

EXHIBIT 25. Medicaid Gross Spending for Drugs by Delivery System and Brand or Generic Status, FY 2015 (millions)

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
Total⁴	\$53,036.3	76.9%	23.1%	0.1%	\$23,961.7	80.2%	19.8%	0.1%	\$29,074.6	74.1%	25.8%	0.1%
Alabama	605.7	75.3	24.6	0.1	605.7	75.3	24.6	0.1	–	–	–	–
Alaska	67.4	66.1	33.5	0.3	67.4	66.1	33.5	0.3	–	–	–	–
Arizona	909.0	68.9	30.9	0.2	9.9	86.9	12.5	0.6	899.1	68.7	31.1	0.2
Arkansas	358.8	71.1	28.8	0.1	358.8	71.1	28.8	0.1	–	–	–	–
California	6,404.1	78.6	21.3	0.0	4,056.8	86.0	14.0	0.0	2,347.3	65.9	34.0	0.0
Colorado	674.8	72.9	26.8	0.2	674.8	72.9	26.8	0.2	–	–	–	–
Connecticut	1,116.6	82.3	17.7	0.0	1,116.6	82.3	17.7	0.0	–	–	–	–
Delaware	202.9	81.7	18.3	0.0	49.5	79.9	20.1	0.0	153.4	82.3	17.7	0.0
District of Columbia	130.6	77.0	22.9	0.0	72.1	84.7	15.3	0.0	58.5	67.6	32.4	0.0
Florida	2,615.5	80.0	19.9	0.0	563.5	84.2	15.7	0.2	2,051.9	78.9	21.1	0.0
Georgia	1,054.7	75.0	25.0	0.0	651.3	82.0	18.0	–	403.5	63.7	36.3	0.0
Hawaii ⁵	881.8	60.0	39.9	0.1	0.2	74.6	25.4	–	881.6	60.0	39.9	0.1
Idaho	171.1	78.2	21.8	0.0	171.1	78.2	21.8	0.0	–	–	–	–
Illinois	1,188.3	73.4	26.6	0.0	671.0	72.6	27.4	0.0	517.4	74.6	25.4	0.0
Indiana	1,097.5	77.6	22.3	0.1	829.3	78.6	21.3	0.2	268.2	74.4	25.6	0.1
Iowa	432.6	76.5	23.5	0.0	431.6	76.4	23.6	0.0	1.0	96.3	3.7	–
Kansas	289.6	75.4	24.6	0.0	0.4	80.1	19.9	0.0	289.2	75.4	24.6	0.0
Kentucky	1,042.0	68.5	31.4	0.1	63.8	76.0	23.6	0.4	978.2	68.0	31.9	0.0
Louisiana	703.1	70.3	29.7	0.0	226.9	72.7	27.3	0.0	476.2	69.1	30.9	0.0
Maine	227.5	82.1	17.9	0.0	227.5	82.1	17.9	0.0	–	–	–	–
Maryland	993.1	83.6	16.4	0.0	502.5	87.7	12.3	0.0	490.6	79.4	20.6	0.0
Massachusetts	1,113.6	75.4	24.5	0.1	524.9	74.8	25.0	0.1	588.7	75.9	23.9	0.1
Michigan	1,552.2	74.7	25.2	0.0	894.8	78.8	21.2	0.0	657.4	69.2	30.7	0.1
Minnesota	864.5	72.2	27.7	0.0	224.5	73.2	26.8	0.0	640.0	71.9	28.1	0.0
Mississippi	507.6	69.5	30.5	0.0	203.9	71.7	28.3	0.0	303.6	68.1	31.9	0.0
Missouri	1,199.0	72.3	27.7	0.1	1,199.0	72.3	27.7	0.1	–	–	–	–
Montana	97.8	80.2	19.8	0.0	97.8	80.2	19.8	0.0	–	–	–	–
Nebraska	168.5	74.9	25.1	0.0	162.6	74.5	25.5	0.0	5.9	85.7	14.2	0.0

EXHIBIT 25. (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
Nevada	\$333.6	77.3%	22.7%	0.1%	\$212.3	81.6%	18.3%	0.0%	\$121.3	69.6%	30.2%	0.1%
New Hampshire	105.8	75.5	24.5	0.0	7.5	78.9	21.0	0.2	98.3	75.3	24.7	0.0
New Jersey	1,352.6	76.3	23.7	0.0	47.6	79.0	21.0	0.0	1,305.0	76.2	23.8	0.0
New Mexico	261.6	71.1	28.9	0.0	5.4	65.9	34.1	0.0	256.2	71.2	28.8	0.0
New York	5,306.6	79.8	20.2	0.0	678.9	82.5	17.5	0.0	4,627.7	79.4	20.6	0.0
North Carolina	1,656.1	80.8	19.2	0.0	1,656.1	80.8	19.2	0.0	–	–	–	–
North Dakota	53.4	73.8	26.1	0.1	31.2	70.2	29.8	0.0	22.2	78.8	20.9	0.3
Ohio	2,418.4	73.5	26.3	0.2	375.5	77.8	21.8	0.4	2,042.9	72.7	27.1	0.2
Oklahoma	465.3	76.1	23.9	0.0	465.3	76.1	23.9	0.0	–	–	–	–
Oregon	589.5	74.4	25.6	0.0	152.8	70.1	29.9	0.0	436.7	75.9	24.1	0.0
Pennsylvania	2,120.7	76.8	23.1	0.1	67.2	75.8	24.2	0.0	2,053.5	76.8	23.1	0.1
Rhode Island	4.0	92.3	7.7	–	4.0	92.3	7.7	–	–	–	–	–
South Carolina	475.8	72.0	28.0	0.0	92.5	79.2	20.8	0.1	383.3	70.2	29.7	0.0
South Dakota	81.2	68.1	31.9	0.0	81.2	68.1	31.9	0.0	–	–	–	–
Tennessee	931.3	79.4	20.5	0.1	876.7	78.5	21.5	0.0	54.6	93.9	5.1	1.0
Texas	3,155.1	79.9	20.1	0.0	679.5	83.8	16.2	0.0	2,475.7	78.8	21.2	0.0
Utah	180.0	74.5	25.5	–	112.6	75.9	24.1	–	67.4	72.0	28.0	–
Vermont	158.8	74.6	25.4	0.0	158.8	74.6	25.4	0.0	–	–	–	–
Virginia	900.0	58.1	40.6	1.3	100.4	73.4	26.0	0.6	799.6	56.2	42.5	1.3
Washington	794.4	76.3	23.6	0.1	128.9	78.3	21.6	0.1	665.5	75.9	24.0	0.0
West Virginia	528.8	76.7	23.2	0.1	433.4	77.4	22.6	0.1	95.5	73.8	26.2	0.0
Wisconsin	978.3	78.2	21.8	0.0	977.0	78.2	21.8	0.0	1.3	71.0	29.0	0.0
Wyoming	34.2	78.5	21.4	0.1	34.2	78.5	21.4	0.1	–	–	–	–

Notes: FY is fiscal year. Amounts include federal and state funds. Gross spending reflects expenditures prior to the application of manufacturer rebates. Drug expenditures in this exhibit use information from the state drug utilization data that states submit to the Centers for Medicare & Medicaid Services (CMS) for rebate purposes, and are different from the CMS-64 Financial Management Report and Medicaid Statistical Information System (MSIS) data that serve as our usual sources of expenditure data. Spending 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 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.

EXHIBIT 25. (continued)

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>. Beginning in October 2016, CMS, as obligated by the Privacy Act of 1974 (5 U.S.C. § 552a) and the Health Insurance Portability and Accountability Act privacy rule (45 CFR Parts 160 and 164), has suppressed all records in the state drug utilization data that are less than 11 counts. The different brand and generic proportions under fee for service 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 (as described in the Notes above). 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 summary file. While we do not know how much spending has been suppressed in the national summary file, comparison of the updated FY 2014 files with data suppression to last year's MACStats indicate that about \$370 million dollars (0.9 percent) have been suppressed in the FY 2014 data.
- ⁵ Hawaii's managed care spending more than doubled from FY 2014 while prescription volume remained about the same.

Source: MACPAC, 2016, analysis of Medicaid drug product data and state drug rebate utilization data as of October 2016.