## FY 2014-2018 Pharmacy Program Cost Per Member and Recipient

Medicaid Eligibility Only				
Year	Benefit Payments	Cost Per Prescription	Per Member Per Year Cost	Cost Per Recipient
FY 2014	\$560,729,827	\$79.52	\$806	\$975
FY 2015	\$621,333,757	\$89.22	\$839	\$1,024
FY 2016	\$700,940,628	\$100.14	\$944	\$1,184
FY 2017	\$647,048,170	\$97.98	\$886	\$1,149
FY 2018	\$709,020,080	\$108.94	\$965	\$1,207

<sup>1</sup> Payment amounts come from claims data only and do not include any non-claims based financial transactions or medical costs that cannot be associated with a specific recipient.

<sup>&</sup>lt;sup>3</sup> Pharmacy benefit payments exclude pharmacy benefits paid for family planning, alternative care and Medicaid-CHIP.

<sup>3</sup> Clawback payments are the amounts states pay to the federal government as required by the Medicare Prescription Drug Improvement and Modernization Act of 2003 for Medicare Part D coverage.

<sup>4</sup> Monthly average pharmacy eligibles is total Medicaid eligibles less Plan First eligibles and members that are eligible for Medicare benefits

<sup>(</sup>dual eligibles).