

EXHIBIT 27. Medicaid Drug Prescriptions by Delivery System and Brand or Generic Status, FY 2024 (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
Total⁴	757,293	13.9%	85.8%	0.3%	311,099	14.3%	85.3%	0.4%	446,194	13.6%	86.1%	0.3%
Alabama	7,265	14.4	85.5	0.2	7,265	14.4	85.5	0.2	–	–	–	–
Alaska	1,228	16.6	83.3	0.1	1,228	16.6	83.3	0.1	–	–	–	–
Arizona	15,407	12.4	87.2	0.4	279	15.4	84.2	0.3	15,128	12.3	87.3	0.4
Arkansas	5,333	13.1	86.8	0.1	4,327	13.4	86.5	0.1	1,006	12.1	87.9	0.1
California	89,719	15.3	84.7	0.1	83,926	14.1	85.9	0.0	5,793	32.8	66.9	0.3
Colorado	8,027	16.3	83.5	0.2	7,560	16.6	83.2	0.2	467	11.8	88.2	0.0
Connecticut	9,370	20.6	79.3	0.1	9,370	20.6	79.3	0.1	–	–	–	–
Delaware	2,465	14.6	85.3	0.1	8	39.6	60.4	–	2,456	14.5	85.4	0.1
District of Columbia	1,383	15.1	84.7	0.2	260	27.1	72.8	0.1	1,123	12.4	87.4	0.2
Florida	23,766	15.6	84.2	0.3	782	16.2	83.7	0.1	22,983	15.6	84.2	0.3
Georgia	14,853	11.5	88.1	0.3	6,131	15.6	84.2	0.2	8,723	8.7	90.9	0.4
Hawaii	2,710	14.8	85.1	0.1	24	0.0	100.0	–	2,686	14.9	85.0	0.1
Idaho	3,888	16.2	83.6	0.2	3,888	16.2	83.6	0.2	–	–	–	–
Illinois	25,096	13.7	86.2	0.0	1,601	14.4	85.5	0.1	23,495	13.7	86.3	0.0
Indiana	19,204	13.7	85.8	0.5	2,823	12.5	86.0	1.5	16,380	14.0	85.7	0.3
Iowa	8,341	12.8	87.2	0.0	60	16.5	83.5	0.0	8,280	12.8	87.2	0.0
Kansas	3,443	12.3	87.7	0.0	8	11.0	88.6	0.4	3,436	12.3	87.6	0.0
Kentucky ⁵	43,344	13.3	86.6	0.1	1,457	9.0	90.4	0.6	41,887	13.5	86.5	0.1
Louisiana	18,706	13.1	86.7	0.2	648	12.5	87.3	0.2	18,058	13.1	86.7	0.2
Maine	2,975	22.7	77.1	0.1	2,975	22.7	77.1	0.1	–	–	–	–
Maryland	15,208	14.2	85.7	0.1	5,232	16.6	83.4	0.0	9,976	13.0	86.9	0.1
Massachusetts	15,038	18.7	79.8	1.5	4,842	17.1	80.8	2.1	10,196	19.5	79.3	1.2
Michigan	29,358	13.4	86.2	0.5	9,168	13.3	86.5	0.1	20,190	13.4	86.0	0.6
Minnesota	9,009	12.5	83.2	4.3	1,514	10.7	81.5	7.8	7,495	12.9	83.6	3.6
Mississippi	5,561	11.3	88.4	0.3	1,149	11.3	88.4	0.3	4,412	11.3	88.4	0.3
Missouri	15,874	14.0	85.9	0.1	15,874	14.0	85.9	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	2,896	15.3%	84.3%	0.4%	2,896	15.3%	84.3%	0.4%	–	–	–	–
Nebraska	3,832	14.6	85.2	0.2	0	–	100.0	–	3,832	14.6%	85.2%	0.2%
Nevada	4,272	13.1	86.2	0.6	1,995	14.1	85.6	0.3	2,277	12.3	86.8	0.9
New Hampshire	2,085	12.1	87.6	0.3	8	15.2	56.5	28.2	2,076	12.1	87.7	0.2
New Jersey	21,152	10.4	89.5	0.1	245	14.3	85.6	0.1	20,906	10.4	89.6	0.1
New Mexico	5,094	11.5	88.5	0.1	241	22.3	77.6	0.1	4,853	10.9	89.0	0.1
New York	74,475	13.1	86.0	0.9	72,429	12.5	86.7	0.8	2,046	36.5	61.7	1.8
North Carolina	18,821	17.2	82.6	0.2	4,184	19.2	80.6	0.2	14,637	16.7	83.2	0.2
North Dakota	899	15.0	84.8	0.1	834	14.3	85.6	0.1	66	24.3	75.6	0.1
Ohio	37,723	13.2	86.8	0.1	3,508	11.1	88.8	0.1	34,214	13.4	86.6	0.1
Oklahoma	8,063	12.6	87.3	0.1	5,756	12.5	87.4	0.1	2,307	12.9	87.0	0.1
Oregon	10,977	10.1	89.7	0.3	2,487	4.0	96.0	0.0	8,490	11.8	87.8	0.3
Pennsylvania	34,984	13.1	86.8	0.0	448	9.4	90.5	0.1	34,536	13.2	86.8	0.0
Rhode Island	3,574	10.5	89.5	0.0	119	9.4	90.6	–	3,456	10.5	89.5	0.0
South Carolina	7,424	11.4	88.2	0.4	1,075	13.4	85.8	0.9	6,349	11.0	88.7	0.3
South Dakota	1,106	13.3	86.2	0.5	1,106	13.3	86.2	0.5	–	–	–	–
Tennessee	13,178	16.0	83.4	0.6	11,501	13.2	86.3	0.5	1,677	34.9	63.7	1.4
Texas	28,261	12.9	86.6	0.5	409	16.8	82.9	0.3	27,853	12.8	86.7	0.5
Utah	2,760	13.9	86.1	0.0	1,649	14.6	85.4	0.0	1,111	12.9	87.1	0.0
Vermont	1,435	19.9	80.1	0.0	1,415	19.8	80.1	0.0	20	20.5	79.5	–
Virginia	23,604	13.6	85.9	0.5	221	14.9	83.5	1.6	23,382	13.6	85.9	0.5
Washington	13,406	11.3	88.6	0.1	835	10.6	89.1	0.2	12,571	11.4	88.6	0.1
West Virginia	7,782	15.7	84.3	0.1	7,599	15.5	84.5	0.0	183	24.7	74.7	0.5
Wisconsin	12,945	18.6	81.3	0.1	12,945	18.6	81.3	0.1	–	–	–	–
Wyoming	325	13.3	86.7	0.0	325	13.3	86.7	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 2024 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.

⁵ Kentucky reported an anomalous amount of prescriptions in the third quarter of FY 2024.

Source: MACPAC, 2025, analysis of Medicaid drug product data and state drug rebate utilization data as of November 2025.