SC, SD, TN, TX, UT, WA, and WI. In addition, there were 8 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NE, NY, TX, UT, and WV) and one state (NV) in which MC plans provided a pharmacy benefit for non-duals but not for duals. These lists were constructed from the CMS 2005 Medicaid Managed Care Enrollment Report <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer05.pdf> and by checking PHP and MC pharmacy coverage as necessary through state, PHP, and MC web sites. As a further check, we analyzed prescription drug claims for those reported as being in managed care all year in the MAX files (see Appendix Tables A.1 and A.3) to determine whether the annual number and cost of claims per person for those beneficiaries were comparable to those of beneficiaries reported as being in fee-for-service all year. If they were, that provided additional evidence that prescription drugs were not included in the managed care capitated benefit package.

f. Cell H represents the study population for Tables D.8 through D.10D. Cell L represents the study population for Tables ND.8 through ND.10D. All-year nursing facility residents are the beneficiaries who resided in nursing facilities throughout their enrollment in 2005. These beneficiaries were identified by comparing the number of months during which the MAX files contained at least one claim from nursing facilities to the number of Medicaid eligible months. If the former is greater than or equal to the latter, the beneficiary was considered an all-year resident. If the former is less than the latter but not equal to zero, the beneficiary was considered a part-year resident. Part-year residents are treated separately because they are likely to be short-term residents and the level and pattern of their pharmacy benefit use may differ substantially from longer-term residents. The number of part-year residents and their benefit months are presented in footnotes to Tables D.8 through D.10D and N+B18D.8 through ND.10D. Residents of mental hospitals for the aged, inpatient psychiatric facilities for individuals under age 21, or intermediate care facilities for the mentally retarded are not counted as nursing facility residents in the nursing facility tables.

g. Pharmacy benefit use and reimbursement among full dual eligible beneficiaries are presented in Tables D.2 through D.7D, Tables D.11 through D.13, and Supplemental Tables 1 through 1E corresponding to the sample of beneficiaries in Cell G. To determine Medicaid-Medicare dual eligibility status, two MAX data elements ("Eligible Medicare Crossover Code -- Annual New Values" and "Eligible Restricted Benefits Flag") were used in combination. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Beneficiaries represented in Cell G, the dual study population, include all dual eligible beneficiaries who had a fee-for-service pharmacy benefit at least during one month in 2005. The dual eligible tables include all dual eligible benefit months in which the beneficiary had a fee-for-service pharmacy benefit.

Characteristics of non-dual eligible beneficiaries represented by Cell J are shown in Appendix Table A.1 and characteristics of non-dual eligible beneficiaries and their benefit months included in Cell J but excluded from Cell K are shown in Appendix Table A.2. Characteristics of dual eligible beneficiaries represented by Cell F are shown in Appendix Table A.3, and characteristics of dual eligible beneficiaries and their benefit months included in Cell F but excluded from Cell G are shown in Appendix Table A.4.

Bene(s) = beneficiary (or beneficiaries); CMS = Centers for Medicare & Medicaid Services; HMO = health maintenance organization; MAX = Medicaid Analytic Extract; MC = managed care; PCCM = primary care case management; PHP = prepaid health plan.

TABLE 2
CHARACTERISTICS OF MEDICAID STUDY POPULATION BENEFICIARIES, BY BASIS OF ELIGIBILITY^{a, b}
LOUISIANA, 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	1,091,050	68,915	176,416	134,518	710,259	942	11,390,997	738,162	1,942,613	1,110,192	7,592,351	7,679
Age												
5 and younger	270,543	12	8,593	1	261,937	0	2,744,563	27	94,815	1	2,649,720	0
6-14	330,310	8	20,366	18	309,918	0	3,715,239	16	235,097	96	3,480,030	0
15-20	170,756	4	15,653	16,794	138,294	11	1,779,678	8	177,229	140,598	1,461,767	76
21-44	169,763	16	58,164	111,169	104	310	1,563,115	31	642,984	916,963	811	2,326
45-64	80,415	9	73,258	6,534	3	611	847,168	32	789,377	52,524	15	5,220
65-74	27,295	26,902	382	1	0	10	303,220	300,044	3,111	8	0	57
75-84	24,305	24,305	0	0	0	0	261,064	261,064	0	0	0	0
85 and older	17,660	17,659	0	1	0	0	176,942	176,940	0	2	0	0
Unknown	3	0	0	0	3	0	8	0	0	0	8	0
Gender												
Female	622,102	51,550	89,136	125,948	354,526	942	6,399,757	557,117	988,658	1,047,758	3,798,545	7,679
Male	468,824	17,349	87,277	8,564	355,634	0	4,990,040	180,905	953,930	62,396	3,792,809	0
Unknown	124	16	3	6	99	0	1,200	140	25	38	997	0
Race												
White	396,857	28,328	57,937	51,451	258,681	460	4,011,531	294,051	629,347	393,137	2,691,290	3,706
African American	607,454	29,115	99,373	74,544	403,991	431	6,510,043	322,570	1,103,070	657,970	4,422,860	3,573
Other/unknown	86,739	11,472	19,106	8,523	47,587	51	869,423	121,541	210,196	59,085	478,201	400
Use of Nursing Facilities^c												
Entire year	17,999	14,543	3,452	2	2	0	182,356	145,358	36,958	16	24	0
Part year	12,270	9,745	2,514	5	4	2	122,441	97,058	25,281	38	48	16
None	1,060,781	44,627	170,450	134,511	710,253	940	11,086,200	495,746	1,880,374	1,110,138	7,592,279	7,663
Maintenance Assistance Status												
Cash	373,186	38,621	154,807	73,060	106,698	0	4,003,771	438,816	1,713,108	679,282	1,172,565	0
Medically needy	2,311	55	234	1,500	522	0	23,552	522	1,743	15,281	6,006	0
Poverty-related	593,879	2,426	3,328	51,279	535,904	942	6,292,306	27,665	37,215	331,721	5,888,026	7,679
Other/unknown	121,674	27,813	18,047	8,679	67,135	0	1,071,368	271,159	190,547	83,908	525,754	0
Dual Medicare Status^d												
Full dual, all year	103,507	62,030	41,017	418	9	33	1,135,746	663,348	468,379	3,619	101	299
Full dual, part year	8,169	4,151	3,983	35	0	0	91,752	46,689	44,675	388	0	0
Non-dual, all year	979,374	2,734	131,416	134,065	710,250	909	10,163,499	28,125	1,429,559	1,106,185	7,592,250	7,380
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,091,050	68,915	176,416	134,518	710,259	942	11,390,997	738,162	1,942,613	1,110,192	7,592,351	7,679
FFS part year, with Rx claims	0	0	0	0	0	0	0	0	0	0	0	0
FFS part year, no Rx claims	0	0	0	0	0	0	0	0	0	0	0	0

Source: Data for this table are from the MAX 2005 file for Louisiana, released by CMS in 3/2009. This table was produced on 04/23/2009.

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

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

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

d. The "Full dual, all year" group includes beneficiaries who had Medicare coverage as well as Medicaid fee-for-service pharmacy benefits during all months of Medicaid enrollment in 2005. The "Full dual, part year" group includes beneficiaries who had such benefits for some, but not all, months of their enrollment. The "Non-dual, all year" group includes beneficiaries who were never dually eligible. Refer to footnote g of Table 1 for more information about how we determined dual eligibility status.

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

All Medicaid Beneficiaries

TABLE 3
ANNUAL MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFICIARY, BY BENEFICIARY CHARACTERISTIC^{a, b}
LOUISIANA, 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	69.6	13.0	\$873	\$67	\$3,706	23.6	1,091,050
Age							
5 and younger	61.8	5.1	301	59	1,396	21.5	270,543
6-14	65.9	5.6	370	67	1,187	31.2	330,310
15-20	66.3	6.0	371	62	1,936	19.1	170,756
21-44	76.4	14.4	1,059	73	5,942	17.8	169,763
45-64	83.9	43.7	3,197	73	12,422	25.7	80,415
65-74	89.9	55.0	3,507	64	10,541	33.3	27,295
75-84	92.5	60.0	3,771	63	13,779	27.4	24,305
85 and older	93.9	58.1	3,486	60	17,690	19.7	17,660
Unknown	0.0	0.0	0	0	0	0.0	3
Basis of Eligibility^e							
Aged	91.8	57.6	3,597	62	13,507	26.6	68,915
Disabled	80.6	30.9	2,540	82	11,369	22.3	176,416
Adults	75.9	8.7	403	46	2,805	14.4	134,518
Children	63.4	5.0	280	56	1,003	27.9	710,259
Unknown	82.7	23.2	3,852	166	17,680	21.8	942
Gender							
Female	72.7	15.1	952	63	3,899	24.4	622,102
Male	65.4	10.2	769	76	3,449	22.3	468,824
Unknown	62.1	10.1	586	58	3,043	19.2	124
Race							
White	75.7	16.9	1,152	68	4,785	24.1	396,857
African American	65.5	10.0	655	66	2,938	22.3	607,454
Other/unknown	69.9	16.4	1,127	69	4,143	27.2	86,739
Use of Nursing Facilities^f							
Entire year	97.4	84.6	5,850	69	33,389	17.5	17,999
Part year	97.5	64.6	4,480	69	25,552	17.5	12,270
None	68.8	11.2	747	67	2,949	25.3	1,060,781
Maintenance Assistance Status							
Cash	74.9	21.1	1,495	71	5,342	28.0	373,186
Medically needy	84.0	14.4	920	64	5,861	15.7	2,311
Poverty related	68.3	5.5	306	55	1,217	25.1	593,879
Other/unknown	59.4	24.7	1,737	70	10,792	16.1	121,674

Source: Data for this table are from the MAX 2005 file for Louisiana, released by CMS in 3/2009. This table was produced on 04/23/2009.

a. Table 3 includes beneficiaries represented by Cell C 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.

All Medicaid Beneficiaries

TABLE 4
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BENEFICIARY CHARACTERISTIC^{a, b}
 LOUISIANA, 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	1.2	\$84	23.6	30.4	48.9	7.1	7.6	4.6	1.3	\$355	1,091,050	11,390,997
Age												
5 and younger	0.5	30	21.5	38.2	54.1	5.5	2.1	0.1	0.0	138	270,543	2,744,563
6-14	0.5	33	31.2	34.1	57.5	5.2	2.9	0.3	0.0	106	330,310	3,715,239
15-20	0.6	36	19.1	33.7	55.8	6.6	3.5	0.5	0.0	186	170,756	1,779,678
21-44	1.6	115	17.8	23.6	47.5	11.4	12.1	4.7	0.8	645	169,763	1,563,115
45-64	4.1	304	25.7	16.1	17.9	11.1	26.4	21.9	6.5	1,179	80,415	847,168
65-74	5.0	316	33.3	10.1	13.3	9.8	28.5	28.7	9.5	949	27,295	303,220
75-84	5.6	351	27.4	7.5	9.8	8.8	28.9	33.0	11.9	1,283	24,305	261,064
85 and older	5.8	348	19.7	6.1	8.5	8.4	29.9	36.3	10.8	1,766	17,660	176,942
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	3	8
Basis of Eligibility^e												
Aged	5.4	336	26.6	8.2	10.8	9.1	29.0	32.2	10.7	1,261	68,915	738,162
Disabled	2.8	231	22.3	19.4	31.0	11.4	20.7	13.8	3.7	1,032	176,416	1,942,613
Adults	1.1	49	14.4	24.1	55.3	11.0	7.8	1.7	0.1	340	134,518	1,110,192
Children	0.5	26	27.9	36.6	55.9	5.1	2.2	0.2	0.0	94	710,259	7,592,351
Unknown	2.9	473	21.8	17.3	26.3	17.8	27.4	10.0	1.2	2,169	942	7,679
Gender												
Female	1.5	93	24.4	27.3	48.9	7.6	8.7	5.7	1.7	379	622,102	6,399,757
Male	1.0	72	22.3	34.6	48.9	6.4	6.3	3.1	0.8	324	468,824	4,990,040
Unknown	1.0	61	19.2	37.9	45.2	4.0	5.6	6.5	0.8	315	124	1,200
Race												
White	1.7	114	24.1	24.3	48.8	9.1	9.5	6.2	2.2	473	396,857	4,011,531
African American	0.9	61	22.3	34.5	49.8	5.8	6.1	3.2	0.6	274	607,454	6,510,043
Other/unknown	1.6	112	27.2	30.1	43.7	7.5	9.9	6.9	1.8	413	86,739	869,423
Use of Nursing Facilities^f												
Entire year	8.3	577	17.5	2.6	2.4	3.6	21.1	44.0	26.3	3,296	17,999	182,356
Part year	6.5	449	17.5	2.5	7.2	7.5	28.9	39.5	14.4	2,561	12,270	122,441
None	1.1	72	25.3	31.2	50.2	7.2	7.2	3.5	0.7	282	1,060,781	11,086,200
Maintenance Assistance Status												
Cash	2.0	139	28.0	25.1	40.5	9.3	14.1	8.9	2.0	498	373,186	4,003,771
Medically needy	1.4	90	15.7	16.0	55.3	11.3	11.5	5.2	0.7	575	2,311	23,552
Poverty related	0.5	29	25.1	31.7	59.2	6.0	2.8	0.3	0.0	115	593,879	6,292,306
Other/unknown	2.8	197	16.1	40.6	24.7	5.8	11.2	12.5	5.3	1,226	121,674	1,071,368

Source: Data for this table are from the MAX 2005 file for Louisiana, released by CMS in 3/2009. This table was produced on 04/23/2009.

a. Table 4 includes the beneficiaries represented by Cell C 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.

All Medicaid Beneficiaries

TABLE 5
 AVERAGE MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT PER BENEFIT MONTH, BY BRAND STATUS AND BENEFICIARY CHARACTERISTIC^{a, b, c}
 LOUISIANA, 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	1.2	\$84	\$67	0.5	\$61	\$121	0.1	\$5	\$64	0.7	\$17	\$26
Age												
5 and younger	0.5	30	59	0.2	22	113	0.1	2	33	0.2	5	22
6-14	0.5	33	67	0.2	25	104	0.0	2	57	0.2	5	25
15-20	0.6	36	62	0.2	26	113	0.0	3	57	0.3	7	23
21-44	1.6	115	73	0.6	83	151	0.1	8	87	0.9	24	26
45-64	4.1	304	73	1.6	220	134	0.2	16	88	2.3	67	29
65-74	5.0	316	64	2.1	232	111	0.2	13	61	2.6	71	27
75-84	5.6	351	63	2.4	253	107	0.3	19	68	2.9	79	27
85 and older	5.8	348	60	2.3	246	105	0.3	19	61	3.1	82	26
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	5.4	336	62	2.3	243	108	0.3	17	64	2.9	76	27
Disabled	2.8	231	82	1.1	173	152	0.1	12	90	1.5	45	29
Adults	1.1	49	46	0.3	31	95	0.1	4	67	0.7	14	21
Children	0.5	26	56	0.2	19	94	0.0	2	44	0.2	5	23
Unknown	2.9	473	166	1.0	405	416	0.1	13	137	1.8	55	31
Gender												
Female	1.5	93	63	0.6	66	114	0.1	5	62	0.8	21	26
Male	1.0	72	76	0.4	55	132	0.1	4	69	0.5	13	28
Unknown	1.0	61	58	0.4	40	107	0.1	4	49	0.6	17	28
Race												
White	1.7	114	68	0.7	83	119	0.1	7	68	0.9	24	27
African American	0.9	61	66	0.4	45	123	0.1	3	60	0.5	13	25
Other/unknown	1.6	112	69	0.7	83	121	0.1	6	63	0.8	23	27
Use of Nursing Facilities^e												
Entire year	8.3	577	69	3.4	415	121	0.4	30	76	4.5	132	29
Part year	6.5	449	69	2.6	319	123	0.3	24	75	3.5	106	30
None	1.1	72	67	0.4	53	120	0.1	4	62	0.6	15	26
Maintenance Assistance Status												
Cash	2.0	139	71	0.8	102	131	0.1	8	76	1.1	29	27
Medically needy	1.4	90	64	0.5	62	133	0.1	6	69	0.9	23	26
Poverty related	0.5	29	55	0.2	21	94	0.0	2	46	0.3	6	23
Other/unknown	2.8	197	70	1.2	145	124	0.2	10	69	1.5	42	29

Source: Data for this table are from the MAX 2005 file for Louisiana, released by CMS in 3/2009. This table was produced on 04/23/2009.

a. Table 5 includes the beneficiaries represented by Cell C 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 Louisiana, 0.2 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.

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 LOUISIANA, 2005

Therapeutic Category	Number of Rx per Benefit Month Among Users			\$ per Benefit Month Among Users									\$ per Rx		Users ^e			
	Total	Patented Brand-	Off-Patent Brand-	Total	Generic	Patented Brand-	Off-Patent Brand-	Total	Generic	Total	Patented Brand-	Off-Patent Brand-	Total	of Rx	Total Rx \$	Number of Users	As a Percentage of All Benes	Number of Benefit Months
		Name	Name			Name	Name				Name	Name						
Anti-infective Agents	0.3	0.1	0.0	0.1	\$15	\$9	\$2	\$4	\$59	\$124	\$66	\$27	1,501,505	\$89,006,763	534,302	49.0	5,999,853	
Biologicals	0.4	0.4	0.0	0.0	683	592	63	28	1616	1,473	4,486	4,264	16,428	26,544,891	3,704	0.3	38,878	
Antineoplastic Agents	0.5	0.1	0.0	0.4	95	57	1	37	206	615	301	100	50,783	10,453,123	10,438	1.0	109,615	
Endocrine/Metabolic Drugs	0.5	0.2	0.1	0.2	27	18	3	6	57	101	50	25	1,155,704	65,723,053	219,322	20.1	2,431,280	
Cardiovascular Agents	1.4	0.6	0.0	0.8	66	45	2	19	46	79	58	23	2,383,912	110,486,834	151,623	13.9	1,676,130	
Respiratory Agents	0.4	0.2	0.0	0.1	22	18	1	3	55	80	30	20	1,940,434	106,220,915	434,282	39.8	4,927,569	
Gastrointestinal Agents	0.5	0.3	0.0	0.2	49	43	0	5	98	148	58	26	788,898	77,142,969	142,914	13.1	1,582,922	
Genitourinary Agents	0.3	0.2	0.0	0.1	19	14	1	4	62	83	66	33	210,807	13,120,811	64,010	5.9	684,252	
CNS Drugs	0.8	0.4	0.0	0.4	79	67	1	11	95	167	120	27	1,643,674	156,606,038	179,085	16.4	1,985,528	
Stimulants/Anti-obesity/Anorexia	0.5	0.5	0.0	0.1	53	50	1	2	100	108	75	41	333,555	33,466,528	54,928	5.0	633,512	
Miscellaneous Psychological/Neurological Agents	0.8	0.7	0.0	0.0	120	117	0	2	156	162	117	53	124,776	19,437,868	15,097	1.4	162,011	
Analgesics and Anesthetics	0.4	0.1	0.0	0.3	18	8	3	8	46	142	177	24	1,497,547	69,316,234	338,275	31.0	3,748,177	
Neuromuscular Agents	0.6	0.2	0.0	0.4	49	29	3	17	76	150	86	42	753,288	57,539,546	104,135	9.5	1,165,895	
Nutritional Products	0.4	0.1	0.0	0.3	9	2	0	6	24	38	23	22	443,745	10,767,099	117,015	10.7	1,244,430	
Hematological Agents	0.6	0.3	0.1	0.3	77	69	2	6	135	274	30	23	375,514	50,647,316	61,660	5.7	659,896	
Topical Products	0.2	0.1	0.0	0.1	13	9	1	4	54	83	52	30	891,511	47,911,275	326,634	29.9	3,724,698	
Miscellaneous Products	0.2	0.1	0.0	0.1	33	22	4	7	163	218	382	77	45,283	7,368,416	19,656	1.8	224,060	
Unknown Therapeutic Category	0.2	0.0	0.0	0.0	6	0	0	0	30	0	0	0	29,396	871,868	12,361	1.1	139,763	
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.	14,186,760	952,631,547	n.a.	n.a.	n.a.	

Source: Data for this table are from the MAX 2005 file for Louisiana, released by CMS in 3/2009. This table was produced on 04/23/2009.

a. Table 6 includes the beneficiaries represented by Cell C 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 Louisiana, 0.2 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.

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 LOUISIANA, 2005

Top 10 Drug Groups	Users			Among Users			
	Total Medicaid Rx \$	Number	As a Percentage of All Beneficiaries	Number of Benefit Months	Number of Rx per Benefit Month	\$ per Rx	Rx \$ per Benefit Month
ANTIPSYCHOTICS	\$98,892,982	69,188	6.3	783,905	0.6	\$223	\$126
ULCER DRUGS	60,232,360	123,105	11.3	1,371,505	0.4	112	44
ANTIASTHMATIC	57,926,982	279,072	25.6	3,191,542	0.2	76	18
ANTICONVULSANT	45,750,823	65,339	6.0	737,629	0.6	101	62
ANTIDEPRESSANTS	41,461,631	131,193	12.0	1,454,667	0.5	63	29
ANTIDIABETIC	37,183,903	80,904	7.4	907,051	0.6	70	41
ANTIHYPERLIPIDEMIC	36,282,838	60,368	5.5	687,955	0.5	99	53
ANALGESICS - Narcotic	35,090,675	335,088	30.7	3,697,542	0.3	38	9
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	33,466,528	65,690	6.0	760,274	0.4	100	44
ANTIHYPERTENSIVE	32,633,479	120,746	11.1	1,355,790	0.5	44	24
Total	478,922,201	1,330,693		14,947,860	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2005 file for Louisiana, released by CMS in 3/2009. This table was produced on 04/23/2009.

a. Table 7 includes the beneficiaries represented by Cell C 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.

All Medicaid Beneficiaries