EXHIBIT 27. Medicaid Drug Prescriptions by Delivery System and Brand or Generic Status, FY 2023 (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]	789,021	14.0%	85.7%	0.3%	295,317	14.5%	85.2%	0.3%	493,704	13.7%	86.0%	0.3%
Alabama	8,075	15.0	84.9	0.1	8,075	15.0	84.9	0.1	–	–	–	–
Alaska	1,382	16.7	83.1	0.2	1,382	16.7	83.1	0.2	–	–	–	–
Arizona	16,527	12.7	87.0	0.4	308	14.2	85.4	0.4	16,219	12.6	87.0	0.4
Arkansas	6,019	13.3	86.6	0.1	4,889	13.1	86.8	0.1	1,130	14.2	85.7	0.1
California	91,290	14.6	85.3	0.1	84,422	12.9	87.0	0.0	6,868	35.4	64.3	0.3
Colorado	8,915	16.8	83.0	0.2	8,400	17.0	82.8	0.2	515	13.9	85.8	0.3
Connecticut	9,627	20.9	79.0	0.1	9,627	20.9	79.0	0.1	–	–	–	–
Delaware	2,800	14.9	84.9	0.1	7	53.8	46.2	–	2,793	14.9	85.0	0.1
District of Columbia	1,425	15.4	84.5	0.1	238	30.1	69.8	0.0	1,187	12.5	87.4	0.1
Florida	29,420	15.8	84.1	0.1	946	17.6	82.3	0.1	28,474	15.8	84.2	0.1
Georgia	17,976	11.8	87.9	0.4	6,876	15.6	84.2	0.2	11,100	9.3	90.1	0.5
Hawaii	2,069	12.2	87.5	0.3	17	–	100.0	–	2,052	12.3	87.4	0.3
Idaho	4,259	16.2	83.6	0.1	4,259	16.2	83.6	0.1	–	–	–	–
Illinois	29,328	13.9	86.1	0.0	1,592	14.7	85.2	0.0	27,736	13.8	86.2	0.0
Indiana	21,136	13.9	85.8	0.2	2,980	13.5	85.9	0.6	18,156	14.0	85.8	0.2
Iowa	8,504	14.4	85.6	0.0	57	18.5	81.5	0.0	8,447	14.4	85.6	0.0
Kansas	4,014	14.2	85.7	0.1	8	15.3	84.7	–	4,006	14.2	85.7	0.1
Kentucky	17,076	10.6	88.7	0.7	1,142	8.8	89.2	2.0	15,933	10.8	88.6	0.6
Louisiana	21,867	13.3	86.5	0.2	857	11.6	88.2	0.3	21,009	13.4	86.4	0.2
Maine	3,028	25.4	74.5	0.1	3,028	25.4	74.5	0.1	–	–	–	–
Maryland	15,439	14.7	85.3	0.1	5,237	16.9	83.0	0.0	10,202	13.5	86.4	0.1
Massachusetts	16,565	18.0	80.7	1.3	6,685	17.5	81.0	1.5	9,880	18.3	80.5	1.1
Michigan	31,863	13.6	86.0	0.3	9,834	14.4	85.5	0.1	22,030	13.3	86.2	0.4
Minnesota	12,468	15.0	81.6	3.5	1,630	12.4	79.8	7.8	10,838	15.4	81.8	2.8
Mississippi	6,057	12.8	87.0	0.2	1,946	11.4	88.3	0.3	4,111	13.4	86.4	0.2
Missouri	15,757	14.4	85.5	0.1	15,757	14.4	85.5	0.1	–	–	–	–

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	3,199	16.0%	83.8%	0.2%	3,199	16.0%	83.8%	0.2%	–	–	–	–
Nebraska	4,483	14.7	85.1	0.2	0	44.9	55.1	–	4,483	14.7%	85.1%	0.2%
Nevada	2,924	14.6	83.9	1.5	1,699	14.0	85.0	1.0	1,225	15.4	82.4	2.2
New Hampshire	2,327	13.3	86.4	0.3	8	18.0	78.9	3.1	2,319	13.3	86.4	0.3
New Jersey	22,928	10.8	89.1	0.1	126	15.2	84.8	0.0	22,801	10.8	89.1	0.1
New Mexico	5,697	11.4	88.5	0.1	272	21.2	78.7	0.1	5,425	10.9	89.0	0.1
New York	77,702	12.4	86.8	0.7	41,529	12.4	86.7	0.9	36,173	12.4	87.0	0.6
North Carolina	16,969	18.8	80.8	0.4	4,980	20.5	78.5	1.0	11,989	18.1	81.7	0.2
North Dakota	1,021	15.8	84.1	0.1	939	14.8	85.1	0.1	82	26.9	72.8	0.2
Ohio	41,870	13.4	86.6	0.1	3,520	11.3	88.7	0.0	38,350	13.6	86.4	0.1
Oklahoma	8,820	11.9	88.0	0.1	8,820	11.9	88.0	0.1	–	–	–	–
Oregon	10,813	10.9	89.0	0.1	2,462	4.6	95.3	0.1	8,351	12.7	87.2	0.1
Pennsylvania	37,810	13.4	86.5	0.0	498	11.1	88.9	0.0	37,312	13.5	86.5	0.0
Rhode Island	3,982	10.8	89.2	–	110	9.9	90.1	–	3,872	10.8	89.2	–
South Carolina	7,825	12.8	86.8	0.4	1,008	14.6	84.5	0.9	6,817	12.6	87.1	0.3
South Dakota	871	14.7	84.8	0.5	871	14.7	84.8	0.5	–	–	–	–
Tennessee	14,905	16.7	82.7	0.6	13,082	13.8	85.8	0.5	1,823	37.4	61.0	1.6
Texas	35,902	13.2	86.8	0.0	406	18.6	81.2	0.2	35,496	13.1	86.9	0.0
Utah	2,824	16.7	83.3	0.0	1,581	18.6	81.4	0.0	1,243	14.3	85.6	0.0
Vermont	1,636	20.8	79.2	0.0	1,616	20.8	79.2	0.0	20	22.5	77.5	–
Virginia	24,604	13.2	86.3	0.6	200	20.6	77.3	2.1	24,404	13.1	86.3	0.6
Washington	14,443	12.2	87.7	0.1	960	12.5	87.4	0.1	13,483	12.1	87.8	0.1
West Virginia	9,106	16.0	84.0	0.1	8,842	15.7	84.2	0.0	263	23.8	76.0	0.2
Wisconsin	13,486	18.4	81.5	0.1	13,486	18.4	81.5	0.1	–	–	–	–
Wyoming	453	14.6	85.4	0.0	453	14.6	85.4	0.0	–	–	–	–

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 the Centers for Medicare & Medicaid Services (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 fewer than 11 counts, as obligated by the Privacy Act of 1974 (5 U.S.C. § 552a) and the Health Insurance Portability and Accountability Act 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 2023 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, 2024, analysis of Medicaid drug product data and state drug rebate utilization data as of September 2024.