EXHIBIT 27. Medicaid Drug Prescriptions by Delivery System and Brand or Generic Status, FY 2022 (thousands)

State	Total				Fee for service				Managed care			
	Total	Brand[1]	Generic[2]	Unknown[3]	Total	Brand[1]	Generic[2]	Unknown[3]	Total	Brand[1]	Generic[2]	Unknown[3]
Total[4]	758,504	14.4%	85.2%	0.4%	237,498	15.4%	84.1%	0.4%	521,006	13.9%	85.7%	0.4%
Alabama	7,870	16.7	83.1	0.2	7,870	16.7	83.1	0.2	–	–	–	–
Alaska	1,406	15.9	83.7	0.4	1,406	15.9	83.7	0.4	–	–	–	–
Arizona	15,871	13.8	85.7	0.5	206	15.6	83.8	0.6	15,664	13.8	85.7	0.5
Arkansas	5,442	15.4	84.3	0.3	4,396	15.4	84.4	0.3	1,046	15.7	84.1	0.2
California	85,576	14.3	85.4	0.2	64,447	13.3	86.5	0.2	21,129	17.4	82.2	0.4
Colorado	8,436	17.5	82.3	0.3	7,971	17.7	82.0	0.3	464	14.1	85.8	0.1
Connecticut	9,299	21.4	78.3	0.3	9,299	21.4	78.3	0.3	–	–	–	–
Delaware	2,686	14.9	84.8	0.3	7	49.4	50.6	–	2,679	14.8	84.9	0.3
District of Columbia	1,434	15.4	84.4	0.2	251	30.4	69.5	0.1	1,183	12.2	87.6	0.2
Florida	29,323	16.1	83.6	0.3	991	18.9	80.7	0.4	28,332	16.0	83.7	0.3
Georgia	16,995	12.3	87.4	0.3	7,213	16.2	83.6	0.1	9,782	9.3	90.2	0.5
Hawaii	2,013	11.9	87.7	0.5	5	–	100.0	–	2,008	11.9	87.6	0.5
Idaho	4,276	16.4	83.2	0.4	4,276	16.4	83.2	0.4	–	–	–	–
Illinois	27,602	13.8	86.2	0.1	1,523	15.4	84.5	0.0	26,079	13.7	86.3	0.1
Indiana	20,171	14.2	85.5	0.3	2,796	14.8	84.8	0.4	17,375	14.2	85.6	0.2
Iowa	8,156	14.4	85.5	0.1	67	18.0	82.0	0.0	8,089	14.4	85.5	0.1
Kansas	3,542	14.7	85.1	0.1	8	10.9	89.1	–	3,534	14.8	85.1	0.1
Kentucky	23,851	12.3	87.1	0.6	1,089	9.0	89.4	1.6	22,763	12.4	87.0	0.6
Louisiana	21,158	12.7	86.9	0.4	599	12.6	86.9	0.5	20,559	12.7	86.9	0.4
Maine	2,845	25.7	74.2	0.2	2,845	25.7	74.2	0.2	–	–	–	–
Maryland	14,893	15.5	84.4	0.1	5,008	18.7	81.2	0.0	9,885	13.9	86.0	0.1
Massachusetts	16,419	17.5	80.9	1.6	7,873	16.7	81.6	1.7	8,546	18.2	80.3	1.5
Michigan	30,775	13.8	85.7	0.5	9,598	14.5	85.3	0.2	21,176	13.5	85.9	0.6
Minnesota	12,135	14.7	81.6	3.7	1,638	12.9	78.8	8.3	10,497	15.0	82.0	3.0
Mississippi	5,256	12.4	87.4	0.2	1,715	11.2	88.7	0.1	3,541	13.0	86.8	0.2
Missouri	13,239	15.8	84.0	0.3	13,239	15.8	84.0	0.3	–	–	–	–

MACStats

Section 3

EXHIBIT 27. (continued)

State	Total				Fee for service				Managed care			
	Total	Brand[1]	Generic[2]	Unknown[3]	Total	Brand[1]	Generic[2]	Unknown[3]	Total	Brand[1]	Generic[2]	Unknown[3]
Montana	3,115	15.6%	84.3%	0.2%	3,115	15.6%	84.3%	0.2%	–	–	–	–
Nebraska	4,151	15.5	84.2	0.3	0	–	100.0	–	4,151	15.5%	84.2%	0.3%
Nevada	5,293	11.8	87.2	0.9	2,025	14.8	84.4	0.7	3,267	10.0	89.0	1.1
New Hampshire	2,403	13.2	86.5	0.3	8	20.9	70.0	9.1	2,395	13.1	86.6	0.3
New Jersey	21,635	11.2	88.7	0.0	168	17.4	82.5	0.1	21,467	11.2	88.8	0.0
New Mexico	5,291	12.1	87.7	0.2	278	21.2	78.6	0.2	5,012	11.6	88.2	0.2
New York	78,804	12.3	86.8	0.9	9,933	12.3	86.7	1.0	68,871	12.3	86.8	0.9
North Carolina	15,638	19.7	80.0	0.2	5,275	22.0	77.7	0.3	10,364	18.6	81.2	0.2
North Dakota	998	16.6	83.0	0.3	920	15.8	84.0	0.2	78	26.4	71.2	2.3
Ohio	43,117	14.5	85.4	0.1	3,442	11.8	88.1	0.1	39,674	14.7	85.2	0.1
Oklahoma	7,612	11.7	88.2	0.1	7,612	11.7	88.2	0.1	–	–	–	–
Oregon	10,340	12.1	87.7	0.2	2,376	5.9	94.0	0.0	7,964	14.0	85.8	0.2
Pennsylvania	36,233	13.5	86.5	0.0	490	10.7	89.2	0.0	35,743	13.5	86.4	0.0
Rhode Island	3,840	10.7	89.3	0.0	105	11.0	89.0	–	3,735	10.7	89.3	0.0
South Carolina	6,999	14.0	85.5	0.5	983	15.8	82.9	1.3	6,016	13.7	86.0	0.3
South Dakota	928	14.9	84.3	0.8	928	14.9	84.3	0.8	–	–	–	–
Tennessee	14,511	17.2	81.9	0.9	12,855	14.3	84.8	0.9	1,656	40.0	58.7	1.3
Texas	34,239	14.1	85.9	0.0	502	20.2	79.7	0.1	33,737	14.0	86.0	0.0
Utah	3,508	16.6	83.3	0.1	1,512	17.9	82.0	0.1	1,996	15.5	84.3	0.1
Vermont	1,650	23.1	76.9	0.0	1,635	23.1	76.9	0.0	15	23.0	76.7	0.4
Virginia	22,581	14.0	85.2	0.8	216	15.5	82.0	2.4	22,365	14.0	85.2	0.7
Washington	14,682	12.6	87.1	0.2	996	13.4	86.4	0.2	13,686	12.6	87.2	0.2
West Virginia	8,928	16.9	82.9	0.2	8,639	16.6	83.2	0.2	288	25.5	74.3	0.2
Wisconsin	12,342	18.7	81.0	0.4	12,342	18.7	81.0	0.4	–	–	–	–
Wyoming	419	15.1	84.8	0.1	419	15.1	84.8	0.1	–	–	–	–

EXHIBIT 27. (continued)

Notes: FY is fiscal year. Drug utilization in this exhibit reflects the number of prescriptions reported in the state drug utilization data that states submit to CMS for rebate purposes and are different from Transformed Medicaid Statistical Information System (T-MSIS) data that serve as our usual source of utilization data. Utilization shown in the drug utilization data may differ from these other sources due to differences in timing and run-out of data used. In addition, the drug utilization data may include physician-administered drugs for which rebates are available; these drugs are typically reported under the physician services category instead of the outpatient prescription drug category in other data. The state drug utilization data provide both fee-for-service (FFS) and managed care drug utilization and spending information at the national drug code (NDC) level. To assign brand and generic status, we linked the quarterly state drug utilization data to the quarterly Medicaid drug product data from CMS using the NDC code. Brand and generic status was assigned using the drug category indicator from the drug product file.

The state drug utilization data are available at https://www.medicaid.gov/medicaid/prescription-drugs/state-drug-utilization-data/index.html, and the drug product data are available at https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/data/index.html.

Since October 2016, CMS has suppressed all records in the state drug utilization data that are less than 11 counts, as obligated by the Privacy Act of 1974 (5 U.S.C. § 552a) and the HIPAA Privacy Rule (45 C.F.R. Parts 160 and 164). The different brand and generic proportions under FFS and managed care may reflect differences in the populations and specific drugs covered under each delivery system (e.g., behavioral health drugs carved out of managed care) as well as differences in how the state and participating health plans managed the drug benefit.

– Dash indicates zero; 0.0% indicates an amount less than 0.05% that rounds to zero.

[1] For this exhibit, brand drugs were defined as single source drugs and innovator, multiple source drugs as indicated in that quarter's Medicaid drug product data.

[2] For this exhibit, generic drugs were defined as non-innovator, multiple source drugs as indicated in that quarter's Medicaid drug product file.

[3] For this exhibit, unknown drugs were those drugs whose NDC did not have a match in that quarter's Medicaid drug product file.

[4] The national total does not equal the sum of the states due to the suppression of records. Records for drugs that were suppressed at the state level were not necessarily suppressed once the individual state data were rolled up into the national file. Although the number of suppressed prescriptions in the FY 2022 national file is not known, a comparison of totals from previous years may be instructive. A comparison of the updated FY 2014 files with data suppression to prior versions without suppression indicates that about 4 million prescriptions, or 0.7 percent of prescriptions, were suppressed in the FY 2014 data.

Source: MACPAC, 2023, analysis of Medicaid drug product data and state drug rebate utilization data as of September 2023.