

Division of Health Care Financing & Policy
PHARMACY POINT OF SALE EXPENDITURES SUMMARY
September 21, 2018

Fee-for-Service Point of Sale Expenditures						
	FY13	FY14	FY15	FY16	FY17	FY18
Expenditures	129,051,452	173,965,700	234,090,058	261,951,259	277,631,331	262,404,226
Claims Paid	2,080,174	2,327,280	2,605,687	2,747,485	2,660,329	2,196,954
Patients	98,006	118,834	141,034	142,576	123,918	103,548

Managed Care Point of Sale Expenditures						
	FY13	FY14	FY15	FY16	FY17	FY18
Expenditures	31,197,769	58,297,767	170,140,149	228,446,548	284,855,649	305,014,419
Claims Paid	1,007,007	1,529,576	3,473,138	4,103,958	4,522,128	4,683,911
Patients	145,981	201,870	296,653	326,619	345,727	360,135

Fee-for-Service & Managed Care Point of Sale Expenditures						
	FY13	FY14	FY15	FY16	FY17	FY18
Expenditures	160,249,221	232,263,467	404,230,207	490,397,807	562,486,980	567,418,645
Claims Paid	3,087,181	3,856,856	6,078,825	6,851,443	7,182,457	6,880,865
Patients	243,987	320,704	437,687	469,195	469,645	463,683

Notes:

- 1) Patients is a distinct count. Since a patient may have a prescription in multiple years or may move between FFS and MCO, totals will be less than the sum of years or sum between FFS & MCO.
- 2) Due to claims lag, data for FY2018 may not be complete.
- 3) Due to capitated payments, the MCO costs included in this analysis are direct costs to the MCO but are not reflective of the direct costs to the State.
- 4) These costs are before rebates are applied.

- These are point of sale expenditures only.
- Any drug that is FDA approved and is rebateable must be covered by Medicaid.
- FFS has a high expenditure rate due to the Aged, Blind and Disabled population. Carved out of MCO.
- We receive an average of 50% rebates.