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**STATISTICAL COMPENDIUM:
MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT IN 2006
LOUISIANA**

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 1
OVERVIEW OF BENEFICIARY SELECTION CRITERIA FOR STUDY POPULATION
LOUISIANA, 2006

Inclusion Criteria (2006)	Number of Dual and Nondual Eligible Beneficiaries (Cell)	Number of Dual Eligible Beneficiaries (Cell) ^g	Number of Nondual Eligible Beneficiaries (Cell)
1. Beneficiaries who were eligible for Medicaid during at least one month ^a	1213077 (A)	178319 (E)	1034758 (I)
2. Beneficiaries who had Medicaid pharmacy benefits during at least one month ^b	1131647 (B)	108356 (F)	1023291 (J)
3. Beneficiaries who had fee-for-service pharmacy benefit coverage during at least one month ^{c, d, e}	1131647 (C)	108356 (G)	1023291 (K)
4. Beneficiaries who were all-year nursing facility residents ^f	16675 (D)	14327 (H)	2348 (L)

Source: Data for this table are from the MAX 2006 file for Louisiana, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006 (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 2006, 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 2006 was \$619,151,050, of which \$33,065,285 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 29 states in 2006 that had PHPs that did not include a pharmacy benefit: AL, AR, AZ, CA, CO, DC, FL, GA, HI, IA, KY, MA, MI, MS, NC, NH, NV, NY, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WI. In addition, there were 10 states in which MC plans did not provide a pharmacy benefit (DE, IA, IL, NC, NE, NY, TN, TX, UT, and WV). These lists were constructed from the CMS 2006 Medicaid Managed Care Enrollment Report 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 2006. 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 ND.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 2006. 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, 2006

Beneficiary Characteristics	Number of Beneficiaries						Number of Benefit Months					
	All	Aged	Disabled	Adults	Children	Other/ Unknown	All	Aged	Disabled	Adults	Children	Other/ Unknown
All	1,131,647	65,093	169,456	146,552	749,397	1,149	11,399,351	698,085	1,840,762	1,205,373	7,645,434	9,697
Age												
5 and younger	291,926	7	8,051	1	283,867	0	2,704,315	25	87,506	3	2,616,781	0
6-14	335,334	6	19,453	19	315,856	0	3,693,229	20	220,357	143	3,472,709	0
15-20	179,999	2	15,365	15,026	149,595	11	1,841,427	6	170,340	115,776	1,555,235	70
21-44	179,279	14	54,892	123,938	75	360	1,622,420	44	598,914	1,020,027	698	2,737
45-64	79,793	464	71,019	7,554	2	754	837,820	5,115	756,739	69,282	9	6,675
65-74	26,023	25,485	501	13	0	24	288,814	283,646	4,815	138	0	215
75-84	22,766	22,636	130	0	0	0	245,119	243,566	1,553	0	0	0
85 and older	16,525	16,479	45	1	0	0	166,205	165,663	538	4	0	0
Unknown	2	0	0	0	2	0	2	0	0	0	2	0
Gender												
Female	646,587	48,430	85,362	137,609	374,037	1,149	6,427,097	523,686	933,810	1,130,970	3,828,934	9,697
Male	484,943	16,652	84,090	8,940	375,261	0	4,971,085	174,287	906,915	74,369	3,815,514	0
Unknown	117	11	4	3	99	0	1,169	112	37	34	986	0
Race												
White	416,605	26,408	57,477	57,150	275,014	556	4,099,143	276,182	621,681	439,873	2,756,749	4,658
African American	621,261	27,204	94,294	79,069	420,171	523	6,385,120	301,549	1,027,610	684,954	4,366,548	4,459
Other/unknown	93,781	11,481	17,685	10,333	54,212	70	915,088	120,354	191,471	80,546	522,137	580
Use of Nursing Facilities^c												
Entire year	16,675	13,248	3,425	0	2	0	170,974	133,960	36,990	0	24	0
Part year	11,142	8,835	2,291	13	3	0	111,809	88,697	22,977	99	36	0
None	1,103,830	43,010	163,740	146,539	749,392	1,149	11,116,568	475,428	1,780,795	1,205,274	7,645,374	9,697
Maintenance Assistance Status												
Cash	366,772	37,234	148,319	73,333	107,886	0	3,870,528	423,606	1,620,257	694,628	1,132,037	0
Medically needy	1,514	44	261	981	228	0	14,306	390	1,975	9,375	2,566	0
Poverty-related	618,460	1,379	2,191	56,202	557,539	1,149	6,372,664	14,960	23,483	368,154	5,956,370	9,697
Other/unknown	144,901	26,436	18,685	16,036	83,744	0	1,141,853	259,129	195,047	133,216	554,461	0
Dual Medicare Status^d												
Full dual, all year	101,392	59,038	41,770	520	10	54	1,111,195	633,109	472,910	4,569	119	488
Full dual, part year	6,964	3,532	3,406	25	0	1	76,578	38,949	37,342	275	0	12
Non-dual, all year	1,023,291	2,523	124,280	146,007	749,387	1,094	10,211,578	26,027	1,330,510	1,200,529	7,645,315	9,197
Managed Care (MC) Status												
Fee-for-service (FFS) all year	1,131,647	65,093	169,456	146,552	749,397	1,149	11,399,351	698,085	1,840,762	1,205,373	7,645,434	9,697
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 2006 file for Louisiana, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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, 2006

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	60.9	7.5	\$518	\$69	\$3,299	15.7	1,131,647
Age							
5 and younger	58.8	4.6	292	64	1,476	19.8	291,926
6-14	62.0	5.2	366	71	1,123	32.6	335,334
15-20	61.3	5.4	358	66	1,818	19.7	179,999
21-44	66.9	10.4	735	70	5,329	13.8	179,279
45-64	68.1	28.7	2,118	74	11,652	18.2	79,793
65-74	38.0	6.6	337	51	7,815	4.3	26,023
75-84	38.1	3.8	113	30	11,090	1.0	22,766
85 and older	41.3	3.8	99	26	15,592	0.6	16,525
Unknown	0.0	0.0	0	0	0	0.0	2
Basis of Eligibility^e							
Aged	39.0	5.0	207	41	10,898	1.9	65,093
Disabled	66.4	20.8	1,799	87	10,788	16.7	169,456
Adults	70.7	8.2	405	49	2,700	15.0	146,552
Children	59.7	4.6	274	59	1,045	26.2	749,397
Unknown	82.5	23.4	3,039	130	14,623	20.8	1,149
Gender							
Female	63.0	8.3	520	63	3,406	15.3	646,587
Male	58.2	6.5	515	79	3,156	16.3	484,943
Unknown	52.1	3.9	204	52	2,639	7.7	117
Race							
White	69.4	9.9	681	69	4,245	16.0	416,605
African American	55.6	5.9	398	68	2,615	15.2	621,261
Other/unknown	58.2	7.9	584	74	3,627	16.1	93,781
Use of Nursing Facilities^f							
Entire year	61.3	18.0	1,143	63	30,833	3.7	16,675
Part year	62.1	11.7	743	63	23,294	3.2	11,142
None	60.9	7.3	506	69	2,681	18.9	1,103,830
Maintenance Assistance Status							
Cash	61.1	12.7	981	77	4,803	20.4	366,772
Medically needy	80.9	13.6	933	69	9,740	9.6	1,514
Poverty related	64.5	5.0	288	57	1,179	24.4	618,460
Other/unknown	44.9	5.2	324	62	8,476	3.8	144,901

Source: Data for this table are from the MAX 2006 file for Louisiana, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

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	0.7	\$51	15.7	39.1	48.0	6.1	4.8	1.7	0.4	\$328	1,131,647	11,399,351
Age												
5 and younger	0.5	32	19.8	41.2	51.3	5.3	2.1	0.1	0.0	159	291,926	2,704,315
6-14	0.5	33	32.6	38.0	54.0	4.9	2.8	0.3	0.0	102	335,334	3,693,229
15-20	0.5	35	19.7	38.7	52.0	5.8	3.1	0.4	0.0	178	179,999	1,841,427
21-44	1.2	81	13.8	33.1	44.7	9.7	9.1	2.9	0.4	589	179,279	1,622,420
45-64	2.7	202	18.2	31.9	23.0	8.8	18.5	13.9	4.0	1,110	79,793	837,820
65-74	0.6	30	4.3	62.0	27.3	4.2	3.8	2.1	0.6	704	26,023	288,814
75-84	0.4	11	1.0	61.9	31.7	3.6	1.9	0.7	0.2	1,030	22,766	245,119
85 and older	0.4	10	0.6	58.7	34.3	4.3	1.9	0.7	0.1	1,550	16,525	166,205
Unknown	0.0	0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	2	2
Basis of Eligibility^e												
Aged	0.5	19	1.9	61.0	30.6	4.0	2.7	1.3	0.4	1,016	65,093	698,085
Disabled	1.9	166	16.7	33.6	32.1	8.9	14.4	8.6	2.3	993	169,456	1,840,762
Adults	1.0	49	15.0	29.3	51.1	10.3	7.6	1.6	0.1	328	146,552	1,205,373
Children	0.5	27	26.2	40.3	52.5	4.9	2.2	0.2	0.0	103	749,397	7,645,434
Unknown	2.8	360	20.8	17.5	27.9	15.8	27.6	10.1	1.0	1,733	1,149	9,697
Gender												
Female	0.8	52	15.3	37.0	48.7	6.6	5.2	2.0	0.5	343	646,587	6,427,097
Male	0.6	50	16.3	41.8	47.0	5.5	4.2	1.2	0.2	308	484,943	4,971,085
Unknown	0.4	21	7.7	47.9	47.0	2.6	2.6	0.0	0.0	264	117	1,169
Race												
White	1.0	69	16.0	30.6	51.4	8.5	6.7	2.3	0.6	431	416,605	4,099,143
African American	0.6	39	15.2	44.4	46.1	4.6	3.5	1.2	0.2	254	621,261	6,385,120
Other/unknown	0.8	60	16.1	41.8	45.0	5.8	4.8	2.0	0.6	372	93,781	915,088
Use of Nursing Facilities^f												
Entire year	1.8	112	3.7	38.7	35.9	8.1	6.1	6.9	4.3	3,007	16,675	170,974
Part year	1.2	74	3.2	37.9	43.3	5.8	6.1	5.1	1.8	2,321	11,142	111,809
None	0.7	50	18.9	39.1	48.2	6.1	4.7	1.6	0.3	266	1,103,830	11,116,568
Maintenance Assistance Status												
Cash	1.2	93	20.4	38.9	39.6	7.2	9.0	4.3	1.0	455	366,772	3,870,528
Medically needy	1.4	99	9.6	19.1	49.6	11.3	14.5	5.2	0.4	1,031	1,514	14,306
Poverty related	0.5	28	24.4	35.5	56.2	5.7	2.5	0.2	0.0	114	618,460	6,372,664
Other/unknown	0.7	41	3.8	55.1	34.3	5.3	3.7	1.3	0.4	1,076	144,901	1,141,853

Source: Data for this table are from the MAX 2006 file for Louisiana, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 ten states (DE, IA, IL, NC, NE, NY, TN, 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 ten states (DE, IA, IL, NC, NE, NY, TN, 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, 2006

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	0.7	\$51	\$69	0.3	\$36	\$134	0.0	\$3	\$77	0.4	\$12	\$27
Age												
5 and younger	0.5	32	64	0.2	23	130	0.0	2	37	0.3	7	24
6-14	0.5	33	71	0.2	25	116	0.0	2	55	0.2	7	29
15-20	0.5	35	66	0.2	25	130	0.0	2	78	0.3	8	26
21-44	1.2	81	70	0.4	55	155	0.1	6	117	0.7	20	26
45-64	2.7	202	74	0.9	138	145	0.1	15	111	1.7	50	30
65-74	0.6	30	51	0.2	19	110	0.0	2	85	0.4	9	23
75-84	0.4	11	30	0.1	5	66	0.0	1	56	0.3	5	18
85 and older	0.4	10	26	0.1	5	56	0.0	1	39	0.3	5	17
Unknown	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Basis of Eligibility^d												
Aged	0.5	19	41	0.1	11	91	0.0	1	71	0.3	7	21
Disabled	1.9	166	87	0.7	121	174	0.1	10	107	1.1	34	30
Adults	1.0	49	49	0.3	28	100	0.0	5	122	0.7	16	23
Children	0.5	27	59	0.2	19	106	0.0	2	46	0.2	6	26
Unknown	2.8	360	130	0.9	288	307	0.1	21	191	1.7	51	30
Gender												
Female	0.8	52	63	0.3	35	124	0.0	4	82	0.5	13	26
Male	0.6	50	79	0.3	38	148	0.0	3	70	0.3	10	29
Unknown	0.4	21	52	0.1	14	116	0.0	1	41	0.2	5	21
Race												
White	1.0	69	69	0.4	48	129	0.1	5	81	0.6	16	28
African American	0.6	39	68	0.2	28	138	0.0	2	71	0.3	9	26
Other/unknown	0.8	60	74	0.3	43	143	0.0	4	78	0.5	13	29
Use of Nursing Facilities^e												
Entire year	1.8	112	63	0.5	73	143	0.1	7	87	1.2	31	27
Part year	1.2	74	63	0.3	48	147	0.1	5	92	0.8	21	27
None	0.7	50	69	0.3	36	133	0.0	3	76	0.4	11	27
Maintenance Assistance Status												
Cash	1.2	93	77	0.4	66	158	0.1	6	98	0.7	21	29
Medically needy	1.4	99	69	0.4	62	144	0.1	9	145	0.9	27	29
Poverty related	0.5	28	57	0.2	19	101	0.0	2	55	0.3	7	26
Other/unknown	0.7	41	62	0.2	29	132	0.0	2	70	0.4	10	24

Source: Data for this table are from the MAX 2006 file for Louisiana, released by CMS in 7/2009. This table was produced on 02/11/2010.

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.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.

All Medicaid Beneficiaries

TABLE 6
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY BRAND STATUS AND THERAPEUTIC CATEGORY^{a, b, c, d}
 LOUISIANA, 2006

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	\$13	\$7	\$1	\$6	\$55	\$158	\$53	\$31	1,246,367	\$68,433,250	466,620	41.2	5,147,395
Biologicals	0.4	0.4	0.0	0.0	688	683	4	2	1598	1,602	1,726	739	17,245	27,561,913	4,155	0.4	40,042
Antineoplastic Agents	0.5	0.2	0.0	0.3	143	117	1	25	314	763	209	85	17,191	5,395,450	3,572	0.3	37,784
Endocrine/Metabolic Drugs	0.3	0.1	0.0	0.2	20	13	1	6	59	109	52	29	640,240	37,817,488	171,591	15.2	1,872,508
Cardiovascular Agents	1.0	0.4	0.0	0.6	48	29	4	15	48	81	93	25	869,359	41,992,382	79,985	7.1	867,129
Respiratory Agents	0.4	0.2	0.0	0.1	20	16	1	3	57	83	36	25	1,459,387	83,197,498	368,282	32.5	4,108,397
Gastrointestinal Agents	0.3	0.2	0.0	0.1	37	29	5	3	107	146	348	23	369,398	39,630,063	99,150	8.8	1,071,935
Genitourinary Agents	0.2	0.1	0.0	0.1	12	5	3	4	55	73	95	32	103,524	5,671,399	46,066	4.1	475,962
CNS Drugs	0.6	0.2	0.0	0.4	58	45	4	9	90	192	104	24	979,410	88,403,268	138,089	12.2	1,518,542
Stimulants/Anti-obesity/Anorexia	0.5	0.5	0.0	0.1	59	56	1	2	110	117	118	42	323,863	35,482,796	52,073	4.6	597,020
Miscellaneous Psychological/Neurological Agents	0.4	0.3	0.0	0.0	91	87	0	4	246	264	140	94	15,256	3,750,219	3,899	0.3	41,376
Analgesics and Anesthetics	0.3	0.0	0.0	0.3	13	4	2	6	40	182	222	23	950,578	37,581,186	274,118	24.2	2,991,033
Neuromuscular Agents	0.6	0.2	0.0	0.4	46	30	2	15	82	169	96	40	457,211	37,320,016	72,796	6.4	805,103
Nutritional Products	0.3	0.1	0.0	0.2	6	3	0	3	23	37	21	18	257,391	5,979,640	91,300	8.1	945,588
Hematological Agents	0.4	0.2	0.0	0.2	66	59	1	6	156	337	26	27	177,315	27,743,017	40,514	3.6	423,166
Topical Products	0.2	0.1	0.0	0.1	11	7	0	3	53	92	52	29	614,026	32,810,832	272,525	24.1	3,036,942
Miscellaneous Products	0.2	0.1	0.0	0.0	41	33	2	5	254	274	361	156	27,389	6,969,406	15,117	1.3	171,640
Unknown Therapeutic Category	0.1	0.0	0.0	0.0	6	0	0	0	44	0	0	0	7,856	345,942	5,158	0.5	58,077
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.	8,533,006	586,085,765	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Louisiana, released by CMS in 7/2009. This table was produced on 02/11/2010.

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.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 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.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 2006.

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.

All Medicaid Beneficiaries

TABLE 7
 MEDICAID PHARMACY BENEFIT USE AND REIMBURSEMENT, BY TOP 10 DRUG GROUP^{a, b, c}
 LOUISIANA, 2006

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	\$54,424,140	38,349	3.4	435,450	0.5	\$249	\$125
ANTIASTHMATIC	48,916,658	231,861	20.5	2,626,352	0.2	85	19
STIMULANTS/ANTI-OBESITY/ANOREXIANTS	35,482,796	61,517	5.4	707,973	0.5	110	50
ANTICONVULSANT	31,457,481	44,976	4.0	502,862	0.6	112	63
ULCER DRUGS	29,251,139	80,905	7.1	877,826	0.3	114	33
PASSIVE IMMUNIZING AGENTS	26,290,328	3,820	0.3	37,889	0.5	1,539	694
DERMATOLOGICAL	22,631,702	264,708	23.4	2,983,876	0.1	57	8
ANTIDEPRESSANTS	22,491,386	82,436	7.3	898,615	0.4	66	25
ANALGESICS - Narcotic	20,040,353	257,749	22.8	2,791,536	0.2	34	7
ANTIVIRAL	18,086,305	26,313	2.3	293,088	0.2	325	62
Total	309,072,288	1,092,634	n.a.	12,155,467	n.a.	n.a.	n.a.

Source: Data for this table are from the MAX 2006 file for Louisiana, released by CMS in 7/2009. This table was produced on 02/11/2010.

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 2006. 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 2006. 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.

All Medicaid Beneficiaries