

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
ABATACEPT	125 MG/ML	SYRINGE	SUBCUT	11/04/2024	1452.29385
ABATACEPT	50MG/0.4ML	SYRINGE	SUBCUT	11/04/2024	3630.73463
ABATACEPT	87.5MG/0.7	SYRINGE	SUBCUT	11/04/2024	2074.70550
ABATACEPT/MALTOSE	250 MG	VIAL	INTRAVEN	11/04/2024	1491.72960
ADO-TRASTUZUMAB EMTANSINE	100 MG	VIAL	INTRAVEN	11/04/2024	4009.28340
ADO-TRASTUZUMAB EMTANSINE	160 MG	VIAL	INTRAVEN	11/04/2024	6414.84120
ALPHA-1-PROTEINASE INHIBITOR	1000 MG	VIAL	INTRAVEN	11/04/2024	731.27880
ALTEPLASE	2 MG	VIAL	INJECTION	11/04/2024	179.86884
ANTI-INHIBITOR COAGULANT COMP.	1750-3250	VIAL	INTRAVEN	11/04/2024	1.68444
ANTI-INHIBITOR COAGULANT COMP.	350-650	VIAL	INTRAVEN	11/04/2024	1.72217
ANTI-INHIBITOR COAGULANT COMP.	700-1300	VIAL	INTRAVEN	11/04/2024	1.67706
ANTI-THYMOCYTE GLOBULIN,RABBIT	25 MG	VIAL	INTRAVEN	11/04/2024	1087.48320
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	250 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	3000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29540
ANTIHEMO.FVIII,FULL LENGTH PEG	250 (+/-)	VIAL	INTRAVEN	11/04/2024	1.77039
ANTIHEMO.FVIII,FULL LENGTH PEG	500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.77039
ANTIHEMO.FVIII,FULL LENGTH PEG	1000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.77039
ANTIHEMO.FVIII,FULL LENGTH PEG	2000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.77039
ANTIHEMO.FVIII,FULL LENGTH PEG	750 (+/-)	VIAL	INTRAVEN	04/01/2025	1.77039
ANTIHEMO.FVIII,FULL LENGTH PEG	1500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.77039
ANTIHEMO.FVIII,FULL LENGTH PEG	3000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.77039
ANTIHEMOPH.FVIII REC,FC FUSION	250 UNIT	VIAL	INTRAVEN	11/04/2024	2.72107
ANTIHEMOPH.FVIII REC,FC FUSION	500 UNIT	VIAL	INTRAVEN	11/04/2024	2.69792
ANTIHEMOPH.FVIII REC,FC FUSION	750 UNIT	VIAL	INTRAVEN	11/04/2024	2.84459

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
ANTIHEMOPH.FVIII REC,FC FUSION	1000 UNIT	VIAL	INTRAVEN	11/04/2024	2.89476
ANTIHEMOPH.FVIII REC,FC FUSION	1500 UNIT	VIAL	INTRAVEN	11/04/2024	2.83108
ANTIHEMOPH.FVIII REC,FC FUSION	2000 UNIT	VIAL	INTRAVEN	11/04/2024	2.89186
ANTIHEMOPH.FVIII REC,FC FUSION	3000 UNIT	VIAL	INTRAVEN	11/04/2024	2.89476
ANTIHEMOPH.FVIII REC,FC FUSION	4000 UNIT	VIAL	INTRAVEN	11/04/2024	2.89476
ANTIHEMOPH.FVIII REC,FC FUSION	5000 UNIT	VIAL	INTRAVEN	11/04/2024	2.87102
ANTIHEMOPH.FVIII REC,FC FUSION	6000 UNIT	VIAL	INTRAVEN	11/04/2024	2.70660
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	250 (+/-)	VIAL	INTRAVEN	01/01/2025	1.14305
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29564
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.30536
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.26975
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	2000 (+/-)	VIAL	INTRAVEN	01/01/2025	1.31784
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	3000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.31784
ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	VIAL	INTRAVEN	11/04/2024	1.22400
ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.22400
ANTIHEMOPH.FVIII,B-DOMAIN DEL	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.22400
ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.22400
ANTIHEMOPH.FVIII,B-DOMAIN DEL	3000 (+/-)	SYRINGE	INTRAVEN	11/04/2024	1.81738
ANTIHEMOPH.FVIII,B-DOMAIN DEL	1000 (+/-)	SYRINGE	INTRAVEN	01/01/2025	1.83372
ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	SYRINGE	INTRAVEN	11/04/2024	1.77654
ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	SYRINGE	INTRAVEN	11/04/2024	1.81332
ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	SYRINGE	INTRAVEN	11/04/2024	1.71937
ANTIHEMOPH.FVIII,HEK B-DELETE	250 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
ANTIHEMOPH.FVIII,HEK B-DELETE	500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
ANTIHEMOPH.FVIII,HEK B-DELETE	1000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
ANTIHEMOPH.FVIII,HEK B-DELETE	2000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
ANTIHEMOPH.FVIII,HEK B-DELETE	2500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
ANTIHEMOPH.FVIII,HEK B-DELETE	3000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
ANTIHEMOPH.FVIII,HEK B-DELETE	4000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
ANTIHEMOPH.FVIII,HEK B-DELETE	1500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
ANTIHEMOPHIL.FVIII,FULL LENGTH	3000 (+/-)	VIAL	INTRAVEN	04/01/2025	2.05757
ANTIHEMOPHIL.FVIII,FULL LENGTH	2000 (+/-)	VIAL	INTRAVEN	04/01/2025	2.05757
ANTIHEMOPHIL.FVIII,FULL LENGTH	1500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.29530
ANTIHEMOPHIL.FVIII,FULL LENGTH	500 (+/-)	VIAL	INTRAVEN	04/01/2025	2.05757
ANTIHEMOPHIL.FVIII,FULL LENGTH	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	2.25057
ANTIHEMOPHIL.FVIII,FULL LENGTH	250 (+/-)	VIAL	INTRAVEN	04/01/2025	2.05757
ANTIHEMOPHIL.FVIII,FULL LENGTH	4000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.29530
ANTIHEMOPHILIC FACTOR, HUM REC	250 (+/-)	VIAL	INTRAVEN	11/04/2024	1.25032
ANTIHEMOPHILIC FACTOR, HUM REC	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.28199
ANTIHEMOPHILIC FACTOR, HUM REC	500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.13740
ANTIHEMOPHILIC FACTOR, HUM REC	2000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.25996
ANTIHEMOPHILIC FACTOR, HUM REC	1500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.18422
ANTIHEMOPHILIC FACTOR, HUMAN	500 (+/-)	VIAL	INTRAVEN	04/01/2025	0.73500
ANTIHEMOPHILIC FACTOR, HUMAN	250 (+/-)	VIAL	INTRAVEN	04/01/2025	0.72000
ANTIHEMOPHILIC FACTOR, HUMAN	220-400	VIAL	INTRAVEN	11/04/2024	1.03379
ANTIHEMOPHILIC FACTOR, HUMAN	401-800	VIAL	INTRAVEN	11/04/2024	0.93714
ANTIHEMOPHILIC FACTOR, HUMAN	801-1500	VIAL	INTRAVEN	11/04/2024	0.84678
ANTIHEMOPHILIC FACTOR, HUMAN	1501-2000	VIAL	INTRAVEN	04/01/2025	0.96300
ANTIHEMOPHILIC FACTOR/VWF	250-600	VIAL	INTRAVEN	11/04/2024	0.83528
ANTIHEMOPHILIC FACTOR/VWF	1000-2400	VIAL	INTRAVEN	11/04/2024	0.79361
ANTIHEMOPHILIC FACTOR/VWF	500-1200	VIAL	INTRAVEN	11/04/2024	0.52423
ANTIHEMOPHILIC FACTOR/VWF	250 (100)	VIAL	INTRAVEN	04/01/2025	0.77440
ANTIHEMOPHILIC FACTOR/VWF	500 (200)	VIAL	INTRAVEN	11/04/2024	0.81682
ANTIHEMOPHILIC FACTOR/VWF	1000 (400)	VIAL	INTRAVEN	11/04/2024	0.86323
ANTIHEMOPHILIC FACTOR/VWF	1500 (600)	VIAL	INTRAVEN	11/04/2024	0.86013
ANTIHEMOPHILIC FACTOR/VWF	500-500	VIAL	INTRAVEN	04/01/2025	0.92400
ANTIHEMOPHILIC FACTOR/VWF	1K-1K UNIT	VIAL	INTRAVEN	04/01/2025	0.92400
ANTIHEMOPHILIC FACTOR/VWF	2000 (800)	VIAL	INTRAVEN	11/04/2024	0.87251

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
ARIPIPRAZOLE	300 MG	SUSER VIAL	INTRAMUSC	11/04/2024	2157.17760
ARIPIPRAZOLE	400 MG	SUSER VIAL	INTRAMUSC	11/04/2024	2876.23680
BELIMUMAB	120 MG	VIAL	INTRAVEN	11/04/2024	126.94920
BELIMUMAB	400 MG	VIAL	INTRAVEN	11/04/2024	105.78522
BELINOSTAT	500 MG	VIAL	INTRAVEN	11/04/2024	2449.86660
BEVACIZUMAB	25 MG/ML	VIAL	INTRAVEN	11/04/2024	203.21970
BLINATUMOMAB	35 MCG	KIT	INTRAVEN	11/04/2024	5248.06320
CARFILZOMIB	60 MG	VIAL	INTRAVEN	11/04/2024	3340.68360
CARFILZOMIB	10 MG	VIAL	INTRAVEN	11/04/2024	556.77720
CERTOLIZUMAB PEGOL	400 MG/2ML	SYRINGEKIT	SUBCUT	11/04/2024	5746.06800
CERTOLIZUMAB PEGOL	400 MG	KIT	SUBCUT	11/04/2024	4666.85700
COAGULATION FACTOR VIIA,RECOMB	1 MG	VIAL	INTRAVEN	11/04/2024	2.18688
COAGULATION FACTOR VIIA,RECOMB	2 MG	VIAL	INTRAVEN	11/04/2024	2.18688
COAGULATION FACTOR VIIA,RECOMB	5 MG	VIAL	INTRAVEN	11/04/2024	2.18688
COAGULATION FACTOR VIIA,RECOMB	8 MG	VIAL	INTRAVEN	11/04/2024	2.18688
COLLAGENASE CLOSTRIDIUM HIST.	0.9 MG	VIAL	INJECTION	11/04/2024	6716.10840
DALTEPARIN SODIUM,PORCINE	15000/0.6	SYRINGE	SUBCUT	11/04/2024	77.48430
DALTEPARIN SODIUM,PORCINE	25000/ML	VIAL	SUBCUT	11/04/2024	70.11695
DARATUMUMAB	100 MG/5ML	VIAL	INTRAVEN	11/04/2024	144.34836
DARATUMUMAB	400MG/20ML	VIAL	INTRAVEN	11/04/2024	144.34836
DARBEPOETIN ALFA IN POLYSORBAT	40 MCG/0.4	SYRINGE	INJECTION	11/04/2024	789.48000
DARBEPOETIN ALFA IN POLYSORBAT	60 MCG/0.3	SYRINGE	INJECTION	11/04/2024	1578.96000
DARBEPOETIN ALFA IN POLYSORBAT	100MCG/0.5	SYRINGE	INJECTION	11/04/2024	1578.96000
DARBEPOETIN ALFA IN POLYSORBAT	150MCG/0.3	SYRINGE	INJECTION	11/04/2024	3947.40000
DARBEPOETIN ALFA IN POLYSORBAT	500 MCG/ML	SYRINGE	INJECTION	11/04/2024	3947.40000
DARBEPOETIN ALFA IN POLYSORBAT	200MCG/0.4	SYRINGE	INJECTION	11/04/2024	3947.40000
DARBEPOETIN ALFA IN POLYSORBAT	25MCG/0.42	SYRINGE	INJECTION	11/04/2024	469.92857
DARBEPOETIN ALFA IN POLYSORBAT	300MCG/0.6	SYRINGE	INJECTION	11/04/2024	3947.40000
DARBEPOETIN ALFA IN POLYSORBAT	100 MCG/ML	VIAL	INJECTION	11/04/2024	789.48000

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
DARBEPOETIN ALFA IN POLYSORBAT	200 MCG/ML	VIAL	INJECTION	11/04/2024	1578.96000
DEGARELIX ACETATE	80 MG	VIAL	SUBCUT	11/04/2024	498.21900
DEGARELIX ACETATE	120 MG	VIAL	SUBCUT	11/04/2024	777.33180
DENOSUMAB	60 MG/ML	SYRINGE	SUBCUT	11/04/2024	1821.84240
DENOSUMAB	120 MG/1.7	VIAL	SUBCUT	11/04/2024	3351.17940
DORNASE ALFA	1 MG/ML	SOLUTION	INHALATION	11/04/2024	52.99035
ECALLANTIDE	10MG/ML(1)	VIAL	SUBCUT	11/04/2024	5020.99417
ELOTUZUMAB	300 MG	VIAL	INTRAVEN	11/04/2024	2389.44180
ELOTUZUMAB	400 MG	VIAL	INTRAVEN	11/04/2024	3185.88840
EMICIZUMAB-KXWH	30 MG/ML	VIAL	SUBCUT	11/04/2024	3083.06220
EMICIZUMAB-KXWH	60MG/0.4ML	VIAL	SUBCUT	11/04/2024	6166.12440
EMICIZUMAB-KXWH	105 MG/0.7	VIAL	SUBCUT	03/06/2025	16730.15250
EMICIZUMAB-KXWH	150 MG/ML	VIAL	SUBCUT	11/04/2024	15415.31100
EMICIZUMAB-KXWH	300 MG/2ML	VIAL	SUBCUT	11/04/2024	13870.00000
EMICIZUMAB-KXWH	12MG/0.4ML	VIAL	SUBCUT	11/04/2024	1233.22080
EPOETIN ALFA	3000/ML	VIAL	INJECTION	11/04/2024	50.73480
EPOETIN ALFA	20000/ML	VIAL	INJECTION	11/04/2024	338.23200
EPOETIN ALFA	40000/ML	VIAL	INJECTION	11/04/2024	1068.57240
FACTOR IX	500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.06820
FACTOR IX	1000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.06820
FACTOR IX	1500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.06820
FACTOR IX CPLX(PCC)NO4,3FACTOR	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.32580
FACTOR IX CPLX(PCC)NO4,3FACTOR	500 (+/-)	VIAL	INTRAVEN	11/04/2024	1.25746
FACTOR IX HUMAN REC,PEGYLATED	500 (+/-)	VIAL	INTRAVEN	11/04/2024	3.93769
FACTOR IX HUMAN REC,PEGYLATED	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	3.76796
FACTOR IX HUMAN REC,PEGYLATED	2000 (+/-)	VIAL	INTRAVEN	01/01/2025	3.92708
FACTOR IX HUMAN REC,PEGYLATED	3000 (+/-)	VIAL	INTRAVEN	04/01/2025	4.24809
FACTOR IX HUMAN RECOMB,THR 148	500 UNIT	VIAL	INTRAVEN	04/01/2025	2.16091
FACTOR IX HUMAN RECOMB,THR 148	1000 UNIT	VIAL	INTRAVEN	04/01/2025	2.16091

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
FACTOR IX HUMAN RECOMB,THR 148	1500 UNIT	VIAL	INTRAVEN	04/01/2025	2.26034
FACTOR IX HUMAN RECOMB,THR 148	3000 UNIT	VIAL	INTRAVEN	04/01/2025	2.16091
FACTOR IX HUMAN RECOMBINANT	250 UNIT	VIAL	INTRAVEN	11/04/2024	1.24407
FACTOR IX HUMAN RECOMBINANT	500 UNIT	VIAL	INTRAVEN	04/01/2025	1.24407
FACTOR IX HUMAN RECOMBINANT	1000 UNIT	VIAL	INTRAVEN	11/04/2024	1.25619
FACTOR IX HUMAN RECOMBINANT	2000 UNIT	VIAL	INTRAVEN	11/04/2024	1.29322
FACTOR IX HUMAN RECOMBINANT	3000 UNIT	VIAL	INTRAVEN	11/04/2024	1.23824
FACTOR IX REC, FC FUSION PROTN	500 UNIT	VIAL	INTRAVEN	11/04/2024	3.98265
FACTOR IX REC, FC FUSION PROTN	1000 UNIT	VIAL	INTRAVEN	11/04/2024	4.19628
FACTOR IX REC, FC FUSION PROTN	2000 UNIT	VIAL	INTRAVEN	11/04/2024	4.19628
FACTOR IX REC, FC FUSION PROTN	3000 UNIT	VIAL	INTRAVEN	04/01/2025	4.07289
FACTOR IX REC, FC FUSION PROTN	250 UNIT	VIAL	INTRAVEN	11/04/2024	4.09559
FACTOR IX REC, FC FUSION PROTN	4000 UNIT	VIAL	INTRAVEN	11/04/2024	4.19628
FACTOR IX RECOM,ALBUMIN FUSION	250 (+/-)	VIAL	INTRAVEN	11/04/2024	4.97760
FACTOR IX RECOM,ALBUMIN FUSION	500 (+/-)	VIAL	INTRAVEN	11/04/2024	4.83823
FACTOR IX RECOM,ALBUMIN FUSION	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	4.83325
FACTOR IX RECOM,ALBUMIN FUSION	2000 (+/-)	VIAL	INTRAVEN	11/04/2024	4.82827
FACTOR IX RECOM,ALBUMIN FUSION	3500 (+/-)	VIAL	INTRAVEN	11/04/2024	5.09564
FACTOR XIII	1000-1600	VIAL	INTRAVEN	04/01/2025	7.74615
FACTOR XIII A-SUBUNIT,RECOMB	2500 UNIT	VIAL	INTRAVEN	11/04/2024	16.51057
FIBRINOGEN	900-1300MG	VIAL	INTRAVEN	11/04/2024	1115.82900
FILGRASTIM	480MCG/0.8	SYRINGE	INJECTION	11/04/2024	677.56943
FILGRASTIM	300 MCG/ML	VIAL	INJECTION	11/04/2024	321.12966
FILGRASTIM	480MCG/1.6	VIAL	INJECTION	11/04/2024	319.59724
FVIII REC,B-DOM DELET PEG-AUCL	500 (+/-)	VIAL	INTRAVEN	11/04/2024	3.14637
FVIII REC,B-DOM DELET PEG-AUCL	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	3.16495
FVIII REC,B-DOM DELET PEG-AUCL	2000 (+/-)	VIAL	INTRAVEN	11/04/2024	2.94817
FVIII REC,B-DOM DELET PEG-AUCL	3000 (+/-)	VIAL	INTRAVEN	11/04/2024	3.15772
FVIII REC,B-DOM TRUNC PEG-EXEI	500 (+/-)	VIAL	INTRAVEN	11/04/2024	2.05020

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
FVIII REC,B-DOM TRUNC PEG-EXEI	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	2.05020
FVIII REC,B-DOM TRUNC PEG-EXEI	1500 (+/-)	VIAL	INTRAVEN	11/04/2024	2.05020
FVIII REC,B-DOM TRUNC PEG-EXEI	2000 (+/-)	VIAL	INTRAVEN	11/04/2024	2.05020
FVIII REC,B-DOM TRUNC PEG-EXEI	3000 (+/-)	VIAL	INTRAVEN	11/04/2024	2.05020
FVIII REC,FC-VWF-XTEN,BDD-EHTL	250 (+/-)	VIAL	INTRAVEN	11/04/2024	5.19351
FVIII REC,FC-VWF-XTEN,BDD-EHTL	500 (+/-)	VIAL	INTRAVEN	01/01/2025	5.34696
FVIII REC,FC-VWF-XTEN,BDD-EHTL	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	5.36520
FVIII REC,FC-VWF-XTEN,BDD-EHTL	2000 (+/-)	VIAL	INTRAVEN	11/04/2024	5.36520
FVIII REC,FC-VWF-XTEN,BDD-EHTL	3000 (+/-)	VIAL	INTRAVEN	11/04/2024	5.36520
FVIII REC,FC-VWF-XTEN,BDD-EHTL	4000 (+/-)	VIAL	INTRAVEN	11/04/2024	5.36520
GALSULFASE	5 MG/5 ML	VIAL	INTRAVEN	11/04/2024	2392.92000
GOLIMUMAB	50 MG/4 ML	VIAL	INTRAVEN	11/04/2024	509.53845
GOSERELIN ACETATE	10.8 MG	IMPLANT	SUBCUT	11/04/2024	2839.30260
GOSERELIN ACETATE	3.6 MG	IMPLANT	SUBCUT	11/04/2024	1012.67640
HEPATITIS B IMMUNE GLOBULIN	220 UNIT/1	VIAL	INTRAMUSC	11/04/2024	146.06400
IMIGLUCERASE	400 UNIT	VIAL	INTRAVEN	11/04/2024	1751.29920
IMMUN GLOB G(IGG)/GLY/IGA OV50	10 %	VIAL	INJECTION	11/04/2024	11.11902
IMMUN GLOB G(IGG)/PRO/IGA 0-50	1 G/5 ML	VIAL	SUBCUT	11/04/2024	27.53796
IMMUN GLOB G(IGG)/PRO/IGA 0-50	2 G/10 ML	VIAL	SUBCUT	11/04/2024	27.53796
IMMUN GLOB G(IGG)/PRO/IGA 0-50	4 G/20 ML	VIAL	SUBCUT	11/04/2024	27.53796
IMMUN GLOB G(IGG)/PRO/IGA 0-50	10 G/50 ML	VIAL	SUBCUT	11/04/2024	27.53796
IMMUNE GLOBUL G/GLY/IGA AVG 46	1 G/10 ML	VIAL	INJECTION	11/04/2024	11.41482
IMMUNE GLOBUL G/GLY/IGA AVG 46	2.5G/25ML	VIAL	INJECTION	11/04/2024	11.41502
IMMUNE GLOBUL G/GLY/IGA AVG 46	5 G/50 ML	VIAL	INJECTION	11/04/2024	11.41482
IMMUNE GLOBUL G/GLY/IGA AVG 46	10 G/100ML	VIAL	INJECTION	11/04/2024	11.41482
IMMUNE GLOBUL G/GLY/IGA AVG 46	20 G/200ML	VIAL	INJECTION	11/04/2024	11.41482
IMMUNE GLOBUL G/GLY/IGA AVG 46	40 G/400ML	VIAL	INJECTION	11/04/2024	11.41482
INFLIXIMAB	100 MG	VIAL	INTRAVEN	11/04/2024	1190.58480
INSULIN ASPART	100/ML	CARTRIDGE	SUBCUT	11/04/2024	9.13716

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
INSULIN ASPART	100/ML (3)	INSULN PEN	SUBCUT	11/04/2024	9.50028
INSULIN LISPRO	100/ML	INSULN PEN	SUBCUT	11/04/2024	10.82016
INSULIN REGULAR, HUMAN	500/ML	VIAL	SUBCUT	11/04/2024	75.83700
INTERFERON BETA-1A	30MCG/.5ML	PEN IJ KIT	INTRAMUSC	11/04/2024	8431.15680
IPILIMUMAB	50 MG/10ML	VIAL	INTRA VEN	11/04/2024	932.10660
IPILIMUMAB	200MG/40ML	VIAL	INTRA VEN	11/04/2024	932.10380
LARONIDASE	2.9 MG/5ML	VIAL	INTRA VEN	11/04/2024	218.39424
LEUPROLIDE ACETATE	22.5 MG	SYRINGEKIT	INTRAMUSC	11/04/2024	6254.91540
LEUPROLIDE ACETATE	30 MG	SYRINGEKIT	INTRAMUSC	11/04/2024	8339.90760
LEUPROLIDE ACETATE	11.25 MG	SYRINGEKIT	INTRAMUSC	11/04/2024	5248.99140
LEUPROLIDE ACETATE	3.75 MG	SYRINGEKIT	INTRAMUSC	11/04/2024	1749.64680
LEUPROLIDE ACETATE	7.5 MG	SYRINGEKIT	INTRAMUSC	11/04/2024	2084.98200
LEUPROLIDE ACETATE	45 MG	SYRINGEKIT	INTRAMUSC	11/04/2024	12510.04500
LEUPROLIDE ACETATE	30 MG	SYRINGEKIT	INTRAMUSC	11/04/2024	12626.34540
LEUPROLIDE ACETATE	11.25 MG	SYRINGEKIT	INTRAMUSC	11/04/2024	11463.90240
LEUPROLIDE ACETATE	11.25 MG	KIT	INTRAMUSC	11/04/2024	3821.28720
LEUPROLIDE ACETATE	7.5 MG	KIT	INTRAMUSC	11/04/2024	2104.84140
LEUPROLIDE ACETATE	7.5 MG	SYRINGE	SUBCUT	11/04/2024	127.50000
LEUPROLIDE ACETATE	22.5 MG	SYRINGE	SUBCUT	11/04/2024	382.50000
LEUPROLIDE ACETATE	30 MG	SYRINGE	SUBCUT	11/04/2024	1020.00000
LEUPROLIDE ACETATE	45 MG	SYRINGE	SUBCUT	11/04/2024	765.00000
LYMPHOCYTE IG,ANTITHYMOCYT,EQU	50 MG/ML	AMPUL	INTRA VEN	11/04/2024	855.05825
NALTREXONE MICROSPHERES	380 MG	SUS ER REC	INTRAMUSC	11/04/2024	1673.93220
NATALIZUMAB	300MG/15ML	VIAL	INTRA VEN	11/04/2024	558.23580
NIVOLUMAB	40 MG/4 ML	VIAL	INTRA VEN	11/04/2024	340.69530
NIVOLUMAB	100MG/10ML	VIAL	INTRA VEN	11/04/2024	340.69428
NIVOLUMAB	240MG/24ML	VIAL	INTRA VEN	11/04/2024	340.69573
OBINUTUZUMAB	1000 MG/40	VIAL	INTRA VEN	11/04/2024	210.16692
OCTREOTIDE ACETATE,MI-SPHERES	10 MG	VIAL	INTRAMUSC	11/04/2024	3593.89860

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
OLANZAPINE PAMOATE	405 MG	VIAL	INTRAMUSC	11/04/2024	1159.98480
OLANZAPINE PAMOATE	300 MG	VIAL	INTRAMUSC	11/04/2024	859.24800
OLANZAPINE PAMOATE	210 MG	VIAL	INTRAMUSC	11/04/2024	601.47360
OMALIZUMAB	150 MG	VIAL	SUBCUT	11/04/2024	1412.65920
PALIPERIDONE PALMITATE	39MG/0.25	SYRINGE	INTRAMUSC	11/04/2024	2364.15600
PALIPERIDONE PALMITATE	78MG/0.5ML	SYRINGE	INTRAMUSC	11/04/2024	2364.25800
PALIPERIDONE PALMITATE	117MG/0.75	SYRINGE	INTRAMUSC	11/04/2024	2364.30560
PALIPERIDONE PALMITATE	156 MG/ML	SYRINGE	INTRAMUSC	11/04/2024	2364.39060
PALIPERIDONE PALMITATE	234MG/1.5	SYRINGE	INTRAMUSC	11/04/2024	2364.33280
PALIPERIDONE PALMITATE	273MG/0.88	SYRINGE	INTRAMUSC	11/04/2024	4053.01371
PALIPERIDONE PALMITATE	410MG/1.32	SYRINGE	INTRAMUSC	11/04/2024	4045.38981
PALIPERIDONE PALMITATE	546MG/1.75	SYRINGE	INTRAMUSC	11/04/2024	4053.24103
PALIPERIDONE PALMITATE	819MG/2.63	SYRINGE	INTRAMUSC	11/04/2024	4053.14194
PANITUMUMAB	100 MG/5ML	VIAL	INTRA VEN	11/04/2024	351.97752
PANITUMUMAB	400MG/20ML	VIAL	INTRA VEN	11/04/2024	351.97752
PEGASPARGASE	750/ML	VIAL	INJECTION	11/04/2024	5209.80096
PEGFILGRASTIM	6 MG/0.6ML	SYRINGE	SUBCUT	11/04/2024	10910.58300
PEGFILGRASTIM	6 MG/0.6ML	SYR W/ INJ	SUBCUT	11/04/2024	10910.58300
PEMBROLIZUMAB	100 MG/4ML	VIAL	INTRA VEN	11/04/2024	1445.51340
PERTUZUMAB	420MG/14ML	VIAL	INTRA VEN	11/04/2024	475.52254
RAMUCIRUMAB	100MG/10ML	VIAL	INTRA VEN	11/04/2024	156.02226
RAMUCIRUMAB	500MG/50ML	VIAL	INTRA VEN	11/04/2024	156.02226
RESLIZUMAB	10 MG/ML	VIAL	INTRA VEN	11/04/2024	114.70410
RIMABOTULINUMTOXINB	10000/2ML	VIAL	INTRAMUSC	11/04/2024	635.07240
RIMABOTULINUMTOXINB	5000/ML	VIAL	INTRAMUSC	11/04/2024	635.07240
RITUXIMAB	10 MG/ML	VIAL	INTRA VEN	11/04/2024	95.83104
RITUXIMAB/HYALURONIDASE,HUMAN	1400/11.7	VIAL	SUBCUT	11/04/2024	573.34287
RITUXIMAB/HYALURONIDASE,HUMAN	1600/13.4	VIAL	SUBCUT	11/04/2024	572.12028
SARGRAMOSTIM	250 MCG	VIAL	INJECTION	11/04/2024	314.62716

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.

Minnesota Medicaid Program Maximum Allowable Cost (MAC) Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted monthly.

Generic Name	Strength	Form	Route	Effective Date	MAC Price
SILTUXIMAB	100 MG	VIAL	INTRA VEN	11/04/2024	1608.01980
SILTUXIMAB	400 MG	VIAL	INTRA VEN	11/04/2024	6432.08940
TALIGLUCERASE ALFA	200 UNIT	VIAL	INTRA VEN	11/04/2024	795.03900
TETANUS IMMUNE GLOBULIN/PF	250 UNIT/1	SYRINGE	INTRAMUSC	11/04/2024	548.62740
TOBRAMYCIN IN 0.225% SOD CHLOR	300 MG/5ML	AMPUL-NEB	INHALATION	11/04/2024	3.62912
TOCILIZUMAB	80 MG/4 ML	VIAL	INTRA VEN	11/04/2024	135.44580
TOCILIZUMAB	200MG/10ML	VIAL	INTRA VEN	11/04/2024	135.44682
TOCILIZUMAB	400MG/20ML	VIAL	INTRA VEN	11/04/2024	135.44682
TRABECTEDIN	1 MG	VIAL	INTRA VEN	11/04/2024	3516.93960
TRASTUZUMAB	150 MG	VIAL	INTRA VEN	11/04/2024	1589.58840
VEDOLIZUMAB	300 MG	VIAL	INTRA VEN	11/04/2024	8839.91160
VON WILLEBRAND FACTOR	650 (+/-)	VIAL	INTRA VEN	04/01/2025	1.66015
VON WILLEBRAND FACTOR	1300(+/-)	VIAL	INTRA VEN	04/01/2025	1.76677

MN MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis.

You are to keep the MN MAC Pricing Information confidential and not disclose it to any third party and you are not to use the MN MAC Pricing Information for any other purpose.

Any disclosure, reproduction, distribution, or other use of the MN MAC Pricing Information is strictly prohibited.