Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
** Confidential and Proprietary **

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

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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	06/04/2025	1.96950
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	06/04/2025	1.96950
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
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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
ANTIHEMOPH.FVIII,HEK B-DELETE	4000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
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
ARIPIPRAZOLE	300 MG	SUSER VIAL	INTRAMUSC	11/04/2024	2157.17760
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	07/01/2025	176.80113
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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	07/01/2025	408.83786
DARBEPOETIN ALFA IN POLYSORBAT	300MCG/0.6	SYRINGE	INJECTION	11/04/2024	3947.40000

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
DARBEPOETIN ALFA IN POLYSORBAT	100 MCG/ML	VIAL	INJECTION	11/04/2024	789.48000
DARBEPOETIN ALFA IN POLYSORBAT	200 MCG/ML	VIAL	INJECTION	11/04/2024	1578.96000
DEGARELIX ACETATE	80 MG	VIAL	SUBCUT	07/01/2025	433.45053
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
DOXORUBICIN HCL PEG-LIPOSOMAL	2 MG/ML	VIAL	INTRAVEN	07/01/2025	14.79000
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	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	07/01/2025	44.13927
EPOETIN ALFA	20000/ML	VIAL	INJECTION	07/01/2025	294.26184
EPOETIN ALFA	40000/ML	VIAL	INJECTION	11/04/2024	1068.57240
FACTOR IX	500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.06820

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
FACTOR IX	1000 (+/-)	VIAL	INTRAVEN	04/01/2025	1.06820
FACTOR IX	1500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.06820
FACTOR IX COMPLX NO.4,3-FACTOR	1000 (+/-)	VIAL	INTRAVEN	11/04/2024	1.32580
FACTOR IX COMPLX NO.4,3-FACTOR	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	07/01/2025	2.05500
FACTOR IX HUMAN RECOMB,THR 148	1000 UNIT	VIAL	INTRAVEN	07/01/2025	2.05500
FACTOR IX HUMAN RECOMB,THR 148	1500 UNIT	VIAL	INTRAVEN	07/01/2025	2.05500
FACTOR IX HUMAN RECOMB,THR 148	3000 UNIT	VIAL	INTRAVEN	07/01/2025	2.05500
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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	07/01/2025	279.38307
FILGRASTIM	480MCG/1.6	VIAL	INJECTION	07/01/2025	278.04957
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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
FVIII REC,B-DOM TRUNC PEG-EXEI	500 (+/-)	VIAL	INTRAVEN	11/04/2024	2.05020
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	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	07/01/2025	441.39276
GOLIMUMAB	50 MG/4 ML	VIAL	INTRAVEN	07/01/2025	443.52030
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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	07/01/2025	421.51500
INSULIN ASPART	100/ML	CARTRIDGE	SUBCUT	11/04/2024	9.13716
INSULIN ASPART	100/ML (3)	INSULN PEN	SUBCUT	07/01/2025	7.41485
INSULIN LISPRO	100/ML	INSULN PEN	SUBCUT	07/01/2025	9.72400
INSULIN REGULAR, HUMAN	500/ML	VIAL	SUBCUT	07/01/2025	7.58370
INTERFERON BETA-1A	30MCG/.5ML	PEN IJ KIT	INTRAMUSC	11/04/2024	8431.15680
IPILIMUMAB	50 MG/10ML	VIAL	INTRAVEN	11/04/2024	932.10660
IPILIMUMAB	200MG/40ML	VIAL	INTRAVEN	11/04/2024	932.10380
LARONIDASE	2.9 MG/5ML	VIAL	INTRAVEN	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

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	INTRAVEN	11/04/2024	855.05825
NALTREXONE MICROSPHERES	380 MG	SUS ER REC	INTRAMUSC	11/04/2024	1673.93220
NATALIZUMAB	300MG/15ML	VIAL	INTRAVEN	11/04/2024	558.23580
NIVOLUMAB	40 MG/4 ML	VIAL	INTRAVEN	11/04/2024	340.69530
NIVOLUMAB	100MG/10ML	VIAL	INTRAVEN	11/04/2024	340.69428
NIVOLUMAB	240MG/24ML	VIAL	INTRAVEN	11/04/2024	340.69573
OBINUTUZUMAB	1000 MG/40	VIAL	INTRAVEN	11/04/2024	210.16692
OMALIZUMAB	150 MG	VIAL	SUBCUT	11/04/2024	1412.65920

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	INTRAVEN	11/04/2024	351.97752
PANITUMUMAB	400MG/20ML	VIAL	INTRAVEN	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	INTRAVEN	11/04/2024	1445.51340
PERTUZUMAB	420MG/14ML	VIAL	INTRAVEN	11/04/2024	475.52254
RAMUCIRUMAB	100MG/10ML	VIAL	INTRAVEN	07/01/2025	130.56848
RAMUCIRUMAB	500MG/50ML	VIAL	INTRAVEN	07/01/2025	130.56848
RESLIZUMAB	10 MG/ML	VIAL	INTRAVEN	07/01/2025	101.51856
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	INTRAVEN	07/01/2025	83.37123
RITUXIMAB/HYALURONIDASE,HUMAN	1400/11.7	VIAL	SUBCUT	07/01/2025	498.80833
RITUXIMAB/HYALURONIDASE,HUMAN	1600/13.4	VIAL	SUBCUT	07/01/2025	497.74461

Report ID: MN_164326_4
Run Date: 09/25/25

Minnesota Medicaid Program
Maximum Allowable Cost (MAC) Pricing
**** Confidential and Proprietary ****

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
SARGRAMOSTIM	250 MCG	VIAL	INJECTION	07/01/2025	273.72562
SILTUXIMAB	100 MG	VIAL	INTRAVEN	11/04/2024	1608.01980
SILTUXIMAB	400 MG	VIAL	INTRAVEN	11/04/2024	6432.08940
TALIGLUCERASE ALFA	200 UNIT	VIAL	INTRAVEN	11/04/2024	795.03900
TETANUS IMMUNE GLOBULIN/PF	250 UNIT/1	SYRINGE	INTRAMUSC	11/04/2024	548.62740
TOCILIZUMAB	80 MG/4 ML	VIAL	INTRAVEN	07/01/2025	117.83784
TOCILIZUMAB	200MG/10ML	VIAL	INTRAVEN	07/01/2025	117.83784
TOCILIZUMAB	400MG/20ML	VIAL	INTRAVEN	07/01/2025	117.83784
TRABECTEDIN	1 MG	VIAL	INTRAVEN	11/04/2024	3516.93960
TRASTUZUMAB	150 MG	VIAL	INTRAVEN	11/04/2024	1589.58840
VEDOLIZUMAB	300 MG	VIAL	INTRAVEN	11/04/2024	8839.91160
VON WILLEBRAND FACTOR	650 (+/-)	VIAL	INTRAVEN	04/01/2025	1.66015
VON WILLEBRAND FACTOR	1300(+/-)	VIAL	INTRAVEN	04/01/2025	1.76677
ZIPRASIDONE MESYLATE	FNL 20MG/1	VIAL	INTRAMUSC	07/09/2025	19.86023