

**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
0.9 % SODIUM CHLORIDE	0.9 %	SYRINGE	INJECTION	04/29/2025	0.06766
0.9 % SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	06/10/2025	0.08712
0.9 % SODIUM CHLORIDE	0.9 %	SPRAY	NASAL	02/04/2026	0.04100
0.9 % SODIUM CHLORIDE	0.9 %	IV SOLN	INTRAVEN	06/10/2025	0.00241
A/C/E/ZINC/SOD SELENATE/COPPER	1500MCG-60	TABLET	ORAL	11/04/2024	0.03482
ABACAVIR SULFATE	20 MG/ML	SOLUTION	ORAL	06/10/2025	0.49968
ABACAVIR SULFATE	300 MG	TABLET	ORAL	06/10/2025	0.49968
ABACAVIR SULFATE/LAMIVUDINE	600-300 MG	TABLET	ORAL	04/01/2026	1.23040
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
ABIRATERONE ACETATE	250 MG	TABLET	ORAL	04/30/2025	0.93510
ABIRATERONE ACETATE	500 MG	TABLET	ORAL	05/06/2026	5.43285
ACAI BERRY EXTRACT	500 MG	CAPSULE	ORAL	06/10/2025	0.05659
ACAMPROSATE CALCIUM	333 MG	TABLET DR	ORAL	05/04/2026	0.56049
ACARBOSE	100 MG	TABLET	ORAL	06/10/2025	0.21450
ACARBOSE	50 MG	TABLET	ORAL	06/10/2025	0.16174
ACARBOSE	25 MG	TABLET	ORAL	06/10/2025	0.16205

**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
ACEBUTOLOL HCL	200 MG	CAPSULE	ORAL	06/10/2025	0.40540
ACEBUTOLOL HCL	400 MG	CAPSULE	ORAL	06/10/2025	0.47098
ACETAMINOPHEN	500 MG	CAPSULE	ORAL	11/23/2024	0.01476
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	03/18/2026	0.00700
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	04/08/2025	0.14472
ACETAMINOPHEN	325/10.15	ORAL SUSP	ORAL	05/04/2026	0.08366
ACETAMINOPHEN	650MG/20.3	ORAL SUSP	ORAL	11/04/2024	0.07129
ACETAMINOPHEN	160 MG/5ML	SOLUTION	ORAL	06/17/2025	0.18482
ACETAMINOPHEN	325/10.15	SOLUTION	ORAL	06/17/2025	0.13295
ACETAMINOPHEN	650MG/20.3	SOLUTION	ORAL	06/17/2025	0.08413
ACETAMINOPHEN	160 MG/5ML	LIQUID	ORAL	04/01/2026	0.00693
ACETAMINOPHEN	500MG/15ML	LIQUID	ORAL	06/17/2025	0.01081
ACETAMINOPHEN	325 MG	TABLET	ORAL	03/25/2026	0.01062
ACETAMINOPHEN	500 MG	TABLET	ORAL	02/17/2026	0.00990
ACETAMINOPHEN	160 MG	TAB CHEW	ORAL	06/17/2025	0.01105
ACETAMINOPHEN	80 MG	TAB CHEW	ORAL	11/23/2024	0.02680
ACETAMINOPHEN	650 MG	TABLET ER	ORAL	03/25/2026	0.03234
ACETAMINOPHEN	120 MG	SUPP.RECT	RECTAL	11/04/2024	0.18410
ACETAMINOPHEN	325 MG	SUPP.RECT	RECTAL	11/23/2024	0.40666

**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
ACETAMINOPHEN	650 MG	SUPP.RECT	RECTAL	06/17/2025	0.23219
ACETAMINOPHEN	1000MG/100	PIGGYBACK	INTRAVEN	05/13/2026	0.08710
ACETAMINOPHEN	1000MG/100	VIAL	INTRAVEN	06/17/2025	0.07973
ACETAMINOPHEN WITH CODEINE	300MG-15MG	TABLET	ORAL	07/29/2025	0.19095
ACETAMINOPHEN WITH CODEINE	300MG-30MG	TABLET	ORAL	06/03/2026	0.16549
ACETAMINOPHEN WITH CODEINE	300MG-60MG	TABLET	ORAL	06/17/2025	0.26950
ACETAMINOPHEN/CHLORPHENIRAMINE	325MG-2MG	TABLET	ORAL	11/04/2024	0.40418
ACETAMINOPHEN/D-BROMPHENIRAMIN	500MG-1MG	TABLET	ORAL	11/04/2024	0.10747
ACETAMINOPHEN/DEXTROMETHORPHAN	325-10/10	LIQUID	ORAL	02/19/2025	0.05757
ACETAMINOPHEN/DIPHENHYDRAMINE	500MG-25MG	TABLET	ORAL	11/04/2024	0.01487
ACETAMINOPHEN/PYRILAMINE/CAFF	500-15-60	TABLET	ORAL	06/04/2025	0.13383
ACETAZOLAMIDE	500 MG	CAPSULE ER	ORAL	02/04/2025	0.26427
ACETAZOLAMIDE	125 MG	TABLET	ORAL	04/01/2026	0.09798
ACETAZOLAMIDE	250 MG	TABLET	ORAL	04/29/2026	0.11120
ACETAZOLAMIDE SODIUM	500 MG	VIAL	INJECTION	04/08/2026	32.13375
ACETIC ACID	0.25 %	IRRIG SOLN	IRRIGATION	06/17/2025	0.00675
ACETONE		LIQUID	MISCELL	01/13/2026	0.02504
ACETYLCARNITINE	500 MG	CAPSULE	ORAL	06/17/2025	0.14186
ACETYLCYST/METHYLB12/LEVOMEFOL	600-2-6 MG	TABLET	ORAL	12/10/2025	5.27635

**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
ACETYLCYSTEINE	200 MG/ML	VIAL	INTRAVEN	04/08/2026	1.11778
ACETYLCYSTEINE	100 MG/ML	VIAL	MISCELL	06/17/2025	0.23203
ACETYLCYSTEINE	200 MG/ML	VIAL	MISCELL	11/13/2025	0.79795
ACITRETIN	10 MG	CAPSULE	ORAL	09/29/2025	5.36914
ACITRETIN	25 MG	CAPSULE	ORAL	06/17/2025	3.20832
ACITRETIN	17.5 MG	CAPSULE	ORAL	10/01/2025	12.83333
ACTIVATED CHARCOAL	260 MG	CAPSULE	ORAL	06/17/2025	0.04282
ACYCLOVIR	200 MG	CAPSULE	ORAL	04/15/2026	0.07227
ACYCLOVIR	200 MG/5ML	ORAL SUSP	ORAL	05/20/2026	0.06914
ACYCLOVIR	800 MG	TABLET	ORAL	10/01/2025	0.12390
ACYCLOVIR	400 MG	TABLET	ORAL	09/10/2025	0.06520
ACYCLOVIR	5 %	CREAM (G)	TOPICAL	04/21/2026	9.46260
ACYCLOVIR	5 %	OINT. (G)	TOPICAL	05/27/2026	0.31071
ACYCLOVIR SODIUM	50 MG/ML	VIAL	INTRAVEN	08/19/2025	0.29930
ADAPALENE	0.1 %	GEL (GRAM)	TOPICAL	05/13/2026	0.27693
ADAPALENE	0.3 %	GEL (GRAM)	TOPICAL	06/17/2026	0.50110
ADAPALENE	0.1 %	CREAM (G)	TOPICAL	05/13/2026	1.99920
ADAPALENE	0.3 %	GEL W/PUMP	TOPICAL	05/20/2026	2.31314
ADAPALENE	0.1 %	SOLUTION	TOPICAL	11/04/2024	15.90732

**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
ADAPALENE/BENZOYL PEROXIDE	0.1 %-2.5%	GEL W/PUMP	TOPICAL	05/20/2026	0.38443
ADAPALENE/BENZOYL PEROXIDE	0.3 %-2.5%	GEL W/PUMP	TOPICAL	12/17/2025	1.24828
ADAPTER CAP FOR BOTTLE		EACH	MISCELL	09/03/2025	0.27280
ADEFOVIR DIPIVOXIL	10 MG	TABLET	ORAL	02/04/2026	19.89470
ADENOSINE	3 MG/ML	SYRINGE	INTRAVEN	05/05/2025	5.79438
ADENOSINE	3 MG/ML	VIAL	INTRAVEN	11/04/2024	1.47266
ADENOSINE	3 MG/ML	VIAL	INTRAVEN	06/17/2026	1.35876
ADHESIVE BANDAGE		BANDAGE	TOPICAL	04/29/2026	0.14640
ADHESIVE BANDAGE	0.75"X3"	BANDAGE	TOPICAL	11/12/2025	0.05708
ADHESIVE BANDAGE	3"X4"	BANDAGE	TOPICAL	08/27/2025	0.30907
ADHESIVE BANDAGE	4"X10"	BANDAGE	TOPICAL	11/04/2024	2.81021
ADHESIVE BANDAGE	4" X 4"	BANDAGE	TOPICAL	08/20/2025	1.41504
ADHESIVE BANDAGE	6" X 6"	BANDAGE	TOPICAL	11/04/2024	2.03568
ADHESIVE TAPE	0.125"X3"	STRIP	TOPICAL	11/04/2024	0.70953
ADHESIVE TAPE	0.25"X1.5"	STRIP	TOPICAL	11/04/2024	0.70953
ADHESIVE TAPE	0.25"X3"	STRIP	TOPICAL	11/04/2024	1.46395
ADHESIVE TAPE	0.25"X4"	STRIP	TOPICAL	11/04/2024	1.13528
ADHESIVE TAPE	0.5"X4"	STRIP	TOPICAL	01/29/2025	1.93094
ADHESIVE TAPE	0.5"X360"	TAPE	TOPICAL	08/13/2025	0.26049

**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
ADHESIVE TAPE	1" X 10 YD	TAPE	TOPICAL	11/04/2024	0.56252
ADHESIVE TAPE	2"X360"	TAPE	TOPICAL	04/29/2026	1.22275
ADHESIVE TAPE	2"X396"	TAPE	TOPICAL	11/04/2024	2.75220
ADHESIVE TAPE	2"X72"	TAPE	TOPICAL	11/04/2024	5.97535
ADHESIVE TAPE	4"X360"	TAPE	TOPICAL	11/04/2024	7.40569
ADHESIVE TAPE	4"X72"	TAPE	TOPICAL	11/04/2024	9.55075
ADHESIVE TAPE	6"X72"	TAPE	TOPICAL	11/04/2024	11.62700
ADO-TRASTUZUMAB EMTANSINE	100 MG	VIAL	INTRAVEN	11/04/2024	4009.28340
ADO-TRASTUZUMAB EMTANSINE	160 MG	VIAL	INTRAVEN	11/04/2024	6414.84120
ALBENDAZOLE	200 MG	TABLET	ORAL	11/12/2025	5.25312
ALBUTEROL SULFATE	2 MG	TABLET	ORAL	03/18/2026	0.53801
ALBUTEROL SULFATE	4 MG	TABLET	ORAL	04/16/2025	0.24937
ALBUTEROL SULFATE	2.5 MG/3ML	VIAL-NEB	INHALATION	04/08/2026	0.05197
ALBUTEROL SULFATE	0.63MG/3ML	VIAL-NEB	INHALATION	04/29/2026	0.20653
ALBUTEROL SULFATE	1.25MG/3ML	VIAL-NEB	INHALATION	05/20/2026	0.16744
ALBUTEROL SULFATE	2.5 MG/0.5	VIAL-NEB	INHALATION	06/24/2025	2.56833
ALBUTEROL SULFATE	90 MCG	HFA AER AD	INHALATION	02/24/2026	1.22000
ALCLOMETASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	01/15/2025	1.26272
ALCOHOL ANTISEPTIC PADS		MED. PAD	TOPICAL	04/22/2026	0.00670

**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
ALENDRONATE SODIUM	70 MG/75ML	SOLUTION	ORAL	04/08/2026	0.54002
ALENDRONATE SODIUM	10 MG	TABLET	ORAL	04/01/2025	0.24120
ALENDRONATE SODIUM	70 MG	TABLET	ORAL	05/27/2025	0.21966
ALENDRONATE SODIUM	35 MG	TABLET	ORAL	01/21/2026	0.40870
ALFUZOSIN HCL	10 MG	TAB ER 24H	ORAL	04/01/2026	0.07948
ALGINATE DRESSING	12"	BANDAGE	TOPICAL	11/04/2024	3.66135
ALGINATE DRESSING	4" X 8"	BANDAGE	TOPICAL	11/04/2024	1.61872
ALGINATE DRESSING	2" X 2"	BANDAGE	TOPICAL	11/04/2024	5.35807
ALGINATE DRESSING	4" X 4"	BANDAGE	TOPICAL	11/04/2024	2.71854
ALISKIREN HEMIFUMARATE	300 MG	TABLET	ORAL	08/27/2025	8.58480
ALISKIREN HEMIFUMARATE	150 MG	TABLET	ORAL	01/21/2026	8.45920
ALLOPURINOL	100 MG	TABLET	ORAL	05/13/2026	0.02094
ALLOPURINOL	300 MG	TABLET	ORAL	08/19/2025	0.04652
ALLOPURINOL	200 MG	TABLET	ORAL	07/08/2025	3.65933
ALLOPURINOL SODIUM	500 MG	VIAL	INTRAVEN	12/01/2025	2386.80000
ALMOTRIPTAN MALATE	12.5 MG	TABLET	ORAL	01/21/2026	23.31612
ALMOTRIPTAN MALATE	6.25 MG	TABLET	ORAL	09/29/2025	20.62900
ALOSETRON HCL	1 MG	TABLET	ORAL	11/05/2025	9.61017
ALOSETRON HCL	0.5 MG	TABLET	ORAL	12/17/2025	5.69680

**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
ALPHA LIPOIC ACID	200 MG	CAPSULE	ORAL	06/11/2025	0.25951
ALPHA LIPOIC ACID	100 MG	CAPSULE	ORAL	11/04/2024	0.10486
ALPHA LIPOIC ACID	600 MG	CAPSULE	ORAL	01/07/2026	0.28720
ALPHA-1-PROTEINASE INHIBITOR	1000 MG	VIAL	INTRAVEN	03/24/2026	0.53000
ALPRAZOLAM	0.25 MG	TABLET	ORAL	07/01/2025	0.01852
ALPRAZOLAM	0.5 MG	TABLET	ORAL	04/15/2025	0.01667
ALPRAZOLAM	1 MG	TABLET	ORAL	07/01/2025	0.02344
ALPRAZOLAM	2 MG	TABLET	ORAL	05/20/2026	0.05261
ALPRAZOLAM	0.5 MG	TAB ER 24H	ORAL	10/01/2025	0.49960
ALPRAZOLAM	1 MG	TAB ER 24H	ORAL	04/15/2026	0.17213
ALPRAZOLAM	2 MG	TAB ER 24H	ORAL	10/01/2025	0.65012
ALPRAZOLAM	3 MG	TAB ER 24H	ORAL	04/01/2025	0.62533
ALPRAZOLAM	0.25 MG	TAB RAPDIS	ORAL	10/22/2025	1.46033
ALPRAZOLAM	0.5 MG	TAB RAPDIS	ORAL	09/17/2025	1.81945
ALPRAZOLAM	1 MG	TAB RAPDIS	ORAL	12/17/2025	2.42754
ALPRAZOLAM	2 MG	TAB RAPDIS	ORAL	11/04/2024	4.06600
ALTEPLASE	2 MG	VIAL	INJECTION	01/01/2026	86.21712
ALTEPLASE	50 MG	VIAL	INTRAVEN	01/01/2026	86.21712
ALUMINUM HYDROXIDE	0.275 %	OINT. (G)	TOPICAL	11/04/2024	0.23037

**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
ALVIMOPAN	12 MG	CAPSULE	ORAL	11/04/2024	101.18048
AMANTADINE HCL	100 MG	CAPSULE	ORAL	05/27/2026	0.09061
AMANTADINE HCL	50 MG/5 ML	SOLUTION	ORAL	03/25/2026	0.03798
AMANTADINE HCL	100 MG	TABLET	ORAL	03/25/2026	0.36855
AMBRISENTAN	10 MG	TABLET	ORAL	04/29/2025	9.54874
AMIKACIN SULFATE	500 MG/2ML	VIAL	INJECTION	06/17/2026	3.43530
AMIKACIN SULFATE	1000MG/4ML	VIAL	INJECTION	02/18/2026	2.97363
AMILORIDE HCL	5 MG	TABLET	ORAL	09/24/2025	0.15723
AMINO ACIDS		POWDER	ORAL	01/21/2026	0.18089
AMINOCAPROIC ACID	250 MG/ML	SOLUTION	ORAL	11/18/2025	0.85623
AMINOCAPROIC ACID	500 MG	TABLET	ORAL	12/17/2025	6.31867
AMINOCAPROIC ACID	1000 MG	TABLET	ORAL	03/18/2026	14.74375
AMINOCAPROIC ACID	250 MG/ML	VIAL	INTRAVEN	08/13/2025	0.59150
AMIODARONE HCL	200 MG	TABLET	ORAL	06/24/2025	0.10192
AMIODARONE HCL	100 MG	TABLET	ORAL	10/21/2025	0.56139
AMIODARONE HCL	400 MG	TABLET	ORAL	02/11/2026	2.08504
AMIODARONE HCL	50 MG/ML	VIAL	INTRAVEN	11/19/2024	0.49062
AMITRIPTYLINE HCL	10 MG	TABLET	ORAL	12/10/2025	0.02552
AMITRIPTYLINE HCL	100 MG	TABLET	ORAL	11/04/2024	0.09983

**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
AMITRIPTYLINE HCL	150 MG	TABLET	ORAL	06/17/2025	0.18854
AMITRIPTYLINE HCL	25 MG	TABLET	ORAL	04/01/2026	0.04939
AMITRIPTYLINE HCL	50 MG	TABLET	ORAL	06/17/2025	0.05885
AMITRIPTYLINE HCL	75 MG	TABLET	ORAL	05/27/2025	0.06195
AMLODIPINE BES/OLMESARTAN MED	5 MG-20 MG	TABLET	ORAL	11/04/2024	0.24165
AMLODIPINE BES/OLMESARTAN MED	10 MG-20MG	TABLET	ORAL	11/04/2024	0.31028
AMLODIPINE BES/OLMESARTAN MED	5 MG-40 MG	TABLET	ORAL	11/04/2024	0.30597
AMLODIPINE BES/OLMESARTAN MED	10 MG-40MG	TABLET	ORAL	11/04/2024	0.32115
AMLODIPINE BESYLATE	2.5 MG	TABLET	ORAL	04/15/2026	0.00714
AMLODIPINE BESYLATE	5 MG	TABLET	ORAL	05/06/2025	0.00910
AMLODIPINE BESYLATE	10 MG	TABLET	ORAL	05/06/2025	0.01462
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-20 MG	CAPSULE	ORAL	05/20/2026	0.09324
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-10 MG	CAPSULE	ORAL	06/17/2026	0.09286
AMLODIPINE BESYLATE/BENAZEPRIL	2.5MG-10MG	CAPSULE	ORAL	03/11/2026	0.24736
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-20MG	CAPSULE	ORAL	03/11/2026	0.22493
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-40 MG	CAPSULE	ORAL	03/11/2026	0.27095
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-40MG	CAPSULE	ORAL	01/28/2026	0.24227
AMLODIPINE BESYLATE/VALSARTAN	5 MG-160MG	TABLET	ORAL	11/12/2025	0.65749
AMLODIPINE BESYLATE/VALSARTAN	10MG-160MG	TABLET	ORAL	05/20/2026	0.65854

**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
AMLODIPINE BESYLATE/VALSARTAN	5 MG-320MG	TABLET	ORAL	11/04/2024	0.67000
AMLODIPINE BESYLATE/VALSARTAN	10MG-320MG	TABLET	ORAL	05/13/2026	0.43110
AMLODIPINE/ATORVASTATIN	5 MG-10 MG	TABLET	ORAL	06/10/2026	4.18088
AMLODIPINE/ATORVASTATIN	5 MG-20 MG	TABLET	ORAL	03/04/2026	3.47952
AMLODIPINE/ATORVASTATIN	5 MG-40 MG	TABLET	ORAL	03/04/2026	5.51476
AMLODIPINE/ATORVASTATIN	5 MG-80 MG	TABLET	ORAL	04/01/2025	4.37360
AMLODIPINE/ATORVASTATIN	10 MG-10MG	TABLET	ORAL	06/10/2026	4.10696
AMLODIPINE/ATORVASTATIN	10 MG-20MG	TABLET	ORAL	05/19/2026	0.96012
AMLODIPINE/ATORVASTATIN	10 MG-40MG	TABLET	ORAL	03/04/2026	4.84044
AMLODIPINE/ATORVASTATIN	10 MG-80MG	TABLET	ORAL	04/01/2025	4.23280
AMLODIPINE/ATORVASTATIN	2.5MG-10MG	TABLET	ORAL	06/11/2025	4.52078
AMLODIPINE/ATORVASTATIN	2.5MG-20MG	TABLET	ORAL	08/12/2025	5.19910
AMLODIPINE/ATORVASTATIN	2.5MG-40MG	TABLET	ORAL	08/12/2025	3.31851
AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-12.5	TABLET	ORAL	04/01/2025	4.31200
AMLODIPINE/VALSARTAN/HCTHIAZID	10MG-160MG	TABLET	ORAL	04/08/2025	4.89192
AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-25MG	TABLET	ORAL	04/08/2025	4.31200
AMLODIPINE/VALSARTAN/HCTHIAZID	10-160-25	TABLET	ORAL	04/08/2025	5.45443
AMLODIPINE/VALSARTAN/HCTHIAZID	10-320-25	TABLET	ORAL	06/17/2025	8.27040
AMMONIA	15 % (W/V)	AMPUL	INHALATION	07/09/2025	0.32361

**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
AMMONIUM LACTATE	12 %	CREAM (G)	TOPICAL	11/12/2025	0.03228
AMMONIUM LACTATE	12 %	LOTION	TOPICAL	04/08/2026	0.01648
AMOXAPINE	100 MG	TABLET	ORAL	11/04/2024	1.47780
AMOXAPINE	150 MG	TABLET	ORAL	06/18/2025	4.94648
AMOXAPINE	25 MG	TABLET	ORAL	11/04/2024	0.98155
AMOXAPINE	50 MG	TABLET	ORAL	11/04/2024	1.09570
AMOXICILLIN	250 MG	CAPSULE	ORAL	05/13/2026	0.04713
AMOXICILLIN	500 MG	CAPSULE	ORAL	06/03/2026	0.05617
AMOXICILLIN	125 MG/5ML	SUSP RECON	ORAL	03/18/2026	0.03618
AMOXICILLIN	250 MG/5ML	SUSP RECON	ORAL	04/15/2026	0.02422
AMOXICILLIN	400 MG/5ML	SUSP RECON	ORAL	05/20/2026	0.02677
AMOXICILLIN	200 MG/5ML	SUSP RECON	ORAL	03/18/2026	0.07236
AMOXICILLIN	500 MG	TABLET	ORAL	10/15/2025	0.08856
AMOXICILLIN	875 MG	TABLET	ORAL	11/19/2025	0.12812
AMOXICILLIN/POTASSIUM CLAV	125-31.25/	SUSP RECON	ORAL	11/04/2024	6.48462
AMOXICILLIN/POTASSIUM CLAV	250-62.5/5	SUSP RECON	ORAL	09/24/2025	0.51545
AMOXICILLIN/POTASSIUM CLAV	400-57MG/5	SUSP RECON	ORAL	04/15/2026	0.05701
AMOXICILLIN/POTASSIUM CLAV	200-28.5/5	SUSP RECON	ORAL	04/29/2026	0.04893
AMOXICILLIN/POTASSIUM CLAV	600-42.9/5	SUSP RECON	ORAL	03/18/2026	0.05805

**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
AMOXICILLIN/POTASSIUM CLAV	250-125 MG	TABLET	ORAL	11/11/2025	2.28381
AMOXICILLIN/POTASSIUM CLAV	500-125 MG	TABLET	ORAL	03/04/2026	0.28000
AMOXICILLIN/POTASSIUM CLAV	875-125 MG	TABLET	ORAL	05/13/2025	0.26338
AMOXICILLIN/POTASSIUM CLAV	1000-62.5	TAB ER 12H	ORAL	02/25/2026	6.66750
AMPHETAMINE SULFATE	10 MG	TABLET	ORAL	01/20/2026	0.88379
AMPHETAMINE SULFATE	5 MG	TABLET	ORAL	04/15/2026	1.12759
AMPHOTERICIN B LIPOSOME	50 MG	VIAL	INTRAVEN	06/17/2026	228.39050
AMPICILLIN SOD/SULBACTAM SOD	1.5 G	VIAL	INJECTION	11/12/2025	2.68620
AMPICILLIN SOD/SULBACTAM SOD	3 G	VIAL	INJECTION	10/15/2025	4.59888
AMPICILLIN SOD/SULBACTAM SOD	15 G	VIAL	INJECTION	06/03/2026	21.25200
AMPICILLIN SODIUM	1 G	VIAL	INJECTION	06/03/2026	2.13060
AMPICILLIN SODIUM	10 G	VIAL	INJECTION	04/29/2026	13.06305
AMPICILLIN SODIUM	2 G	VIAL	INJECTION	10/01/2025	2.92182
AMPICILLIN SODIUM	250 MG	VIAL	INJECTION	11/04/2024	0.82410
AMPICILLIN SODIUM	500 MG	VIAL	INJECTION	11/04/2024	1.60800
AMPICILLIN TRIHYDRATE	500 MG	CAPSULE	ORAL	11/04/2024	0.42277
ANAGRELIDE HCL	0.5 MG	CAPSULE	ORAL	02/11/2025	1.20908
ANASTROZOLE	1 MG	TABLET	ORAL	10/15/2025	0.12423
ANTI-INHIBITOR COAGULANT COMP.	1750-3250	VIAL	INTRAVEN	01/01/2026	1.61582

**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
ANTI-INHIBITOR COAGULANT COMP.	350-650	VIAL	INTRAVEN	01/01/2026	1.61582
ANTI-INHIBITOR COAGULANT COMP.	700-1300	VIAL	INTRAVEN	01/01/2026	1.61582
ANTI-THYMOCYTE GLOBULIN,RABBIT	25 MG	VIAL	INTRAVEN	11/04/2024	1087.48320
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	250 (+/-)	VIAL	INTRAVEN	04/01/2026	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	500 (+/-)	VIAL	INTRAVEN	04/01/2026	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1000 (+/-)	VIAL	INTRAVEN	04/01/2026	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	04/01/2026	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1500 (+/-)	VIAL	INTRAVEN	04/01/2026	1.29540
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2500 (+/-)	VIAL	INTRAVEN	04/01/2026	1.29540
ANTIHEMO.FVIII,FULL LENGTH PEG	250 (+/-)	VIAL	INTRAVEN	11/04/2024	1.77039
ANTIHEMO.FVIII,FULL LENGTH PEG	500 (+/-)	VIAL	INTRAVEN	06/02/2026	1.85891
ANTIHEMO.FVIII,FULL LENGTH PEG	1000 (+/-)	VIAL	INTRAVEN	04/01/2026	2.04750
ANTIHEMO.FVIII,FULL LENGTH PEG	2000 (+/-)	VIAL	INTRAVEN	01/13/2026	2.04750
ANTIHEMO.FVIII,FULL LENGTH PEG	750 (+/-)	VIAL	INTRAVEN	04/01/2025	1.77039
ANTIHEMO.FVIII,FULL LENGTH PEG	1500 (+/-)	VIAL	INTRAVEN	01/13/2026	2.04750
ANTIHEMO.FVIII,FULL LENGTH PEG	3000 (+/-)	VIAL	INTRAVEN	02/10/2026	2.10000
ANTIHEMOPH.FVIII REC,FC FUSION	250 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII REC,FC FUSION	500 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800

**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 REC,FC FUSION	750 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII REC,FC FUSION	1000 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII REC,FC FUSION	1500 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII REC,FC FUSION	2000 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII REC,FC FUSION	3000 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII REC,FC FUSION	4000 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII REC,FC FUSION	5000 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII REC,FC FUSION	6000 UNIT	VIAL	INTRAVEN	12/01/2025	1.33800
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	250 (+/-)	VIAL	INTRAVEN	01/01/2025	1.14305
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	500 (+/-)	VIAL	INTRAVEN	01/01/2026	1.14305
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.14305
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1500 (+/-)	VIAL	INTRAVEN	01/01/2026	1.14305
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	2000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.14305
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	3000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.14305
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	12/01/2025	1.22400

**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-DOMAIN DEL	1000 (+/-)	SYRINGE	INTRAVEN	12/01/2025	1.22400
ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	SYRINGE	INTRAVEN	12/01/2025	1.22400
ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	SYRINGE	INTRAVEN	12/01/2025	1.22400
ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	SYRINGE	INTRAVEN	12/01/2025	1.22400
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
ANTIHEMOPH.FVIII,HEK B-DELETE	1500 (+/-)	VIAL	INTRAVEN	04/01/2025	1.15884
ANTIHEMOPHIL.FVIII,FULL LENGTH	3000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHIL.FVIII,FULL LENGTH	2000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHIL.FVIII,FULL LENGTH	1500 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHIL.FVIII,FULL LENGTH	500 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHIL.FVIII,FULL LENGTH	1000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHIL.FVIII,FULL LENGTH	250 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHIL.FVIII,FULL LENGTH	4000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435

**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, HUM REC	250 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHILIC FACTOR, HUM REC	1000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHILIC FACTOR, HUM REC	500 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHILIC FACTOR, HUM REC	2000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
ANTIHEMOPHILIC FACTOR, HUM REC	1500 (+/-)	VIAL	INTRAVEN	01/01/2026	0.89760
ANTIHEMOPHILIC FACTOR, HUMAN	500 (+/-)	VIAL	INTRAVEN	01/01/2026	0.73440
ANTIHEMOPHILIC FACTOR, HUMAN	1000 (+/-)	VIAL	INTRAVEN	01/01/2026	0.73400
ANTIHEMOPHILIC FACTOR, HUMAN	250 (+/-)	VIAL	INTRAVEN	01/01/2026	0.73400
ANTIHEMOPHILIC FACTOR, HUMAN	220-400	VIAL	INTRAVEN	01/06/2026	0.73440
ANTIHEMOPHILIC FACTOR, HUMAN	401-800	VIAL	INTRAVEN	01/06/2026	0.73440
ANTIHEMOPHILIC FACTOR, HUMAN	801-1500	VIAL	INTRAVEN	01/06/2026	0.73440
ANTIHEMOPHILIC FACTOR, HUMAN	1501-2000	VIAL	INTRAVEN	01/06/2026	0.73440
ANTIHEMOPHILIC FACTOR//WF	250-600	VIAL	INTRAVEN	01/01/2026	0.79361
ANTIHEMOPHILIC FACTOR//WF	1000-2400	VIAL	INTRAVEN	11/04/2024	0.79361
ANTIHEMOPHILIC FACTOR//WF	500-1200	VIAL	INTRAVEN	01/01/2026	0.79361
ANTIHEMOPHILIC FACTOR//WF	250 (100)	VIAL	INTRAVEN	01/01/2026	0.72240
ANTIHEMOPHILIC FACTOR//WF	500 (200)	VIAL	INTRAVEN	01/01/2026	0.70520
ANTIHEMOPHILIC FACTOR//WF	1000 (400)	VIAL	INTRAVEN	01/01/2026	0.71380
ANTIHEMOPHILIC FACTOR//WF	1500 (600)	VIAL	INTRAVEN	01/01/2026	0.71380

**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/WF	500-500	VIAL	INTRAVEN	01/01/2026	0.92000
ANTIHEMOPHILIC FACTOR/WF	1K-1K UNIT	VIAL	INTRAVEN	01/01/2026	0.92000
ANTIHEMOPHILIC FACTOR/WF	2000 (800)	VIAL	INTRAVEN	04/01/2026	0.72240
ANTIHEMOPHILIC FVIII,REC PORC	500 (+/-)	VIAL	INTRAVEN	04/01/2026	2.80250
ANTITHROMBIN III (PLASMA DER)	500 (+/-)	VIAL	INTRAVEN	01/01/2025	3.66180
A POMORPHINE HCL	10 MG/ML	CARTRIDGE	SUBCUT	11/04/2024	178.95304
APREPITANT	80 MG	CAPSULE	ORAL	05/06/2026	83.59678
APREPITANT	125 MG	CAPSULE	ORAL	08/27/2025	163.17316
APREPITANT	40 MG	CAPSULE	ORAL	03/04/2026	45.11110
APREPITANT	125MG-80MG	CAP DS PK	ORAL	03/18/2026	97.51515
ARFORMOTEROL TARTRATE	15MCG/2ML	VIAL-NEB	INHALATION	02/11/2026	0.40200
ARGATROBAN	100 MG/ML	VIAL	INTRAVEN	02/18/2026	105.82326
ARGATROBAN IN 0.9 % SOD CHLOR	50 MG/50ML	VIAL	INTRAVEN	01/21/2026	2.52054
ARGININE	500 MG	TABLET	ORAL	11/04/2024	0.08821
ARGININE HCL	500 MG	CAPSULE	ORAL	10/22/2025	0.11403
ARGININE HCL	1000 MG	TABLET	ORAL	08/06/2025	0.12924
ARIPIPRAZOLE	1 MG/ML	SOLUTION	ORAL	03/11/2026	0.43214
ARIPIPRAZOLE	10 MG	TABLET	ORAL	03/18/2026	0.03402
ARIPIPRAZOLE	15 MG	TABLET	ORAL	03/04/2026	0.07773

**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
ARIPIRAZOLE	20 MG	TABLET	ORAL	03/04/2026	0.05040
ARIPIRAZOLE	30 MG	TABLET	ORAL	03/04/2026	0.06300
ARIPIRAZOLE	5 MG	TABLET	ORAL	03/04/2026	0.02520
ARIPIRAZOLE	2 MG	TABLET	ORAL	03/04/2026	0.02160
ARIPIRAZOLE	10 MG	TAB RAPDIS	ORAL	07/15/2025	3.30000
ARIPIRAZOLE	15 MG	TAB RAPDIS	ORAL	11/04/2024	3.30000
ARIPIRAZOLE	300 MG	SUSER VIAL	INTRAMUSC	11/04/2024	2157.17760
ARIPIRAZOLE	400 MG	SUSER VIAL	INTRAMUSC	11/04/2024	2876.23680
ARM BRACE		EACH	MISCELL	11/04/2024	7.30250
ARMODAFINIL	150 MG	TABLET	ORAL	10/17/2025	1.32310
ARMODAFINIL	50 MG	TABLET	ORAL	12/17/2024	0.49089
ARMODAFINIL	250 MG	TABLET	ORAL	11/19/2024	1.24770
ARMODAFINIL	200 MG	TABLET	ORAL	10/17/2025	1.58570
ARSENIC TRIOXIDE	10 MG/10ML	VIAL	INTRAVEN	06/17/2026	3.79619
ASCORBIC ACID	500 MG	CAPSULE	ORAL	04/29/2026	0.06955
ASCORBIC ACID	500 MG	CAPSULE ER	ORAL	11/04/2024	0.05427
ASCORBIC ACID	500 MG/5ML	SYRUP	ORAL	05/26/2026	0.01506
ASCORBIC ACID	1000 MG	TABLET	ORAL	05/13/2026	0.02677
ASCORBIC ACID	250 MG	TABLET	ORAL	04/29/2026	0.01675

**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
ASCORBIC ACID	500 MG	TABLET	ORAL	03/18/2026	0.01263
ASCORBIC ACID	250 MG	TAB CHEW	ORAL	04/08/2026	0.02268
ASCORBIC ACID	500 MG	TAB CHEW	ORAL	04/08/2026	0.02350
ASCORBIC ACID	125 MG	TAB CHEW	ORAL	04/01/2026	0.09090
ASCORBIC ACID	1000 MG	TABLET ER	ORAL	02/18/2026	0.04627
ASCORBIC ACID	500 MG	TABLET ER	ORAL	02/18/2026	0.02923
ASCORBIC ACID/ASCORBATE SODIUM	500 MG	TAB CHEW	ORAL	11/04/2024	0.08250
ASENAPINE MALEATE	5 MG	TAB SUBL	SUBLINGUAL	12/17/2025	3.70414
ASENAPINE MALEATE	10 MG	TAB SUBL	SUBLINGUAL	05/06/2026	2.50582
ASENAPINE MALEATE	2.5 MG	TAB SUBL	SUBLINGUAL	03/18/2026	2.20626
ASHWAGANDHA ROOT EXTRACT	500 MG	CAPSULE	ORAL	04/08/2026	0.35488
ASPIRIN	325 MG	TABLET	ORAL	03/04/2026	0.00701
ASPIRIN	81 MG	TAB CHEW	ORAL	03/25/2026	0.00814
ASPIRIN	325 MG	TABLET DR	ORAL	06/02/2026	0.00930
ASPIRIN	81 MG	TABLET DR	ORAL	02/23/2026	0.00741
ASPIRIN/ACETAMINOPHEN/CAFFEINE	250-250-65	TABLET	ORAL	08/06/2025	0.02915
ASPIRIN/CAFFEINE	1000-65 MG	POWD PACK	ORAL	11/04/2024	0.18034
ASPIRIN/DIPYRIDAMOLE	25MG-200MG	CPMP 12HR	ORAL	10/22/2025	1.68103
ASPIRIN/SOD BICARB/CITRIC ACID	325-1916MG	TABLET EFF	ORAL	08/06/2025	0.05308

**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
ATAZANAVIR SULFATE	150 MG	CAPSULE	ORAL	07/16/2025	4.78258
ATAZANAVIR SULFATE	200 MG	CAPSULE	ORAL	11/04/2024	3.58028
ATAZANAVIR SULFATE	300 MG	CAPSULE	ORAL	04/01/2026	2.62531
ATENOLOL	100 MG	TABLET	ORAL	09/17/2025	0.03198
ATENOLOL	50 MG	TABLET	ORAL	09/03/2025	0.02234
ATENOLOL	25 MG	TABLET	ORAL	09/10/2025	0.01947
ATENOLOL/CHLORTHALIDONE	100MG-25MG	TABLET	ORAL	01/21/2026	0.57499
ATENOLOL/CHLORTHALIDONE	50 MG-25MG	TABLET	ORAL	08/19/2025	0.18060
ATOMOXETINE HCL	10 MG	CAPSULE	ORAL	06/17/2026	0.36993
ATOMOXETINE HCL	18 MG	CAPSULE	ORAL	03/04/2026	0.53308
ATOMOXETINE HCL	25 MG	CAPSULE	ORAL	03/03/2026	0.49616
ATOMOXETINE HCL	40 MG	CAPSULE	ORAL	06/17/2026	0.33110
ATOMOXETINE HCL	60 MG	CAPSULE	ORAL	03/04/2026	0.46725
ATOMOXETINE HCL	80 MG	CAPSULE	ORAL	03/18/2026	0.54600
ATOMOXETINE HCL	100 MG	CAPSULE	ORAL	06/17/2026	0.40777
ATORVASTATIN CALCIUM	10 MG	TABLET	ORAL	06/17/2026	0.01924
ATORVASTATIN CALCIUM	20 MG	TABLET	ORAL	06/10/2026	0.02317
ATORVASTATIN CALCIUM	40 MG	TABLET	ORAL	06/10/2026	0.03137
ATORVASTATIN CALCIUM	80 MG	TABLET	ORAL	04/15/2026	0.03649

**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
ATOVAQUONE	750 MG/5ML	ORAL SUSP	ORAL	06/10/2026	0.66737
ATOVAQUONE/PROGUANIL HCL	62.5-25 MG	TABLET	ORAL	09/29/2025	2.18554
ATOVAQUONE/PROGUANIL HCL	250-100 MG	TABLET	ORAL	04/01/2026	0.92085
ATRACURIUM BESYLATE	10 MG/ML	VIAL	INTRAVEN	11/04/2024	1.20426
ATROPINE SULFATE	0.1 MG/ML	SYRINGE	INJECTION	02/25/2026	1.39641
ATROPINE SULFATE	0.4 MG/ML	VIAL	INJECTION	01/21/2026	2.14253
ATROPINE SULFATE	1 %	DROPS	OPHTHALMIC	03/25/2026	4.08000
ATROPINE SULFATE	0.4 MG/ML	VIAL	INTRAVEN	10/22/2025	10.76166
ATROPINE SULFATE	1 MG/ML	VIAL	INTRAVEN	10/22/2025	10.76166
AURANOFIN	3 MG	CAPSULE	ORAL	06/25/2025	18.27056
AVANAFIL	50 MG	TABLET	ORAL	03/25/2025	25.32060
AVANAFIL	100 MG	TABLET	ORAL	03/25/2025	25.32060
AVANAFIL	200 MG	TABLET	ORAL	03/25/2025	25.32060
AZACITIDINE	100 MG	VIAL	INJECTION	04/22/2026	16.80000
AZATHIOPRINE	50 MG	TABLET	ORAL	08/13/2025	0.13796
AZATHIOPRINE	75 MG	TABLET	ORAL	02/18/2026	13.16942
AZATHIOPRINE	100 MG	TABLET	ORAL	04/08/2026	3.82422
AZELAIC ACID	15 %	GEL (GRAM)	TOPICAL	04/15/2025	0.43222
AZELASTINE HCL	0.05 %	DROPS	OPHTHALMIC	06/10/2026	0.89423

**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
AZELASTINE HCL	137 MCG	SPRAY/PUMP	NASAL	11/12/2025	0.23096
AZELASTINE HCL	205.5 MCG	SPRAY/PUMP	NASAL	11/04/2024	0.58915
AZELASTINE/FLUTICASONE	137-50 MCG	SPRAY/PUMP	NASAL	11/04/2024	3.94049
AZITHROMYCIN	200 MG/5ML	SUSP RECON	ORAL	02/18/2026	0.18198
AZITHROMYCIN	100 MG/5ML	SUSP RECON	ORAL	04/08/2026	0.28027
AZITHROMYCIN	500 MG	TABLET	ORAL	04/22/2026	0.29927
AZITHROMYCIN	250 MG	TABLET	ORAL	06/17/2026	0.20100
AZITHROMYCIN	600 MG	TABLET	ORAL	11/04/2024	0.64030
AZITHROMYCIN	500 MG	VIAL	INTRAVEN	07/22/2025	3.66168
AZTREONAM	1 G	VIAL	INJECTION	03/12/2025	25.13700
AZTREONAM	2 G	VIAL	INJECTION	04/01/2025	50.09944
B COMPLEX, C NO.20/FOLIC ACID	1 MG	CAPSULE	ORAL	04/08/2026	0.11180
B COMPLX/C/FOLIC/ZINC/COPPER/E	500-0.4 MG	TABLET	ORAL	11/04/2024	0.03482
B COMPLX/C/FOLIC/ZINC/COPPER/E	500-0.4 MG	TABLET	ORAL	11/04/2024	0.03482
B-COMPLEX WITH VITAMIN C		CAPSULE	ORAL	11/04/2024	0.03482
B-COMPLEX WITH VITAMIN C		TABLET	ORAL	11/04/2024	0.03482
B12/LEVOMEFOLATE CALCIUM/B-6	2-1.13-25	TABLET	ORAL	10/01/2025	1.52403
B2/B6/FOLIC/C/D3/GLUTA/ASTAXAN	1.7-2-1 MG	CAPSULE	ORAL	11/04/2024	0.03482
BACILLUS COAGULANS	1B CELL	TAB CHEW	ORAL	12/17/2024	0.26655

**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
BACILLUS COAGULANS	2.5B CELL	TAB CHEW	ORAL	05/21/2025	0.19642
BACILLUS COAGULANS/INULIN	1B-250 MG	CAPSULE	ORAL	04/15/2026	0.39369
BACITRACIN	500 UNIT/G	OINT. (G)	TOPICAL	09/24/2025	0.06426
BACITRACIN	500 UNIT/G	PACKET	TOPICAL	06/03/2026	0.15494
BACITRACIN	50000 UNIT	VIAL	INTRAMUSC	11/04/2024	6.23761
BACITRACIN ZINC	500 UNIT/G	OINT PACK	TOPICAL	06/10/2026	0.03513
BACITRACIN ZINC	500 UNIT/G	OINT. (G)	TOPICAL	06/03/2026	0.06467
BACITRACIN ZINC/POLYMYXIN B	500-10K/G	OINT. (G)	TOPICAL	05/13/2026	0.12761
BACITRACIN/POLYMYXIN B SULFATE	500-10K/G	OINT. (G)	OPHTHALMIC	11/04/2024	4.92548
BACLOFEN	25 MG/5 ML	ORAL SUSP	ORAL	11/04/2024	4.66800
BACLOFEN	10 MG/5 ML	SOLUTION	ORAL	03/25/2025	2.30711
BACLOFEN	10 MG	TABLET	ORAL	06/03/2026	0.02531
BACLOFEN	20 MG	TABLET	ORAL	06/03/2026	0.03270
BACLOFEN	5 MG	TABLET	ORAL	04/01/2026	0.03033
BACLOFEN	15 MG	TABLET	ORAL	04/01/2026	1.56124
BACLOFEN	50 MCG/ML	SYRINGE	INTRATHEC	11/04/2024	19.16250
BACLOFEN	10000/20ML	VIAL	INTRATHEC	11/04/2024	9.67725
BACLOFEN	40000/20ML	VIAL	INTRATHEC	09/10/2025	14.86695
BACLOFEN	20K MCG/20	VIAL	INTRATHEC	11/04/2024	17.67150

**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
BACTERIOSTATIC SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	06/04/2025	0.10948
BALSALAZIDE DISODIUM	750 MG	CAPSULE	ORAL	12/23/2025	0.47221
BEESWAX	100 %	WAX	MISCELL	11/04/2024	0.31490
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
BENZAEPRIIL HCL	5 MG	TABLET	ORAL	02/18/2026	0.07450
BENZAEPRIIL HCL	10 MG	TABLET	ORAL	07/01/2025	0.10814
BENZAEPRIIL HCL	20 MG	TABLET	ORAL	04/01/2025	0.09857
BENZAEPRIIL HCL	40 MG	TABLET	ORAL	12/10/2025	0.12449
BENZAEPRIIL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	ORAL	06/10/2026	1.03944
BENZAEPRIIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	11/25/2025	0.55020
BENZAEPRIIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	11/25/2025	0.49272
BENZAEPRIIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	11/25/2025	0.51858
BENDAMUSTINE HCL	25 MG	VIAL	INTRAVEN	10/22/2025	102.97150
BENDAMUSTINE HCL	100 MG	VIAL	INTRAVEN	10/01/2025	479.29000
BENDAMUSTINE HCL	25 MG/ML	VIAL	INTRAVEN	08/27/2025	457.58819
BENTONITE		POWDER	MISCELL	11/04/2024	0.16080
BENZALKONIUM CHLORIDE	0.1 %	GEL (ML)	TOPICAL	04/23/2025	24.65513

**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
BENZETHONIUM CHLORIDE	0.1 %	CLEANSER	TOPICAL	11/04/2024	0.01554
BENZETHONIUM CHLORIDE	0.13 %	CLEANSER	TOPICAL	12/23/2024	0.00957
BENZOCAINE	20 %	SPRAY	MUCOUS MEM	05/20/2026	11.88000
BENZOCAINE	10 %	GEL (GRAM)	MUCOUS MEM	11/04/2024	1.27874
BENZOCAINE	20 %	GEL (GRAM)	MUCOUS MEM	11/04/2024	0.06520
BENZOCAINE	20 %	GEL PACKET	MUCOUS MEM	01/15/2025	0.64744
BENZOCAINE	20 %	LIQUID	MUCOUS MEM	11/04/2024	0.39586
BENZOCAINE	15 MG	LOZENGE	MUCOUS MEM	11/04/2024	0.22445
BENZOCAINE/MENTH/CETYLPYRD CL	2-0.5-0.1%	SPRAY	MUCOUS MEM	10/15/2025	0.16616
BENZOCAINE/MENTH/CETYLPYRD CL	2-0.5-0.1%	SOLUTION	MUCOUS MEM	10/15/2025	0.16616
BENZOCAINE/MENTHOL	15MG-3.6MG	LOZENGE	MUCOUS MEM	11/04/2024	0.10906
BENZOCAINE/MENTHOL	20 %-1 %	MED. SWAB	TOPICAL	04/22/2026	0.42143
BENZOIN		TINCTURE	TOPICAL	04/29/2026	0.28685
BENZOIN		TINCTURE	TOPICAL	12/23/2024	0.14331
BENZONATATE	100 MG	CAPSULE	ORAL	09/03/2025	0.05674
BENZONATATE	200 MG	CAPSULE	ORAL	11/25/2025	0.07595
BENZOYL PEROXIDE	9.8 %	FOAM	TOPICAL	11/04/2024	1.52700
BENZOYL PEROXIDE	10 %	GEL (GRAM)	TOPICAL	03/04/2026	0.07370
BENZOYL PEROXIDE	5 %	GEL (GRAM)	TOPICAL	03/04/2026	0.06526

**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
BENZOYL PEROXIDE	4 %	CLEANSER	TOPICAL	11/23/2024	0.03118
BENZOYL PEROXIDE	6 %	CLEANSER	TOPICAL	11/23/2024	0.03217
BENZOYL PEROXIDE	10 %	CLEANSER	TOPICAL	06/17/2026	0.03702
BENZOYL PEROXIDE	5 %	CLEANSER	TOPICAL	08/06/2025	0.03103
BENZOYL PEROXIDE	5 %	CLEANSER	TOPICAL	11/23/2024	0.03118
BENZOYL PEROXIDE	7 %	CLEANSER	TOPICAL	11/04/2024	0.26655
BENZOYL PEROXIDE	6 %	TOWELETTE	TOPICAL	11/04/2024	6.18765
BENZPHETAMINE HCL	50 MG	TABLET	ORAL	12/03/2025	0.49191
BENZTROPINE MESYLATE	0.5 MG	TABLET	ORAL	09/03/2025	0.05840
BENZTROPINE MESYLATE	1 MG	TABLET	ORAL	04/22/2025	0.05968
BENZTROPINE MESYLATE	2 MG	TABLET	ORAL	06/03/2026	0.05823
BENZTROPINE MESYLATE	2 MG/2 ML	VIAL	INJECTION	11/04/2024	23.62500
BEPOTASTINE BESILATE	1.5 %	DROPS	OPHTHALMIC	02/12/2025	10.35000
BETA-CAROTENE	7500 MCG	CAPSULE	ORAL	08/13/2025	0.06023
BETA-CAROTENE(A)-VITS C,E/MINS		TABLET	ORAL	11/04/2024	0.03482
BETAMETHASONE ACETATE,SOD PHOS	6 MG/ML	VIAL	INJECTION	05/06/2026	9.17700
BETAMETHASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	04/15/2026	0.18291
BETAMETHASONE DIPROPIONATE	0.05 %	OINT. (G)	TOPICAL	04/01/2026	0.33915
BETAMETHASONE DIPROPIONATE	0.05 %	LOTION	TOPICAL	04/01/2025	0.66665

**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
BETAMETHASONE VALERATE	0.12 %	FOAM	TOPICAL	06/25/2025	0.74839
BETAMETHASONE VALERATE	0.1 %	CREAM (G)	TOPICAL	10/01/2025	0.70573
BETAMETHASONE VALERATE	0.1 %	OINT. (G)	TOPICAL	06/03/2026	0.46535
BETAMETHASONE/PROPYLENE GLYC	0.05 %	CREAM (G)	TOPICAL	04/23/2025	0.24549
BETAMETHASONE/PROPYLENE GLYC	0.05 %	OINT. (G)	TOPICAL	12/17/2025	0.96292
BETAMETHASONE/PROPYLENE GLYC	0.05 %	LOTION	TOPICAL	02/25/2026	0.47391
BETAXOLOL HCL	10 MG	TABLET	ORAL	04/08/2026	0.85512
BETAXOLOL HCL	20 MG	TABLET	ORAL	11/04/2024	1.31119
BETHANECHOL CHLORIDE	10 MG	TABLET	ORAL	12/17/2025	0.46096
BETHANECHOL CHLORIDE	25 MG	TABLET	ORAL	11/05/2025	0.60675
BETHANECHOL CHLORIDE	5 MG	TABLET	ORAL	11/05/2025	0.46391
BETHANECHOL CHLORIDE	50 MG	TABLET	ORAL	11/05/2025	1.00862
BEVACIZUMAB	25 MG/ML	VIAL	INTRAVEN	12/01/2025	148.60000
BEXAROTENE	75 MG	CAPSULE	ORAL	06/10/2026	11.55000
BEXAROTENE	1 %	GEL (GRAM)	TOPICAL	02/18/2026	323.17037
BICALUTAMIDE	50 MG	TABLET	ORAL	11/04/2024	0.44577
BIMATOPROST	0.03 %	DROP W/APP	TOPICAL	11/04/2024	29.42160
BIMATOPROST	0.03 %	DROPS	OPHTHALMIC	02/18/2026	19.40820
BIOFLAV,LEMON/VIT BCOMP,C	200-100 MG	TABLET	ORAL	11/04/2024	0.22341

**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
BIOTIN	10000 MCG	CAPSULE	ORAL	03/26/2025	0.30632
BIOTIN	5 MG	CAPSULE	ORAL	11/04/2024	0.03350
BIOTIN	2500 MCG	CAPSULE	ORAL	11/04/2024	0.09986
BIOTIN	10 MG	TABLET	ORAL	08/20/2025	0.13735
BIOTIN	1 MG	TABLET	ORAL	11/04/2024	0.06980
BIOTIN	2500 MCG	TAB CHEW	ORAL	08/20/2025	0.11202
BIOTIN	10000 MCG	TAB RAPDIS	ORAL	06/11/2025	0.18380
BIOTIN	5000 MCG	TAB RAPDIS	ORAL	07/01/2025	0.10876
BISACODYL	5 MG	TABLET DR	ORAL	06/03/2026	0.00779
BISACODYL	10 MG	SUPP.RECT	RECTAL	05/06/2026	0.07288
BISMUTH SUBSALICYLATE	262MG/15ML	ORAL SUSP	ORAL	04/15/2025	0.00846
BISMUTH SUBSALICYLATE	525MG/15ML	ORAL SUSP	ORAL	11/04/2024	0.00894
BISMUTH SUBSALICYLATE	262 MG	TABLET	ORAL	01/21/2026	0.22437
BISMUTH SUBSALICYLATE	262 MG	TAB CHEW	ORAL	06/17/2026	0.05695
BISMUTH TRIBROMOPH/PETROLATUM	1"X8"	BANDAGE	TOPICAL	11/04/2024	1.31025
BISMUTH TRIBROMOPH/PETROLATUM	2" X 2"	BANDAGE	TOPICAL	11/04/2024	0.57769
BISMUTH/METRONID/TETRACYCLINE	125-125 MG	CAPSULE	ORAL	03/18/2026	3.17795
BISOPROLOL FUMARATE	10 MG	TABLET	ORAL	04/15/2026	0.16600
BISOPROLOL FUMARATE	5 MG	TABLET	ORAL	06/17/2026	0.15999

**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
BISOPROLOL/HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	ORAL	11/12/2024	0.15531
BISOPROLOL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	ORAL	03/12/2025	0.15531
BISOPROLOL/HYDROCHLOROTHIAZIDE	10-6.25 MG	TABLET	ORAL	11/12/2024	0.15499
BIVALIRUDIN	250 MG	VIAL	INTRAVEN	09/17/2025	35.30100
BLACK COHOSH ROOT	540 MG	CAPSULE	ORAL	11/26/2024	0.14459
BLACK COHOSH ROOT EXTRACT	40 MG	CAPSULE	ORAL	04/29/2026	0.12429
BLEOMYCIN SULFATE	15 UNIT	VIAL	INJECTION	11/04/2024	21.73500
BLEOMYCIN SULFATE	30 UNIT	VIAL	INJECTION	11/04/2024	46.91425
BLINATUMOMAB	35 MCG	KIT	INTRAVEN	11/04/2024	5248.06320
BLOOD KETONE TEST, STRIPS		STRIP	MISCELL	11/04/2024	0.90437
BLOOD PRESSURE TEST KIT-MEDIUM		KIT	MISCELL	08/13/2025	13.20000
BLOOD SUGAR DIAGNOSTIC		STRIP	MISCELL	04/08/2026	0.09900
BLUE AGAVE EXT/ENGLISH IVY EXT	4 G-21/3ML	SYRUP	ORAL	11/04/2024	0.10209
BORIC ACID	600 MG	SUPP.VAG	VAGINAL	03/19/2025	0.46006
BORTEZOMIB	3.5 MG	VIAL	INJECTION	06/17/2026	20.31750
BREAST PUMP		EACH	MISCELL	06/17/2026	116.85000
BRIMONIDINE TARTRATE	0.33 %	GEL W/PUMP	TOPICAL	11/04/2024	16.78810
BRIMONIDINE TARTRATE	0.2 %	DROPS	OPHTHALMIC	11/12/2025	0.50225
BRIMONIDINE TARTRATE	0.15 %	DROPS	OPHTHALMIC	02/17/2026	9.68010

**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
BRIMONIDINE TARTRATE	0.1 %	DROPS	OPHTHALMIC	06/18/2025	6.35000
BRIMONIDINE TARTRATE/TIMOLOL	0.2%-0.5%	DROPS	OPHTHALMIC	07/22/2025	2.41200
BRINZOLAMIDE	1 %	DROPS SUSP	OPHTHALMIC	11/04/2024	5.45677
BRIVARACETAM	10 MG/ML	SOLUTION	ORAL	05/04/2026	0.29040
BRIVARACETAM	10 MG	TABLET	ORAL	05/04/2026	1.69371
BRIVARACETAM	25 MG	TABLET	ORAL	05/27/2026	0.30061
BRIVARACETAM	75 MG	TABLET	ORAL	05/20/2026	0.36050
BRIVARACETAM	100 MG	TABLET	ORAL	05/20/2026	0.36050
BROMELAINS	500 MG	TABLET	ORAL	11/04/2024	0.20558
BROMFENAC SODIUM	0.09 %	DROPS	OPHTHALMIC	11/04/2024	78.61750
BROMFENAC SODIUM	0.07 %	DROPS	OPHTHALMIC	03/11/2026	50.77850
BROMFENAC SODIUM	0.075 %	DROPS	OPHTHALMIC	11/04/2024	47.17460
BROMOCRIPTINE MESYLATE	5 MG	CAPSULE	ORAL	05/13/2026	5.68795
BROMOCRIPTINE MESYLATE	2.5 MG	TABLET	ORAL	03/25/2026	1.60026
BROMPHENIR MAL/DEXTROMETH HBR	2-10MG/10	LIQUID	ORAL	01/21/2026	0.05631
BROMPHENIRAM/PHENYLEPHRINE/DM	2-5-10MG/5	LIQUID	ORAL	11/04/2024	0.05349
BROMPHENIRAM/PHENYLEPHRINE/DM	4-10-20/5	LIQUID	ORAL	11/04/2024	0.02691
BROMPHENIRAMINE/PHENYLEPHRINE	1-2.5 MG/5	SOLUTION	ORAL	11/04/2024	0.04110
BROMPHENIRAMINE/PSEUDOEPHED/DM	2-30-10/5	SYRUP	ORAL	06/17/2026	0.12355

**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
BUDESONIDE	3 MG	CAPDR - ER	ORAL	04/01/2026	0.43387
BUDESONIDE	9 MG	TABDR - ER	ORAL	05/12/2026	16.71810
BUDESONIDE	2 MG	FOAM/APPL	RECTAL	01/21/2026	14.95024
BUDESONIDE	32 MCG	SPRAY/PUMP	NASAL	04/15/2026	2.18088
BUDESONIDE	1 MG/2 ML	AMPUL-NEB	INHALATION	03/18/2026	3.30519
BUDESONIDE	0.25MG/2ML	AMPUL-NEB	INHALATION	04/08/2026	0.69914
BUDESONIDE	0.5 MG/2ML	AMPUL-NEB	INHALATION	05/20/2026	0.50641
BUDESONIDE/FORMOTEROL FUMARATE	80-4.5 MCG	HFA AER AD	INHALATION	08/06/2025	11.05229
BUDESONIDE/FORMOTEROL FUMARATE	160-4.5MCG	HFA AER AD	INHALATION	08/06/2025	12.63274
BUMETANIDE	0.5 MG	TABLET	ORAL	06/10/2026	0.15691
BUMETANIDE	1 MG	TABLET	ORAL	06/10/2026	0.07269
BUMETANIDE	2 MG	TABLET	ORAL	06/10/2026	0.11011
BUMETANIDE	0.25 MG/ML	VIAL	INJECTION	06/10/2026	0.27433
BUPIVACAINE HCL	2.5 MG/ML	VIAL	INJECTION	04/01/2026	0.04284
BUPIVACAINE HCL	5 MG/ML	VIAL	INJECTION	05/06/2026	0.05012
BUPIVACAINE HCL IN DEXTROSE/PF	0.75 %	AMPUL	INJECTION	04/01/2025	2.22909
BUPIVACAINE HCL/EPINEPHRINE	0.25-.0005	VIAL	INJECTION	05/21/2025	0.30043
BUPIVACAINE HCL/EPINEPHRINE	0.5-1:200K	VIAL	INJECTION	01/07/2026	0.32133
BUPIVACAINE HCL/EPINEPHRINE/PF	0.25-.0005	VIAL	INJECTION	05/21/2025	0.31267

**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
BUPIVACAINE HCL/EPINEPHRINE/PF	0.5-1:200K	VIAL	INJECTION	09/24/2025	0.21521
BUPIVACAINE HCL/PF	2.5 MG/ML	VIAL	INJECTION	02/04/2026	0.08978
BUPIVACAINE HCL/PF	5 MG/ML	VIAL	INJECTION	02/04/2026	0.08933
BUPIVACAINE HCL/PF	7.5 MG/ML	VIAL	INJECTION	11/12/2025	0.15794
BUPRENORPHINE	5 MCG/HR	PATCH TDWK	TRANSDERM	04/01/2025	23.46488
BUPRENORPHINE	10 MCG/HR	PATCH TDWK	TRANSDERM	11/04/2024	20.24375
BUPRENORPHINE	20 MCG/HR	PATCH TDWK	TRANSDERM	01/21/2025	50.79312
BUPRENORPHINE	15 MCG/HR	PATCH TDWK	TRANSDERM	04/15/2026	63.15538
BUPRENORPHINE	7.5 MCG/HR	PATCH TDWK	TRANSDERM	04/15/2026	58.99644
BUPRENORPHINE HCL	2 MG	TAB SUBL	SUBLINGUAL	11/12/2025	0.29333
BUPRENORPHINE HCL	8 MG	TAB SUBL	SUBLINGUAL	04/29/2026	0.56478
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	FILM	SUBLINGUAL	04/08/2026	0.67204
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	FILM	SUBLINGUAL	10/22/2025	1.64802
BUPRENORPHINE HCL/NALOXONE HCL	4MG-1MG	FILM	SUBLINGUAL	06/17/2026	1.18274
BUPRENORPHINE HCL/NALOXONE HCL	12 MG-3 MG	FILM	SUBLINGUAL	08/13/2025	3.97775
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	TAB SUBL	SUBLINGUAL	05/06/2026	1.08330
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	TAB SUBL	SUBLINGUAL	12/19/2025	0.95900
BUPROPION HCL	75 MG	TABLET	ORAL	05/06/2026	0.06292
BUPROPION HCL	100 MG	TABLET	ORAL	05/13/2026	0.04331

**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
BUPROPION HCL	150 MG	TAB ER 24H	ORAL	06/03/2026	0.06872
BUPROPION HCL	300 MG	TAB ER 24H	ORAL	05/27/2025	0.06898
BUPROPION HCL	150 MG	TAB ER 12H	ORAL	10/01/2025	0.43662
BUPROPION HCL	150 MG	TAB SR 12H	ORAL	04/01/2026	0.03048
BUPROPION HCL	100 MG	TAB SR 12H	ORAL	04/01/2026	0.04001
BUPROPION HCL	200 MG	TAB SR 12H	ORAL	04/22/2026	0.06783
BUSPIRONE HCL	10 MG	TABLET	ORAL	06/03/2026	0.01687
BUSPIRONE HCL	5 MG	TABLET	ORAL	03/25/2026	0.01189
BUSPIRONE HCL	15 MG	TABLET	ORAL	05/20/2026	0.03477
BUSPIRONE HCL	30 MG	TABLET	ORAL	03/25/2026	0.07956
BUSPIRONE HCL	7.5 MG	TABLET	ORAL	04/08/2026	0.03020
BUSULFAN	60 MG/10ML	VIAL	INTRAVEN	11/04/2024	7.42500
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	CAPSULE	ORAL	03/04/2025	3.17731
BUTALB/ACETAMINOPHEN/CAFFEINE	50-300-40	CAPSULE	ORAL	02/18/2026	0.50826
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	TABLET	ORAL	10/29/2025	0.11336
BUTALBIT/ACETAMIN/CAFF/CODEINE	50-325-30	CAPSULE	ORAL	11/04/2024	1.08590
BUTALBIT/ACETAMIN/CAFF/CODEINE	50-300-30	CAPSULE	ORAL	07/16/2025	9.29868
BUTALBITAL/ACETAMINOPHEN	50MG-300MG	CAPSULE	ORAL	11/04/2024	8.72988
BUTALBITAL/ACETAMINOPHEN	50MG-325MG	TABLET	ORAL	07/28/2025	1.07200

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
** 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
BUTALBITAL/ACETAMINOPHEN	50MG-300MG	TABLET	ORAL	04/15/2025	1.28385
BUTALBITAL/ASPIRIN/CAFFEINE	50-325-40	CAPSULE	ORAL	08/05/2025	0.62310
BUTENAFINE HCL	1 %	CREAM (G)	TOPICAL	04/23/2025	0.45403
BUTORPHANOL TARTRATE	1 MG/ML	VIAL	INJECTION	06/10/2025	12.00980
BUTORPHANOL TARTRATE	2 MG/ML	VIAL	INJECTION	11/04/2024	4.13820
BUTORPHANOL TARTRATE	10 MG/ML	SPRAY	NASAL	01/21/2026	25.47720
BUTTERBUR ROOT EXTRACT	50 MG	CAPSULE	ORAL	04/29/2026	0.59898
BUTYLATED HYDROXYTOLUENE		GRANULES	MISCELL	11/04/2024	0.21370
CABERGOLINE	0.5 MG	TABLET	ORAL	11/12/2025	1.18510
CAFFEINE CITRATE	60 MG/3 ML	SOLUTION	ORAL	04/01/2026	3.82654
CAFFEINE CITRATE	60 MG/3 ML	VIAL	INTRAVEN	10/14/2025	2.36733
CALAMINE/ZINC OXIDE	8 %-8 %	LOTION	TOPICAL	10/07/2025	0.00810
CALCIPOTRIENE	0.005 %	CREAM (G)	TOPICAL	04/08/2026	0.97339
CALCIPOTRIENE	0.005 %	OINT. (G)	TOPICAL	04/01/2026	1.88499
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION	TOPICAL	11/04/2024	1.49120
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)	TOPICAL	10/01/2025	2.71458
CALCITONIN,SALMON,SYNTHETIC	200/ML	VIAL	INJECTION	12/31/2025	225.50000
CALCITONIN,SALMON,SYNTHETIC	200/SPRAY	SPRAY/PUMP	NASAL	05/13/2026	19.00784
CALCITRIOL	0.25 MCG	CAPSULE	ORAL	06/10/2025	0.14517

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
** 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
CALCITRIOL	0.5 MCG	CAPSULE	ORAL	08/19/2025	0.20500
CALCITRIOL	1 MCG/ML	SOLUTION	ORAL	04/01/2026	5.04471
CALCIUM ACETATE	667 MG	CAPSULE	ORAL	06/10/2026	0.26231
CALCIUM ACETATE	667 MG	TABLET	ORAL	10/01/2025	0.22713
CALCIUM ACETATE	667 MG	TABLET	ORAL	11/04/2024	0.35235
CALCIUM ACETATE/ALUMINUM SULF	952-1347MG	POWD PACK	TOPICAL	11/04/2024	0.84760
CALCIUM ALGINATE	4" X 4"	BANDAGE	TOPICAL	11/04/2024	2.74613
CALCIUM ALGINATE	2" X 2"	BANDAGE	TOPICAL	11/04/2024	0.37755
CALCIUM CARB, CITRATE/VIT D3	600MG-12.5	TABLET ER	ORAL	04/29/2026	0.16264
CALCIUM CARBONATE	500(1250)	TABLET	ORAL	03/18/2026	0.01318
CALCIUM CARBONATE	600 MG	TABLET	ORAL	04/22/2026	0.01578
CALCIUM CARBONATE	500(1250)	TAB CHEW	ORAL	11/04/2024	0.09702
CALCIUM CARBONATE	200(500)MG	TAB CHEW	ORAL	06/03/2026	0.01200
CALCIUM CARBONATE	300MG(750)	TAB CHEW	ORAL	04/15/2026	0.02687
CALCIUM CARBONATE/MULTIVITAMIN		TAB CHEW	ORAL	11/04/2024	0.03482
CALCIUM CARBONATE/SIMETHICONE	750MG-80MG	TAB CHEW	ORAL	08/27/2025	0.12541
CALCIUM CARBONATE/VITAMIN D3	600MG-5MCG	CAPSULE	ORAL	05/21/2025	0.09146
CALCIUM CARBONATE/VITAMIN D3	600MG-12.5	CAPSULE	ORAL	04/29/2026	0.12786
CALCIUM CARBONATE/VITAMIN D3	600MG-5MCG	TABLET	ORAL	11/25/2025	0.02767

**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
CALCIUM CARBONATE/VITAMIN D3	250-3.125	TABLET	ORAL	02/26/2025	0.02788
CALCIUM CARBONATE/VITAMIN D3	500 MG-10	TABLET	ORAL	04/08/2026	0.03300
CALCIUM CARBONATE/VITAMIN D3	600 MG-10	TABLET	ORAL	01/20/2026	0.01820
CALCIUM CARBONATE/VITAMIN D3	500MG-5MCG	TABLET	ORAL	03/18/2026	0.02058
CALCIUM CARBONATE/VITAMIN D3	600 MG-20	TABLET	ORAL	07/16/2025	0.01359
CALCIUM CARBONATE/VITAMIN D3	500 MG-2.5	TAB CHEW	ORAL	11/23/2024	0.01360
CALCIUM CARBONATE/VITAMIN D3	500 MG-10	TAB CHEW	ORAL	04/08/2026	0.04775
CALCIUM CHLORIDE	100 MG/ML	SYRINGE	INTRAVEN	01/21/2026	1.73318
CALCIUM CHLORIDE	100 MG/ML	VIAL	INTRAVEN	11/04/2024	0.94839
CALCIUM CITRATE	200(950)MG	TABLET	ORAL	11/19/2025	0.03044
CALCIUM CITRATE	250 MG	TABLET	ORAL	11/04/2024	0.05333
CALCIUM CITRATE/VITAMIN D3	315MG-5MCG	TABLET	ORAL	03/11/2026	0.03727
CALCIUM CITRATE/VITAMIN D3	315MG-6.25	TABLET	ORAL	01/07/2026	0.05273
CALCIUM CITRATE/VITAMIN D3	200MG-6.25	TABLET	ORAL	04/08/2026	0.03300
CALCIUM GLUC IN NACL, ISO-OSM	1 G/50 ML	PLAST. BAG	INTRAVEN	11/12/2025	0.50284
CALCIUM GLUC IN NACL, ISO-OSM	2 G/100 ML	PLAST. BAG	INTRAVEN	11/25/2025	0.50284
CALCIUM GLUCONATE	100 MG/ML	VIAL	INTRAVEN	11/24/2025	0.43300
CALCIUM PHOSPHATE DIBAS/VIT D3	100MG-3MCG	TABLET	ORAL	11/04/2025	0.13387
CALCIUM PHOSPHATE TRIB/VIT D3	250MG-12.5	TAB CHEW	ORAL	02/04/2025	0.12433

**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
CALCIUM POLYCARBOPHIL	625 MG	TABLET	ORAL	04/15/2025	0.02411
CALCIUM/MAGNESIUM/ZINC	333-133-5	TABLET	ORAL	11/04/2024	0.07343
CAMPHOR/PHENOL	10.8-4.7%	GEL (GRAM)	TOPICAL	11/04/2024	0.33452
CAMPHOR/PHENOL	10.8-4.7%	SOLUTION	TOPICAL	11/04/2024	0.09960
CANDESARTAN CILEXETIL	4 MG	TABLET	ORAL	08/20/2025	0.88098
CANDESARTAN CILEXETIL	8 MG	TABLET	ORAL	12/23/2024	0.79179
CANDESARTAN CILEXETIL	16 MG	TABLET	ORAL	02/05/2025	0.71660
CANDESARTAN CILEXETIL	32 MG	TABLET	ORAL	10/01/2025	1.15061
CANDESARTAN/HYDROCHLOROTHIAZID	16-12.5MG	TABLET	ORAL	12/17/2025	1.39434
CANDESARTAN/HYDROCHLOROTHIAZID	32-12.5MG	TABLET	ORAL	12/17/2025	2.09293
CANDESARTAN/HYDROCHLOROTHIAZID	32MG-25MG	TABLET	ORAL	08/27/2025	2.48853
CAPECITABINE	150 MG	TABLET	ORAL	06/17/2026	0.32361
CAPECITABINE	500 MG	TABLET	ORAL	06/17/2025	0.42210
CAPSAICIN	0.025 %	CREAM (G)	TOPICAL	04/08/2026	0.04730
CAPSAICIN	0.075 %	CREAM (G)	TOPICAL	08/13/2025	0.06159
CAPSAICIN	0.1 %	CREAM (G)	TOPICAL	05/20/2026	0.26611
CAPSAICIN	0.035 %	ADH. PATCH	TOPICAL	09/29/2025	32.90250
CAPSAICIN/ME-SALICYLATE/MENTH	0.025%-25%	LOTION	TOPICAL	11/04/2024	2.51250
CAPSAICIN/MENTHOL	0.025-1.25	ADH. PATCH	TOPICAL	11/04/2024	0.66888

**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
CAPSAICIN/MENTHOL	0.0375%-5%	ADH. PATCH	TOPICAL	11/04/2024	18.37500
CAPTOPRIL	100 MG	TABLET	ORAL	06/24/2025	0.46651
CAPTOPRIL	12.5 MG	TABLET	ORAL	06/24/2025	0.46336
CAPTOPRIL	25 MG	TABLET	ORAL	06/10/2026	0.51630
CAPTOPRIL	50 MG	TABLET	ORAL	06/24/2025	0.54295
CAPTOPRIL/HYDROCHLOROTHIAZIDE	25 MG-15MG	TABLET	ORAL	06/24/2025	0.46651
CAPTOPRIL/HYDROCHLOROTHIAZIDE	25 MG-25MG	TABLET	ORAL	06/24/2025	0.46651
CAPTOPRIL/HYDROCHLOROTHIAZIDE	50 MG-15MG	TABLET	ORAL	06/24/2025	0.46651
CAPTOPRIL/HYDROCHLOROTHIAZIDE	50 MG-25MG	TABLET	ORAL	06/24/2025	0.46651
CARBAMAZEPINE	200 MG	CPMP 12HR	ORAL	04/01/2026	0.97211
CARBAMAZEPINE	300 MG	CPMP 12HR	ORAL	11/04/2024	1.43447
CARBAMAZEPINE	100 MG	CPMP 12HR	ORAL	04/22/2026	1.69186
CARBAMAZEPINE	100 MG/5ML	ORAL SUSP	ORAL	01/20/2026	0.07382
CARBAMAZEPINE	200 MG	TABLET	ORAL	01/21/2026	0.07973
CARBAMAZEPINE	100 MG	TAB CHEW	ORAL	09/17/2025	0.23831
CARBAMAZEPINE	200 MG	TAB ER 12H	ORAL	10/01/2025	0.29222
CARBAMAZEPINE	400 MG	TAB ER 12H	ORAL	05/06/2025	0.73547
CARBAMAZEPINE	100 MG	TAB ER 12H	ORAL	06/17/2026	0.19824
CARBAMIDE PEROXIDE	6.5 %	DROPS	OTIC (EAR)	04/22/2026	0.12592

**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
CARBIDOPA	25 MG	TABLET	ORAL	10/01/2025	1.19903
CARBIDOPA/LEVODOPA	10MG-100MG	TABLET	ORAL	06/03/2026	0.04901
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET	ORAL	05/20/2026	0.05646
CARBIDOPA/LEVODOPA	25MG-250MG	TABLET	ORAL	06/10/2026	0.08211
CARBIDOPA/LEVODOPA	50MG-200MG	TABLET ER	ORAL	08/26/2025	0.40455
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET ER	ORAL	03/03/2026	0.31356
CARBIDOPA/LEVODOPA	10MG-100MG	TAB RAPDIS	ORAL	10/15/2025	0.81392
CARBIDOPA/LEVODOPA	25MG-100MG	TAB RAPDIS	ORAL	10/15/2025	0.91911
CARBIDOPA/LEVODOPA	25MG-250MG	TAB RAPDIS	ORAL	10/15/2025	1.17089
CARBIDOPA/LEVODOPA/ENTACAPONE	37.5-150MG	TABLET	ORAL	11/04/2024	1.19193
CARBIDOPA/LEVODOPA/ENTACAPONE	25-100-200	TABLET	ORAL	11/04/2024	1.16031
CARBIDOPA/LEVODOPA/ENTACAPONE	12.5-50 MG	TABLET	ORAL	11/04/2024	1.72900
CARBIDOPA/LEVODOPA/ENTACAPONE	50-200-200	TABLET	ORAL	03/25/2026	1.40807
CARBIDOPA/LEVODOPA/ENTACAPONE	18.75-75MG	TABLET	ORAL	11/04/2024	1.58281
CARBIDOPA/LEVODOPA/ENTACAPONE	31.25-125	TABLET	ORAL	05/20/2026	3.68689
CARBINOXAMINE MALEATE	4 MG/5 ML	LIQUID	ORAL	09/02/2025	0.11708
CARBINOXAMINE MALEATE	4 MG	TABLET	ORAL	07/16/2025	0.82745
CARBOPLATIN	10 MG/ML	VIAL	INTRAVEN	04/08/2026	0.56637
CARBOPROST TROMETHAMINE	250 MCG/ML	AMPUL	INTRAMUSC	11/05/2025	196.17885

**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
CARBOPROST TROMETHAMINE	250 MCG/ML	VIAL	INTRAMUSC	04/15/2026	25.77568
CARBOXYMETHYLCELL/GLYCERIN/PF	0.5%-0.9%	DROPERETTE	OPHTHALMIC	11/23/2024	0.13680
CARBOXYMETHYLCELLULOS/GLYCERIN	0.5%-0.9%	DROPS	OPHTHALMIC	11/23/2024	0.39663
CARBOXYMETHYLCELLULOSE SODIUM	1 %	DROPER GEL	OPHTHALMIC	04/07/2026	0.10670
CARBOXYMETHYLCELLULOSE SODIUM	1 %	DRP LQ GEL	OPHTHALMIC	11/04/2024	0.42299
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPERETTE	OPHTHALMIC	03/24/2026	0.23952
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPS	OPHTHALMIC	08/20/2025	0.57441
CARDIOPLEGIC SOLUTION NO.1	K+=16MEQ/L	PLST BG PR	PERFUSION	06/17/2026	0.06777
CARFILZOMIB	60 MG	VIAL	INTRAVEN	11/04/2024	3340.68360
CARFILZOMIB	10 MG	VIAL	INTRAVEN	11/04/2024	556.77720
CARGLUMIC ACID	200 MG	TAB DISPER	ORAL	11/04/2024	128.86710
CARISOPRODOL	350 MG	TABLET	ORAL	03/04/2026	0.05615
CARISOPRODOL	250 MG	TABLET	ORAL	11/04/2024	1.79500
CARMUSTINE	100 MG	VIAL	INTRAVEN	01/21/2026	276.61675
CARVEDILOL	25 MG	TABLET	ORAL	05/13/2026	0.02860
CARVEDILOL	12.5 MG	TABLET	ORAL	04/15/2026	0.01587
CARVEDILOL	3.125 MG	TABLET	ORAL	04/15/2026	0.01459
CARVEDILOL	6.25 MG	TABLET	ORAL	04/29/2026	0.01097
CARVEDILOL PHOSPHATE	10 MG	CPMP 24HR	ORAL	11/04/2024	6.29242

**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
CARVEDILOL PHOSPHATE	20 MG	CPMP 24HR	ORAL	11/04/2024	6.10501
CARVEDILOL PHOSPHATE	40 MG	CPMP 24HR	ORAL	11/04/2024	6.10501
CARVEDILOL PHOSPHATE	80 MG	CPMP 24HR	ORAL	11/04/2024	6.29242
CASPOFUNGIN ACETATE	50 MG	VIAL	INTRAVEN	04/22/2026	76.49575
CASPOFUNGIN ACETATE	70 MG	VIAL	INTRAVEN	11/04/2024	68.16250
CASTOR OIL	100 %	OIL	ORAL	03/11/2026	0.02626
CASTOR OIL		OIL	MISCELL	11/04/2024	0.05143
CEFACTOR	250 MG/5ML	SUSP RECON	ORAL	11/04/2024	1.30605
CEFACTOR	375 MG/5ML	SUSP RECON	ORAL	11/04/2024	1.95908
CEFADROXIL	500 MG	CAPSULE	ORAL	12/17/2025	0.26947
CEFADROXIL	250 MG/5ML	SUSP RECON	ORAL	04/15/2026	0.17374
CEFADROXIL	500 MG/5ML	SUSP RECON	ORAL	04/15/2026	0.25924
CEFAZOLIN SODIUM	1 G	VIAL	INJECTION	02/25/2026	0.99345
CEFAZOLIN SODIUM	500 MG	VIAL	INJECTION	04/01/2025	1.06932
CEFAZOLIN SODIUM	10 G	VIAL	INTRAVEN	04/22/2026	6.10730
CEFDINIR	300 MG	CAPSULE	ORAL	11/19/2025	0.33722
CEFDINIR	125 MG/5ML	SUSP RECON	ORAL	11/19/2025	0.09696
CEFDINIR	250 MG/5ML	SUSP RECON	ORAL	03/04/2026	0.01918
CEFEPIME HCL	1 G	VIAL	INJECTION	11/04/2024	2.07432

**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
CEFEPIME HCL	2 G	VIAL	INJECTION	05/20/2026	6.88067
CEFIXIME	400 MG	CAPSULE	ORAL	11/04/2024	11.08880
CEFIXIME	100 MG/5ML	SUSP RECON	ORAL	02/18/2026	2.39056
CEFIXIME	200 MG/5ML	SUSP RECON	ORAL	11/04/2024	1.92960
CEFOTETAN DISODIUM	2 G	VIAL	INJECTION	11/04/2024	24.56123
CEFOXITIN SODIUM	10 G	VIAL	INTRAVEN	02/10/2026	46.51860
CEFOXITIN SODIUM	1 G	VIAL	INTRAVEN	08/27/2025	4.55400
CEFOXITIN SODIUM	2 G	VIAL	INTRAVEN	11/04/2024	8.52000
CEFPODOXIME PROXETIL	50 MG/5 ML	SUSP RECON	ORAL	11/04/2024	0.57741
CEFPODOXIME PROXETIL	100 MG/5ML	SUSP RECON	ORAL	11/04/2024	1.09853
CEFPODOXIME PROXETIL	100 MG	TABLET	ORAL	11/12/2025	3.14688
CEFPODOXIME PROXETIL	200 MG	TABLET	ORAL	06/10/2026	2.18889
CEFPROZIL	125 MG/5ML	SUSP RECON	ORAL	01/21/2026	0.27979
CEFPROZIL	250 MG/5ML	SUSP RECON	ORAL	04/08/2026	0.09987
CEFPROZIL	250 MG	TABLET	ORAL	04/29/2026	0.45363
CEFPROZIL	500 MG	TABLET	ORAL	10/01/2025	1.40807
CEFTAZIDIME	1 G	VIAL	INJECTION	07/22/2025	3.06600
CEFTAZIDIME	2 G	VIAL	INJECTION	11/04/2024	7.24503
CEFTAZIDIME	6 G	VIAL	INJECTION	11/04/2024	21.63411

**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
CEFTRIAXONE SODIUM	1 G	VIAL	INJECTION	12/17/2025	1.34000
CEFTRIAXONE SODIUM	10 G	VIAL	INJECTION	11/04/2024	12.76000
CEFTRIAXONE SODIUM	2 G	VIAL	INJECTION	10/28/2025	2.54600
CEFTRIAXONE SODIUM	250 MG	VIAL	INJECTION	11/04/2024	1.26027
CEFTRIAXONE SODIUM	500 MG	VIAL	INJECTION	05/21/2025	1.27300
CEFUROXIME AXETIL	250 MG	TABLET	ORAL	04/22/2026	0.18672
CEFUROXIME AXETIL	500 MG	TABLET	ORAL	04/29/2026	0.27983
CEFUROXIME SODIUM	750 MG	VIAL	INJECTION	11/04/2024	2.82150
CEFUROXIME SODIUM	1.5 G	VIAL	INTRAVEN	11/04/2024	6.68122
CELECOXIB	100 MG	CAPSULE	ORAL	04/22/2026	0.03927
CELECOXIB	200 MG	CAPSULE	ORAL	11/19/2025	0.05032
CELECOXIB	400 MG	CAPSULE	ORAL	02/18/2026	0.45337
CELECOXIB	50 MG	CAPSULE	ORAL	06/17/2026	0.04608
CELLULOSE		POWDER	MISCELL	01/07/2026	0.06392
CEPHALEXIN	250 MG	CAPSULE	ORAL	09/17/2025	0.04827
CEPHALEXIN	500 MG	CAPSULE	ORAL	09/10/2025	0.08651
CEPHALEXIN	750 MG	CAPSULE	ORAL	09/03/2025	6.35000
CEPHALEXIN	125 MG/5ML	SUSP RECON	ORAL	08/20/2025	0.11202
CEPHALEXIN	250 MG/5ML	SUSP RECON	ORAL	03/18/2026	0.04263

**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
CEPHALEXIN	250 MG	TABLET	ORAL	11/04/2024	1.10770
CEPHALEXIN	500 MG	TABLET	ORAL	03/03/2026	1.98000
CERTOLIZUMAB PEGOL	400 MG/2ML	SYRINGEKIT	SUBCUT	04/01/2026	4666.85700
CERTOLIZUMAB PEGOL	400 MG	KIT	SUBCUT	11/04/2024	4666.85700
CETIRIZINE HCL	10 MG	CAPSULE	ORAL	12/10/2024	0.37788
CETIRIZINE HCL	1 MG/ML	SOLUTION	ORAL	01/08/2026	0.02109
CETIRIZINE HCL	10 MG	TABLET	ORAL	03/11/2026	0.01858
CETIRIZINE HCL	5 MG	TABLET	ORAL	05/13/2025	0.04174
CETIRIZINE HCL	5 MG	TAB CHEW	ORAL	11/04/2024	1.65467
CETIRIZINE HCL	10 MG	TAB CHEW	ORAL	12/31/2024	1.21047
CETIRIZINE HCL/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	05/13/2026	0.51040
CETYL ALC/STEARYL ALC/PG/SLS		CREAM (G)	TOPICAL	11/04/2024	0.03596
CEVIMELINE HCL	30 MG	CAPSULE	ORAL	05/20/2026	1.25370
CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	ORAL	12/03/2025	0.22405
CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	ORAL	12/10/2025	0.36247
CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	ORAL	07/09/2025	0.35966
CHLORDIAZEPOXIDE/CLIDINIUM BR	5 MG-2.5MG	CAPSULE	ORAL	02/25/2026	0.89204
CHLORHEXIDINE GLUCONATE	0.12 %	MOUTHWASH	MUCOUS MEM	03/30/2026	0.00756
CHLORHEXIDINE GLUCONATE	4 %	LIQUID	TOPICAL	03/04/2026	0.01422

**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
CHLORHEXIDINE GLUCONATE	2 %	LIQUID	TOPICAL	03/04/2025	0.01987
CHLOROPROCAINE HCL/PF	30 MG/ML	VIAL	INJECTION	11/04/2024	1.34938
CHLOROPROCAINE HCL/PF	20 MG/ML	VIAL	INJECTION	11/04/2024	1.28506
CHLOROQUINE PHOSPHATE	250 MG	TABLET	ORAL	06/10/2026	4.80137
CHLOROQUINE PHOSPHATE	500 MG	TABLET	ORAL	10/01/2025	10.05100
CHLOROTHIAZIDE SODIUM	500 MG	VIAL	INTRAVEN	11/04/2024	30.84840
CHLOROXYLENOL	0.43 %	CLEANSER	TOPICAL	11/04/2024	0.00333
CHLORPHENIR/PHENYLEPH/ASPIRIN	2-7.8-325	TABLET EFF	ORAL	07/16/2025	0.20332
CHLORPHENIRAMINE MALEATE	4 MG	TABLET	ORAL	06/03/2026	0.00630
CHLORPHENIRAMINE/DEXTROMETHORP	2-15MG/5ML	LIQUID	ORAL	11/04/2024	0.06343
CHLORPHENIRAMINE/DEXTROMETHORP	4 MG-30 MG	TABLET	ORAL	07/22/2025	0.08599
CHLORPHENIRAMINE/PHENYLEPH/DM	2-5-10MG/5	LIQUID	ORAL	10/29/2025	0.02224
CHLORPHENIRAMINE/PHENYLEPH/DM	4-10-15/5	LIQUID	ORAL	04/29/2026	0.09856
CHLORPHENIRAMINE/PHENYLEPHRINE	1-2.5 MG/5	LIQUID	ORAL	12/03/2025	0.06643
CHLORPROMAZINE HCL	10 MG	TABLET	ORAL	07/01/2025	0.27307
CHLORPROMAZINE HCL	100 MG	TABLET	ORAL	07/01/2025	0.47962
CHLORPROMAZINE HCL	200 MG	TABLET	ORAL	06/10/2026	0.93117
CHLORPROMAZINE HCL	25 MG	TABLET	ORAL	04/15/2026	0.19034
CHLORPROMAZINE HCL	50 MG	TABLET	ORAL	04/15/2026	0.36111

**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
CHLORPROMAZINE HCL	25 MG/ML	AMPUL	INJECTION	04/08/2026	15.64080
CHLORPROMAZINE HCL	25 MG/ML	VIAL	INJECTION	07/01/2025	7.86500
CHLORTHALIDONE	25 MG	TABLET	ORAL	04/29/2026	0.03551
CHLORTHALIDONE	50 MG	TABLET	ORAL	04/08/2026	0.06575
CHLORZOAZONE	250 MG	TABLET	ORAL	10/08/2025	13.06375
CHLORZOAZONE	500 MG	TABLET	ORAL	12/17/2025	0.46954
CHLORZOAZONE	375 MG	TABLET	ORAL	11/04/2024	1.46408
CHLORZOAZONE	750 MG	TABLET	ORAL	11/04/2024	2.14025
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	CAPSULE	ORAL	02/23/2026	0.01904
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	CAPSULE	ORAL	11/04/2024	0.02000
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	CAPSULE	ORAL	03/25/2026	0.02160
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	CAPSULE	ORAL	07/01/2025	0.15038
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	CAPSULE	ORAL	05/13/2026	0.14049
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	CAPSULE	ORAL	05/27/2025	0.02533
CHOLECALCIFEROL (VITAMIN D3)	10(400)/ML	DROPS	ORAL	11/06/2024	0.04837
CHOLECALCIFEROL (VITAMIN D3)	50MCG/DROP	DROPS	ORAL	11/04/2024	2.04773
CHOLECALCIFEROL (VITAMIN D3)	10MCG/DROP	DROPS	ORAL	11/04/2024	1.45058
CHOLECALCIFEROL (VITAMIN D3)	25MCG/DROP	DROPS	ORAL	01/21/2026	0.33904
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	TABLET	ORAL	08/20/2025	0.81070

**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
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TABLET	ORAL	05/06/2025	0.01227
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TABLET	ORAL	02/17/2026	0.00791
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	TABLET	ORAL	02/18/2026	0.01760
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	TABLET	ORAL	04/01/2025	0.05025
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	TABLET	ORAL	08/27/2025	0.73700
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TAB CHEW	ORAL	11/04/2024	0.05052
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TAB CHEW	ORAL	01/07/2026	0.08008
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	TAB CHEW	ORAL	11/05/2024	0.06040
CHOLECALCIFEROL (VITAMIN D3)	62.5 MCG	TAB CHEW	ORAL	11/04/2024	0.25594
CHOLESTEROL-BLOOD GLUCOSE METR		EACH	MISCELL	11/04/2024	185.11500
CHOLESTYRAMINE	4 G	POWD PACK	ORAL	02/25/2026	0.46700
CHOLESTYRAMINE	4 G	POWDER	ORAL	03/25/2026	0.17872
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWD PACK	ORAL	04/15/2026	0.46700
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWDER	ORAL	04/29/2026	0.10140
CHROMIC CHLORIDE	4 MCG/ML	VIAL	INTRAVEN	06/24/2025	1.76484
CHROMIUM PICOLINATE	200 MCG	TABLET	ORAL	06/25/2025	0.04683
CICLOPIROX	0.77 %	GEL (GRAM)	TOPICAL	04/28/2026	0.93934
CICLOPIROX	8 %	SOLUTION	TOPICAL	11/19/2025	1.39716
CICLOPIROX	1 %	SHAMPOO	TOPICAL	02/25/2026	0.43796

**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
CICLOPIROX OLAMINE	0.77 %	CREAM (G)	TOPICAL	12/17/2025	0.16571
CICLOPIROX OLAMINE	0.77 %	SUSPENSION	TOPICAL	01/21/2026	1.02108
CICLOPIROX/UREA/CAMP/PH/MEN/EUC	8 %	SOLUTION	TOPICAL	11/04/2024	14.74340
CIDOFOVIR	75 MG/ML	VIAL	INTRAVEN	11/04/2024	121.61215
CILOSTAZOL	100 MG	TABLET	ORAL	05/06/2026	0.28028
CILOSTAZOL	50 MG	TABLET	ORAL	09/24/2025	0.14137
CIMETIDINE	200 MG	TABLET	ORAL	10/01/2025	0.49138
CIMETIDINE	300 MG	TABLET	ORAL	04/01/2025	0.22890
CIMETIDINE	400 MG	TABLET	ORAL	04/01/2026	0.28969
CIMETIDINE	800 MG	TABLET	ORAL	11/12/2025	1.57718
CIMETIDINE HCL	300 MG/5ML	SOLUTION	ORAL	10/01/2025	1.29324
CINACALCET HCL	30 MG	TABLET	ORAL	02/25/2025	0.31825
CINACALCET HCL	60 MG	TABLET	ORAL	04/29/2025	0.84420
CINACALCET HCL	90 MG	TABLET	ORAL	04/29/2025	1.35876
CINNAMON		OIL	MISCELL	12/10/2025	0.23852
CINNAMON BARK	500 MG	CAPSULE	ORAL	04/29/2026	0.07089
CIPROFLOXACIN	250 MG/5ML	SUS MC REC	ORAL	04/08/2026	1.17360
CIPROFLOXACIN	500 MG/5ML	SUS MC REC	ORAL	11/04/2024	2.04042
CIPROFLOXACIN HCL	250 MG	TABLET	ORAL	09/24/2025	0.08475

**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
CIPROFLOXACIN HCL	500 MG	TABLET	ORAL	04/29/2026	0.01102
CIPROFLOXACIN HCL	750 MG	TABLET	ORAL	04/22/2025	0.19537
CIPROFLOXACIN HCL	0.3 %	DROPS	OPHTHALMIC	05/06/2025	1.63651
CIPROFLOXACIN HCL	0.2 %	DROPERETTE	OTIC (EAR)	05/05/2025	7.57006
CIPROFLOXACIN HCL/DEXAMETH	0.3 %-0.1%	DROPS SUSP	OTIC (EAR)	05/20/2026	5.16933
CIPROFLOXACIN IN 5 % DEXTROSE	200MG/0.1L	PIGGYBACK	INTRAVEN	11/12/2025	0.03819
CIPROFLOXACIN IN 5 % DEXTROSE	400MG/0.2L	PIGGYBACK	INTRAVEN	06/10/2025	0.04141
CIPROFLOXACIN/HYDROCORTISONE	0.2 %-1 %	DROPS SUSP	OTIC (EAR)	12/03/2025	20.66453
CISATRACURIUM BESYLATE	10 MG/ML	VIAL	INTRAVEN	05/27/2026	3.69479
CISATRACURIUM BESYLATE	2 MG/ML	VIAL	INTRAVEN	05/27/2026	0.81574
CISPLATIN	1 MG/ML	VIAL	INTRAVEN	11/04/2024	0.15075
CITALOPRAM HYDROBROMIDE	10 MG/5 ML	SOLUTION	ORAL	06/10/2026	0.19975
CITALOPRAM HYDROBROMIDE	20 MG	TABLET	ORAL	12/10/2025	0.02624
CITALOPRAM HYDROBROMIDE	40 MG	TABLET	ORAL	12/10/2025	0.03244
CITALOPRAM HYDROBROMIDE	10 MG	TABLET	ORAL	05/27/2025	0.01911
CITRIC ACID/SODIUM CITRATE	334-500MG	SOLUTION	ORAL	03/25/2026	0.02120
CITRULLINE	600 MG	CAPSULE	ORAL	11/23/2024	0.10000
CITRULLINE		POWDER	ORAL	10/22/2025	0.09554
CLADRIBINE	10 MG	TABLET	ORAL	06/17/2026	7769.64350

**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
CLADRIBINE	10 MG/10ML	VIAL	INTRAVEN	10/01/2025	34.28318
CLARITHROMYCIN	500 MG	TABLET	ORAL	10/01/2025	0.34723
CLARITHROMYCIN	250 MG	TABLET	ORAL	05/19/2026	0.32160
CLARITHROMYCIN	500 MG	TAB ER 24H	ORAL	11/04/2024	5.94127
CLINDAMYCIN HCL	150 MG	CAPSULE	ORAL	09/17/2025	0.07216
CLINDAMYCIN HCL	300 MG	CAPSULE	ORAL	09/10/2025	0.17168
CLINDAMYCIN HCL	75 MG	CAPSULE	ORAL	11/04/2024	0.29922
CLINDAMYCIN PALMITATE HCL	75 MG/5 ML	SOLN RECON	ORAL	03/25/2026	0.12431
CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL (GRAM)	TOPICAL	06/10/2026	0.49057
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2(1)%-5%	GEL (GRAM)	TOPICAL	05/13/2026	0.55820
CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL W/PUMP	TOPICAL	11/04/2024	0.64052
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-2.5%	GEL W/PUMP	TOPICAL	08/27/2025	5.66699
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-3.75%	GEL W/PUMP	TOPICAL	10/08/2025	8.60448
CLINDAMYCIN PHOSPHATE	150 MG/ML	VIAL	INJECTION	09/10/2025	0.49774
CLINDAMYCIN PHOSPHATE	1 %	FOAM	TOPICAL	04/22/2026	2.44657
CLINDAMYCIN PHOSPHATE	1 %	MED. SWAB	TOPICAL	05/13/2025	0.25323
CLINDAMYCIN PHOSPHATE	1 %	GEL (GRAM)	TOPICAL	01/21/2026	0.23204
CLINDAMYCIN PHOSPHATE	1 %	SOLUTION	TOPICAL	04/08/2026	0.13667
CLINDAMYCIN PHOSPHATE	1 %	LOTION	TOPICAL	03/04/2026	0.14598

**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
CLINDAMYCIN PHOSPHATE	1 %	GEL DAILY	TOPICAL	04/29/2026	8.53088
CLINDAMYCIN PHOSPHATE	2 %	CREAM/APPL	VAGINAL	10/08/2025	1.52397
CLINDAMYCIN PHOSPHATE/D5W	300MG/50ML	PIGGYBACK	INTRAVEN	01/21/2025	0.21673
CLINDAMYCIN PHOSPHATE/D5W	600MG/50ML	PIGGYBACK	INTRAVEN	11/04/2024	0.10184
CLINDAMYCIN PHOSPHATE/D5W	900MG/50ML	PIGGYBACK	INTRAVEN	11/04/2024	0.12730
CLINDAMYCIN/TRETINOIN	1.2-0.025%	GEL (GRAM)	TOPICAL	10/01/2025	6.91769
CLOBAZAM	2.5 MG/ML	ORAL SUSP	ORAL	02/24/2026	0.17353
CLOBAZAM	10 MG	TABLET	ORAL	10/08/2025	0.24428
CLOBAZAM	20 MG	TABLET	ORAL	06/10/2026	0.50174
CLOBETASOL PROPIONATE	0.05 %	FOAM	TOPICAL	03/25/2026	0.29105
CLOBETASOL PROPIONATE	0.05 %	SPRAY	TOPICAL	11/12/2025	0.55144
CLOBETASOL PROPIONATE	0.05 %	GEL (GRAM)	TOPICAL	03/11/2026	0.40487
CLOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	04/29/2026	0.13906
CLOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	05/27/2026	0.09820
CLOBETASOL PROPIONATE	0.05 %	SOLUTION	TOPICAL	06/10/2026	0.11277
CLOBETASOL PROPIONATE	0.05 %	LOTION	TOPICAL	04/01/2025	0.59142
CLOBETASOL PROPIONATE	0.05 %	SHAMPOO	TOPICAL	04/22/2026	0.30300
CLOBETASOL PROPIONATE/EMOLL	0.05 %	FOAM	TOPICAL	11/04/2024	2.19921
CLOBETASOL PROPIONATE/EMOLL	0.05 %	CREAM (G)	TOPICAL	05/06/2026	0.72851

**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
CLOCORTOLONE PIVALATE	0.1 %	CREAM (G)	TOPICAL	12/23/2025	4.85100
CLOFARABINE	20 MG/20ML	VIAL	INTRAVEN	10/01/2025	26.23846
CLOMIPHENE CITRATE	50 MG	TABLET	ORAL	05/20/2026	4.87740
CLOMIPRAMINE HCL	25 MG	CAPSULE	ORAL	04/22/2026	0.20990
CLOMIPRAMINE HCL	50 MG	CAPSULE	ORAL	05/06/2026	0.30586
CLOMIPRAMINE HCL	75 MG	CAPSULE	ORAL	06/25/2025	0.38979
CLONAZEPAM	0.5 MG	TABLET	ORAL	04/22/2025	0.01623
CLONAZEPAM	1 MG	TABLET	ORAL	03/25/2026	0.02401
CLONAZEPAM	2 MG	TABLET	ORAL	08/26/2025	0.03277
CLONAZEPAM	0.125 MG	TAB RAPDIS	ORAL	05/13/2026	1.17440
CLONAZEPAM	0.25 MG	TAB RAPDIS	ORAL	04/08/2026	0.39228
CLONAZEPAM	0.5 MG	TAB RAPDIS	ORAL	10/15/2025	0.86876
CLONAZEPAM	1 MG	TAB RAPDIS	ORAL	04/15/2026	1.02450
CLONAZEPAM	2 MG	TAB RAPDIS	ORAL	04/01/2026	0.82034
CLONIDINE	0.1MG/24HR	PATCH TDWK	TRANSDERM	04/15/2025	5.45302
CLONIDINE	0.2MG/24HR	PATCH TDWK	TRANSDERM	06/24/2025	7.67280
CLONIDINE	0.3MG/24HR	PATCH TDWK	TRANSDERM	02/09/2026	12.06937
CLONIDINE HCL	0.1 MG	TABLET	ORAL	06/17/2026	0.01959
CLONIDINE HCL	0.2 MG	TABLET	ORAL	06/03/2026	0.02583

**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
CLONIDINE HCL	0.3 MG	TABLET	ORAL	04/01/2026	0.03864
CLONIDINE HCL	0.17 MG	TAB ER 24H	ORAL	10/22/2025	21.99260
CLONIDINE HCL	0.1 MG	TAB ER 12H	ORAL	03/18/2026	0.21373
CLONIDINE HCL/PF	1000MCG/10	VIAL	EPIDURAL	11/04/2024	2.54600
CLONIDINE HCL/PF	5000MCG/10	VIAL	EPIDURAL	04/29/2026	10.92500
CLOPIDOGREL BISULFATE	75 MG	TABLET	ORAL	04/15/2026	0.03172
CLOPIDOGREL BISULFATE	300 MG	TABLET	ORAL	03/26/2025	5.88606
CLORAZEPATE DIPOTASSIUM	15 MG	TABLET	ORAL	06/10/2026	4.46028
CLORAZEPATE DIPOTASSIUM	3.75 MG	TABLET	ORAL	05/27/2026	1.44595
CLORAZEPATE DIPOTASSIUM	7.5 MG	TABLET	ORAL	07/01/2025	0.88614
CLOTRIMAZOLE	10 MG	TROCHE	MUCOUS MEM	01/21/2026	0.50288
CLOTRIMAZOLE	1 %	CREAM (G)	TOPICAL	05/27/2026	0.04870
CLOTRIMAZOLE	1 %	SOLUTION	TOPICAL	06/03/2026	0.48642
CLOTRIMAZOLE	1 %	CREAM/APPL	VAGINAL	04/22/2025	0.04050
CLOTRIMAZOLE	2 %	CREAM/APPL	VAGINAL	10/22/2025	0.39817
CLOTRIMAZOLE/BETAMETHASONE DIP	1 %-0.05 %	CREAM (G)	TOPICAL	04/01/2026	0.18103
CLOZAPINE	25 MG	TABLET	ORAL	04/15/2026	0.20260
CLOZAPINE	100 MG	TABLET	ORAL	04/01/2026	0.46965
CLOZAPINE	50 MG	TABLET	ORAL	04/01/2025	0.46638

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
** 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
CLOZAPINE	200 MG	TABLET	ORAL	05/27/2025	0.92767
CLOZAPINE	25 MG	TAB RAPDIS	ORAL	02/04/2026	2.67678
CLOZAPINE	100 MG	TAB RAPDIS	ORAL	04/01/2026	4.67141
CLOZAPINE	150 MG	TAB RAPDIS	ORAL	03/24/2025	11.39369
CLOZAPINE	200 MG	TAB RAPDIS	ORAL	04/01/2025	14.50113
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
COAGULATION FACTOR X	250 (+/-)	VIAL	INTRAVEN	01/01/2026	6.83000
COAGULATION FACTOR X	500 (+/-)	VIAL	INTRAVEN	01/01/2026	6.83000
COAGULATION VIIA,RECOMB-JNCW	1 MG	VIAL	INTRAVEN	07/01/2025	2.01858
COAGULATION VIIA,RECOMB-JNCW	5 MG	VIAL	INTRAVEN	07/01/2025	2.01858
COAL TAR	2 %	FOAM	TOPICAL	11/04/2024	0.20100
COAL TAR	0.5 %	SHAMPOO	TOPICAL	07/22/2025	0.06238
COAL TAR	2 %	SHAMPOO	TOPICAL	11/04/2024	0.06796
COCOA BUTTER		CREAM (G)	MISCELL	11/04/2024	0.21105
CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID	ORAL	05/13/2026	0.03659
CODEINE SULFATE	30 MG	TABLET	ORAL	04/01/2025	0.99589

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
** 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
CODEINE/BUTALBITAL/ASA/CAFFEIN	30-50-325	CAPSULE	ORAL	12/17/2025	2.73266
COLCHICINE	0.6 MG	CAPSULE	ORAL	05/20/2026	2.47319
COLCHICINE	0.6 MG	TABLET	ORAL	05/06/2026	0.10847
COLESEVELAM HCL	3.75 G	POWD PACK	ORAL	10/01/2025	6.07272
COLESEVELAM HCL	625 MG	TABLET	ORAL	05/27/2026	0.55878
COLESTIPOL HCL	5 G	GRANULES	ORAL	11/18/2025	0.31356
COLESTIPOL HCL	5 G	PACKET	ORAL	11/04/2024	2.63280
COLESTIPOL HCL	1 G	TABLET	ORAL	10/15/2025	0.57868
COLISTIN (COLISTIMETHATE NA)	150 MG	VIAL	INJECTION	11/04/2024	12.65000
COLLAGEN,BOVINE	100 %	POWDER	TOPICAL	11/04/2024	10.63750
COLLAGEN,BOVINE	2" X 2"	BANDAGE	TOPICAL	11/04/2024	7.76400
COLLAGENASE CLOSTRIDIUM HIST.	0.9 MG	VIAL	INJECTION	11/04/2024	6716.10840
COLLOIDAL OATMEAL	1 %	CREAM (G)	TOPICAL	04/15/2026	0.06587
COMPOUND VEH.SUSP SUGAR-FREE 1		ORAL SUSP	ORAL	11/04/2024	0.06700
COMPOUND VEHICLE SUGAR-FREE 9		LIQUID	ORAL	01/28/2026	0.03751
COMPOUND VEHICLE SUSP SF NO.20		ORAL SUSP	ORAL	10/01/2025	0.05745
COMPOUND VEHICLE SUSP SF NO.24		ORAL SUSP	ORAL	11/04/2024	0.08835
COMPOUNDING VEHICLE SUSP NO.19		ORAL SUSP	ORAL	03/18/2026	0.06493
COMPOUNDING VEHICLE SYRUP NO23		SYRUP	ORAL	01/28/2026	0.04238

**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
CONCIZUMAB-MTCI	60MG/1.5ML	PEN INJCTR	SUBCUT	10/16/2025	6740.49600
CONCIZUMAB-MTCI	150 MG/1.5	PEN INJCTR	SUBCUT	10/16/2025	16850.84000
CONCIZUMAB-MTCI	300 MG/3ML	PEN INJCTR	SUBCUT	10/16/2025	16850.84000
CONDOMS, LATEX, LUBRICATED		EACH	MISCELL	11/04/2024	0.25125
CONDOMS, LATEX, NON-LUBRICATED		EACH	MISCELL	07/22/2025	0.67893
COSYNTROPIN	0.25 MG	VIAL	INJECTION	05/12/2026	54.22660
CPD VEHICLE SOL.SUGARFREE NO.1		SOLUTION	ORAL	12/10/2025	0.02398
CPD VEHICLE SUSP.SUGAR-FREE 12		ORAL SUSP	ORAL	11/04/2024	0.03266
CRANBERRY FRUIT EXTRACT	425 MG	CAPSULE	ORAL	11/04/2024	0.05572
CRANBERRY FRUIT EXTRACT	250 MG	CAPSULE	ORAL	04/29/2026	0.13489
CROMOLYN SODIUM	20 MG/ML	ORAL CONC	ORAL	05/13/2026	0.40144
CROMOLYN SODIUM	5.2 MG	SPRAY/PUMP	NASAL	11/04/2024	0.68082
CROMOLYN SODIUM	20 MG/2 ML	AMPUL-NEB	INHALATION	02/04/2025	1.67500
CROTAMITON	10 %	LOTION	TOPICAL	06/11/2025	3.61252
CRYOTHERAPY SKIN REMOVE DEVICE		EACH	TOPICAL	05/13/2026	3.69180
CUPRIC CHLORIDE	0.4 MG/ML	VIAL	INTRAVEN	04/29/2026	2.17785
CYANOCOBALAMIN (VITAMIN B-12)	100 MCG	TABLET	ORAL	04/08/2026	0.01728
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET	ORAL	03/25/2026	0.01775
CYANOCOBALAMIN (VITAMIN B-12)	250 MCG	TABLET	ORAL	07/16/2025	0.02659

**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
CYANOCOBALAMIN (VITAMIN B-12)	500 MCG	TABLET	ORAL	04/15/2026	0.01687
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET ER	ORAL	01/13/2026	0.03936
CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML	VIAL	INJECTION	03/18/2026	0.32602
CYANOCOBALAMIN (VITAMIN B-12)	500MCG/SPR	SPRAY	NASAL	08/12/2025	90.33837
CYANOCOBALAMIN (VITAMIN B-12)	5000MCG/ML	DROPS	SUBLINGUAL	11/04/2024	0.27254
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TAB SUBL	SUBLINGUAL	08/19/2025	0.03105
CYANOCOBALAMIN (VITAMIN B-12)	2500 MCG	TAB SUBL	SUBLINGUAL	11/04/2024	0.12690
CYANOCOBALAMIN/COBAMAMIDE	5K-100 MCG	TAB SUBL	SUBLINGUAL	11/04/2024	0.33031
CYANOCOBALAMIN/FOLIC AC/VIT B6	1-2.5-25MG	TABLET	ORAL	04/23/2025	0.20591
CYANOCOBALAMIN/FOLIC AC/VIT B6	0.5-2.2-25	TABLET	ORAL	11/23/2024	0.10780
CYANOCOBALAMIN/FOLIC AC/VIT B6	2-2.5-25MG	TABLET	ORAL	11/12/2025	0.25936
CYANOCOBALAMIN/FOLIC ACID	0.5 MG-1MG	TABLET	ORAL	11/04/2024	0.19296
CYANOCOBALAMIN/MECOBALAMIN	600-600MCG	TAB SUBL	SUBLINGUAL	11/04/2024	0.30572
CYCLOBENZAPRINE HCL	15 MG	CAP ER 24H	ORAL	06/17/2026	3.06064
CYCLOBENZAPRINE HCL	30 MG	CAP ER 24H	ORAL	06/16/2026	3.17460
CYCLOBENZAPRINE HCL	10 MG	TABLET	ORAL	03/18/2026	0.01507
CYCLOBENZAPRINE HCL	5 MG	TABLET	ORAL	12/17/2025	0.02019
CYCLOBENZAPRINE HCL	7.5 MG	TABLET	ORAL	04/15/2026	0.39986
CYCLOPENTOLATE HCL	1 %	DROPS	OPHTHALMIC	05/20/2026	0.85764

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
** 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
CYCLOPHOSPHAMIDE	25 MG	CAPSULE	ORAL	10/01/2025	2.50459
CYCLOPHOSPHAMIDE	50 MG	CAPSULE	ORAL	02/18/2026	3.74101
CYCLOPHOSPHAMIDE	1 G	VIAL	INTRAVEN	05/19/2026	87.12500
CYCLOPHOSPHAMIDE	2 G	VIAL	INTRAVEN	02/23/2026	205.00000
CYCLOPHOSPHAMIDE	500 MG	VIAL	INTRAVEN	03/04/2026	35.87500
CYCLOPHOSPHAMIDE	200 MG/ML	VIAL	INTRAVEN	05/06/2026	38.89875
CYCLOSERINE	250 MG	CAPSULE	ORAL	11/04/2024	79.26564
CYCLOSPORINE	100 MG	CAPSULE	ORAL	11/04/2024	17.18693
CYCLOSPORINE	25 MG	CAPSULE	ORAL	11/04/2024	5.26034
CYCLOSPORINE	0.05 %	DROPERETTE	OPHTHALMIC	06/17/2026	0.77610
CYCLOSPORINE	250 MG/5ML	AMPUL	INTRAVEN	08/12/2025	5.95973
CYCLOSPORINE, MODIFIED	100 MG	CAPSULE	ORAL	04/01/2025	2.26817
CYCLOSPORINE, MODIFIED	25 MG	CAPSULE	ORAL	11/04/2024	0.55000
CYCLOSPORINE, MODIFIED	50 MG	CAPSULE	ORAL	10/22/2025	1.96176
CYCLOSPORINE, MODIFIED	100 MG/ML	SOLUTION	ORAL	03/18/2026	13.72875
CYPROHEPTADINE HCL	2 MG/5 ML	SYRUP	ORAL	05/20/2026	0.02310
CYPROHEPTADINE HCL	4 MG	TABLET	ORAL	05/13/2026	0.04690
CYTARABINE/PF	2 G/20 ML	VIAL	INJECTION	04/16/2025	1.09076
CYTARABINE/PF	100 MG/5ML	VIAL	INJECTION	11/04/2024	0.76380

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
**** 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
D-MANNOSE		POWDER	ORAL	01/20/2026	0.45225
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	CAPSULE	ORAL	11/04/2024	0.26485
D-METHORPHAN/PE/ACETAMINOPHEN	5-325MG/15	LIQUID	ORAL	11/04/2024	0.03398
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	TABLET	ORAL	11/06/2024	0.32525
D-METHORPHAN/PE/DEXBROMPHENIR	15-7.5-2/5	LIQUID	ORAL	02/18/2026	0.05583
DABIGATRAN ETEXILATE MESYLATE	75 MG	CAPSULE	ORAL	02/17/2026	1.37963
DABIGATRAN ETEXILATE MESYLATE	110 MG	CAPSULE	ORAL	11/11/2025	1.12612
DABIGATRAN ETEXILATE MESYLATE	150 MG	CAPSULE	ORAL	03/25/2026	0.61246
DACARBAZINE	200 MG	VIAL	INTRAVEN	11/04/2024	4.09530
DACTINOMYCIN	0.5 MG	VIAL	INTRAVEN	05/20/2026	513.30975
DALBAVANCIN HCL	500 MG	VIAL	INTRAVEN	03/25/2026	802.01125
DALFAMPRIDINE	10 MG	TAB ER 12H	ORAL	05/06/2026	0.44287
DALTEPARIN SODIUM,PORCINE	15000/0.6	SYRINGE	SUBCUT	10/15/2025	275.90000
DALTEPARIN SODIUM,PORCINE	25000/ML	VIAL	SUBCUT	10/15/2025	275.90000
DANAZOL	100 MG	CAPSULE	ORAL	10/01/2025	4.68679
DANAZOL	200 MG	CAPSULE	ORAL	05/20/2026	5.84518
DANAZOL	50 MG	CAPSULE	ORAL	04/01/2025	3.03692
DANTROLENE SODIUM	100 MG	CAPSULE	ORAL	01/21/2026	1.66937
DANTROLENE SODIUM	25 MG	CAPSULE	ORAL	05/13/2026	0.39070

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
DANTROLENE SODIUM	50 MG	CAPSULE	ORAL	11/12/2025	1.37149
DANTROLENE SODIUM	20 MG	VIAL	INTRAVEN	11/04/2024	69.04861
DAPAGLIFLOZIN	10 MG	TABLET	ORAL	05/20/2026	0.22470
DAPAGLIFLOZIN	5 MG	TABLET	ORAL	06/17/2026	0.13896
DAPAGLIFLOZIN/METFORMIN	5MG-1000MG	TAB BP 24H	ORAL	03/25/2025	5.82033
DAPAGLIFLOZIN/METFORMIN	10-1000 MG	TAB BP 24H	ORAL	03/25/2025	5.67689
DAPSONE	100 MG	TABLET	ORAL	03/30/2026	0.94202
DAPSONE	25 MG	TABLET	ORAL	04/01/2026	0.77130
DAPSONE	5 %	GEL (GRAM)	TOPICAL	05/20/2026	1.32556
DAPSONE	7.5 %	GEL W/PUMP	TOPICAL	02/19/2025	2.01000
DAPTOMYCIN	500 MG	VIAL	INTRAVEN	02/04/2026	16.27500
DAPTOMYCIN	350 MG	VIAL	INTRAVEN	03/04/2026	9.85435
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	04/01/2026	3289.50000

**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	200MCG/0.4	SYRINGE	INJECTION	04/01/2026	3289.50000
DARBEPOETIN ALFA IN POLYSORBAT	25MCG/0.42	SYRINGE	INJECTION	07/01/2025	408.83786
DARBEPOETIN ALFA IN POLYSORBAT	300MCG/0.6	SYRINGE	INJECTION	04/01/2026	3289.50000
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
DARIFENACIN HYDROBROMIDE	7.5 MG	TAB ER 24H	ORAL	10/07/2025	1.33926
DARIFENACIN HYDROBROMIDE	15 MG	TAB ER 24H	ORAL	02/11/2026	1.13900
DARUNAVIR	600 MG	TABLET	ORAL	03/18/2026	1.28685
DARUNAVIR	800 MG	TABLET	ORAL	04/22/2026	2.01670
DASATINIB	20 MG	TABLET	ORAL	04/22/2026	18.14750
DASATINIB	50 MG	TABLET	ORAL	01/21/2026	30.01473
DASATINIB	70 MG	TABLET	ORAL	01/21/2026	19.13730
DASATINIB	100 MG	TABLET	ORAL	01/21/2026	52.81757
DASATINIB	80 MG	TABLET	ORAL	01/21/2026	54.94137
DASATINIB	140 MG	TABLET	ORAL	01/21/2026	32.08455
DAUNORUBICIN HCL	5 MG/ML	VIAL	INTRAVEN	04/15/2026	14.99558
DECITABINE	50 MG	VIAL	INTRAVEN	06/17/2026	39.84175
DEFERASIROX	90 MG	GRAN PACK	ORAL	03/18/2026	15.62680
DEFERASIROX	180 MG	GRAN PACK	ORAL	03/18/2026	19.41170

**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
DEFERASIROX	360 MG	GRAN PACK	ORAL	03/18/2026	31.16171
DEFERASIROX	90 MG	TABLET	ORAL	11/12/2025	0.78837
DEFERASIROX	180 MG	TABLET	ORAL	12/23/2025	2.22217
DEFERASIROX	360 MG	TABLET	ORAL	01/28/2026	2.62863
DEFERASIROX	125 MG	TAB DISPER	ORAL	06/17/2026	3.47468
DEFERASIROX	250 MG	TAB DISPER	ORAL	11/04/2024	9.50000
DEFERASIROX	500 MG	TAB DISPER	ORAL	11/04/2024	7.33340
DEFERIPRONE	500 MG	TABLET	ORAL	12/23/2025	63.70519
DEFERIPRONE	1000 MG	TABLET	ORAL	12/23/2025	85.79968
DEFEROXAMINE MESYLATE	500 MG	VIAL	INJECTION	07/09/2025	12.91763
DEFEROXAMINE MESYLATE	2 G	VIAL	INJECTION	10/22/2025	25.95600
DEFLAZACORT	6 MG	TABLET	ORAL	05/27/2026	62.64790
DEFLAZACORT	30 MG	TABLET	ORAL	04/01/2025	283.18854
DEFLAZACORT	18 MG	TABLET	ORAL	03/18/2026	117.99450
DEFLAZACORT	36 MG	TABLET	ORAL	03/25/2026	234.34800
DEGARELIX ACETATE	80 MG	VIAL	SUBCUT	07/01/2025	433.45053
DEGARELIX ACETATE	120 MG	VIAL	SUBCUT	11/04/2024	777.33180
DELAFLOXACIN MEGLUMINE	300 MG	VIAL	INTRAVEN	04/01/2026	145.95000
DEMECLOCYCLINE HCL	150 MG	TABLET	ORAL	02/18/2026	5.57657

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
DEMECLOCYCLINE HCL	300 MG	TABLET	ORAL	04/01/2025	9.47825
DENOSUMAB	60 MG/ML	SYRINGE	SUBCUT	04/01/2026	1770.34320
DENOSUMAB	120 MG/1.7	VIAL	SUBCUT	04/01/2026	1770.34320
DESIPRAMINE HCL	10 MG	TABLET	ORAL	12/17/2025	0.41888
DESIPRAMINE HCL	100 MG	TABLET	ORAL	11/12/2025	1.72351
DESIPRAMINE HCL	150 MG	TABLET	ORAL	11/12/2025	3.18912
DESIPRAMINE HCL	25 MG	TABLET	ORAL	12/17/2025	0.45185
DESIPRAMINE HCL	50 MG	TABLET	ORAL	07/29/2025	0.52742
DESIPRAMINE HCL	75 MG	TABLET	ORAL	12/17/2025	1.64619
DESLOMATADINE	5 MG	TABLET	ORAL	05/13/2026	0.55449
DESMOPRESSIN (NONREFRIGERATED)	10/SPRAY	SPRAY/PUMP	NASAL	03/25/2025	6.73875
DESMOPRESSIN ACETATE	0.1 MG	TABLET	ORAL	11/12/2025	0.21832
DESMOPRESSIN ACETATE	0.2 MG	TABLET	ORAL	10/08/2025	0.30463
DESMOPRESSIN ACETATE	4 MCG/ML	AMPUL	INJECTION	10/15/2025	30.91462
DESMOPRESSIN ACETATE	4 MCG/ML	VIAL	INJECTION	06/17/2026	14.01750
DESOG-E. ESTRADIOL/E. ESTRADIOL	21-5 (28)	TABLET	ORAL	12/30/2024	0.34330
DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	ORAL	05/13/2026	0.10741
DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	ORAL	11/04/2024	1.48843
DESONIDE	0.05 %	CREAM (G)	TOPICAL	04/01/2026	0.19661

**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
DESONIDE	0.05 %	OINT. (G)	TOPICAL	04/22/2026	0.22974
DESONIDE	0.05 %	LOTION	TOPICAL	07/29/2025	0.36021
DESOXIMETASONE	0.25 %	SPRAY	TOPICAL	05/07/2025	1.53283
DESOXIMETASONE	0.05 %	CREAM (G)	TOPICAL	04/29/2026	3.22674
DESOXIMETASONE	0.25 %	CREAM (G)	TOPICAL	05/20/2026	0.40200
DESOXIMETASONE	0.25 %	OINT. (G)	TOPICAL	01/21/2026	0.59027
DESOXIMETASONE	0.05 %	OINT. (G)	TOPICAL	05/27/2026	1.20850
DESVENLAFAXINE SUCCINATE	50 MG	TAB ER 24H	ORAL	03/25/2026	0.41559
DESVENLAFAXINE SUCCINATE	100 MG	TAB ER 24H	ORAL	03/25/2026	0.39657
DESVENLAFAXINE SUCCINATE	25 MG	TAB ER 24H	ORAL	03/25/2026	0.36144
DEXAMETHASONE	0.5 MG/5ML	ELIXIR	ORAL	05/06/2026	0.16160
DEXAMETHASONE	0.5 MG	TABLET	ORAL	04/29/2026	0.09019
DEXAMETHASONE	0.75 MG	TABLET	ORAL	11/05/2025	0.16589
DEXAMETHASONE	1.5 MG	TABLET	ORAL	05/06/2026	0.17299
DEXAMETHASONE	1 MG	TABLET	ORAL	04/15/2026	0.15038
DEXAMETHASONE	2 MG	TABLET	ORAL	10/29/2025	0.24909
DEXAMETHASONE	4 MG	TABLET	ORAL	03/04/2026	0.11202
DEXAMETHASONE	6 MG	TABLET	ORAL	06/03/2026	0.35616
DEXAMETHASONE SODIUM PHOSP/PF	10 MG/ML	SYRINGE	INJECTION	05/20/2025	3.17900

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
** 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
DEXAMETHASONE SODIUM PHOSP/PF	10 MG/ML	VIAL	INJECTION	03/18/2026	1.79078
DEXAMETHASONE SODIUM PHOSPHATE	10 MG/ML	VIAL	INJECTION	04/01/2025	0.11016
DEXAMETHASONE SODIUM PHOSPHATE	4 MG/ML	VIAL	INJECTION	05/20/2026	0.15540
DEXBROMPHENIRAMINE/PSEUDOEPHED	1MG-30MG/5	SOLUTION	ORAL	08/27/2025	0.02287
DEXBROMPHENIRAMINE/PSEUDOEPHED	2MG-60MG/5	SOLUTION	ORAL	10/15/2025	0.03314
DEXBROMPHENIRAMINE/PSEUDOEPHED	2 MG-60 MG	TABLET	ORAL	10/15/2025	0.29480
DEXCHLORPHENIR/PSEUDOEPHED/DM	1-30-15/5	LIQUID	ORAL	11/04/2024	0.07472
DEXCHLORPHENIRAMINE MALEATE	2 MG/5 ML	SOLUTION	ORAL	04/15/2026	3.95933
DEXLANSOPRAZOLE	30 MG	CAP DR BP	ORAL	01/21/2026	6.35000
DEXLANSOPRAZOLE	60 MG	CAP DR BP	ORAL	06/10/2026	5.13333
DEXMEDETOMIDINE HCL	400MCG/4ML	VIAL	INTRAVEN	02/19/2025	4.29000
DEXMEDETOMIDINE HCL	1000MCG/10	VIAL	INTRAVEN	04/01/2025	8.24730
DEXMEDETOMIDINE HCL/PF	200MCG/2ML	VIAL	INTRAVEN	06/03/2026	1.59674
DEXMEDETOMIDINE IN 0.9 % NACL	200 MCG/50	INFUS. BTL	INTRAVEN	04/15/2026	0.27336
DEXMEDETOMIDINE IN 0.9 % NACL	400MCG/100	INFUS. BTL	INTRAVEN	10/15/2025	0.21565
DEXMEDETOMIDINE IN 0.9 % NACL	80MCG/20ML	VIAL	INTRAVEN	11/04/2024	0.58826
DEXMEDETOMIDINE IN 0.9 % NACL	200 MCG/50	PLAST. BAG	INTRAVEN	06/03/2026	0.32798
DEXMEDETOMIDINE IN 0.9 % NACL	400MCG/100	PLAST. BAG	INTRAVEN	05/13/2026	0.19095
DEXMETHYLPHENIDATE HCL	5 MG	CPBP 50-50	ORAL	05/05/2025	1.93737

**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
DEXMETHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	06/17/2026	0.79299
DEXMETHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	05/06/2026	1.54119
DEXMETHYLPHENIDATE HCL	40 MG	CPBP 50-50	ORAL	03/03/2026	2.14155
DEXMETHYLPHENIDATE HCL	25 MG	CPBP 50-50	ORAL	04/01/2026	1.16472
DEXMETHYLPHENIDATE HCL	35 MG	CPBP 50-50	ORAL	03/11/2026	1.88015
DEXMETHYLPHENIDATE HCL	2.5 MG	TABLET	ORAL	05/06/2026	0.15120
DEXMETHYLPHENIDATE HCL	5 MG	TABLET	ORAL	03/03/2026	0.28665
DEXMETHYLPHENIDATE HCL	10 MG	TABLET	ORAL	04/29/2025	0.31758
DEXRAZOXANE HCL	500 MG	VIAL	INTRAVEN	05/20/2026	153.46300
DEXRAZOXANE HCL	250 MG	VIAL	INTRAVEN	05/20/2026	91.62475
DEXTRAN/HYPROMELLOSE/GLYCERIN	0.1-3-.2%	DROPS	OPHTHALMIC	11/04/2024	0.35420
DEXTROAMPHETAMINE SULFATE	10 MG	CAPSULE ER	ORAL	10/29/2025	0.87658
DEXTROAMPHETAMINE SULFATE	15 MG	CAPSULE ER	ORAL	10/29/2025	1.11766
DEXTROAMPHETAMINE SULFATE	5 MG	CAPSULE ER	ORAL	06/10/2026	3.38213
DEXTROAMPHETAMINE SULFATE	5 MG/5 ML	SOLUTION	ORAL	08/26/2025	1.08824
DEXTROAMPHETAMINE SULFATE	10 MG	TABLET	ORAL	10/29/2025	0.43450
DEXTROAMPHETAMINE SULFATE	15 MG	TABLET	ORAL	10/22/2025	8.38680
DEXTROAMPHETAMINE SULFATE	5 MG	TABLET	ORAL	03/24/2026	0.93890
DEXTROAMPHETAMINE SULFATE	2.5 MG	TABLET	ORAL	04/01/2025	7.97520

**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
DEXTROAMPHETAMINE SULFATE	7.5 MG	TABLET	ORAL	04/01/2025	7.97520
DEXTROAMPHETAMINE SULFATE	20 MG	TABLET	ORAL	02/17/2026	5.04812
DEXTROAMPHETAMINE SULFATE	30 MG	TABLET	ORAL	05/06/2026	8.90340
DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	CAP ER 24H	ORAL	04/01/2026	0.21105
DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	CAP ER 24H	ORAL	03/04/2026	0.77486
DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CAP ER 24H	ORAL	12/16/2025	0.48240
DEXTROAMPHETAMINE/AMPHETAMINE	12.5 MG	CPTP 24HR	ORAL	03/18/2026	12.83557
DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CPTP 24HR	ORAL	05/04/2026	7.72518
DEXTROAMPHETAMINE/AMPHETAMINE	37.5 MG	CPTP 24HR	ORAL	03/25/2026	9.60952
DEXTROAMPHETAMINE/AMPHETAMINE	50 MG	CPTP 24HR	ORAL	04/29/2025	8.11426
DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	TABLET	ORAL	03/18/2026	0.11379
DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	TABLET	ORAL	01/20/2026	0.23000
DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	TABLET	ORAL	06/17/2026	0.22585
DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	TABLET	ORAL	04/08/2026	0.01827
DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	TABLET	ORAL	12/17/2025	0.22341
DEXTROMETHORPHAN HB/DOXYLAMINE	7.5-3.125	LIQUID	ORAL	04/30/2025	0.03968
DEXTROMETHORPHAN HBR	15 MG	CAPSULE	ORAL	05/20/2026	0.34070
DEXTROMETHORPHAN HBR	10 MG/5 ML	LIQUID	ORAL	01/07/2026	0.06666
DEXTROMETHORPHAN POLISTIREX	30 MG/5 ML	SUS ER 12H	ORAL	03/04/2026	0.08600

**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
DEXTROMETHORPHAN/PHENYLEPHRINE	5-2.5 MG/5	LIQUID	ORAL	07/29/2025	0.06192
DEXTROSE	40 %	GEL (GRAM)	ORAL	05/06/2026	0.07057
DEXTROSE 10 % IN WATER	10 %	DEHP FR BG	INTRAVEN	02/05/2025	0.00873
DEXTROSE 10 % IN WATER	10 %	IV SOLN	INTRAVEN	06/11/2025	0.01194
DEXTROSE 2.5 % AND 0.45 % NACL	2.5%-0.45%	IV SOLN	INTRAVEN	11/04/2024	0.00830
DEXTROSE 5 % AND 0.3 % NACL	5 %-0.3 %	IV SOLN	INTRAVEN	11/04/2024	0.00585
DEXTROSE 5 % AND 0.9 % NACL	5 %-0.9 %	IV SOLN	INTRAVEN	06/04/2025	0.00549
DEXTROSE 5 % IN WATER	5 %	IV SOLN	INTRAVEN	04/14/2026	0.00539
DEXTROSE 5 %-0.2 % SOD CHLORID	5 %-0.2 %	IV SOLN	INTRAVEN	11/04/2024	0.00585
DEXTROSE 5 %-0.45 % SOD CHLORD	5 %-0.45 %	IV SOLN	INTRAVEN	10/22/2025	0.00443
DEXTROSE 5%-LACTATED RINGERS	5 %	IV SOLN	INTRAVEN	10/22/2025	0.01129
DEXTROSE 50 % IN WATER	50 %	SYRINGE	INTRAVEN	02/18/2026	0.46676
DEXTROSE 70 % IN WATER	70 %	IV SOLN	INTRAVEN	02/25/2026	0.00821
DIATRIZOATE MEGLUMINE, SODIUM	66 %-10 %	SOLUTION	ORAL	11/04/2024	0.33150
DIAZEPAM	5 MG/5 ML	SOLUTION	ORAL	03/17/2026	0.08652
DIAZEPAM	5 MG/5 ML	SOLUTION	ORAL	11/04/2024	4.54730
DIAZEPAM	10 MG	TABLET	ORAL	04/15/2025	0.02748
DIAZEPAM	2 MG	TABLET	ORAL	07/01/2025	0.01754
DIAZEPAM	5 MG	TABLET	ORAL	03/11/2026	0.02878

**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
DIAZEPAM	5 MG/ML	SYRINGE	INJECTION	04/01/2025	5.90274
DIAZEPAM	5 MG/ML	VIAL	INJECTION	11/04/2024	3.16048
DIAZEPAM	5-7.5-10MG	KIT	RECTAL	08/05/2025	212.37692
DIAZEPAM	12.5-15-20	KIT	RECTAL	03/17/2026	186.58075
DIAZOXIDE	50 MG/ML	ORAL SUSP	ORAL	02/09/2026	5.99696
DIBUCAINE	1 %	OINT. (G)	TOPICAL	03/26/2025	0.12658
DICHLORPHENAMIDE	50 MG	TABLET	ORAL	05/13/2026	367.30527
DICLOFENAC EPOLAMINE	1.3 %	PATCH TD12	TRANSDERM	12/30/2025	5.68816
DICLOFENAC POTASSIUM	25 MG	CAPSULE	ORAL	04/29/2026	10.29250
DICLOFENAC POTASSIUM	50 MG	POWD PACK	ORAL	04/29/2026	16.33333
DICLOFENAC POTASSIUM	50 MG	TABLET	ORAL	06/03/2026	0.24742
DICLOFENAC POTASSIUM	25 MG	TABLET	ORAL	11/24/2025	10.40606
DICLOFENAC SODIUM	25 MG	TABLET DR	ORAL	11/04/2024	0.95261
DICLOFENAC SODIUM	50 MG	TABLET DR	ORAL	04/15/2026	0.06963
DICLOFENAC SODIUM	75 MG	TABLET DR	ORAL	05/13/2026	0.05753
DICLOFENAC SODIUM	100 MG	TAB ER 24H	ORAL	04/08/2026	1.09880
DICLOFENAC SODIUM	3 %	GEL (GRAM)	TOPICAL	06/10/2026	0.43121
DICLOFENAC SODIUM	20MG/G(2%)	SOL MD PMP	TOPICAL	12/30/2025	1.25800
DICLOFENAC SODIUM	1.5 %	DROPS	TOPICAL	01/14/2026	0.27202

**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
DICLOFENAC SODIUM	0.1 %	DROPS	OPHTHALMIC	09/29/2025	3.70392
DICLOFENAC SODIUM/MISOPROSTOL	50 MG-200	TAB IR DR	ORAL	12/17/2025	1.50973
DICLOFENAC SODIUM/MISOPROSTOL	75 MG-200	TAB IR DR	ORAL	10/08/2025	1.82061
DICLOXACILLIN SODIUM	250 MG	CAPSULE	ORAL	06/10/2026	1.50723
DICLOXACILLIN SODIUM	500 MG	CAPSULE	ORAL	09/24/2025	0.94597
DICYCLOMINE HCL	10 MG	CAPSULE	ORAL	04/01/2026	0.06058
DICYCLOMINE HCL	10 MG/5 ML	SOLUTION	ORAL	12/17/2025	0.29409
DICYCLOMINE HCL	20 MG	TABLET	ORAL	10/29/2025	0.04889
DICYCLOMINE HCL	10 MG/ML	VIAL	INTRAMUSC	03/18/2026	9.60940
DIETHYLPROPION HCL	25 MG	TABLET	ORAL	07/16/2025	0.34585
DIETHYLPROPION HCL	75 MG	TABLET ER	ORAL	11/19/2025	3.96000
DIETHYL TOLUAMIDE	15 %	AERO POWD	TOPICAL	11/04/2024	0.03486
DIETHYL TOLUAMIDE	25 %	SPRAY	TOPICAL	11/04/2024	0.01564
DIETHYL TOLUAMIDE	15 %	SPRAY	TOPICAL	11/04/2024	0.01844
DIETHYL TOLUAMIDE	10 %	SPRAY	TOPICAL	11/04/2024	0.02947
DIETHYL TOLUAMIDE	7 %	SPRAY	TOPICAL	11/04/2024	0.01748
DIETHYL TOLUAMIDE	98.11 %	SPRAY	TOPICAL	11/04/2024	0.06240
DIETHYL TOLUAMIDE	25 %	SPRAY	TOPICAL	11/04/2024	0.02113
DIFLORASONE DIACETATE	0.05 %	CREAM (G)	TOPICAL	11/04/2024	6.45033

**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
DIFLORASONE DIACETATE	0.05 %	OINT. (G)	TOPICAL	10/01/2025	2.92160
DIFLUNISAL	500 MG	TABLET	ORAL	10/22/2025	1.99571
DIFLUPREDNATE	0.05 %	DROPS	OPHTHALMIC	05/13/2026	8.80080
DIGOXIN	50 MCG/ML	SOLUTION	ORAL	06/24/2025	1.13693
DIGOXIN	125 MCG	TABLET	ORAL	02/17/2026	0.10240
DIGOXIN	250 MCG	TABLET	ORAL	06/24/2025	0.11347
DIGOXIN	62.5 MCG	TABLET	ORAL	01/14/2026	13.68738
DIGOXIN	250 MCG/ML	AMPUL	INJECTION	06/24/2025	0.60500
DIHYDROERGOTAMINE MESYLATE	1 MG/ML	AMPUL	INJECTION	06/17/2026	87.95423
DIHYDROERGOTAMINE MESYLATE	0.5MG/SPRY	SPRAY/PUMP	NASAL	04/15/2026	53.55016
DILTIAZEM HCL	120 MG	CAP ER 12H	ORAL	08/11/2025	3.65610
DILTIAZEM HCL	60 MG	CAP ER 12H	ORAL	12/30/2025	2.89331
DILTIAZEM HCL	90 MG	CAP ER 12H	ORAL	04/28/2026	2.67511
DILTIAZEM HCL	180 MG	CAP ER 24H	ORAL	10/01/2025	0.16380
DILTIAZEM HCL	240 MG	CAP ER 24H	ORAL	10/01/2025	0.17325
DILTIAZEM HCL	300 MG	CAP ER 24H	ORAL	04/01/2025	0.41486
DILTIAZEM HCL	120 MG	CAP ER 24H	ORAL	04/15/2026	0.08998
DILTIAZEM HCL	360 MG	CAP ER 24H	ORAL	01/21/2026	0.67328
DILTIAZEM HCL	360 MG	CAP SA 24H	ORAL	11/04/2024	0.29670

**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
DILTIAZEM HCL	120 MG	CAP SA 24H	ORAL	06/11/2025	0.69464
DILTIAZEM HCL	180 MG	CAP SA 24H	ORAL	11/04/2024	0.21142
DILTIAZEM HCL	240 MG	CAP SA 24H	ORAL	10/15/2025	1.18962
DILTIAZEM HCL	300 MG	CAP SA 24H	ORAL	11/04/2024	0.38756
DILTIAZEM HCL	420 MG	CAP SA 24H	ORAL	11/04/2024	1.64634
DILTIAZEM HCL	180 MG	CAP ER DEG	ORAL	05/06/2026	0.59992
DILTIAZEM HCL	240 MG	CAP ER DEG	ORAL	10/01/2025	0.54819
DILTIAZEM HCL	120 MG	CAP ER DEG	ORAL	05/06/2026	0.41811
DILTIAZEM HCL	120 MG	TABLET	ORAL	02/09/2026	0.08994
DILTIAZEM HCL	30 MG	TABLET	ORAL	08/19/2025	0.04675
DILTIAZEM HCL	60 MG	TABLET	ORAL	01/21/2026	0.13172
DILTIAZEM HCL	90 MG	TABLET	ORAL	01/21/2026	0.17372
DILTIAZEM HCL	120 MG	TAB ER 24H	ORAL	01/21/2026	2.25477
DILTIAZEM HCL	180 MG	TAB ER 24H	ORAL	02/11/2026	1.25067
DILTIAZEM HCL	240 MG	TAB ER 24H	ORAL	04/21/2026	1.66561
DILTIAZEM HCL	300 MG	TAB ER 24H	ORAL	04/21/2026	1.92115
DILTIAZEM HCL	360 MG	TAB ER 24H	ORAL	04/21/2026	1.93140
DILTIAZEM HCL	420 MG	TAB ER 24H	ORAL	02/11/2026	2.83668
DILTIAZEM HCL	5 MG/ML	VIAL	INTRAVEN	04/09/2025	0.37108

**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
DILUENT FOR TREPROSTINIL (GLY)	50 ML	VIAL	INTRAVEN	05/07/2025	0.30284
DIMENHYDRINATE	50 MG	TABLET	ORAL	11/26/2024	0.01491
DIMETHICONE	1 %	CREAM (G)	TOPICAL	11/04/2024	0.05877
DIMETHICONE	5 %	CREAM(ML)	TOPICAL	11/04/2024	0.04021
DIMETHICONE	1 %	OINT. (G)	TOPICAL	06/18/2025	0.05769
DIMETHYL FUMARATE	120-240 MG	CAPSULE DR	ORAL	11/04/2024	3.66190
DIMETHYL FUMARATE	120 MG	CAPSULE DR	ORAL	06/17/2026	3.30000
DIMETHYL FUMARATE	240 MG	CAPSULE DR	ORAL	06/17/2026	0.62980
DIPHENHYD/PHENYLEPH/ACETAMINOP	5-325MG/10	LIQUID	ORAL	11/04/2024	0.04705
DIPHENHYDRAMINE HCL	25 MG	CAPSULE	ORAL	04/30/2025	0.01260
DIPHENHYDRAMINE HCL	12.5MG/5ML	LIQUID	ORAL	04/01/2026	0.00610
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	04/15/2026	0.00787
DIPHENHYDRAMINE HCL	12.5 MG	TAB CHEW	ORAL	03/19/2025	0.37044
DIPHENHYDRAMINE HCL	50 MG/ML	VIAL	INJECTION	05/27/2026	0.80400
DIPHENHYDRAMINE HCL/ZINC ACET	2 %-0.1 %	CREAM (G)	TOPICAL	08/13/2025	0.01665
DIPHENOXYLATE HCL/ATROPINE	2.5-.025MG	TABLET	ORAL	01/14/2026	0.17609
DIPYRIDAMOLE	25 MG	TABLET	ORAL	11/04/2024	0.17554
DIPYRIDAMOLE	50 MG	TABLET	ORAL	11/04/2024	0.31798
DIPYRIDAMOLE	75 MG	TABLET	ORAL	11/04/2024	0.41741

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
** 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
DISOPYRAMIDE PHOSPHATE	100 MG	CAPSULE	ORAL	06/24/2025	0.63598
DISOPYRAMIDE PHOSPHATE	150 MG	CAPSULE	ORAL	06/24/2025	0.90328
DISULFIRAM	250 MG	TABLET	ORAL	09/17/2025	1.81713
DISULFIRAM	500 MG	TABLET	ORAL	05/21/2025	9.58660
DIVALPROEX SODIUM	125 MG	CAP DR SPR	ORAL	05/27/2026	0.16191
DIVALPROEX SODIUM	125 MG	TABLET DR	ORAL	08/26/2025	0.04417
DIVALPROEX SODIUM	250 MG	TABLET DR	ORAL	08/26/2025	0.07300
DIVALPROEX SODIUM	500 MG	TABLET DR	ORAL	06/03/2026	0.11970
DIVALPROEX SODIUM	500 MG	TAB ER 24H	ORAL	03/25/2026	0.16044
DIVALPROEX SODIUM	250 MG	TAB ER 24H	ORAL	12/19/2025	0.10860
DM/ACETAMINOPHEN/DOXYLAMINE	15MG-325MG	CAPSULE	ORAL	04/29/2026	0.26503
DM/ACETAMINOPHEN/DOXYLAMINE	15-325/15	LIQUID	ORAL	02/18/2026	0.02290
DM/PE/ACETAMINOPHEN/DOXYLAMINE	10-5-325MG	CAP SEQ	ORAL	06/17/2026	0.26767
DM/PE/ACETAMINOPHEN/DOXYLAMINE	5-325MG/15	LIQUID	ORAL	11/04/2024	0.03092
DOBUTAMINE HCL	250MG/20ML	VIAL	INTRAVEN	05/21/2025	0.32347
DOBUTAMINE HCL IN DEXTROSE 5 %	500MG/250	IV SOLN	INTRAVEN	11/04/2024	0.19025
DOBUTAMINE HCL IN DEXTROSE 5 %	1000MG/250	IV SOLN	INTRAVEN	06/10/2026	0.22131
DOBUTAMINE HCL IN DEXTROSE 5 %	250 MG/250	IV SOLN	INTRAVEN	05/13/2026	0.17029
DOCETAXEL	20MG/ML(1)	VIAL	INTRAVEN	12/23/2025	20.84250

**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
DOCETAXEL	80 MG/4 ML	VIAL	INTRAVEN	05/14/2025	12.94388
DOCETAXEL	160 MG/8ML	VIAL	INTRAVEN	11/12/2025	9.80806
DOCETAXEL	80 MG/8 ML	VIAL	INTRAVEN	03/25/2026	9.07500
DOCETAXEL	20 MG/2 ML	VIAL	INTRAVEN	03/30/2026	13.06250
DOCETAXEL	160MG/16ML	VIAL	INTRAVEN	06/17/2026	7.54817
DOCOSAHEXAENOIC ACID	200 MG	CAPSULE	ORAL	11/04/2024	0.17393
DOCOSANOL	10 %	CREAM (G)	TOPICAL	01/06/2026	9.59675
DOCUSATE CALCIUM	240 MG	CAPSULE	ORAL	11/05/2025	0.06037
DOCUSATE SODIUM	100 MG	CAPSULE	ORAL	03/18/2026	0.01096
DOCUSATE SODIUM	250 MG	CAPSULE	ORAL	04/15/2026	0.01796
DOCUSATE SODIUM	50 MG/5 ML	LIQUID	ORAL	04/01/2026	0.00685
DOCUSATE SODIUM	100 MG	TABLET	ORAL	11/04/2024	0.01357
DOCUSATE SODIUM	283 MG/5ML	ENEMA	RECTAL	03/18/2026	0.30820
DOFETILIDE	125 MCG	CAPSULE	ORAL	05/20/2026	0.16740
DOFETILIDE	250 MCG	CAPSULE	ORAL	05/20/2026	0.18077
DOFETILIDE	500 MCG	CAPSULE	ORAL	05/20/2026	0.17142
DONEPEZIL HCL	10 MG	TABLET	ORAL	12/31/2025	0.04422
DONEPEZIL HCL	5 MG	TABLET	ORAL	10/08/2025	0.04269
DONEPEZIL HCL	23 MG	TABLET	ORAL	06/03/2026	0.96331

**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
DONEPEZIL HCL	5 MG	TAB RAPDIS	ORAL	11/04/2024	4.95000
DONEPEZIL HCL	10 MG	TAB RAPDIS	ORAL	06/16/2026	0.51456
DOPAMINE HCL	200 MG/5ML	VIAL	INTRAVEN	10/22/2025	1.36766
DOPAMINE HCL	400MG/10ML	VIAL	INTRAVEN	08/20/2025	1.33850
DOPAMINE HCL IN DEXTROSE 5 %	800MG/.25L	PLAST. BAG	INTRAVEN	12/17/2025	0.15003
DOPAMINE HCL IN DEXTROSE 5 %	400MG/.25L	PLAST. BAG	INTRAVEN	11/12/2025	0.10816
DOPAMINE HCL IN DEXTROSE 5 %	800MG/0.5L	PLAST. BAG	INTRAVEN	10/22/2025	0.08114
DORNASE ALFA	1 MG/ML	SOLUTION	INHALATION	11/04/2024	52.99035
DORZOLAMIDE HCL	2 %	DROPS	OPHTHALMIC	02/25/2025	0.98490
DORZOLAMIDE HCL/TIMOLOL MALEAT	22.3-6.8/1	DROPS	OPHTHALMIC	04/01/2026	0.90267
DORZOLAMIDE/TIMOLOL/PF	2 %-0.5 %	DROPERETTE	OPHTHALMIC	11/04/2024	1.87600
DOXAZOSIN MESYLATE	1 MG	TABLET	ORAL	11/04/2024	0.04958
DOXAZOSIN MESYLATE	2 MG	TABLET	ORAL	11/04/2024	0.04985
DOXAZOSIN MESYLATE	4 MG	TABLET	ORAL	11/04/2024	0.05534
DOXAZOSIN MESYLATE	8 MG	TABLET	ORAL	11/04/2024	0.06057
DOXEPIN HCL	10 MG	CAPSULE	ORAL	12/10/2025	0.07718
DOXEPIN HCL	100 MG	CAPSULE	ORAL	10/21/2025	0.19877
DOXEPIN HCL	150 MG	CAPSULE	ORAL	03/04/2026	0.80266
DOXEPIN HCL	25 MG	CAPSULE	ORAL	06/17/2026	0.15196

**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
DOXEPIN HCL	50 MG	CAPSULE	ORAL	10/21/2025	0.10198
DOXEPIN HCL	75 MG	CAPSULE	ORAL	05/06/2026	0.27988
DOXEPIN HCL	3 MG	TABLET	ORAL	11/04/2024	2.75000
DOXEPIN HCL	6 MG	TABLET	ORAL	11/04/2024	2.75000
DOXEPIN HCL	5 %	CREAM (G)	TOPICAL	01/14/2026	12.37109
DOXERCALCIFEROL	2.5 MCG	CAPSULE	ORAL	03/12/2025	13.13400
DOXERCALCIFEROL	0.5 MCG	CAPSULE	ORAL	11/05/2025	7.62000
DOXERCALCIFEROL	1 MCG	CAPSULE	ORAL	03/12/2025	11.22000
DOXORUBICIN HCL	50 MG	VIAL	INTRAVEN	12/03/2025	161.76550
DOXORUBICIN HCL	2 MG/ML	VIAL	INTRAVEN	05/21/2025	0.46121
DOXORUBICIN HCL	10 MG/5 ML	VIAL	INTRAVEN	04/09/2025	1.52760
DOXORUBICIN HCL	50 MG/25ML	VIAL	INTRAVEN	11/19/2024	0.70323
DOXORUBICIN HCL	20 MG/10ML	VIAL	INTRAVEN	11/12/2025	1.40030
DOXORUBICIN HCL PEG-LIPOSOMAL	2 MG/ML	VIAL	INTRAVEN	07/01/2025	14.79000
DOXYCYCLINE HYCLATE	100 MG	CAPSULE	ORAL	04/30/2025	0.09443
DOXYCYCLINE HYCLATE	50 MG	CAPSULE	ORAL	04/15/2026	0.10023
DOXYCYCLINE HYCLATE	100 MG	TABLET	ORAL	05/12/2026	0.05628
DOXYCYCLINE HYCLATE	20 MG	TABLET	ORAL	04/01/2025	0.48160
DOXYCYCLINE HYCLATE	75 MG	TABLET	ORAL	05/13/2026	1.48852

**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
DOXYCYCLINE HYCLATE	150 MG	TABLET	ORAL	06/16/2026	0.84000
DOXYCYCLINE HYCLATE	75 MG	TABLET DR	ORAL	11/04/2024	3.26612
DOXYCYCLINE HYCLATE	100 MG	TABLET DR	ORAL	02/18/2026	5.37312
DOXYCYCLINE HYCLATE	150 MG	TABLET DR	ORAL	04/22/2026	5.16173
DOXYCYCLINE HYCLATE	200 MG	TABLET DR	ORAL	10/01/2025	11.78375
DOXYCYCLINE HYCLATE	50 MG	TABLET DR	ORAL	10/01/2025	6.75153
DOXYCYCLINE HYCLATE	100 MG	VIAL	INTRAVEN	04/28/2026	13.06250
DOXYCYCLINE MONOHYDRATE	100 MG	CAPSULE	ORAL	05/06/2025	0.18050
DOXYCYCLINE MONOHYDRATE	50 MG	CAPSULE	ORAL	10/01/2025	0.12379
DOXYCYCLINE MONOHYDRATE	75 MG	CAPSULE	ORAL	11/04/2024	6.34000
DOXYCYCLINE MONOHYDRATE	150 MG	CAPSULE	ORAL	12/23/2025	12.94133
DOXYCYCLINE MONOHYDRATE	40 MG	CAP IR DR	ORAL	02/25/2026	16.02020
DOXYCYCLINE MONOHYDRATE	25 MG/5 ML	SUSP RECON	ORAL	09/24/2025	0.21658
DOXYCYCLINE MONOHYDRATE	100 MG	TABLET	ORAL	11/12/2025	0.21771
DOXYCYCLINE MONOHYDRATE	50 MG	TABLET	ORAL	04/01/2025	0.46739
DOXYCYCLINE MONOHYDRATE	75 MG	TABLET	ORAL	11/12/2025	0.91522
DOXYCYCLINE MONOHYDRATE	150 MG	TABLET	ORAL	04/01/2025	1.41013
DOXYLAMINE SUCCINATE	25 MG	TABLET	ORAL	04/08/2026	0.12186
DOXYLAMINE SUCCINATE/VIT B6	10 MG-10MG	TABLET DR	ORAL	04/22/2026	1.95909

**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
DRONABINOL	5 MG	CAPSULE	ORAL	02/09/2026	3.25624
DROPERIDOL	2.5 MG/ML	VIAL	INJECTION	04/01/2025	3.96780
DROSPIR/ETH ESTRA/LEVOMEFOL CA	3-0.02(24)	TABLET	ORAL	04/01/2025	4.79081
DROSPIR/ETH ESTRA/LEVOMEFOL CA	3-0.03(21)	TABLET	ORAL	11/04/2024	5.08962
DROXIDOPA	100 MG	CAPSULE	ORAL	03/30/2026	0.39306
DROXIDOPA	200 MG	CAPSULE	ORAL	03/30/2026	0.78613
DROXIDOPA	300 MG	CAPSULE	ORAL	03/30/2026	1.17920
DULOXETINE HCL	20 MG	CAPSULE DR	ORAL	04/01/2026	0.05400
DULOXETINE HCL	30 MG	CAPSULE DR	ORAL	05/27/2025	0.06898
DULOXETINE HCL	60 MG	CAPSULE DR	ORAL	05/27/2025	0.07802
DUTASTERIDE	0.5 MG	CAPSULE	ORAL	02/25/2026	0.09603
DUTASTERIDE/TAMSULOSIN HCL	0.5-0.4 MG	CPMP 24HR	ORAL	01/21/2026	3.39900
ECALLANTIDE	10MG/ML(1)	VIAL	SUBCUT	11/04/2024	5020.99417
ECHINACEA	400 MG	CAPSULE	ORAL	04/29/2026	0.06938
ECONAZOLE NITRATE	1 %	CREAM (G)	TOPICAL	01/21/2026	0.27115
EDARAVONE	30MG/100ML	PIGGYBACK	INTRAVEN	08/13/2025	4.75708
EFAVIRENZ	600 MG	TABLET	ORAL	04/01/2026	1.34731
EFAVIRENZ/EMTRICIT/TENOFOVR DF	600-200MG	TABLET	ORAL	03/04/2026	1.97702
EFAVIRENZ/LAMIVU/TENOFOV DISOP	600-300 MG	TABLET	ORAL	11/04/2024	60.95641

**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
ELASTIC BANDAGE	2"X180"	BANDAGE	TOPICAL	11/04/2024	1.35317
ELASTIC BANDAGE	3" X 5YARD	BANDAGE	TOPICAL	04/01/2025	1.61777
ELASTIC BANDAGE	6" X 5YARD	BANDAGE	TOPICAL	11/04/2024	2.80225
ELECTROLYTE-A SOLUTION		IV SOLN	INTRAVEN	10/22/2025	0.03477
ELECTROLYTES/DEXTROSE		PACKET	ORAL	04/29/2026	0.12576
ELECTROLYTES/DEXTROSE		SOLUTION	ORAL	06/03/2026	0.00516
ELETRIPTAN HYDROBROMIDE	20 MG	TABLET	ORAL	04/22/2026	3.24074
ELETRIPTAN HYDROBROMIDE	40 MG	TABLET	ORAL	05/27/2026	2.70600
ELOTUZUMAB	300 MG	VIAL	INTRAVEN	11/04/2024	2389.44180
ELOTUZUMAB	400 MG	VIAL	INTRAVEN	11/04/2024	3185.88840
ELTROMBOPAG OLAMINE	25 MG	POWD PACK	ORAL	05/28/2025	254.03190
ELTROMBOPAG OLAMINE	12.5 MG	POWD PACK	ORAL	05/28/2025	254.03093
ELTROMBOPAG OLAMINE	25 MG	TABLET	ORAL	05/06/2026	8.57240
ELTROMBOPAG OLAMINE	50 MG	TABLET	ORAL	05/06/2026	13.54185
ELTROMBOPAG OLAMINE	75 MG	TABLET	ORAL	02/23/2026	20.36300
ELTROMBOPAG OLAMINE	12.5 MG	TABLET	ORAL	05/06/2026	8.57240
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	10/01/2025	11653.97940

**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
EMICIZUMAB-KXWH	150 MG/ML	VIAL	SUBCUT	12/22/2025	15113.06000
EMICIZUMAB-KXWH	300 MG/2ML	VIAL	SUBCUT	11/04/2024	13870.00000
EMICIZUMAB-KXWH	12MG/0.4ML	VIAL	SUBCUT	11/04/2024	1233.22080
EMOLLIENT BASE		CREAM (G)	TOPICAL	04/29/2026	0.03248
EMOLLIENT COMBINATION NO.92		LOTION	TOPICAL	04/29/2026	0.01231
EMOLLIENT NO56/HYALURONIC ACID		GEL (GRAM)	TOPICAL	11/04/2024	0.10416
EMTRICITA/RILPIVIRINE/TENOF DF	200-25-300	TABLET	ORAL	06/25/2025	111.70600
EMTRICITABINE	200 MG	CAPSULE	ORAL	11/04/2024	18.77750
EMTRICITABINE/TENOFOVIR (TDF)	200-300 MG	TABLET	ORAL	05/13/2026	0.45990
EMTRICITABINE/TENOFOVIR (TDF)	100-150 MG	TABLET	ORAL	03/18/2026	15.10810
EMTRICITABINE/TENOFOVIR (TDF)	133-200 MG	TABLET	ORAL	11/12/2025	16.30615
EMTRICITABINE/TENOFOVIR (TDF)	167-250 MG	TABLET	ORAL	09/17/2025	20.41165
ENALAPRIL MALEATE	1 MG/ML	SOLUTION	ORAL	03/25/2026	0.94603
ENALAPRIL MALEATE	10 MG	TABLET	ORAL	04/15/2026	0.04696
ENALAPRIL MALEATE	2.5 MG	TABLET	ORAL	04/15/2026	0.03348
ENALAPRIL MALEATE	20 MG	TABLET	ORAL	11/25/2025	0.08040
ENALAPRIL MALEATE	5 MG	TABLET	ORAL	05/06/2026	0.03906
ENALAPRIL/HYDROCHLOROTHIAZIDE	10 MG-25MG	TABLET	ORAL	02/09/2026	0.16584
ENALAPRILAT DIHYDRATE	1.25 MG/ML	VIAL	INTRAVEN	06/17/2025	1.60800

**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
ENOXAPARIN SODIUM	30MG/0.3ML	SYRINGE	SUBCUT	12/31/2024	8.47400
ENOXAPARIN SODIUM	60MG/0.6ML	SYRINGE	SUBCUT	05/06/2026	5.80996
ENOXAPARIN SODIUM	80MG/0.8ML	SYRINGE	SUBCUT	11/04/2024	7.99425
ENOXAPARIN SODIUM	100 MG/ML	SYRINGE	SUBCUT	03/18/2026	6.89220
ENOXAPARIN SODIUM	40MG/0.4ML	SYRINGE	SUBCUT	05/27/2025	6.40726
ENOXAPARIN SODIUM	150 MG/ML	SYRINGE	SUBCUT	12/31/2024	12.51250
ENOXAPARIN SODIUM	120MG/.8ML	SYRINGE	SUBCUT	12/31/2024	12.53313
ENOXAPARIN SODIUM	300 MG/3ML	VIAL	SUBCUT	01/15/2025	10.95183
ENTACAPONE	200 MG	TABLET	ORAL	11/04/2024	0.16832
ENTECAVIR	0.5 MG	TABLET	ORAL	08/20/2025	0.40289
ENTECAVIR	1 MG	TABLET	ORAL	11/12/2025	0.67447
ENZYMES,DIGESTIVE		CAPSULE	ORAL	04/22/2025	0.00810
ENZYMES,DIGESTIVE		TABLET	ORAL	05/20/2026	0.10374
EPHEDRINE SULFATE	25 MG/5 ML	SYRINGE	INTRAVEN	09/23/2025	7.68750
EPHEDRINE SULFATE	50MG/ML(1)	VIAL	INTRAVEN	05/20/2026	4.46899
EPHEDRINE SULFATE	50 MG/10ML	VIAL	INTRAVEN	05/06/2026	1.57450
EPINASTINE HCL	0.05 %	DROPS	OPHTHALMIC	11/04/2024	11.76450
EPINEPHRINE	1 MG/ML	VIAL	INJECTION	05/06/2026	6.35254
EPINEPHRINE	1 MG/ML(1)	VIAL	INJECTION	03/11/2025	11.58105

**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
EPINEPHRINE	0.15MG/0.3	AUTO INJCT	INJECTION	03/04/2026	142.64250
EPINEPHRINE	0.3MG/0.3	AUTO INJCT	INJECTION	05/21/2026	141.62931
EPINEPHRINE HCL/PF	1 MG/ML(1)	AMPUL	INJECTION	05/13/2026	12.84470
EPIRUBICIN HCL	50 MG/25ML	VIAL	INTRAVEN	04/01/2025	2.92583
EPIRUBICIN HCL	200MG/0.1L	VIAL	INTRAVEN	06/30/2025	2.56833
EPLERENONE	25 MG	TABLET	ORAL	04/29/2026	0.25515
EPLERENONE	50 MG	TABLET	ORAL	05/27/2025	0.37800
EPOETIN ALFA	3000/ML	VIAL	INJECTION	03/18/2026	44.13927
EPOETIN ALFA	20000/ML	VIAL	INJECTION	07/01/2025	294.26184
EPOETIN ALFA	40000/ML	VIAL	INJECTION	11/04/2024	1068.57240
EPOPROSTENOL SODIUM	1.5 MG	VIAL	INTRAVEN	11/04/2024	29.10000
EPOPROSTENOL SODIUM	0.5 MG	VIAL	INTRAVEN	11/04/2024	14.85620
EPTIFIBATIDE	75MG/100ML	VIAL	INTRAVEN	05/06/2026	0.89592
EPTIFIBATIDE	2 MG/ML	VIAL	INTRAVEN	04/15/2026	2.85252
ERGOCALCIFEROL (VITAMIN D2)	1250 MCG	CAPSULE	ORAL	04/15/2025	0.05503
ERGOCALCIFEROL (VITAMIN D2)	200 MCG/ML	DROPS	ORAL	04/01/2025	0.73611
ERIBULIN MESYLATE	1 MG/2 ML	VIAL	INTRAVEN	06/17/2026	159.39263
ERLOTINIB HCL	150 MG	TABLET	ORAL	04/09/2025	4.31684
ERLOTINIB HCL	100 MG	TABLET	ORAL	04/09/2025	3.73736

**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
ERLOTINIB HCL	25 MG	TABLET	ORAL	05/06/2026	6.84742
ERTAPENEM SODIUM	1 G	VIAL	INJECTION	05/13/2026	22.00380
ERYTHROMYCIN BASE	250 MG	TABLET	ORAL	03/25/2026	2.09291
ERYTHROMYCIN BASE	500 MG	TABLET	ORAL	01/13/2026	2.08413
ERYTHROMYCIN BASE	250 MG	TABLET DR	ORAL	01/22/2025	5.22690
ERYTHROMYCIN BASE	333 MG	TABLET DR	ORAL	03/19/2025	9.12560
ERYTHROMYCIN BASE	500 MG	TABLET DR	ORAL	11/04/2024	7.08258
ERYTHROMYCIN BASE	5 MG/GRAM	OINT. (G)	OPHTHALMIC	03/04/2026	2.41606
ERYTHROMYCIN BASE IN ETHANOL	2 %	GEL (GRAM)	TOPICAL	01/21/2026	0.88395
ERYTHROMYCIN BASE IN ETHANOL	2 %	SOLUTION	TOPICAL	05/06/2026	0.52305
ERYTHROMYCIN ETHYLSUCCINATE	200 MG/5ML	SUSP RECON	ORAL	06/17/2026	1.28934
ERYTHROMYCIN ETHYLSUCCINATE	400 MG/5ML	SUSP RECON	ORAL	06/10/2026	2.86719
ERYTHROMYCIN LACTOBIONATE	500 MG	VIAL	INTRAVEN	11/04/2024	66.62600
ERYTHROMYCIN/BENZOYL PEROXIDE	3 %-5 %	GEL (GRAM)	TOPICAL	05/06/2026	0.91781
ESCITALOPRAM OXALATE	5 MG/5 ML	SOLUTION	ORAL	05/13/2026	0.16880
ESCITALOPRAM OXALATE	10 MG	TABLET	ORAL	05/27/2025	0.02940
ESCITALOPRAM OXALATE	20 MG	TABLET	ORAL	03/11/2026	0.04346
ESCITALOPRAM OXALATE	5 MG	TABLET	ORAL	11/04/2024	0.03011
ESLICARBAZEPINE ACETATE	800 MG	TABLET	ORAL	11/17/2025	3.93190

**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
ESLICARBAZEPINE ACETATE	200 MG	TABLET	ORAL	11/17/2025	3.00789
ESLICARBAZEPINE ACETATE	400 MG	TABLET	ORAL	04/22/2026	2.21060
ESLICARBAZEPINE ACETATE	600 MG	TABLET	ORAL	11/17/2025	2.65614
ESMOLOL HCL	100MG/10ML	VIAL	INTRAVEN	01/21/2026	0.43775
ESMOLOL IN SODIUM CHLORIDE,ISO	2500MG/250	IV SOLN	INTRAVEN	06/17/2026	0.37520
ESMOLOL IN SODIUM CHLORIDE,ISO	2000MG/100	IV SOLN	INTRAVEN	06/17/2026	0.89383
ESOMEPRAZOLE MAGNESIUM	20 MG	SUSPDR PKT	ORAL	05/27/2026	5.34716
ESOMEPRAZOLE MAGNESIUM	40 MG	SUSPDR PKT	ORAL	05/27/2026	5.50195
ESOMEPRAZOLE MAGNESIUM	10 MG	SUSPDR PKT	ORAL	05/27/2025	6.19484
ESOMEPRAZOLE MAGNESIUM	2.5 MG	SUSPDR PKT	ORAL	01/21/2025	6.19484
ESOMEPRAZOLE MAGNESIUM	5 MG	SUSPDR PKT	ORAL	01/21/2025	6.19484
ESOMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	05/06/2026	0.09849
ESOMEPRAZOLE MAGNESIUM	40 MG	CAPSULE DR	ORAL	12/17/2025	0.11890
ESOMEPRAZOLE SODIUM	40 MG	VIAL	INTRAVEN	11/04/2024	21.98700
ESTAZOLAM	1 MG	TABLET	ORAL	02/18/2026	1.81918
ESTAZOLAM	2 MG	TABLET	ORAL	11/04/2024	1.63453
ESTRADIOL	1 MG	TABLET	ORAL	04/08/2026	0.03259
ESTRADIOL	2 MG	TABLET	ORAL	08/19/2025	0.07519
ESTRADIOL	0.5 MG	TABLET	ORAL	10/15/2025	0.05289

**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
ESTRADIOL	1 MG/GRAM	GEL PACKET	TRANSDERM	02/18/2026	2.23289
ESTRADIOL	1.25/1.25G	GEL PACKET	TRANSDERM	02/04/2026	1.27170
ESTRADIOL	1.25 G	GEL MD PMP	TRANSDERM	11/04/2024	2.82980
ESTRADIOL	0.5MG/0.5G	GEL PACKET	TRANSDERM	03/10/2026	1.36212
ESTRADIOL	0.25/0.25G	GEL PACKET	TRANSDERM	03/10/2026	1.38420
ESTRADIOL	0.75/0.75G	GEL PACKET	TRANSDERM	03/10/2026	1.34110
ESTRADIOL	0.1MG/24HR	PATCH TDWK	TRANSDERM	11/04/2024	12.15000
ESTRADIOL	0.05MG/24H	PATCH TDWK	TRANSDERM	04/01/2025	13.13950
ESTRADIOL	.025MG/24H	PATCH TDWK	TRANSDERM	11/04/2024	11.95150
ESTRADIOL	.075MG/24H	PATCH TDWK	TRANSDERM	04/01/2025	17.62688
ESTRADIOL	0.06MG/24H	PATCH TDWK	TRANSDERM	11/04/2024	13.58175
ESTRADIOL	.0375MG/24	PATCH TDWK	TRANSDERM	02/12/2025	14.13825
ESTRADIOL	0.05MG/24H	PATCH TDSW	TRANSDERM	02/10/2026	5.12522
ESTRADIOL	0.1MG/24HR	PATCH TDSW	TRANSDERM	01/20/2026	7.05000
ESTRADIOL	.025MG/24H	PATCH TDSW	TRANSDERM	07/16/2025	7.67400
ESTRADIOL	.075MG/24H	PATCH TDSW	TRANSDERM	03/18/2026	9.72038
ESTRADIOL	.0375MG/24	PATCH TDSW	TRANSDERM	04/01/2026	6.25014
ESTRADIOL	0.01 %	CREAM/APPL	VAGINAL	09/10/2025	0.39552
ESTRADIOL	10 MCG	TABLET	VAGINAL	05/13/2026	8.04600

**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
ESTRADIOL VALERATE	10 MG/ML	VIAL	INTRAMUSC	02/09/2026	24.12000
ESTRADIOL VALERATE	20 MG/ML	VIAL	INTRAMUSC	08/19/2025	16.41933
ESTRADIOL VALERATE	40 MG/ML	VIAL	INTRAMUSC	04/29/2026	33.37110
ESTRADIOL/NORETHINDRONE ACET	1 MG-0.5MG	TABLET	ORAL	01/21/2026	1.48054
ESTRADIOL/NORETHINDRONE ACET	0.5-0.1 MG	TABLET	ORAL	12/17/2025	1.45725
ESZOPICLONE	3 MG	TABLET	ORAL	03/25/2026	0.08703
ESZOPICLONE	2 MG	TABLET	ORAL	04/15/2026	0.08211
ESZOPICLONE	1 MG	TABLET	ORAL	05/06/2026	0.15655
ETHACRYNATE SODIUM	50 MG	VIAL	INTRA VEN	07/16/2025	1405.80800
ETHACRYNIC ACID	25 MG	TABLET	ORAL	12/17/2025	2.31740
ETHAMBUTOL HCL	100 MG	TABLET	ORAL	04/15/2026	0.25145
ETHAMBUTOL HCL	400 MG	TABLET	ORAL	02/04/2026	0.35195
ETHINYL ESTRADIOL/DROSPIRENONE	0.03MG-3MG	TABLET	ORAL	04/08/2026	0.21615
ETHINYL ESTRADIOL/DROSPIRENONE	0.02-3(28)	TABLET	ORAL	04/08/2026	0.12681
ETHOSUXIMIDE	250 MG	CAPSULE	ORAL	06/03/2026	0.31263
ETHYL ALCOHOL	62 %	GEL (ML)	TOPICAL	11/04/2024	0.00425
ETHYL ALCOHOL	70 %	GEL (ML)	TOPICAL	03/05/2025	0.22278
ETHYL ALCOHOL	70 %	TOWELETTE	TOPICAL	11/04/2024	0.03196
ETHYL ALCOHOL	99 %	AMPUL	INTRAARTER	01/21/2026	134.81907

**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
ETHYL ALCOHOL	99 %	VIAL	INTRAARTER	05/06/2026	90.01509
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-35MCG	TABLET	ORAL	10/22/2025	0.82370
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-50MCG	TABLET	ORAL	05/20/2026	0.79658
ETODOLAC	200 MG	CAPSULE	ORAL	03/18/2026	0.64508
ETODOLAC	300 MG	CAPSULE	ORAL	03/18/2026	0.86644
ETODOLAC	400 MG	TABLET	ORAL	04/22/2026	0.47503
ETODOLAC	500 MG	TABLET	ORAL	04/22/2026	0.49325
ETODOLAC	600 MG	TAB ER 24H	ORAL	12/23/2025	2.22922
ETODOLAC	400 MG	TAB ER 24H	ORAL	12/17/2025	1.27019
ETODOLAC	500 MG	TAB ER 24H	ORAL	04/15/2025	1.28385
ETONOGESTREL/ETHINYL ESTRADIOL	.12-.015MG	VAG RING	VAGINAL	04/01/2026	45.56654
ETOPOSIDE	20 MG/ML	VIAL	INTRAVEN	06/10/2026	1.40432
ETRAVIRINE	100 MG	TABLET	ORAL	11/04/2024	10.07755
ETRAVIRINE	200 MG	TABLET	ORAL	05/27/2026	11.21011
EUCALYPTOL		LIQUID	MISCELL	11/04/2024	3.27202
EUCALYPTUS OIL		OIL	MISCELL	11/04/2024	0.14041
EUCALYPTUS OIL	100 %	OIL	MISCELL	11/04/2024	0.50920
EUCALYPTUS OIL/MENTHOL/CAMPHOR	1.2%-4.8%	OINT. (G)	TOPICAL	11/04/2024	0.00764
EVENING PRIMROSE OIL	500 MG	CAPSULE	ORAL	03/25/2026	0.12052

**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
EVENING PRIMROSE OIL	1300 MG	CAPSULE	ORAL	04/29/2026	0.19206
EVEROLIMUS	0.25 MG	TABLET	ORAL	06/17/2026	2.51250
EVEROLIMUS	0.5 MG	TABLET	ORAL	06/17/2026	4.95000
EVEROLIMUS	0.75 MG	TABLET	ORAL	06/17/2026	7.14375
EVEROLIMUS	5 MG	TABLET	ORAL	04/30/2025	12.88730
EVEROLIMUS	10 MG	TABLET	ORAL	05/13/2026	31.90642
EVEROLIMUS	1 MG	TABLET	ORAL	06/17/2026	12.82233
EVEROLIMUS	2.5 MG	TABLET	ORAL	05/13/2026	19.33538
EVEROLIMUS	7.5 MG	TABLET	ORAL	02/19/2026	22.32500
EVEROLIMUS	2 MG	TAB SUSP	ORAL	06/03/2026	244.12938
EVEROLIMUS	3 MG	TAB SUSP	ORAL	02/23/2026	264.86549
EVEROLIMUS	5 MG	TAB SUSP	ORAL	03/11/2026	275.67412
EXEMESTANE	25 MG	TABLET	ORAL	04/22/2026	0.58375
EZETIMIBE	10 MG	TABLET	ORAL	10/07/2025	0.05047
EZETIMIBE/SIMVASTATIN	10 MG-10MG	TABLET	ORAL	12/17/2025	0.67983
EZETIMIBE/SIMVASTATIN	10 MG-20MG	TABLET	ORAL	12/17/2025	0.36642
EZETIMIBE/SIMVASTATIN	10 MG-80MG	TABLET	ORAL	12/17/2025	0.35644
EZETIMIBE/SIMVASTATIN	10 MG-40MG	TABLET	ORAL	12/30/2025	0.64856
FA/B12/D3/E/CALCIUM/CHOLINE	1000-25MCG	TABLET	ORAL	11/04/2024	0.03482

**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
FACIAL MASK		EACH	MISCELL	08/20/2025	1.36399
FACTOR IX	500 (+/-)	VIAL	INTRAVEN	01/01/2026	0.96655
FACTOR IX	1000 (+/-)	VIAL	INTRAVEN	01/01/2026	0.96655
FACTOR IX	1500 (+/-)	VIAL	INTRAVEN	01/01/2026	0.96655
FACTOR IX COMPLX NO.4,3-FACTOR	1000 (+/-)	VIAL	INTRAVEN	04/01/2026	1.22850
FACTOR IX COMPLX NO.4,3-FACTOR	500 (+/-)	VIAL	INTRAVEN	04/01/2026	1.18483
FACTOR IX COMPLX NO.4,3-FACTOR	1500 (+/-)	VIAL	INTRAVEN	04/01/2026	1.22850
FACTOR IX HUMAN REC,PEGYLATED	500 (+/-)	VIAL	INTRAVEN	04/01/2026	3.76000
FACTOR IX HUMAN REC,PEGYLATED	1000 (+/-)	VIAL	INTRAVEN	04/01/2026	3.76000
FACTOR IX HUMAN REC,PEGYLATED	2000 (+/-)	VIAL	INTRAVEN	03/25/2026	3.76000
FACTOR IX HUMAN REC,PEGYLATED	3000 (+/-)	VIAL	INTRAVEN	04/01/2026	1.80000
FACTOR IX HUMAN RECOMB,THR 148	500 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000
FACTOR IX HUMAN RECOMB,THR 148	1000 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000
FACTOR IX HUMAN RECOMB,THR 148	1500 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000
FACTOR IX HUMAN RECOMB,THR 148	3000 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000
FACTOR IX HUMAN RECOMBINANT	250 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000
FACTOR IX HUMAN RECOMBINANT	500 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000
FACTOR IX HUMAN RECOMBINANT	1000 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000
FACTOR IX HUMAN RECOMBINANT	2000 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000

**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 HUMAN RECOMBINANT	3000 UNIT	VIAL	INTRAVEN	01/01/2026	1.80000
FACTOR IX REC, FC FUSION PROTN	500 UNIT	VIAL	INTRAVEN	01/01/2026	3.34680
FACTOR IX REC, FC FUSION PROTN	1000 UNIT	VIAL	INTRAVEN	01/01/2026	3.34680
FACTOR IX REC, FC FUSION PROTN	2000 UNIT	VIAL	INTRAVEN	01/01/2026	3.34680
FACTOR IX REC, FC FUSION PROTN	3000 UNIT	VIAL	INTRAVEN	01/01/2026	3.34680
FACTOR IX REC, FC FUSION PROTN	250 UNIT	VIAL	INTRAVEN	01/01/2026	3.34680
FACTOR IX REC, FC FUSION PROTN	4000 UNIT	VIAL	INTRAVEN	01/01/2026	3.34680
FACTOR IX RECOM,ALBUMIN FUSION	250 (+/-)	VIAL	INTRAVEN	01/01/2026	4.76000
FACTOR IX RECOM,ALBUMIN FUSION	500 (+/-)	VIAL	INTRAVEN	01/01/2026	4.76000
FACTOR IX RECOM,ALBUMIN FUSION	1000 (+/-)	VIAL	INTRAVEN	01/01/2026	4.76000
FACTOR IX RECOM,ALBUMIN FUSION	2000 (+/-)	VIAL	INTRAVEN	01/01/2026	4.76000
FACTOR IX RECOM,ALBUMIN FUSION	3500 (+/-)	VIAL	INTRAVEN	01/01/2026	4.76000
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
FAMCICLOVIR	250 MG	TABLET	ORAL	01/21/2026	0.80936
FAMCICLOVIR	500 MG	TABLET	ORAL	01/21/2026	1.18009
FAMCICLOVIR	125 MG	TABLET	ORAL	11/04/2024	0.41987
FAMOTIDINE	40MG/5ML	SUSP RECON	ORAL	05/20/2026	0.09618
FAMOTIDINE	20 MG	TABLET	ORAL	06/03/2026	0.01804

**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
FAMOTIDINE	40 MG	TABLET	ORAL	06/10/2026	0.03549
FAMOTIDINE	10 MG	TABLET	ORAL	10/22/2025	0.07380
FAMOTIDINE	10 MG/ML	VIAL	INTRAVEN	11/04/2024	0.41473
FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165	TAB CHEW	ORAL	12/10/2024	0.34116
FAMOTIDINE/PF	20 MG/2 ML	VIAL	INTRAVEN	02/12/2025	0.40200
FAT EMULS/VIT AVIT D2/E/VIT K	990-5/10ML	AMPUL	INTRAVEN	11/04/2024	0.03482
FAT EMULS/VIT AVIT D2/E/VIT K	69-1MCG/ML	AMPUL	INTRAVEN	11/04/2024	0.03482
FAT EMULSIONS	20 %	EMULSION	INTRAVEN	11/12/2025	0.05839
FAT EMULSIONS	30 %	EMULSION	INTRAVEN	11/04/2024	0.05270
FEBUXOSTAT	40 MG	TABLET	ORAL	05/06/2026	0.18690
FEBUXOSTAT	80 MG	TABLET	ORAL	01/21/2026	0.33813
FELBAMATE	600 MG/5ML	ORAL SUSP	ORAL	06/10/2026	0.33282
FELBAMATE	400 MG	TABLET	ORAL	06/10/2026	0.79837
FELBAMATE	600 MG	TABLET	ORAL	05/13/2026	1.06460
FELODIPINE	5 MG	TAB ER 24H	ORAL	05/06/2025	0.11918
FELODIPINE	10 MG	TAB ER 24H	ORAL	02/05/2025	0.15946
FELODIPINE	2.5 MG	TAB ER 24H	ORAL	02/11/2026	0.22418
FENOFIBRATE	160 MG	TABLET	ORAL	12/10/2025	0.10065
FENOFIBRATE	40 MG	TABLET	ORAL	11/04/2024	6.63222

**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
FENOFIBRATE	120 MG	TABLET	ORAL	11/04/2024	16.45000
FENOFIBRATE	54 MG	TABLET	ORAL	10/22/2025	0.05166
FENOFIBRATE NANOCRYSTALLIZED	48 MG	TABLET	ORAL	05/06/2026	0.08106
FENOFIBRATE NANOCRYSTALLIZED	145 MG	TABLET	ORAL	05/27/2025	0.12883
FENOFIBRATE, MICRONIZED	200 MG	CAPSULE	ORAL	05/06/2026	0.15971
FENOFIBRATE, MICRONIZED	67 MG	CAPSULE	ORAL	05/13/2025	0.07245
FENOFIBRATE, MICRONIZED	134 MG	CAPSULE	ORAL	04/29/2026	0.10998
FENOFIBRATE, MICRONIZED	43 MG	CAPSULE	ORAL	12/17/2025	0.62846
FENOFIBRATE, MICRONIZED	130 MG	CAPSULE	ORAL	01/21/2026	1.21389
FENOFIBRIC ACID (CHOLINE)	45 MG	CAPSULE DR	ORAL	11/12/2025	0.23926
FENOFIBRIC ACID (CHOLINE)	135 MG	CAPSULE DR	ORAL	02/18/2026	0.34632
FENOPROFEN CALCIUM	200 MG	CAPSULE	ORAL	11/04/2024	10.10850
FENOPROFEN CALCIUM	400 MG	CAPSULE	ORAL	05/27/2026	9.99030
FENTANYL	25 MCG/HR	PATCH TD72	TRANSDERM	11/04/2024	4.69392
FENTANYL	50MCG/HR	PATCH TD72	TRANSDERM	01/05/2026	8.38245
FENTANYL	75MCG/HR	PATCH TD72	TRANSDERM	06/10/2026	13.76340
FENTANYL	100 MCG/HR	PATCH TD72	TRANSDERM	06/10/2026	19.92270
FENTANYL	12 MCG/HR	PATCH TD72	TRANSDERM	05/13/2026	11.15840
FENTANYL	62.5MCG/HR	PATCH TD72	TRANSDERM	04/08/2025	54.73296

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
** 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
FENTANYL	87.5MCG/HR	PATCH TD72	TRANSDERM	04/15/2025	66.22320
FENTANYL	37.5MCG/HR	PATCH TD72	TRANSDERM	04/08/2025	36.80447
FENTANYL CITRATE/PF	50 MCG/ML	VIAL	INJECTION	05/21/2025	0.54103
FENTANYL CITRATE/PF	100MCG/2ML	SYRINGE	INTRAVEN	11/04/2024	2.06863
FERROUS FUM/FOLIC ACID/BCOMP,C	29MG-0.8MG	TABLET	ORAL	11/04/2024	0.03482
FERROUS FUMARATE	324(106)MG	TABLET	ORAL	03/03/2026	0.14479
FERROUS GLUCONATE	240(27)MG	TABLET	ORAL	02/24/2026	0.01554
FERROUS GLUCONATE	324(38)MG	TABLET	ORAL	03/18/2026	0.03307
FERROUS GLUCONATE	324(37.5)	TABLET	ORAL	02/24/2026	0.04686
FERROUS SULFATE	220 (44)/5	ELIXIR	ORAL	04/29/2026	0.02624
FERROUS SULFATE	220 (44)/5	SOLUTION	ORAL	05/06/2026	0.00641
FERROUS SULFATE	300 MG/5ML	LIQUID	ORAL	04/01/2026	0.31427
FERROUS SULFATE	15 MG/ML	DROPS	ORAL	04/01/2026	0.05252
FERROUS SULFATE	325(65) MG	TABLET	ORAL	02/23/2026	0.00552
FERROUS SULFATE	325(65) MG	TABLET DR	ORAL	03/18/2026	0.01610
FERROUS SULFATE	324(65)MG	TABLET DR	ORAL	06/10/2025	0.04040
FERUMOXYTOL	510MG/17ML	VIAL	INTRAVEN	07/16/2025	13.10091
FESOTERODINE FUMARATE	4 MG	TAB ER 24H	ORAL	10/01/2025	1.45524
FESOTERODINE FUMARATE	8 MG	TAB ER 24H	ORAL	04/29/2026	0.80842

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
** 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
FEXOFENADINE HCL	60 MG	TABLET	ORAL	05/13/2026	0.09597
FEXOFENADINE HCL	180 MG	TABLET	ORAL	02/24/2026	0.16573
FEXOFENADINE/PSEUDOEPHEDRINE	180-240MG	TAB ER 24H	ORAL	06/18/2025	1.20044
FEXOFENADINE/PSEUDOEPHEDRINE	60MG-120MG	TAB ER 12H	ORAL	03/25/2026	0.76125
FIDAXOMICIN	200 MG	TABLET	ORAL	06/03/2026	105.74003
FILGRASTIM	480MCG/0.8	SYRINGE	INJECTION	12/01/2025	584.67300
FILGRASTIM	300 MCG/ML	VIAL	INJECTION	12/01/2025	279.38307
FILGRASTIM	480MCG/1.6	VIAL	INJECTION	07/01/2025	278.04957
FINASTERIDE	1 MG	TABLET	ORAL	12/17/2025	0.08458
FINASTERIDE	5 MG	TABLET	ORAL	11/19/2025	0.06478
FINGOLIMOD HCL	0.5 MG	CAPSULE	ORAL	05/13/2026	3.93756
FISH OIL/BORAGE/FLAX/OM3,6,9 1	400-400 MG	CAPSULE	ORAL	11/05/2025	0.12496
FLAVOXATE HCL	100 MG	TABLET	ORAL	10/22/2025	0.89311
FLAXSEED OIL	1000 MG	CAPSULE	ORAL	01/07/2026	0.04228
FLECAINIDE ACETATE	100 MG	TABLET	ORAL	06/24/2025	0.13510
FLECAINIDE ACETATE	150 MG	TABLET	ORAL	06/24/2025	0.18398
FLECAINIDE ACETATE	50 MG	TABLET	ORAL	06/24/2025	0.10280
FLUCONAZOLE	40 MG/ML	SUSP RECON	ORAL	04/01/2026	0.45380
FLUCONAZOLE	100 MG	TABLET	ORAL	02/11/2026	0.14901

**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
FLUCONAZOLE	200 MG	TABLET	ORAL	04/01/2026	0.30634
FLUCONAZOLE	50 MG	TABLET	ORAL	03/04/2026	0.12373
FLUCONAZOLE	150 MG	TABLET	ORAL	03/25/2026	0.32387
FLUCONAZOLE IN NACL,ISO-OSM	200MG/0.1L	PIGGYBACK	INTRAVEN	04/23/2025	0.05101
FLUCONAZOLE IN NACL,ISO-OSM	400MG/0.2L	PIGGYBACK	INTRAVEN	02/19/2025	0.03819
FLUCYTOSINE	250 MG	CAPSULE	ORAL	03/11/2026	9.60000
FLUCYTOSINE	500 MG	CAPSULE	ORAL	10/08/2025	28.11821
FLUDARABINE PHOSPHATE	50 MG	VIAL	INTRAVEN	03/04/2026	107.11250
FLUDARABINE PHOSPHATE	50 MG/2 ML	VIAL	INTRAVEN	11/04/2024	89.99500
FLUDROCORTISONE ACETATE	0.1 MG	TABLET	ORAL	04/01/2026	0.28836
FLUMAZENIL	0.1 MG/ML	VIAL	INTRAVEN	03/05/2025	1.40030
FLUNISOLIDE	25 MCG	SPRAY	NASAL	11/04/2024	1.70636
FLUOCINOLONE ACETONIDE	0.01 %	CREAM (G)	TOPICAL	10/28/2025	1.49008
FLUOCINOLONE ACETONIDE	0.025 %	CREAM (G)	TOPICAL	04/01/2026	1.00968
FLUOCINOLONE ACETONIDE	0.025 %	OINT. (G)	TOPICAL	04/08/2026	1.09179
FLUOCINOLONE ACETONIDE	0.01 %	SOLUTION	TOPICAL	12/22/2025	0.04846
FLUOCINOLONE ACETONIDE	0.01 %	OIL	TOPICAL	10/29/2025	0.16646
FLUOCINOLONE ACETONIDE OIL	0.01 %	DROPS	OTIC (EAR)	04/22/2026	1.40595
FLUOCINOLONE/SHOWER CAP	0.01 %	OIL	TOPICAL	06/17/2026	0.28527

**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
FLUOCINONIDE	0.05 %	GEL (GRAM)	TOPICAL	05/28/2025	1.43782
FLUOCINONIDE	0.05 %	CREAM (G)	TOPICAL	09/24/2025	0.40795
FLUOCINONIDE	0.1 %	CREAM (G)	TOPICAL	11/04/2024	0.22601
FLUOCINONIDE	0.05 %	OINT. (G)	TOPICAL	04/22/2026	0.25990
FLUOCINONIDE	0.05 %	SOLUTION	TOPICAL	09/24/2025	0.18726
FLUOCINONIDE/EMOLLIENT BASE	0.05 %	CREAM (G)	TOPICAL	04/01/2025	0.73767
FLUORESCEIN SODIUM	500 MG/5ML	VIAL	INTRAVEN	04/08/2025	9.93600
FLUORIDE (SODIUM)	0.5 MG/ML	DROPS	ORAL	04/15/2026	0.40414
FLUORIDE (SODIUM)	0.5(1.1)MG	TAB CHEW	ORAL	02/26/2025	0.01000
FLUOROMETHOLONE	0.1 %	DROPS SUSP	OPHTHALMIC	09/24/2025	14.20195
FLUOROURACIL	5 %	CREAM (G)	TOPICAL	05/06/2026	1.21940
FLUOROURACIL	0.5 %	CREAM (G)	TOPICAL	09/17/2025	61.90488
FLUOROURACIL	5 %	SOLUTION	TOPICAL	06/25/2025	9.24000
FLUOROURACIL	500MG/10ML	VIAL	INTRAVEN	11/04/2024	0.35008
FLUOROURACIL	1 G/20 ML	VIAL	INTRAVEN	11/04/2024	0.40133
FLUOROURACIL	2.5 G/50ML	VIAL	INTRAVEN	08/20/2025	0.30297
FLUOROURACIL	5 G/100 ML	VIAL	INTRAVEN	03/12/2025	0.23517
FLUOXETINE HCL	10 MG	CAPSULE	ORAL	06/10/2026	0.01699
FLUOXETINE HCL	20 MG	CAPSULE	ORAL	05/20/2026	0.01768

**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
FLUOXETINE HCL	40 MG	CAPSULE	ORAL	06/10/2026	0.04515
FLUOXETINE HCL	20 MG/5 ML	SOLUTION	ORAL	05/06/2026	0.18988
FLUOXETINE HCL	10 MG	TABLET	ORAL	03/04/2026	0.07718
FLUOXETINE HCL	20 MG	TABLET	ORAL	06/10/2026	0.04938
FLUOXETINE HCL	60 MG	TABLET	ORAL	05/27/2026	0.17523
FLUPHENAZINE DECANOATE	25 MG/ML	VIAL	INJECTION	09/24/2025	9.03360
FLUPHENAZINE HCL	1 MG	TABLET	ORAL	07/01/2025	0.30228
FLUPHENAZINE HCL	10 MG	TABLET	ORAL	07/01/2025	0.44243
FLUPHENAZINE HCL	2.5 MG	TABLET	ORAL	04/15/2025	0.29452
FLUPHENAZINE HCL	5 MG	TABLET	ORAL	07/01/2025	0.35779
FLURANDRENOLIDE	0.05 %	CREAM (G)	TOPICAL	11/04/2024	5.24066
FLURANDRENOLIDE	0.05 %	LOTION	TOPICAL	11/04/2024	1.70839
FLUTICASONE FUROATE	100 MCG	BLST W/DEV	INHALATION	04/22/2026	4.51925
FLUTICASONE FUROATE	200 MCG	BLST W/DEV	INHALATION	02/09/2026	5.70840
FLUTICASONE FUROATE	50 MCG	BLST W/DEV	INHALATION	02/09/2026	4.26924
FLUTICASONE PROPION/SALMETEROL	45-21 MCG	HFA AER AD	INHALATION	02/24/2026	16.20000
FLUTICASONE PROPION/SALMETEROL	115-21MCG	HFA AER AD	INHALATION	02/24/2026	17.60287
FLUTICASONE PROPION/SALMETEROL	230-21MCG	HFA AER AD	INHALATION	03/03/2026	27.85350
FLUTICASONE PROPION/SALMETEROL	100-50 MCG	BLST W/DEV	INHALATION	11/25/2025	1.07381

**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
FLUTICASONE PROPION/SALMETEROL	250-50 MCG	BLST W/DEV	INHALATION	11/25/2025	1.09052
FLUTICASONE PROPION/SALMETEROL	500-50 MCG	BLST W/DEV	INHALATION	11/25/2025	1.39062
FLUTICASONE PROPIONATE	0.05 %	CREAM (G)	TOPICAL	11/04/2024	0.22333
FLUTICASONE PROPIONATE	0.005 %	OINT. (G)	TOPICAL	04/01/2025	0.82946
FLUTICASONE PROPIONATE	0.05 %	LOTION	TOPICAL	01/21/2025	2.72516
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	05/06/2025	0.40969
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	04/15/2026	0.89305
FLUTICASONE PROPIONATE	44 MCG	AER W/ADAP	INHALATION	04/14/2026	12.09896
FLUTICASONE/VILANTEROL	100-25MCG	BLST W/DEV	INHALATION	04/08/2026	3.75262
FLUTICASONE/VILANTEROL	200-25 MCG	BLST W/DEV	INHALATION	06/10/2026	5.92667
FLUVASTATIN SODIUM	20 MG	CAPSULE	ORAL	11/12/2024	3.39781
FLUVASTATIN SODIUM	40 MG	CAPSULE	ORAL	04/22/2026	3.39781
FLUVASTATIN SODIUM	80 MG	TAB ER 24H	ORAL	12/17/2025	3.92581
FLUVOXAMINE MALEATE	100 MG	CAP ER 24H	ORAL	11/04/2024	5.64443
FLUVOXAMINE MALEATE	150 MG	CAP ER 24H	ORAL	07/22/2025	5.07044
FLUVOXAMINE MALEATE	25 MG	TABLET	ORAL	06/17/2026	0.13325
FLUVOXAMINE MALEATE	50 MG	TABLET	ORAL	05/27/2026	0.18312
FLUVOXAMINE MALEATE	100 MG	TABLET	ORAL	12/10/2025	0.24190
FOAM BANDAGE	4" X 4"	BANDAGE	TOPICAL	11/04/2024	0.37755

**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
FOAM BANDAGE	6" X 8"	BANDAGE	TOPICAL	11/04/2024	15.74853
FOAM BANDAGE	8" X 8"	BANDAGE	TOPICAL	02/19/2025	26.70509
FOAM BANDAGE	2" X 2"	BANDAGE	TOPICAL	11/04/2024	0.29664
FOAM BANDAGE	6" X 6"	BANDAGE	TOPICAL	11/04/2024	0.64722
FOAM BANDAGE	7" X 7"	BANDAGE	TOPICAL	11/04/2024	13.27772
FOAM BANDAGE	5"X5"	BANDAGE	TOPICAL	11/04/2024	8.57394
FOLIC ACID	0.8 MG	CAPSULE	ORAL	11/04/2024	0.05561
FOLIC ACID	0.4 MG	TABLET	ORAL	01/07/2026	0.00884
FOLIC ACID	0.8 MG	TABLET	ORAL	07/16/2025	0.00925
FOLIC ACID	1 MG	TABLET	ORAL	02/23/2026	0.00746
FOLIC ACID	5 MG/ML	VIAL	INJECTION	11/04/2024	3.34818
FOLIC ACID/MULTIVIT,IRON,MINER	0.4MG-18MG	TABLET	ORAL	11/04/2024	0.03482
FOLIC ACID/MV,IRON,MIN/LUTEIN	0.4-18-250	TABLET	ORAL	11/04/2024	0.03482
FOLIC ACID/VIT B COMPLEX AND C	0.8 MG	TABLET	ORAL	04/29/2026	0.03946
FOLIC ACID/VIT B COMPLEX AND C	400 MCG	TABLET	ORAL	02/18/2026	0.09340
FOLIC/MVI THER-MIN/LYCOP/LUT	1.25-2.5MG	TABLET	ORAL	11/04/2024	0.03482
FOMEPIZOLE	1 G/ML	VIAL	INTRAVEN	05/04/2026	292.84000
FONDAPARINUX SODIUM	2.5 MG/0.5	SYRINGE	SUBCUT	05/27/2025	10.92000
FONDAPARINUX SODIUM	10MG/0.8ML	SYRINGE	SUBCUT	11/04/2024	35.99288

**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
FONDAPARINUX SODIUM	5MG/0.4ML	SYRINGE	SUBCUT	11/04/2024	85.44656
FONDAPARINUX SODIUM	7.5 MG/0.6	SYRINGE	SUBCUT	12/31/2024	36.52246
FORMOTEROL FUMARATE	20 MCG/2ML	VIAL-NEB	INHALATION	04/22/2026	0.80735
FOSAMPRENAVIR CALCIUM	700 MG	TABLET	ORAL	02/05/2025	16.91725
FOSAPREPITANT DIMEGLUMINE	150 MG	VIAL	INTRAVEN	04/01/2026	15.77100
FOSCARNET SODIUM	24 MG/ML	INFUS. BTL	INTRAVEN	07/29/2025	0.99160
FOSCARNET SODIUM	24 MG/ML	PLAST. BAG	INTRAVEN	02/25/2026	2.44360
FOSFOMYCIN TROMETHAMINE	3 G	PACKET	ORAL	05/27/2026	28.69250
FOSINOPRIL SODIUM	10 MG	TABLET	ORAL	10/22/2025	0.30894
FOSINOPRIL SODIUM	20 MG	TABLET	ORAL	03/18/2026	0.18775
FOSINOPRIL SODIUM	40 MG	TABLET	ORAL	04/01/2025	0.30507
FOSINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	10/08/2025	1.03441
FOSINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	11/04/2024	0.87000
FOSPHENYTOIN SODIUM	100MG PE/2	VIAL	INJECTION	09/09/2025	1.94591
FOSPHENYTOIN SODIUM	500 PE/10	VIAL	INJECTION	09/09/2025	1.38918
FROVATRIPTAN SUCCINATE	2.5 MG	TABLET	ORAL	04/29/2026	7.39238
FRUCTOOLIGOSACCHARIDES/POLYDEX	15 G/30 ML	LIQUID	ORAL	10/22/2025	0.01374
FULVESTRANT	250 MG/5ML	SYRINGE	INTRAMUSC	06/17/2026	7.72800
FUROSEMIDE	20 MG	TABLET	ORAL	04/01/2026	0.00797

**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
FUROSEMIDE	40 MG	TABLET	ORAL	04/29/2026	0.02552
FUROSEMIDE	80 MG	TABLET	ORAL	04/08/2026	0.02766
FUROSEMIDE	10 MG/ML	VIAL	INJECTION	02/04/2026	0.13266
FVIII REC,B-DOM DELET PEG-AUCL	500 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,B-DOM DELET PEG-AUCL	1000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,B-DOM DELET PEG-AUCL	2000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,B-DOM DELET PEG-AUCL	3000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,B-DOM TRUNC PEG-EXEI	500 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,B-DOM TRUNC PEG-EXEI	1000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,B-DOM TRUNC PEG-EXEI	1500 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,B-DOM TRUNC PEG-EXEI	2000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,B-DOM TRUNC PEG-EXEI	3000 (+/-)	VIAL	INTRAVEN	01/01/2026	1.10435
FVIII REC,FC-VWF-XTEN,BDD-EHTL	500 (+/-)	VIAL	INTRAVEN	10/01/2025	5.33652
FVIII REC,FC-VWF-XTEN,BDD-EHTL	1000 (+/-)	VIAL	INTRAVEN	04/01/2026	1.19000
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
GABAPENTIN	100 MG	CAPSULE	ORAL	06/03/2026	0.00954
GABAPENTIN	300 MG	CAPSULE	ORAL	06/03/2026	0.01490

**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
GABAPENTIN	400 MG	CAPSULE	ORAL	06/03/2026	0.01762
GABAPENTIN	250 MG/5ML	SOLUTION	ORAL	03/04/2026	0.04010
GABAPENTIN	250 MG/5ML	SOLUTION	ORAL	12/17/2025	1.27146
GABAPENTIN	300 MG/6ML	SOLUTION	ORAL	03/24/2026	0.31401
GABAPENTIN	600 MG	TABLET	ORAL	05/27/2025	0.05353
GABAPENTIN	800 MG	TABLET	ORAL	05/27/2025	0.06592
GABAPENTIN	300 MG	TAB ER 24H	ORAL	04/22/2026	1.86669
GABAPENTIN	600 MG	TAB ER 24H	ORAL	03/04/2026	1.28419
GADOBUTROL	1 MMOL/ML	VIAL	INTRAVEN	02/19/2025	2.68000
GADOBUTROL	15 MMOL/15	VIAL	INTRAVEN	06/11/2025	6.32816
GADOBUTROL	7.5/7.5 ML	VIAL	INTRAVEN	05/06/2026	6.49800
GADOBUTROL	10 MMOL/10	VIAL	INTRAVEN	03/19/2025	2.68000
GADOBUTROL	2 MMOL/2ML	VIAL	INTRAVEN	03/19/2025	2.68000
GADOTERATE MEGLUMINE	5MMOL/10ML	SYRINGE	INTRAVEN	11/04/2024	6.98513
GADOTERATE MEGLUMINE	7.5MMOL/15	SYRINGE	INTRAVEN	11/04/2024	6.63575
GADOTERATE MEGLUMINE	10MMOL/20	SYRINGE	INTRAVEN	11/04/2024	6.55419
GADOTERATE MEGLUMINE	5MMOL/10ML	VIAL	INTRAVEN	03/10/2026	1.65182
GADOTERATE MEGLUMINE	10MMOL/20	VIAL	INTRAVEN	03/10/2026	1.54100
GADOTERATE MEGLUMINE	7.5MMOL/15	VIAL	INTRAVEN	03/10/2026	1.54100

**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
GADOTERATE MEGLUMINE	50MMOL/100	VIAL	INTRAVEN	03/04/2026	2.30197
GADOTERATE MEGLUMINE	2.5MMOL/5	VIAL	INTRAVEN	04/29/2026	4.38900
GADOTERIDOL	279.3MG/ML	VIAL	INTRAVEN	11/25/2025	3.25433
GALANTAMINE HBR	8 MG	CAP24H PEL	ORAL	04/01/2025	1.82017
GALANTAMINE HBR	16 MG	CAP24H PEL	ORAL	04/23/2025	1.81168
GALANTAMINE HBR	24 MG	CAP24H PEL	ORAL	04/16/2025	2.00955
GALANTAMINE HBR	12 MG	TABLET	ORAL	06/03/2026	0.95810
GALANTAMINE HBR	4 MG	TABLET	ORAL	06/03/2026	0.54337
GALANTAMINE HBR	8 MG	TABLET	ORAL	06/03/2026	0.78278
GALSULFASE	5 MG/5 ML	VIAL	INTRAVEN	07/01/2025	441.39276
GANCICLOVIR SODIUM	500 MG	VIAL	INTRAVEN	05/06/2026	58.65255
GANIRELIX ACETATE	250MCG/0.5	SYRINGE	SUBCUT	02/25/2026	96.51400
GARLIC	1000 MG	CAPSULE	ORAL	10/22/2025	0.03008
GATIFLOXACIN	0.5 %	DROPS	OPHTHALMIC	06/10/2026	26.96570
GAUZE BANDAGE	2" X 2"	BANDAGE	TOPICAL	08/13/2025	0.01357
GAUZE BANDAGE	3.4"X129"	BANDAGE	TOPICAL	11/04/2024	1.31901
GAUZE BANDAGE	3" X 3"	BANDAGE	TOPICAL	09/03/2025	0.02642
GAUZE BANDAGE	4" X 4.1YD	BANDAGE	TOPICAL	11/04/2024	3.28020
GAUZE BANDAGE	4" X 4"	BANDAGE	TOPICAL	01/15/2025	0.03144

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
** 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
GAUZE BANDAGE	4"X75"	BANDAGE	TOPICAL	11/04/2024	0.88247
GAUZE BANDAGE	6" X 6"	BANDAGE	TOPICAL	11/04/2024	1.48728
GAUZE BANDAGE	4.5"X4.1YD	BANDAGE	TOPICAL	01/15/2025	0.80400
GAUZE BANDAGE		SPONGE	TOPICAL	11/04/2024	0.14372
GAUZE BANDAGE	4"X3.5"	SPONGE	TOPICAL	11/04/2024	0.16297
GAUZE BANDAGE	4" X 4"	SPONGE	TOPICAL	11/04/2024	0.03037
GEFITINIB	250 MG	TABLET	ORAL	05/06/2026	143.79828
GEL DRESSING		GEL (ML)	TOPICAL	02/25/2026	0.16876
GEL DRESSING		GEL (GRAM)	TOPICAL	05/07/2025	0.10240
GEL DRESSING	2" X 2"	BANDAGE	TOPICAL	11/04/2024	2.64594
GEL DRESSING	4" X 4"	BANDAGE	TOPICAL	11/04/2024	1.25263
GEL DRESSING	6" X 8"	BANDAGE	TOPICAL	11/04/2024	6.08965
GEL DRESSING	4" X 8"	BANDAGE	TOPICAL	11/04/2024	3.20760
GELATIN		POWDER	MISCELL	11/04/2024	0.39195
GELATIN CAPSULES (EMPTY)		CAPSULE	ORAL	01/07/2026	0.01363
GEMCITABINE HCL	200 MG	VIAL	INTRAVEN	11/04/2024	7.22400
GEMCITABINE HCL	1 G	VIAL	INTRAVEN	05/06/2026	41.07688
GEMCITABINE HCL	2 G	VIAL	INTRAVEN	07/29/2025	82.50000
GEMCITABINE HCL	1 G/26.3ML	VIAL	INTRAVEN	07/29/2025	0.77634

**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
GEMCITABINE HCL	2 G/52.6ML	VIAL	INTRAVEN	10/29/2025	0.73598
GEMCITABINE HCL	200MG/5.26	VIAL	INTRAVEN	05/19/2025	0.76426
GEMFIBROZIL	600 MG	TABLET	ORAL	09/17/2025	0.08876
GENTAMICIN SULFATE	40 MG/ML	VIAL	INJECTION	11/04/2024	1.15779
GENTAMICIN SULFATE	0.1 %	CREAM (G)	TOPICAL	05/04/2026	0.43224
GENTAMICIN SULFATE	0.1 %	OINT. (G)	TOPICAL	04/22/2026	0.72345
GENTAMICIN SULFATE	0.3 %	DROPS	OPHTHALMIC	07/29/2025	0.53300
GENTAMICIN SULFATE/PF	20 MG/2 ML	VIAL	INJECTION	11/04/2024	1.39360
GENTIAN VIOLET	2 %	SOLUTION	TOPICAL	07/29/2025	0.02713
GINGER	500 MG	CAPSULE	ORAL	10/22/2025	0.06086
GINKGO BILOBA LEAF EXTRACT	60 MG	CAPSULE	ORAL	06/11/2025	0.14226
GINKGO BILOBA LEAF EXTRACT	60 MG	TABLET	ORAL	04/29/2026	0.21958
GLATIRAMER ACETATE	20 MG/ML	SYRINGE	SUBCUT	07/29/2025	39.65628
GLATIRAMER ACETATE	40 MG/ML	SYRINGE	SUBCUT	05/20/2026	108.24085
GLIMEPIRIDE	1 MG	TABLET	ORAL	11/05/2025	0.01793
GLIMEPIRIDE	2 MG	TABLET	ORAL	07/29/2025	0.02202
GLIMEPIRIDE	4 MG	TABLET	ORAL	07/29/2025	0.03843
GLIPIZIDE	10 MG	TAB ER 24	ORAL	05/13/2025	0.10514
GLIPIZIDE	5 MG	TAB ER 24	ORAL	10/15/2025	0.07195

**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
GLIPIZIDE	2.5 MG	TAB ER 24	ORAL	04/01/2026	0.06737
GLIPIZIDE	10 MG	TABLET	ORAL	08/13/2025	0.03577
GLIPIZIDE	5 MG	TABLET	ORAL	04/29/2026	0.03154
GLIPIZIDE/METFORMIN HCL	2.5-250 MG	TABLET	ORAL	04/01/2025	0.49861
GLIPIZIDE/METFORMIN HCL	2.5-500 MG	TABLET	ORAL	12/17/2025	0.42063
GLIPIZIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	01/14/2026	0.44716
GLOVES		EACH	MISCELL	09/17/2025	0.60045
GLUCAGON	1 MG	VIAL	INJECTION	03/25/2026	183.47500
GLUCOSAMINE HCL/CHONDROITIN SU	500-400 MG	CAPSULE	ORAL	07/29/2025	0.13304
GLUCOSAMINE SULFATE	500 MG	CAPSULE	ORAL	01/22/2025	0.04243
GLUCOSAMINE SULFATE	750 MG	TABLET	ORAL	07/29/2025	0.03125
GLUCOSAMINE/CHONDRO SU A	500-400 MG	TABLET	ORAL	07/29/2025	0.06380
GLUTAMINE	100 %	POWDER	ORAL	07/29/2025	0.03960
GLY/DIMETH/PETROLAT,WHT/WATER		CREAM (G)	TOPICAL	11/06/2024	0.05690
GLYBURIDE	1.25 MG	TABLET	ORAL	03/18/2026	0.12730
GLYBURIDE	2.5 MG	TABLET	ORAL	01/28/2026	0.05499
GLYBURIDE	5 MG	TABLET	ORAL	02/25/2026	0.04591
GLYBURIDE/METFORMIN HCL	2.5-500 MG	TABLET	ORAL	01/13/2026	0.18911
GLYBURIDE/METFORMIN HCL	1.25-250MG	TABLET	ORAL	12/22/2025	0.28300

**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
GLYBURIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	07/29/2025	0.32230
GLYCERIN	2.8G/2.7ML	SOL/PF APP	RECTAL	11/23/2024	0.10458
GLYCERIN	ADULT	SUPP.RECT	RECTAL	04/15/2025	0.02754
GLYCERIN	PEDIATRIC	SUPP.RECT	RECTAL	07/29/2025	0.02464
GLYCERIN	99.5 %	SOLUTION	TOPICAL	07/29/2025	0.02288
GLYCERIN/MIN OIL/POLYCARBOPHIL		GEL W/APPL	VAGINAL	06/25/2025	0.21237
GLYCEROL PHENYLBUTYRATE	1.1GRAM/ML	LIQUID	ORAL	05/27/2026	32.79918
GLYCERYL MONOSTEARATE		POWDER	MISCELL	11/04/2024	0.50920
GLYCINE		POWDER	ORAL	11/04/2024	0.36810
GLYCINE UROLOGIC SOLUTION	1.5 %	IRRIG SOLN	IRRIGATION	04/01/2025	0.00919
GLYCOPYRROLATE	1 MG/5 ML	SOLUTION	ORAL	04/08/2026	0.10960
GLYCOPYRROLATE	1 MG	TABLET	ORAL	04/01/2026	0.09225
GLYCOPYRROLATE	2 MG	TABLET	ORAL	06/17/2026	0.15959
GLYCOPYRROLATE	1.5 MG	TABLET	ORAL	11/04/2024	11.44250
GLYCOPYRROLATE	0.2 MG/ML	VIAL	INJECTION	11/04/2024	0.25728
GLYCOPYRROLATE IN WATER/PF	0.2 MG/ML	SYRINGE	INJECTION	11/05/2025	7.95720
GLYCOPYRROLATE IN WATER/PF	0.4MG/2ML	SYRINGE	INTRAVEN	04/01/2025	6.72719
GLYCOPYRROLATE/PF	0.4MG/2ML	SYRINGE	INJECTION	03/03/2026	4.67280
GOLIMUMAB	50 MG/4 ML	VIAL	INTRAVEN	07/01/2025	443.52030

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
** 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
GOSERELIN ACETATE	10.8 MG	IMPLANT	SUBCUT	11/04/2024	2839.30260
GOSERELIN ACETATE	3.6 MG	IMPLANT	SUBCUT	11/04/2024	1012.67640
GRANISETRON HCL	1 MG	TABLET	ORAL	05/13/2025	0.47250
GRANISETRON HCL	1 MG/ML	VIAL	INTRAVEN	05/06/2026	9.44380
GRANISETRON HCL/PF	1 MG/ML(1)	VIAL	INTRAVEN	11/04/2024	5.93090
GREEN SOAP		TINCTURE	TOPICAL	03/25/2026	0.00312
GRISEOFULVIN ULTRAMICROSIZED	125 MG	TABLET	ORAL	11/04/2024	4.53460
GRISEOFULVIN ULTRAMICROSIZED	250 MG	TABLET	ORAL	06/03/2026	3.95762
GRISEOFULVIN, MICROSIZED	125 MG/5ML	ORAL SUSP	ORAL	11/12/2025	0.71031
GRISEOFULVIN, MICROSIZED	500 MG	TABLET	ORAL	11/05/2025	5.58622
GUAIFEN/DEXTROMETHORPHAN/PE	100-10-5MG	LIQUID	ORAL	04/01/2025	0.01760
GUAIFEN/DEXTROMETHORPHAN/PE	200-30-10	LIQUID	ORAL	11/04/2024	0.03747
GUAIFEN/DEXTROMETHORPHAN/PE	300-15-10	LIQUID	ORAL	11/04/2024	0.04161
GUAIFEN/DEXTROMETHORPHAN/PE	75-5-2.5/5	LIQUID	ORAL	04/08/2026	0.00959
GUAIFEN/DEXTROMETHORPHAN/PE	200-10-5/5	LIQUID	ORAL	06/18/2025	0.00957
GUAIFEN/DEXTROMETHORPHAN/PE	388-28-10	LIQUID	ORAL	06/25/2025	0.01069
GUAIFEN/DEXTROMETHORPHAN/PE	400-20-10	LIQUID	ORAL	07/01/2025	0.01554
GUAIFEN/DEXTROMETHORPHAN/PE	18-10MG/15	LIQUID	ORAL	11/04/2024	0.08199
GUAIFEN/DEXTROMETHORPHAN/PE	50-5-2.5/1	DROPS	ORAL	11/04/2024	0.16057

**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
GUAIFEN/PHENYLEPH/ACETAMINOPHN	200-5-325	TABLET	ORAL	01/29/2025	0.43215
GUAIFENESIN	1200 MG	TAB ER 12H	ORAL	04/08/2026	0.41964
GUAIFENESIN	600 MG	TAB ER 12H	ORAL	03/04/2026	0.14003
GUAIFENESIN	200 MG/5ML	LIQUID	ORAL	11/04/2024	0.00817
GUAIFENESIN	100 MG/5ML	LIQUID	ORAL	02/17/2026	0.00742
GUAIFENESIN	200 MG	TABLET	ORAL	04/16/2025	0.02010
GUAIFENESIN	400 MG	TABLET	ORAL	04/15/2026	0.02677
GUAIFENESIN/DEXTROMETHORPHAN	200MG-10MG	CAPSULE	ORAL	11/04/2024	0.53131
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	LIQUID	ORAL	01/14/2026	0.01071
GUAIFENESIN/DEXTROMETHORPHAN	100-5 MG/5	LIQUID	ORAL	11/04/2024	0.04110
GUAIFENESIN/DEXTROMETHORPHAN	200-10MG/5	LIQUID	ORAL	02/04/2025	0.03463
GUAIFENESIN/DEXTROMETHORPHAN	200-15MG/5	LIQUID	ORAL	11/04/2024	0.06343
GUAIFENESIN/DEXTROMETHORPHAN	187-10MG/5	LIQUID	ORAL	11/04/2024	0.07251
GUAIFENESIN/DEXTROMETHORPHAN	50-5MG/5ML	LIQUID	ORAL	02/04/2026	0.01716
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	SYRUP	ORAL	04/08/2026	0.00837
GUAIFENESIN/DEXTROMETHORPHAN	400MG-20MG	TABLET	ORAL	06/17/2026	0.05641
GUAIFENESIN/DEXTROMETHORPHAN	600MG-30MG	TAB ER 12H	ORAL	09/10/2025	0.59362
GUAIFENESIN/DEXTROMETHORPHAN	1200-60MG	TAB ER 12H	ORAL	04/29/2026	0.75295
GUAIFENESIN/DM/ACETAMINOPHEN	20-650/20	LIQUID	ORAL	05/06/2026	0.05730

**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
GUAIFENESIN/DM/PSEUDOEPHEDRINE	200-15-30	SOLUTION	ORAL	11/04/2024	0.02294
GUAIFENESIN/DM/PSEUDOEPHEDRINE	50-5-15/5	LIQUID	ORAL	10/15/2025	0.03841
GUAIFENESIN/DM/PSEUDOEPHEDRINE	187-10-30	LIQUID	ORAL	08/27/2025	0.04525
GUAIFENESIN/DM/PSEUDOEPHEDRINE	200-10-30	TABLET	ORAL	11/04/2024	0.14499
GUAIFENESIN/PHENYLEPHRINE HCL	100-5 MG/5	LIQUID	ORAL	01/21/2025	0.03316
GUAIFENESIN/PHENYLEPHRINE HCL	100-2.5/5	LIQUID	ORAL	11/23/2024	0.05084
GUAIFENESIN/PHENYLEPHRINE HCL	400MG-10MG	TABLET	ORAL	11/04/2024	0.05641
GUAIFENESIN/PSEUDOEPHEDRNE HCL	375MG-60MG	TABLET	ORAL	11/04/2024	0.61091
GUAIFENESIN/PSEUDOEPHEDRNE HCL	600MG-60MG	TAB ER 12H	ORAL	01/21/2026	0.60184
GUAIFENESIN/PSEUDOEPHEDRNE HCL	1200-120MG	TAB ER 12H	ORAL	07/29/2025	0.41737
GUANFACINE HCL	1 MG	TABLET	ORAL	06/24/2025	0.10867
GUANFACINE HCL	2 MG	TABLET	ORAL	06/10/2026	0.22990
GUANFACINE HCL	1 MG	TAB ER 24H	ORAL	04/08/2026	0.09933
GUANFACINE HCL	2 MG	TAB ER 24H	ORAL	03/11/2026	0.14780
GUANFACINE HCL	3 MG	TAB ER 24H	ORAL	03/11/2026	0.14780
GUANFACINE HCL	4 MG	TAB ER 24H	ORAL	03/11/2026	0.14914
HALCINONIDE	0.1 %	CREAM (G)	TOPICAL	04/29/2026	11.59180
HALOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	07/29/2025	0.51943
HALOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	05/06/2026	0.87733

**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
HALOPERIDOL	0.5 MG	TABLET	ORAL	07/01/2025	0.07350
HALOPERIDOL	1 MG	TABLET	ORAL	05/13/2026	0.06803
HALOPERIDOL	10 MG	TABLET	ORAL	07/01/2025	0.10237
HALOPERIDOL	2 MG	TABLET	ORAL	07/01/2025	0.08547
HALOPERIDOL	20 MG	TABLET	ORAL	07/01/2025	0.17325
HALOPERIDOL	5 MG	TABLET	ORAL	05/13/2026	0.08311
HALOPERIDOL DECANOATE	50 MG/ML	AMPUL	INTRAMUSC	02/11/2026	16.40625
HALOPERIDOL DECANOATE	100 MG/ML	AMPUL	INTRAMUSC	02/11/2026	31.39063
HALOPERIDOL DECANOATE	50 MG/ML	VIAL	INTRAMUSC	06/17/2026	7.58571
HALOPERIDOL DECANOATE	100 MG/ML	VIAL	INTRAMUSC	06/17/2026	7.80000
HALOPERIDOL LACTATE	2 MG/ML	ORAL CONC	ORAL	07/01/2025	0.17455
HALOPERIDOL LACTATE	5 MG/ML	VIAL	INJECTION	07/01/2025	0.66529
HEPARIN SOD,PORK IN 0.45% NAACL	25000/250	IV SOLN	INTRAVEN	01/14/2026	0.11232
HEPARIN SOD,PORK IN 0.45% NAACL	25000/500	IV SOLN	INTRAVEN	02/23/2026	0.03434
HEPARIN SODIUM,PORCINE	5000/ML	SYRINGE	INJECTION	11/04/2024	3.94680
HEPARIN SODIUM,PORCINE	1000/ML	VIAL	INJECTION	10/22/2025	0.18760
HEPARIN SODIUM,PORCINE	10000/ML	VIAL	INJECTION	09/10/2025	2.10680
HEPARIN SODIUM,PORCINE	20000/ML	VIAL	INJECTION	11/04/2024	8.23000
HEPARIN SODIUM,PORCINE	5000/ML	VIAL	INJECTION	09/10/2025	0.97488

**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
HEPARIN SODIUM,PORCINE/D5W	25000/250	IV SOLN	INTRAVEN	02/18/2026	0.08388
HEPARIN SODIUM,PORCINE/D5W	25000/500	IV SOLN	INTRAVEN	02/05/2025	0.04401
HEPARIN SODIUM,PORCINE/NS/PF	1000/500ML	IV SOLN	INTRAVEN	02/05/2025	0.01193
HEPARIN SODIUM,PORCINE/NS/PF	2K/1000ML	IV SOLN	INTRAVEN	11/19/2025	0.00811
HEPARIN SODIUM,PORCINE/PF	5000/0.5ML	SYRINGE	INJECTION	04/16/2026	4.49516
HEPARIN SODIUM,PORCINE/PF	1000/ML	VIAL	INJECTION	10/22/2025	2.01027
HEPARIN SODIUM,PORCINE/PF	5000/0.5ML	VIAL	INJECTION	11/04/2024	11.48400
HEPATITIS B IMMUNE GLOBULIN	220 UNIT/1	VIAL	INTRAMUSC	11/04/2024	146.06400
HUM PROTHROMBIN CPLX, 4-FACTOR	500 UNIT	VIAL	INTRAVEN	04/01/2025	2.01918
HUM PROTHROMBIN CPLX, 4-FACTOR	1000 UNIT	VIAL	INTRAVEN	04/01/2026	2.01918
HUMAN PROTHROMBIN COMPLEX-LANS	1000 UNIT	VIAL	INTRAVEN	04/01/2025	2.16000
HUMAN PROTHROMBIN COMPLEX-LANS	500 UNIT	VIAL	INTRAVEN	04/01/2025	1.98720
HUMIDIFIER		EACH	MISCELL	10/22/2025	37.29975
HYDRALAZINE HCL	10 MG	TABLET	ORAL	06/03/2026	0.01968
HYDRALAZINE HCL	100 MG	TABLET	ORAL	06/24/2025	0.06300
HYDRALAZINE HCL	25 MG	TABLET	ORAL	02/09/2026	0.03919
HYDRALAZINE HCL	50 MG	TABLET	ORAL	06/24/2025	0.04063
HYDRALAZINE HCL	20 MG/ML	VIAL	INJECTION	02/06/2026	3.06525
HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	ORAL	06/10/2026	0.02131

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
** 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
HYDROCHLOROTHIAZIDE	25 MG	TABLET	ORAL	06/17/2026	0.01195
HYDROCHLOROTHIAZIDE	50 MG	TABLET	ORAL	01/14/2026	0.04233
HYDROCHLOROTHIAZIDE	12.5 MG	TABLET	ORAL	06/17/2026	0.02803
HYDROCODONE BIT/HOMATROP ME-BR	5-1.5 MG/5	SOLUTION	ORAL	10/01/2025	0.18647
HYDROCODONE BIT/HOMATROP ME-BR	5 MG-1.5MG	TABLET	ORAL	11/04/2024	0.66000
HYDROCODONE BITARTRATE	20 MG	TAB ER 24H	ORAL	01/07/2026	14.59203
HYDROCODONE BITARTRATE	80 MG	TAB ER 24H	ORAL	11/04/2024	29.68366
HYDROCODONE BITARTRATE	100 MG	TAB ER 24H	ORAL	01/07/2026	66.53975
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	11/04/2024	0.41226
HYDROCODONE/ACETAMINOPHEN	2.5-325 MG	TABLET	ORAL	02/23/2026	0.21900
HYDROCODONE/ACETAMINOPHEN	10MG-325MG	TABLET	ORAL	04/01/2026	0.06533
HYDROCODONE/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	04/01/2026	0.06057
HYDROCODONE/ACETAMINOPHEN	7.5-325 MG	TABLET	ORAL	04/01/2026	0.07404
HYDROCODONE/ACETAMINOPHEN	10MG-300MG	TABLET	ORAL	04/01/2025	0.22477
HYDROCODONE/ACETAMINOPHEN	5 MG-300MG	TABLET	ORAL	08/26/2025	0.16543
HYDROCODONE/ACETAMINOPHEN	7.5-300 MG	TABLET	ORAL	08/26/2025	0.20985
HYDROCODONE/IBUPROFEN	7.5-200 MG	TABLET	ORAL	06/11/2025	0.76816
HYDROCOLLOID DRESSING	2"X2.75"	BANDAGE	TOPICAL	11/04/2024	2.65716
HYDROCOLLOID DRESSING	3.5"X5.5"	BANDAGE	TOPICAL	11/04/2024	6.21348

**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
HYDROCOLLOID DRESSING	4" X 4"	BANDAGE	TOPICAL	11/04/2024	0.75509
HYDROCOLLOID DRESSING	6" X 6"	BANDAGE	TOPICAL	11/04/2024	1.94166
HYDROCOLLOID DRESSING	6"X7"	BANDAGE	TOPICAL	11/04/2024	2.58888
HYDROCOLLOID DRESSING	6" X 8"	BANDAGE	TOPICAL	11/04/2024	10.22580
HYDROCOLLOID DRESSING	8" X 8"	BANDAGE	TOPICAL	11/04/2024	11.65175
HYDROCOLLOID DRESSING	2" X 2"	BANDAGE	TOPICAL	11/04/2024	0.37755
HYDROCOLLOID DRESSING	1.5"X2.5"	BANDAGE	TOPICAL	11/04/2024	2.73372
HYDROCOLLOID DRESSING	7"X8"	BANDAGE	TOPICAL	11/04/2024	13.47623
HYDROCORTISONE	10 MG	TABLET	ORAL	04/22/2026	0.18834
HYDROCORTISONE	20 MG	TABLET	ORAL	07/29/2025	0.27268
HYDROCORTISONE	5 MG	TABLET	ORAL	07/29/2025	0.12255
HYDROCORTISONE	100MG/60ML	ENEMA	RECTAL	07/29/2025	0.12878
HYDROCORTISONE	1 %	CREAM (G)	TOPICAL	04/08/2026	0.02052
HYDROCORTISONE	2.5 %	CREAM (G)	TOPICAL	04/01/2026	0.07903
HYDROCORTISONE	1 %	CREAM PACK	TOPICAL	07/29/2025	0.03727
HYDROCORTISONE	2.5 %	CRM/PE APP	TOPICAL	07/29/2025	0.19635
HYDROCORTISONE	1 %	OINT. (G)	TOPICAL	07/29/2025	0.06153
HYDROCORTISONE	2.5 %	OINT. (G)	TOPICAL	07/29/2025	0.06982
HYDROCORTISONE	1 %	SOLUTION	TOPICAL	05/20/2026	0.11131

**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
HYDROCORTISONE	1 %	LOTION	TOPICAL	07/29/2025	0.02947
HYDROCORTISONE	1 %	LOTION	TOPICAL	07/29/2025	0.03269
HYDROCORTISONE ACETATE	1 %	CREAM (G)	TOPICAL	05/05/2025	0.04912
HYDROCORTISONE BUTYRATE	0.1 %	LOTION	TOPICAL	11/04/2024	2.53805
HYDROCORTISONE SOD SUCCINATE	100 MG	VIAL	INJECTION	03/03/2026	14.55500
HYDROCORTISONE VALERATE	0.2 %	CREAM (G)	TOPICAL	04/08/2026	0.20152
HYDROCORTISONE VALERATE	0.2 %	OINT. (G)	TOPICAL	02/18/2026	2.75909
HYDROCORTISONE/ACETIC ACID	1 %-2 %	DROPS	OTIC (EAR)	12/23/2025	12.04060
HYDROCORTISONE/ALOE VERA	1 %	CREAM (G)	TOPICAL	05/06/2026	0.08279
HYDROGEN PEROXIDE	3 %	SOLUTION	MISCELL	08/06/2025	0.00098
HYDROMORPHONE HCL	1 MG/ML	LIQUID	ORAL	06/25/2025	0.78026
HYDROMORPHONE HCL	2 MG	TABLET	ORAL	04/27/2026	0.16558
HYDROMORPHONE HCL	4 MG	TABLET	ORAL	08/06/2025	0.26385
HYDROMORPHONE HCL	8 MG	TABLET	ORAL	12/23/2025	1.55802
HYDROMORPHONE HCL	12 MG	TAB ER 24H	ORAL	04/01/2025	8.28438
HYDROMORPHONE HCL	32 MG	TAB ER 24H	ORAL	04/01/2025	12.78270
HYDROMORPHONE HCL	16 MG	TAB ER 24H	ORAL	09/03/2025	7.70538
HYDROMORPHONE HCL	8 MG	TAB ER 24H	ORAL	09/03/2025	4.25337
HYDROMORPHONE HCL	2 MG/ML	VIAL	INJECTION	11/04/2024	1.43800

**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
HYDROMORPHONE HCL/PF	0.2 MG/ML	SYRINGE	INJECTION	11/04/2024	3.76200
HYDROMORPHONE HCL/PF	10 MG/ML	VIAL	INJECTION	11/04/2024	1.57785
HYDROMORPHONE HCL/PF	2 MG/ML	VIAL	INJECTION	11/04/2024	5.21208
HYDROXYCHLOROQUINE SULFATE	200 MG	TABLET	ORAL	06/10/2026	0.12904
HYDROXYCHLOROQUINE SULFATE	300 MG	TABLET	ORAL	11/04/2024	0.67938
HYDROXYPROPYL CELLULOSE		POWDER	MISCELL	11/04/2024	0.73700
HYDROXYUREA	500 MG	CAPSULE	ORAL	11/12/2025	0.19475
HYDROXYZINE HCL	10 MG/5 ML	SOLUTION	ORAL	06/03/2026	0.11979
HYDROXYZINE HCL	10 MG	TABLET	ORAL	08/19/2025	0.02585
HYDROXYZINE HCL	25 MG	TABLET	ORAL	04/15/2025	0.02883
HYDROXYZINE HCL	50 MG	TABLET	ORAL	08/19/2025	0.05541
HYDROXYZINE PAMOATE	25 MG	CAPSULE	ORAL	11/04/2024	0.06135
HYDROXYZINE PAMOATE	50 MG	CAPSULE	ORAL	04/15/2025	0.06466
HYPOCHLOROUS ACID/SODIUM CHLOR	0.01 %	SPRAY	TOPICAL	07/29/2025	0.31698
HYPROMELLOSE	0.3 %	GEL (GRAM)	OPHTHALMIC	11/23/2024	0.78700
HYPROMELLOSE	2.5 %	DROPS	OPHTHALMIC	11/04/2024	1.08093
HYPROMELLOSE		POWDER	MISCELL	11/04/2024	0.08971
HYPROMELLOSE CAPSULES (EMPTY)		CAPSULE	ORAL	03/11/2026	0.02653
HYPROMELLOSE DR CAP (EMPTY)		CAPSULE DR	ORAL	11/04/2024	0.18090

**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
IBANDRONATE SODIUM	150 MG	TABLET	ORAL	10/08/2025	3.88520
IBANDRONATE SODIUM	3 MG/3 ML	SYRINGE	INTRAVEN	04/15/2026	76.86133
IBUPROFEN	200 MG	CAPSULE	ORAL	06/10/2026	0.05470
IBUPROFEN	100 MG/5ML	ORAL SUSP	ORAL	06/10/2026	0.01882
IBUPROFEN	50 MG/1.25	DROPS SUSP	ORAL	12/17/2024	0.20323
IBUPROFEN	200 MG	TABLET	ORAL	04/30/2025	0.00542
IBUPROFEN	400 MG	TABLET	ORAL	04/08/2026	0.03475
IBUPROFEN	600 MG	TABLET	ORAL	02/25/2026	0.03848
IBUPROFEN	800 MG	TABLET	ORAL	04/08/2026	0.02521
IBUPROFEN	100 MG	TAB CHEW	ORAL	11/04/2024	0.16499
IBUPROFEN LYSINE/PF	20 MG/2 ML	VIAL	INTRAVEN	11/04/2024	209.79529
IBUPROFEN/ACETAMINOPHEN	125-250 MG	TABLET	ORAL	02/18/2026	0.09393
IBUPROFEN/DIPHENHYDRAMINE CIT	200MG-38MG	TABLET	ORAL	07/09/2025	0.18156
IBUPROFEN/FAMOTIDINE	800-26.6MG	TABLET	ORAL	04/22/2026	0.54285
IBUPROFEN/PHENYLEPHRINE HCL	200MG-10MG	TABLET	ORAL	04/09/2025	0.39798
IBUTILIDE FUMARATE	0.1 MG/ML	VIAL	INTRAVEN	04/01/2026	16.76430
ICARIDIN	20 %	SPRAY/PUMP	TOPICAL	11/04/2024	0.03015
ICATIBANT ACETATE	30 MG/3 ML	SYRINGE	SUBCUT	12/01/2025	308.05000
ICOSAPENT ETHYL	1 G	CAPSULE	ORAL	02/18/2026	0.71601

**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
ICOSAPENT ETHYL	0.5 GRAM	CAPSULE	ORAL	01/27/2026	0.48575
IDARUBICIN HCL	1 MG/ML	VIAL	INTRAVEN	09/03/2025	7.23900
IFOSFAMIDE	1 G	VIAL	INTRAVEN	02/25/2026	33.10750
IFOSFAMIDE	1 G/20 ML	VIAL	INTRAVEN	11/04/2024	3.63974
IFOSFAMIDE	3 G/60 ML	VIAL	INTRAVEN	11/04/2024	1.64220
IMATINIB MESYLATE	400 MG	TABLET	ORAL	10/22/2025	5.44153
IMATINIB MESYLATE	100 MG	TABLET	ORAL	06/17/2026	1.59341
IMIGLUCERASE	400 UNIT	VIAL	INTRAVEN	11/04/2024	1751.29920
IMPENEM/CILASTATIN SODIUM	500 MG	VIAL	INTRAVEN	03/12/2025	11.71863
IMIPRAMINE HCL	10 MG	TABLET	ORAL	04/15/2026	0.03701
IMIPRAMINE HCL	25 MG	TABLET	ORAL	06/17/2025	0.05655
IMIPRAMINE HCL	50 MG	TABLET	ORAL	11/04/2024	0.04188
IMIPRAMINE PAMOATE	100 MG	CAPSULE	ORAL	11/04/2024	8.24760
IMIPRAMINE PAMOATE	125 MG	CAPSULE	ORAL	02/10/2026	4.81719
IMIPRAMINE PAMOATE	150 MG	CAPSULE	ORAL	10/21/2025	2.75000
IMIPRAMINE PAMOATE	75 MG	CAPSULE	ORAL	11/04/2024	7.70040
IMIQUIMOD	3.75 %	CRM MD PMP	TOPICAL	07/22/2025	71.75000
IMIQUIMOD	5 %	CREAM PACK	TOPICAL	04/01/2026	0.65096
IMIQUIMOD	3.75 %	CREAM PACK	TOPICAL	12/22/2025	16.75509

**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)/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	10/15/2025	10.71000
IMMUNE GLOBUL G/GLY/IGA AVG 46	2.5G/25ML	VIAL	INJECTION	10/15/2025	10.71000
IMMUNE GLOBUL G/GLY/IGA AVG 46	5 G/50 ML	VIAL	INJECTION	10/15/2025	10.71000
IMMUNE GLOBUL G/GLY/IGA AVG 46	10 G/100ML	VIAL	INJECTION	10/15/2025	10.71000
IMMUNE GLOBUL G/GLY/IGA AVG 46	20 G/200ML	VIAL	INJECTION	10/15/2025	10.71000
IMMUNE GLOBUL G/GLY/IGA AVG 46	40 G/400ML	VIAL	INJECTION	04/01/2026	10.71000
INDAPAMIDE	2.5 MG	TABLET	ORAL	05/13/2026	0.34492
INDAPAMIDE	1.25 MG	TABLET	ORAL	02/11/2026	0.40696
INDOMETHACIN	25 MG	CAPSULE	ORAL	12/23/2025	0.15665
INDOMETHACIN	50 MG	CAPSULE	ORAL	09/17/2025	0.11633
INDOMETHACIN	75 MG	CAPSULE ER	ORAL	11/04/2024	0.14829
INDOMETHACIN	25 MG/5 ML	ORAL SUSP	ORAL	10/01/2025	9.18435
INDOMETHACIN	50 MG	SUPP.RECT	RECTAL	10/15/2025	181.08336
INFLIXIMAB	100 MG	VIAL	INTRAVEN	10/15/2025	1143.54500

**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
INHALER,ASSIST DEV,SMALL MASK		SPACER	MISCELL	11/06/2024	71.18113
INHALER,ASSIST DEVICE,ACCESORY		EACH	MISCELL	04/09/2025	0.09380
INHALER,ASSIST DEVICE,LG MASK		SPACER	MISCELL	11/04/2024	71.12988
INSULIN ASPART	100/ML	CARTRIDGE	SUBCUT	10/01/2025	7.41485
INSULIN ASPART	100/ML (3)	INSULN PEN	SUBCUT	05/26/2026	8.93799
INSULIN ASPART PROT/INSULN ASP	70-30/ML	INSULN PEN	SUBCUT	06/18/2025	8.94500
INSULIN LISPRO	100/ML	INSULN PEN	SUBCUT	07/01/2025	9.72400
INSULIN NPH HUM/REG INSULIN HM	70-30/ML	VIAL	SUBCUT	05/04/2026	2.48090
INSULIN NPH HUM/REG INSULIN HM	70-30/ML	INSULN PEN	SUBCUT	11/04/2024	10.83990
INSULIN NPH HUMAN ISOPHANE	100/ML	VIAL	SUBCUT	05/13/2026	4.44000
INSULIN NPH HUMAN ISOPHANE	100/ML (3)	INSULN PEN	SUBCUT	01/28/2025	5.74000
INSULIN PUMP SYRINGE, 1.8 ML		EACH	MISCELL	01/01/2025	0.26380
INSULIN PUMP SYRINGE, 3 ML		EACH	MISCELL	01/01/2025	0.26380
INSULIN REGULAR, HUMAN	100/ML	VIAL	INJECTION	07/01/2025	4.60066
INTERFERON BETA-1A	30MCG/.5ML	PEN IJ KIT	INTRAMUSC	11/04/2024	8431.15680
INULIN	2 G	TAB CHEW	ORAL	04/22/2025	0.10519
IODINE/POTASSIUM IODIDE	5 %-10 %	SOLUTION	TOPICAL	11/04/2024	0.20100
IODINE/SODIUM IODIDE	2 %	TINCTURE	TOPICAL	12/10/2025	0.07278
IODIXANOL	320 MG/ML	INFUS. BTL	INTRAVEN	11/04/2024	0.40200

**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
IODIXANOL	270 MG/ML	INFUS. BTL	INTRAVEN	11/04/2024	0.40200
IOPAMIDOL	300 MG/ML	VIAL	INTRAVEN	04/01/2025	0.59668
IOPAMIDOL	250 MG/ML	VIAL	INTRAVEN	10/15/2025	0.65775
IOPAMIDOL	200 MG/ML	VIAL	INTRATHEC	08/06/2025	3.34607
IOPAMIDOL	300 MG/ML	VIAL	INTRATHEC	11/04/2024	6.90673
IPILIMUMAB	50 MG/10ML	VIAL	INTRAVEN	11/04/2024	932.10660
IPILIMUMAB	200MG/40ML	VIAL	INTRAVEN	11/04/2024	932.10380
IPRATROPIUM BROMIDE	42 MCG	SPRAY	NASAL	10/15/2025	0.79468
IPRATROPIUM BROMIDE	21 MCG	SPRAY	NASAL	04/29/2026	0.36050
IPRATROPIUM BROMIDE	0.2 MG/ML	SOLUTION	INHALATION	05/13/2025	0.03204
IPRATROPIUM/ALBUTEROL SULFATE	0.5-3MG/3	AMPUL-NEB	INHALATION	12/17/2025	0.07513
IRBESARTAN	150 MG	TABLET	ORAL	11/19/2025	0.13222
IRBESARTAN	300 MG	TABLET	ORAL	11/19/2025	0.12443
IRBESARTAN	75 MG	TABLET	ORAL	11/04/2024	0.15730
IRBESARTAN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET	ORAL	02/18/2025	0.19981
IRBESARTAN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET	ORAL	02/25/2026	0.27827
IRINOTECAN HCL	40 MG/2 ML	VIAL	INTRAVEN	09/09/2025	4.29000
IRINOTECAN HCL	100 MG/5ML	VIAL	INTRAVEN	10/15/2025	2.85120
IRINOTECAN HCL	300MG/15ML	VIAL	INTRAVEN	11/04/2024	4.33300

**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
IRON FUM,PS/FOLIC ACID/VITC/B3	125-1-40-3	CAPSULE	ORAL	02/26/2025	0.31100
IRON FUM,PS/FOLIC/BCOMP,C NO.9	125 MG-1MG	CAPSULE	ORAL	02/26/2025	0.36170
IRON FUMARATE/VIT C/VIT B12/FA	460-60MG	CAPSULE	ORAL	11/04/2024	0.44213
IRON POLYSACCHARIDE COMPLEX	150 MG	CAPSULE	ORAL	04/15/2025	0.08225
IRON PS COMPLEX/B12/FOLIC ACID	150-25-1	CAPSULE	ORAL	11/23/2024	0.07700
IRON SUCROSE COMPLEX	100 MG/5ML	VIAL	INTRAVEN	06/17/2026	9.44525
IRON SUCROSE COMPLEX	200MG/10ML	VIAL	INTRAVEN	04/08/2026	9.29821
IRON,CARB/VIT C/VIT B12/FOLIC	100-250-1	TABLET	ORAL	11/04/2024	0.31825
IRON,CARBONYL	15MG/1.25	ORAL SUSP	ORAL	11/04/2024	0.35907
IRON,CARBONYL/ASCORBIC ACID	100-250 MG	TABLET	ORAL	11/12/2025	0.11055
IRON,CARBONYL/FOLIC ACID/MV-MN	30-0.8MG	TAB CHEW	ORAL	11/04/2024	0.03482
IRON,CARBONYL/FOLIC ACID/MV-MN	18MG-0.4MG	TABLET ER	ORAL	11/04/2024	0.03482
IRON/LYS/VIT B COMP/FOLIC ACID	800-1MG/15	LIQUID	ORAL	11/04/2024	0.03482
ISONIAZID	50 MG/5 ML	SOLUTION	ORAL	01/21/2026	0.93707
ISONIAZID	100 MG	TABLET	ORAL	12/10/2025	3.18833
ISONIAZID	300 MG	TABLET	ORAL	04/30/2025	0.18225
ISOPROPYL ALCOHOL	70 %	SOLUTION	MISCELL	07/16/2025	0.00475
ISOPROPYL ALCOHOL	99 %	SOLUTION	MISCELL	01/07/2026	0.00870
ISOPROPYL ALCOHOL IN GLYCERIN	95 %-5 %	DROPS	OTIC (EAR)	09/24/2025	0.07560

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
** 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
ISOPROTERENOL HCL	0.2 MG/ML	VIAL	INJECTION	06/17/2026	17.27880
ISOSORBIDE DINIT/HYDRALAZINE	20-37.5 MG	TABLET	ORAL	11/04/2024	0.95244
ISOSORBIDE DINITRATE	10 MG	TABLET	ORAL	08/19/2025	0.16002
ISOSORBIDE DINITRATE	20 MG	TABLET	ORAL	11/12/2025	0.42934
ISOSORBIDE DINITRATE	30 MG	TABLET	ORAL	12/17/2025	0.47972
ISOSORBIDE DINITRATE	40 MG	TABLET	ORAL	08/11/2025	9.05782
ISOSORBIDE DINITRATE	5 MG	TABLET	ORAL	01/21/2026	0.35322
ISOSORBIDE MONONITRATE	60 MG	TAB ER 24H	ORAL	04/01/2025	0.09045
ISOSORBIDE MONONITRATE	120 MG	TAB ER 24H	ORAL	10/01/2025	0.43751
ISOSORBIDE MONONITRATE	30 MG	TAB ER 24H	ORAL	10/15/2025	0.06334
ISOSULFAN BLUE	1 %	VIAL	SUBCUT	11/04/2024	108.78461
ISOTRETINOIN	35 MG	CAPSULE	ORAL	06/10/2026	23.96205
ISRADIPINE	2.5 MG	CAPSULE	ORAL	10/01/2025	3.67198
ISRADIPINE	5 MG	CAPSULE	ORAL	10/22/2025	4.00580
ITRACONAZOLE	100 MG	CAPSULE	ORAL	07/16/2025	0.69457
ITRACONAZOLE	10 MG/ML	SOLUTION	ORAL	11/12/2025	1.65311
IVABRADINE HCL	5 MG	TABLET	ORAL	11/04/2025	1.67478
IVABRADINE HCL	7.5 MG	TABLET	ORAL	11/04/2025	1.67478
IVERMECTIN	3 MG	TABLET	ORAL	11/25/2024	3.27954

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
** 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
IVERMECTIN	1 %	CREAM (G)	TOPICAL	12/17/2025	5.24832
IVERMECTIN	0.5 %	LOTION	TOPICAL	11/04/2024	1.86913
KETOCONAZOLE	200 MG	TABLET	ORAL	11/12/2025	0.88936
KETOCONAZOLE	2 %	FOAM	TOPICAL	05/06/2026	2.64480
KETOCONAZOLE	2 %	CREAM (G)	TOPICAL	09/10/2025	0.15536
KETOCONAZOLE	2 %	SHAMPOO	TOPICAL	09/10/2025	0.06755
KETOPROFEN	50 MG	CAPSULE	ORAL	09/29/2025	1.52989
KETOROLAC TROMETHAMINE	10 MG	TABLET	ORAL	04/01/2026	0.12673
KETOROLAC TROMETHAMINE	15 MG/ML	VIAL	INJECTION	05/06/2026	0.89780
KETOROLAC TROMETHAMINE	30MG/ML(1)	VIAL	INJECTION	01/21/2026	0.89110
KETOROLAC TROMETHAMINE	0.5 %	DROPS	OPHTHALMIC	06/10/2026	1.16850
KETOROLAC TROMETHAMINE	0.4 %	DROPS	OPHTHALMIC	11/04/2024	11.95464
KETOROLAC TROMETHAMINE	60 MG/2 ML	VIAL	INTRAMUSC	01/14/2026	0.45131
KETOTIFEN FUMARATE	0.025 %	DROPS	OPHTHALMIC	04/08/2026	1.26228
KIT FOR PREP TC-99M/MEBROFENIN	45 MG	VIAL	INTRAVEN	11/04/2024	73.80000
L-MEFOL/A-CYST/MEB12/ALGAL OIL	6-600-2 MG	TABLET	ORAL	02/05/2025	2.54466
L-NORGEST/E.ESTRADIOL-E.ESTRAD	150-30(84)	TBDSPK 3MO	ORAL	06/17/2026	0.29230
L-NORGEST/E.ESTRADIOL-E.ESTRAD	100-20(84)	TBDSPK 3MO	ORAL	11/04/2024	0.47889
L-NORGEST/E.ESTRADIOL-E.ESTRAD	0.15MG(84)	TBDSPK 3MO	ORAL	02/25/2026	3.48429

**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
L. ACIDOPH/L. PLANTAR/L. RHAMN	15B CELL	CAPSULE	ORAL	07/09/2025	0.42880
L. ACIDOPHILUS/BIFID. ANIMALIS	31B CELL	CAPSULE	ORAL	11/04/2024	27.33330
L. ACIDOPHILUS/BIFID. ANIMALIS	15.5B CELL	CAPSULE	ORAL	04/29/2026	52.74479
L. ACIDOPHILUS/BIFID. ANIMALIS	32B CELL	CAPSULE	ORAL	11/04/2024	31.98000
L. ACIDOPHILUS/BIFID. ANIMALIS	33B CELL	CAPSULE	ORAL	12/03/2025	20.26412
L. ACIDOPHILUS/L.BULGARICUS	100MM CELL	GRAN PACK	ORAL	04/01/2025	2.41200
L. ACIDOPHILUS/L.BULGARICUS	1MM CELL	TABLET	ORAL	05/06/2026	0.26666
L. REUTERI/L. RHAMNOSUS	5B CELL	CAPSULE	ORAL	06/25/2025	0.46006
L. RHAMNOSUS GG/INULIN	20B-200 MG	CAPSULE	ORAL	11/04/2024	1.17317
L.ACIDOPH/L.BULG/B.BIF/S.THERM	1B-250 MG	TABLET	ORAL	02/18/2026	0.27229
LABETALOL HCL	100 MG	TABLET	ORAL	09/03/2025	0.07025
LABETALOL HCL	200 MG	TABLET	ORAL	06/03/2026	0.09164
LABETALOL HCL	300 MG	TABLET	ORAL	10/29/2025	0.14364
LABETALOL HCL	5 MG/ML	VIAL	INTRAVEN	04/01/2026	0.10557
LACOSAMIDE	10 MG/ML	SOLUTION	ORAL	05/27/2026	0.08807
LACOSAMIDE	50 MG	TABLET	ORAL	03/03/2026	0.10091
LACOSAMIDE	100 MG	TABLET	ORAL	03/04/2026	0.15588
LACOSAMIDE	150 MG	TABLET	ORAL	03/04/2026	0.18652
LACOSAMIDE	200 MG	TABLET	ORAL	03/25/2026	0.26280

**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
LACOSAMIDE	200MG/20ML	VIAL	INTRAVEN	06/10/2026	0.66330
LACTASE	3000 UNIT	TABLET	ORAL	03/25/2026	0.05474
LACTASE	9000 UNIT	TABLET	ORAL	03/17/2026	0.14300
LACTASE	9000 UNIT	TAB CHEW	ORAL	11/23/2024	0.08246
LACTOBACIL 2/BIFIDO 1/S.THERMO	112.5B	CAPSULE	ORAL	06/24/2025	0.71444
LACTOBACIL 2/BIFIDO 1/S.THERMO	450B CELL	PACKET	ORAL	06/18/2025	4.96980
LACTOBACIL 2/BIFIDO 1/S.THERMO	900B CELL	PACKET	ORAL	01/07/2025	4.98597
LACTOBACILLUS ACIDOPHILUS	10B CELL	CAPSULE	ORAL	06/17/2026	9.48750
LACTOBACILLUS ACIDOPHILUS	680 MG	CAPSULE	ORAL	05/21/2025	0.33768
LACTOBACILLUS ACIDOPHILUS	500MM CELL	CAPSULE	ORAL	09/03/2025	0.04074
LACTOBACILLUS ACIDOPHILUS/PECT	75 MM-100	CAPSULE	ORAL	02/12/2025	0.02472
LACTOBACILLUS PLANTARUM	10B CELL	CAPSULE	ORAL	01/22/2025	16.40625
LACTOSE-REDUCED FOOD	0.04G-1/ML	LIQUID	ORAL	02/26/2025	0.00639
LACTOSE-REDUCED FOOD	0.06 G-1.5	LIQUID	ORAL	02/26/2025	0.00676
LACTULOSE	10 G	PACKET	ORAL	03/18/2026	7.30860
LACTULOSE	20 G	PACKET	ORAL	01/14/2026	11.29223
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	11/05/2024	0.01240
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	04/01/2026	0.01870
LAMIVUDINE	10 MG/ML	SOLUTION	ORAL	01/28/2026	0.41378

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
** 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
LAMIVUDINE	150 MG	TABLET	ORAL	10/28/2025	0.33380
LAMIVUDINE	100 MG	TABLET	ORAL	09/03/2025	9.25366
LAMIVUDINE	300 MG	TABLET	ORAL	05/27/2026	1.24856
LAMIVUDINE/ZIDOVUDINE	150-300 MG	TABLET	ORAL	04/01/2026	0.57943
LAMOTRIGINE	25 MG	TAB ER 24	ORAL	05/06/2026	0.31262
LAMOTRIGINE	50 MG	TAB ER 24	ORAL	03/04/2026	0.68848
LAMOTRIGINE	100 MG	TAB ER 24	ORAL	04/01/2026	0.70605
LAMOTRIGINE	200 MG	TAB ER 24	ORAL	10/22/2025	0.58455
LAMOTRIGINE	300 MG	TAB ER 24	ORAL	05/20/2026	1.21737
LAMOTRIGINE	250 MG	TAB ER 24	ORAL	05/06/2026	1.63664
LAMOTRIGINE	100 MG	TABLET	ORAL	05/27/2026	0.03342
LAMOTRIGINE	25 MG	TABLET	ORAL	03/18/2026	0.02362
LAMOTRIGINE	150 MG	TABLET	ORAL	05/20/2026	0.04410
LAMOTRIGINE	200 MG	TABLET	ORAL	05/13/2025	0.06384
LAMOTRIGINE	25MG (35)	TAB DS PK	ORAL	11/04/2024	14.84700
LAMOTRIGINE	25(84)-100	TAB DS PK	ORAL	11/04/2024	14.84700
LAMOTRIGINE	25(42)-100	TAB DS PK	ORAL	11/04/2024	15.43500
LAMOTRIGINE	50 MG	TAB RAPDIS	ORAL	05/20/2026	3.11696
LAMOTRIGINE	25 MG	TAB RAPDIS	ORAL	04/29/2026	2.89212

**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
LAMOTRIGINE	100 MG	TAB RAPDIS	ORAL	03/04/2026	2.27503
LAMOTRIGINE	200 MG	TAB RAPDIS	ORAL	03/18/2026	4.26510
LAMOTRIGINE	25-50-100	TB RD DSPK	ORAL	12/17/2024	20.08380
LAMOTRIGINE	25(21)-50	TB RD DSPK	ORAL	12/10/2025	17.57475
LAMOTRIGINE	50(42)-100	TB RD DSPK	ORAL	11/04/2024	23.84880
LAMOTRIGINE	25 MG	TB CHW DSP	ORAL	11/12/2025	0.15088
LAMOTRIGINE	5 MG	TB CHW DSP	ORAL	03/11/2026	0.25256
LANCETS		EACH	MISCELL	08/06/2025	0.02797
LANCETS	30 GAUGE	EACH	MISCELL	03/04/2026	0.00851
LANOLIN	50 %	OINT. (G)	TOPICAL	11/04/2024	0.02007
LANOLIN ALCOHOL/MO/W.PET/CERES		CREAM (G)	TOPICAL	02/18/2026	0.03202
LANOLIN/MINERAL OIL		LOTION	TOPICAL	02/18/2026	0.01493
LANREOTIDE ACETATE	120MG/0.5	SYRINGE	SUBCUT	11/04/2024	13035.39650
LANSOPRAZOLE	15 MG	CAPSULE DR	ORAL	04/15/2026	0.15298
LANSOPRAZOLE	30 MG	CAPSULE DR	ORAL	04/01/2026	0.08589
LANSOPRAZOLE	15 MG	TAB RAP DR	ORAL	03/11/2026	1.80092
LANSOPRAZOLE	30 MG	TAB RAP DR	ORAL	02/24/2026	1.91593
LANTHANUM CARBONATE	500 MG	TAB CHEW	ORAL	02/11/2026	4.14293
LANTHANUM CARBONATE	1000 MG	TAB CHEW	ORAL	02/11/2026	4.24730

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
** 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
LANTHANUM CARBONATE	750 MG	TAB CHEW	ORAL	11/25/2024	4.70305
LAPATINIB DITOSYLATE	250 MG	TABLET	ORAL	03/18/2026	41.15983
LARONIDASE	2.9 MG/5ML	VIAL	INTRAVEN	11/04/2024	218.39424
LATANOPROST	0.005 %	DROPS	OPHTHALMIC	11/12/2025	0.98810
LAVENDER OIL		OIL	MISCELL	11/04/2024	1.50750
LECITHIN	1200 MG	CAPSULE	ORAL	11/04/2024	0.05554
LEFLUNOMIDE	10 MG	TABLET	ORAL	11/04/2024	0.27961
LEFLUNOMIDE	20 MG	TABLET	ORAL	04/15/2026	0.22995
LEMON EUCALYPTUS OIL	30 %	SPRAY	TOPICAL	11/04/2024	0.02821
LEMON OIL		OIL	MISCELL	11/04/2024	1.84250
LENALIDOMIDE	5 MG	CAPSULE	ORAL	02/02/2026	622.05000
LENALIDOMIDE	10 MG	CAPSULE	ORAL	02/02/2026	622.05000
LENALIDOMIDE	15 MG	CAPSULE	ORAL	02/02/2026	622.05000
LENALIDOMIDE	25 MG	CAPSULE	ORAL	02/18/2026	470.73149
LENALIDOMIDE	2.5 MG	CAPSULE	ORAL	02/02/2026	622.05000
LENALIDOMIDE	20 MG	CAPSULE	ORAL	02/18/2026	913.83937
LETROZOLE	2.5 MG	TABLET	ORAL	11/12/2025	0.11879
LEUCOVORIN CALCIUM	10 MG	TABLET	ORAL	06/10/2026	2.08274
LEUCOVORIN CALCIUM	15 MG	TABLET	ORAL	06/10/2026	1.45823

**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
LEUCOVORIN CALCIUM	5 MG	TABLET	ORAL	05/13/2026	0.24980
LEUCOVORIN CALCIUM	100 MG	VIAL	INJECTION	06/11/2025	9.61400
LEUCOVORIN CALCIUM	350 MG	VIAL	INJECTION	12/31/2025	17.55600
LEUCOVORIN CALCIUM	50 MG	VIAL	INJECTION	04/01/2025	6.37032
LEUCOVORIN CALCIUM	200 MG	VIAL	INJECTION	06/11/2025	10.92500
LEUCOVORIN CALCIUM	500 MG	VIAL	INJECTION	05/13/2026	54.20200
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

**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	45 MG	SYRINGE	SUBCUT	11/04/2024	765.00000
LEUPROLIDE ACETATE	1 MG/0.2ML	KIT	SUBCUT	05/20/2026	146.06250
LEVALBUTEROL HCL	0.63MG/3ML	VIAL-NEB	INHALATION	04/29/2026	0.23798
LEVALBUTEROL HCL	1.25MG/3ML	VIAL-NEB	INHALATION	04/01/2025	0.46096
LEVALBUTEROL HCL	0.31MG/3ML	VIAL-NEB	INHALATION	04/01/2025	0.53511
LEVALBUTEROL HCL	1.25MG/0.5	VIAL-NEB	INHALATION	11/06/2024	4.42200
LEVETIRACETAM	100 MG/ML	SOLUTION	ORAL	05/20/2026	0.02966
LEVETIRACETAM	500 MG/5ML	SOLUTION	ORAL	04/15/2026	0.69580
LEVETIRACETAM	250 MG	TABLET	ORAL	11/18/2025	0.04336
LEVETIRACETAM	500 MG	TABLET	ORAL	05/27/2025	0.06730
LEVETIRACETAM	750 MG	TABLET	ORAL	04/22/2026	0.09790
LEVETIRACETAM	1000 MG	TABLET	ORAL	12/17/2025	0.13970
LEVETIRACETAM	500 MG	TAB ER 24H	ORAL	10/22/2025	0.15631
LEVETIRACETAM	750 MG	TAB ER 24H	ORAL	04/15/2026	0.21809
LEVETIRACETAM	500 MG/5ML	VIAL	INTRAVEN	02/04/2026	0.34371
LEVETIRACETAM IN NAACL (ISO-OS)	500MG/0.1L	PIGGYBACK	INTRAVEN	05/13/2026	0.08375
LEVETIRACETAM IN NAACL (ISO-OS)	1000MG/100	PIGGYBACK	INTRAVEN	05/13/2026	0.10653
LEVETIRACETAM IN NAACL (ISO-OS)	1500MG/100	PIGGYBACK	INTRAVEN	05/13/2026	0.14740
LEVOCARNITINE	100 MG/ML	SOLUTION	ORAL	03/03/2026	0.27928

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
** 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
LEVOCARNITINE	330 MG	TABLET	ORAL	02/25/2026	0.70391
LEVOCARNITINE (WITH SUGAR)	100 MG/ML	SOLUTION	ORAL	02/24/2026	0.13255
LEVOCARNITINE TARTRATE	500 MG	CAPSULE	ORAL	11/04/2024	0.28254
LEVOCETIRIZINE DIHYDROCHLORIDE	2.5 MG/5ML	SOLUTION	ORAL	04/01/2026	0.10250
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	ORAL	12/19/2025	0.03890
LEVOFLOXACIN	250MG/10ML	SOLUTION	ORAL	11/04/2024	1.11449
LEVOFLOXACIN	250 MG	TABLET	ORAL	11/04/2024	0.27604
LEVOFLOXACIN	500 MG	TABLET	ORAL	11/12/2025	0.01435
LEVOFLOXACIN	750 MG	TABLET	ORAL	05/06/2026	0.26250
LEVOFLOXACIN IN DEXTROSE 5 %	250MG/50ML	PIGGYBACK	INTRAVEN	07/16/2025	0.07048
LEVOFLOXACIN IN DEXTROSE 5 %	500MG/0.1L	PIGGYBACK	INTRAVEN	11/04/2024	0.04569
LEVOFLOXACIN IN DEXTROSE 5 %	750MG/.15L	PIGGYBACK	INTRAVEN	07/16/2025	0.03564
LEVOLEUCOVORIN CALCIUM	10 MG/ML	VIAL	INTRAVEN	07/01/2025	3.03675
LEVOMEFOLATE CALCIUM	7.5 MG	TABLET	ORAL	10/01/2025	2.44371
LEVOMEFOLATE CALCIUM	15 MG	TABLET	ORAL	11/04/2024	2.06568
LEVOMEFOLATE/ALGAL OIL	7.5-90.314	CAPSULE	ORAL	12/23/2024	2.71568
LEVOMEFOLATE/ALGAL OIL	15-90.314	CAPSULE	ORAL	12/17/2025	5.98805
LEVOMEFOLATE/B6/B12/ALGAL OIL	3-35-2 MG	CAPSULE	ORAL	10/01/2025	2.96956
LEVONORGEST/ETH.ESTRADIOL/IRON	0.1-0.02MG	TABLET	ORAL	11/04/2024	6.81325

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
** 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
LEVONORGESTREL	1.5 MG	TABLET	ORAL	03/11/2025	5.05741
LEVONORGESTREL/ETHIN. ESTRADIOL	0.15-0.03	TABLET	ORAL	05/13/2026	0.09728
LEVONORGESTREL/ETHIN. ESTRADIOL	6-5-10	TABLET	ORAL	11/04/2024	0.72599
LEVONORGESTREL/ETHIN. ESTRADIOL	0.1-0.02MG	TABLET	ORAL	06/17/2026	0.32575
LEVONORGESTREL/ETHIN. ESTRADIOL	90-20 MCG	TABLET	ORAL	03/18/2026	0.99623
LEVONORGESTREL/ETHIN. ESTRADIOL	0.15-0.03	TBDSPK 3MO	ORAL	04/22/2026	0.14715
LEVORPHANOL TARTRATE	2 MG	TABLET	ORAL	01/26/2026	11.68125
LEVOTHYROXINE SODIUM	150 MCG	CAPSULE	ORAL	07/15/2025	3.34906
LEVOTHYROXINE SODIUM	137 MCG	CAPSULE	ORAL	11/04/2024	3.97470
LEVOTHYROXINE SODIUM	125 MCG	CAPSULE	ORAL	11/04/2024	3.55500
LEVOTHYROXINE SODIUM	112 MCG	CAPSULE	ORAL	04/01/2025	3.97470
LEVOTHYROXINE SODIUM	100 MCG	CAPSULE	ORAL	11/04/2024	3.97470
LEVOTHYROXINE SODIUM	88 MCG	CAPSULE	ORAL	12/17/2025	5.50672
LEVOTHYROXINE SODIUM	75 MCG	CAPSULE	ORAL	02/18/2026	4.89324
LEVOTHYROXINE SODIUM	50 MCG	CAPSULE	ORAL	11/04/2024	3.97470
LEVOTHYROXINE SODIUM	25 MCG	CAPSULE	ORAL	04/01/2025	3.97470
LEVOTHYROXINE SODIUM	13 MCG	CAPSULE	ORAL	11/04/2024	3.97470
LEVOTHYROXINE SODIUM	175 MCG	CAPSULE	ORAL	11/04/2024	3.97470
LEVOTHYROXINE SODIUM	200 MCG	CAPSULE	ORAL	11/04/2024	3.97470

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
** 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
LEVOTHYROXINE SODIUM	25 MCG	TABLET	ORAL	09/03/2025	0.03742
LEVOTHYROXINE SODIUM	50 MCG	TABLET	ORAL	03/25/2026	0.03475
LEVOTHYROXINE SODIUM	75 MCG	TABLET	ORAL	03/04/2026	0.04469
LEVOTHYROXINE SODIUM	100 MCG	TABLET	ORAL	04/01/2026	0.04773
LEVOTHYROXINE SODIUM	112 MCG	TABLET	ORAL	03/04/2026	0.05813
LEVOTHYROXINE SODIUM	125 MCG	TABLET	ORAL	09/17/2025	0.06061
LEVOTHYROXINE SODIUM	150 MCG	TABLET	ORAL	04/01/2025	0.05052
LEVOTHYROXINE SODIUM	175 MCG	TABLET	ORAL	11/18/2025	0.05314
LEVOTHYROXINE SODIUM	200 MCG	TABLET	ORAL	04/01/2025	0.07258
LEVOTHYROXINE SODIUM	300 MCG	TABLET	ORAL	04/15/2026	0.07753
LEVOTHYROXINE SODIUM	88 MCG	TABLET	ORAL	09/10/2025	0.04093
LEVOTHYROXINE SODIUM	137 MCG	TABLET	ORAL	04/15/2026	0.05901
LEVOTHYROXINE SODIUM	200 MCG	VIAL	INTRAVEN	04/01/2025	174.33200
LEVOTHYROXINE SODIUM	500 MCG	VIAL	INTRAVEN	04/01/2025	463.16419
LEVOTHYROXINE SODIUM	100 MCG	VIAL	INTRAVEN	02/18/2026	65.54875
LIDOCAINE	5 %	CREAM (G)	TOPICAL	11/05/2025	0.34706
LIDOCAINE	4 %	CREAM (G)	TOPICAL	03/25/2026	0.30820
LIDOCAINE	5 %	OINT. (G)	TOPICAL	03/25/2026	0.19055
LIDOCAINE	4 %	ADH. PATCH	TOPICAL	11/04/2024	0.79060

**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
LIDOCAINE HCL	5 MG/ML	VIAL	INJECTION	04/01/2025	0.15242
LIDOCAINE HCL	10 MG/ML	VIAL	INJECTION	06/03/2026	0.09052
LIDOCAINE HCL	20 MG/ML	VIAL	INJECTION	02/18/2026	0.09996
LIDOCAINE HCL	2 %	JEL/PF APP	MUCOUS MEM	01/21/2026	0.87542
LIDOCAINE HCL	40 MG/ML	SOLUTION	MUCOUS MEM	06/02/2026	0.21000
LIDOCAINE HCL	2 %	SOLUTION	MUCOUS MEM	04/08/2026	0.08310
LIDOCAINE HCL	2.8 %	GEL (GRAM)	TOPICAL	11/04/2024	10.03728
LIDOCAINE HCL	3 %	CREAM (G)	TOPICAL	09/02/2025	5.60294
LIDOCAINE HCL	4 %	CREAM (G)	TOPICAL	03/03/2026	0.10821
LIDOCAINE HCL	4 %	LOTION	TOPICAL	11/04/2024	0.83742
LIDOCAINE HCL	4 %	LIQD ROLON	TOPICAL	03/11/2025	0.06834
LIDOCAINE HCL/BENZALKONIUM CHL	2.5%-0.13%	SPRAY	TOPICAL	11/04/2024	4.47920
LIDOCAINE HCL/BENZALKONIUM CHL	4%-0.13%	SPRAY	TOPICAL	11/12/2025	0.08658
LIDOCAINE HCL/BENZALKONIUM CHL	0.5%-0.13%	CREAM PACK	TOPICAL	11/04/2024	0.03308
LIDOCAINE HCL/DEXTROSE 5 %/PF	4 MG/ML	IV SOLN	INTRAVEN	06/11/2025	0.02773
LIDOCAINE HCL/DEXTROSE 5 %/PF	8 MG/ML	IV SOLN	INTRAVEN	04/15/2026	0.06233
LIDOCAINE HCL/EPINEPHRINE	0.5-1:200K	VIAL	INJECTION	11/04/2024	0.12274
LIDOCAINE HCL/EPINEPHRINE	1%-1:100K	VIAL	INJECTION	01/14/2026	0.29078
LIDOCAINE HCL/EPINEPHRINE	2 %-1:100K	VIAL	INJECTION	06/04/2025	0.23664

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
** 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
LIDOCAINE HCL/EPINEPHRINE/PF	1.5-1:200K	AMPUL	INJECTION	11/04/2024	0.59560
LIDOCAINE HCL/EPINEPHRINE/PF	1.5-1:200K	VIAL	INJECTION	06/04/2025	0.84688
LIDOCAINE HCL/EPINEPHRINE/PF	2 %-1:200K	VIAL	INJECTION	11/04/2024	0.63851
LIDOCAINE HCL/MENTHOL	4 %-1 %	GEL (ML)	TOPICAL	09/29/2025	2.66480
LIDOCAINE HCL/MENTHOL	4 %-1 %	CREAM (G)	TOPICAL	04/08/2026	0.08644
LIDOCAINE HCL/MENTHOL	4 %-1 %	ADH. PATCH	TOPICAL	11/04/2024	18.37500
LIDOCAINE HCL/MENTHOL	4 %-4 %	ADH. PATCH	TOPICAL	11/04/2024	85.61313
LIDOCAINE HCL/PF	40 MG/ML	AMPUL	INJECTION	11/04/2024	0.46900
LIDOCAINE HCL/PF	15 MG/ML	AMPUL	INJECTION	11/04/2024	0.87264
LIDOCAINE HCL/PF	10 MG/ML	AMPUL	INJECTION	06/17/2025	0.14231
LIDOCAINE HCL/PF	20 MG/ML	AMPUL	INJECTION	06/17/2025	0.16361
LIDOCAINE HCL/PF	20 MG/ML	VIAL	INJECTION	10/22/2025	0.30391
LIDOCAINE HCL/PF	10 MG/ML	VIAL	INJECTION	05/20/2026	0.10943
LIDOCAINE HCL/PF	5 MG/ML	VIAL	INJECTION	11/04/2024	0.36877
LIDOCAINE HCL/PF	100 MG/5ML	SYRINGE	INTRAVEN	11/04/2024	1.65356
LIDOCAINE/MENTHOL	4 %-1 %	ADH. PATCH	TOPICAL	05/06/2026	1.00768
LIDOCAINE/MENTHOL	4 %-4 %	ADH. PATCH	TOPICAL	11/04/2024	25.46250
LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	TOPICAL	06/10/2026	0.16875
LIDOCAINE/PRILOCAINE	2.5 %-2.5%	KIT	TOPICAL	01/07/2026	2.78150

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
** 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
LIDOCAINE/TRANSPARENT DRESSING	4 %	KIT	TOPICAL	11/04/2024	22.05000
LINCOMYCIN HCL	300 MG/ML	VIAL	INJECTION	10/22/2025	5.00940
LINEZOLID	100 MG/5ML	SUSP RECON	ORAL	06/25/2025	1.73545
LINEZOLID	600 MG	TABLET	ORAL	04/01/2025	2.97990
LINEZOLID IN DEXTROSE 5%	600MG/300	PIGGYBACK	INTRAVEN	05/13/2026	0.03927
LIOTHYRONINE SODIUM	25 MCG	TABLET	ORAL	06/17/2026	0.23394
LIOTHYRONINE SODIUM	5 MCG	TABLET	ORAL	03/04/2026	0.23987
LIOTHYRONINE SODIUM	50 MCG	TABLET	ORAL	04/15/2026	0.63154
LIRAGLUTIDE	0.6 MG/0.1	PEN INJCTR	SUBCUT	06/09/2026	23.81588
LIRAGLUTIDE	3 MG/0.5ML	PEN INJCTR	SUBCUT	03/10/2026	52.54355
LISDEXAMFETAMINE DIMESYLATE	30 MG	CAPSULE	ORAL	02/25/2026	3.17644
LISDEXAMFETAMINE DIMESYLATE	50 MG	CAPSULE	ORAL	02/25/2026	3.34030
LISDEXAMFETAMINE DIMESYLATE	70 MG	CAPSULE	ORAL	02/25/2026	3.34030
LISDEXAMFETAMINE DIMESYLATE	20 MG	CAPSULE	ORAL	02/25/2026	3.34030
LISDEXAMFETAMINE DIMESYLATE	40 MG	CAPSULE	ORAL	02/25/2026	3.34030
LISDEXAMFETAMINE DIMESYLATE	60 MG	CAPSULE	ORAL	02/25/2026	3.34030
LISDEXAMFETAMINE DIMESYLATE	10 MG	CAPSULE	ORAL	08/13/2025	3.18376
LISDEXAMFETAMINE DIMESYLATE	10 MG	TAB CHEW	ORAL	01/07/2026	6.06300
LISDEXAMFETAMINE DIMESYLATE	20 MG	TAB CHEW	ORAL	02/25/2026	4.50000

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
** 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
LISDEXAMFETAMINE DIMESYLATE	30 MG	TAB CHEW	ORAL	01/07/2026	6.06300
LISDEXAMFETAMINE DIMESYLATE	40 MG	TAB CHEW	ORAL	04/22/2026	5.04240
LISDEXAMFETAMINE DIMESYLATE	50 MG	TAB CHEW	ORAL	01/07/2026	6.06300
LISDEXAMFETAMINE DIMESYLATE	60 MG	TAB CHEW	ORAL	01/07/2026	6.06300
LISINOPRIL	10 MG	TABLET	ORAL	04/08/2026	0.00856
LISINOPRIL	20 MG	TABLET	ORAL	04/15/2026	0.01546
LISINOPRIL	40 MG	TABLET	ORAL	05/27/2026	0.02373
LISINOPRIL	5 MG	TABLET	ORAL	04/01/2026	0.00777
LISINOPRIL	2.5 MG	TABLET	ORAL	04/15/2026	0.00820
LISINOPRIL	30 MG	TABLET	ORAL	04/08/2026	0.03178
LISINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	04/29/2026	0.03402
LISINOPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	04/22/2026	0.03806
LISINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	10/15/2025	0.02429
LITHIUM CARBONATE	150 MG	CAPSULE	ORAL	08/12/2025	0.07400
LITHIUM CARBONATE	300 MG	CAPSULE	ORAL	04/08/2026	0.04577
LITHIUM CARBONATE	600 MG	CAPSULE	ORAL	08/26/2025	0.19956
LITHIUM CARBONATE	300 MG	TABLET	ORAL	12/31/2025	0.13903
LITHIUM CARBONATE	300 MG	TABLET ER	ORAL	04/01/2026	0.12904
LITHIUM CARBONATE	450 MG	TABLET ER	ORAL	09/17/2025	0.18665

**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
LITHIUM CITRATE	8 MEQ/5 ML	SOLUTION	ORAL	05/13/2026	0.44903
LMEFOLATE/B3/COPP/ZN/SEL/CHROM	0.5-750 MG	TABLET	ORAL	11/04/2024	0.03482
LOFEXIDINE HCL	0.18 MG	TABLET	ORAL	04/01/2026	11.18056
LOMUSTINE	10 MG	CAPSULE	ORAL	02/03/2026	93.47327
LOMUSTINE	100 MG	CAPSULE	ORAL	02/03/2026	1035.45126
LOMUSTINE	40 MG	CAPSULE	ORAL	02/03/2026	373.88509
LOPERAMIDE HCL	2 MG	CAPSULE	ORAL	04/22/2026	0.05094
LOPERAMIDE HCL	1MG/7.5ML	LIQUID	ORAL	04/22/2026	0.02602
LOPERAMIDE HCL	2 MG	TABLET	ORAL	06/10/2026	0.04850
LOPERAMIDE HCL/SIMETHICONE	2-125MG	TABLET	ORAL	11/12/2025	0.43662
LOPINA VIR/RITONAVIR	200MG-50MG	TABLET	ORAL	04/01/2025	7.40833
LOPINA VIR/RITONAVIR	100MG-25MG	TABLET	ORAL	10/01/2025	3.85000
LORATADINE	5 MG/5 ML	SOLUTION	ORAL	06/10/2026	0.01836
LORATADINE	10 MG	TABLET	ORAL	02/18/2026	0.01482
LORATADINE	5 MG	TAB CHEW	ORAL	01/15/2025	0.45560
LORATADINE	10 MG	TAB RAPDIS	ORAL	04/08/2026	0.22846
LORATADINE/PSEUDOEPHEDRINE	10MG-240MG	TAB ER 24H	ORAL	04/01/2026	0.21771
LORATADINE/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	12/23/2025	0.47430
LORAZEPAM	2 MG/ML	ORAL CONC	ORAL	04/08/2026	0.57394

**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
LORAZEPAM	0.5 MG	TABLET	ORAL	07/01/2025	0.03233
LORAZEPAM	1 MG	TABLET	ORAL	04/15/2025	0.03621
LORAZEPAM	2 MG	TABLET	ORAL	04/15/2025	0.05410
LORAZEPAM	2 MG/ML	VIAL	INJECTION	11/12/2025	1.63467
LOSARTAN POTASSIUM	25 MG	TABLET	ORAL	04/01/2026	0.01886
LOSARTAN POTASSIUM	50 MG	TABLET	ORAL	09/09/2025	0.02397
LOSARTAN POTASSIUM	100 MG	TABLET	ORAL	09/23/2025	0.03514
LOSARTAN/HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET	ORAL	05/04/2026	0.05585
LOSARTAN/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	05/04/2026	0.08085
LOSARTAN/HYDROCHLOROTHIAZIDE	100-12.5MG	TABLET	ORAL	05/13/2026	0.06284
LOTEPREDNOL ETABONATE	0.5 %	DROPS GEL	OPHTHALMIC	11/04/2024	18.46950
LOTEPREDNOL ETABONATE	0.2 %	DROPS SUSP	OPHTHALMIC	11/04/2024	23.71500
LOTEPREDNOL ETABONATE	0.5 %	DROPS SUSP	OPHTHALMIC	11/04/2024	19.72000
LOVASTATIN	20 MG	TABLET	ORAL	09/17/2025	0.03843
LOVASTATIN	40 MG	TABLET	ORAL	09/17/2025	0.05617
LOVASTATIN	10 MG	TABLET	ORAL	12/23/2025	0.04256
LOXAPINE SUCCINATE	10 MG	CAPSULE	ORAL	12/10/2025	0.82949
LOXAPINE SUCCINATE	25 MG	CAPSULE	ORAL	01/21/2026	1.12882
LOXAPINE SUCCINATE	5 MG	CAPSULE	ORAL	05/06/2026	0.80306

**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
LOXAPINE SUCCINATE	50 MG	CAPSULE	ORAL	05/06/2026	1.68920
LUBIPROSTONE	24MCG	CAPSULE	ORAL	06/17/2026	0.80850
LUBIPROSTONE	8 MCG	CAPSULE	ORAL	04/01/2026	0.31985
LURASIDONE HCL	40 MG	TABLET	ORAL	05/27/2026	0.21887
LURASIDONE HCL	80 MG	TABLET	ORAL	03/18/2026	0.30377
LURASIDONE HCL	20 MG	TABLET	ORAL	03/18/2026	0.13842
LURASIDONE HCL	120 MG	TABLET	ORAL	03/04/2026	0.52982
LURASIDONE HCL	60 MG	TABLET	ORAL	03/18/2026	0.28528
LUTEIN	6 MG	CAPSULE	ORAL	01/07/2026	0.13259
LUTEIN	20 MG	CAPSULE	ORAL	11/04/2024	0.10050
LYMPHOCYTE IG,ANTITHYMOCYT,EQU	50 MG/ML	AMPUL	INTRAVEN	11/04/2024	855.05825
LYSINE	500 MG	TABLET	ORAL	11/04/2024	0.03075
LYSINE HCL	500 MG	CAPSULE	ORAL	01/21/2026	0.16959
M-VIT,TX,IRON,MINS/CALC/FOLIC	27MG-0.4MG	TABLET	ORAL	11/04/2024	0.03482
MACITENTAN	10 MG	TABLET	ORAL	06/17/2026	26.19558
MAFENIDE ACETATE	50 G	PACKET	TOPICAL	11/04/2024	3.60772
MAG CARB/ALUMINUM HYDROX/ALGIN	237.5-254	ORAL SUSP	ORAL	11/12/2025	0.03171
MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20	ORAL SUSP	ORAL	06/10/2026	0.00693
MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40	ORAL SUSP	ORAL	01/28/2026	0.01573

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
** 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
MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-25	TAB CHEW	ORAL	12/03/2024	0.07571
MAGNESIUM	200 MG	TABLET	ORAL	11/04/2024	0.04013
MAGNESIUM CARB/ALUMINUM HYDROX	105-160MG	TAB CHEW	ORAL	04/29/2026	0.03675
MAGNESIUM CHLORIDE	64 MG	TABLET DR	ORAL	11/25/2025	0.04612
MAGNESIUM CITRATE	125 MG	CAPSULE	ORAL	07/16/2025	0.19653
MAGNESIUM CITRATE		SOLUTION	ORAL	03/26/2025	0.00251
MAGNESIUM GLUCONATE	27 MG(500)	TABLET	ORAL	04/08/2026	0.04213
MAGNESIUM GLYCINATE	100 MG	CAPSULE	ORAL	04/08/2026	0.12268
MAGNESIUM HYDROXIDE	400 MG/5ML	ORAL SUSP	ORAL	04/08/2026	0.00317
MAGNESIUM HYDROXIDE	1200 MG	TAB CHEW	ORAL	05/20/2026	0.45739
MAGNESIUM L-LACTATE	84 MG	TABLET ER	ORAL	06/17/2025	0.17504
MAGNESIUM OXIDE	400 MG	CAPSULE	ORAL	11/04/2024	0.16973
MAGNESIUM OXIDE	250 MG	TABLET	ORAL	01/07/2026	0.02157
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	05/13/2026	0.01004
MAGNESIUM OXIDE	420 MG	TABLET	ORAL	11/04/2024	0.05414
MAGNESIUM OXIDE	500 MG	TABLET	ORAL	10/01/2025	0.02972
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	02/17/2026	0.00900
MAGNESIUM SALICYLATE	580(467)MG	TABLET	ORAL	11/04/2024	0.31378
MAGNESIUM STEARATE		POWDER	MISCELL	11/04/2024	0.09574

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
** 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
MAGNESIUM SULFATE	500 MG/ML	VIAL	INJECTION	01/21/2026	0.22023
MAGNESIUM SULFATE IN WATER	20 G/500ML	IV SOLN	INTRAVEN	01/20/2026	0.01410
MAGNESIUM SULFATE IN WATER	2 G/50 ML	PIGGYBACK	INTRAVEN	04/29/2026	0.09300
MAGNESIUM SULFATE IN WATER	4 G/100 ML	PIGGYBACK	INTRAVEN	03/04/2026	0.03363
MAGNESIUM SULFATE IN WATER	4 G/50 ML	PIGGYBACK	INTRAVEN	10/22/2025	0.09049
MAGNESIUM SULFATE/D5W	1 G/100 ML	PIGGYBACK	INTRAVEN	11/04/2024	0.02961
MANGANESE CHLORIDE	0.1 MG/ML	VIAL	INTRAVEN	11/11/2025	2.49240
MANNITOL	20 %	IV SOLN	INTRAVEN	02/05/2025	0.13456
MANNITOL	25 %	VIAL	INTRAVEN	06/10/2025	0.12207
MARAVIROC	150 MG	TABLET	ORAL	08/06/2025	9.48000
MARAVIROC	300 MG	TABLET	ORAL	04/08/2026	8.79991
MECLIZINE HCL	12.5 MG	TABLET	ORAL	04/01/2025	0.01734
MECLIZINE HCL	25 MG	TABLET	ORAL	04/15/2026	0.02362
MECLIZINE HCL	50 MG	TABLET	ORAL	04/30/2025	2.84559
MECLIZINE HCL	25 MG	TAB CHEW	ORAL	06/03/2026	0.02368
MECOBAL/LEVOMEFOLAT CA/B6 PHOS	2-3-35 MG	TABLET	ORAL	12/17/2025	1.71282
MECOBALAMIN	1000 MCG	TAB CHEW	ORAL	11/04/2024	0.12841
MECOBALAMIN	5000 MCG	TAB RAPDIS	ORAL	01/21/2026	0.50909
MECOBALAMIN	1000 MCG	TAB RAPDIS	SUBLINGUAL	04/22/2026	0.09486

**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
MEDICAL SUPPLY, MISCELLANEOUS		KIT	MISCELL	11/04/2024	1.74401
MEDIUM CHAIN TRIGLYCERIDES	14G-130/15	OIL	ORAL	04/29/2026	0.02883
MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	ORAL	08/19/2025	0.13499
MEDROXYPROGESTERONE ACETATE	2.5 MG	TABLET	ORAL	04/15/2026	0.10470
MEDROXYPROGESTERONE ACETATE	5 MG	TABLET	ORAL	05/06/2026	0.13767
MEDROXYPROGESTERONE ACETATE	150 MG/ML	SYRINGE	INTRAMUSC	05/27/2026	24.17975
MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL	INTRAMUSC	05/13/2026	23.16300
MEFENAMIC ACID	250 MG	CAPSULE	ORAL	12/17/2025	2.21681
MEFLOQUINE HCL	250 MG	TABLET	ORAL	11/12/2025	4.76625
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	06/10/2026	0.18637
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	04/15/2026	0.51981
MEGESTROL ACETATE	20 MG	TABLET	ORAL	01/21/2026	0.31745
MEGESTROL ACETATE	40 MG	TABLET	ORAL	05/13/2026	0.21966
MELATONIN	10 MG	CAPSULE	ORAL	02/05/2025	0.24924
MELATONIN	1 MG/ML	LIQUID	ORAL	11/04/2024	0.13712
MELATONIN	2.5MG/10ML	LIQUID	ORAL	06/18/2025	0.05151
MELATONIN	3 MG	TABLET	ORAL	06/03/2026	0.01898
MELATONIN	1 MG	TABLET	ORAL	06/03/2026	0.01988
MELATONIN	5 MG	TABLET	ORAL	06/10/2026	0.02597

**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
MELATONIN	2.5 MG	TAB CHEW	ORAL	04/01/2026	0.08688
MELATONIN	5 MG	TAB CHEW	ORAL	06/18/2025	0.12921
MELATONIN	1 MG	TAB CHEW	ORAL	08/27/2025	0.15499
MELATONIN	10 MG	TABLET ER	ORAL	11/04/2024	0.13380
MELATONIN	5 MG	TAB RAPDIS	ORAL	06/04/2025	0.08911
MELATONIN	3 MG	TAB RAPDIS	ORAL	11/04/2024	0.04243
MELATONIN	10 MG	TAB RAPDIS	ORAL	07/29/2025	0.04243
MELATONIN/PYRIDOXINE HCL (B6)	5 MG-10 MG	TAB IR ER	ORAL	01/21/2026	0.17673
MELOXICAM	7.5 MG	TABLET	ORAL	11/12/2025	0.01558
MELOXICAM	15 MG	TABLET	ORAL	11/12/2025	0.01629
MELOXICAM, SUBMICRONIZED	5 MG	CAPSULE	ORAL	02/11/2025	18.25970
MELOXICAM, SUBMICRONIZED	10 MG	CAPSULE	ORAL	04/16/2025	24.57210
MELPHALAN HCL	50 MG	VIAL	INTRAVEN	03/18/2026	84.74700
MEMANTINE HCL	7 MG	CAP SPR 24	ORAL	11/25/2025	0.51679
MEMANTINE HCL	14 MG	CAP SPR 24	ORAL	11/25/2025	0.37222
MEMANTINE HCL	21 MG	CAP SPR 24	ORAL	10/01/2025	0.75621
MEMANTINE HCL	28 MG	CAP SPR 24	ORAL	11/25/2025	0.37014
MEMANTINE HCL	2 MG/ML	SOLUTION	ORAL	05/06/2026	1.70275
MEMANTINE HCL	10 MG	TABLET	ORAL	11/19/2025	0.05760

**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
MEMANTINE HCL	5 MG	TABLET	ORAL	01/20/2026	0.08000
MEMANTINE HCL/DONEPEZIL HCL	14MG-10MG	CAP SPR 24	ORAL	08/26/2025	10.36658
MEMANTINE HCL/DONEPEZIL HCL	28 MG-10MG	CAP SPR 24	ORAL	04/22/2026	12.90300
MEMANTINE HCL/DONEPEZIL HCL	21 MG-10MG	CAP SPR 24	ORAL	05/20/2026	20.30665
MENTHOL	8 MG	LOZENGE	MUCOUS MEM	09/23/2025	0.05360
MENTHOL	5.8 MG	LOZENGE	MUCOUS MEM	11/04/2024	0.03870
MENTHOL	4 %	GEL (ML)	TOPICAL	07/16/2025	0.02737
MENTHOL	2.5 %	GEL (GRAM)	TOPICAL	10/08/2025	0.11566
MENTHOL	5 %	ADH. PATCH	TOPICAL	01/21/2026	0.97954
MENTHOL/CAMPHOR	3.5%-0.2%	GEL (GRAM)	TOPICAL	05/06/2026	0.07732
MENTHOL/CAMPHOR	0.5 %-0.5%	LOTION	TOPICAL	02/18/2026	0.03229
MENTHOL/ZINC OXIDE	0.44-20.6%	OINT PACK	TOPICAL	11/04/2024	0.08561
MENTHOL/ZINC OXIDE	0.44-20.6%	OINT. (G)	TOPICAL	11/04/2024	0.02638
MEPROBAMATE	200 MG	TABLET	ORAL	11/12/2025	6.52475
MEPROBAMATE	400 MG	TABLET	ORAL	11/04/2024	5.35100
MERCAPTOPYRINE	50 MG	TABLET	ORAL	03/04/2026	1.09388
MEROPENEM	500 MG	VIAL	INTRAVEN	05/13/2026	1.76880
MEROPENEM	1 G	VIAL	INTRAVEN	05/19/2026	4.20250
MEROPENEM	2 G	VIAL	INTRAVEN	07/22/2025	32.01929

**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
MESALAMINE	0.375G	CAP ER 24H	ORAL	03/18/2026	1.12783
MESALAMINE	500 MG	CAPSULE ER	ORAL	03/18/2026	5.94982
MESALAMINE	400 MG	CAP(DRTAB)	ORAL	03/05/2025	2.52687
MESALAMINE	800 MG	TABLET DR	ORAL	05/06/2026	5.09620
MESALAMINE	1.2 G	TABLET DR	ORAL	03/25/2026	0.82550
MESALAMINE	1000 MG	SUPP.RECT	RECTAL	05/07/2025	2.90180
MESALAMINE	4 G/60 ML	ENEMA	RECTAL	05/20/2026	0.15244
MESALAMINE W/CLEANSING WIPES	4 G/60 ML	ENEMA KIT	RECTAL	03/19/2025	65.41038
MESNA	400 MG	TABLET	ORAL	04/01/2025	59.51458
MESNA	100 MG/ML	VIAL	INTRAVEN	11/04/2024	0.88440
METAXALONE	400 MG	TABLET	ORAL	02/17/2026	2.56250
METAXALONE	800 MG	TABLET	ORAL	04/15/2026	0.57057
METFORMIN HCL	1000 MG	TAB ER 24	ORAL	11/19/2025	0.73298
METFORMIN HCL	500 MG	TAB ER 24	ORAL	12/17/2025	0.48999
METFORMIN HCL	500 MG	TABERGR24H	ORAL	04/01/2025	0.80400
METFORMIN HCL	1000 MG	TABERGR24H	ORAL	11/05/2025	1.26481
METFORMIN HCL	500 MG/5ML	SOLUTION	ORAL	04/01/2026	0.10863
METFORMIN HCL	500 MG	TABLET	ORAL	05/27/2026	0.01113
METFORMIN HCL	850 MG	TABLET	ORAL	05/06/2026	0.01890

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
** 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
METFORMIN HCL	1000 MG	TABLET	ORAL	05/27/2025	0.01917
METFORMIN HCL	625 MG	TABLET	ORAL	02/18/2026	19.45685
METFORMIN HCL	750 MG	TABLET	ORAL	02/18/2026	19.85970
METFORMIN HCL	500 MG	TAB ER 24H	ORAL	08/06/2025	0.01143
METFORMIN HCL	750 MG	TAB ER 24H	ORAL	04/08/2026	0.03535
METHADONE HCL	10 MG/5 ML	SOLUTION	ORAL	03/04/2026	0.08448
METHADONE HCL	5 MG/5 ML	SOLUTION	ORAL	03/18/2026	0.21105
METHADONE HCL	10 MG/ML	ORAL CONC	ORAL	12/10/2025	0.06097
METHADONE HCL	10 MG	TABLET	ORAL	06/16/2026	0.10017
METHADONE HCL	5 MG	TABLET	ORAL	03/04/2026	0.15842
METHADONE HCL	40 MG	TABLET SOL	ORAL	11/04/2024	0.32716
METHADONE HCL	10 MG/ML	VIAL	INJECTION	11/25/2025	17.27880
METHAMPHETAMINE HCL	5 MG	TABLET	ORAL	03/30/2026	12.66309
METHAZOLAMIDE	25 MG	TABLET	ORAL	11/12/2025	2.00464
METHAZOLAMIDE	50 MG	TABLET	ORAL	10/01/2025	2.57856
METHENAMINE HIPPURATE	1 G	TABLET	ORAL	04/01/2026	0.27594
METHENAMINE/SODIUM SALICYLATE	162-162.5	TABLET	ORAL	04/01/2025	0.15117
METHIMAZOLE	10 MG	TABLET	ORAL	09/17/2025	0.09574
METHIMAZOLE	5 MG	TABLET	ORAL	09/10/2025	0.06112

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
** 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
METHOCARBAMOL	500 MG	TABLET	ORAL	05/20/2026	0.02278
METHOCARBAMOL	750 MG	TABLET	ORAL	04/22/2025	0.02798
METHOCARBAMOL	100 MG/ML	VIAL	INJECTION	09/24/2025	1.01840
METHOTREXATE SODIUM	2.5 MG	TABLET	ORAL	11/19/2025	0.15628
METHOTREXATE SODIUM	25 MG/ML	VIAL	INJECTION	04/08/2026	2.07563
METHOTREXATE SODIUM/PF	1 G	VIAL	INJECTION	11/04/2024	64.53400
METHOTREXATE SODIUM/PF	25 MG/ML	VIAL	INJECTION	06/11/2025	0.40290
METHOXY PEG-EPOETIN BETA	200MCG/0.3	SYRINGE	INJECTION	11/04/2024	591.37375
METHSCOPOLAMINE BROMIDE	2.5 MG	TABLET	ORAL	10/22/2025	1.66321
METHSCOPOLAMINE BROMIDE	5 MG	TABLET	ORAL	10/01/2025	2.52322
METHSUXIMIDE	300 MG	CAPSULE	ORAL	11/04/2024	5.10642
METHYL SALICYLATE	10 %	CREAM (G)	TOPICAL	10/01/2025	11.50000
METHYL SALICYLATE	25 %	CREAM (G)	TOPICAL	04/22/2025	2.48179
METHYL SALICYLATE	10 %	ADH. PATCH	TOPICAL	06/03/2026	30.50656
METHYL SALICYLATE		OIL	MISCELL	11/04/2024	0.50920
METHYL SALICYLATE/MENTH/CAMPH	30%-10%-4%	GEL (GRAM)	TOPICAL	06/25/2025	6.31825
METHYL SALICYLATE/MENTH/CAMPH	30%-10%-4%	CREAM (G)	TOPICAL	10/07/2025	0.09558
METHYL SALICYLATE/MENTH/CAMPH	10 %-6 %	ADH. PATCH	TOPICAL	11/05/2025	0.97597
METHYL SALICYLATE/MENTH/CAMPH	30%-10%-4%	KIT	TOPICAL	11/04/2024	867.53438

**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
METHYL SALICYLATE/MENTHOL	15%-10%	CREAM (G)	TOPICAL	11/04/2024	0.01497
METHYL SALICYLATE/MENTHOL	15 %-1 %	CREAM (G)	TOPICAL	10/15/2025	0.04256
METHYLCELLULOSE (WITH SUGAR)		POWDER	ORAL	11/23/2024	0.01577
METHYLCELLULOSE (WITH SUGAR)	2 G/19 G	POWDER	ORAL	11/23/2024	0.01250
METHYLENE BLUE	50 MG/10ML	AMPUL	INTRAVEN	06/24/2025	10.01880
METHYLENE BLUE	50 MG/10ML	VIAL	INTRAVEN	06/17/2026	8.79456
METHYLERGONOVINE MALEATE	0.2 MG	TABLET	ORAL	05/20/2026	9.04901
METHYLERGONOVINE MALEATE	.2MG/ML(1)	AMPUL	INJECTION	11/04/2024	10.35000
METHYLPHENIDATE	10MG/9HR	PATCH TD24	TRANSDERM	06/03/2026	7.58383
METHYLPHENIDATE	15MG/9HR	PATCH TD24	TRANSDERM	06/03/2026	7.58300
METHYLPHENIDATE	20 MG/9 HR	PATCH TD24	TRANSDERM	06/03/2026	7.58383
METHYLPHENIDATE	30MG/9HR	PATCH TD24	TRANSDERM	06/03/2026	7.60000
METHYLPHENIDATE HCL	10 MG	CPBP 30-70	ORAL	04/08/2026	0.95785
METHYLPHENIDATE HCL	20 MG	CPBP 30-70	ORAL	03/11/2026	2.10306
METHYLPHENIDATE HCL	30 MG	CPBP 30-70	ORAL	03/11/2026	1.94488
METHYLPHENIDATE HCL	60 MG	CPBP 30-70	ORAL	11/04/2024	3.51054
METHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	04/08/2026	1.08626
METHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	03/17/2026	2.06631
METHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	02/24/2026	3.97950

**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
METHYLPHENIDATE HCL	60 MG	CPBP 50-50	ORAL	04/28/2026	7.42220
METHYLPHENIDATE HCL	10 MG	CSBP 40-60	ORAL	10/07/2025	5.39975
METHYLPHENIDATE HCL	15 MG	CSBP 40-60	ORAL	04/29/2025	1.44950
METHYLPHENIDATE HCL	20 MG	CSBP 40-60	ORAL	05/06/2026	9.58742
METHYLPHENIDATE HCL	30 MG	CSBP 40-60	ORAL	11/04/2024	5.39975
METHYLPHENIDATE HCL	50 MG	CSBP 40-60	ORAL	04/08/2026	9.58717
METHYLPHENIDATE HCL	36 MG	TAB ER 24	ORAL	12/10/2025	1.14543
METHYLPHENIDATE HCL	54 MG	TAB ER 24	ORAL	07/01/2025	0.59228
METHYLPHENIDATE HCL	27 MG	TAB ER 24	ORAL	03/18/2026	0.62295
METHYLPHENIDATE HCL	10 MG/5 ML	SOLUTION	ORAL	04/08/2026	0.07320
METHYLPHENIDATE HCL	10 MG	TABLET	ORAL	05/27/2026	0.12249
METHYLPHENIDATE HCL	5 MG	TABLET	ORAL	03/18/2026	0.09497
METHYLPHENIDATE HCL	5 MG	TAB CHEW	ORAL	01/21/2025	2.55100
METHYLPHENIDATE HCL	10 MG	TAB CHEW	ORAL	03/25/2026	3.89849
METHYLPHENIDATE HCL	20 MG	TABLET ER	ORAL	03/18/2026	0.43920
METHYLPREDNISOLONE	16 MG	TABLET	ORAL	11/12/2025	2.82770
METHYLPREDNISOLONE	32 MG	TABLET	ORAL	04/01/2025	3.05237
METHYLPREDNISOLONE	4 MG	TABLET	ORAL	04/15/2026	0.12935
METHYLPREDNISOLONE	8 MG	TABLET	ORAL	04/15/2026	0.90912

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
** 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
METHYLPREDNISOLONE	4 MG	TAB DS PK	ORAL	04/08/2026	0.07896
METHYLPREDNISOLONE ACETATE	40 MG/ML	VIAL	INJECTION	10/15/2025	5.00346
METHYLPREDNISOLONE ACETATE	80 MG/ML	VIAL	INJECTION	11/04/2024	7.57200
METHYLPREDNISOLONE SOD SUCC	125 MG	VIAL	INJECTION	02/11/2026	3.90720
METHYLPREDNISOLONE SOD SUCC	40 MG	VIAL	INJECTION	02/11/2026	3.37920
METHYLPREDNISOLONE SOD SUCC	1000 MG	VIAL	INTRAVEN	10/15/2025	25.17900
METHYLPREDNISOLONE SOD SUCC	500 MG	VIAL	INTRAVEN	04/01/2025	26.12400
METHYLTESTOSTERONE	10 MG	CAPSULE	ORAL	02/18/2026	64.60339
METHYL TETRAHYDROFOLATE GLUCOSA	1700MCGDFE	CAPSULE	ORAL	01/21/2026	0.36046
METOCLOPRAMIDE HCL	5 MG/5 ML	SOLUTION	ORAL	12/23/2025	0.06769
METOCLOPRAMIDE HCL	10 MG/10ML	SOLUTION	ORAL	04/29/2026	0.31290
METOCLOPRAMIDE HCL	10 MG	TABLET	ORAL	05/13/2026	0.03428
METOCLOPRAMIDE HCL	5 MG	TABLET	ORAL	09/17/2025	0.03290
METOCLOPRAMIDE HCL	5 MG/ML	VIAL	INJECTION	04/01/2026	0.41370
METOLAZONE	10 MG	TABLET	ORAL	04/08/2025	0.38002
METOLAZONE	2.5 MG	TABLET	ORAL	09/17/2025	0.11920
METOLAZONE	5 MG	TABLET	ORAL	09/24/2025	0.17725
METOPROLOL SUCCINATE	50 MG	TAB ER 24H	ORAL	04/01/2026	0.03331
METOPROLOL SUCCINATE	100 MG	TAB ER 24H	ORAL	04/08/2026	0.04322

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
** 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
METOPROLOL SUCCINATE	200 MG	TAB ER 24H	ORAL	01/28/2026	0.15209
METOPROLOL SUCCINATE	25 MG	TAB ER 24H	ORAL	04/01/2026	0.02596
METOPROLOL TARTRATE	100 MG	TABLET	ORAL	06/03/2026	0.01681
METOPROLOL TARTRATE	50 MG	TABLET	ORAL	04/15/2026	0.01609
METOPROLOL TARTRATE	25 MG	TABLET	ORAL	05/06/2026	0.01257
METOPROLOL TARTRATE	37.5 MG	TABLET	ORAL	11/04/2024	0.08000
METOPROLOL TARTRATE	75 MG	TABLET	ORAL	12/31/2025	0.43108
METOPROLOL TARTRATE	5 MG/5 ML	VIAL	INTRAVEN	09/24/2025	0.16422
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	04/08/2025	1.18758
METOPROLOL/HYDROCHLOROTHIAZIDE	50 MG-25MG	TABLET	ORAL	10/07/2025	0.93901
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-50MG	TABLET	ORAL	11/04/2024	1.25112
METRONIDAZOLE	375 MG	CAPSULE	ORAL	03/03/2026	7.37424
METRONIDAZOLE	250 MG	TABLET	ORAL	04/15/2026	0.06888
METRONIDAZOLE	500 MG	TABLET	ORAL	09/10/2025	0.07164
METRONIDAZOLE	0.75 %	GEL (GRAM)	TOPICAL	04/01/2026	0.14116
METRONIDAZOLE	1 %	GEL (GRAM)	TOPICAL	01/27/2026	0.67360
METRONIDAZOLE	0.75 %	CREAM (G)	TOPICAL	11/19/2025	0.25351
METRONIDAZOLE	1 %	GEL W/PUMP	TOPICAL	11/04/2024	1.30370
METRONIDAZOLE	0.75 %	LOTION	TOPICAL	03/25/2026	2.34360

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
** 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
METRONIDAZOLE	0.75 %	GEL W/APPL	VAGINAL	10/08/2025	0.15714
METRONIDAZOLE/SODIUM CHLORIDE	500MG/0.1L	PIGGYBACK	INTRAVEN	03/25/2026	0.02699
METYROSINE	250 MG	CAPSULE	ORAL	11/12/2025	227.32792
MEXILETINE HCL	150 MG	CAPSULE	ORAL	06/24/2025	0.22853
MEXILETINE HCL	200 MG	CAPSULE	ORAL	06/24/2025	0.22102
MEXILETINE HCL	250 MG	CAPSULE	ORAL	06/24/2025	0.37994
MICAFUNGIN SODIUM	50 MG	VIAL	INTRAVEN	05/13/2026	19.42500
MICAFUNGIN SODIUM	100 MG	VIAL	INTRAVEN	05/13/2026	24.27600
MICONAZOLE NITRATE	2 %	CREAM (G)	TOPICAL	06/03/2026	0.02137
MICONAZOLE NITRATE	2 %	OINT. (G)	TOPICAL	11/04/2024	0.15594
MICONAZOLE NITRATE	2 %	POWDER	TOPICAL	05/20/2026	0.06803
MICONAZOLE NITRATE	2 %	TINCTURE	TOPICAL	11/04/2024	0.35663
MICONAZOLE NITRATE	2 %	CREAM/APPL	VAGINAL	03/11/2026	0.10143
MICONAZOLE NITRATE	200 MG-2 %	KIT	VAGINAL	11/23/2024	5.27600
MIDAZOLAM HCL	2 MG/ML	SYRUP	ORAL	03/25/2026	0.68600
MIDAZOLAM HCL	2 MG/2 ML	VIAL	INJECTION	11/04/2024	0.19732
MIDAZOLAM HCL	5 MG/5 ML	VIAL	INJECTION	11/04/2024	0.35389
MIDAZOLAM HCL	10 MG/10ML	VIAL	INJECTION	11/06/2024	0.38190
MIDAZOLAM HCL	10 MG/2 ML	VIAL	INJECTION	11/04/2024	4.03161

**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
MIDAZOLAM HCL IN 0.9 % NACL/PF	1 MG/ML	PLAST. BAG	INTRAVEN	05/21/2025	0.38177
MIDAZOLAM HCL/PF	2 MG/2 ML	SYRINGE	INJECTION	06/18/2025	1.99861
MIDAZOLAM HCL/PF	10 MG/2 ML	SYRINGE	INJECTION	11/04/2024	2.42507
MIDAZOLAM HCL/PF	5 MG/ML(1)	VIAL	INJECTION	11/04/2024	1.47795
MIDAZOLAM HCL/PF	10 MG/2 ML	VIAL	INJECTION	11/04/2024	0.86309
MIDAZOLAM HCL/PF	2 MG/2 ML	VIAL	INJECTION	01/21/2026	0.75082
MIDAZOLAM HCL/PF	5 MG/5 ML	VIAL	INJECTION	11/04/2024	0.28923
MIDODRINE HCL	5 MG	TABLET	ORAL	04/01/2026	0.07998
MIDODRINE HCL	2.5 MG	TABLET	ORAL	05/20/2026	0.06110
MIDODRINE HCL	10 MG	TABLET	ORAL	06/17/2026	0.13837
MIFEPRISTONE	200 MG	TABLET	ORAL	04/01/2026	41.00000
MIFEPRISTONE	300 MG	TABLET	ORAL	03/25/2025	334.78280
MIGLITOL	25 MG	TABLET	ORAL	10/01/2025	3.31610
MIGLITOL	50 MG	TABLET	ORAL	11/04/2024	1.52157
MIGLITOL	100 MG	TABLET	ORAL	05/06/2026	4.92017
MIGLUSTAT	100 MG	CAPSULE	ORAL	04/22/2026	135.99381
MILNACIPRAN HCL	12.5 MG	TABLET	ORAL	03/25/2026	4.30694
MILNACIPRAN HCL	25 MG	TABLET	ORAL	03/25/2026	4.30694
MILNACIPRAN HCL	50 MG	TABLET	ORAL	03/25/2026	4.30694

**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
MILNACIPRAN HCL	100 MG	TABLET	ORAL	03/25/2026	4.30694
MILRINONE LACTATE	1 MG/ML	VIAL	INTRAVEN	11/05/2025	0.33098
MILRINONE LACTATE/D5W	20MG/100ML	PIGGYBACK	INTRAVEN	06/03/2026	0.09514
MILRINONE LACTATE/D5W	40MG/200ML	PIGGYBACK	INTRAVEN	06/09/2026	0.12328
MINERAL OIL		OIL	ORAL	10/08/2025	0.00750
MINERAL OIL		ENEMA	RECTAL	07/01/2025	0.01098
MINERAL OIL		OIL	TOPICAL	04/23/2025	0.02644
MINERAL OIL		OIL	MISCELL	02/26/2025	0.02069
MINERAL OIL/HYDROPHIL PETROLAT		OINT. (G)	TOPICAL	12/10/2025	0.02173
MINERAL OIL/PETROLATUM,WHITE	15 %-83 %	OINT. (G)	OPHTHALMIC	08/26/2025	1.24237
MINERAL OIL/PETROLATUM,WHITE	20%-80%	OINT. (G)	OPHTHALMIC	11/04/2024	1.44720
MINERAL OIL/PETROLATUM,WHITE	42.5-57.3%	OINT. (G)	OPHTHALMIC	06/17/2026	1.39499
MINOCYCLINE HCL	100 MG	CAPSULE	ORAL	09/10/2025	0.33251
MINOCYCLINE HCL	50 MG	CAPSULE	ORAL	09/24/2025	0.16574
MINOCYCLINE HCL	75 MG	CAPSULE	ORAL	10/01/2025	0.71422
MINOCYCLINE HCL	100 MG	TABLET	ORAL	12/17/2025	2.50714
MINOCYCLINE HCL	50 MG	TABLET	ORAL	11/04/2024	1.08888
MINOCYCLINE HCL	75 MG	TABLET	ORAL	02/25/2025	1.76920
MINOCYCLINE HCL	90 MG	TAB ER 24H	ORAL	06/10/2026	20.66750

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
** 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
MINOCYCLINE HCL	135 MG	TAB ER 24H	ORAL	11/04/2024	3.73637
MINOCYCLINE HCL	65 MG	TAB ER 24H	ORAL	06/10/2026	23.03927
MINOCYCLINE HCL	115MG	TAB ER 24H	ORAL	11/04/2024	7.68880
MINOCYCLINE HCL	55 MG	TAB ER 24H	ORAL	09/24/2025	23.04102
MINOCYCLINE HCL	80 MG	TAB ER 24H	ORAL	09/24/2025	23.04102
MINOCYCLINE HCL	105 MG	TAB ER 24H	ORAL	12/23/2025	23.04102
MINOXIDIL	10 MG	TABLET	ORAL	06/24/2025	0.22039
MINOXIDIL	2.5 MG	TABLET	ORAL	04/01/2026	0.09275
MIRABEGRON	25 MG	TAB ER 24H	ORAL	04/22/2026	7.29933
MIRABEGRON	50 MG	TAB ER 24H	ORAL	04/22/2026	7.29933
MIRTAZAPINE	15 MG	TABLET	ORAL	03/18/2026	0.05743
MIRTAZAPINE	30 MG	TABLET	ORAL	12/17/2025	0.06457
MIRTAZAPINE	45 MG	TABLET	ORAL	05/27/2026	0.08890
MIRTAZAPINE	7.5 MG	TABLET	ORAL	06/17/2026	0.26281
MIRTAZAPINE	15 MG	TAB RAPDIS	ORAL	04/08/2026	0.26273
MIRTAZAPINE	30 MG	TAB RAPDIS	ORAL	01/21/2026	0.97195
MIRTAZAPINE	45 MG	TAB RAPDIS	ORAL	04/15/2026	0.39717
MISOPROSTOL	200 MCG	TABLET	ORAL	02/05/2025	0.51121
MISOPROSTOL	100 MCG	TABLET	ORAL	04/01/2025	0.33757

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
** 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
MITOMYCIN	20 MG	VIAL	INTRAVEN	04/15/2026	63.01700
MITOMYCIN	40 MG	VIAL	INTRAVEN	04/01/2025	188.44625
MITOMYCIN	5 MG	VIAL	INTRAVEN	06/17/2026	94.61775
MODAFINIL	100 MG	TABLET	ORAL	04/29/2026	0.24465
MODAFINIL	200 MG	TABLET	ORAL	11/19/2025	0.30719
MOEXIPRIL HCL	15 MG	TABLET	ORAL	03/26/2025	1.94715
MOMETASONE FUROATE	0.1 %	CREAM (G)	TOPICAL	04/15/2026	0.25966
MOMETASONE FUROATE	0.1 %	OINT. (G)	TOPICAL	04/22/2026	0.21172
MOMETASONE FUROATE	0.1 %	SOLUTION	TOPICAL	05/13/2026	0.34020
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	02/18/2026	1.63716
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	04/08/2025	1.20163
MONTELUKAST SODIUM	4 MG	GRAN PACK	ORAL	06/18/2025	1.38467
MONTELUKAST SODIUM	10 MG	TABLET	ORAL	03/04/2026	0.03305
MONTELUKAST SODIUM	5 MG	TAB CHEW	ORAL	04/01/2025	0.06700
MONTELUKAST SODIUM	4 MG	TAB CHEW	ORAL	12/10/2025	0.07451
MORPHINE SULFATE	10 MG/5 ML	SOLUTION	ORAL	10/28/2025	0.07129
MORPHINE SULFATE	20 MG/5 ML	SOLUTION	ORAL	11/04/2024	0.10057
MORPHINE SULFATE	100 MG/5ML	SOLUTION	ORAL	11/12/2025	0.40814
MORPHINE SULFATE	15 MG	TABLET	ORAL	04/18/2025	0.26597

**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
MORPHINE SULFATE	30 MG	TABLET	ORAL	11/04/2024	0.71020
MORPHINE SULFATE	30 MG	TABLET ER	ORAL	08/26/2025	0.39739
MORPHINE SULFATE	60 MG	TABLET ER	ORAL	12/17/2025	0.92648
MORPHINE SULFATE	100 MG	TABLET ER	ORAL	07/16/2025	1.59782
MORPHINE SULFATE	15 MG	TABLET ER	ORAL	08/13/2025	0.30757
MORPHINE SULFATE	200 MG	TABLET ER	ORAL	10/01/2025	2.89146
MORPHINE SULFATE	2 MG/ML	SYRINGE	INTRAVEN	01/14/2026	9.38285
MORPHINE SULFATE	4 MG/ML	SYRINGE	INTRAVEN	07/09/2025	8.07600
MORPHINE SULFATE	4 MG/ML	VIAL	INTRAVEN	11/04/2024	2.96683
MOXIFLOXACIN HCL	400 MG	TABLET	ORAL	04/22/2026	3.68852
MOXIFLOXACIN HCL	0.5 %	DROPS	OPHTHALMIC	12/22/2025	1.68000
MULTIVIT 38/FOLATE NO.6/GINGER	1MG-500MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT 45/IRON/FOLATE 6/DHA	28-1-300MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT 47/IRON/FOLATE 1/DHA	27-1-300MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT COMB NO.63/FOLIC ACID	400 MCG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT COMB NO.66/IRON/FOLIC	13.5-0.5MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT NO.18/IRON NO.1/FOLIC	106 MG-1MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT NO.35/LEVOMEFOLATE	1700MCGDFE	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT NO.40/IRON/FOLAT1/DHA	18-1-300MG	CAPSULE	ORAL	11/04/2024	0.03482

**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
MULTIVIT NO.42/IRON/FOLATE/DHA	38-1-225MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT NO.51/IRON/FOLIC ACID	106.5-1MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT NO.62/IRON/LEVOMEFOL	11 MG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT NO.64/FOLATE NO.10	1670MCGDFE	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT NO.65/FOLATE NO.10	1670MCGDFE	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT NO.98/IRON/MFOLATE	0.75 MG-85	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT NO46/IRON/FOLATE6/DHA	29-1-300MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT WITH IRON,MINERALS		LIQUID	ORAL	11/04/2024	0.03482
MULTIVIT WITH IRON,MINERALS		TABLET	ORAL	11/23/2024	0.01532
MULTIVIT WITH IRON,MINERALS		TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT WITH MIN/FOLATE NO.11	170 MCGDFE	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT WITH MIN/MFOLATE/K2	340-15/3 G	POWDER	ORAL	11/04/2024	0.03482
MULTIVIT WITH MINERALS/LUTEIN		TABLET	ORAL	09/03/2025	0.07028
MULTIVIT,CAL,MN/FOLIC/D3/LYCOP	240-25 MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,CALC,MIN/FA/K1/LYCOP	240-30 MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,CALC,MINS/FOLIC ACID	267 MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,CALC,MINS/FOLIC ACID	200 MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,CALC,MINS/IRON/FOLIC	9MG-400MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,CALC,MINS/IRON/FOLIC	6MG-267MCG	TABLET	ORAL	11/04/2024	0.03482

**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
MULTIVIT,CALC,MINS/IRON/FOLIC	10MG-0.4MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,CALC,MINS/IRON/FOLIC	500-18-0.4	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,CALC,MINS/IRON/FOLIC	450-18-0.4	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,CALC,MINS/IRON/FOLIC	9MG-200MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,IRON,MIN 5/FOLIC ACID	10 MG-1 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,IRON,MINERALS/LUTEIN		TABLET	ORAL	11/04/2024	0.03482
MULTIVIT,STRESS FORMULA/ZINC		TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN 103/LEVOMEFOL/INU	1700MCG/15	LIQUID	ORAL	11/04/2024	0.03482
MULTIVIT-MIN 118/IRON/FA/FISH	18-1-150MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN 60/IRON FUM/FOLIC	27 MG-1 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN NO.86/FOLIC ACID	1000 MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN NO.88/FOLIC ACID	250 MCG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FA/LUTEIN/ZEAXANT	500MCG-5-1	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	.4-300-250	TABLET	ORAL	03/18/2026	0.02637
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	0.4-2-250	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	500-300MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	800-250MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	200-10-10	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FA/LYCOPENE/BORON	200MCG-5MG	TABLET	ORAL	11/04/2024	0.03482

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
** 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
MULTIVIT-MIN/FERROUS FUMARATE	9 MG/15 ML	LIQUID	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FERROUS FUMARATE	15 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FERROUS GLUCONATE	9 MG/15 ML	LIQUID	ORAL	05/13/2026	0.01885
MULTIVIT-MIN/FERROUS GLUCONATE	9 MG/15 ML	LIQUID	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLATE NO.6/VIT K	200-75MCG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC AC/CAFFEINE	0.1-22.5MG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC AC/CAFFEINE	80MCG-25MG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC AC/COLLAGEN	0.2MG-25MG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/BIOTIN	133.3 MCG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/BIOTIN	400-400MCG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/BIOTIN	66.7 MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/BIOTIN	100-1500	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/BIOTIN	80-1250MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/HRB293	80MCG-66.7	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/HRB293	120 MCG-50	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/HRB293	120-37.5	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/HRB293	120 MCG-25	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/LUTEIN	500-250MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/LUTEIN	200-137.5	TAB CHEW	ORAL	11/04/2024	0.03482

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
** 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
MULTIVIT-MIN/FOLIC ACID/LUTEIN	0.4MG-250	COMBO. PKG	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC ACID/VIT K1	400-80 MCG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC/GUARANA/CAF	400-89.45	TABLET EFF	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC/K/HERB 332	300-80/30	LIQUID	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC/K1/HERB 328	240-120MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC/VIT K/LYCOP	400-300MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC/VIT K/LYCOP	400-20-370	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/FOLIC/VIT K/LYCOP	200-60 MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/GLUTATHIONE/CYST	40 MG-75MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON FUM/FOLIC AC	1.8MG-400	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON FUM/FOLIC AC	14 MG-400	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON FUM/FOLIC AC	7.5 MG-400	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON FUM/FOLIC AC	19 MG-400	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON FUM/FOLIC AC	18MG-0.4MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/FA/VIT K/LUT	8MG-400MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/FA/VIT K/LUT	4MG-200MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/FOLIC ACID	15MG-0.7MG	POWD PACK	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/FOLIC ACID/K	18-600-40	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/FOLIC ACID/K	45-800-120	CAPSULE	ORAL	11/04/2024	0.03482

**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
MULTIVIT-MIN/IRON/FOLIC ACID/K	18-400-25	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/FOLIC ACID/K	9MG-200MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/FOLIC ACID/K	18MG-0.4MG	TABLET	ORAL	01/28/2026	0.03482
MULTIVIT-MIN/IRON/FOLIC ACID/K	9MG-400MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/MEFOLATE/K1	45-800-120	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/IRON/VITAMIN K	18MG-25MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/MFOLATE/K/HERB289	800-150MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/MFOLATE/K/HERB328	800-120MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/MFOLATE/K/HERB335	66.67-20	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MIN/MFOLATE/K/HERB335	133.3-40	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MIN69/IRON/FOLIC ACID	50-1.25 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS NO.116/FOLIC	400 MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FA/LYCOPENE	0.4 MG-600	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FA/LYCOPENE	0.4 MG-600	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FA/LYCOPENE	400-370MCG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FOLIC ACID	0.4 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FOLIC ACID	0.5 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FOLIC ACID	200 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FOLIC ACID	80 MCG	TAB CHEW	ORAL	11/04/2024	0.03482

**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
MULTIVIT-MINERALS/FOLIC ACID	120 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FOLIC ACID	12 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FOLIC ACID	42 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FOLIC ACID	400 MCG	TABLET ER	ORAL	11/04/2024	0.03482
MULTIVIT-MINERALS/FOLIC/GINKGO	400MCG-120	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MINS 53/FOLIC/K/COQ10	200-1000	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MINS 56/FOLIC/K/COQ10	200-1000	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVIT-MINS NO.20/IRON/FOLIC	27 MG-1 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MINS NO.7/FOLIC ACID	1 MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT-MINS/IRON/FOLIC/LYCOP	8-200-600	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT-MN/MFOLATE/K/HERB 330	133.3-40	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT/FOLIC ACID/ZINC/VIT C	400-50-500	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT/IRON/FOLIC ACID/HB179	13.5MG-200	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT34/FOLIC AC/NADH/COQ10	1-5-50 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVIT37/IRON/LMFOLATE/ALGAL	27-1.13 MG	CAPSULE	ORAL	11/04/2024	0.03482
MULTIVIT41/IRON/FOLATE8/PS-DHA	1.5-8.73MG	CAP IR DR	ORAL	11/04/2024	0.03482
MULTIVITAMIN		TABLET	ORAL	09/17/2025	0.01037
MULTIVITAMIN		TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVITAMIN NO.36/FOLATE NO.6	1 MG	TAB CHEW	ORAL	11/04/2024	0.03482

**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
MULTIVITAMIN NO.58/FOLIC ACID	1000 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVITAMIN WITH FOLIC ACID	400 MCG	TABLET	ORAL	04/30/2025	0.01080
MULTIVITAMIN WITH IRON		TABLET	ORAL	11/04/2024	0.03482
MULTIVITAMIN WITH IRON		TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVITAMIN WITH MINERALS		CAPSULE	ORAL	11/04/2024	0.03482
MULTIVITAMIN WITH MINERALS		LIQUID	ORAL	11/04/2024	0.03482
MULTIVITAMIN WITH MINERALS		TABLET	ORAL	11/04/2024	0.03482
MULTIVITAMIN,STRESS FORMULA		TABLET	ORAL	11/04/2024	0.03482
MULTIVITAMIN, THER AND MINERALS		CAPSULE	ORAL	11/04/2024	0.03482
MULTIVITAMIN, THER AND MINERALS		TABLET	ORAL	11/04/2024	0.03482
MULTIVITAMIN, THERAPEUTIC		LIQUID	ORAL	11/04/2024	0.03482
MULTIVITAMIN, THERAPEUTIC		TABLET	ORAL	11/04/2024	0.03482
MULTIVITAMIN-MIN/HERBAL NO.362		TABLET	ORAL	11/04/2024	0.03482
MULTIVITAMIN/FERROUS SULFATE	18 MG	TABLET	ORAL	11/04/2024	0.03482
MULTIVITAMIN/FOLIC ACID/BIOTIN	400-2000	TABLET	ORAL	11/04/2024	0.03482
MULTIVITAMIN/FOLIC ACID/DHA	200 MCG-16	TAB CHEW	ORAL	11/04/2024	0.03482
MULTIVITAMIN/IRON/FOLIC ACID	18MG-0.4MG	TABLET	ORAL	08/19/2025	0.01089
MUPIROCIN	2 %	OINT. (G)	TOPICAL	03/11/2026	0.10998
MUPIROCIN CALCIUM	2 %	CREAM (G)	TOPICAL	01/28/2026	1.17920

**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
MV NO.42/IRON/LEVOMEFOLATE/DHA	38 MG-1700	CAPSULE	ORAL	11/04/2024	0.03482
MV,CA,MIN/IRON/FA/CAFF/GUARANA	18MG-0.4MG	TABLET	ORAL	11/04/2024	0.03482
MV,CA,MIN/IRON/FA/CAFF/GUARANA	9-400-200	TABLET	ORAL	11/04/2024	0.03482
MV,CAL,MIN/IRON/FOLIC ACID/LUT	18-500-300	TABLET	ORAL	11/04/2024	0.03482
MV,CALC,IRON,MIN/FOLIC/HERB145	200-0.4MG	TABLET	ORAL	11/04/2024	0.03482
MV,CALC,IRON,MIN/FOLIC/HERB153	3MG-133-33	CAPSULE	ORAL	11/04/2024	0.03482
MV,CALC,MIN/IRON/FOLIC/BIOTIN	1 MG-66.7	TABLET	ORAL	11/04/2024	0.03482
MV,CALCIUM,MIN/IRON/FOLIC ACID	18-0.4-6MG	TABLET	ORAL	11/04/2024	0.03482
MV,CALCIUM,MIN/IRON/FOLIC/VITK	18-600-80	TABLET	ORAL	11/04/2024	0.03482
MV,IRON,MINS/DIET.SUP4/DNA/RNA		CAPSULE	ORAL	11/04/2024	0.03482
MV,IRON,MINS/FOLIC ACID/DIET24	400 MCG	TABLET	ORAL	11/04/2024	0.03482
MV,IRON/FOLIC/D3/OM-3/DHA/EPA	400MCG-500	CAPSULE	ORAL	11/04/2024	0.03482
MV,MIN10/FOLIC ACID/D3/ALA/LUT	1-1000-5	TABLET	ORAL	11/04/2024	0.03482
MV-CA-MN/IRON/FOLIC/K/HERB 293	18-240-120	TABLET	ORAL	11/04/2024	0.03482
MV-CALC-MINS/IRON/FOLIC/K1/LUT	8MG-400MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN 114/FA/OM3/DHA/EPA/FISH	115 MCG-35	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MIN NO.113/IRON/FOLIC ACID	4.5 MG-200	CAPSULE	ORAL	11/04/2024	0.03482
MV-MIN NO.121/IRON/FOLIC ACID	32 MG-1 MG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MIN NO.83/IRON/FOLATE NO.10	20 MG-1670	TABLET	ORAL	11/04/2024	0.03482

**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
MV-MIN NO.9/FOLIC/SAW PALM FRT	1MG-320MG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN NO.97/FOLIC/DHA/HERB293	180 MCG-25	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MIN/FA/D3/OM-3/DHA/EPA/FISH	200MCG-500	CAPSULE	ORAL	11/04/2024	0.03482
MV-MIN/FA/D3/OM-3/DHA/EPA/FISH	80-12.5MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MIN/FAVIT K/LUTEIN/ZEAXANT	200MCG-5MG	CAPSULE	ORAL	03/25/2026	0.18995
MV-MIN/FAVIT K/LYCOP/LUT/ZEAX	200-15 MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FAVIT K1/LUTEIN/HERBS	240-120MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC AC/BIOTIN/LUTEIN	33-5000MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC/ALPHA LIPOIC ACID	240MCG-100	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC/K1/LYCOPEN/LUTEIN	300-60 MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC/K1/LYCOPEN/LUTEIN	150-30 MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC/K1/LYCOPEN/LUTEIN	200-15 MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC/K1/LYCOPEN/LUTEIN	500-30 MCG	COMBO. PKG	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC/VIT K/LUT/HERB293	240-120MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC/VIT K/LUT/HERB293	240-100MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/FOLIC/VIT K/LYCOP/COQ10	200-100MCG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MIN/IRON/FOLIC AC/CAL/D3/AA	2.25-0.1MG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/IRON/FOLIC ACID/K/G.TEA	9MG-300MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/IRON/FOLIC/CALCIUM/VITK	18-400-500	TABLET	ORAL	11/04/2024	0.03482

**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
MV-MIN/IRON/FOLIC/CALCIUM/VITK	18-400-500	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/IRON/FOLIC/K1/HERB 333	18MG-0.4MG	TABLET	ORAL	11/04/2024	0.03482
MV-MIN/M-TETRATHYDROFOLATE GLU	170 MCGDFE	CAPSULE	ORAL	11/04/2024	0.03482
MV-MIN/MFOLAT/COQ10/DIET NO.26	0.5MG-15MG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MIN/MTHFOLATE/COQ10/DHA/EPA	0.5MG-30MG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MINS 6/FOLIC ACID/LUT/COQ10	1.25-35MG	TABLET	ORAL	11/04/2024	0.03482
MV-MINS 71/IRON/FOLIC NO.1/DHA	28-1-300MG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MINS 85/IRON/FA/DHA/L.CASEI	32-1-315MG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MINS NO.109/IRON/LMEFOLATE	18 MG-1700	TABLET	ORAL	11/04/2024	0.03482
MV-MINS NO.119/FOLIC/ALA/COQ10	1-75-10 MG	TABLET	ORAL	11/04/2024	0.03482
MV-MINS NO.24/IRON/FOLIC ACID	60 MG-1 MG	TABLET	ORAL	11/04/2024	0.03482
MV-MINS NO.73/IRON FUM/FOLIC	18 MG-1 MG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MINS NO.90/FOLIC/ALA/COQ10	1-75-10 MG	TABLET	ORAL	11/04/2024	0.03482
MV-MINS/FOLIC/LYCOPENE/GINKGO	400-600MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MINS/FOLIC/LYCOPENE/GINKGO	400-300MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MINS/IRON/FOLIC/LUT/HERB175	3MG-133-33	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN 104/FA/OM3S/DHA/EPA/FISH	180MCG-7.5	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN 108/IRON/FOLIC/DHA/ALGAL	13.5MG-200	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN 110/FA/OM3/DHA/EPA/FISH	180-35-25	TAB CHEW	ORAL	11/04/2024	0.03482

**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
MV-MN 110/FOLIC/OM3S/DHA/FISH	180MCG-7.5	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN 115/FA/OM3/DHA/EPA/FISH	180-35-25	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN NO.105/LEVOMEFOL CALC/K1	1700MCGDFE	TABLET	ORAL	11/04/2024	0.03482
MV-MN NO.106/LEVOMEFOLATE CALC	2040MCGDFE	TABLET	ORAL	11/04/2024	0.03482
MV-MN NO.45/FOLIC/DHA/HERB 293	120 MCG-25	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN NO.67/FOLIC/ALPHA/LUTEIN	1 MG-100MG	TABLET	ORAL	11/04/2024	0.03482
MV-MN NO.86/IRON/FOLIC ACID	27 MG-1 MG	TABLET	ORAL	11/04/2024	0.03482
MV-MN NO.89/IRON/FOLIC ACID	9 MG-0.5MG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/B.COAG/B.SUBTILIS/INULIN	1B CELL-1G	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN/FA/INOSI/CHOLINE/BIOFLAV	67MCG-12.5	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/FA/K1/RESVER/LUTEIN/HERB	240-45 MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/FOLATE 11/M.THISTLE/HERB	72.3MCGDFE	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/FOLATE/FEVERFEW/TURM/HRB	500MCG DFE	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/FOLIC AC/ALIP ACID/COQ10	800-150-50	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/FOLIC AC/CALCIUM/VIT K1	400-500-20	TABLET	ORAL	11/04/2024	0.03482
MV-MN/FOLIC AC/LUTEIN/HERB 329	120-100MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/FOLIC ACID/K1/GENISTEIN	400-30 MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/FOLIC ACID/K1/HERB 357	240-150MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/FOLIC ACID/LUTEIN/HRB178	200-175MCG	TABLET	ORAL	11/04/2024	0.03482

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
** 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
MV-MN/FOLIC/B7/K1/COL/HERB 353	120-60 MCG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/FOLIC/CAL/VIT K/B COMP,C	0.4-800 MG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/FOLIC/FENUGREEK/HERBS	120 MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/FOLIC/K2/B.COAGUL,SUBTIL	150-30 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN/FOLIC/LUTEIN/HERBAL 293	120-150MCG	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN/FOLIC/LUTEIN/HERBAL 293	120 MCG-50	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN/FOLIC/LUTEIN/HERBAL 293	80-166.7	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN/FOLIC/Q10/LYCOPEN/LUTEIN	800MCG-1MG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/FOLIC/Q10/LYCOPEN/LUTEIN	400-250MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/IRON BIS/MTHFOLATE GLUC	1.25MG-170	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/IRON FUM/FOLIC/K1/LYCOP	8MG-200-60	TABLET	ORAL	11/04/2024	0.03482
MV-MN/IRON SUCC-PROT/FOLIC AC	3.6MG-1000	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/IRON/FA/HERBAL/DIGESTIVE	27 MG-360	TABLET	ORAL	11/04/2024	0.03482
MV-MN/IRON/FA/K1/RESV/LUT/HERB	18 MG-240	TABLET	ORAL	11/04/2024	0.03482
MV-MN/IRON/FA/OM3/DHA/EPA/HB/D	27 MG-360	COMBO. PKG	ORAL	11/04/2024	0.03482
MV-MN/IRON/FAVIT K/CHOL/COQ10	22.5MG-400	TAB CHEW	ORAL	11/04/2024	0.03482
MV-MN/IRON/FOLIC/K1/HERBAL 352	4.5 MG-120	TABLET	ORAL	11/04/2024	0.03482
MV-MN/IRON/FOLIC/K1/HERBAL 354	18MG-0.4MG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/IRON/LMEFOLATE/VIT K1/K2	1 MG/3.45G	POWDER	ORAL	11/04/2024	0.03482

**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
MV-MN/IRON/MFOLATE/K/HERB 333	18 MG-800	TABLET	ORAL	11/04/2024	0.03482
MV-MN/IRON/MFOLATE/K/HERB 335	3 MG-66.67	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/IRON/MFOLATE/K1/HERB 355	6MG-133MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/IRON/MFOLATE/K1/HERB 360	6MG-266MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/K1/L.ACID/L.PAR/HERB 365	300-7.5B	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/LMEFOL/K2/SAW/GINKGO/HRB	400-30 MCG	TABLET	ORAL	11/04/2024	0.03482
MV-MN/LMEFOLATE CALC/VIT K1/K2	667-280MCG	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/MFOLATE/VIT K/HERB 334	0.4 MG-120	TABLET	ORAL	11/04/2024	0.03482
MV-MN/YEAST/ASTRAG/GINGER/HERB	166.6-83.3	CAPSULE	ORAL	11/04/2024	0.03482
MV-MN/YEAST/ASTRAG/GINGER/HERB	500/SCOOP	POWDER	ORAL	11/04/2024	0.03482
MV-MN68/FE/FA/OM3/DHA/EPA/FISH	5-0.5-150	CAPSULE	ORAL	11/04/2024	0.03482
MV/FA/THST/DAN/TUR/GING/AR/HRB	200MCG DFE	CAPSULE	ORAL	11/04/2024	0.03482
MV/FE/FA/OM3/FSH/LYCOP/LUT/ZEA	4.5 MG-500	CAPSULE	ORAL	11/04/2024	0.03482
MV/IRON/FA/K/D3/CHOL/DHA/FISH	9MG-400MCG	COMBO. PKG	ORAL	11/04/2024	0.03482
MV/IRON/L.ACID/S.BOUL/HYAL/HRB	2.5 MG-5MM	CAPSULE	ORAL	11/04/2024	0.03482
MVIT-MINS/FOLIC ACID/SOY ISOFL	0.4MG-60MG	TABLET	ORAL	11/04/2024	0.03482
MVM120/FE/FA/OM3/DHA/EPA/FS/LT	3MG-500MCG	CAPSULE	ORAL	11/04/2024	0.03482
MVMN/FA/ALA/Q10/L.ACI,B.BR,LON	500 MCG-25	CAPSULE	ORAL	11/04/2024	0.03482
MVMN/IRON/LMEFOL/K2/GINKGO/HRB	2.5 MG-400	TABLET	ORAL	11/04/2024	0.03482

**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
MVN-MIN 74/IRON FUM/IRON/FA	85 MG-1 MG	CAPSULE	ORAL	11/04/2024	0.03482
MVN-MIN/FOLIC/VIT K1/HERB 352	119.9-60	TABLET	ORAL	11/04/2024	0.03482
MVN-MIN75/IRON/IRON PS/OM3/DHA	35-1-200MG	CAPSULE	ORAL	11/04/2024	0.03482
MVN/FA/K/OM3/DHA/EPA/FISH/TEA	500-30 MCG	COMBO. PKG	ORAL	11/04/2024	0.03482
MVN96/IRON/FA/OM3/DHA/EPA/FISH	28-1-35 MG	CAPSULE	ORAL	11/04/2024	0.03482
MYCOPHENOLATE MOFETIL	250 MG	CAPSULE	ORAL	10/15/2025	0.10972
MYCOPHENOLATE MOFETIL	200 MG/ML	SUSP RECON	ORAL	02/17/2026	0.87557
MYCOPHENOLATE MOFETIL	500 MG	TABLET	ORAL	04/29/2026	0.21013
MYCOPHENOLATE MOFETIL HCL	500 MG	VIAL	INTRAVEN	04/01/2025	29.98125
MYCOPHENOLATE SODIUM	180 MG	TABLET DR	ORAL	05/13/2026	0.23729
MYCOPHENOLATE SODIUM	360 MG	TABLET DR	ORAL	05/26/2026	0.35968
NABUMETONE	500 MG	TABLET	ORAL	11/12/2025	0.09269
NABUMETONE	750 MG	TABLET	ORAL	02/11/2026	0.25082
NADOLOL	20 MG	TABLET	ORAL	03/04/2026	0.30056
NADOLOL	40 MG	TABLET	ORAL	03/11/2026	0.28777
NADOLOL	80 MG	TABLET	ORAL	06/10/2025	0.28006
NAFCILLIN SODIUM	1 G	VIAL	INJECTION	11/04/2024	4.62000
NAFCILLIN SODIUM	10 G	VIAL	INJECTION	10/08/2025	48.16475
NAFCILLIN SODIUM	2 G	VIAL	INJECTION	06/04/2025	8.40000

**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
NAFTIFINE HCL	2 %	GEL (GRAM)	TOPICAL	11/04/2024	4.57800
NAFTIFINE HCL	1 %	CREAM (G)	TOPICAL	11/04/2024	2.75278
NAFTIFINE HCL	2 %	CREAM (G)	TOPICAL	11/12/2025	3.01195
NALBUPHINE HCL	10 MG/ML	AMPUL	INJECTION	06/11/2025	7.67160
NALBUPHINE HCL	10 MG/ML	VIAL	INJECTION	11/04/2024	1.69250
NALBUPHINE HCL	20 MG/ML	VIAL	INJECTION	03/11/2025	1.69322
NALOXONE HCL	0.4 MG/ML	SYRINGE	INJECTION	10/14/2025	7.87800
NALOXONE HCL	1 MG/ML	SYRINGE	INJECTION	02/11/2026	6.49605
NALOXONE HCL	0.4 MG/ML	VIAL	INJECTION	02/09/2026	3.71666
NALOXONE HCL	4 MG	SPRAY	NASAL	03/11/2026	14.93706
NALTREXONE HCL	50 MG	TABLET	ORAL	06/16/2026	1.10807
NALTREXONE MICROSPPHERES	380 MG	SUS ER REC	INTRAMUSC	11/04/2024	1673.93220
NAPROXEN	125 MG/5ML	ORAL SUSP	ORAL	12/17/2025	0.39983
NAPROXEN	250 MG	TABLET	ORAL	06/03/2026	0.03192
NAPROXEN	375 MG	TABLET	ORAL	02/25/2026	0.04105
NAPROXEN	500 MG	TABLET	ORAL	09/10/2025	0.04326
NAPROXEN	375 MG	TABLET DR	ORAL	07/09/2025	0.29169
NAPROXEN	500 MG	TABLET DR	ORAL	09/16/2025	1.30550
NAPROXEN SODIUM	220 MG	CAPSULE	ORAL	11/12/2024	0.16750

**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
NAPROXEN SODIUM	275 MG	TABLET	ORAL	11/12/2025	0.35564
NAPROXEN SODIUM	550 MG	TABLET	ORAL	04/08/2026	0.28998
NAPROXEN SODIUM	220 MG	TABLET	ORAL	04/08/2026	0.01608
NAPROXEN SODIUM	500 MG	TBMP 24HR	ORAL	10/28/2025	8.17240
NAPROXEN SODIUM	375 MG	TBMP 24HR	ORAL	11/12/2025	10.80805
NAPROXEN SODIUM	750 MG	TBMP 24HR	ORAL	02/18/2026	20.52365
NAPROXEN SODIUM/PSEUDOEPHEDRIN	220-120MG	TAB ER 12H	ORAL	11/04/2024	0.53466
NAPROXEN/ESOMEPRAZOLE MAG	500MG-20MG	TAB IR DR	ORAL	11/04/2024	8.36200
NAPROXEN/ESOMEPRAZOLE MAG	375MG-20MG	TAB IR DR	ORAL	04/22/2026	11.45400
NARATRIPTAN HCL	2.5 MG	TABLET	ORAL	04/01/2025	1.19111
NARATRIPTAN HCL	1 MG	TABLET	ORAL	06/11/2025	6.52780
NATALIZUMAB	300MG/15ML	VIAL	INTRAVEN	11/04/2024	558.23580
NATEGLINIDE	120 MG	TABLET	ORAL	08/13/2025	0.37431
NATEGLINIDE	60 MG	TABLET	ORAL	05/20/2026	0.32205
NEBIVOLOL HCL	5 MG	TABLET	ORAL	01/21/2026	0.15886
NEBIVOLOL HCL	2.5 MG	TABLET	ORAL	01/21/2026	0.29490
NEBIVOLOL HCL	10 MG	TABLET	ORAL	01/21/2026	0.20562
NEBIVOLOL HCL	20 MG	TABLET	ORAL	02/25/2026	0.28217
NEBULIZER		EACH	MISCELL	04/22/2026	68.16250

**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
NEEDLELESS DISPENSING PIN		EACH	MISCELL	03/19/2025	1.87131
NEEDLES, BLOOD COLLECTION	20GX1"	DIS NEEDLE	MISCELL	11/04/2024	0.07437
NEEDLES, BLOOD COLLECTION	21 G X 1"	DIS NEEDLE	MISCELL	11/04/2024	0.07437
NEEDLES, BLOOD COLLECTION	22 G X 1"	DIS NEEDLE	MISCELL	11/04/2024	0.07437
NEEDLES, DISPOSABLE	16 G X 1"	DIS NEEDLE	MISCELL	11/04/2024	0.09484
NEEDLES, DISPOSABLE	16GX1.5"	DIS NEEDLE	MISCELL	06/04/2025	0.16174
NEEDLES, DISPOSABLE	18GX1"	DIS NEEDLE	MISCELL	06/04/2025	0.06807
NEEDLES, DISPOSABLE	18GX1 1/2"	DIS NEEDLE	MISCELL	02/11/2026	0.02285
NEEDLES, DISPOSABLE	19GX1"	DIS NEEDLE	MISCELL	11/04/2024	0.08784
NEEDLES, DISPOSABLE	19GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.08784
NEEDLES, DISPOSABLE	20GX1"	DIS NEEDLE	MISCELL	03/26/2025	0.08784
NEEDLES, DISPOSABLE	20GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.04683
NEEDLES, DISPOSABLE	21 G X 1"	DIS NEEDLE	MISCELL	06/04/2025	0.08784
NEEDLES, DISPOSABLE	21GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.08784
NEEDLES, DISPOSABLE	21GX2"	DIS NEEDLE	MISCELL	11/04/2024	0.13574
NEEDLES, DISPOSABLE	22 G X 1"	DIS NEEDLE	MISCELL	11/04/2024	0.02285
NEEDLES, DISPOSABLE	22GX1 1/2"	DIS NEEDLE	MISCELL	03/05/2025	0.06807
NEEDLES, DISPOSABLE	23GX3/4"	DIS NEEDLE	MISCELL	11/04/2024	0.05762
NEEDLES, DISPOSABLE	23GX1"	DIS NEEDLE	MISCELL	11/04/2024	0.02285

**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
NEEDLES, DISPOSABLE	23GX1.25"	DIS NEEDLE	MISCELL	11/04/2024	0.03343
NEEDLES, DISPOSABLE	23GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.02285
NEEDLES, DISPOSABLE	25GX5/8"	DIS NEEDLE	MISCELL	11/04/2024	0.02285
NEEDLES, DISPOSABLE	25GX1"	DIS NEEDLE	MISCELL	11/04/2024	0.02285
NEEDLES, DISPOSABLE	25GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.02285
NEEDLES, DISPOSABLE	26GX3/8"	DIS NEEDLE	MISCELL	11/04/2024	0.08707
NEEDLES, DISPOSABLE	26GX1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.05762
NEEDLES, DISPOSABLE	26 G X5/8"	DIS NEEDLE	MISCELL	11/04/2024	0.03343
NEEDLES, DISPOSABLE	26GX1.5"	DIS NEEDLE	MISCELL	11/04/2024	0.09715
NEEDLES, DISPOSABLE	27GX1/2"	DIS NEEDLE	MISCELL	01/14/2026	0.06807
NEEDLES, DISPOSABLE	27GX1.25"	DIS NEEDLE	MISCELL	04/08/2026	0.04683
NEEDLES, DISPOSABLE	27GX1.5"	DIS NEEDLE	MISCELL	01/14/2026	0.05069
NEEDLES, DISPOSABLE	30 G X1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.04683
NEEDLES, DISPOSABLE	30GX3/4"	DIS NEEDLE	MISCELL	11/04/2024	0.07185
NEEDLES, DISPOSABLE	30GX1"	DIS NEEDLE	MISCELL	06/04/2025	0.29400
NEEDLES, FILTER	18GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.31698
NEEDLES, SAFETY	25GX5/8"	DIS NEEDLE	MISCELL	04/29/2026	0.14445
NEEDLES, SAFETY	23GX1"	DIS NEEDLE	MISCELL	06/04/2025	0.16357
NEEDLES, SAFETY	27GX1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.17407

**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
NEEDLES, SAFETY	26GX1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.09903
NEEDLES, SAFETY	25GX1"	DIS NEEDLE	MISCELL	04/29/2026	0.11980
NEEDLES, SAFETY	25GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.17447
NEEDLES, SAFETY	18GX1"	DIS NEEDLE	MISCELL	11/04/2024	0.70752
NEEDLES, SAFETY	18GX1 1/2"	DIS NEEDLE	MISCELL	06/04/2025	0.17407
NEEDLES, SAFETY	19GX1"	DIS NEEDLE	MISCELL	11/04/2024	0.09903
NEEDLES, SAFETY	19GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.09903
NEEDLES, SAFETY	20GX1"	DIS NEEDLE	MISCELL	11/04/2024	0.70752
NEEDLES, SAFETY	20GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.70752
NEEDLES, SAFETY	21 G X 1"	DIS NEEDLE	MISCELL	11/04/2024	0.15464
NEEDLES, SAFETY	21GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.70752
NEEDLES, SAFETY	22 G X 1"	DIS NEEDLE	MISCELL	11/04/2024	0.70752
NEEDLES, SAFETY	22GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.70752
NEEDLES, SAFETY	23GX1 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.17407
NEEDLES, SAFETY	30 G X 1/2"	DIS NEEDLE	MISCELL	11/04/2024	0.17407
NEEDLES, SAFETY	23GX5/8"	DIS NEEDLE	MISCELL	11/04/2024	0.17407
NELARABINE	250MG/50ML	VIAL	INTRAVEN	06/17/2026	5.72440
NEOMYCIN SULFATE	500 MG	TABLET	ORAL	04/30/2025	1.13632
NEOMYCIN/BACIT/P-MYX/HYDROCORT	3.5-10K-1	OINT. (G)	OPHTHALMIC	04/08/2025	9.85386

**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
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT PACK	TOPICAL	04/23/2025	0.04071
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT. (G)	TOPICAL	05/27/2026	0.17976
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5MG-400	OINT. (G)	OPHTHALMIC	04/08/2025	4.50000
NEOMYCIN/POLYMYXIN B/DEXAMETHA	3.5-10K-.1	OINT. (G)	OPHTHALMIC	09/29/2025	2.85686
NEOMYCIN/POLYMYXIN B/DEXAMETHA	0.1 %	DROPS SUSP	OPHTHALMIC	11/04/2024	2.66124
NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	DROPS SUSP	OTIC (EAR)	04/22/2026	3.94485
NEOMYCN/BACITRC/POLYMYX/PRAMOX	3.5-10K-10	OINT. (G)	TOPICAL	05/13/2026	0.42076
NEOSTIGMINE METHYLSULFATE	5 MG/5 ML	SYRINGE	INTRAVEN	08/20/2025	1.98320
NEOSTIGMINE METHYLSULFATE	3 MG/3 ML	SYRINGE	INTRAVEN	11/25/2025	6.13156
NEOSTIGMINE METHYLSULFATE	0.5 MG/ML	VIAL	INTRAVEN	06/10/2026	0.27644
NEOSTIGMINE METHYLSULFATE	1 MG/ML	VIAL	INTRAVEN	03/19/2025	0.28006
NEVIRAPINE	200 MG	TABLET	ORAL	08/27/2025	0.17197
NEVIRAPINE	400 MG	TAB ER 24H	ORAL	04/01/2025	9.42962
NIACIN	250 MG	CAPSULE ER	ORAL	11/04/2024	0.06164
NIACIN	100 MG	TABLET	ORAL	10/22/2025	0.01827
NIACIN	250 MG	TABLET	ORAL	02/18/2026	0.05112
NIACIN	50 MG	TABLET	ORAL	11/23/2024	0.01900
NIACIN	500 MG	TABLET	ORAL	04/01/2025	0.01974
NIACIN	500 MG	TAB ER 24H	ORAL	05/13/2026	0.18480

**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
NIACIN	750 MG	TAB ER 24H	ORAL	04/08/2025	0.26129
NIACIN	1000 MG	TAB ER 24H	ORAL	10/01/2025	0.59288
NIACIN	250 MG	TABLET ER	ORAL	03/25/2026	0.03652
NIACIN	500 MG	TABLET ER	ORAL	10/22/2025	0.03618
NIACIN	750 MG	TABLET ER	ORAL	02/18/2026	0.07672
NIACIN	1000 MG	TABLET ER	ORAL	11/23/2024	0.05860
NIACIN (INOSITOL NIACINATE)	400(500MG)	CAPSULE	ORAL	11/12/2024	0.06700
NIACINAMIDE	500 MG	TABLET	ORAL	11/04/2024	0.02673
NIACINAMIDE	500 MG	TABLET ER	ORAL	01/08/2025	0.08673
NICARDIPINE HCL	20 MG	CAPSULE	ORAL	01/21/2026	2.23318
NICARDIPINE HCL	30 MG	CAPSULE	ORAL	06/10/2025	2.08980
NICARDIPINE HCL	25 MG/10ML	AMPUL	INTRAVEN	11/04/2024	2.22775
NICARDIPINE HCL	25 MG/10ML	VIAL	INTRAVEN	04/01/2026	1.56271
NICARDIPINE IN NACL, ISO-OSM	20MG/200ML	PIGGYBACK	INTRAVEN	06/03/2026	0.31825
NICARDIPINE IN NACL, ISO-OSM	40MG/200ML	PIGGYBACK	INTRAVEN	06/03/2026	0.34944
NICOTINE	7MG/24HR	PATCH TD24	TRANSDERM	06/10/2026	1.37770
NICOTINE	14MG/24HR	PATCH TD24	TRANSDERM	06/03/2026	1.53095
NICOTINE	21 MG/24HR	PATCH TD24	TRANSDERM	03/18/2026	1.33833
NICOTINE POLACRILEX	4 MG	LOZNG MINI	BUCCAL	03/03/2026	0.31969

**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
NICOTINE POLACRILEX	2 MG	LOZNG MINI	BUCCAL	03/04/2026	0.31969
NICOTINE POLACRILEX	2 MG	GUM	BUCCAL	04/08/2026	0.06031
NICOTINE POLACRILEX	4 MG	GUM	BUCCAL	06/10/2026	0.15004
NICOTINE POLACRILEX	4 MG	LOZENGE	BUCCAL	12/19/2025	0.27860
NICOTINE POLACRILEX	2 MG	LOZENGE	BUCCAL	03/04/2026	0.31969
NIFEDIPINE	10 MG	CAPSULE	ORAL	03/18/2026	0.56829
NIFEDIPINE	20 MG	CAPSULE	ORAL	02/25/2026	1.51809
NIFEDIPINE	30 MG	TAB ER 24	ORAL	06/10/2026	0.08474
NIFEDIPINE	60 MG	TAB ER 24	ORAL	10/15/2025	0.10303
NIFEDIPINE	90 MG	TAB ER 24	ORAL	11/12/2025	0.21002
NIFEDIPINE	30 MG	TABLET ER	ORAL	10/01/2025	0.09819
NIFEDIPINE	60 MG	TABLET ER	ORAL	10/01/2025	0.14606
NIFEDIPINE	90 MG	TABLET ER	ORAL	06/10/2026	0.17667
NILOTINIB HCL	200 MG	CAPSULE	ORAL	05/13/2026	4.71429
NILOTINIB HCL	150 MG	CAPSULE	ORAL	05/13/2026	4.71429
NIMODIPINE	30 MG	CAPSULE	ORAL	03/18/2026	1.79614
NINTEDANIB ESYLATE	100 MG	CAPSULE	ORAL	04/29/2026	11.35806
NINTEDANIB ESYLATE	150 MG	CAPSULE	ORAL	04/29/2026	11.35806
NISOLDIPINE	8.5 MG	TAB ER 24H	ORAL	11/19/2025	4.05359

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
** 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
NISOLDIPINE	17 MG	TAB ER 24H	ORAL	09/29/2025	5.08042
NISOLDIPINE	34 MG	TAB ER 24H	ORAL	10/08/2025	5.33070
NITAZOXANIDE	500 MG	TABLET	ORAL	06/17/2026	78.65953
NITISINONE	2 MG	CAPSULE	ORAL	04/23/2025	60.50319
NITISINONE	5 MG	CAPSULE	ORAL	04/23/2025	151.25840
NITISINONE	10 MG	CAPSULE	ORAL	04/23/2025	302.51713
NITISINONE	20 MG	CAPSULE	ORAL	11/04/2024	502.69331
NITROFURANTOIN	25 MG/5 ML	ORAL SUSP	ORAL	04/01/2026	1.89347
NITROFURANTOIN MACROCRYSTAL	100 MG	CAPSULE	ORAL	04/29/2026	0.24392
NITROFURANTOIN MACROCRYSTAL	50 MG	CAPSULE	ORAL	06/03/2026	0.11686
NITROFURANTOIN MONOHYD/M-CRYST	100 MG	CAPSULE	ORAL	05/06/2025	0.23132
NITROGLYCERIN	0.4% (W/W)	OINT. (G)	RECTAL	02/11/2025	12.68520
NITROGLYCERIN	400MCG/SPR	SPRAY	TRANSLING	03/04/2026	21.22575
NITROGLYCERIN	0.3 MG	TAB SUBL	SUBLINGUAL	10/08/2025	0.13333
NITROGLYCERIN	0.4 MG	TAB SUBL	SUBLINGUAL	04/29/2026	0.06996
NITROGLYCERIN	0.6 MG	TAB SUBL	SUBLINGUAL	01/21/2026	0.15397
NITROGLYCERIN	0.4MG/HR	PATCH TD24	TRANSDERM	04/01/2025	1.03919
NITROGLYCERIN	0.6MG/HR	PATCH TD24	TRANSDERM	11/12/2025	1.33553
NITROGLYCERIN	0.1MG/HR	PATCH TD24	TRANSDERM	02/09/2026	0.68675

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
** 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
NITROGLYCERIN	0.2MG/HR	PATCH TD24	TRANSDERM	02/09/2026	0.64267
NITROPRUSSIDE IN 0.9% NACL	50MG/100ML	VIAL	INTRAVEN	04/23/2025	0.67817
NITROPRUSSIDE SODIUM	25 MG/ML	VIAL	INTRAVEN	11/25/2025	8.25000
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	03/11/2026	332.83371
NIZATIDINE	150 MG	CAPSULE	ORAL	11/12/2025	1.53353
NON-ADHERENT BANDAGE	8"X10"	BANDAGE	TOPICAL	02/04/2026	0.53828
NON-ADHERENT BANDAGE	2"X3"	BANDAGE	TOPICAL	11/04/2024	0.18968
NON-ADHERENT BANDAGE	3"X4"	BANDAGE	TOPICAL	08/27/2025	0.20325
NOREPINEPHRINE BIT/0.9 % NACL	4MG/250ML	PLAST. BAG	INTRAVEN	05/27/2026	0.18760
NOREPINEPHRINE BIT/0.9 % NACL	8 MG/250ML	PLAST. BAG	INTRAVEN	05/27/2026	0.24120
NOREPINEPHRINE BIT/0.9 % NACL	16MG/250ML	PLAST. BAG	INTRAVEN	05/27/2026	0.33098
NOREPINEPHRINE BITARTRATE	1 MG/ML	VIAL	INTRAVEN	05/27/2026	0.85425
NOREPINEPHRINE BITARTRATE/D5W	16MG/250ML	PLAST. BAG	INTRAVEN	02/25/2026	0.32160
NORETH-ETHINYL ESTRADIOL/IRON	0.8-25(24)	TAB CHEW	ORAL	01/07/2025	2.22217
NORETHINDRONE	0.35 MG	TABLET	ORAL	06/17/2025	0.07339
NORETHINDRONE AC/ETH ESTRADIOL	1.5-0.03MG	TABLET	ORAL	05/13/2026	0.27688
NORETHINDRONE AC/ETH ESTRADIOL	1MG-20MCG	TABLET	ORAL	12/10/2025	0.37775

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
** 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
NORETHINDRONE AC/ETH ESTRADIOL	1MG-5MCG	TABLET	ORAL	11/04/2024	1.43678
NORETHINDRONE AC/ETH ESTRADIOL	0.5MG-2.5	TABLET	ORAL	12/17/2025	2.30808
NORETHINDRONE ACETATE	5 MG	TABLET	ORAL	04/15/2025	0.22548
NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	CAPSULE	ORAL	03/18/2026	1.25609
NORETHINDRONE-E.ESTRADIOL-IRON	1.5-30(21)	TABLET	ORAL	10/29/2025	0.13575
NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(21)	TABLET	ORAL	02/26/2025	0.13623
NORETHINDRONE-E.ESTRADIOL-IRON	5-7-9-7	TABLET	ORAL	04/01/2025	1.92785
NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	TABLET	ORAL	06/10/2026	0.33787
NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	TAB CHEW	ORAL	11/12/2025	1.11874
NORETHINDRONE-ETHIN. ESTRADIOL	0.4-0.035	TABLET	ORAL	04/22/2026	0.24662
NORETHINDRONE-ETHIN. ESTRADIOL	0.5-0.035	TABLET	ORAL	04/22/2026	1.06083
NORETHINDRONE-ETHIN. ESTRADIOL	1 MG-35MCG	TABLET	ORAL	08/20/2025	0.52723
NORETHINDRONE-ETHIN. ESTRADIOL	7 DAYS X 3	TABLET	ORAL	11/12/2025	0.62741
NORETHINDRONE-ETHIN. ESTRADIOL	7-9-5	TABLET	ORAL	11/04/2024	1.74918
NORGESTIMATE-ETHINYL ESTRADIOL	0.25-0.035	TABLET	ORAL	05/13/2026	0.10934
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	ORAL	02/18/2026	0.23450
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 LO	TABLET	ORAL	04/22/2026	0.36866
NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	ORAL	04/01/2025	0.57891
NORTRIPTYLINE HCL	10 MG	CAPSULE	ORAL	04/15/2026	0.05884

**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
NORTRIPTYLINE HCL	25 MG	CAPSULE	ORAL	05/20/2026	0.07920
NORTRIPTYLINE HCL	50 MG	CAPSULE	ORAL	04/01/2025	0.14360
NORTRIPTYLINE HCL	75 MG	CAPSULE	ORAL	04/01/2025	0.19891
NORTRIPTYLINE HCL	10 MG/5 ML	SOLUTION	ORAL	04/08/2026	0.22408
NYSTATIN	100000/ML	ORAL SUSP	ORAL	04/30/2025	0.05791
NYSTATIN	500K UNIT	TABLET	ORAL	04/01/2025	0.60474
NYSTATIN	100000/G	CREAM (G)	TOPICAL	04/22/2025	0.12947
NYSTATIN	100000/G	OINT. (G)	TOPICAL	09/17/2025	0.18378
NYSTATIN	100000/G	POWDER	TOPICAL	02/11/2026	0.22333
NYSTATIN/TRIAMCINOLONE ACET	100000-0.1	CREAM (G)	TOPICAL	04/29/2026	0.16538
NYSTATIN/TRIAMCINOLONE ACET	100000-0.1	OINT. (G)	TOPICAL	12/10/2025	0.18983
OBINUTUZUMAB	1000 MG/40	VIAL	INTRAVEN	11/04/2024	210.16692
OCTREOTIDE ACETATE	50 MCG/ML	AMPUL	INJECTION	11/04/2024	14.08071
OCTREOTIDE ACETATE	500 MCG/ML	AMPUL	INJECTION	10/29/2025	128.60122
OCTREOTIDE ACETATE	200 MCG/ML	VIAL	INJECTION	12/23/2025	8.31360
OCTREOTIDE ACETATE	1000MCG/ML	VIAL	INJECTION	11/04/2024	28.70000
OCTREOTIDE ACETATE	50 MCG/ML	VIAL	INJECTION	12/03/2025	4.12236
OCTREOTIDE ACETATE	500 MCG/ML	VIAL	INJECTION	11/04/2024	11.79420
OCTREOTIDE ACETATE	100 MCG/ML	VIAL	INJECTION	12/03/2025	3.30554

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
** 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
OCTREOTIDE ACETATE,MI-SPHERES	10 MG	VIAL	INTRAMUSC	02/09/2026	2954.31810
OCTREOTIDE ACETATE,MI-SPHERES	20 MG	VIAL	INTRAMUSC	02/23/2026	3965.55075
OCTREOTIDE ACETATE,MI-SPHERES	30 MG	VIAL	INTRAMUSC	02/02/2026	4129.06900
OFLOXACIN	0.3 %	DROPS	OPHTHALMIC	04/01/2026	1.10250
OFLOXACIN	0.3 %	DROPS	OTIC (EAR)	12/17/2025	0.93685
OLANZAPINE	7.5 MG	TABLET	ORAL	11/12/2025	0.07154
OLANZAPINE	10 MG	TABLET	ORAL	11/12/2025	0.07964
OLANZAPINE	5 MG	TABLET	ORAL	05/13/2025	0.05076
OLANZAPINE	2.5 MG	TABLET	ORAL	05/13/2025	0.05826
OLANZAPINE	15 MG	TABLET	ORAL	11/19/2025	0.11787
OLANZAPINE	20 MG	TABLET	ORAL	05/20/2026	0.11658
OLANZAPINE	5 MG	TAB RAPDIS	ORAL	04/15/2026	0.30800
OLANZAPINE	10 MG	TAB RAPDIS	ORAL	04/15/2026	0.34233
OLANZAPINE	15 MG	TAB RAPDIS	ORAL	04/15/2026	0.57718
OLANZAPINE	20 MG	TAB RAPDIS	ORAL	05/06/2026	0.99517
OLANZAPINE	10 MG	VIAL	INTRAMUSC	05/13/2026	15.81300
OLANZAPINE PAMOATE	405 MG	VIAL	INTRAMUSC	04/03/2026	634.86423
OLANZAPINE PAMOATE	300 MG	VIAL	INTRAMUSC	04/03/2026	470.26980
OLANZAPINE PAMOATE	210 MG	VIAL	INTRAMUSC	04/03/2026	448.89390

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
** 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
OLANZAPINE/FLUOXETINE HCL	6MG-25MG	CAPSULE	ORAL	05/20/2026	11.16170
OLANZAPINE/FLUOXETINE HCL	6MG-50MG	CAPSULE	ORAL	11/25/2025	11.16170
OLANZAPINE/FLUOXETINE HCL	12MG-25MG	CAPSULE	ORAL	11/04/2024	22.91800
OLANZAPINE/FLUOXETINE HCL	12MG-50MG	CAPSULE	ORAL	11/04/2024	9.99200
OLANZAPINE/FLUOXETINE HCL	3 MG-25 MG	CAPSULE	ORAL	11/04/2024	6.50790
OLIVE OIL		OIL	MISCELL	11/26/2024	0.02363
OLMESARTAN MEDOXOMIL	5 MG	TABLET	ORAL	05/27/2026	0.07183
OLMESARTAN MEDOXOMIL	20 MG	TABLET	ORAL	04/29/2026	0.05125
OLMESARTAN MEDOXOMIL	40 MG	TABLET	ORAL	05/06/2026	0.07591
OLMESARTAN/AMLODIPIN/HCTHIAZID	20-5-12.5	TABLET	ORAL	06/17/2026	0.76514
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-12.5	TABLET	ORAL	06/17/2026	2.05318
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-25 MG	TABLET	ORAL	11/04/2024	1.92781
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-12.5	TABLET	ORAL	06/17/2026	1.56333
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-25MG	TABLET	ORAL	06/17/2026	1.86662
OLMESARTAN/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	05/27/2025	0.10836
OLMESARTAN/HYDROCHLOROTHIAZIDE	40-12.5 MG	TABLET	ORAL	05/27/2026	0.29659
OLMESARTAN/HYDROCHLOROTHIAZIDE	40 MG-25MG	TABLET	ORAL	05/27/2026	0.29659
OLOPATADINE HCL	0.1 %	DROPS	OPHTHALMIC	01/28/2025	1.00776
OLOPATADINE HCL	0.2 %	DROPS	OPHTHALMIC	05/27/2026	2.01600

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
** 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
OLOPATADINE HCL	0.7 %	DROPS	OPHTHALMIC	04/22/2026	5.33433
OLOPATADINE HCL	0.6 %	SPRAY/PUMP	NASAL	04/01/2025	1.32902
OM-3/DHA/EPA/B12/FA/B6/PHYTOST	500-0.5-1	CAPSULE	ORAL	11/04/2024	0.03482
OM-3/DHA/EPA/D3/B12/FA/B-6/PHY	500-1000-1	CAPSULE	ORAL	11/04/2024	0.03482
OMALIZUMAB	150 MG	VIAL	SUBCUT	11/04/2024	1412.65920
OMEGA-3 ACID ETHYL ESTERS	1 G	CAPSULE	ORAL	01/14/2026	0.14416
OMEGA-3 FATTY ACIDS	1000 MG	CAPSULE	ORAL	11/04/2024	0.12308
OMEGA-3 FATTY ACIDS/FISH OIL	300-1000MG	CAPSULE	ORAL	06/17/2025	0.03601
OMEGA-3 FATTY ACIDS/FISH OIL	360-1200MG	CAPSULE	ORAL	10/22/2025	0.04020
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE	ORAL	01/07/2026	0.06266
OMEGA-3/DHA/EPA/FISH OIL	1200 MG	CAPSULE	ORAL	11/04/2024	0.12831
OMEGA-3/DHA/EPA/FISH OIL	1000 MG	CAPSULE	ORAL	10/21/2025	0.04040
OMEGA-3/DHA/EPA/FISH OIL	60 MG-90MG	CAPSULE	ORAL	10/21/2025	0.02834
OMEGA-3/DHA/EPA/FISH OIL	200-300 MG	CAPSULE	ORAL	11/04/2024	0.08275
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE	ORAL	11/04/2024	0.11556
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE DR	ORAL	02/19/2025	0.13052
OMEGA-3S/DHA/EPA/FISH OIL/D3	360MG-1000	CAPSULE	ORAL	11/04/2024	0.10563
OMEPRAZOLE	20 MG	CAPSULE DR	ORAL	03/11/2026	0.02497
OMEPRAZOLE	10 MG	CAPSULE DR	ORAL	11/25/2025	0.06857

**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
OMEPRAZOLE	40 MG	CAPSULE DR	ORAL	03/11/2026	0.04149
OMEPRAZOLE	20 MG	TABLET DR	ORAL	02/18/2026	0.48080
OMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	02/05/2025	0.41380
OMEPRAZOLE MAGNESIUM	20 MG	TABLET DR	ORAL	04/15/2026	1.16931
OMEPRAZOLE/SODIUM BICARBONATE	20MG-1.1G	CAPSULE	ORAL	11/04/2024	0.53525
OMEPRAZOLE/SODIUM BICARBONATE	40MG-1.1G	CAPSULE	ORAL	10/01/2025	1.16714
OMEPRAZOLE/SODIUM BICARBONATE	20-1680MG	PACKET	ORAL	06/03/2025	10.60920
OMEPRAZOLE/SODIUM BICARBONATE	40-1680MG	PACKET	ORAL	08/19/2025	13.77777
ONDANSETRON	4 MG	TAB RAPDIS	ORAL	06/10/2026	0.07906
ONDANSETRON	8 MG	TAB RAPDIS	ORAL	11/19/2025	0.16707
ONDANSETRON HCL	4 MG/5 ML	SOLUTION	ORAL	11/04/2024	0.28488
ONDANSETRON HCL	4 MG	TABLET	ORAL	03/04/2026	0.06253
ONDANSETRON HCL	8 MG	TABLET	ORAL	09/10/2025	0.07175
ONDANSETRON HCL	2 MG/ML	VIAL	INTRAVEN	04/09/2025	0.12060
ONDANSETRON HCL/PF	4 MG/2 ML	VIAL	INJECTION	12/10/2025	0.16040
ORAL DOSING DEVICES		DISP SYRIN	MISCELL	11/04/2024	0.07047
ORANGE OIL		OIL	MISCELL	11/04/2024	0.48240
ORPHENADRINE CITRATE	100 MG	TABLET ER	ORAL	09/03/2025	0.40651
ORPHENADRINE CITRATE	30 MG/ML	VIAL	INJECTION	11/04/2024	8.89200

**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
ORPHENADRINE/ASPIRIN/CAFFEINE	50-770-60	TABLET	ORAL	11/04/2024	20.47500
OSELTAMIVIR PHOSPHATE	75 MG	CAPSULE	ORAL	03/18/2026	0.85575
OSELTAMIVIR PHOSPHATE	30 MG	CAPSULE	ORAL	04/15/2026	0.74970
OSELTAMIVIR PHOSPHATE	45 MG	CAPSULE	ORAL	08/20/2025	1.29042
OSELTAMIVIR PHOSPHATE	6 MG/ML	SUSP RECON	ORAL	06/17/2026	0.18425
OVULATION, PREGNANCY TEST KIT		COMBO. PKG	MISCELL	11/04/2024	1.37360
OXACILLIN SODIUM	1 G	VIAL	INJECTION	03/18/2026	7.23120
OXACILLIN SODIUM	10 G	VIAL	INJECTION	11/04/2024	47.15000
OXACILLIN SODIUM	2 G	VIAL	INJECTION	04/01/2025	9.83250
OXALIPLATIN	50 MG	VIAL	INTRAVEN	04/01/2025	578.40750
OXALIPLATIN	50 MG/10ML	VIAL	INTRAVEN	09/10/2025	0.91656
OXALIPLATIN	100MG/20ML	VIAL	INTRAVEN	03/19/2025	0.78608
OXAPROZIN	600 MG	TABLET	ORAL	02/18/2026	0.95488
OXAZEPAM	10 MG	CAPSULE	ORAL	07/01/2025	0.65683
OXAZEPAM	15 MG	CAPSULE	ORAL	07/01/2025	0.74900
OXAZEPAM	30 MG	CAPSULE	ORAL	07/01/2025	0.88787
OXCARBAZEPINE	300 MG/5ML	ORAL SUSP	ORAL	05/20/2026	0.12495
OXCARBAZEPINE	300 MG	TABLET	ORAL	04/01/2025	0.11308
OXCARBAZEPINE	600 MG	TABLET	ORAL	11/12/2025	0.26178

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
** 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
OXCARBAZEPINE	150 MG	TABLET	ORAL	05/27/2026	0.06713
OXCARBAZEPINE	150 MG	TAB ER 24H	ORAL	02/17/2026	3.62416
OXCARBAZEPINE	300 MG	TAB ER 24H	ORAL	04/22/2026	6.82479
OXCARBAZEPINE	600 MG	TAB ER 24H	ORAL	04/22/2026	9.19615
OXICONAZOLE NITRATE	1 %	CREAM (G)	TOPICAL	12/22/2025	2.79520
OXYBUTYNIN	3.9MG/24HR	PATCH TD 4	TRANSDERM	02/18/2026	3.44850
OXYBUTYNIN CHLORIDE	5 MG	TAB ER 24	ORAL	04/01/2026	0.06939
OXYBUTYNIN CHLORIDE	10 MG	TAB ER 24	ORAL	11/19/2025	0.09225
OXYBUTYNIN CHLORIDE	15 MG	TAB ER 24	ORAL	11/25/2025	0.10762
OXYBUTYNIN CHLORIDE	5 MG	TABLET	ORAL	04/15/2026	0.03124
OXYCODONE HCL	5 MG	CAPSULE	ORAL	05/06/2026	0.86205
OXYCODONE HCL	5 MG	TABLET ORL	ORAL	02/12/2025	16.16087
OXYCODONE HCL	30 MG	TABLET ORL	ORAL	11/04/2024	24.44085
OXYCODONE HCL	5 MG/5 ML	SOLUTION	ORAL	08/26/2025	0.04100
OXYCODONE HCL	20 MG/ML	ORAL CONC	ORAL	09/24/2025	5.26500
OXYCODONE HCL	5 MG	TABLET	ORAL	04/22/2025	0.07693
OXYCODONE HCL	10 MG	TABLET	ORAL	08/13/2025	0.14552
OXYCODONE HCL	20 MG	TABLET	ORAL	04/08/2026	0.52413
OXYCODONE HCL	15 MG	TABLET	ORAL	04/27/2026	0.17261

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
** 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
OXYCODONE HCL	30 MG	TABLET	ORAL	04/23/2025	0.10017
OXYCODONE HCL/ACETAMINOPHEN	10-300MG/5	SOLUTION	ORAL	11/04/2024	8.19000
OXYCODONE HCL/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	04/01/2026	0.05012
OXYCODONE HCL/ACETAMINOPHEN	2.5-325 MG	TABLET	ORAL	10/22/2025	0.72729
OXYCODONE HCL/ACETAMINOPHEN	7.5-325 MG	TABLET	ORAL	05/13/2026	0.10673
OXYCODONE HCL/ACETAMINOPHEN	10MG-325MG	TABLET	ORAL	04/01/2026	0.14372
OXYMETAZOLINE HCL	0.05 %	MIST	NASAL	06/25/2025	0.31167
OXYMETAZOLINE HCL	0.05 %	SPRAY	NASAL	06/10/2026	0.14383
OXYMORPHONE HCL	5 MG	TABLET	ORAL	04/01/2025	0.52952
OXYMORPHONE HCL	10 MG	TABLET	ORAL	08/05/2025	0.65415
OXYTOCIN	10 UNIT/ML	VIAL	INJECTION	01/14/2026	0.81472
PACLITAXEL	6 MG/ML	VIAL	INTRAVEN	04/01/2026	0.91388
PACLITAXEL PROTEIN-BOUND	100 MG	VIAL	INTRAVEN	05/27/2026	696.64125
PALIPERIDONE	3 MG	TAB ER 24	ORAL	04/08/2026	0.92730
PALIPERIDONE	6 MG	TAB ER 24	ORAL	03/11/2026	1.22543
PALIPERIDONE	9 MG	TAB ER 24	ORAL	03/11/2026	1.53996
PALIPERIDONE	1.5 MG	TAB ER 24	ORAL	04/01/2026	0.93859
PALIPERIDONE PALMITATE	39MG/0.25	SYRINGE	INTRAMUSC	10/15/2025	2364.15600
PALIPERIDONE PALMITATE	78MG/0.5ML	SYRINGE	INTRAMUSC	10/15/2025	2364.25800

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
** 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	117MG/0.75	SYRINGE	INTRAMUSC	10/15/2025	2364.30560
PALIPERIDONE PALMITATE	156 MG/ML	SYRINGE	INTRAMUSC	10/15/2025	2364.39060
PALIPERIDONE PALMITATE	234MG/1.5	SYRINGE	INTRAMUSC	03/18/2026	2302.53030
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
PALONOSETRON HCL	0.25MG/5ML	SYRINGE	INTRAVEN	11/04/2024	10.92500
PALONOSETRON HCL	0.25MG/5ML	VIAL	INTRAVEN	02/18/2026	1.04788
PAMIDRONATE DISODIUM	30MG/10ML	VIAL	INTRAVEN	11/04/2024	3.56268
PAMIDRONATE DISODIUM	90 MG/10ML	VIAL	INTRAVEN	11/04/2024	5.24040
PANITUMUMAB	100 MG/5ML	VIAL	INTRAVEN	11/04/2024	351.97752
PANITUMUMAB	400MG/20ML	VIAL	INTRAVEN	11/04/2024	351.97752
PANTOPRAZOLE SODIUM	40 MG	GRANPKT DR	ORAL	04/15/2026	8.76000
PANTOPRAZOLE SODIUM	40 MG	TABLET DR	ORAL	05/13/2025	0.02692
PANTOPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	04/01/2025	0.03461
PANTOPRAZOLE SODIUM	40 MG	VIAL	INTRAVEN	02/04/2026	1.74200
PAPAVERINE HCL	30 MG/ML	VIAL	INJECTION	01/29/2025	12.37500
PARAFFIN		WAX	MISCELL	11/04/2024	0.16574

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
** 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
PARICALCITOL	1 MCG	CAPSULE	ORAL	01/06/2026	1.25870
PARICALCITOL	2 MCG	CAPSULE	ORAL	12/31/2025	4.62792
PARICALCITOL	4 MCG	CAPSULE	ORAL	11/04/2024	23.28953
PARICALCITOL	5 MCG/ML	VIAL	INTRAVEN	11/04/2024	3.26726
PARICALCITOL	2 MCG/ML	VIAL	INTRAVEN	11/04/2024	5.01600
PAROXETINE HCL	10 MG/5 ML	ORAL SUSP	ORAL	03/24/2025	1.24782
PAROXETINE HCL	10 MG	TABLET	ORAL	05/27/2025	0.03675
PAROXETINE HCL	20 MG	TABLET	ORAL	12/10/2025	0.05750
PAROXETINE HCL	30 MG	TABLET	ORAL	12/10/2025	0.07492
PAROXETINE HCL	40 MG	TABLET	ORAL	05/27/2025	0.06961
PAROXETINE HCL	25 MG	TAB ER 24H	ORAL	10/22/2025	0.71601
PAROXETINE HCL	12.5 MG	TAB ER 24H	ORAL	11/12/2025	0.86743
PAROXETINE HCL	37.5 MG	TAB ER 24H	ORAL	04/29/2026	0.32562
PAROXETINE MESYLATE	7.5 MG	CAPSULE	ORAL	11/04/2024	4.35102
PAZOPANIB HCL	200 MG	TABLET	ORAL	05/20/2026	63.00342
PEAK FLOW METER		EACH	MISCELL	11/12/2025	5.82083
PEANUT OIL		OIL	MISCELL	11/04/2024	0.06045
PECTIN	2.8 MG	LOZENGE	MUCOUS MEM	07/08/2025	0.05539
PED MULTIVIT 175/FLUORIDE/IRON	0.5MG-10MG	TAB CHEW	ORAL	11/04/2024	0.03482

**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
PED MULTIVIT 220/FLUORIDE/IRON	0.25-7MG/1	DROPS	ORAL	11/04/2024	0.03482
PED MVIT A,C,D3 NO.21/FLUORIDE	0.25 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PED MVIT A,C,D3 NO.21/FLUORIDE	0.5 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PED MVN 210/B. SUBTILIS/LUTEIN	50MM-2.5	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 14/IRON/FOLIC AC	3.5 MG-75	POWDER	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 158/IRON/VIT K1	18MG-10MCG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 200/B. COAGULANS	1.25 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 216/VIT D3/VIT K	76-1000/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 22/VIT D3/VIT K	1500-1000	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 22/VIT D3/VIT K	3000-1000	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 22/VIT D3/VIT K	5000-1000	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 45/FLUORIDE/IRON	0.25-10/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 77/VIT D3/VIT K	750-500/.5	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 89/VIT D3/VIT K	300-37.5	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT 99/VIT D3/VIT K	300-37.5	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.12 W-FLUORIDE	0.25 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.12 W-FLUORIDE	0.5 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.12 W-FLUORIDE	1 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.128/VITAMIN K	500 MCG/ML	LIQUID	ORAL	11/04/2024	0.03482

**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
PEDI MULTIVIT NO.140/IRON FUM	18 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.15/IRON/FOLIC	5MG-100MCG	POWDER	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.161/FLUORIDE	0.25 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.17 W-FLUORIDE	0.25 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.17 W-FLUORIDE	0.5 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.17 W-FLUORIDE	1 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.175/FLUORIDE	0.25 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.175/FLUORIDE	0.5 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.175/FLUORIDE	1 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.19/FOLIC ACID	200 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.194/IRON SULF	10 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.2 W-FLUORIDE	0.25 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.2 W-FLUORIDE	0.5 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.204/HERB 293	66.5 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.219/FLUORIDE	0.25 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.219/FLUORIDE	0.5 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.219/FLUORIDE	1 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.220/FLUORIDE	0.25 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.23/FOLIC ACID	300 MCG	TAB CHEW	ORAL	11/04/2024	0.03482

**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
PEDI MULTIVIT NO.242/FLUORIDE	0.25 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.242/FLUORIDE	0.5 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.242/FLUORIDE	1 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.25/FOLIC ACID	300 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.252/HERB 293	50 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.265/FLUORIDE	0.25 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.27/FOLIC ACID	100 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.31/IRON/FOLIC	9MG-200MCG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.58/IRON FUM	18 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.7/FOLIC ACID	100 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.82 W-FLUORIDE	0.5 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.82 W-FLUORIDE	0.25 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.85/FLUORIDE	0.5(1.1)MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.85/FLUORIDE	1MG(2.2MG)	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.85/FLUORIDE	0.25(0.55)	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.88/IRON POLYS	10 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.91/IRON FUM	15 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MULTIVIT NO.94/IRON FUM	2 MG/2.6 G	POWDER	ORAL	11/04/2024	0.03482
PEDI MV NO.160/FERROUS SULFATE	10 MG/ML	DROPS	ORAL	11/04/2024	0.03482

**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
PEDI MV NO.189/FERROUS SULFATE	11 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MV NO.193/L.RHAMNOSUS GG	5B CELL	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MV NO.193/L.RHAMNOSUS GG	2.5B CELL	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MV NO.197/IRON SULFATE	11 MG/ML	DROPS	ORAL	11/04/2024	0.03482
PEDI MV NO.207/FERROUS SULFATE	11 MG/ML	SYRINGE	ORAL	11/04/2024	0.03482
PEDI MV NO.207/FERROUS SULFATE	5.5 MG/0.5	SYRINGE	ORAL	11/04/2024	0.03482
PEDI MV NO.226/FERROUS SULFATE	18 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MV NO.227/FERROUS SULFATE	10 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MV NO.235/IRON/HRB/BIOFL	2.5MG-75MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MV NO.239/FERROUS SULFATE	10 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI MV NO.247/FLUORIDE	0.75 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDI NUTRIT,IRON,LAC-FREE,FIBR	0.03G-1/ML	LIQUID	ORAL	02/26/2025	0.00848
PEDI NUTRITION,IRON,LACT-FREE	0.03G-1/ML	LIQUID	ORAL	02/26/2025	0.00817
PEDIATRIC MULTIVIT 233/LUTEIN	50 MCG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVIT 61/D3/VIT K	1500-800	CAPSULE	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVIT 61/D3/VIT K	3000-800	CAPSULE	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVIT 61/D3/VIT K	5000-800	CAPSULE	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVIT NO.163/D3/K	750-500	CAPSULE	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVIT NO.36/IRON	10 MG	TAB CHEW	ORAL	11/04/2024	0.03482

**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
PEDIATRIC MULTIVIT NO.50/DHA	16 MG	TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVIT NO.93/IRON	2.75MG/5.4	POWDER	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.101		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.111		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.118		LIQUID	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.119		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.121		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.127		EFFPOWDPKT	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.136		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.144		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.17		TAB CHEW	ORAL	04/30/2025	0.01750
PEDIATRIC MULTIVITAMIN NO.171	750-35/ML	DROPS	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.173	750-35/ML	DROPS	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.192	125-25/0.5	SYRINGE	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.192	250-50/ML	DROPS	ORAL	05/26/2026	0.16195
PEDIATRIC MULTIVITAMIN NO.197	250-50/ML	DROPS	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.202		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.209		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.212	250-50/ML	SYRINGE	ORAL	11/04/2024	0.03482

**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
PEDIATRIC MULTIVITAMIN NO.212	125-25/0.5	SYRINGE	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.212	250-50/ML	DROPS	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.229		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.238		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.245		LIQUID	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.246		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.258		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.261		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.262		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.28		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.42		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.48		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.49		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.73		TAB CHEW	ORAL	11/04/2024	0.03482
PEDIATRIC MULTIVITAMIN NO.76		TAB CHEW	ORAL	11/04/2024	0.03482
PEG 400/HYPROMELLOSE/GLYCERIN	1-0.2-0.2%	DROPS	OPHTHALMIC	11/23/2024	0.04533
PEG3350/SOD SUL/NACL/KCL/ASB/C	7.5-2.691G	POWD PACK	ORAL	11/04/2024	65.45650
PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G	SOLN RECON	ORAL	05/06/2026	0.00990
PEGASPARGASE	750/ML	VIAL	INJECTION	12/01/2025	5209.80000

**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
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	04/01/2026	1079.00000
PEMETREXED DISODIUM	500 MG	VIAL	INTRAVEN	05/21/2025	51.23873
PEMETREXED DISODIUM	100 MG	VIAL	INTRAVEN	03/18/2026	12.74900
PEMETREXED DISODIUM	1000 MG	VIAL	INTRAVEN	11/04/2024	153.39125
PEMETREXED DISODIUM	750 MG	VIAL	INTRAVEN	11/04/2024	3290.85475
PEMETREXED DISODIUM	25 MG/ML	VIAL	INTRAVEN	05/21/2025	4.20905
PEN NEEDLE, DIABETIC	29 G X1/2"	DIS NEEDLE	MISCELL	06/04/2025	0.12770
PEN NEEDLE, DIABETIC	30 GX5/16"	DIS NEEDLE	MISCELL	11/04/2024	0.07283
PEN NEEDLE, DIABETIC	31 GX5/16"	DIS NEEDLE	MISCELL	04/15/2026	0.05293
PEN NEEDLE, DIABETIC	31 G X1/4"	DIS NEEDLE	MISCELL	06/04/2025	0.12770
PEN NEEDLE, DIABETIC	31 GX3/16"	DIS NEEDLE	MISCELL	06/04/2025	0.05293
PEN NEEDLE, DIABETIC	32 GX 1/4"	DIS NEEDLE	MISCELL	06/04/2025	0.16871
PEN NEEDLE, DIABETIC	32 GX5/16"	DIS NEEDLE	MISCELL	01/21/2025	0.05293
PEN NEEDLE, DIABETIC	32GX 5/32"	DIS NEEDLE	MISCELL	01/28/2026	0.05800
PEN NEEDLE, DIABETIC	32 GX3/16"	DIS NEEDLE	MISCELL	04/15/2026	0.12770
PEN NEEDLE, DIABETIC	33 GX5/32"	DIS NEEDLE	MISCELL	04/15/2026	0.27323
PEN NEEDLE, DIABETIC	33 GX3/16"	DIS NEEDLE	MISCELL	04/15/2026	0.39188

**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
PEN NEEDLE, DIABETIC	33 G X1/4"	DIS NEEDLE	MISCELL	04/15/2026	0.39188
PEN NEEDLE, DIABETIC	32 GX 1/6"	DIS NEEDLE	MISCELL	01/01/2025	0.52000
PEN NEEDLE, DIABETIC	30 GX3/16"	DIS NEEDLE	MISCELL	02/04/2026	0.06342
PEN NEEDLE, DIABETIC	31G X5/32"	DIS NEEDLE	MISCELL	04/15/2026	0.80849
PEN NEEDLE, DIABETIC, SAFETY	29GX 5/16"	DIS NEEDLE	MISCELL	11/04/2024	0.62143
PEN NEEDLE, DIABETIC, SAFETY	29G X3/16"	DIS NEEDLE	MISCELL	11/04/2024	0.62143
PEN NEEDLE, DIABETIC, SAFETY	31 GX3/16"	DIS NEEDLE	MISCELL	05/13/2026	0.03518
PEN NEEDLE, DIABETIC, SAFETY	30 GX3/16"	DIS NEEDLE	MISCELL	06/25/2025	0.40146
PEN NEEDLE, DIABETIC, SAFETY	30 GX5/16"	DIS NEEDLE	MISCELL	03/04/2026	0.28046
PEN NEEDLE, DIABETIC, SAFETY	31 GX5/16"	DIS NEEDLE	MISCELL	01/28/2026	0.66357
PEN NEEDLE, DIABETIC, SAFETY	31 G X1/4"	DIS NEEDLE	MISCELL	04/30/2025	0.56950
PEN NEEDLE, DIABETIC, SAFETY	32GX 5/32"	DIS NEEDLE	MISCELL	06/25/2025	0.78330
PEN NEEDLE, DIABETIC, SAFETY	31G X5/32"	DIS NEEDLE	MISCELL	04/15/2026	0.62176
PEN NEEDLE, DIABETIC, DISP UNIT	32GX 5/32"	DIS NEEDLE	MISCELL	11/04/2024	0.05431
PENCICLOVIR	1 %	CREAM (G)	TOPICAL	02/17/2026	88.91055
PENICILLAMINE	250 MG	CAPSULE	ORAL	04/01/2025	4.18112
PENICILLAMINE	250 MG	TABLET	ORAL	11/04/2024	40.11563
PENICILLIN G POTASSIUM	20MM UNIT	VIAL	INJECTION	05/28/2025	25.81411
PENICILLIN G POTASSIUM	5MM UNIT	VIAL	INJECTION	11/04/2024	3.16800

**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
PENICILLIN V POTASSIUM	250 MG	TABLET	ORAL	05/14/2025	0.08174
PENICILLIN V POTASSIUM	500 MG	TABLET	ORAL	04/30/2025	0.08230
PENTAMIDINE ISETHIONATE	300 MG	VIAL	INJECTION	06/10/2026	137.07940
PENTAMIDINE ISETHIONATE	300 MG	VIAL-NEB	INHALATION	06/10/2026	144.68900
PENTOBARBITAL SODIUM	50 MG/ML	VIAL	INJECTION	10/08/2025	40.89750
PENTOXIFYLLINE	400 MG	TABLET ER	ORAL	12/17/2025	0.38013
PEPPERMINT OIL		OIL	MISCELL	11/04/2024	1.39982
PERAMPANEL	2 MG	TABLET	ORAL	02/11/2026	15.96210
PERAMPANEL	6 MG	TABLET	ORAL	01/13/2026	27.26807
PERAMPANEL	12 MG	TABLET	ORAL	02/04/2026	38.12727
PERINDOPRIL ERBUMINE	4 MG	TABLET	ORAL	11/04/2024	1.48251
PERINDOPRIL ERBUMINE	2 MG	TABLET	ORAL	11/04/2024	1.27146
PERIT. DIALYSIS NO.6-DEX 1.5 %	2.5MEQ(CA)	IP SOLN	INTRAPERIT	05/06/2026	0.00430
PERITON.DIALYSIS 7-DEXTR 2.5 %	2.5MEQ(CA)	IP SOLN	INTRAPERIT	05/06/2026	0.00439
PERITON.DIALYSIS 8-DEXT 4.25 %	2.5MEQ(CA)	IP SOLN	INTRAPERIT	05/06/2026	0.00449
PERMETHRIN	5 %	CREAM (G)	TOPICAL	04/29/2026	0.17403
PERMETHRIN	1 %	LIQUID	TOPICAL	11/04/2024	0.09436
PERPHENAZINE	16 MG	TABLET	ORAL	07/01/2025	0.34822
PERPHENAZINE	2 MG	TABLET	ORAL	07/01/2025	0.14375

**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
PERPHENAZINE	4 MG	TABLET	ORAL	07/01/2025	0.30943
PERPHENAZINE	8 MG	TABLET	ORAL	07/01/2025	0.37527
PERTUZUMAB	420MG/14ML	VIAL	INTRAVEN	11/04/2024	475.52254
PETROLATUM, YELLOW	100 %	JELLY (G)	MISCELL	11/04/2024	0.05806
PETROLATUM,WHITE		JELLY (G)	TOPICAL	05/27/2026	0.00468
PETROLATUM,WHITE		OINT PACK	TOPICAL	06/03/2026	0.00898
PETROLATUM,WHITE		OINT. (G)	TOPICAL	12/03/2025	0.00467
PETROLATUM,WHITE	44 %	OINT. (G)	TOPICAL	11/04/2024	0.02212
PETROLATUM,WHITE	42 %	OINT. (G)	TOPICAL	02/18/2026	0.03601
PETROLATUM,WHITE	0.5"X72"	BANDAGE	TOPICAL	11/04/2024	1.24489
PETROLATUM,WHITE	1"X36"	BANDAGE	TOPICAL	11/04/2024	0.66237
PETROLATUM,WHITE	1"X8"	BANDAGE	TOPICAL	11/04/2024	0.51855
PETROLATUM,WHITE	3"X18"	BANDAGE	TOPICAL	02/04/2026	1.43715
PETROLATUM,WHITE	3"X36"	BANDAGE	TOPICAL	11/04/2024	0.85034
PETROLATUM,WHITE	3" X 9"	BANDAGE	TOPICAL	11/04/2024	0.82624
PETROLATUM,WHITE	6"X36"	BANDAGE	TOPICAL	11/04/2024	1.23233
PHENAZOPYRIDINE HCL	200 MG	TABLET	ORAL	03/04/2025	0.16779
PHENAZOPYRIDINE HCL	95 MG	TABLET	ORAL	11/04/2024	0.06811
PHENAZOPYRIDINE HCL	99.5 MG	TABLET	ORAL	10/29/2025	0.18090

**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
PHENDIMETRAZINE TARTRATE	35 MG	TABLET	ORAL	06/03/2026	0.18926
PHENELZINE SULFATE	15 MG	TABLET	ORAL	06/17/2025	0.70900
PHENOL	1.4 %	SPRAY	MUCOUS MEM	02/18/2026	0.02809
PHENOL	1.5 %	LIQUID	TOPICAL	04/22/2025	0.55172
PHENOXYBENZAMINE HCL	10 MG	CAPSULE	ORAL	12/03/2024	19.95000
PHEENTERMINE HCL	15 MG	CAPSULE	ORAL	06/17/2026	0.10783
PHEENTERMINE HCL	30 MG	CAPSULE	ORAL	12/31/2025	0.12730
PHEENTERMINE HCL	37.5 MG	CAPSULE	ORAL	11/12/2025	0.28482
PHEENTOLAMINE MESYLATE	5 MG	VIAL	INJECTION	11/04/2024	351.66000
PHEENYLEPH/MINERAL OIL/PETROLAT	0.25 %-14%	OINT/APPL	RECTAL	11/12/2025	0.06371
PHEENYLEPHRINE HCL	10 MG	TABLET	ORAL	05/06/2026	0.08351
PHEENYLEPHRINE HCL	10 MG/ML	VIAL	INJECTION	05/13/2026	0.54565
PHEENYLEPHRINE HCL	10 %	DROPS	OPHTHALMIC	04/01/2026	7.12724
PHEENYLEPHRINE HCL	2.5 %	DROPS	OPHTHALMIC	04/15/2026	5.64642
PHEENYLEPHRINE HCL	1 %	SPRAY	NASAL	01/29/2025	0.43327
PHEENYLEPHRINE HCL	0.1 MG/ML	VIAL	INTRAVEN	07/16/2025	1.73664
PHEENYLEPHRINE HCL/ACETAMINOPHN	5 MG-325MG	TABLET	ORAL	06/04/2025	0.32885
PHEENYLEPHRINE HCL/ACETAMINOPHN	5 MG-500MG	TABLET	ORAL	05/06/2026	0.08392
PHEENYLEPHRINE HCL/COCOA BUTTER	0.25-88.44	SUPP.RECT	RECTAL	10/28/2025	0.17866

**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
PHENYLEPHRINE HCL/WITCH HAZEL	0.25%-50%	GEL (GRAM)	TOPICAL	11/04/2024	0.16737
PHENYLEPHRINE/ACETAMINOPHN/CPM	5-325-2MG	TABLET	ORAL	10/22/2025	0.10812
PHENYLEPHRINE/DIPHENHYDRAMINE	5-12.5MG/5	SOLUTION	ORAL	11/04/2024	0.08256
PHENYLEPHRINE/DIPHENHYDRAMINE	2.5-6.25/5	LIQUID	ORAL	07/29/2025	0.06064
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-325MG/15	LIQUID	ORAL	02/05/2025	0.03092
PHENYLEPHRINE/DM/ACETAMINOP/GG	10-650/20	LIQUID	ORAL	04/30/2025	0.02824
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-325-200	TABLET	ORAL	03/25/2026	0.30552
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-10-325MG	TABLET	ORAL	11/04/2024	0.31758
PHENYTOIN	125 MG/5ML	ORAL SUSP	ORAL	05/13/2026	0.11448
PHENYTOIN	50 MG	TAB CHEW	ORAL	01/20/2026	0.15060
PHENYTOIN SODIUM	50 MG/ML	VIAL	INTRAVEN	11/04/2024	0.41754
PHENYTOIN SODIUM EXTENDED	100 MG	CAPSULE	ORAL	04/08/2026	0.06815
PHENYTOIN SODIUM EXTENDED	300 MG	CAPSULE	ORAL	11/04/2024	2.88332
PHENYTOIN SODIUM EXTENDED	200 MG	CAPSULE	ORAL	05/13/2026	1.95372
PHOSPHORATED CARBO(DEXT-FRUCT)		SOLUTION	ORAL	06/25/2025	0.06938
PHYSIOLOGICAL IRRIG SOLN NO.1	140-5-3-98	IRRIG SOLN	IRRIGATION	09/03/2025	0.01168
PHYTONADIONE (VIT K1)	5 MG	TABLET	ORAL	02/17/2026	6.44189
PHYTONADIONE (VIT K1)	100 MCG	TABLET	ORAL	11/04/2024	0.02245
PHYTONADIONE (VIT K1)	10 MG/ML	AMPUL	INJECTION	01/21/2025	26.30150

**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
PHYTONADIONE (VIT K1)	1 MG/0.5ML	SYRINGE	INJECTION	04/15/2026	47.61638
PHYTONADIONE (VIT K1)	10 MG/ML	VIAL	INJECTION	03/25/2026	21.77175
PILOCARPINE HCL	5 MG	TABLET	ORAL	11/12/2025	0.30504
PILOCARPINE HCL	7.5 MG	TABLET	ORAL	11/04/2024	1.17344
PILOCARPINE HCL	1 %	DROPS	OPHTHALMIC	12/17/2025	4.98520
PILOCARPINE HCL	2 %	DROPS	OPHTHALMIC	11/04/2024	4.72384
PILOCARPINE HCL	4 %	DROPS	OPHTHALMIC	11/12/2024	4.67984
PIMECROLIMUS	1 %	CREAM (G)	TOPICAL	04/01/2026	2.58840
PINDOLOL	5 MG	TABLET	ORAL	06/10/2026	1.07776
PIOGLITAZONE HCL	15 MG	TABLET	ORAL	05/27/2025	0.04527
PIOGLITAZONE HCL	30 MG	TABLET	ORAL	11/25/2025	0.08046
PIOGLITAZONE HCL	45 MG	TABLET	ORAL	01/14/2026	0.11190
PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-4 MG	TABLET	ORAL	11/04/2024	9.36503
PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-2 MG	TABLET	ORAL	07/22/2025	10.47140
PIOGLITAZONE HCL/METFORMIN HCL	15MG-500MG	TABLET	ORAL	03/18/2026	0.55029
PIOGLITAZONE HCL/METFORMIN HCL	15MG-850MG	TABLET	ORAL	01/14/2026	0.41138
PIPERACILLIN SODIUM/TAZOBACTAM	2.25 G	VIAL	INTRAVEN	10/29/2025	3.76200
PIPERACILLIN SODIUM/TAZOBACTAM	3.375 G	VIAL	INTRAVEN	10/01/2025	3.76200
PIPERACILLIN SODIUM/TAZOBACTAM	4.5 G	VIAL	INTRAVEN	03/18/2026	5.27812

**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
PIPERACILLIN SODIUM/TAZOBACTAM	40.5 G	VIAL	INTRAVEN	04/29/2026	45.39725
PIPERACILLIN SODIUM/TAZOBACTAM	13.5 G	VIAL	INTRAVEN	05/19/2025	14.49000
PIPERONYL BUTOXIDE/PYRETHRINS	4%-0.33%	SHAMPOO	TOPICAL	04/01/2025	0.04916
PIRFENIDONE	267 MG	CAPSULE	ORAL	04/23/2025	3.18091
PIRFENIDONE	267 MG	TABLET	ORAL	02/11/2026	2.68202
PIRFENIDONE	801 MG	TABLET	ORAL	02/11/2026	2.82993
PIROXICAM	10 MG	CAPSULE	ORAL	11/12/2025	0.57888
PIROXICAM	20 MG	CAPSULE	ORAL	03/11/2026	0.40354
PITAVASTATIN CALCIUM	1 MG	TABLET	ORAL	08/26/2025	1.25583
PITAVASTATIN CALCIUM	2 MG	TABLET	ORAL	08/26/2025	1.31665
PITAVASTATIN CALCIUM	4 MG	TABLET	ORAL	08/26/2025	1.28646
PLERIXAFOR	24MG/1.2ML	VIAL	SUBCUT	02/25/2026	205.00000
PNV 102/IRON/FOLATE/DHA	90-1-200MG	CAPSULE	ORAL	10/29/2025	0.17488
PNV 102/IRON/FOLIC/DHA/LUTEIN	27-800-200	COMBO. PKG	ORAL	10/29/2025	0.17488
PNV 11/IRON FUM/FOLIC ACID/OM3	28-1-200MG	CAPSULE	ORAL	10/29/2025	0.17488
PNV 119/IRON FUM/FOLIC ACID	29 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PNV 12/IRON/LEVOMEFOLATE CALC	29 MG-1700	TABLET DR	ORAL	10/29/2025	0.17488
PNV 12/IRON/LMEFOLATE CALC/DHA	29 MG-1700	CMPKTBCPDR	ORAL	10/29/2025	0.17488
PNV 30/IRON CARB,AG/FOLIC/OM3	30-10-1 MG	CAPSULE	ORAL	10/29/2025	0.17488

**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
PNV 67//IRON PS/FOLATE NO.1/DHA	29-1-200MG	CAPSULE	ORAL	10/29/2025	0.17488
PNV 85//IRON/FOLIC/DHA/FISH OIL	40-10-1 MG	CAPSULE	ORAL	10/29/2025	0.17488
PNV NO.100//IRON/FOLIC/DHA/EPA	27 MG-1 MG	CAPSULE	ORAL	10/29/2025	0.17488
PNV NO.103//FOLIC/OM3S/FISH OIL	0.4-32.5MG	TAB CHEW	ORAL	10/29/2025	0.17488
PNV NO.118//IRON FUMARATE/FA	29 MG-1 MG	TAB CHEW	ORAL	10/29/2025	0.17488
PNV NO.121//IRON/FOLIC ACID	28MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PNV NO.133//FERROUS FUM/FOLIC	28MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PNV NO.154//IRON FUM/FOLIC ACID	27 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PNV NO.159//IRON/FOLIC ACID	28MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PNV NO.173//IRON/FOLATE NO.11	6MG-272MCG	CAPSULE	ORAL	10/29/2025	0.17488
PNV NO.203//IRON/METHYLFOLATE	27 MG-1000	CAPSULE DR	ORAL	10/29/2025	0.17488
PNV NO.52//IRON/FA/OMEGA-3/DHA	29-1-200MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PNV NO.63//IRON,CARB/FOLIC/DHA	27-800-200	CAPSULE	ORAL	10/29/2025	0.17488
PNV NO.72//IRON FUM/FA/OM3/DHA	27-1-250MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PNV NO.74//IRON FUM/FA/DHA	27-1-300MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PNV NO.95//FERROUS FUM/FOLIC AC	28MG-0.8MG	TABLET	ORAL	10/29/2025	0.03800
PNV,CALCIUM 72//IRON,CARB/FOLIC	29 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PNV,CALCIUM 72//IRON/FOLIC ACID	27 MG-1 MG	TABLET	ORAL	04/30/2025	0.07000
PNV151//IRON/FA/O3/DHA/EPA/FISH	27-800-260	CAPSULE	ORAL	10/29/2025	0.17488

**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
PNV158/IRON/FA/O3/DHA/EPA/FISH	13.5-0.5MG	CAPSULE	ORAL	10/29/2025	0.17488
PNV166/IRON/FA/O3/DHA/EPA/FISH	27MG-0.8MG	CAPSULE	ORAL	10/29/2025	0.17488
PNV168/FE/FA/CHOL/O3/DH/EP/FSH	27-800-110	COMBO. PKG	ORAL	10/29/2025	0.17488
PNV174/IRON/FA/O3/DHA/EPA/FISH	28-1-35 MG	CAPSULE	ORAL	10/29/2025	0.17488
PNV19/IRON BG,S.P/FOLIC AC/OM3	29-1-400MG	CMBPKGDRCP	ORAL	10/29/2025	0.17488
PNV81/IRON PS,EDTA/FOLIC/OMEG3	27-1-430MG	CMBPKGDRCP	ORAL	10/29/2025	0.17488
PNV83/IRON,CARB,ASP/FOLIC ACID	30-20-1 MG	TABLET	ORAL	10/29/2025	0.17488
PODOFILOX	0.5 %	GEL (GRAM)	TOPICAL	08/20/2025	198.93493
POLAPREZINC (ZINC CARNOSINE)	16 MG	TAB CHEW	ORAL	01/21/2026	0.74236
POLYDIMETHYLSILOXANES/SILICON		GEL (GRAM)	TOPICAL	11/04/2024	1.22822
POLYETHYLENE GLYCOL 3350	17 G	POWD PACK	ORAL	05/27/2025	1.29349
POLYETHYLENE GLYCOL 3350	17 G/DOSE	POWDER	ORAL	05/27/2026	0.01681
POLYMYXIN B SULF/TRIMETHOPRIM	10000-1/ML	DROPS	OPHTHALMIC	12/22/2025	0.37500
POLYMYXIN B SULFATE	500K UNIT	VIAL	INJECTION	10/22/2025	8.79600
POLYSORBATE 80		SOLUTION	MISCELL	01/07/2026	0.04100
POLYVINYL ALCOHOL	1.4 %	DROPS	OPHTHALMIC	03/11/2025	0.34368
POLYVINYL ALCOHOL/POVIDONE	0.5%-0.6%	DROPS	OPHTHALMIC	11/23/2024	0.12466
POSACONAZOLE	200 MG/5ML	ORAL SUSP	ORAL	11/04/2024	9.37765
POSACONAZOLE	100 MG	TABLET DR	ORAL	03/11/2026	2.57620

**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
POSACONAZOLE	300MG/16.7	VIAL	INTRAVEN	05/20/2026	7.58806
POTASSIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	09/10/2025	0.27811
POTASSIUM CHLORIDE	10 MEQ	CAPSULE ER	ORAL	09/29/2025	0.12154
POTASSIUM CHLORIDE	8 MEQ	CAPSULE ER	ORAL	10/22/2025	0.27189
POTASSIUM CHLORIDE	20 MEQ	PACKET	ORAL	04/29/2026	0.92250
POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	ORAL	08/19/2025	0.02712
POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID	ORAL	04/29/2026	0.07550
POTASSIUM CHLORIDE	10 MEQ	TAB ER PRT	ORAL	05/06/2026	0.06633
POTASSIUM CHLORIDE	20 MEQ	TAB ER PRT	ORAL	10/15/2025	0.11880
POTASSIUM CHLORIDE	15 MEQ	TAB ER PRT	ORAL	11/04/2024	0.08837
POTASSIUM CHLORIDE	10 MEQ	TABLET ER	ORAL	06/03/2026	0.07698
POTASSIUM CHLORIDE	20 MEQ	TABLET ER	ORAL	08/19/2025	0.14790
POTASSIUM CHLORIDE	8 MEQ	TABLET ER	ORAL	02/18/2026	0.12006
POTASSIUM CHLORIDE	2 MEQ/ML	VIAL	INTRAVEN	01/21/2026	0.32184
POTASSIUM CHLORIDE IN 0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN	05/06/2026	0.01512
POTASSIUM CHLORIDE IN 0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN	04/01/2025	0.01853
POTASSIUM CHLORIDE IN D5W	20 MEQ/L	IV SOLN	INTRAVEN	04/09/2025	0.01302
POTASSIUM CHLORIDE IN LR-D5	20 MEQ/L	IV SOLN	INTRAVEN	01/21/2026	0.02435
POTASSIUM CHLORIDE IN WATER	10MEQ/0.1L	PIGGYBACK	INTRAVEN	06/10/2026	0.09156

**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
POTASSIUM CHLORIDE IN WATER	20MEQ/0.1L	PIGGYBACK	INTRAVEN	12/22/2025	0.06520
POTASSIUM CHLORIDE IN WATER	40MEQ/0.1L	PIGGYBACK	INTRAVEN	06/10/2026	0.10272
POTASSIUM CHLORIDE IN WATER	10MEQ/50ML	PIGGYBACK	INTRAVEN	11/04/2024	0.14947
POTASSIUM CHLORIDE IN WATER	20MEQ/50ML	PIGGYBACK	INTRAVEN	11/04/2024	0.12016
POTASSIUM CHLORIDE-0.45% NACL	20 MEQ/L	IV SOLN	INTRAVEN	10/22/2025	0.01470
POTASSIUM CHLORIDE/D5-0.2%NACL	20 MEQ/L	IV SOLN	INTRAVEN	04/09/2025	0.01258
POTASSIUM CHLORIDE/D5-0.45NACL	10 MEQ/L	IV SOLN	INTRAVEN	04/09/2025	0.01416
POTASSIUM CHLORIDE/D5-0.45NACL	20 MEQ/L	IV SOLN	INTRAVEN	10/22/2025	0.01148
POTASSIUM CHLORIDE/D5-0.45NACL	30 MEQ/L	IV SOLN	INTRAVEN	11/04/2024	0.01209
POTASSIUM CHLORIDE/D5-0.45NACL	40 MEQ/L	IV SOLN	INTRAVEN	10/22/2025	0.01520
POTASSIUM CHLORIDE/D5-0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN	05/06/2026	0.01581
POTASSIUM CHLORIDE/D5-0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN	05/06/2026	0.01758
POTASSIUM CITRATE	5 MEQ	TABLET ER	ORAL	01/21/2026	0.27979
POTASSIUM CITRATE	10 MEQ	TABLET ER	ORAL	06/10/2026	0.12638
POTASSIUM CITRATE	15 MEQ	TABLET ER	ORAL	04/22/2026	0.14039
POTASSIUM CITRATE/CITRIC ACID	1100-334/5	SOLUTION	ORAL	11/04/2024	0.04410
POTASSIUM GLUCONATE	595(99)MG	TABLET	ORAL	11/04/2024	0.06191
POTASSIUM GLUCONATE	550(90)MG	TABLET	ORAL	11/04/2024	0.02807
POTASSIUM IODIDE	65 MG	TABLET	ORAL	11/04/2024	1.31789

**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
POTASSIUM NITRATE		GRANULES	MISCELL	01/14/2026	0.03989
POTASSIUM PHOS IN 0.9 % NACL	15MMOL/250	PLAST. BAG	INTRAVEN	05/20/2026	0.15549
POTASSIUM PHOS,M-BASIC-D-BASIC	3MMOL/ML	VIAL	INTRAVEN	06/03/2026	1.05120
POVIDONE-IODINE	10 %	MED. SWAB	TOPICAL	08/20/2025	0.07119
POVIDONE-IODINE	10 %	MED. PAD	TOPICAL	11/04/2024	0.03725
POVIDONE-IODINE	10 %	OINT. (G)	TOPICAL	11/04/2024	0.15792
POVIDONE-IODINE	10 %	SOLUTION	TOPICAL	03/26/2025	0.00481
POVIDONE-IODINE	7.5 %	SOLUTION	TOPICAL	11/04/2024	0.00510
PRALATREXATE	20MG/ML(1)	VIAL	INTRAVEN	03/03/2026	7304.31400
PRALATREXATE	40 MG/2 ML	VIAL	INTRAVEN	03/03/2026	7304.30888
PRAMIPEXOLE DI-HCL	1 MG	TABLET	ORAL	11/19/2025	0.04879
PRAMIPEXOLE DI-HCL	1.5 MG	TABLET	ORAL	06/10/2026	0.14948
PRAMIPEXOLE DI-HCL	0.125 MG	TABLET	ORAL	11/19/2025	0.02788
PRAMIPEXOLE DI-HCL	0.25 MG	TABLET	ORAL	11/19/2025	0.02982
PRAMIPEXOLE DI-HCL	0.5 MG	TABLET	ORAL	10/08/2025	0.04243
PRAMIPEXOLE DI-HCL	0.75 MG	TABLET	ORAL	02/11/2026	0.12641
PRAMIPEXOLE DI-HCL	0.75 MG	TAB ER 24H	ORAL	04/08/2026	3.21552
PRAMIPEXOLE DI-HCL	0.375 MG	TAB ER 24H	ORAL	04/08/2026	3.21552
PRAMIPEXOLE DI-HCL	1.5 MG	TAB ER 24H	ORAL	04/08/2026	4.03656

**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
PRAMIPEXOLE DI-HCL	3 MG	TAB ER 24H	ORAL	04/08/2026	3.27888
PRAMIPEXOLE DI-HCL	4.5 MG	TAB ER 24H	ORAL	04/08/2026	3.27888
PRAMIPEXOLE DI-HCL	2.25 MG	TAB ER 24H	ORAL	04/08/2026	4.75420
PRAMIPEXOLE DI-HCL	3.75 MG	TAB ER 24H	ORAL	04/08/2026	5.26504
PRAMOXINE HCL	1 %	LOTION	TOPICAL	06/17/2025	0.02942
PRASTERONE (DHEA)	25 MG	CAPSULE	ORAL	11/04/2024	0.05572
PRASTERONE (DHEA)	25 MG	TABLET	ORAL	11/04/2024	0.07522
PRASUGREL HCL	5 MG	TABLET	ORAL	05/07/2025	0.86921
PRASUGREL HCL	10 MG	TABLET	ORAL	04/29/2026	0.28897
PRAVASTATIN SODIUM	10 MG	TABLET	ORAL	04/15/2026	0.04291
PRAVASTATIN SODIUM	20 MG	TABLET	ORAL	04/15/2026	0.04312
PRAVASTATIN SODIUM	40 MG	TABLET	ORAL	05/13/2026	0.05580
PRAVASTATIN SODIUM	80 MG	TABLET	ORAL	06/03/2026	0.20955
PRAZQUANTEL	600 MG	TABLET	ORAL	11/04/2024	61.27666
PRAZOSIN HCL	1 MG	CAPSULE	ORAL	03/25/2026	0.05038
PRAZOSIN HCL	2 MG	CAPSULE	ORAL	04/15/2025	0.05424
PRAZOSIN HCL	5 MG	CAPSULE	ORAL	02/25/2026	0.12531
PREDNISOLONE	15 MG/5 ML	SOLUTION	ORAL	09/17/2025	0.15221
PREDNISOLONE	5 MG	TABLET	ORAL	11/04/2024	11.61620

**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
PREDNISOLONE ACETATE	1 %	DROPS SUSP	OPHTHALMIC	09/10/2025	3.69000
PREDNISOLONE SODIUM PHOSPHATE	5 MG/5 ML	SOLUTION	ORAL	11/04/2024	0.54800
PREDNISOLONE SODIUM PHOSPHATE	25 MG/5 ML	SOLUTION	ORAL	04/22/2026	1.13985
PREDNISOLONE SODIUM PHOSPHATE	15 MG/5 ML	SOLUTION	ORAL	12/17/2025	0.09668
PREDNISOLONE SODIUM PHOSPHATE	10 MG/5 ML	SOLUTION	ORAL	11/04/2024	4.10904
PREDNISOLONE SODIUM PHOSPHATE	20 MG/5 ML	SOLUTION	ORAL	11/04/2024	2.80104
PREDNISOLONE SODIUM PHOSPHATE	10 MG	TAB RAPDIS	ORAL	10/15/2025	8.63037
PREDNISOLONE SODIUM PHOSPHATE	15 MG	TAB RAPDIS	ORAL	10/14/2025	13.18533
PREDNISOLONE SODIUM PHOSPHATE	30 MG	TAB RAPDIS	ORAL	10/15/2025	16.18203
PREDNISON	1 MG	TABLET	ORAL	09/17/2025	0.03062
PREDNISON	10 MG	TABLET	ORAL	04/22/2025	0.03930
PREDNISON	2.5 MG	TABLET	ORAL	09/17/2025	0.06704
PREDNISON	20 MG	TABLET	ORAL	06/03/2026	0.05422
PREDNISON	5 MG	TABLET	ORAL	03/11/2026	0.03423
PREDNISON	50 MG	TABLET	ORAL	03/11/2026	0.07359
PREDNISON	5 MG	TAB DS PK	ORAL	05/06/2026	0.59981
PREDNISON	10 MG	TAB DS PK	ORAL	12/17/2025	0.78976
PREGABALIN	25 MG	CAPSULE	ORAL	06/10/2026	0.08338
PREGABALIN	50 MG	CAPSULE	ORAL	04/01/2026	0.04662

**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
PREGABALIN	75 MG	CAPSULE	ORAL	03/18/2025	0.05021
PREGABALIN	100 MG	CAPSULE	ORAL	06/10/2026	0.08338
PREGABALIN	150 MG	CAPSULE	ORAL	03/25/2026	0.06940
PREGABALIN	200 MG	CAPSULE	ORAL	03/25/2026	0.07537
PREGABALIN	300 MG	CAPSULE	ORAL	04/01/2026	0.04578
PREGABALIN	225 MG	CAPSULE	ORAL	06/10/2026	0.13022
PREGABALIN	20 MG/ML	SOLUTION	ORAL	04/29/2026	0.18039
PREGABALIN	82.5 MG	TAB ER 24H	ORAL	05/13/2026	7.25920
PREGABALIN	165 MG	TAB ER 24H	ORAL	09/29/2025	7.72720
PREGABALIN	330 MG	TAB ER 24H	ORAL	04/01/2025	3.41704
PRENATAL 115/IRON/FOLIC ACID	29 MG-1 MG	TAB CHEW	ORAL	10/29/2025	0.17488
PRENATAL 122/IRON/FOLIC ACID	27MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL 13/IRON PS/FOLATE 1	29 MG-1 MG	TAB CHEW	ORAL	10/29/2025	0.17488
PRENATAL 148/IRON/FOLATE 6/DHA	27-1-205	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL 168/IRON/FOLIC/OMEGA3	27-800-235	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL 21/IRON FU/FOLIC ACID	14 MG-400	TABLET	ORAL	10/29/2025	0.17488
PRENATAL 25/IRON/FOLATE 6/DHA	30-1-200MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL 26/IRON PS/FOLIC/DHA	29-1-200MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL 53/IRON/FOLIC AC/OMG3	29-1-400MG	COMBO. PKG	ORAL	10/29/2025	0.17488

**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
PRENATAL 54/IRON/FOLIC AC/OMG3	29-1-430MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL 56/IRON/FOLIC AC/DHA	35-5-1 MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL 69/IRON/FOLATE 6/DHA	27-1-400MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL 83/IRON/FOLATE 6/DHA	29-1-150MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL 86/IRON/FOLIC/DHA/EPA	32-1-120MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL 87/IRON BIS/FOLIC/DHA	32-1-230MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL 93/IRON/FOLATE 9/DHA	31-1-200MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL 95/IRON FUM/FOLIC/DHA	28-800-200	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL NO.103/IRON FUM/FOLIC	27 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL NO.137/IRON/FOLIC AC	27MG-0.8MG	TABLET	ORAL	10/29/2025	0.02680
PRENATAL NO.37/IRON/FOLIC ACID	29 MG-1 MG	TAB CHEW	ORAL	10/29/2025	0.17488
PRENATAL NO.68/IRON/FA NO6/DHA	28-1-400MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL VIT 10/IRON FUM/FOLIC	65 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT 10/IRON/FOLIC/DHA	65-1-250MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL VIT 100/IRON/FOLIC/O3	27-1-374MG	CMBPKGDRCP	ORAL	10/29/2025	0.17488
PRENATAL VIT 108/IRON,CB/FOLIC	30 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT 116/IRON/FA/DHA	28-800-200	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL VIT 128/IRON/FOLIC AC	29 MG-1 MG	TAB CHEW	ORAL	10/29/2025	0.17488
PRENATAL VIT 14/IRON FUM/FOLIC	29 MG-1 MG	TAB CHEW	ORAL	10/29/2025	0.17488

**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
PRENATAL VIT 27,CALC/IRON/FA	60 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT 28/IRON FUM/FOLIC	27 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT 32/IRON/FOLIC/DHA	27-1-150MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL VIT 33/IRON/FOLIC/DHA	29-1-250MG	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL VIT 40/IRON/FOLIC/DHA	27-0.8-250	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL VIT 49/IRON FUM/FOLIC	6.75-0.2MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT 55/IRON/FOLIC/OM3	29-1-430MG	CMBPKGDRCP	ORAL	10/29/2025	0.17488
PRENATAL VIT 65/IRON FUM,PS/FA	40-1.25 MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL VIT 75/IRON/FOLIC/OM3	28-800-223	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL VIT 91/IRON/FOLIC/DHA	28-975-200	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL VIT 93/IRON FUM/FOLIC	9MG-267MCG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT 98/IRON FUM/FOLIC	9MG-267MCG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT NO.124/IRON/FOLIC	27MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT NO.126/IRON/FOLIC	28MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT NO.129/IRON/FOLIC	27MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT NO.130/IRON/FOLIC	27MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT NO.170/IRON/FOLIC	27 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT NO.179/IRON/FOLIC	28MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT NO.180/IRON/FOLIC	27 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488

**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
PRENATAL VIT NO.204/IRON/FOLIC	27 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT,CAL 73/IRON/FOLIC	28 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT,CAL 76/IRON/FOLIC	29 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT,CAL 78/IRON/FOLIC	29 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT/IRON FUM/FOLIC AC	65 MG-1 MG	CAPSULE	ORAL	10/29/2025	0.17488
PRENATAL VIT/IRON FUM/FOLIC AC	65 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VIT/IRON FUM/FOLIC AC	28MG-0.8MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL VITS 86/IRON/FOLIC AC	32 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL,CAL 61/IRON/FOLIC/DHA	28-975-200	COMBO. PKG	ORAL	10/29/2025	0.17488
PRENATAL,CALC 40/IRON/FOLATE 1	27 MG-1 MG	TABLET	ORAL	10/29/2025	0.17488
PRENATAL,CALC NO.65/IRON/FOLIC	60 MG-1 MG	CAPSULE	ORAL	10/29/2025	0.17488
PRIMAQUINE PHOSPHATE	26.3 MG	TABLET	ORAL	11/04/2024	1.20533
PRIMIDONE	250 MG	TABLET	ORAL	05/06/2026	0.30619
PRIMIDONE	50 MG	TABLET	ORAL	08/26/2025	0.09095
PROBENECID	500 MG	TABLET	ORAL	04/30/2025	0.26748
PROBENECID/COLCHICINE	500-0.5 MG	TABLET	ORAL	11/04/2024	0.91220
PROCAINAMIDE HCL	500 MG/ML	VIAL	INJECTION	05/13/2026	232.93125
PROCHLORPERAZINE	25 MG	SUPP.RECT	RECTAL	11/04/2024	6.90500
PROCHLORPERAZINE EDISYLATE	10 MG/2 ML	VIAL	INJECTION	04/01/2025	2.24685

**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
PROCHLORPERAZINE MALEATE	10 MG	TABLET	ORAL	04/01/2026	0.15262
PROCHLORPERAZINE MALEATE	5 MG	TABLET	ORAL	04/15/2026	0.10921
PROGESTERONE	50 MG/ML	VIAL	INTRAMUSC	04/15/2025	0.74214
PROGESTERONE, MICRONIZED	100 MG	CAPSULE	ORAL	11/25/2025	0.17541
PROGESTERONE, MICRONIZED	200 MG	CAPSULE	ORAL	04/01/2026	0.26500
PROGESTERONE, MICRONIZED	100 MG	INSERT	VAGINAL	06/17/2026	11.67781
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	ORAL	07/01/2025	0.04011
PROMETHAZINE HCL	12.5 MG	TABLET	ORAL	07/01/2025	0.04221
PROMETHAZINE HCL	25 MG	TABLET	ORAL	07/01/2025	0.04221
PROMETHAZINE HCL	50 MG	TABLET	ORAL	07/01/2025	0.08736
PROMETHAZINE HCL	25 MG/ML	AMPUL	INJECTION	07/01/2025	1.26000
PROMETHAZINE HCL	50 MG/ML	AMPUL	INJECTION	07/01/2025	1.86900
PROMETHAZINE HCL	12.5 MG	SUPP.RECT	RECTAL	07/01/2025	2.77200
PROMETHAZINE HCL	25 MG	SUPP.RECT	RECTAL	04/01/2026	1.41705
PROMETHAZINE HCL	50 MG	SUPP.RECT	RECTAL	07/01/2025	24.39750
PROMETHAZINE HCL/CODEINE	6.25-10/5	SYRUP	ORAL	01/14/2026	0.05462
PROMETHAZINE/DEXTROMETHORPHAN	6.25-15/5	SOLUTION	ORAL	05/20/2026	0.06197
PROPRAFENONE HCL	225 MG	CAP ER 12H	ORAL	04/01/2026	0.29736
PROPRAFENONE HCL	325 MG	CAP ER 12H	ORAL	12/22/2025	0.57188

**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
PROPAFENONE HCL	425 MG	CAP ER 12H	ORAL	12/22/2025	0.95735
PROPAFENONE HCL	150 MG	TABLET	ORAL	05/06/2026	0.23182
PROPAFENONE HCL	300 MG	TABLET	ORAL	05/06/2026	0.66839
PROPAFENONE HCL	225 MG	TABLET	ORAL	08/26/2025	0.39865
PROPARACAINE HCL	0.5 %	DROPS	OPHTHALMIC	03/04/2026	3.15920
PROPRANOLOL HCL	120 MG	CAP SA 24H	ORAL	09/03/2025	0.20233
PROPRANOLOL HCL	160 MG	CAP SA 24H	ORAL	10/29/2025	0.29427
PROPRANOLOL HCL	60 MG	CAP SA 24H	ORAL	10/29/2025	0.15421
PROPRANOLOL HCL	80 MG	CAP SA 24H	ORAL	09/03/2025	0.17163
PROPRANOLOL HCL	10 MG	TABLET	ORAL	05/27/2026	0.03454
PROPRANOLOL HCL	20 MG	TABLET	ORAL	06/03/2026	0.04053
PROPRANOLOL HCL	40 MG	TABLET	ORAL	06/03/2026	0.05695
PROPRANOLOL HCL	60 MG	TABLET	ORAL	06/17/2026	0.08841
PROPRANOLOL HCL	80 MG	TABLET	ORAL	04/15/2026	0.08723
PROPYLENE GLYCOL	0.6 %	DROPS	OPHTHALMIC	08/19/2025	0.15950
PROPYLENE GLYCOL/PEG 400	0.3 %-0.4%	DROPS	OPHTHALMIC	04/08/2026	0.22365
PROPYLTHIOURACIL	50 MG	TABLET	ORAL	02/25/2026	0.57714
PROTECTIVES, O.U.		MED. SWAB	TOPICAL	11/04/2024	1.77011
PROTRIPTYLINE HCL	10 MG	TABLET	ORAL	05/13/2025	3.15000

**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
PROTRIPTYLINE HCL	5 MG	TABLET	ORAL	05/13/2026	6.48123
PRUCALOPRIDE SUCCINATE	2 MG	TABLET	ORAL	05/20/2026	0.62042
PRUCALOPRIDE SUCCINATE	1 MG	TABLET	ORAL	04/22/2026	0.72829
PSEUDOEPHEDRINE HCL	30 MG	TABLET	ORAL	11/04/2024	0.24734
PSEUDOEPHEDRINE HCL	60 MG	TABLET	ORAL	11/23/2024	0.01860
PSEUDOEPHEDRINE HCL	120 MG	TABLET ER	ORAL	04/08/2026	0.06073
PSYLLIUM HUSK	0.4 G	CAPSULE	ORAL	04/30/2025	0.03000
PSYLLIUM HUSK	6 G	POWD PACK	ORAL	11/04/2024	0.54314
PSYLLIUM HUSK	6 G/6 G	POWDER	ORAL	11/23/2024	0.02208
PSYLLIUM HUSK	3 G/5.8 G	POWDER	ORAL	03/18/2026	0.03082
PSYLLIUM HUSK (WITH SUGAR)	3.4 G	POWD PACK	ORAL	11/04/2024	0.54103
PSYLLIUM HUSK (WITH SUGAR)	3.4 G/7 G	POWDER	ORAL	11/23/2024	0.00774
PSYLLIUM HUSK (WITH SUGAR)	3.4 G/12 G	POWDER	ORAL	11/04/2024	0.01939
PSYLLIUM HUSK (WITH SUGAR)	3 G/7 G	POWDER	ORAL	02/04/2026	0.01502
PSYLLIUM HUSK (WITH SUGAR)	3 G/12 G	POWDER	ORAL	04/22/2026	0.02086
PSYLLIUM SEED (WITH SUGAR)		POWDER	ORAL	11/23/2024	0.00705
PUMPKIN SEED EXTRACT/SOY GERM	300 MG	CAPSULE	ORAL	07/16/2025	0.33426
PYRAZINAMIDE	500 MG	TABLET	ORAL	02/18/2026	4.55928
PYRIDOSTIGMINE BROMIDE	60 MG/5 ML	SOLUTION	ORAL	06/03/2026	0.38279

**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
PYRIDOSTIGMINE BROMIDE	60 MG	TABLET	ORAL	09/03/2025	0.16902
PYRIDOSTIGMINE BROMIDE	180 MG	TABLET ER	ORAL	12/17/2025	8.02240
PYRIDOXINE HCL (VITAMIN B6)	100 MG	TABLET	ORAL	04/29/2026	0.01437
PYRIDOXINE HCL (VITAMIN B6)	25 MG	TABLET	ORAL	04/08/2026	0.00869
PYRIDOXINE HCL (VITAMIN B6)	250 MG	TABLET	ORAL	05/13/2026	0.13266
PYRIDOXINE HCL (VITAMIN B6)	50 MG	TABLET	ORAL	10/29/2025	0.01332
PYRILAMINE/DEXTROMETHORPHAN HB	7.5-7.5/5	LIQUID	ORAL	11/04/2024	0.04391
PYRIMETHAMINE	25 MG	TABLET	ORAL	05/28/2025	268.03289
PYRITHIONE ZINC	0.25 %	SPRAY	TOPICAL	04/29/2026	0.21898
PYRITHIONE ZINC	2 %	BAR	TOPICAL	11/04/2024	3.26700
PYRITHIONE ZINC	2 %	SHAMPOO	TOPICAL	10/29/2025	0.04726
QUETIAPINE FUMARATE	25 MG	TABLET	ORAL	03/11/2026	0.02552
QUETIAPINE FUMARATE	100 MG	TABLET	ORAL	05/27/2025	0.03931
QUETIAPINE FUMARATE	200 MG	TABLET	ORAL	11/19/2025	0.06826
QUETIAPINE FUMARATE	300 MG	TABLET	ORAL	12/17/2025	0.11808
QUETIAPINE FUMARATE	50 MG	TABLET	ORAL	06/17/2026	0.02751
QUETIAPINE FUMARATE	400 MG	TABLET	ORAL	05/06/2026	0.15728
QUETIAPINE FUMARATE	200 MG	TAB ER 24H	ORAL	04/15/2026	0.30000
QUETIAPINE FUMARATE	300 MG	TAB ER 24H	ORAL	04/01/2026	0.10814

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
** 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
QUETIAPINE FUMARATE	400 MG	TAB ER 24H	ORAL	04/22/2026	0.31037
QUETIAPINE FUMARATE	50 MG	TAB ER 24H	ORAL	04/15/2026	0.10000
QUETIAPINE FUMARATE	150 MG	TAB ER 24H	ORAL	05/13/2026	0.13869
QUINAPRIL HCL	20 MG	TABLET	ORAL	11/04/2024	0.81941
QUINAPRIL HCL	5 MG	TABLET	ORAL	11/04/2024	0.81941
QUINAPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	11/04/2024	0.56468
QUINAPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	11/04/2024	0.81963
QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	05/06/2026	0.81963
QUINIDINE GLUCONATE	324 MG	TABLET ER	ORAL	08/11/2025	6.46734
QUININE SULFATE	324 MG	CAPSULE	ORAL	12/17/2025	2.35751
RABEPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	01/14/2026	0.40200
RALOXIFENE HCL	60 MG	TABLET	ORAL	05/06/2026	0.32696
RAMELTEON	8 MG	TABLET	ORAL	03/18/2026	0.66391
RAMIPRIL	1.25 MG	CAPSULE	ORAL	01/14/2026	0.11149
RAMIPRIL	2.5 MG	CAPSULE	ORAL	01/21/2026	0.04685
RAMIPRIL	5 MG	CAPSULE	ORAL	01/21/2026	0.06043
RAMIPRIL	10 MG	CAPSULE	ORAL	03/04/2026	0.07357
RAMUCIRUMAB	100MG/10ML	VIAL	INTRAVEN	07/01/2025	130.56848
RAMUCIRUMAB	500MG/50ML	VIAL	INTRAVEN	07/01/2025	130.56848

**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
RANOLAZINE	500 MG	TAB ER 12H	ORAL	05/20/2026	0.16451
RANOLAZINE	1000 MG	TAB ER 12H	ORAL	11/05/2025	0.49133
RASAGILINE MESYLATE	1 MG	TABLET	ORAL	04/22/2026	1.57271
RASAGILINE MESYLATE	0.5 MG	TABLET	ORAL	04/22/2026	1.11265
RASPBERRY FLAVOR		SYRUP	ORAL	11/04/2024	0.08534
RECTAL, VAGINAL APPLICATOR TIP		EACH	MISCELL	11/04/2024	2.55019
RED YEAST RICE	600 MG	CAPSULE	ORAL	04/29/2026	0.12274
REGADENOSON	0.4 MG/5ML	SYRINGE	INTRAVEN	04/07/2026	1.51556
REMIFENTANIL HCL	5 MG	VIAL	INTRAVEN	12/23/2025	279.11181
REMIFENTANIL HCL	2 MG	VIAL	INTRAVEN	11/04/2024	79.28000
REMIFENTANIL HCL	1 MG	VIAL	INTRAVEN	11/04/2024	59.68211
REPAGLINIDE	0.5 MG	TABLET	ORAL	07/09/2025	0.17085
REPAGLINIDE	1 MG	TABLET	ORAL	03/03/2026	0.15196
REPAGLINIDE	2 MG	TABLET	ORAL	03/03/2026	0.15182
RESLIZUMAB	10 MG/ML	VIAL	INTRAVEN	07/01/2025	101.51856
RIBAVIRIN	6 G	VIAL-NEB	INHALATION	04/22/2026	14145.00000
RIBOFLAVIN (VITAMIN B2)	100 MG	CAPSULE	ORAL	06/04/2025	0.06646
RIBOFLAVIN (VITAMIN B2)	100 MG	TABLET	ORAL	08/19/2025	0.03938
RIBOFLAVIN (VITAMIN B2)	25 MG	TABLET	ORAL	11/04/2024	0.04951

**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
RIBOFLAVIN (VITAMIN B2)	50 MG	TABLET	ORAL	11/04/2024	0.05219
RIFABUTIN	150 MG	CAPSULE	ORAL	05/06/2026	7.37000
RIFAMPIN	150 MG	CAPSULE	ORAL	11/04/2024	2.09130
RIFAMPIN	300 MG	CAPSULE	ORAL	09/17/2025	0.53556
RIFAMPIN	600 MG	VIAL	INTRAVEN	11/04/2024	69.18750
RILUZOLE	50 MG	TABLET	ORAL	04/01/2025	1.66696
RIMABOTULINUMTOXINB	10000/2ML	VIAL	INTRAMUSC	11/04/2024	635.07240
RIMABOTULINUMTOXINB	5000/ML	VIAL	INTRAMUSC	11/04/2024	635.07240
RIMANTADINE HCL	100 MG	TABLET	ORAL	11/04/2024	1.75781
RINGER'S SOLUTION		IV SOLN	INTRAVEN	07/01/2025	0.01453
RINGER'S SOLUTION,LACTATED		IV SOLN	INTRAVEN	11/26/2024	0.00431
RINGER'S SOLUTION,LACTATED		IRRIG SOLN	IRRIGATION	04/01/2025	0.00778
RISEDRONATE SODIUM	5 MG	TABLET	ORAL	11/04/2024	6.63914
RISEDRONATE SODIUM	35 MG	TABLET	ORAL	12/17/2025	3.12840
RISEDRONATE SODIUM	150 MG	TABLET	ORAL	01/21/2026	18.97000
RISEDRONATE SODIUM	35 MG	TABLET DR	ORAL	11/04/2024	28.44375
RISPERIDONE	1 MG/ML	SOLUTION	ORAL	03/25/2026	0.32160
RISPERIDONE	1 MG	TABLET	ORAL	05/06/2025	0.02668
RISPERIDONE	2 MG	TABLET	ORAL	10/15/2025	0.04725

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
** 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
RISPERIDONE	3 MG	TABLET	ORAL	05/06/2025	0.03521
RISPERIDONE	4 MG	TABLET	ORAL	05/06/2025	0.06360
RISPERIDONE	0.25 MG	TABLET	ORAL	03/11/2026	0.02087
RISPERIDONE	0.5 MG	TABLET	ORAL	11/25/2025	0.03727
RISPERIDONE	1 MG	TAB RAPDIS	ORAL	04/29/2026	0.82554
RISPERIDONE	2 MG	TAB RAPDIS	ORAL	04/01/2026	0.93148
RISPERIDONE	0.5 MG	TAB RAPDIS	ORAL	04/29/2026	0.73939
RISPERIDONE	3 MG	TAB RAPDIS	ORAL	04/29/2026	1.80039
RISPERIDONE	4 MG	TAB RAPDIS	ORAL	04/29/2026	2.05307
RISPERIDONE	90 MG	SUSER SYR	SUBCUT	01/01/2026	12.65332
RISPERIDONE	120 MG	SUSER SYR	SUBCUT	01/01/2026	12.65332
RISPERIDONE MICROSPHERES	25 MG/2 ML	VIAL	INTRAMUSC	12/09/2025	492.08592
RISPERIDONE MICROSPHERES	37.5MG/2ML	VIAL	INTRAMUSC	12/09/2025	745.27900
RISPERIDONE MICROSPHERES	50 MG/2 ML	VIAL	INTRAMUSC	12/09/2025	700.68089
RISPERIDONE MICROSPHERES	12.5MG/2ML	VIAL	INTRAMUSC	10/22/2025	313.30320
RITONAVIR	100 MG	TABLET	ORAL	04/08/2026	0.62180
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

**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
RIVAROXABAN	2.5 MG	TABLET	ORAL	01/06/2026	0.96442
RIVASTIGMINE	4.6MG/24HR	PATCH TD24	TRANSDERM	02/17/2026	1.53955
RIVASTIGMINE	9.5MG/24HR	PATCH TD24	TRANSDERM	02/17/2026	1.65537
RIVASTIGMINE	13.3MG/24H	PATCH TD24	TRANSDERM	10/15/2025	2.71700
RIVASTIGMINE TARTRATE	1.5 MG	CAPSULE	ORAL	10/01/2025	0.28252
RIVASTIGMINE TARTRATE	3 MG	CAPSULE	ORAL	04/01/2025	0.35682
RIVASTIGMINE TARTRATE	4.5 MG	CAPSULE	ORAL	04/01/2025	0.35845
RIVASTIGMINE TARTRATE	6 MG	CAPSULE	ORAL	01/21/2026	0.45649
RIZATRIPTAN BENZOATE	5 MG	TABLET	ORAL	05/13/2026	0.43312
RIZATRIPTAN BENZOATE	10 MG	TABLET	ORAL	11/25/2025	0.34505
RIZATRIPTAN BENZOATE	5 MG	TAB RAPDIS	ORAL	04/22/2026	0.94321
RIZATRIPTAN BENZOATE	10 MG	TAB RAPDIS	ORAL	06/10/2026	0.38025
ROCURONIUM BROMIDE	10 MG/ML	VIAL	INTRAVEN	04/01/2026	0.32462
ROFLUMILAST	500 MCG	TABLET	ORAL	10/22/2025	0.26973
ROFLUMILAST	250 MCG	TABLET	ORAL	05/20/2026	2.39391
ROMIDEPSIN	10 MG/2 ML	VIAL	INTRAVEN	05/20/2026	3442.54450
ROPINIROLE HCL	0.25 MG	TABLET	ORAL	11/12/2025	0.04042
ROPINIROLE HCL	1 MG	TABLET	ORAL	11/12/2025	0.04069
ROPINIROLE HCL	2 MG	TABLET	ORAL	04/29/2026	0.06269

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
** 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
ROPINIROLE HCL	5 MG	TABLET	ORAL	05/06/2026	0.06972
ROPINIROLE HCL	0.5 MG	TABLET	ORAL	11/19/2025	0.04235
ROPINIROLE HCL	3 MG	TABLET	ORAL	04/01/2025	0.22780
ROPINIROLE HCL	4 MG	TABLET	ORAL	05/13/2026	0.15544
ROPINIROLE HCL	2 MG	TAB ER 24H	ORAL	06/10/2026	0.91924
ROPINIROLE HCL	4 MG	TAB ER 24H	ORAL	06/10/2026	0.98803
ROPINIROLE HCL	8 MG	TAB ER 24H	ORAL	06/10/2026	1.91263
ROPINIROLE HCL	12 MG	TAB ER 24H	ORAL	06/10/2026	4.73264
ROPINIROLE HCL	6 MG	TAB ER 24H	ORAL	06/10/2026	1.63569
ROPIVACAINE HCL/PF	2 MG/ML	INFUS. BTL	INJECTION	11/12/2025	0.60045
ROPIVACAINE HCL/PF	2 MG/ML	VIAL	INJECTION	11/04/2024	0.25125
ROPIVACAINE HCL/PF	5 MG/ML	VIAL	INJECTION	06/17/2026	0.17077
ROPIVACAINE HCL/PF	10 MG/ML	VIAL	INJECTION	12/17/2025	0.28965
ROPIVACAINE HCL/PF	7.5 MG/ML	VIAL	INJECTION	12/03/2025	0.56741
ROPIVACAINE HCL/PF	2 MG/ML	PLAST. BAG	INJECTION	11/19/2025	0.14472
ROSUVASTATIN CALCIUM	10 MG	TABLET	ORAL	03/11/2026	0.02972
ROSUVASTATIN CALCIUM	20 MG	TABLET	ORAL	04/15/2026	0.03950
ROSUVASTATIN CALCIUM	40 MG	TABLET	ORAL	04/22/2026	0.05152
ROSUVASTATIN CALCIUM	5 MG	TABLET	ORAL	04/15/2026	0.01186

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
** 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
RUFINAMIDE	40 MG/ML	ORAL SUSP	ORAL	03/25/2026	0.18259
RUFINAMIDE	200 MG	TABLET	ORAL	04/22/2026	1.22187
RUFINAMIDE	400 MG	TABLET	ORAL	02/24/2026	1.66250
SACCHARIN		POWDER	MISCELL	11/04/2024	0.59839
SACCHAROMYCES BOULARDII	250 MG	CAPSULE	ORAL	04/29/2026	0.50767
SACUBITRIL/VALSARTAN	24 MG-26MG	TABLET	ORAL	06/03/2026	0.68094
SACUBITRIL/VALSARTAN	49 MG-51MG	TABLET	ORAL	06/17/2026	0.52091
SACUBITRIL/VALSARTAN	97MG-103MG	TABLET	ORAL	06/03/2026	0.68094
SALICYLIC ACID	2 %	MED. PAD	TOPICAL	11/04/2024	0.14449
SALICYLIC ACID	10 %	CREAM (G)	TOPICAL	11/04/2024	0.22682
SALICYLIC ACID	6 %	CREAM (G)	TOPICAL	04/08/2025	10.03728
SALICYLIC ACID	2 %	CLEANSER	TOPICAL	11/12/2025	0.02255
SALICYLIC ACID	40 %	ADH. PATCH	TOPICAL	06/17/2026	0.51192
SALICYLIC ACID	17 %	LIQUID	TOPICAL	06/04/2025	0.84420
SALICYLIC ACID	2 %	SHAMPOO	TOPICAL	11/04/2024	0.05322
SALICYLIC ACID	3 %	SHAMPOO	TOPICAL	11/04/2024	0.02640
SALICYLIC ACID	17 %	KIT	TOPICAL	06/04/2025	7.71600
SALSALATE	750 MG	TABLET	ORAL	11/04/2024	0.58282
SAPROPTERIN DIHYDROCHLORIDE	100 MG	POWD PACK	ORAL	06/17/2026	21.56525

**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
SAPROPTERIN DIHYDROCHLORIDE	500 MG	POWD PACK	ORAL	12/17/2025	150.56225
SAPROPTERIN DIHYDROCHLORIDE	100 MG	TABLET SOL	ORAL	02/17/2026	17.95550
SARGRAMOSTIM	250 MCG	VIAL	INJECTION	07/01/2025	273.72562
SAW PALMETTO	500 MG	CAPSULE	ORAL	11/04/2024	0.07809
SAW PALMETTO FRUIT EXTRACT	160 MG	CAPSULE	ORAL	04/29/2026	0.23735
SAXAGLIPTIN HCL	2.5 MG	TABLET	ORAL	11/25/2025	3.02001
SAXAGLIPTIN HCL	5 MG	TABLET	ORAL	11/25/2025	3.02001
SAXAGLIPTIN HCL/METFORMIN HCL	5 MG-500MG	TBMP 24HR	ORAL	11/25/2024	12.63901
SAXAGLIPTIN HCL/METFORMIN HCL	5MG-1000MG	TBMP 24HR	ORAL	11/04/2024	12.63900
SAXAGLIPTIN HCL/METFORMIN HCL	2.5-1000MG	TBMP 24HR	ORAL	11/04/2024	7.29615
SCOPOLAMINE	1 MG/3 DAY	PATCH TD 3	TRANSDERM	09/03/2025	3.62993
SELEGILINE HCL	5 MG	CAPSULE	ORAL	11/04/2024	0.68939
SELEGILINE HCL	5 MG	TABLET	ORAL	11/12/2025	1.49432
SELENIUM	200 MCG	TABLET	ORAL	11/04/2024	0.04344
SELENIUM	50 MCG	TABLET	ORAL	11/04/2024	0.02982
SELENIUM SULFIDE	1 %	SHAMPOO	TOPICAL	05/20/2026	0.02668
SELEXIPAG	200 MCG	TABLET	ORAL	11/21/2025	142.17010
SELEXIPAG	400 MCG	TABLET	ORAL	11/21/2025	221.09775
SELEXIPAG	600 MCG	TABLET	ORAL	11/21/2025	221.09775

**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
SELEXIPAG	800 MCG	TABLET	ORAL	11/21/2025	221.09775
SELEXIPAG	1000 MCG	TABLET	ORAL	11/21/2025	221.09775
SELEXIPAG	1200 MCG	TABLET	ORAL	11/21/2025	221.09775
SELEXIPAG	1400 MCG	TABLET	ORAL	11/21/2025	221.09775
SELEXIPAG	1600 MCG	TABLET	ORAL	11/21/2025	221.09775
SELEXIPAG	200-800MCG	TAB DS PK	ORAL	11/21/2025	99.51826
SELEXIPAG	1800 MCG	VIAL	INTRAVEN	11/21/2025	220.67602
SENNA LEAF EXTRACT	176MG/5ML	SYRUP	ORAL	02/18/2026	0.06587
SENNOSIDES	8.8MG/5ML	SYRUP	ORAL	03/18/2026	0.02656
SENNOSIDES	8.6 MG	TABLET	ORAL	06/10/2026	0.00841
SENNOSIDES	25 MG	TABLET	ORAL	11/23/2024	0.12376
SENNOSIDES/DOCUSATE SODIUM	8.6MG-50MG	TABLET	ORAL	03/18/2026	0.01227
SERTRALINE HCL	150 MG	CAPSULE	ORAL	05/06/2026	3.71563
SERTRALINE HCL	200 MG	CAPSULE	ORAL	04/22/2026	4.67104
SERTRALINE HCL	20 MG/ML	ORAL CONC	ORAL	05/27/2026	0.41137
SERTRALINE HCL	25 MG	TABLET	ORAL	06/10/2026	0.01732
SERTRALINE HCL	50 MG	TABLET	ORAL	06/10/2026	0.01968
SERTRALINE HCL	100 MG	TABLET	ORAL	02/18/2026	0.02850
SESAME OIL		OIL	MISCELL	06/03/2026	0.02362

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
** 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
SEVELAMER CARBONATE	0.8 G	POWD PACK	ORAL	05/13/2026	1.79679
SEVELAMER CARBONATE	2.4 G	POWD PACK	ORAL	05/13/2026	2.20236
SEVELAMER CARBONATE	800 MG	TABLET	ORAL	02/03/2026	0.21688
SEVELAMER HCL	400 MG	TABLET	ORAL	10/01/2025	3.09287
SEVELAMER HCL	800 MG	TABLET	ORAL	09/29/2025	1.66852
SILDENAFIL CITRATE	10 MG/ML	SUSP RECON	ORAL	04/30/2025	0.29020
SILDENAFIL CITRATE	25 MG	TABLET	ORAL	06/17/2026	0.11202
SILDENAFIL CITRATE	50 MG	TABLET	ORAL	06/09/2026	0.07507
SILDENAFIL CITRATE	100 MG	TABLET	ORAL	06/17/2026	0.11372
SILDENAFIL CITRATE	20 MG	TABLET	ORAL	04/15/2026	0.04765
SILDENAFIL CITRATE	10 MG/12.5	VIAL	INTRAVEN	11/04/2024	10.58000
SILICONE,DRESSING/FOAM BANDAGE	2" X 2"	BANDAGE	TOPICAL	11/04/2024	0.91690
SILICONE,DRESSING/FOAM BANDAGE	4" X 4"	BANDAGE	TOPICAL	11/04/2024	2.31820
SILICONE,DRESSING/FOAM BANDAGE	6" X 6"	BANDAGE	TOPICAL	11/04/2024	3.71910
SILODOSIN	4 MG	CAPSULE	ORAL	03/18/2025	0.40155
SILODOSIN	8 MG	CAPSULE	ORAL	03/18/2025	0.38190
SILTUXIMAB	100 MG	VIAL	INTRAVEN	01/01/2026	829.67000
SILTUXIMAB	400 MG	VIAL	INTRAVEN	01/01/2026	3318.68000
SILVER	2" X 2"	BANDAGE	TOPICAL	11/04/2024	8.24539

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
** 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
SILVER	4" X 8"	BANDAGE	TOPICAL	11/04/2024	21.24635
SILVER SULFADIAZINE	1 %	CREAM (G)	TOPICAL	04/22/2026	0.12072
SILVER/CALCIUM ALGINATE	4"X4 3/4"	BANDAGE	TOPICAL	04/29/2026	8.62200
SILVER/CALCIUM ALGINATE	3/4"X12"	BANDAGE	TOPICAL	11/04/2024	15.26910
SILVER/CALCIUM ALGINATE	4" X 8"	BANDAGE	TOPICAL	11/04/2024	17.21087
SILVER/CALCIUM ALGINATE	4" X 5"	BANDAGE	TOPICAL	11/04/2024	16.61415
SILVER/FOAM BANDAGE	4" X 4"	BANDAGE	TOPICAL	11/04/2024	3.18780
SIMETHICONE	125 MG	CAPSULE	ORAL	04/01/2025	0.06075
SIMETHICONE	180 MG	CAPSULE	ORAL	11/04/2024	0.03406
SIMETHICONE	40MG/0.6ML	DROPS SUSP	ORAL	03/11/2026	0.07590
SIMETHICONE	125 MG	TAB CHEW	ORAL	08/06/2025	0.03629
SIMETHICONE	80 MG	TAB CHEW	ORAL	09/17/2025	0.01712
SIMPLE SYRUP		SYRUP	ORAL	01/07/2026	0.02429
SIMVASTATIN	5 MG	TABLET	ORAL	03/25/2026	0.02602
SIMVASTATIN	10 MG	TABLET	ORAL	04/28/2026	0.02616
SIMVASTATIN	20 MG	TABLET	ORAL	10/01/2025	0.02226
SIMVASTATIN	40 MG	TABLET	ORAL	03/25/2026	0.04965
SIMVASTATIN	80 MG	TABLET	ORAL	05/04/2026	0.06845
SINCALIDE	5 MCG	VIAL	INJECTION	11/04/2024	124.13000

**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
SIROLIMUS	1 MG/ML	SOLUTION	ORAL	05/05/2025	5.03100
SIROLIMUS	1 MG	TABLET	ORAL	10/01/2025	1.26067
SIROLIMUS	2 MG	TABLET	ORAL	05/14/2025	3.35306
SIROLIMUS	0.5 MG	TABLET	ORAL	03/18/2026	1.53120
SITAGLIPTIN PHOS/METFORMIN HCL	50MG-500MG	TABLET	ORAL	06/02/2026	3.71498
SITAGLIPTIN PHOS/METFORMIN HCL	50-1000 MG	TABLET	ORAL	06/02/2026	3.71498
SKIN CLEANSER		CLEANSER	TOPICAL	11/25/2025	0.00939
SKIN CLEANSER COMB NO.31		SPRAY	TOPICAL	09/09/2025	0.01798
SOAP		BAR	TOPICAL	11/04/2024	2.69610
SOD BORATE/BORIC AC/WATER/NACL		IRRIG SOLN	OPHTHALMIC	05/06/2026	0.03699
SOD CHLOR,BICARB/SQUEEZ BOTTLE		PACK W/DEV	NASAL	11/04/2024	0.17593
SOD CHLOR,SOD BICARB/NETI POT		PACK W/DEV	NASAL	11/04/2024	0.30257
SOD PHOS DI, MONO/K PHOS MONO	250 MG	TABLET	ORAL	03/11/2026	0.15225
SOD PHOSPHATE,MONOBASIC-DIBAS	3MMOL/ML	VIAL	INTRAVEN	06/17/2026	1.97784
SOD/POT/K CIT/SOD CIT/CIT ACID	500-550/5	SOLUTION	ORAL	05/13/2025	0.03328
SODIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	02/25/2026	0.11636
SODIUM ACETATE	4 MEQ/ML	VIAL	INTRAVEN	01/08/2025	0.27561
SODIUM BENZOATE/SOD PHENYLACET	10 %-10 %	VIAL	INTRAVEN	06/09/2026	61.50000
SODIUM BICARBONATE	650 MG	TABLET	ORAL	06/03/2026	0.00994

**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
SODIUM BICARBONATE	50MEQ/50ML	SYRINGE	INTRAVEN	02/18/2026	0.53718
SODIUM BICARBONATE	0.5MEQ/ML	VIAL	INTRAVEN	08/13/2025	1.12279
SODIUM BICARBONATE	1 MEQ/ML	VIAL	INTRAVEN	04/08/2026	0.11088
SODIUM BISULFITE	100 %	POWDER	MISCELL	11/04/2024	0.14070
SODIUM CHLORIDE	234 MG/ML	SOLUTION	ORAL	10/14/2025	0.09030
SODIUM CHLORIDE	5 %	OINT. (G)	OPHTHALMIC	11/05/2025	2.39094
SODIUM CHLORIDE	2 %	DROPS	OPHTHALMIC	11/23/2024	0.40480
SODIUM CHLORIDE	5 %	DROPS	OPHTHALMIC	04/15/2026	0.26806
SODIUM CHLORIDE	0.65 %	SPRAY	NASAL	06/03/2026	0.01870
SODIUM CHLORIDE	2.5 MEQ/ML	VIAL	INTRAVEN	11/04/2024	0.17599
SODIUM CHLORIDE	4 MEQ/ML	VIAL	INTRAVEN	06/04/2025	0.26106
SODIUM CHLORIDE	1000 MG	TABLET SOL	MISCELL	05/06/2026	0.06019
SODIUM CHLORIDE 0.45 %	0.45 %	IV SOLN	INTRAVEN	11/19/2024	0.00495
SODIUM CHLORIDE 0.9 % (FLUSH)	0.9 %	SYRINGE	INJECTION	02/04/2026	0.04165
SODIUM CHLORIDE 3 %	3 %	IV SOLN	INTRAVEN	02/05/2025	0.01576
SODIUM CHLORIDE 5 %	5 %	IV SOLN	INTRAVEN	05/21/2025	0.02389
SODIUM CHLORIDE FOR INHALATION	0.9 %	VIAL-NEB	INHALATION	11/04/2024	0.03216
SODIUM CHLORIDE IRRIG SOLUTION	0.9 %	IRRIG SOLN	IRRIGATION	09/24/2025	0.00430
SODIUM CHLORIDE/ALOE VERA		SPRAY	NASAL	11/04/2024	0.28871

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
** 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
SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G	SOLN RECON	ORAL	05/13/2026	0.01073
SODIUM CHLORIDE/SODIUM BICARB		PACKET	NASAL	11/04/2024	0.09140
SODIUM CITRATE	230 MG	TAB CHEW	ORAL	06/25/2025	0.17994
SODIUM FERRIC GLUCONAT/SUCROSE	62.5MG/5ML	VIAL	INTRAVEN	11/04/2024	2.22440
SODIUM HYPOCHLORITE	0.25 %	SOLUTION	MISCELL	02/11/2026	0.05258
SODIUM HYPOCHLORITE	0.5 %	SOLUTION	MISCELL	06/03/2026	0.04788
SODIUM HYPOCHLORITE	0.125 %	SOLUTION	MISCELL	02/11/2026	0.05946
SODIUM PHENYLBUTYRATE	0.94 G/G	POWDER	ORAL	11/04/2024	11.60278
SODIUM PHENYLBUTYRATE	500 MG	TABLET	ORAL	06/17/2026	16.58504
SODIUM PHOSPHATE, MONO-DIBASIC	19G-7G/118	ENEMA	RECTAL	01/20/2026	0.00800
SODIUM PHOSPHATE, MONO-DIBASIC	9.5-3.5/59	ENEMA	RECTAL	11/23/2024	0.01970
SODIUM POLYSTYRENE SULFON/SORB	15 G/60 ML	ORAL SUSP	ORAL	11/04/2024	0.38850
SODIUM POLYSTYRENE SULFONATE	15 G	POWDER	ORAL	02/18/2026	0.23019
SODIUM TETRADECYL SULFATE	3 %	VIAL	INTRAVEN	11/04/2024	32.80000
SODIUM, POTASSIUM, MAG SULFATES	17.5-3.13G	SOLN RECON	ORAL	05/13/2026	0.21902
SODIUM, POTASSIUM PHOSPHATES	280-250MG	POWD PACK	ORAL	03/11/2026	0.18900
SOLIFENACIN SUCCINATE	5 MG	TABLET	ORAL	04/29/2026	0.09587
SOLIFENACIN SUCCINATE	10 MG	TABLET	ORAL	05/06/2026	0.12254
SORAFENIB TOSYLATE	200 MG	TABLET	ORAL	05/27/2026	35.55614

**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
SORBITOL		POWDER	MISCELL	11/04/2024	0.09357
SORBITOL SOLUTION	70 %	SOLUTION	MISCELL	01/07/2026	0.01266
SOTALOL HCL	160 MG	TABLET	ORAL	05/13/2026	0.34867
SOTALOL HCL	240 MG	TABLET	ORAL	02/11/2026	0.34317
SOTALOL HCL	80 MG	TABLET	ORAL	10/08/2025	0.05422
SOTALOL HCL	120 MG	TABLET	ORAL	02/25/2026	0.14820
SPEARMINT OIL		OIL	MISCELL	11/04/2024	1.50750
SPINOSAD	0.9 %	SUSPENSION	TOPICAL	11/04/2024	1.95883
SPIROMETERS AND ACCESSORIES		EACH	MISCELL	11/06/2024	63.24506
SPIRONOLACT/HYDROCHLOROTHIAZID	25 MG-25MG	TABLET	ORAL	11/12/2025	0.66569
SPIRONOLACTONE	25 MG/5 ML	ORAL SUSP	ORAL	03/11/2026	1.72303
SPIRONOLACTONE	100 MG	TABLET	ORAL	03/25/2026	0.11249
SPIRONOLACTONE	25 MG	TABLET	ORAL	04/01/2026	0.03044
SPIRONOLACTONE	50 MG	TABLET	ORAL	02/17/2026	0.07306
ST. JOHN'S WORT	300 MG	CAPSULE	ORAL	12/03/2024	0.06979
STARCH		POWD PACK	ORAL	04/29/2026	0.39624
STARCH		POWDER	ORAL	11/04/2024	0.02680
STEARIC ACID		POWDER	MISCELL	01/07/2026	0.04824
STEARYL ALCOHOL		FLAKES	MISCELL	11/04/2024	0.07316

**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
SUCCINYLBCHOLINE CHLORIDE	20 MG/ML	VIAL	INJECTION	11/18/2025	0.26800
SUCCINYLBCHOLINE/SOD CL,ISO/PF	200MG/10ML	SYRINGE	INTRAVEN	06/03/2026	1.27300
SUCCINYLBCHOLINE/SOD CL,ISO/PF	100 MG/5ML	SYRINGE	INTRAVEN	07/09/2025	2.29140
SUCRALFATE	1 G/10 ML	ORAL SUSP	ORAL	10/01/2025	0.20758
SUCRALFATE	1 G	TABLET	ORAL	06/03/2026	0.15672
SULFACETAMIDE SODIUM	10 %	SUSPENSION	TOPICAL	05/13/2026	0.43972
SULFACETAMIDE SODIUM/SULFUR	10 %-4 %	MED. PAD	TOPICAL	11/04/2024	3.76156
SULFACETAMIDE SODIUM/SULFUR	9 %-4 %	CLEANSER	TOPICAL	11/04/2024	0.33228
SULFACETAMIDE SODIUM/SULFUR	9 %-4.5 %	CLEANSER	TOPICAL	11/04/2024	2.59744
SULFACETAMIDE SODIUM/SULFUR	8 %-4 %	SUSPENSION	TOPICAL	12/09/2025	0.06162
SULFADIAZINE	500 MG	TABLET	ORAL	11/04/2024	15.14765
SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	ORAL	09/24/2025	0.04437
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160/20	ORAL SUSP	ORAL	11/04/2024	0.67870
SULFAMETHOXAZOLE/TRIMETHOPRIM	400MG-80MG	TABLET	ORAL	09/17/2025	0.03802
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160 MG	TABLET	ORAL	04/30/2025	0.03886
SULFAMETHOXAZOLE/TRIMETHOPRIM	80-16MG/ML	VIAL	INTRAVEN	04/15/2026	1.59634
SULFASALAZINE	500 MG	TABLET	ORAL	09/24/2025	0.17148
SULFASALAZINE	500 MG	TABLET DR	ORAL	04/29/2026	0.27526
SULFUR	3 %	BAR	TOPICAL	11/04/2024	4.58700

**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
SULINDAC	150 MG	TABLET	ORAL	05/14/2025	0.25343
SULINDAC	200 MG	TABLET	ORAL	04/01/2025	0.32160
SUMATRIPTAN	5 MG	SPRAY	NASAL	03/11/2026	18.74550
SUMATRIPTAN	20 MG	SPRAY	NASAL	06/10/2026	19.20275
SUMATRIPTAN SUCC/NAPROXEN SOD	85MG-500MG	TABLET	ORAL	11/04/2024	51.28189
SUMATRIPTAN SUCCINATE	100 MG	TABLET	ORAL	10/08/2025	0.36203
SUMATRIPTAN SUCCINATE	50 MG	TABLET	ORAL	10/15/2025	0.25200
SUMATRIPTAN SUCCINATE	25 MG	TABLET	ORAL	06/10/2026	0.22212
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	CARTRIDGE	SUBCUT	11/04/2024	104.22713
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	VIAL	SUBCUT	11/04/2024	8.04000
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	PEN INJCTR	SUBCUT	05/20/2026	48.17400
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	PEN INJCTR	SUBCUT	05/13/2025	132.43820
SUNITINIB MALATE	12.5 MG	CAPSULE	ORAL	03/04/2026	37.50219
SUNITINIB MALATE	25 MG	CAPSULE	ORAL	03/04/2026	58.72518
SUNITINIB MALATE	50 MG	CAPSULE	ORAL	02/04/2026	173.70089
SUNITINIB MALATE	37.5 MG	CAPSULE	ORAL	06/10/2026	45.68535
SWAB		SWAB	MISCELL	11/04/2024	0.00557
SYR,NDL 0.3 ML,INS,SAFE,D.UNIT	30 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYR,NDL 1 ML,INS,SAFE,DISP UNT	28GX1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380

**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
SYR,NDL 1 ML,INS,SAFE,DISP UNT	29 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYR,NDL,INS,SAFE 0.5ML,DISP UN	29 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYR,NDL,INS,SAFE 0.5ML,DISP UN	30 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYR,NDL,INSULIN,1ML-SHARPS BIN	31 GX5/16"	SYRINGE	MISCELL	01/01/2025	0.26380
SYR,NDL,INSULIN,1ML-SHARPS BIN	30 G X1/2"	SYRINGE	MISCELL	01/01/2025	0.26380
SYR-ND,INS,0.3/CONTAINER,EMPTY	31 GX5/16"	SYRINGE	MISCELL	01/01/2025	0.26380
SYR-ND,INS,0.3/CONTAINER,EMPTY	30 G X1/2"	SYRINGE	MISCELL	01/01/2025	0.26380
SYR-ND,INS,0.5/CONTAINER,EMPTY	31 GX5/16"	SYRINGE	MISCELL	01/01/2025	0.26380
SYR-ND,INS,0.5/CONTAINER,EMPTY	30 G X1/2"	SYRINGE	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.3 ML HALF MARK	29 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.3 ML HALF MARK	30 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.3 ML HALF MARK	31 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.3 ML HALF MARK	31GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.3 ML HALF MARK	31 G X1/4"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.3 ML HALF MARK	30 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.5 ML HALF MARK	29 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.5 ML HALF MARK	30 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.5 ML HALF MARK	30 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.5 ML HALF MARK	31GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380

**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
SYRGE-NDL,INS 0.5 ML HALF MARK	31 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRGE-NDL,INS 0.5 ML HALF MARK	30GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	29 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	29 GAUGE	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	30 GAUGE	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	30 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	30 G X3/8"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	30 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	31 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX3/8"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	31 G X1/4"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRING-NEEDL,DISP,INSUL,0.3 ML	30GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE ACCESSORY		EACH	MISCELL	11/04/2024	0.03769
SYRINGE AND NEEDLE,INSULIN,1ML	28GX1/2"	DISP SYRIN	MISCELL	06/04/2025	0.16321
SYRINGE AND NEEDLE,INSULIN,1ML		DISP SYRIN	MISCELL	06/04/2025	0.11776
SYRINGE AND NEEDLE,INSULIN,1ML	30 GX5/16"	DISP SYRIN	MISCELL	06/04/2025	0.08120
SYRINGE AND NEEDLE,INSULIN,1ML	25GX5/8"	DISP SYRIN	MISCELL	01/01/2025	0.26380

**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
SYRINGE AND NEEDLE,INSULIN,1ML	27GX1/2"	DISP SYRIN	MISCELL	06/04/2025	0.17889
SYRINGE AND NEEDLE,INSULIN,1ML	27GX5/8"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	28 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	29 GAUGE	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	29GX 5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	29 G X1/2"	DISP SYRIN	MISCELL	06/04/2025	0.07651
SYRINGE AND NEEDLE,INSULIN,1ML	30 GAUGE	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	30 G X1/2"	DISP SYRIN	MISCELL	06/04/2025	0.17380
SYRINGE AND NEEDLE,INSULIN,1ML	31 GX5/16"	DISP SYRIN	MISCELL	06/04/2025	0.17005
SYRINGE AND NEEDLE,INSULIN,1ML	29GX7/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	30 G X3/8"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	31GX3/8"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	31GX15/64"	DISP SYRIN	MISCELL	06/04/2025	0.25983
SYRINGE AND NEEDLE,INSULIN,1ML	31 G X1/4"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	30GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE AND NEEDLE,INSULIN,1ML	32 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE DISPOSABLE IRRIGATION		DISP SYRIN	MISCELL	11/04/2024	0.05427
SYRINGE FILTER	25 MM-0.22	EACH	MISCELL	11/04/2024	11.19690
SYRINGE W-NEEDLE,DISPOSAB,3 ML	20GX1"	DISP SYRIN	MISCELL	11/04/2024	0.08898

**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
SYRINGE W-NEEDLE,DISPOSAB,3 ML	20GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.14130
SYRINGE W-NEEDLE,DISPOSAB,3 ML	21 G X 1"	DISP SYRIN	MISCELL	04/01/2025	0.08424
SYRINGE W-NEEDLE,DISPOSAB,3 ML	21GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.08424
SYRINGE W-NEEDLE,DISPOSAB,3 ML	22 G X 1"	DISP SYRIN	MISCELL	11/04/2024	0.07605
SYRINGE W-NEEDLE,DISPOSAB,3 ML	22GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.07605
SYRINGE W-NEEDLE,DISPOSAB,3 ML	23GX1"	DISP SYRIN	MISCELL	02/19/2025	0.07605
SYRINGE W-NEEDLE,DISPOSAB,3 ML	23GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.06271
SYRINGE W-NEEDLE,DISPOSAB,3 ML	25GX5/8"	DISP SYRIN	MISCELL	11/04/2024	0.06479
SYRINGE W-NEEDLE,DISPOSAB,3 ML	25GX1"	DISP SYRIN	MISCELL	11/04/2024	0.06546
SYRINGE W-NEEDLE,DISPOSAB,3 ML	25GX1 1/2"	DISP SYRIN	MISCELL	06/04/2025	0.17541
SYRINGE W-NEEDLE,DISPOSAB,3 ML	27GX1.25"	DISP SYRIN	MISCELL	11/04/2024	0.08208
SYRINGE WITH NEEDLE, 1 ML	25GX5/8"	DISP SYRIN	MISCELL	11/04/2024	0.05558
SYRINGE WITH NEEDLE, 1 ML	25GX1"	DISP SYRIN	MISCELL	11/04/2024	0.21768
SYRINGE WITH NEEDLE, 1 ML	26GX3/8"	DISP SYRIN	MISCELL	11/04/2024	0.12127
SYRINGE WITH NEEDLE, 1 ML	27GX0.375"	DISP SYRIN	MISCELL	11/19/2024	0.11390
SYRINGE WITH NEEDLE, 1 ML	27GX1/2"	DISP SYRIN	MISCELL	11/04/2024	0.19866
SYRINGE WITH NEEDLE, 1 ML	28GX1/2"	DISP SYRIN	MISCELL	11/04/2024	0.12655
SYRINGE WITH NEEDLE, 10 ML	20GX1"	DISP SYRIN	MISCELL	04/30/2025	0.22110
SYRINGE WITH NEEDLE, 12 ML	18GX1"	DISP SYRIN	MISCELL	11/04/2024	3.40214

**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
SYRINGE WITH NEEDLE, 5 ML	20GX1"	DISP SYRIN	MISCELL	11/04/2024	0.28924
SYRINGE WITH NEEDLE, 5 ML	20GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20750
SYRINGE WITH NEEDLE, 5 ML	21 G X 1"	DISP SYRIN	MISCELL	06/04/2025	0.28127
SYRINGE WITH NEEDLE, 5 ML	21GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.25480
SYRINGE WITH NEEDLE, 5 ML	22GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.81472
SYRINGE WITH NEEDLE, 6 ML	20GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.18425
SYRINGE WITH NEEDLE, 6 ML	21 G X 1"	DISP SYRIN	MISCELL	11/04/2024	0.18425
SYRINGE WITH NEEDLE, 6 ML	21GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.18425
SYRINGE, DISPOSABLE, 1 ML		DISP SYRIN	MISCELL	06/04/2025	0.16450
SYRINGE, DISPOSABLE, 10 ML		DISP SYRIN	MISCELL	04/30/2025	0.19541
SYRINGE, DISPOSABLE, 12 ML		DISP SYRIN	MISCELL	11/04/2024	0.11521
SYRINGE, DISPOSABLE, 20 ML		DISP SYRIN	MISCELL	03/26/2025	0.44360
SYRINGE, DISPOSABLE, 3 ML		DISP SYRIN	MISCELL	06/04/2025	0.09561
SYRINGE, DISPOSABLE, 30 ML		DISP SYRIN	MISCELL	11/04/2024	0.30364
SYRINGE, DISPOSABLE, 35 ML		DISP SYRIN	MISCELL	11/04/2024	0.32767
SYRINGE, DISPOSABLE, 5 ML		DISP SYRIN	MISCELL	04/01/2025	0.10800
SYRINGE, DISPOSABLE, 50 ML		DISP SYRIN	MISCELL	06/04/2025	1.03817
SYRINGE, DISPOSABLE, 6 ML		DISP SYRIN	MISCELL	11/04/2024	0.11474
SYRINGE, DISPOSABLE, 60 ML		DISP SYRIN	MISCELL	11/04/2025	0.89311

**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
SYRINGE,ENFIT 1 ML,NON-STERILE		DISP SYRIN	MISCELL	02/19/2025	0.32061
SYRINGE,ENFIT 12ML,NON-STERILE		DISP SYRIN	MISCELL	06/03/2026	0.50506
SYRINGE,ENFIT 3 ML,NON-STERILE		DISP SYRIN	MISCELL	06/03/2026	0.32061
SYRINGE,ENFIT 35ML,NON-STERILE		DISP SYRIN	MISCELL	03/26/2025	1.13517
SYRINGE,ENFIT 6 ML,NON-STERILE		DISP SYRIN	MISCELL	06/18/2025	0.32061
SYRINGE,ENFIT 60ML,NON-STERILE		DISP SYRIN	MISCELL	09/02/2025	1.69411
SYRINGE,INSUL U-500,NDL,0.5ML	31GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,INSULIN,NEEDLESS 1 ML		DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SAFE,1ML	30 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SAFE,1ML	29 G X1/2"	DISP SYRIN	MISCELL	06/04/2025	0.20093
SYRINGE,NEEDLE,INSULN,SAFE,1ML	30 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SAFE,1ML	31 GX5/16"	DISP SYRIN	MISCELL	06/04/2025	0.20093
SYRINGE,NEEDLE,INSULN,SAFE,1ML	30 GX3/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SAFE,1ML	31GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SAFE,1ML	32 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SF 0.5ML	30 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SF 0.5ML	29 G X1/2"	DISP SYRIN	MISCELL	06/04/2025	0.21143
SYRINGE,NEEDLE,INSULN,SF 0.5ML	31GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SF 0.5ML	31 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380

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
** 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
SYRINGE,NEEDLE,INSULN,SF 0.5ML	30 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SF,0.3ML	29 G X1/2"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SF,0.3ML	30 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SF,0.3ML	31GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,NEEDLE,INSULN,SF,0.3ML	31 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE,SAFETY NEEDLE,10 ML	21GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20087
SYRINGE,SAFETY NEEDLE,10 ML	20GX1"	DISP SYRIN	MISCELL	11/04/2024	0.20087
SYRINGE,SAFETY NEEDLE,10 ML	20GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20087
SYRINGE,SAFETY WITH NEEDLE,1ML	25GX1"	SYRINGE	MISCELL	04/22/2026	0.20093
SYRINGE,SAFETY WITH NEEDLE,1ML	25GX5/8"	DISP SYRIN	MISCELL	04/29/2026	0.20093
SYRINGE,SAFETY WITH NEEDLE,1ML	27GX1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20093
SYRINGE,SAFETY WITH NEEDLE,1ML	28GX1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20093
SYRINGE,SAFETY WITH NEEDLE,1ML	26GX3/8"	DISP SYRIN	MISCELL	11/04/2024	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	21GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	22 G X 1"	DISP SYRIN	MISCELL	11/04/2024	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	22GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	23GX1"	DISP SYRIN	MISCELL	04/22/2026	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	25GX5/8"	DISP SYRIN	MISCELL	04/29/2026	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	25GX1"	DISP SYRIN	MISCELL	04/29/2026	0.20093

**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
SYRINGE,SAFETY WITH NEEDLE,3ML	21 G X 1"	DISP SYRIN	MISCELL	11/04/2024	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	20GX1"	DISP SYRIN	MISCELL	11/04/2024	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	20GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.24288
SYRINGE,SAFETY WITH NEEDLE,3ML	23GX1 1/2"	DISP SYRIN	MISCELL	06/18/2025	0.20743
SYRINGE,SAFETY WITH NEEDLE,5ML	21GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20087
SYRINGE,SAFETY WITH NEEDLE,5ML	20GX1 1/2"	DISP SYRIN	MISCELL	11/04/2024	0.20087
SYRINGE,SAFETY WITH NEEDLE,5ML	20GX1"	DISP SYRIN	MISCELL	11/04/2024	0.20087
SYRINGE-NEEDLE,INSULIN,0.5 ML	28GX1/2"	DISP SYRIN	MISCELL	06/04/2025	0.08462
SYRINGE-NEEDLE,INSULIN,0.5 ML	28 GAUGE	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE-NEEDLE,INSULIN,0.5 ML	27GX1/2"	DISP SYRIN	MISCELL	06/04/2025	0.21501
SYRINGE-NEEDLE,INSULIN,0.5 ML	29 GAUGE	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE-NEEDLE,INSULIN,0.5 ML	29 G X1/2"	DISP SYRIN	MISCELL	06/04/2025	0.07930
SYRINGE-NEEDLE,INSULIN,0.5 ML	30 GAUGE	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE-NEEDLE,INSULIN,0.5 ML	30 GX5/16"	DISP SYRIN	MISCELL	06/04/2025	0.08120
SYRINGE-NEEDLE,INSULIN,0.5 ML	30 G X3/8"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE-NEEDLE,INSULIN,0.5 ML	30 G X1/2"	DISP SYRIN	MISCELL	06/04/2025	0.17380
SYRINGE-NEEDLE,INSULIN,0.5 ML	31 GX5/16"	DISP SYRIN	MISCELL	06/04/2025	0.16321
SYRINGE-NEEDLE,INSULIN,0.5 ML	31GX3/8"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE-NEEDLE,INSULIN,0.5 ML	31GX15/64"	DISP SYRIN	MISCELL	01/01/2025	0.26380

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
** 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
SYRINGE-NEEDLE,INSULIN,0.5 ML	31 G X1/4"	DISP SYRIN	MISCELL	01/01/2025	0.26380
SYRINGE-NEEDLE,INSULIN,0.5 ML	32 GX5/16"	DISP SYRIN	MISCELL	01/01/2025	0.26380
TACROLIMUS	1 MG	CAPSULE	ORAL	10/15/2025	0.16049
TACROLIMUS	5 MG	CAPSULE	ORAL	03/04/2026	1.43903
TACROLIMUS	0.5 MG	CAPSULE	ORAL	11/25/2025	0.14493
TACROLIMUS	0.03 %	OINT. (G)	TOPICAL	04/22/2026	0.56858
TACROLIMUS	0.1 %	OINT. (G)	TOPICAL	05/27/2026	0.80400
TADALAFIL	10 MG	TABLET	ORAL	04/29/2026	0.18849
TADALAFIL	20 MG	TABLET	ORAL	05/13/2026	0.29793
TADALAFIL	5 MG	TABLET	ORAL	05/06/2026	0.08222
TADALAFIL	2.5 MG	TABLET	ORAL	06/10/2026	0.20993
TADALAFIL	20 MG	TABLET	ORAL	04/29/2026	0.11296
TAFLUPROST/PF	0.0015 %	DROPERETTE	OPHTHALMIC	11/12/2025	6.12944
TALIGLUCERASE ALFA	200 UNIT	VIAL	INTRAVEN	11/04/2024	795.03900
TALIMOGENE LAHERPAREPVEC	10EXP6/ML	VIAL	INJECTION	12/01/2025	42.76044
TALIMOGENE LAHERPAREPVEC	10EXP8/ML	VIAL	INJECTION	12/01/2025	4276.04400
TAMOXIFEN CITRATE	10 MG	TABLET	ORAL	07/16/2025	0.49491
TAMOXIFEN CITRATE	20 MG	TABLET	ORAL	10/01/2025	0.25353
TAMSULOSIN HCL	0.4 MG	CAPSULE	ORAL	05/13/2025	0.03245

**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
TASIMELTEON	20 MG	CAPSULE	ORAL	02/25/2025	463.67993
TAURINE	1000 MG	CAPSULE	ORAL	11/04/2024	0.11082
TAVABOROLE	5 %	SOL W/APPL	TOPICAL	12/17/2025	6.13918
TAZAROTENE	0.05 %	GEL (GRAM)	TOPICAL	11/04/2024	6.15188
TAZAROTENE	0.1 %	GEL (GRAM)	TOPICAL	11/04/2024	6.64422
TAZAROTENE	0.05 %	CREAM (G)	TOPICAL	01/21/2026	15.31898
TAZAROTENE	0.1 %	CREAM (G)	TOPICAL	05/06/2026	1.19805
TEA TREE OIL	100 %	OIL	TOPICAL	11/04/2024	0.15990
TELMISARTAN	40 MG	TABLET	ORAL	04/29/2026	0.31490
TELMISARTAN	80 MG	TABLET	ORAL	05/13/2026	0.26621
TELMISARTAN	20 MG	TABLET	ORAL	04/29/2026	0.31490
TELMISARTAN/HYDROCHLOROTHIAZID	80-12.5MG	TABLET	ORAL	03/26/2025	0.54181
TELMISARTAN/HYDROCHLOROTHIAZID	40-12.5 MG	TABLET	ORAL	10/22/2025	0.86609
TELMISARTAN/HYDROCHLOROTHIAZID	80 MG-25MG	TABLET	ORAL	10/22/2025	0.72449
TEMAZEPAM	15 MG	CAPSULE	ORAL	02/11/2026	0.06660
TEMAZEPAM	30 MG	CAPSULE	ORAL	07/22/2025	0.08000
TEMAZEPAM	7.5 MG	CAPSULE	ORAL	04/15/2026	1.99080
TEMAZEPAM	22.5 MG	CAPSULE	ORAL	11/05/2025	5.14604
TEMOZOLOMIDE	5 MG	CAPSULE	ORAL	05/13/2026	1.75004

**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
TEMOZOLOMIDE	20 MG	CAPSULE	ORAL	06/03/2026	1.26228
TEMOZOLOMIDE	100 MG	CAPSULE	ORAL	06/03/2026	7.01040
TEMOZOLOMIDE	250 MG	CAPSULE	ORAL	06/03/2026	22.68000
TEMOZOLOMIDE	140 MG	CAPSULE	ORAL	06/03/2026	7.56000
TEMOZOLOMIDE	180 MG	CAPSULE	ORAL	06/03/2026	8.53714
TEMSIROLIMUS	25 MG/ML	VIAL	INTRAVEN	06/17/2026	1049.74350
TENOFOVIR DISOPROXIL FUMARATE	300 MG	TABLET	ORAL	12/23/2025	0.86564
TENS UNIT ELECTRODES		EACH	MISCELL	11/04/2024	1.42375
TERAZOSIN HCL	1 MG	CAPSULE	ORAL	06/03/2026	0.17625
TERAZOSIN HCL	2 MG	CAPSULE	ORAL	05/13/2025	0.08311
TERAZOSIN HCL	5 MG	CAPSULE	ORAL	01/20/2026	0.13615
TERAZOSIN HCL	10 MG	CAPSULE	ORAL	11/04/2024	0.13216
TERBINAFINE HCL	250 MG	TABLET	ORAL	04/22/2026	0.09875
TERBINAFINE HCL	1 %	CREAM (G)	TOPICAL	04/08/2026	0.19124
TERBUTALINE SULFATE	2.5 MG	TABLET	ORAL	12/17/2025	2.87681
TERBUTALINE SULFATE	5 MG	TABLET	ORAL	12/17/2025	3.42593
TERBUTALINE SULFATE	1 MG/ML	VIAL	SUBCUT	01/15/2025	2.29140
TERCONAZOLE	0.4 %	CREAM/APPL	VAGINAL	10/22/2025	1.04639
TERCONAZOLE	0.8 %	CREAM/APPL	VAGINAL	01/21/2026	1.91352

**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
TERCONAZOLE	80 MG	SUPP.VAG	VAGINAL	10/01/2025	27.77408
TERIFLUNOMIDE	7 MG	TABLET	ORAL	02/11/2026	1.39405
TERIFLUNOMIDE	14 MG	TABLET	ORAL	03/03/2026	1.16163
TERIPARATIDE	20MCG/DOSE	PEN INJCTR	SUBCUT	04/30/2025	434.17080
TESTOSTERONE	30MG/1.5ML	SOL MD PMP	TRANSDERM	05/06/2026	2.59052
TESTOSTERONE	50 MG (1%)	GEL (GRAM)	TRANSDERM	10/01/2025	1.41441
TESTOSTERONE	25MG(1%)	GEL PACKET	TRANSDERM	06/16/2026	1.38445
TESTOSTERONE	50 MG (1%)	GEL PACKET	TRANSDERM	05/20/2026	1.17822
TESTOSTERONE	1.25G-1.62	GEL PACKET	TRANSDERM	06/25/2025	7.52348
TESTOSTERONE	2.5G-1.62%	GEL PACKET	TRANSDERM	03/18/2026	3.46139
TESTOSTERONE	12.5/1.25G	GEL MD PMP	TRANSDERM	08/19/2025	0.69024
TESTOSTERONE	20.25/1.25	GEL MD PMP	TRANSDERM	05/06/2026	0.56868
TESTOSTERONE CYPIONATE	100 MG/ML	VIAL	INTRAMUSC	02/11/2025	3.84384
TESTOSTERONE CYPIONATE	200 MG/ML	VIAL	INTRAMUSC	06/11/2026	10.96250
TESTOSTERONE ENANTHATE	200 MG/ML	VIAL	INTRAMUSC	04/15/2025	6.80913
TETANUS IMMUNE GLOBULIN/PF	250 UNIT/1	SYRINGE	INTRAMUSC	11/04/2024	548.62740
TETRABENAZINE	25 MG	TABLET	ORAL	02/11/2026	4.56579
TETRABENAZINE	12.5 MG	TABLET	ORAL	08/01/2025	0.84265
TETRACAINE HCL	0.5 %	DROPS	OPHTHALMIC	02/11/2025	4.75200

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
** 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
TETRACYCLINE HCL	250 MG	CAPSULE	ORAL	01/10/2025	0.44047
TETRACYCLINE HCL	500 MG	CAPSULE	ORAL	12/30/2025	0.63963
TETRAHYDROZOLINE HCL	0.05 %	DROPS	OPHTHALMIC	06/10/2026	0.13310
THEOPHYLLINE ANHYDROUS	80 MG/15ML	SOLUTION	ORAL	06/24/2025	0.09469
THEOPHYLLINE ANHYDROUS	400 MG	TAB ER 24H	ORAL	06/24/2025	0.47581
THEOPHYLLINE ANHYDROUS	300 MG	TAB ER 12H	ORAL	08/19/2025	0.39442
THEOPHYLLINE ANHYDROUS	450 MG	TAB ER 12H	ORAL	06/24/2025	0.11671
THIAMINE HCL	100 MG	TABLET	ORAL	05/06/2026	0.02898
THIAMINE HCL	250 MG	TABLET	ORAL	11/04/2024	0.06358
THIAMINE HCL	50 MG	TABLET	ORAL	03/11/2026	0.02614
THIAMINE HCL	100 MG/ML	VIAL	INJECTION	06/17/2026	1.89610
THIAMINE MONONITRATE (VIT B1)	100 MG	TABLET	ORAL	04/08/2026	0.01936
THIORIDAZINE HCL	10 MG	TABLET	ORAL	04/22/2026	0.36301
THIORIDAZINE HCL	100 MG	TABLET	ORAL	03/05/2025	0.72729
THIORIDAZINE HCL	25 MG	TABLET	ORAL	04/01/2025	0.51067
THIORIDAZINE HCL	50 MG	TABLET	ORAL	07/01/2025	0.63000
THIOTEPA	15 MG	VIAL	INJECTION	03/18/2026	115.86600
THIOTEPA	100 MG	VIAL	INJECTION	05/13/2026	1091.57375
THIOTHIXENE	1 MG	CAPSULE	ORAL	11/25/2025	0.79596

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
** 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
THIOTHIXENE	10 MG	CAPSULE	ORAL	10/07/2025	2.24946
THIOTHIXENE	2 MG	CAPSULE	ORAL	04/01/2025	1.05217
THIOTHIXENE	5 MG	CAPSULE	ORAL	04/01/2025	1.59561
TIAGABINE HCL	4 MG	TABLET	ORAL	05/20/2026	5.23688
TIAGABINE HCL	16 MG	TABLET	ORAL	11/04/2024	10.73410
TIAGABINE HCL	2 MG	TABLET	ORAL	05/13/2026	5.23688
TICAGRELOR	90 MG	TABLET	ORAL	03/18/2026	0.26342
TICAGRELOR	60 MG	TABLET	ORAL	06/10/2026	0.77988
TIGECYCLINE	50 MG	VIAL	INTRAVEN	02/18/2026	23.11365
TIMOLOL	0.5 %	DROPS	OPHTHALMIC	11/12/2025	25.94970
TIMOLOL MALEATE	10 MG	TABLET	ORAL	01/07/2026	1.14101
TIMOLOL MALEATE	0.25 %	SOL-GEL	OPHTHALMIC	03/11/2026	23.26750
TIMOLOL MALEATE	0.5 %	SOL-GEL	OPHTHALMIC	11/19/2024	8.19000
TIMOLOL MALEATE	0.5 %	DROP DAILY	OPHTHALMIC	09/17/2025	10.92500
TIMOLOL MALEATE	0.25 %	DROPS	OPHTHALMIC	10/22/2025	0.73700
TIMOLOL MALEATE	0.5 %	DROPS	OPHTHALMIC	05/06/2026	0.58500
TIMOLOL MALEATE/PF	0.25 %	DROPERETTE	OPHTHALMIC	11/04/2024	10.19193
TIMOLOL MALEATE/PF	0.5 %	DROPERETTE	OPHTHALMIC	10/01/2025	3.74462
TINIDAZOLE	500 MG	TABLET	ORAL	11/05/2025	1.60599

**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
TINIDAZOLE	250 MG	TABLET	ORAL	12/17/2025	2.13127
TIOPRONIN	100 MG	TABLET	ORAL	05/06/2026	28.05036
TIOPRONIN	100 MG	TABLET DR	ORAL	03/25/2025	21.93623
TIOPRONIN	300 MG	TABLET DR	ORAL	03/25/2025	37.23610
TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV	INHALATION	11/04/2024	10.59898
TIROFIBAN-0.9% SODIUM CHLORIDE	12.5MG/250	PLAST. BAG	INTRAVEN	08/06/2025	0.74772
TIROFIBAN-0.9% SODIUM CHLORIDE	5 MG/100ML	PLAST. BAG	INTRAVEN	05/06/2026	1.51648
TIZANIDINE HCL	2 MG	CAPSULE	ORAL	04/08/2026	0.21976
TIZANIDINE HCL	4 MG	CAPSULE	ORAL	04/08/2026	0.20520
TIZANIDINE HCL	6 MG	CAPSULE	ORAL	04/08/2026	0.31034
TIZANIDINE HCL	2 MG	TABLET	ORAL	04/08/2026	0.02437
TIZANIDINE HCL	4 MG	TABLET	ORAL	11/12/2025	0.03239
TOBRAMYCIN	0.3 %	DROPS	OPHTHALMIC	11/19/2025	0.99071
TOBRAMYCIN	300 MG/4ML	AMPUL-NEB	INHALATION	03/25/2026	9.37503
TOBRAMYCIN IN 0.225% SOD CHLOR	300 MG/5ML	AMPUL-NEB	INHALATION	06/10/2026	0.82666
TOBRAMYCIN SULFATE	1.2 G	VIAL	INJECTION	11/25/2025	74.21171
TOBRAMYCIN SULFATE	40 MG/ML	VIAL	INJECTION	05/07/2025	0.59273
TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	OPHTHALMIC	06/17/2026	3.59940
TOBRAMYCIN/LOTEPRED ETAB	0.3%-0.5%	DROPS SUSP	OPHTHALMIC	01/20/2026	58.83398

**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
TOCILIZUMAB	80 MG/4 ML	VIAL	INTRAVEN	01/01/2026	6.54500
TOCILIZUMAB	200MG/10ML	VIAL	INTRAVEN	01/01/2026	6.54500
TOCILIZUMAB	400MG/20ML	VIAL	INTRAVEN	07/01/2025	117.83784
TOFACITINIB CITRATE	5 MG	TABLET	ORAL	06/09/2026	0.82359
TOFACITINIB CITRATE	10 MG	TABLET	ORAL	06/09/2026	0.95581
TOFACITINIB CITRATE	11 MG	TAB ER 24H	ORAL	06/09/2026	3.08353
TOLCAPONE	100 MG	TABLET	ORAL	11/04/2024	115.42691
TOLNAFTATE	1 %	AERO POWD	TOPICAL	04/29/2026	0.02509
TOLNAFTATE	1 %	CREAM (G)	TOPICAL	04/08/2026	0.02955
TOLNAFTATE	1 %	POWDER	TOPICAL	11/04/2024	0.05315
TOLNAFTATE	1 %	SOLUTION	TOPICAL	11/04/2024	0.23949
TOLTERODINE TARTRATE	4 MG	CAP ER 24H	ORAL	04/01/2026	0.20214
TOLTERODINE TARTRATE	2 MG	CAP ER 24H	ORAL	12/17/2025	0.40006
TOLTERODINE TARTRATE	1 MG	TABLET	ORAL	08/20/2025	0.32383
TOLTERODINE TARTRATE	2 MG	TABLET	ORAL	05/06/2026	0.23196
TOLVAPTAN	15 MG	TABLET	ORAL	06/17/2026	49.20000
TOLVAPTAN	30 MG	TABLET	ORAL	08/12/2025	55.88300
TOLVAPTAN	15 MG	TABLET	ORAL	05/04/2026	38.11290
TOLVAPTAN	30 MG	TABLET	ORAL	05/04/2026	57.24600

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
** 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
TOPICAL CREAM METERED-DOSE DEV		EACH	MISCELL	11/04/2024	3.44520
TOPIRAMATE	25 MG	CAP ER 24H	ORAL	03/24/2026	5.31021
TOPIRAMATE	50 MG	CAP ER 24H	ORAL	02/18/2026	12.70850
TOPIRAMATE	100 MG	CAP ER 24H	ORAL	02/18/2026	19.90380
TOPIRAMATE	200 MG	CAP ER 24H	ORAL	02/18/2026	20.30070
TOPIRAMATE	15 MG	CAP SPRINK	ORAL	05/13/2026	0.30830
TOPIRAMATE	25 MG	CAP SPRINK	ORAL	03/25/2026	0.38461
TOPIRAMATE	25 MG	CAP SPR 24	ORAL	02/17/2026	2.90720
TOPIRAMATE	50 MG	CAP SPR 24	ORAL	02/17/2026	4.27804
TOPIRAMATE	100 MG	CAP SPR 24	ORAL	02/17/2026	7.44426
TOPIRAMATE	150 MG	CAP SPR 24	ORAL	02/17/2026	9.87720
TOPIRAMATE	200 MG	CAP SPR 24	ORAL	02/17/2026	10.45807
TOPIRAMATE	25 MG/ML	SOLUTION	ORAL	03/11/2026	1.76521
TOPIRAMATE	50 MG	TABLET	ORAL	11/12/2025	0.03362
TOPIRAMATE	100 MG	TABLET	ORAL	03/25/2026	0.05428
TOPIRAMATE	200 MG	TABLET	ORAL	11/12/2025	0.07585
TOPIRAMATE	25 MG	TABLET	ORAL	04/08/2026	0.02079
TOPOTECAN HCL	4 MG	VIAL	INTRAVEN	11/04/2024	86.10000
TOPOTECAN HCL	4 MG/4 ML	VIAL	INTRAVEN	11/04/2024	11.25563

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
** 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
TOREMIFENE CITRATE	60 MG	TABLET	ORAL	11/04/2024	24.06040
TORSEMIDE	5 MG	TABLET	ORAL	10/22/2025	0.06232
TORSEMIDE	10 MG	TABLET	ORAL	10/15/2025	0.05781
TORSEMIDE	20 MG	TABLET	ORAL	10/15/2025	0.07082
TORSEMIDE	100 MG	TABLET	ORAL	10/22/2025	0.15785
TRABECTEDIN	1 MG	VIAL	INTRAVEN	11/04/2024	3516.93960
TRAMADOL HCL	50 MG	TABLET	ORAL	04/08/2026	0.01191
TRAMADOL HCL	100 MG	TABLET	ORAL	03/11/2025	1.11070
TRAMADOL HCL	200 MG	TAB ER 24H	ORAL	12/17/2025	3.97100
TRAMADOL HCL	300 MG	TAB ER 24H	ORAL	11/04/2024	3.08660
TRAMADOL HCL	100 MG	TAB ER 24H	ORAL	11/04/2024	1.62006
TRAMADOL HCL/ACETAMINOPHEN	37.5-325MG	TABLET	ORAL	05/06/2026	0.24696
TRANDOLAPRIL	1 MG	TABLET	ORAL	10/22/2025	0.40682
TRANDOLAPRIL	2 MG	TABLET	ORAL	04/01/2025	0.34827
TRANDOLAPRIL	4 MG	TABLET	ORAL	02/18/2026	0.35899
TRANDOLAPRIL/VERAPAMIL HCL	1MG-240 MG	TAB BP 24H	ORAL	11/04/2024	3.49160
TRANEXAMIC ACID	650 MG	TABLET	ORAL	10/22/2025	0.78984
TRANEXAMIC ACID	1000 MG/10	AMPUL	INTRAVEN	07/16/2025	0.69372
TRANEXAMIC ACID	1000 MG/10	VIAL	INTRAVEN	01/21/2026	0.21105

**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
TRANEXAMIC ACID IN NAACL,ISO-OS	1000MG/100	PIGGYBACK	INTRAVEN	09/03/2025	0.13445
TRANSPARENT DRESSING	2"X2.75"	BANDAGE	TOPICAL	11/04/2024	0.33483
TRANSPARENT DRESSING	2.37X2.75"	BANDAGE	TOPICAL	11/04/2024	0.30811
TRANSPARENT DRESSING	4" X 5"	BANDAGE	TOPICAL	11/04/2024	1.46395
TRANSPARENT DRESSING	4"X4 3/4"	BANDAGE	TOPICAL	11/04/2024	1.81677
TRANSPARENT DRESSING	6" X 8"	BANDAGE	TOPICAL	11/04/2024	4.23588
TRANSPARENT DRESSING	4"X4.5"	BANDAGE	TOPICAL	11/04/2024	1.51054
TRANLYCYPROMINE SULFATE	10 MG	TABLET	ORAL	04/01/2025	0.69365
TRASTUZUMAB	150 MG	VIAL	INTRAVEN	11/04/2024	1589.58840
TRAVOPROST	0.004 %	DROPS	OPHTHALMIC	12/10/2025	7.80000
TRAZODONE HCL	50 MG	TABLET	ORAL	02/18/2026	0.02223
TRAZODONE HCL	100 MG	TABLET	ORAL	03/18/2026	0.03013
TRAZODONE HCL	150 MG	TABLET	ORAL	05/27/2025	0.06972
TRAZODONE HCL	300 MG	TABLET	ORAL	12/17/2025	0.54819
TREPROSTINIL SODIUM	1 MG/ML	VIAL	INJECTION	04/08/2026	37.77125
TREPROSTINIL SODIUM	2.5 MG/ML	VIAL	INJECTION	05/06/2026	180.08533
TREPROSTINIL SODIUM	5 MG/ML	VIAL	INJECTION	03/04/2026	188.85625
TREPROSTINIL SODIUM	10 MG/ML	VIAL	INJECTION	04/15/2026	377.71250
TRETINOIN	10 MG	CAPSULE	ORAL	04/01/2025	11.24850

**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
TRETINOIN	0.01 %	GEL (GRAM)	TOPICAL	05/27/2026	1.00160
TRETINOIN	0.025 %	GEL (GRAM)	TOPICAL	02/04/2026	1.33851
TRETINOIN	0.05 %	GEL (GRAM)	TOPICAL	04/08/2026	1.65375
TRETINOIN	0.025 %	CREAM (G)	TOPICAL	05/20/2026	0.42254
TRETINOIN	0.05 %	CREAM (G)	TOPICAL	03/18/2026	0.80883
TRETINOIN	0.1 %	CREAM (G)	TOPICAL	06/03/2026	0.85492
TRETINOIN MICROSPHERES	0.1 %	GEL (GRAM)	TOPICAL	11/04/2024	7.22786
TRETINOIN MICROSPHERES	0.04 %	GEL (GRAM)	TOPICAL	11/04/2024	7.22786
TRETINOIN MICROSPHERES	0.04 %	GEL W/PUMP	TOPICAL	11/04/2024	7.55940
TRETINOIN MICROSPHERES	0.1 %	GEL W/PUMP	TOPICAL	11/04/2024	7.55940
TRETINOIN MICROSPHERES	0.08 %	GEL W/PUMP	TOPICAL	11/04/2024	11.30611
TRIAMCINOLONE ACETONIDE	40 MG/ML	VIAL	INJECTION	03/18/2026	2.72712
TRIAMCINOLONE ACETONIDE	0.147MG/G	AEROSOL	TOPICAL	03/18/2026	2.67915
TRIAMCINOLONE ACETONIDE	0.025 %	CREAM (G)	TOPICAL	04/15/2026	0.02760
TRIAMCINOLONE ACETONIDE	0.1 %	CREAM (G)	TOPICAL	05/27/2026	0.02400
TRIAMCINOLONE ACETONIDE	0.5 %	CREAM (G)	TOPICAL	04/15/2026	0.16450
TRIAMCINOLONE ACETONIDE	0.025 %	OINT. (G)	TOPICAL	04/15/2026	0.06589
TRIAMCINOLONE ACETONIDE	0.1 %	OINT. (G)	TOPICAL	03/11/2026	0.04540
TRIAMCINOLONE ACETONIDE	0.5 %	OINT. (G)	TOPICAL	09/24/2025	0.27541

**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
TRIAMCINOLONE ACETONIDE	0.05 %	OINT. (G)	TOPICAL	10/01/2025	0.61677
TRIAMCINOLONE ACETONIDE	0.1 %	LOTION	TOPICAL	04/29/2026	0.24455
TRIAMCINOLONE ACETONIDE	55 MCG	SPRAY	NASAL	11/11/2025	0.66802
TRIAMCINOLONE ACETONIDE	0.1 %	PASTE (G)	DENTAL	06/17/2026	2.29110
TRIAMTERENE	100 MG	CAPSULE	ORAL	04/30/2025	5.36406
TRIAMTERENE	50 MG	CAPSULE	ORAL	04/01/2025	7.57301
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	CAPSULE	ORAL	02/24/2026	0.11371
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	TABLET	ORAL	12/17/2025	0.05215
TRIAMTERENE/HYDROCHLOROTHIAZID	75 MG-50MG	TABLET	ORAL	09/24/2025	0.09860
TRIAZOLAM	0.125 MG	TABLET	ORAL	04/15/2026	0.97345
TRIAZOLAM	0.25 MG	TABLET	ORAL	06/03/2026	1.11081
TRIENTINE HCL	250 MG	CAPSULE	ORAL	05/27/2026	7.00786
TRIFLUOPERAZINE HCL	1 MG	TABLET	ORAL	07/01/2025	0.53791
TRIFLUOPERAZINE HCL	10 MG	TABLET	ORAL	07/01/2025	1.50517
TRIFLUOPERAZINE HCL	2 MG	TABLET	ORAL	07/01/2025	0.81805
TRIFLUOPERAZINE HCL	5 MG	TABLET	ORAL	07/01/2025	0.99844
TRIFLURIDINE	1 %	DROPS	OPHTHALMIC	11/04/2024	13.07386
TRIHXYPHENIDYL HCL	2 MG	TABLET	ORAL	12/23/2025	0.05816
TRIHXYPHENIDYL HCL	5 MG	TABLET	ORAL	12/17/2025	0.12368

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
** 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
TRIMETHOBENZAMIDE HCL	300 MG	CAPSULE	ORAL	04/08/2025	0.40608
TRIMETHOPRIM	100 MG	TABLET	ORAL	11/04/2024	1.56030
TRIMIPRAMINE MALEATE	100 MG	CAPSULE	ORAL	04/01/2025	9.32630
TRIMIPRAMINE MALEATE	25 MG	CAPSULE	ORAL	04/01/2025	4.63892
TRIMIPRAMINE MALEATE	50 MG	CAPSULE	ORAL	04/01/2025	7.43860
TRIPROLIDINE HCL	0.625MG/ML	DROPS	ORAL	02/11/2026	0.25031
TRIPROLIDINE HCL	0.938MG/ML	DROPS	ORAL	10/01/2025	0.40200
TRIPROLIDINE HCL	2.5 MG	TABLET	ORAL	06/25/2025	0.42043
TRIPROLIDINE/PHENYLEPHRINE/DM	2.5-10-20	LIQUID	ORAL	11/04/2024	0.05841
TRIPTORELIN PAMOATE	22.5 MG	VIAL	INTRAMUSC	07/01/2025	3942.22805
TROLAMINE SALICYLATE	10 %	CREAM (G)	TOPICAL	05/20/2026	0.07346
TROMETHAMINE	36 MG/ML	IV SOLN	INTRAVEN	05/20/2026	0.99574
TROPICAMIDE	0.5 %	DROPS	OPHTHALMIC	11/04/2024	0.68689
TROPICAMIDE	1 %	DROPS	OPHTHALMIC	05/06/2026	0.44236
TROSPIUM CHLORIDE	60 MG	CAP ER 24H	ORAL	04/22/2026	1.88364
TROSPIUM CHLORIDE	20 MG	TABLET	ORAL	11/19/2025	0.24728
TURMERIC ROOT EXTRACT	500 MG	CAPSULE	ORAL	07/01/2025	0.29179
TURMERIC/TURMERIC EXT/PEPR EXT	450MG-50MG	CAPSULE	ORAL	07/01/2025	0.13054
TURMERIC/TURMERIC ROOT EXTRACT	450MG-50MG	CAPSULE	ORAL	09/10/2025	0.13400

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
** 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
TYROSINE	500 MG	CAPSULE	ORAL	10/22/2025	0.09554
UBIDECARENONE	30 MG	CAPSULE	ORAL	02/26/2025	0.18581
UBIDECARENONE	400 MG	CAPSULE	ORAL	06/03/2025	0.81047
UMECLIDINIUM BRM/VILANTEROL TR	62.5-25MCG	BLST W/DEV	INHALATION	04/22/2026	5.56321
UMECLIDINIUM BROMIDE	62.5 MCG	BLST W/DEV	INHALATION	05/06/2026	11.95553
UNDECYLENIC ACID	25 %	SOLUTION	TOPICAL	11/04/2024	2.96779
UREA	15 G	POWD PACK	ORAL	02/04/2026	5.29431
UREA	45 %	GEL/PF APP	TOPICAL	11/04/2024	5.08299
UREA	45 %	GEL (ML)	TOPICAL	11/04/2024	5.12445
UREA	10 %	CREAM (G)	TOPICAL	10/15/2025	0.09675
UREA	20 %	CREAM (G)	TOPICAL	09/29/2025	0.06700
UREA	40 %	CREAM (G)	TOPICAL	04/22/2026	0.13866
UREA	45 %	CREAM (G)	TOPICAL	10/15/2025	0.30758
UREA	39 %	CREAM (G)	TOPICAL	10/15/2025	0.76023
UREA	41 %	CREAM (G)	TOPICAL	10/15/2025	1.71192
UREA	10 %	LOTION	TOPICAL	11/04/2024	0.01965
UREA	40 %	LOTION	TOPICAL	10/15/2025	0.43501
URINARY BAG		EACH	MISCELL	02/26/2025	0.09876
URINARY BAG		KIT	MISCELL	02/26/2025	4.67742

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
** 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
URINARY TRACT INFECTION TEST		STICK (EA)	MISCELL	11/04/2024	5.49910
URINE ALBUMIN TEST		STRIP	MISCELL	11/04/2024	3.16580
URINE LEUKOCYTE TEST STRIPS		STRIP	MISCELL	12/23/2025	3.74000
URSODIOL	300 MG	CAPSULE	ORAL	04/01/2026	0.32744
URSODIOL	250 MG	TABLET	ORAL	04/29/2026	0.40622
URSODIOL	500 MG	TABLET	ORAL	04/29/2026	0.85050
VAGINAL SUPPOSITORY APPLICATOR		EACH	MISCELL	11/04/2024	2.91060
VALACYCLOVIR HCL	500 MG	TABLET	ORAL	05/27/2026	0.21392
VALACYCLOVIR HCL	1000 MG	TABLET	ORAL	05/27/2025	0.37405
VALERIAN ROOT	500 MG	CAPSULE	ORAL	10/22/2025	0.07024
VALGANCICLOVIR HCL	50 MG/ML	SOLN RECON	ORAL	03/04/2025	2.26092
VALGANCICLOVIR HCL	450 MG	TABLET	ORAL	11/04/2024	2.49530
VALPROIC ACID	250 MG	CAPSULE	ORAL	02/11/2026	0.30793
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	06/03/2026	0.03228
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	05/20/2025	0.13346
VALPROIC ACID (AS SODIUM SALT)	500MG/10ML	SOLUTION	ORAL	05/04/2026	0.09902
VALPROIC ACID (AS SODIUM SALT)	500 MG/5ML	VIAL	INTRAVEN	12/17/2024	0.62835
VALRUBICIN	40 MG/ML	VIAL	INTRAVESIC	07/22/2025	262.50000
VALSARTAN	4 MG/ML	SOLUTION	ORAL	10/28/2025	1.87321

**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
VALSARTAN	320 MG	TABLET	ORAL	10/22/2025	0.22616
VALSARTAN	160 MG	TABLET	ORAL	12/17/2025	0.11562
VALSARTAN	80 MG	TABLET	ORAL	05/06/2026	0.05601
VALSARTAN	40 MG	TABLET	ORAL	04/15/2026	0.14651
VALSARTAN/HYDROCHLOROTHIAZIDE	80-12.5MG	TABLET	ORAL	04/22/2026	0.11015
VALSARTAN/HYDROCHLOROTHIAZIDE	160-12.5MG	TABLET	ORAL	04/08/2026	0.19835
VALSARTAN/HYDROCHLOROTHIAZIDE	160MG-25MG	TABLET	ORAL	04/08/2026	0.23270
VALSARTAN/HYDROCHLOROTHIAZIDE	320MG-25MG	TABLET	ORAL	04/22/2026	0.19625
VALSARTAN/HYDROCHLOROTHIAZIDE	320-12.5MG	TABLET	ORAL	04/15/2026	0.19228
VANCOMYCIN HCL	125 MG	CAPSULE	ORAL	09/24/2025	1.18941
VANCOMYCIN HCL	250 MG	CAPSULE	ORAL	06/16/2026	1.73530
VANCOMYCIN HCL	50 MG/ML	SOLN RECON	ORAL	05/20/2026	0.61131
VANCOMYCIN HCL	25 MG/ML	SOLN RECON	ORAL	02/11/2026	1.09844
VANCOMYCIN HCL	1 G	VIAL	INTRAVEN	05/13/2026	2.66640
VANCOMYCIN HCL	10 G	VIAL	INTRAVEN	11/19/2025	26.75250
VANCOMYCIN HCL	5 G	VIAL	INTRAVEN	11/19/2025	16.38893
VANCOMYCIN HCL	500 MG	VIAL	INTRAVEN	05/13/2026	2.54600
VANCOMYCIN HCL	750 MG	VIAL	INTRAVEN	06/25/2025	6.75640
VANCOMYCIN HCL	1.25 G	VIAL	INTRAVEN	02/23/2026	11.71500

**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
VANCOMYCIN HCL	1.5 G	VIAL	INTRAVEN	12/22/2025	7.50000
VARDENAFIL HCL	5 MG	TABLET	ORAL	11/19/2024	18.76840
VARDENAFIL HCL	10 MG	TABLET	ORAL	12/17/2025	23.05940
VARDENAFIL HCL	20 MG	TABLET	ORAL	10/01/2025	5.19726
VARDENAFIL HCL	2.5 MG	TABLET	ORAL	11/19/2024	16.34605
VARDENAFIL HCL	10 MG	TAB RAPDIS	ORAL	11/04/2024	18.99581
VARENICLINE TARTRATE	0.5 MG	TABLET	ORAL	03/25/2026	0.70613
VARENICLINE TARTRATE	1 MG	TABLET	ORAL	03/11/2026	0.91470
VARENICLINE TARTRATE	0.5 (11)-1	TAB DS PK	ORAL	03/11/2026	0.78390
VASOPRESSIN	20 UNIT/ML	VIAL	INTRAVEN	11/04/2024	11.58600
VECURONIUM BROMIDE	10 MG	VIAL	INTRAVEN	04/15/2026	5.30860
VECURONIUM BROMIDE	20 MG	VIAL	INTRAVEN	04/15/2026	10.20740
VEDOLIZUMAB	300 MG	VIAL	INTRAVEN	01/01/2026	3274.72700
VENLAFAXINE HCL	37.5 MG	CAP ER 24H	ORAL	05/20/2026	0.05985
VENLAFAXINE HCL	75 MG	CAP ER 24H	ORAL	03/11/2026	0.05900
VENLAFAXINE HCL	150 MG	CAP ER 24H	ORAL	03/11/2026	0.11000
VENLAFAXINE HCL	37.5 MG	TAB ER 24	ORAL	01/21/2026	0.91418
VENLAFAXINE HCL	75 MG	TAB ER 24	ORAL	11/04/2024	0.62444
VENLAFAXINE HCL	150 MG	TAB ER 24	ORAL	01/28/2026	0.58737

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
** 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
VENLAFAXINE HCL	225 MG	TAB ER 24	ORAL	02/24/2026	0.89344
VENLAFAXINE HCL	25 MG	TABLET	ORAL	01/14/2026	0.12864
VENLAFAXINE HCL	37.5 MG	TABLET	ORAL	03/11/2026	0.08039
VENLAFAXINE HCL	50 MG	TABLET	ORAL	01/14/2026	0.13628
VENLAFAXINE HCL	75 MG	TABLET	ORAL	03/11/2026	0.08391
VENLAFAXINE HCL	100 MG	TABLET	ORAL	04/15/2026	0.11970
VERAPAMIL HCL	100 MG	CAP24H PCT	ORAL	11/05/2025	3.96000
VERAPAMIL HCL	120 MG	CAP24H PEL	ORAL	03/11/2025	0.70868
VERAPAMIL HCL	240 MG	CAP24H PEL	ORAL	05/19/2026	2.93528
VERAPAMIL HCL	180 MG	CAP24H PEL	ORAL	06/17/2025	1.71949
VERAPAMIL HCL	120 MG	TABLET	ORAL	11/25/2025	0.08013
VERAPAMIL HCL	40 MG	TABLET	ORAL	08/19/2025	0.08059
VERAPAMIL HCL	240 MG	TABLET ER	ORAL	04/22/2026	0.16146
VERAPAMIL HCL	180 MG	TABLET ER	ORAL	04/15/2026	0.17937
VERAPAMIL HCL	120 MG	TABLET ER	ORAL	01/21/2026	0.24053
VERAPAMIL HCL	2.5 MG/ML	AMPUL	INTRAVEN	11/04/2024	12.70830
VERAPAMIL HCL	2.5 MG/ML	VIAL	INTRAVEN	03/18/2026	1.34000
VIAL,EMPTY		VIAL	MISCELL	12/31/2025	1.64217
VIGABATRIN	500 MG	POWD PACK	ORAL	03/25/2026	5.12250

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
** 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
VIGABATRIN	500 MG	TABLET	ORAL	04/07/2026	5.92500
VILAZODONE HCL	10 MG	TABLET	ORAL	03/11/2026	0.88171
VILAZODONE HCL	20 MG	TABLET	ORAL	04/29/2026	0.67800
VILAZODONE HCL	40 MG	TABLET	ORAL	02/17/2026	0.74833
VINCRISTINE SULFATE	1 MG/ML	VIAL	INTRAVEN	11/04/2024	8.14800
VINCRISTINE SULFATE	2 MG/2 ML	VIAL	INTRAVEN	11/04/2024	6.88975
VINORELBINE TARTRATE	10 MG/ML	VIAL	INTRAVEN	11/04/2024	11.88000
VINORELBINE TARTRATE	50 MG/5 ML	VIAL	INTRAVEN	11/04/2024	11.88000
VIT A PALMITATE/VIT C/VIT D3	750-35/ML	DROPS	ORAL	11/04/2024	0.03482
VIT A PALMITATE/VIT C/VIT D3	250-50/ML	DROPS	ORAL	11/04/2024	0.03482
VIT A,C,D3,E/OMEGA-3/ALA/DHA	250-3-50	TAB CHEW	ORAL	11/04/2024	0.03482
VIT A/BETA-CAROT/D2/E/SELENIUM	10000-400	TABLET	ORAL	11/04/2024	0.03482
VIT A/C/D3/VIT E ACET/K1/ZINC	3 MG-200MG	TAB CHEW	ORAL	11/04/2024	0.03482
VIT A/C/D3/VIT E MIXED/K1/ZINC	3 MG-200MG	CAPSULE	ORAL	11/04/2024	0.03482
VIT A/C/D3/VIT E MIXED/K1/ZINC	2-150MG/3	DROPS	ORAL	11/04/2024	0.03482
VIT A/D3/TOCOPHERSOLAN/VIT K	2000-2000	LIQUID	ORAL	11/04/2024	0.03482
VIT A/VIT C/VIT E/ZINC/COPPER	4296-226	CAPSULE	ORAL	11/23/2024	0.13373
VIT A/VIT C/VIT E/ZINC/COPPER	2148-113	TABLET	ORAL	03/04/2026	0.12708
VIT A/VIT D3/E/VIT E TPGS/K1	600-50 MCG	CAPSULE	ORAL	11/04/2024	0.03482

**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
VIT AVIT D3/VIT E/VIT K1/ZINC	2400-18.75	TAB CHEW	ORAL	11/04/2024	0.03482
VIT B COMP WITH C/CALCIUM CARB	300-150 MG	TABLET	ORAL	11/04/2024	0.03482
VIT B12/LEVOMEFOLATE/VIT B6/B2	1-6-50-5MG	TABLET	ORAL	11/04/2024	2.28669
VIT C/E/CUPERIC/ZINC/LUTEIN	226-90-0.8	CAPSULE	ORAL	11/23/2024	0.22340
VIT C/E/ZN/COPPR/LUTEIN/ZEAXAN	250MG-90MG	CAPSULE	ORAL	04/28/2026	0.10888
VITAMIN A	3000 MCG	CAPSULE	ORAL	05/27/2025	0.03544
VITAMIN A PALMITATE	3000 MCG	CAPSULE	ORAL	06/17/2025	0.02164
VITAMIN A PALMITATE	7500 MCG	CAPSULE	ORAL	03/04/2026	0.09670
VITAMIN AVIT C/ZINC/PROPOLIS	15 MG	LOZENGE	ORAL	11/04/2024	0.02673
VITAMIN B COMPLEX		CAPSULE	ORAL	10/29/2025	0.05535
VITAMIN B COMPLEX		TABLET	ORAL	04/29/2026	0.03645
VITAMIN B COMPLEX/FOLIC ACID	0.4 MG	TABLET	ORAL	03/11/2026	0.04683
VITAMIN B COMPLEX/FOLIC ACID	0.4 MG	TABLET ER	ORAL	04/29/2026	0.13891
VITAMIN E	268 MG	CAPSULE	ORAL	11/23/2024	0.06406
VITAMIN E (DL,TOCOPHERYL ACET)	450 MG	CAPSULE	ORAL	04/08/2026	0.06039
VITAMIN E (DL,TOCOPHERYL ACET)	180 MG	CAPSULE	ORAL	03/25/2026	0.02894
VITAMIN E (DL,TOCOPHERYL ACET)	90 MG	CAPSULE	ORAL	10/22/2025	0.02558
VITAMIN E (DL,TOCOPHERYL ACET)	45 MG	CAPSULE	ORAL	02/18/2026	0.02801
VITAMINS A AND D		OINT. (G)	TOPICAL	01/21/2026	0.01049

**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
VITAMINS B1,B2,B3,B5,AND B6	100-2MG/ML	VIAL	INJECTION	11/04/2024	4.87564
VITB,C/CHOLINE/INOSITOL/BIOFLV	500 MG	TABLET	ORAL	11/04/2025	0.15008
VITS A AND D/WHITE PET/LANOLIN		OINT. (G)	TOPICAL	08/20/2025	0.00430
VITS A,C,E/LUTEIN/MINERALS	300MCG-200	TABLET	ORAL	04/01/2026	0.09201
VON WILLEBRAND FACTOR	650 (+/-)	VIAL	INTRAVEN	04/01/2025	1.66015
VON WILLEBRAND FACTOR	1300(+/-)	VIAL	INTRAVEN	01/01/2026	1.66015
VORICONAZOLE	200 MG/5ML	SUSP RECON	ORAL	05/27/2026	3.96018
VORICONAZOLE	50 MG	TABLET	ORAL	04/08/2026	0.37723
VORICONAZOLE	200 MG	TABLET	ORAL	12/10/2025	2.91940
VORICONAZOLE	200 MG	VIAL	INTRAVEN	12/31/2025	15.09900
WARFARIN SODIUM	10 MG	TABLET	ORAL	06/17/2026	0.05471
WARFARIN SODIUM	2.5 MG	TABLET	ORAL	09/17/2025	0.07769
WARFARIN SODIUM	2 MG	TABLET	ORAL	04/01/2026	0.02741
WARFARIN SODIUM	5 MG	TABLET	ORAL	06/17/2026	0.06972
WARFARIN SODIUM	7.5 MG	TABLET	ORAL	06/10/2026	0.14070
WARFARIN SODIUM	1 MG	TABLET	ORAL	02/25/2026	0.06037
WARFARIN SODIUM	3 MG	TABLET	ORAL	10/08/2025	0.08610
WARFARIN SODIUM	4 MG	TABLET	ORAL	10/08/2025	0.07103
WARFARIN SODIUM	6 MG	TABLET	ORAL	05/13/2026	0.12770

**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
WATER		LIQUID	ORAL	11/06/2024	0.02934
WATER FOR INJECTION,STERILE	100 %	SYRINGE	INJECTION	10/22/2025	0.33379
WATER FOR INJECTION,STERILE	100 %	VIAL	INJECTION	06/17/2026	0.06700
WATER FOR INJECTION,STERILE	100 %	IV SOLN	INTRAVEN	04/01/2025	0.00552
WATER FOR IRRIGATION,STERILE		IRRIG SOLN	IRRIGATION	06/17/2026	0.00409
WHEAT DEXTRIN	3 G/4 G	POWDER	ORAL	08/20/2025	0.05841
WITCH HAZEL	50 %	MED. PAD	TOPICAL	01/28/2026	0.03176
ZAFIRLUKAST	20 MG	TABLET	ORAL	06/17/2026	0.60427
ZAFIRLUKAST	10 MG	TABLET	ORAL	10/01/2025	1.14123
ZALEPLON	5 MG	CAPSULE	ORAL	01/21/2026	0.33714
ZALEPLON	10 MG	CAPSULE	ORAL	11/25/2025	0.11671
ZIDOVUDINE	100 MG	CAPSULE	ORAL	11/04/2024	2.02608
ZIDOVUDINE	10 MG/ML	SYRUP	ORAL	07/22/2025	0.14836
ZIDOVUDINE	300 MG	TABLET	ORAL	12/17/2025	0.73119
ZILEUTON	600 MG	TBMP 12HR	ORAL	04/29/2026	9.24360
ZINC AMINO ACID CHELATE	50 MG	TABLET	ORAL	11/04/2024	0.06298
ZINC CHLORIDE	1 MG/ML	VIAL	INTRAVEN	05/06/2026	4.03281
ZINC GLUCONATE	30 MG	TABLET	ORAL	11/04/2024	0.05253
ZINC GLUCONATE	50 MG	TABLET	ORAL	09/17/2025	0.01660

**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
ZINC GLUCONATE	100 MG	TABLET	ORAL	07/16/2025	0.05755
ZINC OXIDE	22 %	CREAM (G)	TOPICAL	11/04/2024	0.28478
ZINC OXIDE	20 %	OINT. (G)	TOPICAL	06/17/2026	0.00789
ZINC OXIDE	40 %	OINT. (G)	TOPICAL	11/04/2024	0.01735
ZINC OXIDE	3"X360"	BANDAGE	TOPICAL	06/03/2026	9.86700
ZINC OXIDE	4"X360"	BANDAGE	TOPICAL	06/03/2026	13.52400
ZINC OXIDE/GAUZE BANDAGE	25 %-3"X10	BANDAGE	TOPICAL	11/04/2024	8.23080
ZINC OXIDE/GAUZE BANDAGE	25 %-4"X10	BANDAGE	TOPICAL	11/04/2024	9.15420
ZINC SULFATE	50(220)MG	CAPSULE	ORAL	04/08/2026	0.02778
ZINC SULFATE	50(220)MG	TABLET	ORAL	03/19/2025	0.01988
ZINC SULFATE	1 MG/ML	VIAL	INTRAVEN	03/25/2026	1.95983
ZINC SULFATE	5 MG/ML	VIAL	INTRAVEN	03/25/2026	7.67990
ZINC SULFATE	3 MG/ML	VIAL	INTRAVEN	05/06/2026	5.11490
ZIPRASIDONE HCL	20 MG	CAPSULE	ORAL	04/01/2026	0.30000
ZIPRASIDONE HCL	40 MG	CAPSULE	ORAL	04/01/2026	0.24152
ZIPRASIDONE HCL	60 MG	CAPSULE	ORAL	06/10/2026	0.28033
ZIPRASIDONE HCL	80 MG	CAPSULE	ORAL	04/15/2026	0.29012
ZIPRASIDONE MESYLATE	FNL 20MG/1	VIAL	INTRAMUSC	01/01/2026	9.58000
ZOLEDRONIC ACID	4 MG/5 ML	VIAL	INTRAVEN	12/17/2025	1.87600

**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
ZOLEDRONIC ACID/MANNITOL-WATER	5 MG/100ML	PIGGYBACK	INTRAVEN	05/21/2025	1.29819
ZOLEDRONIC ACID/MANNITOL-WATER	5 MG/100ML	PGGYBK BTL	INTRAVEN	11/12/2025	1.16044
ZOLMITRIPTAN	2.5 MG	TABLET	ORAL	06/16/2026	1.05804
ZOLMITRIPTAN	5 MG	TABLET	ORAL	11/19/2025	1.18817
ZOLMITRIPTAN	2.5 MG	TAB RAPDIS	ORAL	04/08/2026	2.24222
ZOLMITRIPTAN	5 MG	TAB RAPDIS	ORAL	05/06/2026	4.74600
ZOLMITRIPTAN	5 MG	SPRAY	NASAL	03/25/2026	62.19496
ZOLPIDEM TARTRATE	5 MG	TABLET	ORAL	10/08/2025	0.02471
ZOLPIDEM TARTRATE	10 MG	TABLET	ORAL	04/08/2026	0.02813
ZOLPIDEM TARTRATE	6.25 MG	TAB MPHASE	ORAL	01/21/2026	0.48870
ZOLPIDEM TARTRATE	12.5 MG	TAB MPHASE	ORAL	11/25/2025	0.48803
ZONISAMIDE	100 MG	CAPSULE	ORAL	03/25/2026	0.10663
ZONISAMIDE	25 MG	CAPSULE	ORAL	04/15/2026	0.05721
ZONISAMIDE	50 MG	CAPSULE	ORAL	04/15/2026	0.15287