

EXHIBIT 26. Medicaid Gross Spending for Drugs by Delivery System and Brand or Generic Status, FY 2023 (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	\$104,859.3	84.8%	15.0%	0.2%	\$42,768.4	86.5%	13.4%	0.0%	\$62,090.8	83.6%	16.1%	0.3%
Alabama	1,061.3	87.3	12.7	0.0	1,061.3	87.3	12.7	0.0	–	–	–	–
Alaska	211.4	86.8	13.2	0.0	211.4	86.8	13.2	0.0	–	–	–	–
Arizona	2,003.1	87.7	12.2	0.0	45.5	80.2	19.7	0.1	1,957.6	87.9	12.1	0.0
Arkansas	540.1	83.3	16.7	0.0	434.6	82.6	17.3	0.0	105.5	85.9	14.1	0.0
California	13,689.1	83.7	16.2	0.0	13,089.3	83.5	16.5	0.0	599.8	89.5	10.5	0.1
Colorado	1,533.6	90.6	9.3	0.0	1,473.2	90.7	9.2	0.0	60.4	87.8	12.1	0.0
Connecticut	1,848.8	90.7	9.2	0.1	1,848.8	90.7	9.2	0.1	–	–	–	–
Delaware	278.5	86.7	13.3	0.0	1.4	95.4	4.6	–	277.1	86.6	13.4	0.0
District of Columbia	253.7	92.6	7.4	0.0	150.8	98.0	2.0	0.0	103.0	84.6	15.4	0.0
Florida	3,924.6	90.0	10.0	0.0	258.3	94.6	5.4	0.0	3,666.4	89.7	10.3	0.0
Georgia	1,506.8	85.9	14.1	0.1	872.6	90.4	9.5	0.0	634.1	79.5	20.3	0.1
Hawaii	244.7	84.6	15.4	0.0	0.2	–	100.0	–	244.4	84.6	15.3	0.0
Idaho	572.8	90.1	9.8	0.1	572.8	90.1	9.8	0.1	–	–	–	–
Illinois	3,777.0	90.5	9.5	0.0	137.3	85.9	14.1	0.0	3,639.6	90.7	9.3	0.0
Indiana	2,757.6	87.6	12.3	0.0	503.1	91.2	8.8	0.1	2,254.4	86.9	13.1	0.0
Iowa	840.4	92.5	7.5	0.0	5.4	89.3	10.6	0.1	835.0	92.5	7.5	0.0
Kansas	378.7	81.1	18.8	0.0	0.6	83.9	16.1	–	378.1	81.1	18.9	0.0
Kentucky	1,589.5	90.5	9.4	0.1	84.5	81.0	18.7	0.3	1,505.0	91.1	8.8	0.1
Louisiana	2,730.9	87.7	12.3	0.0	82.9	84.1	15.8	0.1	2,648.0	87.8	12.1	0.0
Maine	498.2	91.0	9.0	0.0	498.2	91.0	9.0	0.0	–	–	–	–
Maryland	1,691.4	88.9	11.0	0.0	564.6	85.6	14.4	0.0	1,126.8	90.6	9.4	0.0
Massachusetts	2,277.7	88.8	11.0	0.1	871.8	88.9	11.0	0.1	1,405.9	88.8	11.1	0.1
Michigan	3,830.7	90.3	9.7	0.0	1,489.8	88.7	11.3	0.0	2,340.8	91.3	8.7	0.0
Minnesota	1,506.9	84.9	14.9	0.2	173.9	71.1	28.2	0.7	1,333.1	86.7	13.1	0.2
Mississippi	679.8	84.6	15.3	0.0	171.3	82.6	17.4	0.1	508.5	85.3	14.6	0.0



EXHIBIT 26. (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
Missouri	\$1,774.9	86.9%	13.1%	0.0%	\$1,774.9	86.9%	13.1%	0.0%	–	–	–	–
Montana	423.2	88.6	11.3	0.1	423.2	88.6	11.3	0.1	–	–	–	–
Nebraska	491.1	86.9	13.1	0.0	0.0	76.5	23.5	–	\$491.1	86.9%	13.1%	0.0%
Nevada	438.1	88.6	11.1	0.3	273.9	88.0	11.8	0.2	164.2	89.8	9.8	0.4
New Hampshire	268.1	86.1	13.9	0.0	3.4	98.0	1.9	0.1	264.7	85.9	14.1	0.0
New Jersey	1,988.4	87.5	12.5	0.0	7.4	84.7	15.2	0.1	1,981.0	87.5	12.5	0.0
New Mexico	568.4	73.0	27.0	0.0	110.4	31.8	68.1	0.1	458.0	82.9	17.1	0.0
New York	8,548.7	86.3	13.6	0.1	4,931.3	85.6	14.3	0.1	3,617.4	87.3	12.6	0.1
North Carolina	2,617.9	89.9	10.0	0.1	829.1	90.3	9.6	0.2	1,788.8	89.8	10.2	0.0
North Dakota	107.8	86.7	13.3	0.0	100.4	86.5	13.5	0.0	7.5	89.5	10.5	0.0
Ohio	4,906.9	86.3	13.7	0.0	324.2	83.4	16.6	0.0	4,582.7	86.5	13.5	0.0
Oklahoma	1,028.5	86.3	13.7	0.0	1,028.5	86.3	13.7	0.0	–	–	–	–
Oregon	867.5	82.8	17.2	0.0	128.7	74.1	25.9	0.0	738.7	84.3	15.7	0.0
Pennsylvania	4,661.4	86.2	13.8	0.0	33.6	82.1	17.9	0.0	4,627.9	86.2	13.7	0.0
Rhode Island	341.1	83.5	16.5	–	6.6	86.0	14.0	–	334.5	83.4	16.6	–
South Carolina	784.3	86.7	13.3	0.1	122.2	88.4	11.4	0.2	662.1	86.3	13.6	0.0
South Dakota	145.3	84.2	15.6	0.2	145.3	84.2	15.6	0.2	–	–	–	–
Tennessee	1,628.4	88.3	11.6	0.1	1,478.4	87.4	12.4	0.1	149.9	97.1	2.8	0.0
Texas	4,081.4	86.4	13.6	0.0	37.0	82.6	16.5	0.9	4,044.4	86.4	13.5	0.0
Utah	378.9	89.6	10.4	0.0	227.7	89.0	11.0	0.0	151.2	90.4	9.6	0.0
Vermont	203.5	88.8	11.2	0.0	203.5	88.8	11.2	0.0	0.0	99.4	0.6	–
Virginia ⁵	6,619.8	47.7	50.1	2.2	19.8	88.5	11.1	0.4	6,600.1	47.6	50.3	2.2
Washington	1,615.3	90.9	9.1	0.0	116.4	93.4	6.6	0.0	1,498.9	90.7	9.3	0.0
West Virginia	931.9	88.2	11.8	0.0	913.9	88.0	12.0	0.0	18.1	96.8	3.2	0.0
Wisconsin	2,023.8	88.5	11.5	0.0	2,023.8	88.5	11.5	0.0	–	–	–	–
Wyoming	50.2	86.2	13.8	0.0	50.2	86.2	13.8	0.0	–	–	–	–

EXHIBIT 26. (continued)

Notes: FY is fiscal year. Amounts include federal and state funds. Gross spending reflects expenditures before 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 Transformed Medicaid Statistical Information System (T-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 (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 million that rounds to 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 amount of suppressed spending in the FY 2023 national file is not known, 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 \$370 million, or 0.9 percent of gross spending, was suppressed in the FY 2014 data.

⁵ Virginia reports an atypical proportion of spending on generic drugs; this may indicate data anomalies in the payment amount for these drugs.

Source: MACPAC, 2024, analysis of Medicaid drug product data and state drug rebate utilization data as of September 2024.