

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
0.9 % SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	10/12/2023	0.09447
0.9 % SODIUM CHLORIDE	0.9 %	IV SOLN	INTRAVEN	08/24/2023	0.00375
ABACAVIR SULFATE	20 MG/ML	SOLUTION	ORAL	10/19/2023	0.69496
ABACAVIR SULFATE	300 MG	TABLET	ORAL	11/17/2022	0.73633
ABACAVIR SULFATE/LAMIVUDINE	600-300 MG	TABLET	ORAL	08/08/2022	2.11005
ABIRATERONE ACETATE	250 MG	TABLET	ORAL	06/29/2023	1.63703
ABIRATERONE ACETATE	500 MG	TABLET	ORAL	10/19/2023	18.27875
ACAI BERRY EXTRACT	500 MG	CAPSULE	ORAL	07/27/2022	0.06689
ACAMPROSATE CALCIUM	333 MG	TABLET DR	ORAL	11/02/2023	0.79864
ACARBOSE	100 MG	TABLET	ORAL	10/05/2023	0.33044
ACARBOSE	50 MG	TABLET	ORAL	07/20/2023	0.28515
ACARBOSE	25 MG	TABLET	ORAL	07/20/2023	0.22217
ACEBUTOLOL HCL	200 MG	CAPSULE	ORAL	07/27/2023	1.52827
ACEBUTOLOL HCL	400 MG	CAPSULE	ORAL	02/09/2023	2.39244
ACETAMINOPHEN	500 MG	CAPSULE	ORAL	06/07/2023	0.05373
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	10/19/2023	0.03093
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	08/17/2023	0.14472
ACETAMINOPHEN	325/10.15	ORAL SUSP	ORAL	08/17/2023	0.14331
ACETAMINOPHEN	650MG/20.3	ORAL SUSP	ORAL	10/26/2023	0.07129
ACETAMINOPHEN	160 MG/5ML	SOLUTION	ORAL	10/26/2023	0.21504
ACETAMINOPHEN	325/10.15	SOLUTION	ORAL	10/26/2023	0.12094

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ACETAMINOPHEN	650MG/20.3	SOLUTION	ORAL	10/26/2023	0.10592
ACETAMINOPHEN	160 MG/5ML	LIQUID	ORAL	10/12/2023	0.01267
ACETAMINOPHEN	500MG/15ML	LIQUID	ORAL	02/09/2023	0.01600
ACETAMINOPHEN	325 MG	TABLET	ORAL	08/31/2023	0.01508
ACETAMINOPHEN	500 MG	TABLET	ORAL	10/12/2023	0.01244
ACETAMINOPHEN	160 MG	TAB CHEW	ORAL	10/12/2023	0.30393
ACETAMINOPHEN	650 MG	TABLET ER	ORAL	08/24/2023	0.04543
ACETAMINOPHEN	120 MG	SUPP.RECT	RECTAL	04/24/2018	0.23678
ACETAMINOPHEN	325 MG	SUPP.RECT	RECTAL	01/29/2019	0.54916
ACETAMINOPHEN	650 MG	SUPP.RECT	RECTAL	03/16/2023	0.37297
ACETAMINOPHEN	1000MG/100	PIGGYBACK	INTRAVEN	10/26/2022	0.16081
ACETAMINOPHEN	1000MG/100	VIAL	INTRAVEN	03/09/2023	0.09548
ACETAMINOPHEN WITH CODEINE	120-12MG/5	SOLUTION	ORAL	08/31/2023	0.02233
ACETAMINOPHEN WITH CODEINE	300MG-15MG	TABLET	ORAL	07/13/2023	0.21025
ACETAMINOPHEN WITH CODEINE	300MG-30MG	TABLET	ORAL	11/08/2023	0.22584
ACETAMINOPHEN WITH CODEINE	300MG-60MG	TABLET	ORAL	03/16/2023	0.37560
ACETAMINOPHEN/CHLORPHENIRAMINE	325MG-2MG	TABLET	ORAL	06/29/2023	0.40418
ACETAMINOPHEN/D-BROMPHENIRAMIN	500MG-1MG	TABLET	ORAL	05/25/2023	0.09769
ACETAMINOPHEN/DEXTROMETHORPHAN	325-10/10	LIQUID	ORAL	09/08/2022	0.06548
ACETAMINOPHEN/DIPHENHYDRAMINE	500MG-25MG	TABLET	ORAL	03/22/2021	0.01487
ACETAMINOPHEN/PYRILAMINE/CAFF	500-15-60	TABLET	ORAL	07/13/2023	0.13383

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ACETAZOLAMIDE	500 MG	CAPSULE ER	ORAL	08/17/2023	0.48066
ACETAZOLAMIDE	125 MG	TABLET	ORAL	10/26/2023	0.25661
ACETAZOLAMIDE	250 MG	TABLET	ORAL	10/26/2023	0.34947
ACETAZOLAMIDE SODIUM	500 MG	VIAL	INJECTION	08/31/2023	32.13375
ACETIC ACID	2 %	SOLUTION	OTIC (EAR)	10/12/2023	1.78666
ACETIC ACID	0.25 %	IRRIG SOLN	IRRIGATION	11/02/2023	0.01062
ACETONE		LIQUID	MISCELL	05/06/2022	0.02310
ACETYLCARNITINE	500 MG	CAPSULE	ORAL	09/22/2022	0.78680
ACETYLCYSTEINE	200 MG/ML	VIAL	INTRAVEN	08/31/2023	1.64150
ACETYLCYSTEINE	200 MG/ML	VIAL	MISCELL	09/21/2023	0.52022
ACITRETIN	10 MG	CAPSULE	ORAL	05/06/2022	10.24612
ACITRETIN	25 MG	CAPSULE	ORAL	10/19/2021	10.62000
ACITRETIN	17.5 MG	CAPSULE	ORAL	10/18/2021	14.28875
ACTIVATED CHARCOAL	260 MG	CAPSULE	ORAL	01/26/2023	0.13480
ACTIVATED CHARCOAL	25 G/120ML	ORAL SUSP	ORAL	09/22/2022	0.09324
ACTIVATED CHARCOAL	50G/240ML	ORAL SUSP	ORAL	10/10/2023	0.07760
ACYCLOVIR	200 MG	CAPSULE	ORAL	09/21/2023	0.11269
ACYCLOVIR	200 MG/5ML	ORAL SUSP	ORAL	10/26/2023	0.26552
ACYCLOVIR	800 MG	TABLET	ORAL	10/19/2023	0.15732
ACYCLOVIR	400 MG	TABLET	ORAL	10/19/2023	0.09166
ACYCLOVIR	5 %	CREAM (G)	TOPICAL	10/19/2023	31.40190

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ACYCLOVIR	5 %	OINT. (G)	TOPICAL	08/03/2023	1.02465
ACYCLOVIR SODIUM	50 MG/ML	VIAL	INTRAVEN	08/17/2023	1.32955
ADAPALENE	0.1 %	GEL (GRAM)	TOPICAL	06/29/2023	0.79268
ADAPALENE	0.3 %	GEL (GRAM)	TOPICAL	09/28/2023	1.22327
ADAPALENE	0.1 %	CREAM (G)	TOPICAL	10/19/2023	3.41293
ADAPALENE	0.3 %	GEL W/PUMP	TOPICAL	09/07/2023	6.55010
ADAPALENE	0.1 %	SOLUTION	TOPICAL	05/06/2022	15.90732
ADAPALENE/BENZOYL PEROXIDE	0.1 %-2.5%	GEL W/PUMP	TOPICAL	08/03/2023	0.97076
ADAPALENE/BENZOYL PEROXIDE	0.3 %-2.5%	GEL W/PUMP	TOPICAL	03/23/2023	1.79322
ADEFOVIR DIPIVOXIL	10 MG	TABLET	ORAL	10/26/2021	19.89470
ADENOSINE	3 MG/ML	VIAL	INTRAVEN	04/20/2023	1.47266
ADENOSINE	3 MG/ML	VIAL	INTRAVEN	07/13/2023	3.11432
ADHESIVE REMOVER		LIQUID	MISCELL	05/06/2022	0.05265
ALBENDAZOLE	200 MG	TABLET	ORAL	10/19/2023	12.20450
ALBUTEROL SULFATE	2 MG/5 ML	SYRUP	ORAL	08/22/2023	0.06147
ALBUTEROL SULFATE	2 MG	TABLET	ORAL	10/19/2023	0.97552
ALBUTEROL SULFATE	4 MG	TABLET	ORAL	07/06/2023	1.75218
ALBUTEROL SULFATE	2.5 MG/3ML	VIAL-NEB	INHALATION	10/19/2023	0.07325
ALBUTEROL SULFATE	0.63MG/3ML	VIAL-NEB	INHALATION	07/06/2023	0.25386
ALBUTEROL SULFATE	1.25MG/3ML	VIAL-NEB	INHALATION	07/06/2023	0.29793
ALBUTEROL SULFATE	90 MCG	HFA AER AD	INHALATION	08/11/2023	2.87117

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ALBUTEROL SULFATE	5 MG/ML	SOLUTION	INHALATION	07/29/2022	1.45287
ALCLOMETASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	03/23/2023	1.28082
ALCLOMETASONE DIPROPIONATE	0.05 %	OINT. (G)	TOPICAL	07/13/2023	0.66769
ALCOHOL ANTISEPTIC PADS		MED. PAD	TOPICAL	05/04/2023	0.00670
ALENDRONATE SODIUM	70 MG/75ML	SOLUTION	ORAL	05/25/2023	0.77043
ALENDRONATE SODIUM	10 MG	TABLET	ORAL	05/06/2022	0.24120
ALENDRONATE SODIUM	70 MG	TABLET	ORAL	08/31/2023	0.43550
ALENDRONATE SODIUM	35 MG	TABLET	ORAL	05/06/2022	0.75040
ALFUZOSIN HCL	10 MG	TAB ER 24H	ORAL	11/08/2023	0.12355
ALISKIREN HEMIFUMARATE	300 MG	TABLET	ORAL	05/06/2022	8.23600
ALISKIREN HEMIFUMARATE	150 MG	TABLET	ORAL	05/06/2022	6.90922
ALLOPURINOL	100 MG	TABLET	ORAL	09/07/2023	0.07177
ALLOPURINOL	300 MG	TABLET	ORAL	06/29/2023	0.10050
ALLOPURINOL SODIUM	500 MG	VIAL	INTRAVEN	03/02/2023	4086.73650
ALMOTRIPTAN MALATE	12.5 MG	TABLET	ORAL	10/26/2021	22.03206
ALMOTRIPTAN MALATE	6.25 MG	TABLET	ORAL	08/01/2022	21.45879
ALOSETRON HCL	1 MG	TABLET	ORAL	05/06/2022	10.19667
ALOSETRON HCL	0.5 MG	TABLET	ORAL	07/13/2023	6.21919
ALPHA LIPOIC ACID	200 MG	CAPSULE	ORAL	09/29/2022	0.11937
ALPHA LIPOIC ACID	300 MG	CAPSULE	ORAL	05/06/2022	0.11439
ALPHA LIPOIC ACID	100 MG	CAPSULE	ORAL	05/06/2022	0.10151

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ALPHA LIPOIC ACID	600 MG	CAPSULE	ORAL	11/02/2023	0.28855
ALPRAZOLAM	0.25 MG	TABLET	ORAL	11/08/2023	0.02921
ALPRAZOLAM	0.5 MG	TABLET	ORAL	10/12/2023	0.03551
ALPRAZOLAM	1 MG	TABLET	ORAL	10/26/2023	0.03678
ALPRAZOLAM	2 MG	TABLET	ORAL	04/13/2023	0.07008
ALPRAZOLAM	0.5 MG	TAB ER 24H	ORAL	09/21/2023	0.38994
ALPRAZOLAM	1 MG	TAB ER 24H	ORAL	09/07/2023	0.43885
ALPRAZOLAM	2 MG	TAB ER 24H	ORAL	10/19/2023	0.47950
ALPRAZOLAM	3 MG	TAB ER 24H	ORAL	06/09/2022	0.54359
ALPRAZOLAM	0.25 MG	TAB RAPDIS	ORAL	05/06/2022	1.46033
ALPRAZOLAM	0.5 MG	TAB RAPDIS	ORAL	05/06/2022	1.81945
ALPRAZOLAM	1 MG	TAB RAPDIS	ORAL	08/17/2023	2.61715
ALPRAZOLAM	2 MG	TAB RAPDIS	ORAL	05/06/2022	4.06600
ALPROSTADIL	20 MCG	KIT	INTRACAVER	11/03/2020	94.48500
ALPROSTADIL	10 MCG	KIT	INTRACAVER	08/03/2021	136.97075
ALUMINUM HYDROXIDE	0.275 %	OINT. (G)	TOPICAL	05/06/2022	0.23037
ALVIMOPAN	12 MG	CAPSULE	ORAL	08/30/2022	101.18048
AMANTADINE HCL	100 MG	CAPSULE	ORAL	08/31/2023	0.24567
AMANTADINE HCL	50 MG/5 ML	SOLUTION	ORAL	11/02/2023	0.05304
AMANTADINE HCL	100 MG	TABLET	ORAL	10/12/2023	0.92648
AMBRISENTAN	5 MG	TABLET	ORAL	02/09/2023	170.55778

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
AMBRISENTAN	10 MG	TABLET	ORAL	02/09/2023	170.55778
AMIKACIN SULFATE	500 MG/2ML	VIAL	INJECTION	05/06/2022	3.71580
AMIKACIN SULFATE	1000MG/4ML	VIAL	INJECTION	05/06/2022	3.43200
AMILORIDE HCL	5 MG	TABLET	ORAL	08/25/2022	0.57151
AMILORIDE/HYDROCHLOROTHIAZIDE	5 MG-50 MG	TABLET	ORAL	09/14/2023	0.58035
AMINO ACIDS		POWDER	ORAL	08/25/2022	0.19226
AMINO ACIDS		TABLET	ORAL	05/06/2022	0.22333
AMINO ACIDS/MV,TX,IRON,MINERAL		LIQUID	ORAL	12/08/2022	0.06522
AMINOCAPROIC ACID	250 MG/ML	SOLUTION	ORAL	04/20/2023	5.13370
AMINOCAPROIC ACID	500 MG	TABLET	ORAL	11/08/2023	11.56577
AMINOCAPROIC ACID	1000 MG	TABLET	ORAL	11/08/2023	15.05805
AMINOCAPROIC ACID	250 MG/ML	VIAL	INTRAVEN	10/06/2022	0.57285
AMIODARONE HCL	200 MG	TABLET	ORAL	10/19/2023	0.19363
AMIODARONE HCL	100 MG	TABLET	ORAL	09/14/2023	2.30525
AMIODARONE HCL	400 MG	TABLET	ORAL	11/02/2023	2.71511
AMIODARONE HCL	50 MG/ML	VIAL	INTRAVEN	07/13/2023	0.43476
AMITRIPTYLINE HCL	10 MG	TABLET	ORAL	11/08/2023	0.04741
AMITRIPTYLINE HCL	100 MG	TABLET	ORAL	11/08/2023	0.31262
AMITRIPTYLINE HCL	150 MG	TABLET	ORAL	11/02/2023	0.47905
AMITRIPTYLINE HCL	25 MG	TABLET	ORAL	11/08/2023	0.08153
AMITRIPTYLINE HCL	50 MG	TABLET	ORAL	11/08/2023	0.07638

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AMITRIPTYLINE HCL	75 MG	TABLET	ORAL	10/26/2023	0.29306
AMLODIPINE BES/OLMESARTAN MED	5 MG-20 MG	TABLET	ORAL	07/07/2022	0.27783
AMLODIPINE BES/OLMESARTAN MED	10 MG-20MG	TABLET	ORAL	02/09/2023	0.35659
AMLODIPINE BES/OLMESARTAN MED	5 MG-40 MG	TABLET	ORAL	07/07/2022	0.35197
AMLODIPINE BES/OLMESARTAN MED	10 MG-40MG	TABLET	ORAL	02/09/2023	0.41227
AMLODIPINE BESYLATE	2.5 MG	TABLET	ORAL	11/08/2023	0.01662
AMLODIPINE BESYLATE	5 MG	TABLET	ORAL	11/08/2023	0.01620
AMLODIPINE BESYLATE	10 MG	TABLET	ORAL	11/02/2023	0.01721
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-20 MG	CAPSULE	ORAL	07/06/2023	0.18923
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-10 MG	CAPSULE	ORAL	07/06/2023	0.10881
AMLODIPINE BESYLATE/BENAZEPRIL	2.5MG-10MG	CAPSULE	ORAL	07/13/2023	0.21373
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-20MG	CAPSULE	ORAL	10/12/2023	0.23321
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-40 MG	CAPSULE	ORAL	10/05/2023	0.22485
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-40MG	CAPSULE	ORAL	10/19/2023	0.23597
AMLODIPINE BESYLATE/VALSARTAN	5 MG-160MG	TABLET	ORAL	07/20/2023	0.72449
AMLODIPINE BESYLATE/VALSARTAN	10MG-160MG	TABLET	ORAL	07/20/2023	0.82231
AMLODIPINE BESYLATE/VALSARTAN	5 MG-320MG	TABLET	ORAL	12/01/2022	0.67000
AMLODIPINE BESYLATE/VALSARTAN	10MG-320MG	TABLET	ORAL	08/24/2023	0.94872
AMLODIPINE/ATORVASTATIN	5 MG-10 MG	TABLET	ORAL	10/05/2023	3.26392
AMLODIPINE/ATORVASTATIN	5 MG-20 MG	TABLET	ORAL	10/05/2023	3.21420
AMLODIPINE/ATORVASTATIN	5 MG-40 MG	TABLET	ORAL	10/05/2023	4.37360

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AMLODIPINE/ATORVASTATIN	5 MG-80 MG	TABLET	ORAL	10/19/2023	4.56280
AMLODIPINE/ATORVASTATIN	10 MG-10MG	TABLET	ORAL	10/05/2023	3.09452
AMLODIPINE/ATORVASTATIN	10 MG-20MG	TABLET	ORAL	10/05/2023	3.21420
AMLODIPINE/ATORVASTATIN	10 MG-40MG	TABLET	ORAL	10/05/2023	4.23280
AMLODIPINE/ATORVASTATIN	10 MG-80MG	TABLET	ORAL	02/16/2023	4.23280
AMLODIPINE/ATORVASTATIN	2.5MG-10MG	TABLET	ORAL	03/23/2023	4.52078
AMLODIPINE/ATORVASTATIN	2.5MG-20MG	TABLET	ORAL	03/29/2022	5.95079
AMLODIPINE/ATORVASTATIN	2.5MG-40MG	TABLET	ORAL	07/06/2023	5.95079
AMLODIPINE/VALSARTAN/HCTHIAZID	10MG-160MG	TABLET	ORAL	09/22/2022	4.26426
AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-25MG	TABLET	ORAL	11/03/2022	4.31200
AMLODIPINE/VALSARTAN/HCTHIAZID	10-160-25	TABLET	ORAL	11/03/2022	4.89192
AMLODIPINE/VALSARTAN/HCTHIAZID	10-320-25	TABLET	ORAL	11/03/2022	5.97472
AMMONIA	15 % (W/V)	AMPUL	INHALATION	05/06/2022	0.18023
AMMONIUM LACTATE	12 %	CREAM (G)	TOPICAL	10/05/2023	0.09241
AMMONIUM LACTATE	12 %	LOTION	TOPICAL	10/19/2023	0.05384
AMOXICILLIN	250 MG	CAPSULE	ORAL	05/06/2022	0.06285
AMOXICILLIN	500 MG	CAPSULE	ORAL	11/02/2023	0.11993
AMOXICILLIN	125 MG/5ML	SUSP RECON	ORAL	06/15/2023	0.02921
AMOXICILLIN	250 MG/5ML	SUSP RECON	ORAL	09/28/2023	0.03502
AMOXICILLIN	400 MG/5ML	SUSP RECON	ORAL	10/20/2023	0.04671
AMOXICILLIN	200 MG/5ML	SUSP RECON	ORAL	06/29/2023	0.05615

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AMOXICILLIN	500 MG	TABLET	ORAL	09/08/2022	0.22257
AMOXICILLIN	875 MG	TABLET	ORAL	10/19/2023	0.24080
AMOXICILLIN/POTASSIUM CLAV	125-31.25/	SUSP RECON	ORAL	02/23/2023	6.57703
AMOXICILLIN/POTASSIUM CLAV	250-62.5/5	SUSP RECON	ORAL	06/22/2023	0.49241
AMOXICILLIN/POTASSIUM CLAV	400-57MG/5	SUSP RECON	ORAL	03/23/2023	0.15079
AMOXICILLIN/POTASSIUM CLAV	200-28.5/5	SUSP RECON	ORAL	10/19/2023	0.10050
AMOXICILLIN/POTASSIUM CLAV	600-42.9/5	SUSP RECON	ORAL	11/02/2023	0.06524
AMOXICILLIN/POTASSIUM CLAV	250-125 MG	TABLET	ORAL	07/20/2023	2.78520
AMOXICILLIN/POTASSIUM CLAV	500-125 MG	TABLET	ORAL	03/30/2023	0.58625
AMOXICILLIN/POTASSIUM CLAV	875-125 MG	TABLET	ORAL	10/12/2023	0.38069
AMOXICILLIN/POTASSIUM CLAV	1000-62.5	TAB ER 12H	ORAL	05/06/2022	4.42294
AMPHOTERICIN B LIPOSOME	50 MG	VIAL	INTRAVEN	04/06/2023	242.73025
AMPICILLIN SOD/SULBACTAM SOD	1.5 G	VIAL	INJECTION	10/12/2023	2.25388
AMPICILLIN SOD/SULBACTAM SOD	3 G	VIAL	INJECTION	08/17/2023	3.92172
AMPICILLIN SOD/SULBACTAM SOD	15 G	VIAL	INJECTION	05/17/2023	21.91350
AMPICILLIN SODIUM	1 G	VIAL	INJECTION	07/14/2022	2.04953
AMPICILLIN SODIUM	10 G	VIAL	INJECTION	04/05/2022	33.56875
AMPICILLIN SODIUM	2 G	VIAL	INJECTION	05/04/2023	2.92182
AMPICILLIN SODIUM	250 MG	VIAL	INJECTION	05/06/2022	0.82410
AMPICILLIN SODIUM	500 MG	VIAL	INJECTION	08/17/2023	1.60800
ANAGRELIDE HCL	0.5 MG	CAPSULE	ORAL	03/23/2023	0.99709

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ANAGRELIDE HCL	1 MG	CAPSULE	ORAL	10/17/2022	1.58741
ANASTROZOLE	1 MG	TABLET	ORAL	07/27/2023	0.15723
ANISE OIL		OIL	MISCELL	05/06/2022	0.18733
A POMORPHINE HCL	10 MG/ML	CARTRIDGE	SUBCUT	05/06/2022	178.95304
APREPITANT	80 MG	CAPSULE	ORAL	07/13/2023	114.90763
APREPITANT	125 MG	CAPSULE	ORAL	10/26/2021	163.17316
APREPITANT	40 MG	CAPSULE	ORAL	07/20/2023	72.18050
APREPITANT	125MG-80MG	CAP DS PK	ORAL	01/27/2023	117.75399
ARFORMOTEROL TARTRATE	15MCG/2ML	VIAL-NEB	INHALATION	10/05/2023	1.32883
ARGATROBAN	100 MG/ML	VIAL	INTRAVEN	02/02/2023	72.35133
ARGATROBAN IN 0.9 % SOD CHLOR	50 MG/50ML	VIAL	INTRAVEN	07/14/2022	2.54600
ARGININE	500 MG	CAPSULE	ORAL	05/06/2022	0.10948
ARGININE	500 MG	TABLET	ORAL	05/06/2022	0.08821
ARGININE HCL	1000 MG	TABLET	ORAL	02/23/2023	0.12924
ARIPIPRAZOLE	1 MG/ML	SOLUTION	ORAL	02/16/2023	1.41888
ARIPIPRAZOLE	10 MG	TABLET	ORAL	11/02/2023	0.06030
ARIPIPRAZOLE	15 MG	TABLET	ORAL	11/02/2023	0.07236
ARIPIPRAZOLE	20 MG	TABLET	ORAL	11/02/2023	0.08442
ARIPIPRAZOLE	5 MG	TABLET	ORAL	11/02/2023	0.04824
ARIPIPRAZOLE	2 MG	TABLET	ORAL	11/02/2023	0.04342
ARIPIPRAZOLE	10 MG	TAB RAPDIS	ORAL	11/02/2023	3.30000

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ARIPIPIRAZOLE	15 MG	TAB RAPDIS	ORAL	11/02/2023	3.30000
ARMODAFINIL	150 MG	TABLET	ORAL	07/20/2023	1.32526
ARMODAFINIL	50 MG	TABLET	ORAL	07/20/2023	0.44667
ARMODAFINIL	250 MG	TABLET	ORAL	07/20/2023	1.35653
ARMODAFINIL	200 MG	TABLET	ORAL	07/20/2023	1.67187
ARSENIC TRIOXIDE	10 MG/10ML	VIAL	INTRAVEN	10/26/2023	8.54652
ARSENIC TRIOXIDE	12 MG/6 ML	VIAL	INTRAVEN	08/17/2023	29.40418
ASCORBATE CALCIUM/BIOFLAVONOID	500-200 MG	TABLET	ORAL	05/06/2022	0.13501
ASCORBIC ACID	500 MG	CAPSULE ER	ORAL	11/07/2022	0.05427
ASCORBIC ACID	1000 MG	TABLET	ORAL	05/26/2022	0.06091
ASCORBIC ACID	250 MG	TABLET	ORAL	03/02/2023	0.02372
ASCORBIC ACID	500 MG	TABLET	ORAL	05/17/2023	0.02097
ASCORBIC ACID	250 MG	TAB CHEW	ORAL	04/13/2023	0.06124
ASCORBIC ACID	500 MG	TAB CHEW	ORAL	05/17/2023	0.03374
ASCORBIC ACID	125 MG	TAB CHEW	ORAL	11/02/2023	0.10586
ASCORBIC ACID	1000 MG	TABLET ER	ORAL	05/06/2022	0.06387
ASCORBIC ACID	1500 MG	TABLET ER	ORAL	05/06/2022	0.15799
ASCORBIC ACID	500 MG	TABLET ER	ORAL	05/06/2022	0.03432
ASCORBIC ACID	500 MG/ML	VIAL	INJECTION	05/06/2022	1.45497
ASCORBIC ACID/ASCORBATE SODIUM	500 MG	TAB CHEW	ORAL	10/12/2021	0.08250
ASCORBIC ACID/MULTIVIT-MIN	1000 MG	EFFPOWDPKT	ORAL	09/14/2023	0.30663

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ASENAPINE MALEATE	5 MG	TAB SUBL	SUBLINGUAL	12/28/2021	4.03986
ASENAPINE MALEATE	10 MG	TAB SUBL	SUBLINGUAL	08/24/2023	4.80269
ASENAPINE MALEATE	2.5 MG	TAB SUBL	SUBLINGUAL	08/17/2023	5.80708
ASPIRIN	325 MG	TABLET	ORAL	10/12/2023	0.01387
ASPIRIN	81 MG	TAB CHEW	ORAL	06/15/2023	0.03071
ASPIRIN	325 MG	TABLET DR	ORAL	10/12/2023	0.02191
ASPIRIN	81 MG	TABLET DR	ORAL	10/19/2023	0.01424
ASPIRIN/ACETAMINOPHEN/CAFFEINE	227-194-33	TABLET	ORAL	01/26/2023	0.10291
ASPIRIN/ACETAMINOPHEN/CAFFEINE	250-250-65	TABLET	ORAL	06/29/2023	0.02915
ASPIRIN/CAFFEINE	1000-65 MG	POWD PACK	ORAL	09/01/2022	0.16861
ASPIRIN/CALCIUM CARB/MAGNESIUM	325 MG	TABLET	ORAL	05/06/2022	0.04633
ASPIRIN/DIPYRIDAMOLE	25MG-200MG	CPMP 12HR	ORAL	03/23/2023	1.04877
ATAZANAVIR SULFATE	150 MG	CAPSULE	ORAL	09/07/2023	4.41870
ATAZANAVIR SULFATE	200 MG	CAPSULE	ORAL	08/25/2022	5.27241
ATAZANAVIR SULFATE	300 MG	CAPSULE	ORAL	06/07/2022	7.20000
ATENOLOL	100 MG	TABLET	ORAL	06/07/2023	0.03987
ATENOLOL	50 MG	TABLET	ORAL	09/21/2023	0.02667
ATENOLOL	25 MG	TABLET	ORAL	10/26/2023	0.02492
ATENOLOL/CHLORTHALIDONE	100MG-25MG	TABLET	ORAL	03/23/2023	0.65553
ATENOLOL/CHLORTHALIDONE	50 MG-25MG	TABLET	ORAL	05/25/2023	0.47396
ATOMOXETINE HCL	10 MG	CAPSULE	ORAL	09/26/2023	0.51408

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ATOMOXETINE HCL	25 MG	CAPSULE	ORAL	10/26/2023	0.82187
ATOMOXETINE HCL	40 MG	CAPSULE	ORAL	09/28/2023	0.81025
ATOMOXETINE HCL	60 MG	CAPSULE	ORAL	10/26/2023	1.21940
ATOMOXETINE HCL	80 MG	CAPSULE	ORAL	10/26/2023	0.96748
ATOMOXETINE HCL	100 MG	CAPSULE	ORAL	10/26/2023	0.95542
ATORVASTATIN CALCIUM	10 MG	TABLET	ORAL	10/26/2023	0.02262
ATORVASTATIN CALCIUM	20 MG	TABLET	ORAL	10/26/2023	0.03451
ATORVASTATIN CALCIUM	40 MG	TABLET	ORAL	10/26/2023	0.04738
ATORVASTATIN CALCIUM	80 MG	TABLET	ORAL	10/26/2023	0.06874
ATOVAQUONE	750 MG/5ML	ORAL SUSP	ORAL	10/19/2023	1.40241
ATOVAQUONE/PROGUANIL HCL	62.5-25 MG	TABLET	ORAL	06/29/2023	2.57066
ATOVAQUONE/PROGUANIL HCL	250-100 MG	TABLET	ORAL	06/29/2023	3.40670
ATRACURIUM BESYLATE	10 MG/ML	VIAL	INTRAVEN	05/06/2022	1.20426
ATROPINE SULFATE	0.1 MG/ML	SYRINGE	INJECTION	07/13/2023	1.28104
ATROPINE SULFATE	0.4 MG/ML	VIAL	INTRAVEN	07/27/2023	12.91268
ATROPINE SULFATE	1 MG/ML	VIAL	INTRAVEN	07/27/2023	19.23558
AZACITIDINE	100 MG	VIAL	INJECTION	02/09/2023	34.48100
AZATHIOPRINE	50 MG	TABLET	ORAL	10/12/2023	0.29735
AZATHIOPRINE	75 MG	TABLET	ORAL	10/19/2023	14.35823
AZATHIOPRINE	100 MG	TABLET	ORAL	06/15/2023	6.98970
AZELAIC ACID	15 %	GEL (GRAM)	TOPICAL	05/11/2023	1.25344

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
AZELASTINE HCL	0.05 %	DROPS	OPHTHALMIC	10/19/2023	1.08540
AZELASTINE HCL	137 MCG	SPRAY/PUMP	NASAL	10/19/2023	0.37833
AZELASTINE HCL	205.5 MCG	SPRAY/PUMP	NASAL	08/15/2023	0.58915
AZELASTINE/FLUTICASONE	137-50 MCG	SPRAY/PUMP	NASAL	10/19/2023	4.92532
AZITHROMYCIN	200 MG/5ML	SUSP RECON	ORAL	07/13/2023	0.33209
AZITHROMYCIN	100 MG/5ML	SUSP RECON	ORAL	05/11/2023	0.73164
AZITHROMYCIN	1 G	PACKET	ORAL	10/26/2021	15.29325
AZITHROMYCIN	500 MG	TABLET	ORAL	10/12/2023	0.95229
AZITHROMYCIN	250 MG	TABLET	ORAL	11/02/2023	0.36180
AZITHROMYCIN	600 MG	TABLET	ORAL	08/01/2022	1.62000
AZITHROMYCIN	500 MG	VIAL	INTRAVEN	09/21/2023	2.97132
AZTREONAM	1 G	VIAL	INJECTION	06/30/2022	26.59311
AZTREONAM	2 G	VIAL	INJECTION	05/06/2022	53.18623
B COMPLEX W-C NO.20/FOLIC ACID	1 MG	CAPSULE	ORAL	05/06/2022	0.12539
B-COMPLEX WITH VITAMIN C		CAPSULE	ORAL	05/06/2022	0.07229
B-COMPLEX WITH VITAMIN C		TABLET	ORAL	07/13/2023	0.05775
B12/LEVOMEFOLATE CALCIUM/B-6	2-1.13-25	TABLET	ORAL	04/13/2023	1.15657
BACILLUS COAGULANS/B. SUBTILIS	1B CELL	TAB CHEW	ORAL	05/31/2023	0.22975
BACILLUS COAGULANS/INULIN	1B-250 MG	CAPSULE	ORAL	10/05/2023	0.38228
BACITRACIN	500 UNIT/G	OINT. (G)	TOPICAL	04/27/2023	0.16986
BACITRACIN	500 UNIT/G	PACKET	TOPICAL	04/27/2023	0.15494

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BACITRACIN	50000 UNIT	VIAL	INTRAMUSC	05/06/2022	6.23761
BACITRACIN ZINC	500 UNIT/G	OINT PACK	TOPICAL	05/31/2023	0.04652
BACITRACIN ZINC	500 UNIT/G	OINT. (G)	TOPICAL	10/05/2023	0.07013
BACITRACIN ZINC/POLYMYXIN B	500-10K/G	OINT PACK	TOPICAL	06/30/2022	0.27484
BACITRACIN ZINC/POLYMYXIN B	500-10K/G	OINT. (G)	TOPICAL	05/06/2022	0.30195
BACITRACIN/POLYMYXIN B SULFATE	500-10K/G	OINT. (G)	OPHTHALMIC	05/06/2022	6.16268
BACLOFEN	25 MG/5 ML	ORAL SUSP	ORAL	06/27/2023	5.68680
BACLOFEN	10 MG	TABLET	ORAL	10/26/2023	0.04267
BACLOFEN	20 MG	TABLET	ORAL	10/26/2023	0.06365
BACLOFEN	5 MG	TABLET	ORAL	11/02/2023	0.26961
BACLOFEN	50 MCG/ML	SYRINGE	INTRATHEC	07/13/2023	19.16250
BACLOFEN	10000/20ML	VIAL	INTRATHEC	09/08/2022	9.03240
BACLOFEN	40000/20ML	VIAL	INTRATHEC	09/08/2022	28.99930
BACLOFEN	20K MCG/20	VIAL	INTRATHEC	09/28/2023	14.53200
BACTERIOSTATIC SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	10/12/2023	0.08844
BALANCED SALT IRRIG SOLN NO.2		IRRIG SOLN	INTRAOCULR	09/18/2023	0.02774
BALSALAZIDE DISODIUM	750 MG	CAPSULE	ORAL	11/02/2023	0.71968
BEESWAX	100 %	WAX	MISCELL	05/06/2022	0.21693
BENZAEPRIIL HCL	5 MG	TABLET	ORAL	08/10/2023	0.07732
BENZAEPRIIL HCL	10 MG	TABLET	ORAL	09/28/2023	0.08563
BENZAEPRIIL HCL	20 MG	TABLET	ORAL	08/10/2023	0.09836

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BENAZEPRIL HCL	40 MG	TABLET	ORAL	08/10/2023	0.12014
BENAZEPRIL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	ORAL	05/25/2023	1.09143
BENAZEPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	05/17/2023	0.59081
BENAZEPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	10/12/2023	0.42840
BENAZEPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	10/19/2023	0.63288
BENDAMUSTINE HCL	25 MG	VIAL	INTRAVEN	10/26/2023	154.03700
BENDAMUSTINE HCL	100 MG	VIAL	INTRAVEN	10/26/2023	527.87500
BENTONITE		POWDER	MISCELL	05/06/2022	0.16080
BENZALKONIUM CHLORIDE	0.13 %	SOLUTION	TOPICAL	05/06/2022	0.07063
BENZALKONIUM CHLORIDE		LIQUID	TOPICAL	05/06/2022	0.01995
BENZETHONIUM CHLORIDE	0.1 %	CLEANSER	TOPICAL	05/06/2022	0.01554
BENZOCAINE	10 %	GEL (GRAM)	MUCOUS MEM	05/06/2022	1.27874
BENZOCAINE	20 %	GEL (GRAM)	MUCOUS MEM	08/31/2023	0.06520
BENZOCAINE	20 %	GEL PACKET	MUCOUS MEM	05/06/2022	0.68597
BENZOCAINE	15 MG	LOZENGE	MUCOUS MEM	07/21/2022	0.22445
BENZOCAINE/MENTH/CETYLPYRD CL	2-0.5-0.1%	SPRAY	MUCOUS MEM	05/06/2022	0.12305
BENZOCAINE/MENTHOL	15MG-3.6MG	LOZENGE	MUCOUS MEM	12/01/2022	0.10906
BENZOIN		TINCTURE	TOPICAL	04/13/2023	0.34047
BENZONATATE	100 MG	CAPSULE	ORAL	10/19/2023	0.11093
BENZONATATE	200 MG	CAPSULE	ORAL	10/19/2023	0.19859
BENZONATATE	150 MG	CAPSULE	ORAL	10/13/2022	0.12194

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BENZOYL PEROXIDE	5.3%	FOAM	TOPICAL	05/06/2022	7.85046
BENZOYL PEROXIDE	9.8 %	FOAM	TOPICAL	06/01/2020	1.52700
BENZOYL PEROXIDE	10 %	GEL (GRAM)	TOPICAL	12/21/2022	0.07094
BENZOYL PEROXIDE	2.5 %	GEL (GRAM)	TOPICAL	05/06/2022	0.28006
BENZOYL PEROXIDE	5 %	GEL (GRAM)	TOPICAL	08/17/2023	0.12216
BENZOYL PEROXIDE	10 %	CLEANSER	TOPICAL	10/20/2022	0.02577
BENZOYL PEROXIDE	5 %	CLEANSER	TOPICAL	10/19/2023	0.05812
BENZOYL PEROXIDE	7 %	CLEANSER	TOPICAL	05/06/2022	0.26655
BENZOYL PEROXIDE	6 %	TOWELETTE	TOPICAL	05/06/2022	6.18765
BENZPHETAMINE HCL	50 MG	TABLET	ORAL	07/13/2023	0.50161
BENZTROPINE MESYLATE	0.5 MG	TABLET	ORAL	10/26/2023	0.12357
BENZTROPINE MESYLATE	1 MG	TABLET	ORAL	09/28/2023	0.11261
BENZTROPINE MESYLATE	2 MG	TABLET	ORAL	09/28/2023	0.10010
BENZTROPINE MESYLATE	2 MG/2 ML	AMPUL	INJECTION	01/16/2020	27.67500
BENZTROPINE MESYLATE	2 MG/2 ML	VIAL	INJECTION	05/06/2022	23.62500
BEPOTASTINE BESILATE	1.5 %	DROPS	OPHTHALMIC	09/21/2023	21.77490
BETA-CAROTENE	7500 MCG	CAPSULE	ORAL	06/30/2022	0.03290
BETAMETHASONE ACETATE,SOD PHOS	6 MG/ML	VIAL	INJECTION	08/31/2023	9.12000
BETAMETHASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	10/26/2022	0.89452
BETAMETHASONE DIPROPIONATE	0.05 %	OINT. (G)	TOPICAL	10/19/2023	1.74468
BETAMETHASONE DIPROPIONATE	0.05 %	LOTION	TOPICAL	05/06/2022	0.66665

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BETAMETHASONE VALERATE	0.12 %	FOAM	TOPICAL	10/12/2023	1.12882
BETAMETHASONE VALERATE	0.1 %	CREAM (G)	TOPICAL	10/19/2023	0.80400
BETAMETHASONE VALERATE	0.1 %	OINT. (G)	TOPICAL	05/06/2022	0.75040
BETAMETHASONE VALERATE	0.1 %	LOTION	TOPICAL	08/04/2022	0.81293
BETAMETHASONE/PROPYLENE GLYC	0.05 %	CREAM (G)	TOPICAL	08/03/2023	0.16160
BETAMETHASONE/PROPYLENE GLYC	0.05 %	OINT. (G)	TOPICAL	10/12/2023	0.92272
BETAMETHASONE/PROPYLENE GLYC	0.05 %	LOTION	TOPICAL	06/30/2022	0.47391
BETAXOLOL HCL	10 MG	TABLET	ORAL	08/24/2023	0.82410
BETAXOLOL HCL	20 MG	TABLET	ORAL	07/14/2022	1.31119
BETHANECHOL CHLORIDE	10 MG	TABLET	ORAL	12/08/2022	0.35336
BETHANECHOL CHLORIDE	25 MG	TABLET	ORAL	04/13/2023	0.50880
BETHANECHOL CHLORIDE	5 MG	TABLET	ORAL	04/13/2023	0.30874
BEXAROTENE	75 MG	CAPSULE	ORAL	05/04/2023	14.74284
BEXAROTENE	1 %	GEL (GRAM)	TOPICAL	10/12/2023	409.10005
BICALUTAMIDE	50 MG	TABLET	ORAL	07/13/2023	0.46051
BIMATOPROST	0.03 %	DROP W/APP	TOPICAL	03/02/2023	29.42160
BIMATOPROST	0.03 %	DROPS	OPHTHALMIC	04/13/2023	17.50000
BIOFLAV,LEMON/VIT BCOMP,C	200-100 MG	TABLET	ORAL	05/25/2023	0.22341
BIOTIN	10000 MCG	CAPSULE	ORAL	05/11/2023	0.20087
BIOTIN	5 MG	CAPSULE	ORAL	09/14/2023	0.05323
BIOTIN	2500 MCG	CAPSULE	ORAL	05/06/2022	0.09986

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BIOTIN	10 MG	TABLET	ORAL	08/03/2023	0.13896
BIOTIN	1 MG	TABLET	ORAL	02/23/2023	0.06980
BIOTIN	5 MG	TABLET	ORAL	09/08/2022	0.12272
BIOTIN	2500 MCG	TAB CHEW	ORAL	08/03/2023	0.10039
BIOTIN	10000 MCG	TAB RAPDIS	ORAL	04/06/2023	0.17576
BIOTIN	5000 MCG	TAB RAPDIS	ORAL	01/19/2023	0.14671
BISACODYL	5 MG	TABLET DR	ORAL	08/17/2023	0.01313
BISACODYL	10 MG	SUPP.RECT	RECTAL	08/17/2023	0.09395
BISMUTH SUBSALICYLATE	262MG/15ML	ORAL SUSP	ORAL	06/06/2023	0.01000
BISMUTH SUBSALICYLATE	525MG/15ML	ORAL SUSP	ORAL	08/12/2022	0.00894
BISMUTH SUBSALICYLATE	262 MG	TABLET	ORAL	07/20/2023	0.19668
BISMUTH SUBSALICYLATE	262 MG	TAB CHEW	ORAL	09/28/2023	0.13117
BISMUTH/METRONID/TETRACYCLINE	125-125 MG	CAPSULE	ORAL	07/20/2023	5.26632
BISOPROLOL FUMARATE	10 MG	TABLET	ORAL	08/24/2023	0.35229
BISOPROLOL FUMARATE	5 MG	TABLET	ORAL	10/12/2023	0.35309
BISOPROLOL/HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	ORAL	06/07/2023	0.33584
BISOPROLOL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	ORAL	04/27/2023	0.33584
BISOPROLOL/HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	ORAL	09/14/2023	0.28271
BIVALIRUDIN	250 MG	VIAL	INTRAVEN	02/16/2023	51.16800
BIVALIRUDIN	250MG/50ML	VIAL	INTRAVEN	07/20/2023	4.63320
BLEOMYCIN SULFATE	15 UNIT	VIAL	INJECTION	10/26/2021	21.73500

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BLEOMYCIN SULFATE	30 UNIT	VIAL	INJECTION	10/26/2021	46.91425
BLOOD SUGAR DIAGNOSTIC		STRIP	MISCELL	08/04/2022	0.14740
BLOOD-GLUCOSE CALIB. CONTROL		COMBO. PKG	MISCELL	05/12/2022	4.55400
BLOOD-GLUCOSE METER, WIRELESS		KIT	MISCELL	05/12/2022	73.03125
BLOOD-KETONE CONTROL, NORMAL		EACH	MISCELL	05/12/2022	13.09350
BORTEZOMIB	3.5 MG	VIAL	INJECTION	07/13/2023	21.06300
BORTEZOMIB	3.5 MG	VIAL	INTRAVEN	07/06/2023	1560.90178
BOSENTAN	125 MG	TABLET	ORAL	02/02/2023	198.02083
BOSENTAN	62.5 MG	TABLET	ORAL	02/02/2023	198.02083
BRIMONIDINE TARTRATE	0.33 %	GEL W/PUMP	TOPICAL	10/12/2023	16.58580
BRIMONIDINE TARTRATE	0.2 %	DROPS	OPHTHALMIC	10/26/2023	1.46998
BRIMONIDINE TARTRATE	0.15 %	DROPS	OPHTHALMIC	03/28/2023	21.31400
BRIMONIDINE TARTRATE	0.1 %	DROPS	OPHTHALMIC	09/14/2023	27.34905
BRIMONIDINE TARTRATE/TIMOLOL	0.2%-0.5%	DROPS	OPHTHALMIC	11/08/2023	18.89020
BRINZOLAMIDE	1 %	DROPS SUSP	OPHTHALMIC	11/07/2023	5.45677
BROMELAINS	500 MG	TABLET	ORAL	12/08/2022	0.20558
BROMFENAC SODIUM	0.09 %	DROPS	OPHTHALMIC	03/16/2023	66.82488
BROMOCRIPTINE MESYLATE	5 MG	CAPSULE	ORAL	05/17/2023	4.23773
BROMOCRIPTINE MESYLATE	2.5 MG	TABLET	ORAL	07/21/2022	2.13417
BROMPHENIRAM/PHENYLEPHRINE/DM	1-2.5-5/5	SOLUTION	ORAL	07/27/2023	0.04411
BROMPHENIRAM/PHENYLEPHRINE/DM	2-5-10MG/5	LIQUID	ORAL	05/06/2022	0.05349

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BROMPHENIRAM/PHENYLEPHRINE/DM	4-10-20/5	LIQUID	ORAL	05/06/2022	0.02691
BROMPHENIRAMINE/PHENYLEPHRINE	1-2.5 MG/5	SOLUTION	ORAL	07/07/2020	0.04110
BROMPHENIRAMINE/PSEUDOEPHED/DM	2-30-10/5	SYRUP	ORAL	10/19/2023	0.11424
BUDESONIDE	3 MG	CAPDR - ER	ORAL	09/08/2022	0.75348
BUDESONIDE	9 MG	TABDR - ER	ORAL	09/28/2023	29.78684
BUDESONIDE	32 MCG	SPRAY/PUMP	NASAL	03/09/2023	1.85925
BUDESONIDE	1 MG/2 ML	AMPUL-NEB	INHALATION	07/21/2022	4.96100
BUDESONIDE	0.25MG/2ML	AMPUL-NEB	INHALATION	05/06/2022	1.38544
BUDESONIDE/FORMOTEROL FUMARATE	80-4.5 MCG	HFA AER AD	INHALATION	08/10/2023	33.43696
BUMETANIDE	0.5 MG	TABLET	ORAL	05/11/2023	0.44796
BUMETANIDE	1 MG	TABLET	ORAL	06/15/2023	0.41527
BUMETANIDE	2 MG	TABLET	ORAL	11/02/2023	0.50036
BUMETANIDE	0.25 MG/ML	VIAL	INJECTION	07/13/2023	0.36193
BUPIVACAINE HCL	2.5 MG/ML	VIAL	INJECTION	08/03/2023	0.06620
BUPIVACAINE HCL	5 MG/ML	VIAL	INJECTION	08/03/2023	0.08119
BUPIVACAINE HCL IN DEXTROSE/PF	0.75 %	AMPUL	INJECTION	02/16/2023	1.85992
BUPIVACAINE HCL/EPINEPHRINE	0.25-.0005	VIAL	INJECTION	08/10/2023	0.30043
BUPIVACAINE HCL/EPINEPHRINE	0.5-1:200K	VIAL	INJECTION	08/10/2023	0.32133
BUPIVACAINE HCL/EPINEPHRINE/PF	0.25-.0005	VIAL	INJECTION	01/05/2023	0.44750
BUPIVACAINE HCL/EPINEPHRINE/PF	0.5-1:200K	VIAL	INJECTION	03/16/2023	0.22803
BUPIVACAINE HCL/PF	2.5 MG/ML	VIAL	INJECTION	08/17/2023	0.08937

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BUPIVACAINE HCL/PF	5 MG/ML	VIAL	INJECTION	08/17/2023	0.08933
BUPIVACAINE HCL/PF	7.5 MG/ML	VIAL	INJECTION	10/12/2023	0.15201
BUPRENORPHINE	5 MCG/HR	PATCH TDWK	TRANSDERM	11/08/2023	44.95906
BUPRENORPHINE	10 MCG/HR	PATCH TDWK	TRANSDERM	10/19/2021	78.20238
BUPRENORPHINE	20 MCG/HR	PATCH TDWK	TRANSDERM	10/26/2021	87.68363
BUPRENORPHINE	15 MCG/HR	PATCH TDWK	TRANSDERM	03/21/2023	95.22310
BUPRENORPHINE	7.5 MCG/HR	PATCH TDWK	TRANSDERM	11/08/2023	70.56356
BUPRENORPHINE HCL	0.3 MG/ML	VIAL	INJECTION	09/17/2020	15.13208
BUPRENORPHINE HCL	2 MG	TAB SUBL	SUBLINGUAL	10/26/2023	0.61149
BUPRENORPHINE HCL	8 MG	TAB SUBL	SUBLINGUAL	10/26/2023	0.89333
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	FILM	SUBLINGUAL	05/17/2023	2.67828
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	FILM	SUBLINGUAL	09/07/2023	3.97100
BUPRENORPHINE HCL/NALOXONE HCL	4MG-1MG	FILM	SUBLINGUAL	05/17/2023	5.05912
BUPRENORPHINE HCL/NALOXONE HCL	12 MG-3 MG	FILM	SUBLINGUAL	09/07/2023	9.20767
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	TAB SUBL	SUBLINGUAL	11/08/2023	1.83803
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	TAB SUBL	SUBLINGUAL	08/24/2023	0.85313
BUPROPION HCL	75 MG	TABLET	ORAL	10/12/2023	0.24281
BUPROPION HCL	100 MG	TABLET	ORAL	10/12/2023	0.21587
BUPROPION HCL	150 MG	TAB ER 24H	ORAL	10/26/2023	0.11211
BUPROPION HCL	300 MG	TAB ER 24H	ORAL	10/26/2023	0.13043
BUPROPION HCL	450 MG	TAB ER 24H	ORAL	01/26/2023	9.20652

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BUPROPION HCL	150 MG	TAB ER 12H	ORAL	07/27/2023	0.46632
BUPROPION HCL	150 MG	TAB SR 12H	ORAL	10/26/2023	0.08335
BUPROPION HCL	100 MG	TAB SR 12H	ORAL	10/26/2023	0.05438
BUPROPION HCL	200 MG	TAB SR 12H	ORAL	10/26/2023	0.19256
BUSPIRONE HCL	10 MG	TABLET	ORAL	11/02/2023	0.03538
BUSPIRONE HCL	5 MG	TABLET	ORAL	07/27/2023	0.02736
BUSPIRONE HCL	15 MG	TABLET	ORAL	08/10/2023	0.04422
BUSPIRONE HCL	30 MG	TABLET	ORAL	07/14/2022	0.19698
BUSPIRONE HCL	7.5 MG	TABLET	ORAL	08/31/2023	0.23128
BUSULFAN	60 MG/10ML	VIAL	INTRAVEN	10/26/2021	7.42500
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	CAPSULE	ORAL	04/20/2023	5.55917
BUTALB/ACETAMINOPHEN/CAFFEINE	50-300-40	CAPSULE	ORAL	02/23/2023	1.27273
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	TABLET	ORAL	03/02/2023	0.15016
BUTALBIT/ACETAMIN/CAFF/CODEINE	50-325-30	CAPSULE	ORAL	04/07/2020	1.08590
BUTALBIT/ACETAMIN/CAFF/CODEINE	50-300-30	CAPSULE	ORAL	05/26/2022	9.33660
BUTALBITAL/ACETAMINOPHEN	50MG-300MG	CAPSULE	ORAL	05/06/2022	8.72988
BUTALBITAL/ACETAMINOPHEN	50MG-325MG	TABLET	ORAL	03/09/2023	1.33638
BUTALBITAL/ACETAMINOPHEN	50MG-300MG	TABLET	ORAL	01/26/2023	8.72988
BUTALBITAL/ASPIRIN/CAFFEINE	50-325-40	CAPSULE	ORAL	01/26/2023	0.62310
BUTENAFINE HCL	1 %	CREAM (G)	TOPICAL	03/23/2023	0.45403
BUTORPHANOL TARTRATE	1 MG/ML	VIAL	INJECTION	07/13/2023	7.24800

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BUTORPHANOL TARTRATE	2 MG/ML	VIAL	INJECTION	05/06/2022	4.13820
BUTORPHANOL TARTRATE	10 MG/ML	SPRAY	NASAL	10/19/2023	15.03600
BUTYLATED HYDROXYTOLUENE		GRANULES	MISCELL	07/27/2023	0.21370
CABERGOLINE	0.5 MG	TABLET	ORAL	10/19/2023	4.64970
CAFFEINE	200 MG	TABLET	ORAL	10/12/2023	0.07328
CAFFEINE CITRATE	60 MG/3 ML	SOLUTION	ORAL	06/29/2023	6.77333
CAFFEINE CITRATE	60 MG/3 ML	VIAL	INTRAVEN	06/06/2023	2.71025
CALAMINE/ZINC OXIDE	8 %-8 %	LOTION	TOPICAL	12/15/2022	0.00810
CALCIPOTRIENE	0.005 %	CREAM (G)	TOPICAL	08/31/2023	1.29131
CALCIPOTRIENE	0.005 %	OINT. (G)	TOPICAL	07/27/2023	3.15326
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION	TOPICAL	09/14/2023	1.49120
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)	TOPICAL	08/03/2023	4.96606
CALCITONIN,SALMON,SYNTHETIC	200/ML	VIAL	INJECTION	02/23/2023	537.26400
CALCITRIOL	0.25 MCG	CAPSULE	ORAL	11/02/2023	0.25246
CALCITRIOL	0.5 MCG	CAPSULE	ORAL	06/29/2023	0.35014
CALCITRIOL	1 MCG/ML	SOLUTION	ORAL	10/19/2023	7.51040
CALCIUM ACETATE	667 MG	CAPSULE	ORAL	08/31/2023	0.32247
CALCIUM ACETATE	667 MG	TABLET	ORAL	08/17/2023	0.16355
CALCIUM ACETATE/ALUMINUM SULF	952-1347MG	POWD PACK	TOPICAL	03/30/2023	0.75933
CALCIUM CARB, CITRATE/VIT D3	600MG-12.5	TABLET ER	ORAL	09/21/2023	0.16097
CALCIUM CARBONATE	500 MG/5ML	ORAL SUSP	ORAL	02/09/2023	0.02663

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CALCIUM CARBONATE	500(1250)	TABLET	ORAL	05/06/2022	0.02412
CALCIUM CARBONATE	600 MG	TABLET	ORAL	05/06/2022	0.03283
CALCIUM CARBONATE	500(1250)	TAB CHEW	ORAL	04/13/2023	0.09702
CALCIUM CARBONATE	200(500)MG	TAB CHEW	ORAL	09/07/2023	0.01528
CALCIUM CARBONATE	300MG(750)	TAB CHEW	ORAL	09/07/2023	0.03490
CALCIUM CARBONATE/VITAMIN D3	600MG-5MCG	CAPSULE	ORAL	09/08/2022	0.08699
CALCIUM CARBONATE/VITAMIN D3	600 MG-10	CAPSULE	ORAL	11/10/2022	0.17232
CALCIUM CARBONATE/VITAMIN D3	600MG-12.5	CAPSULE	ORAL	02/23/2023	0.12663
CALCIUM CARBONATE/VITAMIN D3	600MG-5MCG	TABLET	ORAL	09/07/2023	0.03283
CALCIUM CARBONATE/VITAMIN D3	250-3.125	TABLET	ORAL	07/14/2022	0.02533
CALCIUM CARBONATE/VITAMIN D3	500 MG-10	TABLET	ORAL	10/13/2022	0.05583
CALCIUM CARBONATE/VITAMIN D3	600 MG-10	TABLET	ORAL	09/08/2022	0.02792
CALCIUM CARBONATE/VITAMIN D3	500MG-5MCG	TABLET	ORAL	08/17/2023	0.02412
CALCIUM CARBONATE/VITAMIN D3	500-15 MCG	TABLET	ORAL	07/27/2021	0.02140
CALCIUM CARBONATE/VITAMIN D3	600 MG-20	TABLET	ORAL	09/14/2023	0.01359
CALCIUM CARBONATE/VITAMIN D3	500 MG-10	TAB CHEW	ORAL	09/14/2023	0.06640
CALCIUM CHLORIDE	100 MG/ML	SYRINGE	INTRAVEN	06/07/2023	1.47762
CALCIUM CHLORIDE	100 MG/ML	VIAL	INTRAVEN	05/06/2022	0.94839
CALCIUM CITRATE	250 MG	TABLET	ORAL	05/06/2022	0.05333
CALCIUM CITRATE/VITAMIN D3	315MG-5MCG	TABLET	ORAL	10/26/2023	0.06281
CALCIUM CITRATE/VITAMIN D3	315MG-6.25	TABLET	ORAL	11/17/2022	0.04710

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CALCIUM CITRATE/VITAMIN D3	200MG-6.25	TABLET	ORAL	05/26/2022	0.06439
CALCIUM GLUC IN NACL, ISO-OSM	1 G/50 ML	PLAST. BAG	INTRAVEN	11/08/2023	0.52903
CALCIUM GLUC IN NACL, ISO-OSM	2 G/100 ML	PLAST. BAG	INTRAVEN	11/08/2023	0.53975
CALCIUM GLUCONATE	100 MG/ML	VIAL	INTRAVEN	11/02/2023	0.43330
CALCIUM POLYCARBOPHIL	625 MG	TABLET	ORAL	08/17/2023	0.05785
CALCIUM/MAGNESIUM/ZINC	333-133-5	TABLET	ORAL	04/13/2023	0.07343
CAMPHOR/PHENOL	10.8-4.7%	GEL (GRAM)	TOPICAL	05/06/2022	0.33452
CAMPHOR/PHENOL	10.8-4.7%	SOLUTION	TOPICAL	10/06/2022	0.09960
CANDESARTAN CILEXETIL	4 MG	TABLET	ORAL	11/02/2023	1.40745
CANDESARTAN CILEXETIL	8 MG	TABLET	ORAL	11/02/2023	1.07528
CANDESARTAN CILEXETIL	16 MG	TABLET	ORAL	11/02/2023	0.86981
CANDESARTAN CILEXETIL	32 MG	TABLET	ORAL	10/05/2023	1.87868
CANDESARTAN/HYDROCHLOROTHIAZID	16-12.5MG	TABLET	ORAL	10/20/2022	4.48609
CANDESARTAN/HYDROCHLOROTHIAZID	32-12.5MG	TABLET	ORAL	10/20/2022	4.57527
CANDESARTAN/HYDROCHLOROTHIAZID	32MG-25MG	TABLET	ORAL	07/13/2023	4.95249
CAPECITABINE	150 MG	TABLET	ORAL	07/06/2023	0.40111
CAPECITABINE	500 MG	TABLET	ORAL	08/31/2023	0.48162
CAPSAICIN	0.025 %	CREAM (G)	TOPICAL	09/18/2023	0.06298
CAPSAICIN	0.075 %	CREAM (G)	TOPICAL	12/29/2022	0.06618
CAPSAICIN	0.025 %	ADH. PATCH	TOPICAL	05/04/2021	1.59907
CAPSAICIN/ME-SALICYLATE/MENTH	0.025%-25%	LOTION	TOPICAL	05/06/2022	2.51250

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CAPSAICIN/ME-SALICYLATE/MENTH	0.002%-20%	LOTION	TOPICAL	05/06/2022	2.32987
CAPSAICIN/MENTHOL	0.025-1.25	ADH. PATCH	TOPICAL	06/09/2022	0.66888
CAPSAICIN/MENTHOL	0.0375%-5%	ADH. PATCH	TOPICAL	05/06/2022	18.37500
CAPSAICIN/MENTHOL	0.0225-4.5	ADH. PATCH	TOPICAL	05/06/2022	25.13000
CAPTOPRIL	100 MG	TABLET	ORAL	08/17/2023	2.20229
CAPTOPRIL	12.5 MG	TABLET	ORAL	10/20/2022	0.63639
CAPTOPRIL	25 MG	TABLET	ORAL	11/02/2023	0.58504
CAPTOPRIL	50 MG	TABLET	ORAL	10/12/2023	0.80789
CARBAMAZEPINE	200 MG	CPMP 12HR	ORAL	03/23/2023	1.43358
CARBAMAZEPINE	300 MG	CPMP 12HR	ORAL	03/23/2023	1.44899
CARBAMAZEPINE	100 MG	CPMP 12HR	ORAL	10/19/2023	1.43112
CARBAMAZEPINE	100 MG/5ML	ORAL SUSP	ORAL	11/03/2022	0.11132
CARBAMAZEPINE	200 MG	TABLET	ORAL	11/02/2023	0.17085
CARBAMAZEPINE	100 MG	TAB CHEW	ORAL	06/29/2023	0.44019
CARBAMAZEPINE	200 MG	TAB ER 12H	ORAL	10/05/2023	0.75764
CARBAMAZEPINE	400 MG	TAB ER 12H	ORAL	10/05/2023	1.33906
CARBAMAZEPINE	100 MG	TAB ER 12H	ORAL	10/05/2023	0.37949
CARBAMIDE PEROXIDE	6.5 %	DROPS	OTIC (EAR)	10/19/2023	0.14003
CARBIDOPA	25 MG	TABLET	ORAL	10/26/2022	1.13297
CARBIDOPA/LEVODOPA	10MG-100MG	TABLET	ORAL	04/13/2023	0.11189
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET	ORAL	11/02/2023	0.10271

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CARBIDOPA/LEVODOPA	25MG-250MG	TABLET	ORAL	05/17/2023	0.16846
CARBIDOPA/LEVODOPA	50MG-200MG	TABLET ER	ORAL	07/20/2023	0.32830
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET ER	ORAL	06/15/2023	0.31356
CARBIDOPA/LEVODOPA	10MG-100MG	TAB RAPDIS	ORAL	07/06/2023	0.81740
CARBIDOPA/LEVODOPA	25MG-100MG	TAB RAPDIS	ORAL	07/06/2023	0.92460
CARBIDOPA/LEVODOPA	25MG-250MG	TAB RAPDIS	ORAL	05/06/2022	1.17089
CARBIDOPA/LEVODOPA/ENTACAPONE	37.5-150MG	TABLET	ORAL	08/23/2022	1.19193
CARBIDOPA/LEVODOPA/ENTACAPONE	25-100-200	TABLET	ORAL	08/23/2022	1.16031
CARBIDOPA/LEVODOPA/ENTACAPONE	12.5-50 MG	TABLET	ORAL	10/26/2021	1.72900
CARBIDOPA/LEVODOPA/ENTACAPONE	50-200-200	TABLET	ORAL	10/19/2023	1.51058
CARBIDOPA/LEVODOPA/ENTACAPONE	18.75-75MG	TABLET	ORAL	07/05/2018	1.72900
CARBIDOPA/LEVODOPA/ENTACAPONE	31.25-125	TABLET	ORAL	07/05/2018	1.72900
CARBINOXAMINE MALEATE	4 MG/5 ML	LIQUID	ORAL	06/15/2023	0.11708
CARBINOXAMINE MALEATE	4 MG	TABLET	ORAL	08/17/2023	0.52508
CARBOMER 934	56% TO 68%	POWDER	MISCELL	07/03/2019	0.63690
CARBOPLATIN	10 MG/ML	VIAL	INTRAVEN	09/28/2023	0.76469
CARBOPROST TROMETHAMINE	250 MCG/ML	AMPUL	INTRAMUSC	08/01/2022	197.54892
CARBOPROST TROMETHAMINE	250 MCG/ML	VIAL	INTRAMUSC	10/26/2023	97.88750
CARBOXYMETHYLCELLULOSE SODIUM	1 %	DRP LQ GEL	OPHTHALMIC	05/06/2022	0.42299
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPERETTE	OPHTHALMIC	10/05/2023	0.24924
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPS	OPHTHALMIC	09/07/2023	0.52448

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CARDIOPLEGIC SOLUTION NO.1	K+=16MEQ/L	PLST BG PR	PERFUSION	09/21/2023	0.08094
CARGLUMIC ACID	200 MG	TAB DISPER	ORAL	01/26/2023	177.25171
CARISOPRODOL	350 MG	TABLET	ORAL	08/03/2023	0.11159
CARISOPRODOL	250 MG	TABLET	ORAL	09/28/2023	0.67000
CARMUSTINE	100 MG	VIAL	INTRAVEN	10/26/2023	358.28875
CARVEDILOL	25 MG	TABLET	ORAL	09/14/2023	0.03484
CARVEDILOL	12.5 MG	TABLET	ORAL	09/21/2023	0.03042
CARVEDILOL	3.125 MG	TABLET	ORAL	09/14/2023	0.02680
CARVEDILOL	6.25 MG	TABLET	ORAL	09/14/2023	0.02589
CARVEDILOL PHOSPHATE	10 MG	CPMP 24HR	ORAL	10/19/2023	6.29242
CARVEDILOL PHOSPHATE	20 MG	CPMP 24HR	ORAL	10/19/2023	6.29242
CARVEDILOL PHOSPHATE	40 MG	CPMP 24HR	ORAL	10/19/2023	6.29242
CARVEDILOL PHOSPHATE	80 MG	CPMP 24HR	ORAL	10/19/2023	6.29242
CASPOFUNGIN ACETATE	50 MG	VIAL	INTRAVEN	09/28/2023	70.87875
CASPOFUNGIN ACETATE	70 MG	VIAL	INTRAVEN	09/28/2023	68.16250
CASTOR OIL	100 %	OIL	ORAL	08/24/2023	0.04124
CASTOR OIL		OIL	MISCELL	05/06/2022	0.05143
CEFACTOR	250 MG/5ML	SUSP RECON	ORAL	11/02/2023	1.30605
CEFACTOR	375 MG/5ML	SUSP RECON	ORAL	05/06/2022	1.95908
CEFADROXIL	500 MG	CAPSULE	ORAL	08/17/2023	0.28864
CEFADROXIL	250 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.58665

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CEFADROXIL	500 MG/5ML	SUSP RECON	ORAL	02/09/2023	0.43939
CEFAZOLIN SODIUM	1 G	VIAL	INJECTION	01/19/2023	1.17116
CEFAZOLIN SODIUM	10 G	VIAL	INJECTION	07/06/2021	6.56336
CEFAZOLIN SODIUM	500 MG	VIAL	INJECTION	07/14/2022	1.20600
CEFDINIR	300 MG	CAPSULE	ORAL	10/05/2023	0.53220
CEFDINIR	125 MG/5ML	SUSP RECON	ORAL	06/29/2023	0.19832
CEFDINIR	250 MG/5ML	SUSP RECON	ORAL	04/27/2023	0.22624
CEFEPIME HCL	1 G	VIAL	INJECTION	11/17/2022	2.07432
CEFEPIME HCL	2 G	VIAL	INJECTION	01/19/2023	7.17550
CEFIXIME	400 MG	CAPSULE	ORAL	08/17/2023	11.08800
CEFIXIME	100 MG/5ML	SUSP RECON	ORAL	10/12/2023	3.27043
CEFIXIME	200 MG/5ML	SUSP RECON	ORAL	05/06/2022	1.92960
CEFOTAXIME SODIUM	1 G	VIAL	INJECTION	02/08/2018	6.37540
CEFOTETAN DISODIUM	1 G	VIAL	INJECTION	05/06/2022	24.88500
CEFOTETAN DISODIUM	2 G	VIAL	INJECTION	08/01/2022	24.56123
CEFOXITIN SODIUM	10 G	VIAL	INTRAVEN	10/26/2023	58.15338
CEFOXITIN SODIUM	1 G	VIAL	INTRAVEN	08/25/2022	4.55400
CEFOXITIN SODIUM	2 G	VIAL	INTRAVEN	07/20/2023	8.52000
CEFPODOXIME PROXETIL	50 MG/5 ML	SUSP RECON	ORAL	07/14/2022	0.57741
CEFPODOXIME PROXETIL	100 MG/5ML	SUSP RECON	ORAL	05/06/2022	1.09853
CEFPODOXIME PROXETIL	100 MG	TABLET	ORAL	08/24/2023	4.97178

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CEFPODOXIME PROXETIL	200 MG	TABLET	ORAL	05/25/2023	3.65574
CEFPROZIL	125 MG/5ML	SUSP RECON	ORAL	07/13/2023	0.20011
CEFPROZIL	250 MG/5ML	SUSP RECON	ORAL	09/08/2022	0.32374
CEFPROZIL	250 MG	TABLET	ORAL	06/07/2023	0.99924
CEFPROZIL	500 MG	TABLET	ORAL	05/06/2022	1.46114
CEFTAZIDIME	1 G	VIAL	INJECTION	10/01/2019	4.15074
CEFTAZIDIME	2 G	VIAL	INJECTION	07/14/2022	7.60984
CEFTAZIDIME	6 G	VIAL	INJECTION	12/08/2022	23.45000
CEFTAZIDIME	1 G	VIAL PORT	INTRAVEN	09/12/2019	6.90677
CEFTAZIDIME	2 G	VIAL PORT	INTRAVEN	09/12/2019	12.67310
CEFTRIAXONE SODIUM	1 G	VIAL	INJECTION	05/31/2023	1.58514
CEFTRIAXONE SODIUM	10 G	VIAL	INJECTION	07/12/2022	12.76000
CEFTRIAXONE SODIUM	2 G	VIAL	INJECTION	05/31/2023	2.76532
CEFTRIAXONE SODIUM	250 MG	VIAL	INJECTION	07/21/2022	0.97003
CEFTRIAXONE SODIUM	500 MG	VIAL	INJECTION	07/21/2022	1.09880
CEFUROXIME AXETIL	250 MG	TABLET	ORAL	10/12/2023	0.43483
CEFUROXIME AXETIL	500 MG	TABLET	ORAL	02/21/2023	0.58350
CEFUROXIME SODIUM	750 MG	VIAL	INJECTION	05/06/2022	2.82150
CEFUROXIME SODIUM	1.5 G	VIAL	INTRAVEN	09/12/2023	7.80000
CEFUROXIME SODIUM	7.5 G	VIAL	INTRAVEN	07/07/2016	19.95000
CELECOXIB	100 MG	CAPSULE	ORAL	10/19/2023	0.13400

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CELECOXIB	200 MG	CAPSULE	ORAL	10/19/2023	0.13333
CELECOXIB	400 MG	CAPSULE	ORAL	10/26/2023	0.74683
CELECOXIB	50 MG	CAPSULE	ORAL	07/21/2022	0.13150
CELLULOSE		POWDER	MISCELL	09/08/2022	0.05625
CEPHALEXIN	250 MG	CAPSULE	ORAL	06/07/2023	0.11671
CEPHALEXIN	500 MG	CAPSULE	ORAL	03/23/2023	0.13949
CEPHALEXIN	125 MG/5ML	SUSP RECON	ORAL	02/09/2023	0.12107
CEPHALEXIN	250 MG/5ML	SUSP RECON	ORAL	07/13/2023	0.17594
CETIRIZINE HCL	10 MG	CAPSULE	ORAL	10/20/2022	0.37788
CETIRIZINE HCL	1 MG/ML	SOLUTION	ORAL	10/19/2023	0.04377
CETIRIZINE HCL	10 MG	TABLET	ORAL	11/08/2023	0.04020
CETIRIZINE HCL	5 MG	TABLET	ORAL	08/11/2022	0.08911
CETIRIZINE HCL	5 MG	TAB CHEW	ORAL	03/02/2023	2.17616
CETIRIZINE HCL	10 MG	TAB CHEW	ORAL	07/27/2023	1.17753
CETIRIZINE HCL/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	10/19/2023	0.80456
CETYL ALC/STEARYL ALC/PG/SLS		CREAM (G)	TOPICAL	05/06/2022	0.03596
CHARCOAL/SORBITOL SOLUTION	25 G/120ML	ORAL SUSP	ORAL	09/22/2022	0.09324
CHARCOAL/SORBITOL SOLUTION	50G/240ML	ORAL SUSP	ORAL	09/22/2022	0.06602
CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	ORAL	02/02/2023	0.19175
CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	ORAL	02/02/2023	0.26371
CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	ORAL	03/16/2023	0.30338

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CHLORDIAZEPOXIDE/CLIDINIUM BR	5 MG-2.5MG	CAPSULE	ORAL	10/26/2023	1.11059
CHLORHEXIDINE GLUCONATE	0.12 %	MOUTHWASH	MUCOUS MEM	10/19/2023	0.00921
CHLORHEXIDINE GLUCONATE	4 %	LIQUID	TOPICAL	09/14/2023	0.01883
CHLORHEXIDINE GLUCONATE	2 %	LIQUID	TOPICAL	11/17/2022	0.01987
CHLOROPROCAINE HCL/PF	30 MG/ML	VIAL	INJECTION	05/19/2022	1.34938
CHLOROPROCAINE HCL/PF	20 MG/ML	VIAL	INJECTION	05/19/2022	1.28506
CHLOROQUINE PHOSPHATE	250 MG	TABLET	ORAL	09/28/2023	3.79606
CHLOROQUINE PHOSPHATE	500 MG	TABLET	ORAL	07/27/2023	9.53396
CHLOROTHIAZIDE SODIUM	500 MG	VIAL	INTRAVEN	07/14/2022	30.84840
CHLOROXYLENOL	0.43 %	CLEANSER	TOPICAL	05/06/2022	0.00333
CHLORPHENIR/PHENYLEPH/ASPIRIN	2-7.8-325	TABLET EFF	ORAL	08/17/2023	0.20332
CHLORPHENIRAMINE MALEATE	4 MG	TABLET	ORAL	09/14/2023	0.00648
CHLORPHENIRAMINE/DEXTROMETHORP	1-7.5 MG/5	LIQUID	ORAL	08/03/2023	0.06823
CHLORPHENIRAMINE/DEXTROMETHORP	2-15MG/5ML	LIQUID	ORAL	01/19/2023	0.06343
CHLORPHENIRAMINE/DEXTROMETHORP	4 MG-30 MG	TABLET	ORAL	06/01/2020	0.11139
CHLORPHENIRAMINE/PHENYLEPH/DM	2-5-10MG/5	LIQUID	ORAL	05/06/2022	0.02224
CHLORPHENIRAMINE/PHENYLEPH/DM	4-10-15/5	LIQUID	ORAL	05/06/2022	0.09626
CHLORPHENIRAMINE/PHENYLEPHRINE	4-10MG/5ML	LIQUID	ORAL	05/06/2022	0.07510
CHLORPHENIRAMINE/PHENYLEPHRINE	1-2.5 MG/5	LIQUID	ORAL	01/26/2023	0.06473
CHLORPROMAZINE HCL	10 MG	TABLET	ORAL	11/08/2023	0.80561
CHLORPROMAZINE HCL	100 MG	TABLET	ORAL	11/08/2023	1.99995

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CHLORPROMAZINE HCL	200 MG	TABLET	ORAL	11/08/2023	2.78692
CHLORPROMAZINE HCL	25 MG	TABLET	ORAL	11/08/2023	1.06034
CHLORPROMAZINE HCL	50 MG	TABLET	ORAL	07/21/2022	1.36060
CHLORPROMAZINE HCL	25 MG/ML	AMPUL	INJECTION	06/07/2023	16.09083
CHLORTHALIDONE	25 MG	TABLET	ORAL	10/26/2023	0.04744
CHLORTHALIDONE	50 MG	TABLET	ORAL	10/26/2023	0.07584
CHLORZOAZONE	250 MG	TABLET	ORAL	08/31/2023	13.06375
CHLORZOAZONE	500 MG	TABLET	ORAL	10/19/2023	0.30833
CHLORZOAZONE	375 MG	TABLET	ORAL	09/28/2023	1.97449
CHLORZOAZONE	750 MG	TABLET	ORAL	10/06/2022	3.40613
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	CAPSULE	ORAL	05/11/2023	0.03223
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	CAPSULE	ORAL	08/31/2023	0.03873
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	CAPSULE	ORAL	06/15/2023	0.15038
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	CAPSULE	ORAL	06/07/2023	0.18211
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	CAPSULE	ORAL	09/21/2023	0.03345
CHOLECALCIFEROL (VITAMIN D3)	10(400)/ML	DROPS	ORAL	03/23/2023	0.08898
CHOLECALCIFEROL (VITAMIN D3)	50MCG/DROP	DROPS	ORAL	05/06/2022	2.10916
CHOLECALCIFEROL (VITAMIN D3)	10MCG/DROP	DROPS	ORAL	05/06/2022	0.65470
CHOLECALCIFEROL (VITAMIN D3)	125 MCG/ML	DROPS	ORAL	05/06/2022	0.22290
CHOLECALCIFEROL (VITAMIN D3)	25MCG/DROP	DROPS	ORAL	08/31/2023	0.59989
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	TABLET	ORAL	05/06/2022	1.22833

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CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TABLET	ORAL	07/13/2023	0.01796
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TABLET	ORAL	10/12/2023	0.01672
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	TABLET	ORAL	08/17/2023	0.03591
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	TABLET	ORAL	04/20/2023	0.07601
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	TABLET	ORAL	04/27/2023	0.20343
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TAB CHEW	ORAL	05/06/2022	0.05052
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TAB CHEW	ORAL	05/11/2023	0.06968
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	TAB CHEW	ORAL	02/02/2023	0.10117
CHOLESTEROL-BLOOD GLUCOSE METR		EACH	MISCELL	10/26/2023	185.11500
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWD PACK	ORAL	09/07/2023	1.18300
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWDER	ORAL	09/14/2023	0.13959
CHOLESTYRAMINE/ASPARTAME	4 G	POWD PACK	ORAL	09/07/2023	1.75093
CHOLESTYRAMINE/ASPARTAME	4 G	POWDER	ORAL	09/14/2023	0.17202
CHORIONIC GONADOTROPIN, HUMAN	10000 UNIT	VIAL	INTRAMUSC	08/01/2022	256.25465
CHROMIUM PICOLINATE	200 MCG	TABLET	ORAL	08/17/2023	0.05896
CICLOPIROX	0.77 %	GEL (GRAM)	TOPICAL	10/25/2021	0.70630
CICLOPIROX	8 %	SOLUTION	TOPICAL	09/14/2023	2.64754
CICLOPIROX	1 %	SHAMPOO	TOPICAL	05/17/2023	0.48787
CICLOPIROX OLAMINE	0.77 %	CREAM (G)	TOPICAL	08/03/2023	0.16586
CICLOPIROX/UREA/CAMPH/MEN/EUC	8 %	SOLUTION	TOPICAL	01/19/2023	14.57490
CIDOFOVIR	75 MG/ML	VIAL	INTRAVEN	10/26/2021	121.61215

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CILOSTAZOL	100 MG	TABLET	ORAL	03/09/2023	0.24857
CILOSTAZOL	50 MG	TABLET	ORAL	10/19/2023	0.16147
CIMETIDINE	200 MG	TABLET	ORAL	04/20/2023	0.35188
CIMETIDINE	300 MG	TABLET	ORAL	05/17/2023	0.47034
CIMETIDINE	400 MG	TABLET	ORAL	05/06/2022	0.68420
CIMETIDINE	800 MG	TABLET	ORAL	07/20/2023	1.33022
CINACALCET HCL	30 MG	TABLET	ORAL	08/17/2023	0.36805
CINACALCET HCL	60 MG	TABLET	ORAL	10/05/2023	0.63650
CINACALCET HCL	90 MG	TABLET	ORAL	08/17/2023	1.02867
CINNAMON		OIL	MISCELL	07/27/2022	0.36180
CINNAMON BARK	500 MG	CAPSULE	ORAL	07/27/2022	0.05583
CIPROFLOXACIN	250 MG/5ML	SUS MC REC	ORAL	06/22/2023	2.01000
CIPROFLOXACIN	500 MG/5ML	SUS MC REC	ORAL	04/13/2023	2.04042
CIPROFLOXACIN HCL	250 MG	TABLET	ORAL	10/26/2023	0.18559
CIPROFLOXACIN HCL	500 MG	TABLET	ORAL	09/28/2023	0.18189
CIPROFLOXACIN HCL	750 MG	TABLET	ORAL	10/26/2023	0.41647
CIPROFLOXACIN HCL	0.3 %	DROPS	OPHTHALMIC	12/21/2022	2.38520
CIPROFLOXACIN HCL/DEXAMETH	0.3 %-0.1%	DROPS SUSP	OTIC (EAR)	10/10/2023	17.24158
CIPROFLOXACIN IN 5 % DEXTROSE	200MG/0.1L	PIGGYBACK	INTRAVEN	08/10/2023	0.03819
CIPROFLOXACIN IN 5 % DEXTROSE	400MG/0.2L	PIGGYBACK	INTRAVEN	10/26/2023	0.02228
CISATRACURIUM BESYLATE	10 MG/ML	VIAL	INTRAVEN	04/27/2023	5.67055

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CISATRACURIUM BESYLATE	2 MG/ML	VIAL	INTRAVEN	07/20/2021	0.93679
CISPLATIN	1 MG/ML	VIAL	INTRAVEN	10/26/2023	0.15075
CITALOPRAM HYDROBROMIDE	10 MG/5 ML	SOLUTION	ORAL	06/29/2023	0.35175
CITALOPRAM HYDROBROMIDE	20 MG	TABLET	ORAL	11/08/2023	0.04636
CITALOPRAM HYDROBROMIDE	40 MG	TABLET	ORAL	10/26/2023	0.06392
CITALOPRAM HYDROBROMIDE	10 MG	TABLET	ORAL	10/12/2023	0.03286
CITRIC ACID/SODIUM CITRATE	334-500MG	SOLUTION	ORAL	10/05/2023	0.21740
CITRONELLA OIL		OIL	MISCELL	07/13/2023	0.27470
CITRULLINE		POWDER	ORAL	05/06/2022	0.08308
CLADRIBINE	10 MG/10ML	VIAL	INTRAVEN	06/07/2023	34.28318
CLARITHROMYCIN	500 MG	TABLET	ORAL	06/29/2023	0.70127
CLARITHROMYCIN	250 MG	TABLET	ORAL	08/10/2023	0.45426
CLARITHROMYCIN	500 MG	TAB ER 24H	ORAL	12/15/2022	5.40110
CLINDAMYCIN HCL	150 MG	CAPSULE	ORAL	08/17/2023	0.14536
CLINDAMYCIN HCL	300 MG	CAPSULE	ORAL	10/19/2023	0.31785
CLINDAMYCIN HCL	75 MG	CAPSULE	ORAL	07/13/2023	0.58303
CLINDAMYCIN PALMITATE HCL	75 MG/5 ML	SOLN RECON	ORAL	10/05/2023	0.31477
CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL (GRAM)	TOPICAL	04/13/2023	1.15401
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2(1)%-5%	GEL (GRAM)	TOPICAL	03/23/2023	1.18545
CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL W/PUMP	TOPICAL	09/28/2023	0.64052
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-2.5%	GEL W/PUMP	TOPICAL	09/14/2023	3.26093

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-3.75%	GEL W/PUMP	TOPICAL	10/12/2023	12.98426
CLINDAMYCIN PHOSPHATE	150 MG/ML	VIAL	INJECTION	09/21/2023	0.48798
CLINDAMYCIN PHOSPHATE	1 %	FOAM	TOPICAL	09/28/2023	5.08714
CLINDAMYCIN PHOSPHATE	1 %	MED. SWAB	TOPICAL	03/13/2018	0.41183
CLINDAMYCIN PHOSPHATE	1 %	GEL (GRAM)	TOPICAL	09/28/2023	0.39307
CLINDAMYCIN PHOSPHATE	1 %	SOLUTION	TOPICAL	09/28/2023	0.22780
CLINDAMYCIN PHOSPHATE	1 %	LOTION	TOPICAL	09/07/2023	0.64990
CLINDAMYCIN PHOSPHATE	1 %	GEL DAILY	TOPICAL	09/19/2022	8.53088
CLINDAMYCIN PHOSPHATE	2 %	CREAM/APPL	VAGINAL	10/19/2023	2.86275
CLINDAMYCIN PHOSPHATE/D5W	300MG/50ML	PIGGYBACK	INTRAVEN	03/23/2023	0.16111
CLINDAMYCIN PHOSPHATE/D5W	600MG/50ML	PIGGYBACK	INTRAVEN	11/10/2022	0.10184
CLINDAMYCIN PHOSPHATE/D5W	900MG/50ML	PIGGYBACK	INTRAVEN	11/10/2022	0.12730
CLINDAMYCIN/TRETINOIN	1.2-0.025%	GEL (GRAM)	TOPICAL	09/28/2023	7.33213
CLOBAZAM	2.5 MG/ML	ORAL SUSP	ORAL	04/20/2023	0.61171
CLOBAZAM	10 MG	TABLET	ORAL	07/21/2022	0.33500
CLOBAZAM	20 MG	TABLET	ORAL	10/12/2023	1.31936
CLOBETASOL PROPIONATE	0.05 %	FOAM	TOPICAL	09/14/2023	0.73496
CLOBETASOL PROPIONATE	0.05 %	SPRAY	TOPICAL	12/13/2022	0.43606
CLOBETASOL PROPIONATE	0.05 %	GEL (GRAM)	TOPICAL	01/17/2023	0.52930
CLOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	08/10/2023	0.17777
CLOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	04/20/2023	0.20844

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CLOBETASOL PROPIONATE	0.05 %	SOLUTION	TOPICAL	10/05/2023	0.34197
CLOBETASOL PROPIONATE	0.05 %	LOTION	TOPICAL	08/17/2023	1.02812
CLOBETASOL PROPIONATE	0.05 %	SHAMPOO	TOPICAL	12/15/2022	0.39731
CLOBETASOL PROPIONATE/EMOLL	0.05 %	FOAM	TOPICAL	09/14/2023	2.39485
CLOBETASOL PROPIONATE/EMOLL	0.05 %	CREAM (G)	TOPICAL	10/19/2023	1.45301
CLOCORTOLONE PIVALATE	0.1 %	CREAM (G)	TOPICAL	10/12/2023	5.20263
CLOFARABINE	20 MG/20ML	VIAL	INTRAVEN	10/26/2023	30.88530
CLOMIPRAMINE HCL	50 MG	CAPSULE	ORAL	05/31/2023	0.47079
CLONAZEPAM	0.5 MG	TABLET	ORAL	02/02/2023	0.01780
CLONAZEPAM	2 MG	TABLET	ORAL	10/05/2023	0.05146
CLONAZEPAM	0.125 MG	TAB RAPDIS	ORAL	11/22/2022	1.12716
CLONAZEPAM	0.25 MG	TAB RAPDIS	ORAL	07/13/2023	0.97530
CLONAZEPAM	0.5 MG	TAB RAPDIS	ORAL	07/13/2023	0.97396
CLONAZEPAM	1 MG	TAB RAPDIS	ORAL	11/22/2022	1.17808
CLONAZEPAM	2 MG	TAB RAPDIS	ORAL	10/19/2023	1.54279
CLONIDINE	0.1MG/24HR	PATCH TDWK	TRANSDERM	10/19/2023	13.05413
CLONIDINE	0.2MG/24HR	PATCH TDWK	TRANSDERM	10/19/2021	12.62000
CLONIDINE	0.3MG/24HR	PATCH TDWK	TRANSDERM	09/28/2023	20.16788
CLONIDINE HCL	0.1 MG	TABLET	ORAL	07/20/2023	0.02814
CLONIDINE HCL	0.2 MG	TABLET	ORAL	06/15/2023	0.04092
CLONIDINE HCL	0.3 MG	TABLET	ORAL	06/07/2022	0.04600

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CLONIDINE HCL	0.1 MG	TAB ER 12H	ORAL	05/25/2023	0.44555
CLONIDINE HCL/PF	1000MCG/10	VIAL	EPIDURAL	09/28/2023	2.54600
CLONIDINE HCL/PF	5000MCG/10	VIAL	EPIDURAL	05/06/2022	10.92500
CLOPIDOGREL BISULFATE	75 MG	TABLET	ORAL	10/12/2023	0.09026
CLOPIDOGREL BISULFATE	300 MG	TABLET	ORAL	08/24/2023	8.01060
CLORAZEPATE DIPOTASSIUM	3.75 MG	TABLET	ORAL	12/13/2022	1.36052
CLORAZEPATE DIPOTASSIUM	7.5 MG	TABLET	ORAL	07/18/2022	1.30000
CLOTRIMAZOLE	10 MG	TROCHE	MUCOUS MEM	07/11/2023	0.41751
CLOTRIMAZOLE	1 %	CREAM (G)	TOPICAL	09/21/2023	0.12149
CLOTRIMAZOLE	1 %	SOLUTION	TOPICAL	08/31/2023	1.18411
CLOTRIMAZOLE	1 %	CREAM/APPL	VAGINAL	04/13/2023	0.09172
CLOTRIMAZOLE	2 %	CREAM/APPL	VAGINAL	07/13/2023	0.35108
CLOTRIMAZOLE/BETAMETHASONE DIP	1 %-0.05 %	CREAM (G)	TOPICAL	11/02/2023	0.58245
CLOTRIMAZOLE/BETAMETHASONE DIP	1 %-0.05 %	LOTION	TOPICAL	06/01/2020	3.20930
CLOZAPINE	25 MG	TABLET	ORAL	05/06/2022	0.82745
CLOZAPINE	100 MG	TABLET	ORAL	05/06/2022	2.10045
CLOZAPINE	50 MG	TABLET	ORAL	05/06/2022	1.68036
CLOZAPINE	200 MG	TABLET	ORAL	05/06/2022	2.18822
CLOZAPINE	100 MG	TAB RAPDIS	ORAL	05/06/2022	5.19087
COAL TAR	2 %	FOAM	TOPICAL	05/06/2022	0.20100
COAL TAR	0.5 %	SHAMPOO	TOPICAL	03/02/2023	0.03361

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
COAL TAR	2 %	SHAMPOO	TOPICAL	05/06/2022	0.06796
COCAINE HCL	4 %	SOLUTION	NASAL	10/26/2023	60.50319
COCOA BUTTER		CREAM (G)	MISCELL	05/06/2022	0.21105
COD LIVER OIL		CAPSULE	ORAL	04/18/2023	0.04990
CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID	ORAL	05/25/2023	0.03914
CODEINE PHOSPHATE/GUAIFENESIN	20-200/10	LIQUID	ORAL	03/09/2023	0.05461
CODEINE SULFATE	30 MG	TABLET	ORAL	10/19/2023	1.01706
CODEINE/BUTALBITAL/ASA/CAFFEIN	30-50-325	CAPSULE	ORAL	06/29/2023	2.44483
COLCHICINE	0.6 MG	CAPSULE	ORAL	11/08/2023	4.49975
COLCHICINE	0.6 MG	TABLET	ORAL	08/03/2023	0.24790
COLESEVELAM HCL	3.75 G	POWD PACK	ORAL	03/16/2023	6.11759
COLESEVELAM HCL	625 MG	TABLET	ORAL	05/04/2023	0.42433
COLESTIPOL HCL	5 G	GRANULES	ORAL	05/06/2022	0.31356
COLESTIPOL HCL	5 G	PACKET	ORAL	09/29/2022	2.69500
COLESTIPOL HCL	1 G	TABLET	ORAL	07/06/2023	1.14202
COLISTIN (COLISTIMETHATE NA)	150 MG	VIAL	INJECTION	12/08/2022	12.65000
COLLAGEN,BOVINE	100 %	POWDER	TOPICAL	05/06/2022	10.63750
COLLOIDAL OATMEAL	1 %	CREAM (G)	TOPICAL	08/03/2023	0.06807
COMPOUND VEH.SUSP SUGAR-FREE 1		ORAL SUSP	ORAL	05/06/2022	0.06700
COMPOUND VEHICLE SUGAR-FREE 9		LIQUID	ORAL	05/11/2023	0.03060
COMPOUND VEHICLE SUSP SF NO.20		ORAL SUSP	ORAL	02/09/2023	0.04793

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
COMPOUND VEHICLE SUSP SF NO.24		ORAL SUSP	ORAL	05/06/2022	0.08835
COMPOUNDING VEHICLE SUSP NO.19		ORAL SUSP	ORAL	10/12/2023	0.05927
COMPOUNDING VEHICLE SYRUP NO23		SYRUP	ORAL	03/02/2023	0.04980
CONDOMS, LATEX, LUBRICATED		EACH	MISCELL	05/06/2022	0.25125
CONDOMS, LATEX, NON-LUBRICATED		EACH	MISCELL	05/06/2022	0.67893
CONNECTOR LUER LOCK,CLOSD SYST		EACH	MISCELL	06/07/2023	6.00075
COSYNTROPIN	0.25 MG	VIAL	INJECTION	10/26/2021	54.22660
COVID-19 ANTIGEN TEST		KIT	MISCELL	04/14/2022	12.00000
CPD VEHICLE SUSP.SUGAR-FREE 12		ORAL SUSP	ORAL	05/06/2022	0.03266
CRANBERRY FRUIT EXTRACT	425 MG	CAPSULE	ORAL	07/27/2022	0.05572
CRANBERRY FRUIT EXTRACT	250 MG	CAPSULE	ORAL	07/27/2022	0.15321
CRANBERRY FRUIT EXTRACT	200 MG	CAPSULE	ORAL	07/27/2022	0.11167
CROMOLYN SODIUM	20 MG/ML	ORAL CONC	ORAL	07/27/2023	0.30778
CROMOLYN SODIUM	5.2 MG	SPRAY/PUMP	NASAL	06/30/2022	0.68082
CROMOLYN SODIUM	20 MG/2 ML	AMPUL-NEB	INHALATION	12/13/2022	2.23333
CROTAMITON	10 %	LOTION	TOPICAL	05/06/2022	3.61252
CYANOCOBALAMIN (VITAMIN B-12)	100 MCG	TABLET	ORAL	11/22/2022	0.02915
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET	ORAL	10/12/2023	0.02661
CYANOCOBALAMIN (VITAMIN B-12)	250 MCG	TABLET	ORAL	03/02/2023	0.02278
CYANOCOBALAMIN (VITAMIN B-12)	500 MCG	TABLET	ORAL	10/12/2023	0.02309
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET ER	ORAL	05/06/2022	0.05410

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML	VIAL	INJECTION	08/18/2023	2.68558
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TAB SUBL	SUBLINGUAL	08/17/2023	0.04955
CYANOCOBALAMIN (VITAMIN B-12)	2500 MCG	TAB SUBL	SUBLINGUAL	05/06/2022	0.12690
CYANOCOBALAMIN (VITAMIN B-12)	5000 MCG	TAB SUBL	SUBLINGUAL	05/06/2022	0.24569
CYANOCOBALAMIN/COBAMAMIDE	5K-100 MCG	TAB SUBL	SUBLINGUAL	06/15/2023	0.33031
CYANOCOBALAMIN/FOLIC AC/VIT B6	1-2.5-25MG	TABLET	ORAL	05/06/2022	0.34036
CYANOCOBALAMIN/FOLIC AC/VIT B6	2-2.5-25MG	TABLET	ORAL	03/09/2023	0.18566
CYANOCOBALAMIN/FOLIC AC/VIT B6	1-2.2-25MG	TABLET	ORAL	10/05/2023	0.33487
CYANOCOBALAMIN/FOLIC ACID	0.5 MG-1MG	TABLET	ORAL	05/06/2022	0.19296
CYANOCOBALAMIN/MECOBALAMIN	600-600MCG	TAB SUBL	SUBLINGUAL	05/06/2022	0.30572
CYCLOBENZAPRINE HCL	15 MG	CAP ER 24H	ORAL	10/26/2023	3.29384
CYCLOBENZAPRINE HCL	30 MG	CAP ER 24H	ORAL	10/19/2023	3.29384
CYCLOBENZAPRINE HCL	10 MG	TABLET	ORAL	08/24/2023	0.02211
CYCLOBENZAPRINE HCL	5 MG	TABLET	ORAL	08/10/2023	0.03232
CYCLOBENZAPRINE HCL	7.5 MG	TABLET	ORAL	12/08/2022	0.87797
CYCLOPENTOLATE HCL	1 %	DROPS	OPHTHALMIC	07/13/2023	1.93407
CYCLOPHOSPHAMIDE	25 MG	CAPSULE	ORAL	05/17/2023	6.03250
CYCLOPHOSPHAMIDE	50 MG	CAPSULE	ORAL	05/17/2023	7.98000
CYCLOPHOSPHAMIDE	1 G	VIAL	INTRAVEN	10/26/2023	226.97600
CYCLOPHOSPHAMIDE	2 G	VIAL	INTRAVEN	01/19/2023	465.77025
CYCLOPHOSPHAMIDE	500 MG	VIAL	INTRAVEN	10/26/2023	98.93300

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CYCLOPHOSPHAMIDE	200 MG/ML	VIAL	INTRAVEN	08/24/2023	90.09750
CYCLOSERINE	250 MG	CAPSULE	ORAL	09/21/2023	95.74662
CYCLOSPORINE	100 MG	CAPSULE	ORAL	07/13/2023	17.71350
CYCLOSPORINE	25 MG	CAPSULE	ORAL	03/02/2023	5.24216
CYCLOSPORINE	0.05 %	DROPERETTE	OPHTHALMIC	07/13/2023	3.52000
CYCLOSPORINE	250 MG/5ML	AMPUL	INTRAVEN	08/03/2023	5.95973
CYCLOSPORINE, MODIFIED	100 MG	CAPSULE	ORAL	10/19/2023	1.63525
CYCLOSPORINE, MODIFIED	25 MG	CAPSULE	ORAL	06/20/2023	0.55000
CYCLOSPORINE, MODIFIED	50 MG	CAPSULE	ORAL	10/26/2023	1.24307
CYCLOSPORINE, MODIFIED	100 MG/ML	SOLUTION	ORAL	02/08/2022	10.68051
CYPROHEPTADINE HCL	2 MG/5 ML	SYRUP	ORAL	10/19/2023	0.05745
CYPROHEPTADINE HCL	4 MG	TABLET	ORAL	10/19/2023	0.11903
CYTARABINE/PF	2 G/20 ML	VIAL	INJECTION	08/24/2023	1.49946
CYTARABINE/PF	100 MG/5ML	VIAL	INJECTION	07/27/2023	1.75379
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	CAPSULE	ORAL	05/31/2023	0.26485
D-METHORPHAN/PE/ACETAMINOPHEN	5-325MG/15	LIQUID	ORAL	07/27/2023	0.03398
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	TABLET	ORAL	05/06/2022	0.27688
D-METHORPHAN/PE/DEXBROMPHENIR	15-7.5-2/5	LIQUID	ORAL	09/28/2023	0.06521
DABIGATRAN ETEXILATE MESYLATE	75 MG	CAPSULE	ORAL	04/13/2023	5.67002
DABIGATRAN ETEXILATE MESYLATE	150 MG	CAPSULE	ORAL	04/20/2023	5.67002
DACARBAZINE	200 MG	VIAL	INTRAVEN	08/10/2023	12.59830

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DACTINOMYCIN	0.5 MG	VIAL	INTRAVEN	04/20/2023	773.54700
DALFAMPRIDINE	10 MG	TAB ER 12H	ORAL	10/19/2023	0.68988
DANAZOL	100 MG	CAPSULE	ORAL	05/17/2023	4.20341
DANAZOL	200 MG	CAPSULE	ORAL	10/26/2023	5.37362
DANAZOL	50 MG	CAPSULE	ORAL	04/06/2023	2.98294
DANTROLENE SODIUM	100 MG	CAPSULE	ORAL	10/12/2023	1.71064
DANTROLENE SODIUM	25 MG	CAPSULE	ORAL	07/13/2023	0.62551
DANTROLENE SODIUM	50 MG	CAPSULE	ORAL	07/13/2023	1.12640
DANTROLENE SODIUM	20 MG	VIAL	INTRAVEN	10/18/2021	69.04861
DAPSONE	100 MG	TABLET	ORAL	10/12/2023	1.19483
DAPSONE	25 MG	TABLET	ORAL	09/07/2023	0.53058
DAPSONE	5 %	GEL (GRAM)	TOPICAL	11/02/2023	2.64506
DAPSONE	7.5 %	GEL W/PUMP	TOPICAL	10/19/2023	4.76982
DAPTOMYCIN	500 MG	VIAL	INTRAVEN	08/31/2023	18.87900
DAPTOMYCIN	350 MG	VIAL	INTRAVEN	08/03/2021	15.22500
DARIFENACIN HYDROBROMIDE	7.5 MG	TAB ER 24H	ORAL	10/19/2023	2.47036
DARIFENACIN HYDROBROMIDE	15 MG	TAB ER 24H	ORAL	06/29/2023	2.91837
DARUNAVIR ETHANOLATE	600 MG	TABLET	ORAL	06/13/2023	19.80029
DAUNORUBICIN HCL	5 MG/ML	VIAL	INTRAVEN	08/17/2021	23.00839
DECITABINE	50 MG	VIAL	INTRAVEN	05/04/2023	50.40950
DEFERASIROX	90 MG	GRAN PACK	ORAL	06/22/2023	23.91690

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DEFERASIROX	180 MG	GRAN PACK	ORAL	10/19/2023	61.11255
DEFERASIROX	360 MG	GRAN PACK	ORAL	10/19/2023	116.49159
DEFERASIROX	90 MG	TABLET	ORAL	05/17/2023	0.68787
DEFERASIROX	180 MG	TABLET	ORAL	07/20/2023	2.71480
DEFERASIROX	360 MG	TABLET	ORAL	10/19/2023	2.59067
DEFERASIROX	125 MG	TAB DISPER	ORAL	10/19/2023	7.71240
DEFERASIROX	250 MG	TAB DISPER	ORAL	10/19/2021	9.25000
DEFERASIROX	500 MG	TAB DISPER	ORAL	09/18/2023	7.33340
DEFERIPRONE	500 MG	TABLET	ORAL	10/19/2023	61.67661
DEFEROXAMINE MESYLATE	2 G	VIAL	INJECTION	03/22/2022	25.06350
DEMECLOCYCLINE HCL	150 MG	TABLET	ORAL	05/17/2023	4.76058
DEMECLOCYCLINE HCL	300 MG	TABLET	ORAL	12/08/2022	8.23825
DESIPRAMINE HCL	10 MG	TABLET	ORAL	06/29/2023	0.99776
DESIPRAMINE HCL	100 MG	TABLET	ORAL	10/19/2023	2.81318
DESIPRAMINE HCL	150 MG	TABLET	ORAL	10/19/2023	4.26730
DESIPRAMINE HCL	25 MG	TABLET	ORAL	10/19/2023	0.53694
DESIPRAMINE HCL	50 MG	TABLET	ORAL	06/29/2023	0.67054
DESIPRAMINE HCL	75 MG	TABLET	ORAL	08/17/2023	3.01448
DESLORATADINE	5 MG	TABLET	ORAL	10/19/2023	0.54535
DESMOPRESSIN (NONREFRIGERATED)	10/SPRAY	SPRAY/PUMP	NASAL	10/05/2023	11.00880
DESMOPRESSIN ACETATE	0.1 MG	TABLET	ORAL	05/25/2023	0.58638

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DESMOPRESSIN ACETATE	0.2 MG	TABLET	ORAL	10/12/2023	0.63717
DESMOPRESSIN ACETATE	4 MCG/ML	AMPUL	INJECTION	08/17/2023	37.61955
DESMOPRESSIN ACETATE	4 MCG/ML	VIAL	INJECTION	11/02/2023	14.96250
DESOG-E. ESTRADIOL/E. ESTRADIOL	21-5 (28)	TABLET	ORAL	05/06/2022	0.31107
DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	ORAL	09/01/2022	0.15314
DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	ORAL	05/06/2022	1.48843
DESONIDE	0.05 %	CREAM (G)	TOPICAL	06/15/2023	0.54136
DESONIDE	0.05 %	OINT. (G)	TOPICAL	06/29/2023	0.63605
DESONIDE	0.05 %	LOTION	TOPICAL	06/30/2022	0.35421
DESOXIMETASONE	0.25 %	SPRAY	TOPICAL	08/03/2023	1.82454
DESOXIMETASONE	0.05 %	CREAM (G)	TOPICAL	05/06/2022	3.13381
DESOXIMETASONE	0.25 %	CREAM (G)	TOPICAL	05/06/2022	0.40200
DESOXIMETASONE	0.25 %	OINT. (G)	TOPICAL	10/19/2023	0.62980
DESOXIMETASONE	0.05 %	OINT. (G)	TOPICAL	07/20/2023	2.68000
DESVENLAFAXINE SUCCINATE	50 MG	TAB ER 24H	ORAL	09/07/2023	0.86147
DESVENLAFAXINE SUCCINATE	100 MG	TAB ER 24H	ORAL	11/08/2023	0.73923
DESVENLAFAXINE SUCCINATE	25 MG	TAB ER 24H	ORAL	09/07/2023	1.17295
DEXAMETHASONE	0.5 MG/5ML	ELIXIR	ORAL	02/02/2023	0.27366
DEXAMETHASONE	1.5 MG	TABLET	ORAL	11/08/2023	0.31959
DEXAMETHASONE	2 MG	TABLET	ORAL	11/08/2023	0.39785
DEXAMETHASONE	4 MG	TABLET	ORAL	11/08/2023	1.08527

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DEXAMETHASONE	6 MG	TABLET	ORAL	11/08/2023	1.19541
DEXAMETHASONE	1.5MG (21)	TAB DS PK	ORAL	09/21/2023	9.82593
DEXAMETHASONE SODIUM PHOSP/PF	10 MG/ML	SYRINGE	INJECTION	12/08/2022	3.45840
DEXAMETHASONE SODIUM PHOSP/PF	10 MG/ML	VIAL	INJECTION	04/13/2021	2.88720
DEXAMETHASONE SODIUM PHOSPHATE	4 MG/ML	VIAL	INJECTION	11/08/2023	0.27981
DEXBROMPHENIRAMINE/PSEUDOEPHED	2MG-60MG/5	SOLUTION	ORAL	08/03/2023	0.03541
DEXBROMPHENIRAMINE/PSEUDOEPHED	2 MG-60 MG	TABLET	ORAL	05/06/2022	0.29313
DEXCHLORPHENIR/PSE/CHLOPHEDIAN	1-30-12.5	LIQUID	ORAL	05/06/2022	0.08320
DEXCHLORPHENIR/PSEUDOEPHED/DM	1-30-15/5	LIQUID	ORAL	05/06/2022	0.07472
DEXCHLORPHENIRAMINE MALEATE	2 MG/5 ML	SOLUTION	ORAL	05/06/2022	7.55596
DEXLANSOPRAZOLE	30 MG	CAP DR BP	ORAL	08/17/2023	9.54577
DEXLANSOPRAZOLE	60 MG	CAP DR BP	ORAL	10/19/2023	7.85720
DEXMEDETOMIDINE HCL	200MCG/2ML	VIAL	INTRAVEN	07/13/2023	2.08343
DEXMEDETOMIDINE IN 0.9 % NACL	200 MCG/50	INFUS. BTL	INTRAVEN	10/12/2023	0.28676
DEXMEDETOMIDINE IN 0.9 % NACL	400MCG/100	INFUS. BTL	INTRAVEN	02/16/2023	0.31698
DEXMEDETOMIDINE IN 0.9 % NACL	80MCG/20ML	VIAL	INTRAVEN	08/31/2023	0.58826
DEXMETHYLPHENIDATE HCL	5 MG	CPBP 50-50	ORAL	04/27/2023	2.97462
DEXMETHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	04/27/2023	3.10240
DEXMETHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	10/19/2021	3.72000
DEXMETHYLPHENIDATE HCL	15 MG	CPBP 50-50	ORAL	04/27/2023	1.51876
DEXMETHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	04/25/2023	3.20135

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DEXMETHYLPHENIDATE HCL	40 MG	CPBP 50-50	ORAL	04/25/2023	2.71050
DEXMETHYLPHENIDATE HCL	25 MG	CPBP 50-50	ORAL	08/01/2022	3.32564
DEXMETHYLPHENIDATE HCL	35 MG	CPBP 50-50	ORAL	04/27/2023	4.12210
DEXMETHYLPHENIDATE HCL	2.5 MG	TABLET	ORAL	11/16/2021	0.21922
DEXMETHYLPHENIDATE HCL	5 MG	TABLET	ORAL	08/24/2023	0.61653
DEXRAZOXANE HCL	500 MG	VIAL	INTRAVEN	12/01/2022	89.17500
DEXRAZOXANE HCL	250 MG	VIAL	INTRAVEN	10/05/2023	204.19025
DEXTRAN 70/HYPROMELLOSE	0.1%-0.3%	DROPS	OPHTHALMIC	05/06/2022	0.46676
DEXTRAN/HYPROMELLOSE/GLYCERIN	0.1-.3-.2%	DROPS	OPHTHALMIC	04/13/2023	0.35420
DEXTROAMPHETAMINE SULFATE	10 MG	CAPSULE ER	ORAL	10/12/2023	2.60570
DEXTROAMPHETAMINE SULFATE	15 MG	CAPSULE ER	ORAL	04/25/2023	1.81000
DEXTROAMPHETAMINE SULFATE	5 MG/5 ML	SOLUTION	ORAL	07/06/2023	1.90774
DEXTROAMPHETAMINE SULFATE	10 MG	TABLET	ORAL	06/07/2023	0.56843
DEXTROAMPHETAMINE SULFATE	15 MG	TABLET	ORAL	09/28/2023	6.79873
DEXTROAMPHETAMINE SULFATE	5 MG	TABLET	ORAL	11/02/2023	0.69211
DEXTROAMPHETAMINE SULFATE	20 MG	TABLET	ORAL	09/28/2023	6.79873
DEXTROAMPHETAMINE SULFATE	30 MG	TABLET	ORAL	09/28/2023	6.79873
DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	CAP ER 24H	ORAL	08/03/2023	0.81097
DEXTROAMPHETAMINE/AMPHETAMINE	12.5 MG	CPTP 24HR	ORAL	10/19/2023	7.72518
DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CPTP 24HR	ORAL	10/19/2023	7.72518
DEXTROAMPHETAMINE/AMPHETAMINE	37.5 MG	CPTP 24HR	ORAL	10/19/2023	7.72518

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DEXTROAMPHETAMINE/AMPHETAMINE	50 MG	CPTP 24HR	ORAL	10/19/2023	7.72518
DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	TABLET	ORAL	08/10/2023	0.25661
DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	TABLET	ORAL	08/03/2023	0.28823
DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	TABLET	ORAL	07/31/2023	0.35871
DEXTROAMPHETAMINE/AMPHETAMINE	7.5 MG	TABLET	ORAL	08/03/2023	0.55475
DEXTROMETHORPHAN HBR	10 MG/5 ML	LIQUID	ORAL	01/19/2023	0.06343
DEXTROMETHORPHAN POLISTIREX	30 MG/5 ML	SUS ER 12H	ORAL	04/06/2023	0.08388
DEXTROMETHORPHAN/PHENYLEPHRINE	5-2.5 MG/5	LIQUID	ORAL	06/09/2022	0.05339
DEXTROSE	40 %	GEL (GRAM)	ORAL	12/21/2022	0.05657
DEXTROSE	4 G	TAB CHEW	ORAL	01/19/2023	0.09367
DEXTROSE 10 % IN WATER	10 %	DEHP FR BG	INTRAVEN	05/06/2022	0.00585
DEXTROSE 10 % IN WATER	10 %	IV SOLN	INTRAVEN	02/09/2023	0.00926
DEXTROSE 2.5 % AND 0.45 % NAACL	2.5%-0.45%	IV SOLN	INTRAVEN	05/12/2022	0.00830
DEXTROSE 5 % AND 0.3 % NAACL	5 %-0.3 %	IV SOLN	INTRAVEN	05/06/2022	0.00585
DEXTROSE 5 % AND 0.9 % NAACL	5 %-0.9 %	IV SOLN	INTRAVEN	02/09/2023	0.00531
DEXTROSE 5 % IN WATER	5 %	IV SOLN	INTRAVEN	08/04/2022	0.00496
DEXTROSE 5 %-0.2 % SOD CHLORID	5 %-0.2 %	IV SOLN	INTRAVEN	02/09/2023	0.00585
DEXTROSE 5 %-0.45 % SOD CHLORD	5 %-0.45 %	IV SOLN	INTRAVEN	05/06/2022	0.00408
DEXTROSE 5%-LACTATED RINGERS	5 %	IV SOLN	INTRAVEN	10/12/2023	0.00778
DEXTROSE 50 % IN WATER	50 %	SYRINGE	INTRAVEN	11/02/2023	0.34001
DEXTROSE 70 % IN WATER	70 %	IV SOLN	INTRAVEN	03/23/2023	0.01483

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DIABETIC SUPPLIES,MISCELL		EACH	MISCELL	05/12/2022	1.12560
DIATRIZOATE MEGLUMINE, SODIUM	66 %-10 %	SOLUTION	ORAL	05/06/2022	0.35360
DIAZEPAM	5 MG/5 ML	SOLUTION	ORAL	09/21/2023	1.67500
DIAZEPAM	10 MG	TABLET	ORAL	08/03/2023	0.03329
DIAZEPAM	2 MG	TABLET	ORAL	11/22/2022	0.02916
DIAZEPAM	5 MG	TABLET	ORAL	09/07/2023	0.02976
DIAZEPAM	5 MG/ML	CARTRIDGE	INJECTION	11/21/2018	12.03345
DIAZEPAM	5 MG/ML	VIAL	INJECTION	04/20/2023	3.16048
DIAZEPAM	5-7.5-10MG	KIT	RECTAL	11/02/2023	186.58075
DIAZEPAM	12.5-15-20	KIT	RECTAL	11/02/2023	186.58075
DIAZOXIDE	50 MG/ML	ORAL SUSP	ORAL	08/01/2022	7.45000
DIBUCAINE	1 %	OINT. (G)	RECTAL	12/08/2022	0.16728
DIBUCAINE	1 %	OINT. (G)	TOPICAL	03/02/2023	0.13355
DICHLORPHENAMIDE	50 MG	TABLET	ORAL	02/23/2023	240.86444
DICLOFENAC EPOLAMINE	1.3 %	PATCH TD12	TRANSDERM	10/19/2023	7.87120
DICLOFENAC POTASSIUM	25 MG	CAPSULE	ORAL	09/14/2023	14.69991
DICLOFENAC POTASSIUM	50 MG	POWD PACK	ORAL	09/28/2023	20.71533
DICLOFENAC POTASSIUM	50 MG	TABLET	ORAL	10/19/2023	0.38954
DICLOFENAC POTASSIUM	25 MG	TABLET	ORAL	10/18/2022	20.47500
DICLOFENAC SODIUM	25 MG	TABLET DR	ORAL	06/07/2023	0.95261
DICLOFENAC SODIUM	50 MG	TABLET DR	ORAL	09/28/2023	0.15879

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DICLOFENAC SODIUM	75 MG	TABLET DR	ORAL	09/28/2023	0.11078
DICLOFENAC SODIUM	100 MG	TAB ER 24H	ORAL	09/28/2023	1.80284
DICLOFENAC SODIUM	1 %	GEL (GRAM)	TOPICAL	11/08/2023	0.08831
DICLOFENAC SODIUM	3 %	GEL (GRAM)	TOPICAL	08/03/2023	0.83488
DICLOFENAC SODIUM	20MG/G(2%)	SOL MD PMP	TOPICAL	09/28/2023	4.85996
DICLOFENAC SODIUM	1.5 %	DROPS	TOPICAL	10/19/2023	0.26505
DICLOFENAC SODIUM	1 %	KIT	TOPICAL	05/06/2022	1716.87500
DICLOFENAC SODIUM	0.1 %	DROPS	OPHTHALMIC	05/11/2023	2.52188
DICLOFENAC SODIUM/MISOPROSTOL	50 MG-200	TAB IR DR	ORAL	11/03/2022	1.79381
DICLOFENAC SODIUM/MISOPROSTOL	75 MG-200	TAB IR DR	ORAL	08/04/2022	2.12479
DICLOXACILLIN SODIUM	250 MG	CAPSULE	ORAL	03/23/2023	0.87944
DICLOXACILLIN SODIUM	500 MG	CAPSULE	ORAL	05/11/2023	1.25692
DICYCLOMINE HCL	10 MG/5 ML	SOLUTION	ORAL	10/19/2023	0.31730
DICYCLOMINE HCL	20 MG	TABLET	ORAL	08/03/2022	0.12641
DIETHYLPROPION HCL	25 MG	TABLET	ORAL	09/28/2023	0.27296
DIETHYLTOLUAMIDE	15 %	AERO POWD	TOPICAL	05/06/2022	0.03486
DIETHYLTOLUAMIDE	25 %	SPRAY	TOPICAL	08/11/2022	0.01564
DIETHYLTOLUAMIDE	15 %	SPRAY	TOPICAL	08/18/2022	0.01844
DIETHYLTOLUAMIDE	10 %	SPRAY	TOPICAL	08/11/2022	0.02947
DIETHYLTOLUAMIDE	7 %	SPRAY	TOPICAL	08/11/2022	0.01748
DIETHYLTOLUAMIDE	98.11 %	SPRAY	TOPICAL	08/18/2022	0.06240

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DIETHYLTOLUAMIDE	25 %	SPRAY	TOPICAL	02/23/2023	0.02267
DIFLORASONE DIACETATE	0.05 %	CREAM (G)	TOPICAL	09/28/2023	6.51595
DIFLORASONE DIACETATE	0.05 %	OINT. (G)	TOPICAL	10/26/2023	4.69304
DIFLUNISAL	500 MG	TABLET	ORAL	02/16/2023	1.58870
DIFLUPREDNATE	0.05 %	DROPS	OPHTHALMIC	03/14/2023	16.15950
DIGOXIN	50 MCG/ML	SOLUTION	ORAL	10/26/2023	1.90280
DIGOXIN	125 MCG	TABLET	ORAL	08/17/2023	0.31637
DIGOXIN	250 MCG	TABLET	ORAL	10/12/2023	0.29895
DIGOXIN	250 MCG/ML	AMPUL	INJECTION	09/14/2023	3.44850
DIHYDROERGOTAMINE MESYLATE	1 MG/ML	AMPUL	INJECTION	05/11/2023	57.50250
DILTIAZEM HCL	120 MG	CAP ER 12H	ORAL	10/05/2023	5.23202
DILTIAZEM HCL	60 MG	CAP ER 12H	ORAL	10/05/2023	3.49615
DILTIAZEM HCL	90 MG	CAP ER 12H	ORAL	10/05/2023	4.11167
DILTIAZEM HCL	180 MG	CAP ER 24H	ORAL	11/03/2022	0.20475
DILTIAZEM HCL	240 MG	CAP ER 24H	ORAL	07/27/2023	0.30525
DILTIAZEM HCL	300 MG	CAP ER 24H	ORAL	09/28/2023	0.36362
DILTIAZEM HCL	120 MG	CAP ER 24H	ORAL	06/29/2023	0.20100
DILTIAZEM HCL	360 MG	CAP ER 24H	ORAL	12/21/2022	0.86594
DILTIAZEM HCL	360 MG	CAP SA 24H	ORAL	07/03/2023	0.29670
DILTIAZEM HCL	120 MG	CAP SA 24H	ORAL	09/29/2022	0.16705
DILTIAZEM HCL	180 MG	CAP SA 24H	ORAL	07/06/2023	0.21142

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DILTIAZEM HCL	420 MG	CAP SA 24H	ORAL	05/03/2023	1.64634
DILTIAZEM HCL	180 MG	CAP ER DEG	ORAL	09/21/2023	0.67359
DILTIAZEM HCL	240 MG	CAP ER DEG	ORAL	09/21/2023	0.72636
DILTIAZEM HCL	120 MG	CAP ER DEG	ORAL	09/21/2023	0.50424
DILTIAZEM HCL	120 MG	TABLET	ORAL	08/31/2023	0.42719
DILTIAZEM HCL	30 MG	TABLET	ORAL	09/28/2023	0.09769
DILTIAZEM HCL	60 MG	TABLET	ORAL	08/31/2023	0.19376
DILTIAZEM HCL	90 MG	TABLET	ORAL	08/31/2023	0.32307
DILTIAZEM HCL	180 MG	TAB ER 24H	ORAL	08/03/2023	1.25082
DILTIAZEM HCL	240 MG	TAB ER 24H	ORAL	08/03/2023	2.12569
DILTIAZEM HCL	300 MG	TAB ER 24H	ORAL	08/03/2023	2.51161
DILTIAZEM HCL	360 MG	TAB ER 24H	ORAL	08/03/2023	2.52501
DILTIAZEM HCL	420 MG	TAB ER 24H	ORAL	08/03/2023	2.83741
DILTIAZEM HCL	5 MG/ML	VIAL	INTRAVEN	06/07/2023	0.43898
DILUENT FOR TREPROSTINIL (GLY)		VIAL	INTRAVEN	04/06/2023	0.60541
DILUENT,CAPLACIZUMAB-YHDP	1 ML	SYRINGE	INJECTION	10/01/2020	0.14003
DIMENHYDRINATE	50 MG	TABLET	ORAL	08/31/2023	0.01491
DIMETHICONE	1 %	CREAM (G)	TOPICAL	05/06/2022	0.05877
DIMETHICONE	5 %	CREAM(ML)	TOPICAL	04/27/2023	0.04021
DIMETHYL FUMARATE	120-240 MG	CAPSULE DR	ORAL	10/19/2023	3.66476
DIMETHYL FUMARATE	120 MG	CAPSULE DR	ORAL	08/10/2023	3.84969

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DIMETHYL FUMARATE	240 MG	CAPSULE DR	ORAL	10/19/2023	3.23048
DIPHENHYD/PHENYLEPH/ACETAMINOP	5-325MG/10	LIQUID	ORAL	08/11/2022	0.06667
DIPHENHYDRAMINE HCL	25 MG	CAPSULE	ORAL	07/20/2023	0.02513
DIPHENHYDRAMINE HCL	50 MG	CAPSULE	ORAL	05/17/2023	0.03902
DIPHENHYDRAMINE HCL	25 MG	CAPSULE	ORAL	08/31/2023	0.24770
DIPHENHYDRAMINE HCL	12.5MG/5ML	ELIXIR	ORAL	03/14/2017	0.45059
DIPHENHYDRAMINE HCL	12.5MG/5ML	LIQUID	ORAL	10/12/2023	0.26980
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	10/12/2023	0.02634
DIPHENHYDRAMINE HCL	50 MG	TABLET	ORAL	10/05/2023	0.26381
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	08/24/2023	0.01254
DIPHENHYDRAMINE HCL	12.5 MG	TAB CHEW	ORAL	11/02/2023	0.40602
DIPHENHYDRAMINE HCL	50 MG/ML	VIAL	INJECTION	05/17/2023	0.92862
DIPHENHYDRAMINE HCL/ZINC ACET	2 %-0.1 %	CREAM (G)	TOPICAL	06/22/2023	0.01665
DIPHENOXYLATE HCL/ATROPINE	2.5-.025MG	TABLET	ORAL	10/12/2023	0.17609
DIPYRIDAMOLE	25 MG	TABLET	ORAL	10/05/2023	0.17554
DIPYRIDAMOLE	50 MG	TABLET	ORAL	10/05/2023	0.31798
DIPYRIDAMOLE	75 MG	TABLET	ORAL	08/31/2023	0.41741
DISOPYRAMIDE PHOSPHATE	100 MG	CAPSULE	ORAL	06/02/2022	1.61926
DISOPYRAMIDE PHOSPHATE	150 MG	CAPSULE	ORAL	06/02/2022	2.05181
DISULFIRAM	250 MG	TABLET	ORAL	10/19/2023	2.28090
DIVALPROEX SODIUM	125 MG	CAP DR SPR	ORAL	09/28/2023	0.43724

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DIVALPROEX SODIUM	125 MG	TABLET DR	ORAL	09/14/2023	0.08241
DIVALPROEX SODIUM	250 MG	TABLET DR	ORAL	06/29/2023	0.10707
DIVALPROEX SODIUM	500 MG	TABLET DR	ORAL	04/25/2023	0.14900
DIVALPROEX SODIUM	500 MG	TAB ER 24H	ORAL	10/26/2023	0.30297
DIVALPROEX SODIUM	250 MG	TAB ER 24H	ORAL	03/23/2023	0.26773
DM/ACETAMINOPHEN/DOXYLAMINE	15MG-325MG	CAPSULE	ORAL	09/14/2023	0.26503
DM/ACETAMINOPHEN/DOXYLAMINE	15-325/15	LIQUID	ORAL	09/14/2023	0.01836
DM/PE/ACETAMINOPHEN/CHLORPHENR	5-2.5-160	ORAL SUSP	ORAL	07/07/2022	0.06492
DM/PE/ACETAMINOPHEN/DOXYLAMINE	10-5-325MG	CAP SEQ	ORAL	06/29/2023	0.43885
DM/PE/ACETAMINOPHEN/DOXYLAMINE	5-325MG/15	LIQUID	ORAL	10/19/2023	0.03092
DOBUTAMINE HCL	250MG/20ML	VIAL	INTRAVEN	10/26/2023	0.43670
DOBUTAMINE HCL IN DEXTROSE 5 %	500MG/250	IV SOLN	INTRAVEN	06/06/2023	0.19025
DOBUTAMINE HCL IN DEXTROSE 5 %	1000MG/250	IV SOLN	INTRAVEN	06/07/2023	0.18230
DOBUTAMINE HCL IN DEXTROSE 5 %	250 MG/250	IV SOLN	INTRAVEN	07/13/2023	0.14087
DOCETAXEL	20MG/ML(1)	VIAL	INTRAVEN	10/19/2023	15.09900
DOCETAXEL	80 MG/8 ML	VIAL	INTRAVEN	10/26/2023	8.42550
DOCETAXEL	20 MG/2 ML	VIAL	INTRAVEN	05/25/2023	11.47125
DOCETAXEL	160MG/16ML	VIAL	INTRAVEN	10/19/2023	7.82320
DOCOSAHEXAENOIC ACID	200 MG	CAPSULE	ORAL	03/23/2023	0.17393
DOCOSANOL	10 %	CREAM (G)	TOPICAL	08/10/2023	9.59675
DOCUSATE CALCIUM	240 MG	CAPSULE	ORAL	07/13/2023	0.05655

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DOCUSATE SODIUM	100 MG	CAPSULE	ORAL	08/17/2023	0.01960
DOCUSATE SODIUM	250 MG	CAPSULE	ORAL	10/26/2023	0.04372
DOCUSATE SODIUM	50 MG/5 ML	LIQUID	ORAL	08/24/2023	0.01575
DOCUSATE SODIUM	60 MG/15ML	SYRUP	ORAL	05/06/2022	0.00621
DOCUSATE SODIUM	100 MG	TABLET	ORAL	09/14/2023	0.01357
DOCUSATE SODIUM	283 MG/5ML	ENEMA	RECTAL	04/13/2023	0.57120
DONEPEZIL HCL	10 MG	TABLET	ORAL	11/08/2023	0.05449
DONEPEZIL HCL	5 MG	TABLET	ORAL	08/10/2023	0.05424
DONEPEZIL HCL	23 MG	TABLET	ORAL	11/02/2023	0.97031
DONEPEZIL HCL	5 MG	TAB RAPDIS	ORAL	05/06/2022	4.95000
DONEPEZIL HCL	10 MG	TAB RAPDIS	ORAL	10/19/2021	1.93000
DOPAMINE HCL	200 MG/5ML	VIAL	INTRAVEN	07/27/2023	0.91163
DOPAMINE HCL	400MG/10ML	VIAL	INTRAVEN	10/26/2023	1.02338
DOPAMINE HCL IN DEXTROSE 5 %	800MG/.25L	PLAST. BAG	INTRAVEN	10/26/2022	0.13606
DOPAMINE HCL IN DEXTROSE 5 %	400MG/.25L	PLAST. BAG	INTRAVEN	06/07/2023	0.08819
DOPAMINE HCL IN DEXTROSE 5 %	800MG/0.5L	PLAST. BAG	INTRAVEN	10/26/2023	0.08451
DORZOLAMIDE HCL	2 %	DROPS	OPHTHALMIC	05/11/2023	0.98490
DORZOLAMIDE HCL/TIMOLOL MALEAT	22.3-6.8/1	DROPS	OPHTHALMIC	11/02/2023	0.92460
DORZOLAMIDE/TIMOLOL/PF	2 %-0.5 %	DROPERETTE	OPHTHALMIC	05/31/2023	1.87600
DOXAPRAM HCL	20 MG/ML	VIAL	INTRAVEN	05/04/2023	3.44850
DOXAZOSIN MESYLATE	1 MG	TABLET	ORAL	08/17/2023	0.04719

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DOXAZOSIN MESYLATE	2 MG	TABLET	ORAL	10/26/2023	0.04757
DOXAZOSIN MESYLATE	4 MG	TABLET	ORAL	08/17/2023	0.08056
DOXAZOSIN MESYLATE	8 MG	TABLET	ORAL	08/17/2023	0.05963
DOXEPIN HCL	10 MG	CAPSULE	ORAL	10/26/2023	0.07772
DOXEPIN HCL	100 MG	CAPSULE	ORAL	10/26/2023	0.23638
DOXEPIN HCL	150 MG	CAPSULE	ORAL	03/23/2023	0.80266
DOXEPIN HCL	25 MG	CAPSULE	ORAL	10/26/2023	0.09246
DOXEPIN HCL	50 MG	CAPSULE	ORAL	10/26/2023	0.14338
DOXEPIN HCL	75 MG	CAPSULE	ORAL	10/26/2023	0.22217
DOXEPIN HCL	3 MG	TABLET	ORAL	11/08/2023	6.33180
DOXEPIN HCL	6 MG	TABLET	ORAL	11/08/2023	7.20960
DOXERCALCIFEROL	2.5 MCG	CAPSULE	ORAL	02/16/2023	13.86525
DOXERCALCIFEROL	0.5 MCG	CAPSULE	ORAL	04/27/2023	7.23900
DOXERCALCIFEROL	1 MCG	CAPSULE	ORAL	02/16/2023	12.54000
DOXERCALCIFEROL	4MCG/2ML	VIAL	INTRAVEN	11/02/2023	0.93800
DOXORUBICIN HCL	2 MG/ML	VIAL	INTRAVEN	07/20/2023	0.63087
DOXORUBICIN HCL	50 MG/25ML	VIAL	INTRAVEN	05/06/2022	0.66196
DOXORUBICIN HCL	20 MG/10ML	VIAL	INTRAVEN	05/11/2023	2.03546
DOXORUBICIN HCL PEG-LIPOSOMAL	2 MG/ML	VIAL	INTRAVEN	07/14/2022	16.33800
DOXYCYCLINE HYCLATE	100 MG	CAPSULE	ORAL	09/14/2023	0.17838
DOXYCYCLINE HYCLATE	50 MG	CAPSULE	ORAL	08/17/2023	0.36180

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DOXYCYCLINE HYCLATE	100 MG	TABLET	ORAL	05/30/2023	0.11900
DOXYCYCLINE HYCLATE	50 MG	TABLET	ORAL	11/02/2023	11.88018
DOXYCYCLINE HYCLATE	20 MG	TABLET	ORAL	11/08/2023	0.25782
DOXYCYCLINE HYCLATE	75 MG	TABLET	ORAL	06/07/2023	1.34893
DOXYCYCLINE HYCLATE	150 MG	TABLET	ORAL	04/06/2023	1.33777
DOXYCYCLINE HYCLATE	75 MG	TABLET DR	ORAL	01/26/2023	3.26612
DOXYCYCLINE HYCLATE	100 MG	TABLET DR	ORAL	06/29/2023	7.41780
DOXYCYCLINE HYCLATE	150 MG	TABLET DR	ORAL	07/20/2023	4.15232
DOXYCYCLINE HYCLATE	200 MG	TABLET DR	ORAL	08/17/2023	13.26220
DOXYCYCLINE HYCLATE	50 MG	TABLET DR	ORAL	10/20/2022	8.63690
DOXYCYCLINE HYCLATE	100 MG	VIAL	INTRAVEN	06/29/2023	12.21000
DOXYCYCLINE MONOHYDRATE	100 MG	CAPSULE	ORAL	08/17/2023	0.41406
DOXYCYCLINE MONOHYDRATE	50 MG	CAPSULE	ORAL	03/09/2023	0.42089
DOXYCYCLINE MONOHYDRATE	75 MG	CAPSULE	ORAL	10/19/2021	6.34000
DOXYCYCLINE MONOHYDRATE	150 MG	CAPSULE	ORAL	08/03/2022	12.97000
DOXYCYCLINE MONOHYDRATE	40 MG	CAP IR DR	ORAL	10/26/2021	13.09420
DOXYCYCLINE MONOHYDRATE	25 MG/5 ML	SUSP RECON	ORAL	09/14/2023	0.44466
DOXYCYCLINE MONOHYDRATE	100 MG	TABLET	ORAL	08/17/2023	0.42773
DOXYCYCLINE MONOHYDRATE	50 MG	TABLET	ORAL	08/17/2023	0.59402
DOXYCYCLINE MONOHYDRATE	75 MG	TABLET	ORAL	07/13/2023	1.13940
DOXYCYCLINE MONOHYDRATE	150 MG	TABLET	ORAL	11/10/2022	5.05824

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DOXYLAMINE SUCCINATE	25 MG	TABLET	ORAL	11/02/2023	0.23841
DOXYLAMINE SUCCINATE/VIT B6	10 MG-10MG	TABLET DR	ORAL	01/06/2022	4.88440
DRONABINOL	10 MG	CAPSULE	ORAL	07/24/2023	4.16238
DRONABINOL	2.5 MG	CAPSULE	ORAL	07/20/2023	2.98408
DRONABINOL	5 MG	CAPSULE	ORAL	10/26/2023	4.08364
DROSPIR/ETH ESTRA/LEVOMEFOL CA	3-0.02(24)	TABLET	ORAL	05/06/2022	4.58621
DROSPIR/ETH ESTRA/LEVOMEFOL CA	3-0.03(21)	TABLET	ORAL	10/19/2023	5.61975
DROXIDOPA	100 MG	CAPSULE	ORAL	07/06/2023	1.17086
DROXIDOPA	200 MG	CAPSULE	ORAL	08/17/2023	2.38386
DROXIDOPA	300 MG	CAPSULE	ORAL	07/06/2023	3.48040
DULOXETINE HCL	20 MG	CAPSULE DR	ORAL	11/08/2023	0.14115
DULOXETINE HCL	30 MG	CAPSULE DR	ORAL	11/08/2023	0.17316
DULOXETINE HCL	60 MG	CAPSULE DR	ORAL	11/02/2023	0.12161
DULOXETINE HCL	40 MG	CAPSULE DR	ORAL	11/02/2023	2.44595
DUTASTERIDE	0.5 MG	CAPSULE	ORAL	05/04/2023	0.09603
DUTASTERIDE/TAMSULOSIN HCL	0.5-0.4 MG	CPMP 24HR	ORAL	11/02/2023	2.81644
ECHINACEA	400 MG	CAPSULE	ORAL	07/27/2022	0.05065
ECONAZOLE NITRATE	1 %	CREAM (G)	TOPICAL	09/14/2023	0.24433
EFAVIRENZ	600 MG	TABLET	ORAL	08/03/2023	4.98784
EFAVIRENZ/EMTRICIT/TENOFOVR DF	600-200MG	TABLET	ORAL	10/26/2023	4.22400
EFAVIRENZ/LAMIVU/TENOFOV DISOP	400-300 MG	TABLET	ORAL	02/09/2023	60.95641

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
EFAVIRENZ/LAMIVU/TENOFOV DISOP	600-300 MG	TABLET	ORAL	02/09/2023	60.95641
ELECTROLYTE-148 SOLUTION		IV SOLN	INTRAVEN	07/20/2023	0.01769
ELECTROLYTE-A SOLUTION		IV SOLN	INTRAVEN	08/17/2023	0.02231
ELECTROLYTES/DEXTROSE		PACKET	ORAL	05/17/2023	1.14681
ELECTROLYTES/DEXTROSE		SOLUTION	ORAL	10/12/2023	0.00539
ELETRIPTAN HYDROBROMIDE	20 MG	TABLET	ORAL	03/23/2023	5.56895
ELETRIPTAN HYDROBROMIDE	40 MG	TABLET	ORAL	11/02/2023	4.79160
EMOLLIENT BASE		CREAM (G)	TOPICAL	06/09/2022	0.03093
EMOLLIENT COMBINATION NO.53		CREAM (G)	TOPICAL	02/02/2023	0.63650
EMOLLIENT NO56/HYALURONIC ACID		GEL (GRAM)	TOPICAL	05/06/2022	0.09056
EMTRICITABINE	200 MG	CAPSULE	ORAL	11/08/2023	17.10660
EMTRICITABINE/TENOFOVIR (TDF)	200-300 MG	TABLET	ORAL	11/08/2023	0.65928
EMTRICITABINE/TENOFOVIR (TDF)	100-150 MG	TABLET	ORAL	03/02/2023	15.16480
EMTRICITABINE/TENOFOVIR (TDF)	133-200 MG	TABLET	ORAL	03/02/2023	15.16480
EMTRICITABINE/TENOFOVIR (TDF)	167-250 MG	TABLET	ORAL	08/17/2023	15.16480
ENALAPRIL MALEATE	1 MG/ML	SOLUTION	ORAL	08/01/2022	2.75460
ENALAPRIL MALEATE	10 MG	TABLET	ORAL	11/08/2023	0.10776
ENALAPRIL MALEATE	2.5 MG	TABLET	ORAL	11/02/2023	0.05360
ENALAPRIL MALEATE	20 MG	TABLET	ORAL	11/02/2023	0.09759
ENALAPRIL MALEATE	5 MG	TABLET	ORAL	11/02/2023	0.09300
ENALAPRIL/HYDROCHLOROTHIAZIDE	10 MG-25MG	TABLET	ORAL	05/06/2022	1.06296

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ENOXAPARIN SODIUM	30MG/0.3ML	SYRINGE	SUBCUT	10/12/2023	9.44533
ENOXAPARIN SODIUM	60MG/0.6ML	SYRINGE	SUBCUT	10/12/2023	9.39167
ENOXAPARIN SODIUM	80MG/0.8ML	SYRINGE	SUBCUT	10/12/2023	9.45000
ENOXAPARIN SODIUM	100 MG/ML	SYRINGE	SUBCUT	10/12/2023	10.44430
ENOXAPARIN SODIUM	40MG/0.4ML	SYRINGE	SUBCUT	09/26/2023	8.52900
ENOXAPARIN SODIUM	150 MG/ML	SYRINGE	SUBCUT	10/12/2023	12.69290
ENOXAPARIN SODIUM	120MG/.8ML	SYRINGE	SUBCUT	10/12/2023	13.14600
ENOXAPARIN SODIUM	300MG/3ML	VIAL	SUBCUT	02/08/2022	11.02567
ENTACAPONE	200 MG	TABLET	ORAL	07/21/2022	0.16832
ENTECAVIR	0.5 MG	TABLET	ORAL	11/03/2022	0.90688
ENTECAVIR	1 MG	TABLET	ORAL	01/12/2023	1.27791
ENZYMES,DIGESTIVE		CAPSULE	ORAL	04/13/2023	0.55722
EPHEDRINE SULFATE	25 MG/5 ML	SYRINGE	INTRAVEN	05/04/2023	3.15480
EPHEDRINE SULFATE	50MG/ML(1)	VIAL	INTRAVEN	10/26/2023	5.43916
EPINASTINE HCL	0.05 %	DROPS	OPHTHALMIC	03/09/2023	13.69620
EPINEPHRINE	1 MG/ML	VIAL	INJECTION	08/03/2023	9.60480
EPINEPHRINE	0.15MG/0.3	AUTO INJCT	INJECTION	05/17/2023	146.06250
EPINEPHRINE	0.3MG/0.3	AUTO INJCT	INJECTION	07/27/2022	146.06250
EPINEPHRINE HCL/PF	1 MG/ML(1)	AMPUL	INJECTION	02/02/2023	499.84125
EPIRUBICIN HCL	50 MG/25ML	VIAL	INTRAVEN	12/08/2022	2.92583
EPIRUBICIN HCL	200MG/0.1L	VIAL	INTRAVEN	10/19/2023	2.92583

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
EPLERENONE	50 MG	TABLET	ORAL	09/21/2023	1.03180
EPOPROSTENOL SODIUM	1.5 MG	VIAL	INTRAVEN	04/25/2023	29.10000
EPOPROSTENOL SODIUM	0.5 MG	VIAL	INTRAVEN	08/01/2022	14.85620
EPTIFIBATIDE	75MG/100ML	VIAL	INTRAVEN	08/17/2023	0.89257
EPTIFIBATIDE	2 MG/ML	VIAL	INTRAVEN	09/14/2023	2.86704
ERGOCALCIFEROL (VITAMIN D2)	1250 MCG	CAPSULE	ORAL	10/05/2023	0.21319
ERGOCALCIFEROL (VITAMIN D2)	200 MCG/ML	DROPS	ORAL	10/19/2023	0.58603
ERLOTINIB HCL	150 MG	TABLET	ORAL	08/17/2023	4.31684
ERLOTINIB HCL	100 MG	TABLET	ORAL	07/06/2023	3.73736
ERLOTINIB HCL	25 MG	TABLET	ORAL	06/15/2023	9.67342
ERTAPENEM SODIUM	1 G	VIAL	INJECTION	10/05/2023	32.97630
ERYTHROMYCIN BASE	250 MG	TABLET	ORAL	06/07/2022	5.59096
ERYTHROMYCIN BASE	500 MG	TABLET	ORAL	10/05/2023	7.62200
ERYTHROMYCIN BASE	250 MG	TABLET DR	ORAL	09/28/2023	6.62644
ERYTHROMYCIN BASE	333 MG	TABLET DR	ORAL	09/28/2023	9.49057
ERYTHROMYCIN BASE	500 MG	TABLET DR	ORAL	09/26/2023	7.08258
ERYTHROMYCIN BASE	5 MG/GRAM	OINT. (G)	OPHTHALMIC	10/12/2023	3.38674
ERYTHROMYCIN BASE IN ETHANOL	2 %	GEL (GRAM)	TOPICAL	09/14/2023	0.85939
ERYTHROMYCIN BASE IN ETHANOL	2 %	SOLUTION	TOPICAL	09/14/2023	0.53220
ERYTHROMYCIN ETHYLSUCCINATE	200 MG/5ML	SUSP RECON	ORAL	10/19/2023	2.27639
ERYTHROMYCIN ETHYLSUCCINATE	400 MG/5ML	SUSP RECON	ORAL	06/29/2023	5.34848

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ERYTHROMYCIN LACTOBIONATE	500 MG	VIAL	INTRAVEN	03/15/2022	66.62600
ERYTHROMYCIN/BENZOYL PEROXIDE	3 %-5 %	GEL (GRAM)	TOPICAL	11/22/2021	1.25184
ESCITALOPRAM OXALATE	5 MG/5 ML	SOLUTION	ORAL	09/14/2023	0.40016
ESCITALOPRAM OXALATE	10 MG	TABLET	ORAL	09/07/2023	0.05427
ESCITALOPRAM OXALATE	20 MG	TABLET	ORAL	08/10/2023	0.08115
ESCITALOPRAM OXALATE	5 MG	TABLET	ORAL	03/16/2023	0.03011
ESMOLOL HCL	100MG/10ML	VIAL	INTRAVEN	12/08/2022	0.54082
ESMOLOL IN SODIUM CHLORIDE,ISO	2500MG/250	IV SOLN	INTRAVEN	06/15/2023	0.83202
ESMOLOL IN SODIUM CHLORIDE,ISO	2000MG/100	IV SOLN	INTRAVEN	06/15/2023	2.29140
ESOMEPRAZOLE MAGNESIUM	20 MG	SUSPDR PKT	ORAL	10/26/2021	6.19484
ESOMEPRAZOLE MAGNESIUM	40 MG	SUSPDR PKT	ORAL	10/26/2021	6.19484
ESOMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	11/02/2023	0.20949
ESOMEPRAZOLE MAGNESIUM	40 MG	CAPSULE DR	ORAL	11/02/2023	0.14460
ESTAZOLAM	1 MG	TABLET	ORAL	12/01/2022	1.63453
ESTAZOLAM	2 MG	TABLET	ORAL	12/01/2022	1.63453
ESTRADIOL	1 MG	TABLET	ORAL	11/08/2023	0.08043
ESTRADIOL	2 MG	TABLET	ORAL	11/08/2023	0.21622
ESTRADIOL	0.5 MG	TABLET	ORAL	11/02/2023	0.12985
ESTRADIOL	1 MG/GRAM	GEL PACKET	TRANSDERM	09/07/2023	4.95088
ESTRADIOL	1.25/1.25G	GEL PACKET	TRANSDERM	09/07/2023	3.90859
ESTRADIOL	0.25/0.25G	GEL PACKET	TRANSDERM	09/07/2023	4.95088

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ESTRADIOL	0.75/0.75G	GEL PACKET	TRANSDERM	09/07/2023	4.95088
ESTRADIOL	0.1MG/24HR	PATCH TDWK	TRANSDERM	10/26/2021	12.15000
ESTRADIOL	0.05MG/24H	PATCH TDWK	TRANSDERM	07/21/2022	13.13950
ESTRADIOL	.025MG/24H	PATCH TDWK	TRANSDERM	05/06/2022	11.95150
ESTRADIOL	.075MG/24H	PATCH TDWK	TRANSDERM	10/19/2023	13.50563
ESTRADIOL	0.06MG/24H	PATCH TDWK	TRANSDERM	10/19/2023	13.58175
ESTRADIOL	.0375MG/24	PATCH TDWK	TRANSDERM	09/08/2022	13.84688
ESTRADIOL	0.05MG/24H	PATCH TDSW	TRANSDERM	10/26/2023	9.38688
ESTRADIOL	0.1MG/24HR	PATCH TDSW	TRANSDERM	10/26/2023	9.14400
ESTRADIOL	.025MG/24H	PATCH TDSW	TRANSDERM	10/26/2023	8.54850
ESTRADIOL	.075MG/24H	PATCH TDSW	TRANSDERM	10/26/2023	9.39694
ESTRADIOL	.0375MG/24	PATCH TDSW	TRANSDERM	10/26/2023	8.71950
ESTRADIOL	0.01 %	CREAM/APPL	VAGINAL	08/03/2023	0.64819
ESTRADIOL	10 MCG	TABLET	VAGINAL	10/06/2022	8.47133
ESTRADIOL VALERATE	20 MG/ML	VIAL	INTRAMUSC	05/17/2023	33.10135
ESTRADIOL VALERATE	40 MG/ML	VIAL	INTRAMUSC	05/17/2023	35.27845
ESTRADIOL/NORETHINDRONE ACET	1 MG-0.5MG	TABLET	ORAL	08/17/2023	1.81666
ESTRADIOL/NORETHINDRONE ACET	0.5-0.1 MG	TABLET	ORAL	08/17/2023	1.31575
ESZOPICLONE	3 MG	TABLET	ORAL	02/02/2023	0.17420
ESZOPICLONE	2 MG	TABLET	ORAL	08/31/2023	0.17031
ESZOPICLONE	1 MG	TABLET	ORAL	02/09/2023	0.21360

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ETHACRYNATE SODIUM	50 MG	VIAL	INTRAVEN	10/26/2023	1527.30125
ETHACRYNIC ACID	25 MG	TABLET	ORAL	04/20/2023	2.52737
ETHAMBUTOL HCL	100 MG	TABLET	ORAL	05/06/2022	0.48361
ETHINYL ESTRADIOL/DROSPIRENONE	0.03MG-3MG	TABLET	ORAL	12/15/2022	0.34712
ETHINYL ESTRADIOL/DROSPIRENONE	0.02-3(28)	TABLET	ORAL	07/13/2023	0.19494
ETHOSUXIMIDE	250 MG	CAPSULE	ORAL	10/19/2023	0.59335
ETHOSUXIMIDE	250 MG/5ML	SOLUTION	ORAL	07/14/2022	0.15723
ETHYL ACETATE		LIQUID	MISCELL	07/27/2023	0.11369
ETHYL ALCOHOL	62 %	GEL (ML)	TOPICAL	05/06/2022	0.00425
ETHYL ALCOHOL	70 %	GEL (ML)	TOPICAL	08/10/2023	0.22278
ETHYL ALCOHOL	70 %	TOWELETTE	TOPICAL	05/31/2023	0.03196
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-35MCG	TABLET	ORAL	03/09/2023	0.76141
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-50MCG	TABLET	ORAL	08/31/2023	1.06594
ETODOLAC	200 MG	CAPSULE	ORAL	08/03/2023	0.54163
ETODOLAC	300 MG	CAPSULE	ORAL	06/07/2023	0.61171
ETODOLAC	400 MG	TABLET	ORAL	09/14/2023	0.45707
ETODOLAC	500 MG	TABLET	ORAL	07/20/2023	0.42264
ETODOLAC	600 MG	TAB ER 24H	ORAL	08/25/2022	1.99660
ETODOLAC	400 MG	TAB ER 24H	ORAL	06/15/2023	1.42487
ETODOLAC	500 MG	TAB ER 24H	ORAL	10/12/2023	1.27287
ETONOGESTREL/ETHINYL ESTRADIOL	.12-.015MG	VAG RING	VAGINAL	10/19/2023	85.73100

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ETOPOSIDE	20 MG/ML	VIAL	INTRAVEN	07/13/2023	1.40432
ETRAVIRINE	100 MG	TABLET	ORAL	06/20/2022	10.07755
EUCALYPTUS OIL		OIL	MISCELL	05/06/2022	0.14041
EUCALYPTUS OIL	100 %	OIL	MISCELL	05/06/2022	0.50920
EUCALYPTUS OIL/MENTHOL/CAMPHOR	1.2%-4.8%	OINT. (G)	TOPICAL	10/12/2023	0.03829
EVENING PRIMROSE OIL	500 MG	CAPSULE	ORAL	07/27/2022	0.07028
EVEROLIMUS	0.25 MG	TABLET	ORAL	08/10/2023	5.28384
EVEROLIMUS	0.5 MG	TABLET	ORAL	06/29/2023	8.21440
EVEROLIMUS	0.75 MG	TABLET	ORAL	10/19/2023	11.47428
EVEROLIMUS	5 MG	TABLET	ORAL	10/26/2023	60.55041
EVEROLIMUS	10 MG	TABLET	ORAL	11/02/2023	64.47250
EVEROLIMUS	1 MG	TABLET	ORAL	09/07/2023	16.63270
EVEROLIMUS	2.5 MG	TABLET	ORAL	10/19/2023	67.96921
EVEROLIMUS	7.5 MG	TABLET	ORAL	10/26/2023	59.91528
EVEROLIMUS	2 MG	TAB SUSP	ORAL	08/01/2022	520.65358
EVEROLIMUS	3 MG	TAB SUSP	ORAL	05/06/2022	524.80256
EVEROLIMUS	5 MG	TAB SUSP	ORAL	05/06/2022	546.22506
EXEMESTANE	25 MG	TABLET	ORAL	08/17/2023	1.29489
EZETIMIBE	10 MG	TABLET	ORAL	11/08/2023	0.05047
EZETIMIBE/SIMVASTATIN	10 MG-10MG	TABLET	ORAL	10/12/2023	1.00723
EZETIMIBE/SIMVASTATIN	10 MG-20MG	TABLET	ORAL	10/19/2023	0.49565

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
EZETIMIBE/SIMVASTATIN	10 MG-80MG	TABLET	ORAL	10/12/2023	0.54627
EZETIMIBE/SIMVASTATIN	10 MG-40MG	TABLET	ORAL	10/26/2023	0.62846
FAMCICLOVIR	250 MG	TABLET	ORAL	06/07/2023	0.53689
FAMCICLOVIR	500 MG	TABLET	ORAL	07/06/2023	0.96346
FAMCICLOVIR	125 MG	TABLET	ORAL	06/22/2021	0.41987
FAMOTIDINE	20 MG	TABLET	ORAL	11/02/2023	0.04949
FAMOTIDINE	40 MG	TABLET	ORAL	11/02/2023	0.05328
FAMOTIDINE	10 MG	TABLET	ORAL	09/28/2023	0.08413
FAMOTIDINE	10 MG/ML	VIAL	INTRAVEN	05/06/2022	0.41473
FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165	TAB CHEW	ORAL	04/20/2023	0.32181
FAMOTIDINE/PF	20 MG/2 ML	VIAL	INTRAVEN	07/14/2022	0.40200
FAT EMULSIONS	20 %	EMULSION	INTRAVEN	07/06/2023	0.05756
FAT EMULSIONS	30 %	EMULSION	INTRAVEN	06/27/2023	0.05270
FEBUXOSTAT	40 MG	TABLET	ORAL	09/21/2023	0.63427
FEBUXOSTAT	80 MG	TABLET	ORAL	09/28/2023	0.84420
FELBAMATE	600 MG/5ML	ORAL SUSP	ORAL	10/12/2023	0.62545
FELBAMATE	400 MG	TABLET	ORAL	09/01/2022	1.15816
FELBAMATE	600 MG	TABLET	ORAL	03/23/2023	1.61845
FELODIPINE	5 MG	TAB ER 24H	ORAL	06/29/2023	0.16013
FELODIPINE	10 MG	TAB ER 24H	ORAL	06/29/2023	0.21226
FELODIPINE	2.5 MG	TAB ER 24H	ORAL	06/29/2023	0.19524

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FENOFIBRATE	160 MG	TABLET	ORAL	10/19/2023	0.17222
FENOFIBRATE	40 MG	TABLET	ORAL	10/05/2023	6.63222
FENOFIBRATE	120 MG	TABLET	ORAL	10/05/2023	16.45000
FENOFIBRATE	54 MG	TABLET	ORAL	10/12/2023	0.23986
FENOFIBRATE NANOCRYSTALLIZED	48 MG	TABLET	ORAL	08/10/2023	0.14412
FENOFIBRATE NANOCRYSTALLIZED	145 MG	TABLET	ORAL	08/31/2023	0.21604
FENOFIBRATE,MICRONIZED	200 MG	CAPSULE	ORAL	09/14/2023	0.29225
FENOFIBRATE,MICRONIZED	67 MG	CAPSULE	ORAL	05/25/2023	0.20495
FENOFIBRATE,MICRONIZED	134 MG	CAPSULE	ORAL	10/19/2023	0.12730
FENOFIBRATE,MICRONIZED	43 MG	CAPSULE	ORAL	03/23/2023	0.76023
FENOFIBRATE,MICRONIZED	130 MG	CAPSULE	ORAL	03/30/2023	1.15195
FENOFIBRIC ACID (CHOLINE)	45 MG	CAPSULE DR	ORAL	05/25/2023	0.26800
FENOFIBRIC ACID (CHOLINE)	135 MG	CAPSULE DR	ORAL	05/25/2023	0.67000
FENOPROFEN CALCIUM	200 MG	CAPSULE	ORAL	06/22/2023	10.10850
FENOPROFEN CALCIUM	400 MG	CAPSULE	ORAL	08/31/2023	13.08203
FENTANYL	50MCG/HR	PATCH TD72	TRANSDERM	04/27/2023	9.28280
FENTANYL	75MCG/HR	PATCH TD72	TRANSDERM	11/10/2022	10.06250
FENTANYL	100 MCG/HR	PATCH TD72	TRANSDERM	04/27/2023	16.50600
FENTANYL	12 MCG/HR	PATCH TD72	TRANSDERM	07/13/2023	11.10900
FENTANYL	62.5MCG/HR	PATCH TD72	TRANSDERM	05/25/2023	76.84835
FENTANYL	37.5MCG/HR	PATCH TD72	TRANSDERM	05/25/2023	53.08885

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FENTANYL CITRATE	200 MCG	LOZENGE HD	BUCCAL	05/06/2022	10.82438
FENTANYL CITRATE	400 MCG	LOZENGE HD	BUCCAL	12/03/2019	8.09680
FENTANYL CITRATE	600 MCG	LOZENGE HD	BUCCAL	12/03/2019	10.40137
FENTANYL CITRATE	800 MCG	LOZENGE HD	BUCCAL	05/06/2022	18.17165
FENTANYL CITRATE	1200 MCG	LOZENGE HD	BUCCAL	12/03/2019	11.29223
FENTANYL CITRATE	1600 MCG	LOZENGE HD	BUCCAL	05/31/2023	28.44375
FENTANYL CITRATE	100 MCG	TABLET EFF	BUCCAL	04/20/2023	44.21191
FENTANYL CITRATE	200 MCG	TABLET EFF	BUCCAL	04/20/2023	55.85957
FENTANYL CITRATE	400 MCG	TABLET EFF	BUCCAL	04/20/2023	81.05260
FENTANYL CITRATE	600 MCG	TABLET EFF	BUCCAL	04/20/2023	105.22650
FENTANYL CITRATE	800 MCG	TABLET EFF	BUCCAL	04/20/2023	129.63541
FENTANYL CITRATE/PF	50 MCG/ML	AMPUL	INJECTION	01/05/2023	0.55172
FENTANYL CITRATE/PF	50 MCG/ML	VIAL	INJECTION	07/06/2023	0.49395
FERROUS FUMARATE	324(106)MG	TABLET	ORAL	07/20/2023	0.25192
FERROUS GLUCONATE	240(27)MG	TABLET	ORAL	03/02/2023	0.02841
FERROUS GLUCONATE	324(38)MG	TABLET	ORAL	10/19/2023	0.06740
FERROUS GLUCONATE	324(37.5)	TABLET	ORAL	04/13/2023	0.06606
FERROUS SULFATE	220 (44)/5	SOLUTION	ORAL	08/24/2023	0.00813
FERROUS SULFATE	300 MG/5ML	LIQUID	ORAL	11/08/2023	0.51019
FERROUS SULFATE	15 MG/ML	DROPS	ORAL	07/06/2023	0.10988
FERROUS SULFATE	325(65) MG	TABLET	ORAL	11/02/2023	0.00946

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FERROUS SULFATE	325(65) MG	TABLET DR	ORAL	10/12/2023	0.11698
FERROUS SULFATE	324(65)MG	TABLET DR	ORAL	10/12/2023	0.07493
FERROUS SULFATE, DRIED	160(50) MG	TABLET ER	ORAL	05/06/2022	0.08476
FERUMOXYTOL	510MG/17ML	VIAL	INTRAVEN	03/02/2023	14.87418
FESOTERODINE FUMARATE	4 MG	TAB ER 24H	ORAL	08/10/2023	1.60800
FESOTERODINE FUMARATE	8 MG	TAB ER 24H	ORAL	08/10/2023	1.60800
FEXOFENADINE HCL	30 MG/5 ML	ORAL SUSP	ORAL	12/08/2022	0.08755
FEXOFENADINE HCL	60 MG	TABLET	ORAL	08/03/2023	0.10780
FEXOFENADINE HCL	180 MG	TABLET	ORAL	09/28/2023	0.30405
FEXOFENADINE/PSEUDOEPHEDRINE	60MG-120MG	TAB ER 12H	ORAL	08/17/2023	0.66464
FINASTERIDE	1 MG	TABLET	ORAL	07/27/2023	0.06700
FINASTERIDE	5 MG	TABLET	ORAL	08/24/2023	0.05805
FISH OIL/BORAGE/FLAX/OM3,6,9 1	400-400 MG	CAPSULE	ORAL	09/01/2022	0.10943
FLAVOXATE HCL	100 MG	TABLET	ORAL	06/07/2023	0.69908
FLAXSEED OIL	1000 MG	CAPSULE	ORAL	07/27/2022	0.07436
FLECAINIDE ACETATE	100 MG	TABLET	ORAL	07/13/2023	0.26773
FLECAINIDE ACETATE	150 MG	TABLET	ORAL	07/06/2023	0.46873
FLECAINIDE ACETATE	50 MG	TABLET	ORAL	07/06/2023	0.17393
FLUCONAZOLE	40 MG/ML	SUSP RECON	ORAL	01/26/2023	1.11258
FLUCONAZOLE	10 MG/ML	SUSP RECON	ORAL	06/29/2023	0.42344
FLUCONAZOLE	100 MG	TABLET	ORAL	06/13/2022	0.56000

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FLUCONAZOLE	200 MG	TABLET	ORAL	10/26/2023	0.72641
FLUCONAZOLE	50 MG	TABLET	ORAL	08/17/2023	0.88708
FLUCONAZOLE	150 MG	TABLET	ORAL	07/27/2023	1.60465
FLUCONAZOLE IN NACL,ISO-OSM	200MG/0.1L	PIGGYBACK	INTRAVEN	07/13/2023	0.05101
FLUCONAZOLE IN NACL,ISO-OSM	400MG/0.2L	PIGGYBACK	INTRAVEN	04/06/2023	0.03819
FLUCYTOSINE	250 MG	CAPSULE	ORAL	10/19/2023	19.68750
FLUCYTOSINE	500 MG	CAPSULE	ORAL	08/10/2023	36.30208
FLUDARABINE PHOSPHATE	50 MG/2 ML	VIAL	INTRAVEN	03/09/2023	56.29300
FLUDROCORTISONE ACETATE	0.1 MG	TABLET	ORAL	09/07/2023	0.66255
FLUMAZENIL	0.1 MG/ML	VIAL	INTRAVEN	05/06/2022	1.40030
FLUNISOLIDE	25 MCG	SPRAY	NASAL	08/10/2023	2.39967
FLUOCINOLONE ACETONIDE	0.01 %	CREAM (G)	TOPICAL	08/31/2023	1.94657
FLUOCINOLONE ACETONIDE	0.025 %	CREAM (G)	TOPICAL	05/06/2022	1.13565
FLUOCINOLONE ACETONIDE	0.025 %	OINT. (G)	TOPICAL	05/06/2022	1.79046
FLUOCINOLONE ACETONIDE	0.01 %	SOLUTION	TOPICAL	01/12/2023	0.46074
FLUOCINOLONE ACETONIDE	0.01 %	OIL	TOPICAL	10/19/2023	0.25795
FLUOCINOLONE ACETONIDE OIL	0.01 %	DROPS	OTIC (EAR)	10/19/2023	1.86863
FLUOCINOLONE/SHOWER CAP	0.01 %	OIL	TOPICAL	10/19/2023	0.28631
FLUOCINONIDE	0.05 %	GEL (GRAM)	TOPICAL	06/29/2023	1.70493
FLUOCINONIDE	0.05 %	CREAM (G)	TOPICAL	10/26/2023	0.83884
FLUOCINONIDE	0.1 %	CREAM (G)	TOPICAL	10/19/2023	0.51009

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FLUOCINONIDE	0.05 %	OINT. (G)	TOPICAL	07/20/2023	0.53511
FLUOCINONIDE	0.05 %	SOLUTION	TOPICAL	07/13/2023	0.44019
FLUOCINONIDE/EMOLLIENT BASE	0.05 %	CREAM (G)	TOPICAL	05/06/2022	1.21404
FLUOROURACIL	5 %	CREAM (G)	TOPICAL	10/19/2023	1.41571
FLUOROURACIL	0.5 %	CREAM (G)	TOPICAL	10/13/2022	82.98947
FLUOROURACIL	500MG/10ML	VIAL	INTRAVEN	08/10/2023	0.35008
FLUOROURACIL	1 G/20 ML	VIAL	INTRAVEN	09/14/2023	0.40133
FLUOROURACIL	2.5 G/50ML	VIAL	INTRAVEN	05/04/2023	0.30297
FLUOROURACIL	5 G/100 ML	VIAL	INTRAVEN	11/08/2023	0.23517
FLUOXETINE HCL	10 MG	CAPSULE	ORAL	11/02/2023	0.04456
FLUOXETINE HCL	20 MG	CAPSULE	ORAL	11/02/2023	0.03398
FLUOXETINE HCL	40 MG	CAPSULE	ORAL	11/02/2023	0.16428
FLUOXETINE HCL	20 MG/5 ML	SOLUTION	ORAL	09/13/2023	0.25150
FLUOXETINE HCL	10 MG	TABLET	ORAL	05/17/2023	0.14293
FLUOXETINE HCL	20 MG	TABLET	ORAL	05/17/2023	0.14293
FLUOXETINE HCL	60 MG	TABLET	ORAL	08/01/2022	0.85629
FLUPHENAZINE DECANOATE	25 MG/ML	VIAL	INJECTION	11/08/2023	14.91000
FLUPHENAZINE HCL	1 MG	TABLET	ORAL	03/16/2023	0.38719
FLUPHENAZINE HCL	10 MG	TABLET	ORAL	10/19/2023	1.40566
FLUPHENAZINE HCL	2.5 MG	TABLET	ORAL	08/17/2023	0.87542
FLURANDRENOLIDE	0.05 %	CREAM (G)	TOPICAL	05/06/2022	5.24066

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FLURANDRENOLIDE	0.05 %	OINT. (G)	TOPICAL	02/09/2023	8.41390
FLURANDRENOLIDE	0.05 %	LOTION	TOPICAL	10/18/2021	1.70839
FLUTICASONE PROPION/SALMETEROL	45-21 MCG	HFA AER AD	INHALATION	05/25/2023	18.96738
FLUTICASONE PROPION/SALMETEROL	115-21MCG	HFA AER AD	INHALATION	05/25/2023	23.56638
FLUTICASONE PROPION/SALMETEROL	230-21MCG	HFA AER AD	INHALATION	05/25/2023	30.25629
FLUTICASONE PROPION/SALMETEROL	100-50 MCG	BLST W/DEV	INHALATION	03/23/2023	2.00397
FLUTICASONE PROPION/SALMETEROL	250-50 MCG	BLST W/DEV	INHALATION	06/19/2022	2.15000
FLUTICASONE PROPION/SALMETEROL	500-50 MCG	BLST W/DEV	INHALATION	11/17/2022	3.92436
FLUTICASONE PROPIONATE	0.05 %	CREAM (G)	TOPICAL	09/14/2023	0.21306
FLUTICASONE PROPIONATE	0.005 %	OINT. (G)	TOPICAL	08/03/2023	0.67581
FLUTICASONE PROPIONATE	0.05 %	LOTION	TOPICAL	04/13/2023	4.03744
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	03/06/2023	0.33165
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	10/19/2023	0.89305
FLUTICASONE PROPIONATE	110 MCG	AER W/ADAP	INHALATION	06/07/2023	15.31950
FLUTICASONE PROPIONATE	44 MCG	AER W/ADAP	INHALATION	06/07/2023	12.91800
FLUTICASONE PROPIONATE	220 MCG	AER W/ADAP	INHALATION	10/20/2022	27.36921
FLUTICASONE/VILANTEROL	100-25MCG	BLST W/DEV	INHALATION	06/07/2023	5.18308
FLUTICASONE/VILANTEROL	200-25 MCG	BLST W/DEV	INHALATION	06/07/2023	5.14964
FLUVASTATIN SODIUM	20 MG	CAPSULE	ORAL	05/17/2023	3.39781
FLUVASTATIN SODIUM	40 MG	CAPSULE	ORAL	05/17/2023	3.39781
FLUVASTATIN SODIUM	80 MG	TAB ER 24H	ORAL	09/14/2023	4.41628

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FLUVOXAMINE MALEATE	100 MG	CAP ER 24H	ORAL	03/23/2023	8.61680
FLUVOXAMINE MALEATE	150 MG	CAP ER 24H	ORAL	06/01/2020	6.78500
FLUVOXAMINE MALEATE	25 MG	TABLET	ORAL	06/07/2023	0.31865
FLUVOXAMINE MALEATE	50 MG	TABLET	ORAL	08/31/2023	0.59952
FLUVOXAMINE MALEATE	100 MG	TABLET	ORAL	05/11/2023	0.45011
FOLIC ACID	0.8 MG	CAPSULE	ORAL	05/06/2022	0.05561
FOLIC ACID	0.4 MG	TABLET	ORAL	02/02/2023	0.01375
FOLIC ACID	0.8 MG	TABLET	ORAL	05/06/2022	0.00925
FOLIC ACID	1 MG	TABLET	ORAL	11/02/2023	0.02673
FOLIC ACID	5 MG/ML	VIAL	INJECTION	09/14/2023	3.34818
FOLIC ACID/MULTIVIT,IRON,MINER	0.4MG-18MG	TABLET	ORAL	05/06/2022	0.04348
FOLIC ACID/VIT B COMPLEX AND C	0.8 MG	TABLET	ORAL	07/13/2023	0.07236
FOLIC ACID/VIT B COMPLEX AND C	400 MCG	TABLET	ORAL	07/13/2023	0.06995
FOMEPIZOLE	1 G/ML	VIAL	INTRAVEN	08/20/2019	688.37487
FONDAPARINUX SODIUM	2.5 MG/0.5	SYRINGE	SUBCUT	05/06/2022	24.43875
FONDAPARINUX SODIUM	10MG/0.8ML	SYRINGE	SUBCUT	04/27/2023	35.99288
FONDAPARINUX SODIUM	5MG/0.4ML	SYRINGE	SUBCUT	05/17/2023	87.18650
FONDAPARINUX SODIUM	7.5MG/0.6	SYRINGE	SUBCUT	05/06/2022	47.47031
FORMOTEROL FUMARATE	20 MCG/2ML	VIAL-NEB	INHALATION	07/13/2023	2.86000
FOSAMPRENAVIR CALCIUM	700 MG	TABLET	ORAL	05/06/2022	15.74825
FOSAPREPITANT DIMEGLUMINE	150 MG	VIAL	INTRAVEN	09/14/2023	21.00000

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FOSCARNET SODIUM	24 MG/ML	INFUS. BTL	INTRAVEN	05/06/2022	2.40686
FOSFOMYCIN TROMETHAMINE	3 G	PACKET	ORAL	10/19/2023	79.58100
FOSINOPRIL SODIUM	10 MG	TABLET	ORAL	07/06/2023	0.21217
FOSINOPRIL SODIUM	20 MG	TABLET	ORAL	07/11/2023	0.02288
FOSINOPRIL SODIUM	40 MG	TABLET	ORAL	11/08/2023	0.30597
FOSINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	06/07/2023	1.25799
FOSINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	11/17/2020	0.86185
FOSPHENYTOIN SODIUM	100MG PE/2	VIAL	INJECTION	05/06/2022	0.86564
FOSPHENYTOIN SODIUM	500 PE/10	VIAL	INJECTION	05/11/2023	0.62759
FROVATRIPTAN SUCCINATE	2.5 MG	TABLET	ORAL	07/13/2023	13.99417
FRUCTOOLIGOSACCHARIDES/POLYDEX	15 G/30 ML	LIQUID	ORAL	05/06/2022	0.02374
FULVESTRANT	250 MG/5ML	SYRINGE	INTRAMUSC	10/26/2023	13.09440
FUROSEMIDE	20 MG	TABLET	ORAL	10/05/2023	0.04091
FUROSEMIDE	40 MG	TABLET	ORAL	10/05/2023	0.04047
FUROSEMIDE	80 MG	TABLET	ORAL	07/05/2018	0.05727
FUROSEMIDE	10 MG/ML	VIAL	INJECTION	03/09/2023	0.13266
GABAPENTIN	300 MG	CAPSULE	ORAL	09/20/2023	0.04077
GABAPENTIN	400 MG	CAPSULE	ORAL	10/12/2023	0.01762
GABAPENTIN	250 MG/5ML	SOLUTION	ORAL	10/26/2023	0.15402
GADOTERATE MEGLUMINE	5MMOL/10ML	SYRINGE	INTRAVEN	05/06/2022	6.98513
GADOTERATE MEGLUMINE	7.5MMOL/15	SYRINGE	INTRAVEN	05/06/2022	6.63575

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GADOTERATE MEGLUMINE	10MMOL/20	SYRINGE	INTRAVEN	05/06/2022	6.55419
GADOTERATE MEGLUMINE	5MMOL/10ML	VIAL	INTRAVEN	10/13/2022	2.97000
GADOTERATE MEGLUMINE	10MMOL/20	VIAL	INTRAVEN	09/15/2022	2.97000
GADOTERATE MEGLUMINE	7.5MMOL/15	VIAL	INTRAVEN	09/15/2022	2.97000
GADOTERATE MEGLUMINE	50MMOL/100	VIAL	INTRAVEN	09/15/2022	2.97000
GADOTERATE MEGLUMINE	2.5MMOL/5	VIAL	INTRAVEN	09/15/2022	5.46100
GALANTAMINE HBR	8 MG	CAP24H PEL	ORAL	10/19/2023	1.54770
GALANTAMINE HBR	16 MG	CAP24H PEL	ORAL	03/23/2023	1.81525
GALANTAMINE HBR	24 MG	CAP24H PEL	ORAL	10/19/2023	1.82106
GALANTAMINE HBR	12 MG	TABLET	ORAL	10/19/2023	0.92415
GALANTAMINE HBR	4 MG	TABLET	ORAL	10/19/2023	0.76693
GALANTAMINE HBR	8 MG	TABLET	ORAL	10/19/2023	0.92013
GANCICLOVIR SODIUM	500 MG	VIAL	INTRAVEN	08/17/2023	63.73409
GANIRELIX ACETATE	250MCG/0.5	SYRINGE	SUBCUT	10/19/2023	83.32225
GARLIC	1000 MG	CAPSULE	ORAL	07/27/2022	0.03350
GARLIC	500 MG	CAPSULE	ORAL	07/27/2022	0.06043
GATIFLOXACIN	0.5 %	DROPS	OPHTHALMIC	04/27/2023	24.81360
GELATIN	600 MG	CAPSULE	ORAL	04/13/2023	0.10318
GELATIN		POWDER	MISCELL	05/06/2022	0.39195
GELATIN CAPSULES (EMPTY)		CAPSULE	ORAL	09/08/2022	0.01273
GEMCITABINE HCL	200 MG	VIAL	INTRAVEN	07/07/2022	7.22400

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GEMCITABINE HCL	1 G	VIAL	INTRAVEN	10/26/2023	33.70200
GEMCITABINE HCL	1 G/26.3ML	VIAL	INTRAVEN	11/02/2023	0.80087
GEMCITABINE HCL	2 G/52.6ML	VIAL	INTRAVEN	11/02/2023	1.09223
GEMCITABINE HCL	200MG/5.26	VIAL	INTRAVEN	11/02/2023	0.76426
GEMCITABINE HCL	100 MG/ML	VIAL	INTRAVEN	05/06/2022	5.01952
GEMFIBROZIL	600 MG	TABLET	ORAL	10/19/2023	0.14533
GENTAMICIN SULFATE	40 MG/ML	VIAL	INJECTION	08/10/2023	0.77720
GENTAMICIN SULFATE	0.1 %	CREAM (G)	TOPICAL	07/06/2023	1.23369
GENTAMICIN SULFATE	0.1 %	OINT. (G)	TOPICAL	06/07/2023	1.34268
GENTAMICIN SULFATE	0.3 %	DROPS	OPHTHALMIC	05/25/2023	2.25120
GENTIAN VIOLET	2 %	SOLUTION	TOPICAL	05/06/2022	0.18500
GINGER	500 MG	CAPSULE	ORAL	07/27/2022	0.08085
GINGER ROOT	550 MG	CAPSULE	ORAL	07/27/2022	0.03618
GINKGO BILOBA LEAF EXTRACT	60 MG	CAPSULE	ORAL	07/27/2022	0.13400
GINSENG	100 MG	CAPSULE	ORAL	07/27/2022	0.05360
GLATIRAMER ACETATE	20 MG/ML	SYRINGE	SUBCUT	10/18/2021	66.62466
GLATIRAMER ACETATE	40 MG/ML	SYRINGE	SUBCUT	05/06/2022	138.09654
GLIMEPIRIDE	1 MG	TABLET	ORAL	10/19/2023	0.02546
GLIMEPIRIDE	2 MG	TABLET	ORAL	10/26/2023	0.04722
GLIMEPIRIDE	4 MG	TABLET	ORAL	10/26/2023	0.08086
GLIPIZIDE	10 MG	TAB ER 24	ORAL	05/31/2023	0.23965

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GLIPIZIDE	5 MG	TAB ER 24	ORAL	11/02/2023	0.12441
GLIPIZIDE	2.5 MG	TAB ER 24	ORAL	09/21/2023	0.19921
GLIPIZIDE	10 MG	TABLET	ORAL	10/12/2023	0.05643
GLIPIZIDE	5 MG	TABLET	ORAL	11/02/2023	0.03637
GLIPIZIDE/METFORMIN HCL	2.5-250 MG	TABLET	ORAL	09/07/2023	0.49151
GLIPIZIDE/METFORMIN HCL	2.5-500 MG	TABLET	ORAL	10/12/2023	0.45788
GLIPIZIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	09/07/2023	0.49687
GLOVES		EACH	MISCELL	07/27/2022	0.60045
GLUCAGON	1 MG	VIAL	INJECTION	03/16/2021	268.65250
GLUCOSAMINE HCL/CHONDROITIN SU	500-400 MG	CAPSULE	ORAL	10/12/2023	0.21183
GLUCOSAMINE SULFATE	500 MG	CAPSULE	ORAL	07/21/2022	0.06853
GLUCOSAMINE SULFATE	500 MG	TABLET	ORAL	05/06/2022	0.53935
GLUCOSAMINE SULFATE	750 MG	TABLET	ORAL	05/06/2022	0.33444
GLUCOSAMINE/CHONDRO SU A	500-400 MG	TABLET	ORAL	05/06/2022	0.28564
GLUCOSAMINE/CHONDROITIN A/MSM	500-200 MG	TABLET	ORAL	05/06/2022	1.18418
GLUCOSAMINE/CHONDROITIN/C/MANG	500-400 MG	CAPSULE	ORAL	03/24/2016	0.12049
GLUCOSAMINE/D3/BOSWELLIA SERRA	1500MG-400	TABLET	ORAL	09/22/2022	0.59250
GLUTAMINE	100 %	POWDER	ORAL	04/13/2023	0.20805
GLY/DIMETH/PETROLAT,WHT/WATER		CREAM (G)	TOPICAL	03/30/2023	0.04858
GLYBURIDE	1.25 MG	TABLET	ORAL	07/20/2023	0.16321
GLYBURIDE	2.5 MG	TABLET	ORAL	08/17/2023	0.09225

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GLYBURIDE	5 MG	TABLET	ORAL	10/12/2023	0.04591
GLYBURIDE,MICRONIZED	1.5 MG	TABLET	ORAL	02/02/2021	0.15190
GLYBURIDE,MICRONIZED	3 MG	TABLET	ORAL	07/27/2023	0.22539
GLYBURIDE/METFORMIN HCL	2.5-500 MG	TABLET	ORAL	07/13/2023	0.11028
GLYBURIDE/METFORMIN HCL	1.25-250MG	TABLET	ORAL	10/19/2023	0.08496
GLYBURIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	11/03/2022	0.06633
GLYCERIN	ADULT	SUPP.RECT	RECTAL	05/04/2023	0.09771
GLYCERIN	99.5 %	SOLUTION	TOPICAL	03/02/2023	0.06586
GLYCERYL MONOSTEARATE		POWDER	MISCELL	05/06/2022	0.50920
GLYCERYL MONOSTEARATE		FLAKES	MISCELL	05/06/2022	0.11142
GLYCINE		POWDER	ORAL	05/06/2022	0.36810
GLYCOPYRROLATE	1 MG/5 ML	SOLUTION	ORAL	09/26/2023	0.49317
GLYCOPYRROLATE	1 MG	TABLET	ORAL	10/12/2023	0.18706
GLYCOPYRROLATE	2 MG	TABLET	ORAL	08/24/2023	0.43188
GLYCOPYRROLATE	1.5 MG	TABLET	ORAL	11/17/2022	11.44250
GLYCOPYRROLATE	0.2 MG/ML	VIAL	INJECTION	11/08/2023	0.79563
GRANISETRON HCL	1 MG/ML(1)	VIAL	INTRAVEN	03/09/2023	12.96900
GRANISETRON HCL/PF	1 MG/ML(1)	VIAL	INTRAVEN	10/18/2021	5.93090
GRAPE SEED EXTRACT	50 MG	CAPSULE	ORAL	07/27/2022	0.12037
GREEN SOAP		TINCTURE	TOPICAL	06/15/2023	0.00313
GREEN TEA LEAF EXTRACT		CAPSULE	ORAL	07/27/2022	0.16722

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GRISEOFULVIN ULTRAMICROSIZED	125 MG	TABLET	ORAL	11/08/2023	4.53460
GRISEOFULVIN ULTRAMICROSIZED	250 MG	TABLET	ORAL	11/08/2023	5.67360
GRISEOFULVIN, MICROSIZED	125 MG/5ML	ORAL SUSP	ORAL	02/16/2023	0.74861
GRISEOFULVIN, MICROSIZED	500 MG	TABLET	ORAL	10/26/2023	8.60000
GUAIFEN/DEXTROMETHORPHAN/PE	100-10-5MG	LIQUID	ORAL	08/24/2023	0.01484
GUAIFEN/DEXTROMETHORPHAN/PE	200-30-10	LIQUID	ORAL	11/22/2022	0.03747
GUAIFEN/DEXTROMETHORPHAN/PE	300-15-10	LIQUID	ORAL	05/17/2023	0.04161
GUAIFEN/DEXTROMETHORPHAN/PE	75-5-2.5/5	LIQUID	ORAL	05/06/2022	0.00883
GUAIFEN/DEXTROMETHORPHAN/PE	200-10-5/5	LIQUID	ORAL	05/06/2022	0.00883
GUAIFEN/DEXTROMETHORPHAN/PE	400-20-10	LIQUID	ORAL	05/25/2023	0.01554
GUAIFEN/DEXTROMETHORPHAN/PE	18-10MG/15	LIQUID	ORAL	05/06/2022	0.08199
GUAIFEN/DEXTROMETHORPHAN/PE	50-5-2.5/1	DROPS	ORAL	05/06/2022	0.16057
GUAIFEN/PHENYLEPH/ACETAMINOPHN	200-5-325	TABLET	ORAL	09/21/2023	0.39586
GUAIFENESIN	1200 MG	TAB ER 12H	ORAL	09/21/2023	0.47522
GUAIFENESIN	600 MG	TAB ER 12H	ORAL	08/03/2023	0.37316
GUAIFENESIN	200 MG/5ML	LIQUID	ORAL	06/23/2022	0.00817
GUAIFENESIN	100 MG/5ML	LIQUID	ORAL	08/17/2023	0.01073
GUAIFENESIN	200 MG	TABLET	ORAL	04/13/2023	0.04248
GUAIFENESIN	400 MG	TABLET	ORAL	09/28/2023	0.03752
GUAIFENESIN/DEXTROMETHORPHAN	200MG-10MG	CAPSULE	ORAL	06/29/2023	0.53131
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	LIQUID	ORAL	07/13/2023	0.01116

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GUAIFENESIN/DEXTROMETHORPHAN	100-5 MG/5	LIQUID	ORAL	08/24/2023	0.05059
GUAIFENESIN/DEXTROMETHORPHAN	200-10MG/5	LIQUID	ORAL	01/12/2023	0.03463
GUAIFENESIN/DEXTROMETHORPHAN	200-15MG/5	LIQUID	ORAL	01/19/2023	0.06343
GUAIFENESIN/DEXTROMETHORPHAN	187-10MG/5	LIQUID	ORAL	05/06/2022	0.07251
GUAIFENESIN/DEXTROMETHORPHAN	50-5MG/5ML	LIQUID	ORAL	10/19/2023	0.01541
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	SYRUP	ORAL	08/10/2023	0.01554
GUAIFENESIN/DEXTROMETHORPHAN	400MG-20MG	TABLET	ORAL	07/27/2023	0.04824
GUAIFENESIN/DEXTROMETHORPHAN	600MG-30MG	TAB ER 12H	ORAL	11/08/2023	0.59362
GUAIFENESIN/DEXTROMETHORPHAN	1200-60MG	TAB ER 12H	ORAL	08/17/2023	0.93226
GUAIFENESIN/DM/PSEUDOEPHEDRINE	200-15-30	SOLUTION	ORAL	05/06/2022	0.02116
GUAIFENESIN/DM/PSEUDOEPHEDRINE	50-5-15/5	LIQUID	ORAL	08/10/2023	0.01991
GUAIFENESIN/DM/PSEUDOEPHEDRINE	187-10-30	LIQUID	ORAL	05/06/2022	0.07251
GUAIFENESIN/DM/PSEUDOEPHEDRINE	200-10-30	TABLET	ORAL	05/06/2022	0.14499
GUAIFENESIN/PHENYLEPHRINE HCL	100-5 MG/5	LIQUID	ORAL	05/12/2022	0.03316
GUAIFENESIN/PHENYLEPHRINE HCL	400MG-10MG	TABLET	ORAL	07/27/2023	0.05641
GUAIFENESIN/PSEUDOEPHEDRNE HCL	375MG-60MG	TABLET	ORAL	05/06/2022	0.61091
GUAIFENESIN/PSEUDOEPHEDRNE HCL	600MG-60MG	TAB ER 12H	ORAL	08/17/2023	0.52050
GUAIFENESIN/PSEUDOEPHEDRNE HCL	1200-120MG	TAB ER 12H	ORAL	11/03/2022	1.12393
GUANFACINE HCL	1 MG	TABLET	ORAL	11/02/2023	0.63074
GUANFACINE HCL	2 MG	TABLET	ORAL	06/13/2022	0.68330
GUANFACINE HCL	1 MG	TAB ER 24H	ORAL	10/19/2023	0.26210

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GUANFACINE HCL	2 MG	TAB ER 24H	ORAL	11/02/2023	0.31436
GUANFACINE HCL	3 MG	TAB ER 24H	ORAL	10/19/2023	0.36743
GUANFACINE HCL	4 MG	TAB ER 24H	ORAL	10/19/2023	0.38565
HALCINONIDE	0.1 %	CREAM (G)	TOPICAL	10/19/2023	10.30898
HALOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	08/17/2023	0.94068
HALOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	10/19/2023	1.30677
HALOPERIDOL	0.5 MG	TABLET	ORAL	08/03/2021	0.23440
HALOPERIDOL	1 MG	TABLET	ORAL	09/28/2023	0.35175
HALOPERIDOL	10 MG	TABLET	ORAL	10/13/2022	0.35175
HALOPERIDOL	2 MG	TABLET	ORAL	08/24/2023	0.60970
HALOPERIDOL	20 MG	TABLET	ORAL	10/20/2022	1.47454
HALOPERIDOL	5 MG	TABLET	ORAL	09/28/2023	0.48079
HALOPERIDOL DECANOATE	50 MG/ML	AMPUL	INTRAMUSC	04/25/2023	16.65200
HALOPERIDOL DECANOATE	100 MG/ML	AMPUL	INTRAMUSC	05/25/2023	35.87705
HALOPERIDOL DECANOATE	100 MG/ML	VIAL	INTRAMUSC	09/07/2023	9.77500
HALOPERIDOL LACTATE	2 MG/ML	ORAL CONC	ORAL	10/19/2023	0.51791
HALOPERIDOL LACTATE	5 MG/ML	VIAL	INJECTION	07/13/2023	1.23012
HALOPERIDOL LACTATE	5 MG/ML	SYRINGE	INTRAMUSC	08/27/2020	9.29948
HEPARIN SOD,PORK IN 0.45% NACL	25000/250	IV SOLN	INTRAVEN	04/27/2023	0.07296
HEPARIN SOD,PORK IN 0.45% NACL	25000/500	IV SOLN	INTRAVEN	10/05/2023	0.02256
HEPARIN SODIUM,PORCINE	5000/ML	SYRINGE	INJECTION	05/31/2023	3.94680

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
HEPARIN SODIUM,PORCINE	1000/ML	VIAL	INJECTION	09/21/2023	0.21641
HEPARIN SODIUM,PORCINE	10000/ML	VIAL	INJECTION	11/10/2022	2.85384
HEPARIN SODIUM,PORCINE	20000/ML	VIAL	INJECTION	10/19/2021	8.23000
HEPARIN SODIUM,PORCINE	5000/ML	VIAL	INJECTION	12/15/2022	0.82276
HEPARIN SODIUM,PORCINE/D5W	25000/250	IV SOLN	INTRAVEN	02/09/2023	0.06159
HEPARIN SODIUM,PORCINE/D5W	25000/500	IV SOLN	INTRAVEN	10/19/2023	0.04152
HEPARIN SODIUM,PORCINE/NS/PF	1000/500ML	IV SOLN	INTRAVEN	04/13/2023	0.01067
HEPARIN SODIUM,PORCINE/NS/PF	2K/1000ML	IV SOLN	INTRAVEN	03/09/2023	0.00863
HEPARIN SODIUM,PORCINE/PF	1000/ML	VIAL	INJECTION	07/14/2022	3.82800
HEPARIN SODIUM,PORCINE/PF	5000/0.5ML	VIAL	INJECTION	05/19/2022	11.04231
HEPARIN SODIUM,PORCINE/PF	300/3 ML	SYRINGE	INTRAVEN	05/06/2022	0.14181
HEPARIN SODIUM,PORCINE/PF	5000/0.5ML	SYRINGE	SUBCUT	08/01/2022	3.10000
HETASTARCH IN 0.9 % NACL	6 %-0.9 %	PLAST. BAG	INTRAVEN	05/06/2022	0.05935
HORSE CHESTNUT SEED	300 MG	CAPSULE	ORAL	07/27/2022	0.11167
HYDRALAZINE HCL	10 MG	TABLET	ORAL	09/28/2023	0.05024
HYDRALAZINE HCL	100 MG	TABLET	ORAL	09/28/2023	0.11055
HYDRALAZINE HCL	25 MG	TABLET	ORAL	10/19/2023	0.05226
HYDRALAZINE HCL	50 MG	TABLET	ORAL	10/12/2023	0.06432
HYDRALAZINE HCL	20 MG/ML	VIAL	INJECTION	05/25/2023	4.38900
HYDROCHLORIC ACID	10 %	LIQUID	MISCELL	05/06/2022	0.21589
HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	ORAL	04/06/2023	0.03069

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HYDROCHLOROTHIAZIDE	25 MG	TABLET	ORAL	10/05/2023	0.01548
HYDROCHLOROTHIAZIDE	50 MG	TABLET	ORAL	10/12/2023	0.01876
HYDROCHLOROTHIAZIDE	12.5 MG	TABLET	ORAL	10/05/2023	0.06030
HYDROCODONE BIT/HOMATROP ME-BR	5-1.5 MG/5	SYRUP	ORAL	10/19/2023	0.13138
HYDROCODONE BIT/HOMATROP ME-BR	5-1.5 MG/5	SYRUP	ORAL	09/14/2023	2.22728
HYDROCODONE BIT/HOMATROP ME-BR	5 MG-1.5MG	TABLET	ORAL	08/01/2022	0.66000
HYDROCODONE BITARTRATE	20 MG	TAB ER 24H	ORAL	08/17/2023	11.27364
HYDROCODONE BITARTRATE	30 MG	TAB ER 24H	ORAL	09/21/2023	12.66577
HYDROCODONE BITARTRATE	40 MG	TAB ER 24H	ORAL	08/01/2022	11.56240
HYDROCODONE BITARTRATE	60 MG	TAB ER 24H	ORAL	05/06/2022	26.59431
HYDROCODONE BITARTRATE	80 MG	TAB ER 24H	ORAL	08/25/2022	35.85553
HYDROCODONE BITARTRATE	100 MG	TAB ER 24H	ORAL	09/21/2023	45.62224
HYDROCODONE BITARTRATE	120 MG	TAB ER 24H	ORAL	08/01/2022	27.50110
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	11/02/2023	0.12685
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	10/19/2023	0.23781
HYDROCODONE/ACETAMINOPHEN	2.5-108/5	SOLUTION	ORAL	05/06/2022	0.61774
HYDROCODONE/ACETAMINOPHEN	5-217MG/10	SOLUTION	ORAL	05/06/2022	0.31758
HYDROCODONE/ACETAMINOPHEN	10MG-325MG	TABLET	ORAL	10/19/2023	0.06533
HYDROCODONE/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	08/11/2023	0.13074
HYDROCODONE/ACETAMINOPHEN	7.5-325 MG	TABLET	ORAL	09/28/2023	0.12826
HYDROCODONE/ACETAMINOPHEN	5 MG-300MG	TABLET	ORAL	10/13/2022	0.20904

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HYDROCODONE/ACETAMINOPHEN	7.5-300 MG	TABLET	ORAL	10/13/2022	0.22512
HYDROCORTISONE	10 MG	TABLET	ORAL	12/21/2022	0.29046
HYDROCORTISONE	20 MG	TABLET	ORAL	11/08/2023	0.90102
HYDROCORTISONE	5 MG	TABLET	ORAL	11/08/2023	0.26425
HYDROCORTISONE	100MG/60ML	ENEMA	RECTAL	11/09/2021	0.49373
HYDROCORTISONE	1 %	CREAM (G)	TOPICAL	05/17/2023	0.10229
HYDROCORTISONE	2.5 %	CREAM (G)	TOPICAL	08/03/2023	0.11479
HYDROCORTISONE	1 %	CREAM PACK	TOPICAL	10/12/2023	0.06839
HYDROCORTISONE	2.5 %	CRM/PE APP	TOPICAL	07/13/2023	0.28989
HYDROCORTISONE	1 %	OINT. (G)	TOPICAL	05/11/2023	0.20100
HYDROCORTISONE	2.5 %	OINT. (G)	TOPICAL	09/01/2022	0.14094
HYDROCORTISONE	1 %	LOTION	TOPICAL	05/06/2022	0.14851
HYDROCORTISONE	1 %	LOTION	TOPICAL	10/12/2023	0.09171
HYDROCORTISONE ACETATE	1 %	CREAM (G)	TOPICAL	05/06/2022	0.13188
HYDROCORTISONE BUTYRATE	0.1 %	OINT. (G)	TOPICAL	07/27/2023	3.17416
HYDROCORTISONE BUTYRATE	0.1 %	LOTION	TOPICAL	05/06/2022	5.11228
HYDROCORTISONE BUTYRATE/EMOLL	0.1 %	CREAM (G)	TOPICAL	05/06/2022	4.36920
HYDROCORTISONE VALERATE	0.2 %	CREAM (G)	TOPICAL	04/06/2023	0.24857
HYDROCORTISONE VALERATE	0.2 %	OINT. (G)	TOPICAL	10/26/2023	3.21053
HYDROCORTISONE/ALOE VERA	1 %	CREAM (G)	TOPICAL	04/13/2023	0.06001
HYDROGEN PEROXIDE	3 %	SOLUTION	MISCELL	05/17/2023	0.00098

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
HYDROMORPHONE HCL	1 MG/ML	LIQUID	ORAL	02/11/2020	0.26598
HYDROMORPHONE HCL	2 MG	TABLET	ORAL	04/25/2023	0.09002
HYDROMORPHONE HCL	4 MG	TABLET	ORAL	09/28/2023	0.15839
HYDROMORPHONE HCL	8 MG	TABLET	ORAL	05/17/2023	0.58518
HYDROMORPHONE HCL	12 MG	TAB ER 24H	ORAL	06/29/2023	13.34750
HYDROMORPHONE HCL	32 MG	TAB ER 24H	ORAL	03/09/2023	20.67366
HYDROMORPHONE HCL	16 MG	TAB ER 24H	ORAL	01/26/2023	15.63408
HYDROMORPHONE HCL	8 MG	TAB ER 24H	ORAL	06/29/2023	9.81341
HYDROMORPHONE HCL	1 MG/ML	CARTRIDGE	INJECTION	08/31/2017	3.05976
HYDROMORPHONE HCL	2 MG/ML	CARTRIDGE	INJECTION	08/31/2017	3.28020
HYDROMORPHONE HCL	4 MG/ML	CARTRIDGE	INJECTION	01/04/2018	4.28868
HYDROMORPHONE HCL	2 MG/ML	VIAL	INJECTION	04/25/2023	1.43800
HYDROMORPHONE HCL/PF	10 MG/ML	VIAL	INJECTION	05/06/2022	1.57785
HYDROMORPHONE HCL/PF	2 MG/ML	VIAL	INJECTION	04/20/2023	5.21208
HYDROXYCHLOROQUINE SULFATE	200 MG	TABLET	ORAL	11/02/2023	0.19210
HYDROXYCHLOROQUINE SULFATE	400 MG	TABLET	ORAL	01/19/2023	0.87341
HYDROXYCHLOROQUINE SULFATE	100 MG	TABLET	ORAL	01/19/2023	0.22740
HYDROXYCHLOROQUINE SULFATE	300 MG	TABLET	ORAL	01/19/2023	0.67938
HYDROXYPROPYL CELLULOSE		POWDER	MISCELL	05/06/2022	0.73700
HYDROXYUREA	500 MG	CAPSULE	ORAL	05/11/2023	0.37520
HYDROXYZINE HCL	10 MG	TABLET	ORAL	10/26/2023	0.05666

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
HYDROXYZINE HCL	25 MG	TABLET	ORAL	11/10/2020	0.05352
HYDROXYZINE HCL	50 MG	TABLET	ORAL	12/08/2020	0.06825
HYDROXYZINE PAMOATE	25 MG	CAPSULE	ORAL	09/21/2021	0.06135
HYDROXYZINE PAMOATE	50 MG	CAPSULE	ORAL	10/26/2023	0.13346
HYPOCHLOROUS ACID/SODIUM CHLOR	0.01 %	SPRAY	TOPICAL	06/02/2022	0.31698
HYPROMELLOSE		POWDER	MISCELL	05/06/2022	0.08971
HYPROMELLOSE CAPSULES (EMPTY)		CAPSULE	ORAL	11/22/2022	0.02495
HYPROMELLOSE DR CAP (EMPTY)		CAPSULE DR	ORAL	05/06/2022	0.18090
IBANDRONATE SODIUM	150 MG	TABLET	ORAL	08/31/2023	6.41350
IBANDRONATE SODIUM	3 MG/3 ML	SYRINGE	INTRAVEN	10/05/2023	40.37475
IBUPROFEN	200 MG	CAPSULE	ORAL	10/12/2023	0.06784
IBUPROFEN	100 MG/5ML	ORAL SUSP	ORAL	08/10/2023	0.03210
IBUPROFEN	50 MG/1.25	DROPS SUSP	ORAL	06/09/2022	0.34158
IBUPROFEN	200 MG	TABLET	ORAL	10/19/2023	0.03501
IBUPROFEN	400 MG	TABLET	ORAL	10/05/2023	0.03997
IBUPROFEN	600 MG	TABLET	ORAL	11/08/2023	0.04901
IBUPROFEN	800 MG	TABLET	ORAL	10/05/2023	0.06212
IBUPROFEN	100 MG	TAB CHEW	ORAL	08/03/2021	0.16499
IBUPROFEN LYSINE/PF	20 MG/2 ML	VIAL	INTRAVEN	08/17/2023	209.79529
IBUPROFEN/ACETAMINOPHEN	125-250 MG	TABLET	ORAL	09/14/2023	0.19458
IBUPROFEN/DIPHENHYDRAMINE CIT	200MG-38MG	TABLET	ORAL	09/21/2023	0.17201

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
IBUPROFEN/FAMOTIDINE	800-26.6MG	TABLET	ORAL	08/03/2023	4.22781
ICARIDIN	20 %	SPRAY/PUMP	TOPICAL	08/18/2022	0.03015
ICATIBANT ACETATE	30 MG/3 ML	SYRINGE	SUBCUT	10/05/2023	427.08333
ICOSAPENT ETHYL	1 G	CAPSULE	ORAL	10/19/2023	1.96958
ICOSAPENT ETHYL	0.5 GRAM	CAPSULE	ORAL	07/20/2023	1.69354
IDARUBICIN HCL	1 MG/ML	VIAL	INTRAVEN	07/07/2022	7.23900
IFOSFAMIDE	1 G	VIAL	INTRAVEN	05/06/2022	34.30521
IFOSFAMIDE	1 G/20 ML	VIAL	INTRAVEN	05/06/2022	3.63974
IFOSFAMIDE	3 G/60 ML	VIAL	INTRAVEN	01/23/2018	2.33160
IMATINIB MESYLATE	400 MG	TABLET	ORAL	10/12/2023	4.57600
IMATINIB MESYLATE	100 MG	TABLET	ORAL	10/12/2023	1.31022
IMIPENEM/CILASTATIN SODIUM	500 MG	VIAL	INTRAVEN	09/29/2022	13.06250
IMIPRAMINE HCL	10 MG	TABLET	ORAL	10/12/2023	0.09183
IMIPRAMINE HCL	25 MG	TABLET	ORAL	12/15/2022	0.02613
IMIPRAMINE HCL	50 MG	TABLET	ORAL	10/09/2023	0.04188
IMIPRAMINE PAMOATE	100 MG	CAPSULE	ORAL	07/05/2018	8.24760
IMIPRAMINE PAMOATE	125 MG	CAPSULE	ORAL	07/05/2018	8.24760
IMIPRAMINE PAMOATE	150 MG	CAPSULE	ORAL	10/12/2023	10.56850
IMIPRAMINE PAMOATE	75 MG	CAPSULE	ORAL	07/05/2018	7.70040
IMIQUIMOD	3.75 %	CRM MD PMP	TOPICAL	06/16/2022	53.81250
IMIQUIMOD	3.75 %	CREAM PACK	TOPICAL	08/17/2023	41.49090

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
INDAPAMIDE	2.5 MG	TABLET	ORAL	08/17/2023	0.27128
INDAPAMIDE	1.25 MG	TABLET	ORAL	08/17/2023	0.28596
INDOCYANINE GREEN	25 MG	VIAL	INJECTION	05/11/2023	50.71614
INDOMETHACIN	25 MG	CAPSULE	ORAL	10/19/2023	0.13092
INDOMETHACIN	50 MG	CAPSULE	ORAL	10/19/2023	0.18479
INDOMETHACIN	75 MG	CAPSULE ER	ORAL	08/24/2023	0.35175
INDOMETHACIN	50 MG	SUPP.RECT	RECTAL	10/05/2023	222.08333
INHALER,ASSIST DEV,SMALL MASK		SPACER	MISCELL	10/19/2023	71.18113
INHALER,ASSIST DEVICE,ACCESORY		EACH	MISCELL	10/19/2023	0.28475
INHALER,ASSIST DEVICE,LG MASK		SPACER	MISCELL	10/19/2023	71.12988
INSULIN NPH HUM/REG INSULIN HM	70-30/ML	VIAL	SUBCUT	05/12/2022	15.93795
INSULIN NPH HUM/REG INSULIN HM	70-30/ML	INSULN PEN	SUBCUT	05/19/2022	30.59523
INSULIN NPH HUMAN ISOPHANE	100/ML	VIAL	SUBCUT	05/12/2022	15.93795
INSULIN NPH HUMAN ISOPHANE	100/ML (3)	INSULN PEN	SUBCUT	05/19/2022	30.59523
INSULIN REGULAR, HUMAN	100/ML	VIAL	INJECTION	05/12/2022	15.93795
INTRAVENOUS ADMINISTRATION SET		INFUS.SET	MISCELL	08/10/2023	0.21775
INTRAVENOUS EXTENSION SET		INFUS.SET	MISCELL	05/06/2022	2.01536
IODINE/POTASSIUM IODIDE	5 %-10 %	SOLUTION	TOPICAL	05/06/2022	0.20100
IODINE/SODIUM IODIDE	2 %	TINCTURE	TOPICAL	07/13/2023	0.07618
IODIXANOL	320 MG/ML	INFUS. BTL	INTRAVEN	05/25/2023	0.44220
IODIXANOL	270 MG/ML	INFUS. BTL	INTRAVEN	05/25/2023	0.44220

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
IOPAMIDOL	200 MG/ML	VIAL	INTRATHEC	09/07/2023	5.34118
IOPAMIDOL	300 MG/ML	VIAL	INTRATHEC	09/07/2023	6.90673
IPRATROPIUM BROMIDE	42 MCG	SPRAY	NASAL	06/29/2023	1.50795
IPRATROPIUM BROMIDE	21 MCG	SPRAY	NASAL	10/19/2023	0.99875
IPRATROPIUM BROMIDE	0.2 MG/ML	SOLUTION	INHALATION	11/08/2023	0.10979
IPRATROPIUM/ALBUTEROL SULFATE	0.5-3MG/3	AMPUL-NEB	INHALATION	10/19/2023	0.10631
IRBESARTAN	150 MG	TABLET	ORAL	11/02/2023	0.10914
IRBESARTAN	300 MG	TABLET	ORAL	11/02/2023	0.17122
IRBESARTAN	75 MG	TABLET	ORAL	09/21/2023	0.08308
IRBESARTAN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET	ORAL	09/21/2023	0.18894
IRBESARTAN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET	ORAL	08/11/2022	0.31713
IRINOTECAN HCL	40 MG/2 ML	VIAL	INTRAVEN	03/23/2023	5.00280
IRINOTECAN HCL	100 MG/5ML	VIAL	INTRAVEN	08/10/2023	4.46160
IRINOTECAN HCL	300MG/15ML	VIAL	INTRAVEN	10/19/2021	4.33300
IRON FUM,PS/FOLIC ACID/VITC/B3	125-1-40-3	CAPSULE	ORAL	10/26/2023	0.85135
IRON FUM,PS/FOLIC/BCOMP,C NO.9	125 MG-1MG	CAPSULE	ORAL	10/26/2023	1.00143
IRON FUMARATE/VIT C/VIT B12/FA	460-60MG	CAPSULE	ORAL	10/26/2022	0.44213
IRON POLYSACCHARIDE COMPLEX	150 MG	CAPSULE	ORAL	07/13/2023	0.12248
IRON PS COMPLEX/B12/FOLIC ACID	150-25-1	CAPSULE	ORAL	09/12/2019	0.15330
IRON,CARB/VIT C/VIT B12/FOLIC	100-250-1	TABLET	ORAL	05/06/2022	0.31825
IRON,CARBONYL	15MG/1.25	ORAL SUSP	ORAL	05/31/2023	0.35907

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IRON,CARBONYL/ASCORBIC ACID	100-250 MG	TABLET	ORAL	07/20/2023	0.17340
IRON/FOLIC AC/VIT BCOMP,C/MIN	106 MG-1MG	TABLET	ORAL	09/26/2019	0.26800
ISONIAZID	300 MG	TABLET	ORAL	05/06/2022	0.26867
ISOPROPYL ALCOHOL		SOLUTION	MISCELL	05/06/2022	0.00392
ISOPROPYL ALCOHOL	70 %	SOLUTION	MISCELL	05/25/2023	0.00475
ISOPROPYL ALCOHOL	99 %	SOLUTION	MISCELL	09/07/2023	0.01488
ISOPROPYL ALCOHOL IN GLYCERIN	95 %-5 %	DROPS	OTIC (EAR)	07/21/2022	0.11077
ISOPROTERENOL HCL	0.2 MG/ML	AMPUL	INJECTION	08/17/2023	19.81665
ISOPROTERENOL HCL	0.2 MG/ML	VIAL	INJECTION	10/26/2023	35.01400
ISOSORBIDE DINIT/HYDRALAZINE	20-37.5MG	TABLET	ORAL	09/28/2023	2.77391
ISOSORBIDE DINITRATE	10 MG	TABLET	ORAL	10/19/2023	0.60454
ISOSORBIDE DINITRATE	20 MG	TABLET	ORAL	09/21/2023	0.53757
ISOSORBIDE DINITRATE	30 MG	TABLET	ORAL	08/31/2023	0.92083
ISOSORBIDE DINITRATE	40 MG	TABLET	ORAL	02/16/2023	13.17932
ISOSORBIDE DINITRATE	5 MG	TABLET	ORAL	03/23/2023	0.28207
ISOSORBIDE MONONITRATE	60 MG	TAB ER 24H	ORAL	12/07/2021	0.18492
ISOSORBIDE MONONITRATE	120 MG	TAB ER 24H	ORAL	06/29/2023	0.65754
ISOSORBIDE MONONITRATE	30 MG	TAB ER 24H	ORAL	10/12/2023	0.14171
ISOSULFAN BLUE	1 %	VIAL	SUBCUT	05/06/2022	108.78461
ISOTRETINOIN	10 MG	CAPSULE	ORAL	10/26/2023	7.59164
ISOTRETINOIN	20 MG	CAPSULE	ORAL	10/26/2023	7.59164

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ISOTRETINOIN	40 MG	CAPSULE	ORAL	07/24/2023	14.51731
ISOTRETINOIN	30 MG	CAPSULE	ORAL	10/26/2023	7.59164
ISOTRETINOIN	25 MG	CAPSULE	ORAL	05/17/2023	23.96205
ISOTRETINOIN	35 MG	CAPSULE	ORAL	05/17/2023	23.96205
ISRADIPINE	5 MG	CAPSULE	ORAL	10/19/2023	3.43094
ITRACONAZOLE	100 MG	CAPSULE	ORAL	11/22/2022	1.15017
ITRACONAZOLE	10 MG/ML	SOLUTION	ORAL	11/22/2022	1.31141
IVERMECTIN	3 MG	TABLET	ORAL	07/21/2022	4.75926
IVERMECTIN	1 %	CREAM (G)	TOPICAL	10/19/2023	5.18555
IVERMECTIN	0.5 %	LOTION	TOPICAL	07/06/2023	0.36264
KELP	150 MCG	TABLET	ORAL	07/27/2022	0.02844
KETOCONAZOLE	200 MG	TABLET	ORAL	10/19/2023	0.96051
KETOCONAZOLE	2 %	FOAM	TOPICAL	10/19/2023	5.19653
KETOCONAZOLE	2 %	CREAM (G)	TOPICAL	09/07/2023	0.40200
KETOCONAZOLE	2 %	SHAMPOO	TOPICAL	08/03/2023	0.18995
KETOPROFEN	50 MG	CAPSULE	ORAL	10/20/2022	1.52989
KETOPROFEN	75 MG	CAPSULE	ORAL	05/06/2022	1.69984
KETOROLAC TROMETHAMINE	10 MG	TABLET	ORAL	09/14/2023	1.21377
KETOROLAC TROMETHAMINE	15 MG/ML	VIAL	INJECTION	08/10/2023	0.89780
KETOROLAC TROMETHAMINE	30MG/ML(1)	VIAL	INJECTION	10/05/2023	1.10751
KETOROLAC TROMETHAMINE	0.5 %	DROPS	OPHTHALMIC	10/26/2023	2.25522

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
KETOROLAC TROMETHAMINE	0.4 %	DROPS	OPHTHALMIC	08/01/2022	11.95464
KETOROLAC TROMETHAMINE	15.75 MG	SPRAY	NASAL	05/06/2022	227.02213
KETOROLAC TROMETHAMINE	60 MG/2 ML	VIAL	INTRAMUSC	04/20/2023	0.65560
KETOTIFEN FUMARATE	0.025 %	DROPS	OPHTHALMIC	10/26/2023	2.85648
KIT FOR PREP TC-99M/MEBROFENIN	45 MG	VIAL	INTRAVEN	05/06/2022	73.80000
L-MEFOL/A-CYST/MEB12/ALGAL OIL	6-600-2 MG	TABLET	ORAL	09/12/2023	3.91219
L-NORGEST/E.ESTRADIOL-E.ESTRAD	150-30(84)	TBDSPK 3MO	ORAL	05/17/2023	0.27470
L-NORGEST/E.ESTRADIOL-E.ESTRAD	100-20(84)	TBDSPK 3MO	ORAL	06/07/2023	0.57193
L-NORGEST/E.ESTRADIOL-E.ESTRAD	0.15MG(84)	TBDSPK 3MO	ORAL	05/06/2022	3.97197
L. ACIDOPH/L. PLANTAR/L. RHAMN	15B CELL	CAPSULE	ORAL	09/21/2023	0.42210
L. ACIDOPHILUS/BIFID. ANIMALIS	31B CELL	CAPSULE	ORAL	07/11/2023	27.33330
L. ACIDOPHILUS/BIFID. ANIMALIS	32B CELL	CAPSULE	ORAL	09/29/2022	31.98000
L. ACIDOPHILUS/BIFID. ANIMALIS	33B CELL	CAPSULE	ORAL	09/21/2023	32.39000
L. ACIDOPHILUS/L.BULGARICUS	100MM CELL	GRAN PACK	ORAL	07/20/2023	1.96533
L. ACIDOPHILUS/L.BULGARICUS	1MM CELL	TABLET	ORAL	07/13/2023	0.23128
L. RHAMNOSUS GG/INULIN	20B-200 MG	CAPSULE	ORAL	03/02/2023	1.17317
LABETALOL HCL	100 MG	TABLET	ORAL	03/16/2023	0.10452
LABETALOL HCL	200 MG	TABLET	ORAL	03/16/2023	0.14606
LABETALOL HCL	300 MG	TABLET	ORAL	03/16/2023	0.20858
LABETALOL HCL	20 MG/4 ML	SYRINGE	INTRAVEN	11/08/2018	2.04853
LABETALOL HCL	5 MG/ML	VIAL	INTRAVEN	08/17/2023	0.18268

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LACOSAMIDE	10 MG/ML	SOLUTION	ORAL	11/02/2023	0.24087
LACOSAMIDE	50 MG	TABLET	ORAL	08/31/2023	0.22333
LACOSAMIDE	100 MG	TABLET	ORAL	10/19/2023	0.27202
LACOSAMIDE	150 MG	TABLET	ORAL	08/24/2023	0.40446
LACOSAMIDE	200 MG	TABLET	ORAL	08/31/2023	0.43394
LACOSAMIDE	200MG/20ML	VIAL	INTRAVEN	11/08/2023	1.10550
LACTASE	3000 UNIT	TABLET	ORAL	05/25/2023	0.11211
LACTASE	9000 UNIT	TABLET	ORAL	10/19/2023	0.28881
LACTOBACILLUS ACIDOPHILUS		CAPSULE	ORAL	05/06/2022	0.02677
LACTOBACILLUS ACIDOPHILUS	680 MG	CAPSULE	ORAL	05/06/2022	0.26800
LACTOBACILLUS ACIDOPHILUS	500MM CELL	CAPSULE	ORAL	11/22/2022	0.47061
LACTOBACILLUS ACIDOPHILUS/PECT	75 MM-100	CAPSULE	ORAL	08/04/2022	0.04392
LACTOBACILLUS REUTERI	100MM/5DRP	DROPS SUSP	ORAL	05/06/2022	2.17750
LACTOBACILLUS REUTERI/VIT D3	100 MM-10	DROPS	ORAL	05/06/2022	3.53892
LACTULOSE	10 G	PACKET	ORAL	01/28/2021	9.35218
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	09/21/2023	0.01843
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	08/31/2023	0.01868
LACTULOSE	20 G/30 ML	SOLUTION	ORAL	09/21/2023	0.03739
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	04/18/2023	0.03118
LAMIVUDINE	10 MG/ML	SOLUTION	ORAL	10/19/2023	0.37252
LAMIVUDINE	100 MG	TABLET	ORAL	10/19/2023	11.22285

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LAMIVUDINE/ZIDOVUDINE	150-300 MG	TABLET	ORAL	07/27/2023	3.35478
LAMOTRIGINE	25 MG	TAB ER 24	ORAL	05/31/2023	0.96525
LAMOTRIGINE	50 MG	TAB ER 24	ORAL	01/05/2023	1.65267
LAMOTRIGINE	100 MG	TAB ER 24	ORAL	01/05/2023	1.78577
LAMOTRIGINE	200 MG	TAB ER 24	ORAL	11/02/2023	1.84473
LAMOTRIGINE	300 MG	TAB ER 24	ORAL	01/03/2023	3.38052
LAMOTRIGINE	250 MG	TAB ER 24	ORAL	08/31/2023	4.75640
LAMOTRIGINE	100 MG	TABLET	ORAL	10/26/2023	0.04690
LAMOTRIGINE	25 MG	TABLET	ORAL	10/26/2023	0.03826
LAMOTRIGINE	150 MG	TABLET	ORAL	02/04/2020	0.06723
LAMOTRIGINE	200 MG	TABLET	ORAL	09/14/2023	0.08437
LAMOTRIGINE	25MG (35)	TAB DS PK	ORAL	01/12/2023	16.71420
LAMOTRIGINE	25(84)-100	TAB DS PK	ORAL	01/12/2023	17.05307
LAMOTRIGINE	50 MG	TAB RAPDIS	ORAL	10/19/2023	5.39157
LAMOTRIGINE	25 MG	TAB RAPDIS	ORAL	06/29/2023	3.77080
LAMOTRIGINE	100 MG	TAB RAPDIS	ORAL	10/26/2023	4.35688
LAMOTRIGINE	200 MG	TAB RAPDIS	ORAL	10/26/2023	5.96815
LAMOTRIGINE	25-50-100	TB RD DSPK	ORAL	05/17/2023	19.07960
LAMOTRIGINE	25(21)-50	TB RD DSPK	ORAL	05/17/2023	16.69601
LAMOTRIGINE	50(42)-100	TB RD DSPK	ORAL	05/17/2023	23.84880
LAMOTRIGINE	25 MG	TB CHW DSP	ORAL	10/25/2021	0.29507

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LAMOTRIGINE	5 MG	TB CHW DSP	ORAL	12/15/2022	0.31008
LANOLIN	50 %	OINT. (G)	TOPICAL	06/07/2023	0.02007
LANOLIN		WAX	MISCELL	05/06/2022	0.12518
LANOLIN ALCOHOL/MO/W.PET/CERES		CREAM (G)	TOPICAL	08/17/2023	0.02557
LANOLIN/MINERAL OIL		LOTION	TOPICAL	07/27/2023	0.01111
LANSOPRAZOLE	15 MG	CAPSULE DR	ORAL	10/19/2023	0.26577
LANSOPRAZOLE	30 MG	CAPSULE DR	ORAL	10/19/2023	0.13590
LANSOPRAZOLE	15 MG	TAB RAP DR	ORAL	09/07/2023	5.51091
LANSOPRAZOLE	30 MG	TAB RAP DR	ORAL	09/07/2023	5.23103
LANSOPRAZOLE/AMOXICILN/CLARITH	30-500-500	COMBO. PKG	ORAL	11/02/2023	8.95639
LANTHANUM CARBONATE	500 MG	TAB CHEW	ORAL	10/12/2023	7.49102
LANTHANUM CARBONATE	1000 MG	TAB CHEW	ORAL	12/15/2022	7.18241
LANTHANUM CARBONATE	750 MG	TAB CHEW	ORAL	10/12/2023	7.81840
LAPATINIB DITOSYLATE	250 MG	TABLET	ORAL	01/17/2023	62.57518
LATANOPROST	0.005 %	DROPS	OPHTHALMIC	07/20/2023	2.26460
LAVENDER OIL		OIL	MISCELL	07/27/2022	1.50750
LECITHIN	1200 MG	CAPSULE	ORAL	09/08/2022	0.05286
LECITHIN/PYRIDOXINE/KELP		TABLET	ORAL	05/06/2022	0.05219
LEFLUNOMIDE	10 MG	TABLET	ORAL	04/18/2023	0.27961
LEFLUNOMIDE	20 MG	TABLET	ORAL	04/13/2023	0.93800
LEMON EUCALYPTUS OIL	30 %	SPRAY	TOPICAL	05/06/2022	0.02821

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LEMON FLAVOR EXTRACT		LIQUID	ORAL	05/06/2022	0.41540
LEMON OIL		OIL	MISCELL	05/06/2022	1.84250
LENALIDOMIDE	5 MG	CAPSULE	ORAL	10/19/2023	896.75749
LENALIDOMIDE	10 MG	CAPSULE	ORAL	10/19/2023	896.75749
LENALIDOMIDE	15 MG	CAPSULE	ORAL	10/19/2023	896.75825
LENALIDOMIDE	25 MG	CAPSULE	ORAL	10/19/2023	896.75825
LENALIDOMIDE	2.5 MG	CAPSULE	ORAL	09/14/2023	896.75749
LENALIDOMIDE	20 MG	CAPSULE	ORAL	09/28/2023	896.75825
LETROZOLE	2.5 MG	TABLET	ORAL	09/21/2023	0.16348
LEUCOVORIN CALCIUM	10 MG	TABLET	ORAL	04/06/2023	6.72571
LEUCOVORIN CALCIUM	25 MG	TABLET	ORAL	07/21/2022	5.56800
LEUCOVORIN CALCIUM	5 MG	TABLET	ORAL	08/25/2022	0.89557
LEUCOVORIN CALCIUM	100 MG	VIAL	INJECTION	10/26/2023	9.61400
LEUCOVORIN CALCIUM	350 MG	VIAL	INJECTION	08/17/2023	15.75000
LEUCOVORIN CALCIUM	50 MG	VIAL	INJECTION	08/17/2023	6.37032
LEUCOVORIN CALCIUM	200 MG	VIAL	INJECTION	08/17/2023	10.92500
LEUCOVORIN CALCIUM	500 MG	VIAL	INJECTION	08/17/2023	54.20200
LEUPROLIDE ACETATE	1 MG/0.2ML	KIT	SUBCUT	12/15/2022	440.47325
LEVALBUTEROL HCL	0.63MG/3ML	VIAL-NEB	INHALATION	10/19/2023	0.41522
LEVALBUTEROL HCL	1.25MG/3ML	VIAL-NEB	INHALATION	10/19/2023	0.43461
LEVALBUTEROL HCL	0.31MG/3ML	VIAL-NEB	INHALATION	10/19/2023	0.44613

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LEVALBUTEROL HCL	1.25MG/0.5	VIAL-NEB	INHALATION	03/02/2023	6.03335
LEVETIRACETAM	100 MG/ML	SOLUTION	ORAL	05/17/2023	0.04548
LEVETIRACETAM	500 MG/5ML	SOLUTION	ORAL	09/14/2023	0.73512
LEVETIRACETAM	250 MG	TABLET	ORAL	10/19/2023	0.05550
LEVETIRACETAM	500 MG	TABLET	ORAL	11/02/2023	0.08650
LEVETIRACETAM	750 MG	TABLET	ORAL	06/15/2023	0.11929
LEVETIRACETAM	1000 MG	TABLET	ORAL	08/10/2023	0.19732
LEVETIRACETAM	500 MG	TAB ER 24H	ORAL	09/28/2023	0.29257
LEVETIRACETAM	750 MG	TAB ER 24H	ORAL	06/29/2023	0.51411
LEVETIRACETAM	500 MG/5ML	VIAL	INTRAVEN	03/23/2023	0.34371
LEVETIRACETAM IN NACL (ISO-OS)	500MG/0.1L	PIGGYBACK	INTRAVEN	05/25/2023	0.10948
LEVETIRACETAM IN NACL (ISO-OS)	1000MG/100	PIGGYBACK	INTRAVEN	09/28/2023	0.15138
LEVETIRACETAM IN NACL (ISO-OS)	1500MG/100	PIGGYBACK	INTRAVEN	09/28/2023	0.20308
LEVOCARNITINE	100 MG/ML	SOLUTION	ORAL	02/02/2023	0.47123
LEVOCARNITINE	330 MG	TABLET	ORAL	03/09/2023	0.73514
LEVOCARNITINE (WITH SUGAR)	100 MG/ML	SOLUTION	ORAL	09/26/2023	0.23226
LEVOCARNITINE TARTRATE	500 MG	CAPSULE	ORAL	12/08/2022	0.28254
LEVOCETIRIZINE DIHYDROCHLORIDE	2.5 MG/5ML	SOLUTION	ORAL	10/20/2022	0.30695
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	ORAL	08/31/2023	0.12060
LEVOFLOXACIN	250 MG	TABLET	ORAL	10/12/2023	0.27604
LEVOFLOXACIN	500 MG	TABLET	ORAL	11/02/2023	0.32763

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LEVOFLOXACIN	750 MG	TABLET	ORAL	03/02/2023	0.33031
LEVOFLOXACIN	25 MG/ML	VIAL	INTRAVEN	10/27/2020	0.28308
LEVOFLOXACIN IN DEXTROSE 5 %	250MG/50ML	PIGGYBACK	INTRAVEN	05/06/2022	0.06218
LEVOFLOXACIN IN DEXTROSE 5 %	500MG/0.1L	PIGGYBACK	INTRAVEN	05/06/2022	0.04569
LEVOFLOXACIN IN DEXTROSE 5 %	750MG/.15L	PIGGYBACK	INTRAVEN	05/06/2022	0.03377
LEVOMEFOLATE CALCIUM	7.5 MG	TABLET	ORAL	05/06/2022	2.19626
LEVOMEFOLATE CALCIUM	15 MG	TABLET	ORAL	10/12/2023	1.87808
LEVOMEFOLATE/ALGAL OIL	15-90.314	CAPSULE	ORAL	08/10/2023	4.25216
LEVOMEFOLATE/B6/B12/ALGAL OIL	3-35-2 MG	CAPSULE	ORAL	07/06/2023	2.37091
LEVONORGEST/ETH.ESTRADIOL/IRON	0.1-0.02MG	TABLET	ORAL	09/07/2023	6.81325
LEVONORGESTREL	1.5 MG	TABLET	ORAL	06/07/2023	9.72900
LEVONORGESTREL/ETHIN.ESTRADIOL	0.15-0.03	TABLET	ORAL	05/11/2023	0.24551
LEVONORGESTREL/ETHIN.ESTRADIOL	6-5-10	TABLET	ORAL	05/06/2022	0.72599
LEVONORGESTREL/ETHIN.ESTRADIOL	90-20 MCG	TABLET	ORAL	03/09/2023	1.52569
LEVONORGESTREL/ETHIN.ESTRADIOL	0.15-0.03	TBDSPK 3MO	ORAL	03/23/2023	0.31311
LEVORPHANOL TARTRATE	2 MG	TABLET	ORAL	12/21/2022	31.36736
LEVORPHANOL TARTRATE	3 MG	TABLET	ORAL	05/11/2023	66.89775
LEVOTHYROXINE SODIUM	150 MCG	CAPSULE	ORAL	04/25/2023	3.45000
LEVOTHYROXINE SODIUM	137 MCG	CAPSULE	ORAL	05/16/2023	3.97470
LEVOTHYROXINE SODIUM	125 MCG	CAPSULE	ORAL	07/27/2023	5.17024
LEVOTHYROXINE SODIUM	112 MCG	CAPSULE	ORAL	07/27/2023	5.17024

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LEVOTHYROXINE SODIUM	100 MCG	CAPSULE	ORAL	07/27/2023	5.17024
LEVOTHYROXINE SODIUM	88 MCG	CAPSULE	ORAL	07/27/2023	5.17024
LEVOTHYROXINE SODIUM	75 MCG	CAPSULE	ORAL	07/27/2023	5.17024
LEVOTHYROXINE SODIUM	50 MCG	CAPSULE	ORAL	07/27/2023	5.17024
LEVOTHYROXINE SODIUM	25 MCG	CAPSULE	ORAL	07/27/2023	5.17024
LEVOTHYROXINE SODIUM	13 MCG	CAPSULE	ORAL	07/06/2023	5.17024
LEVOTHYROXINE SODIUM	175 MCG	CAPSULE	ORAL	05/16/2023	3.97470
LEVOTHYROXINE SODIUM	200 MCG	CAPSULE	ORAL	05/04/2023	5.17024
LEVOTHYROXINE SODIUM	25 MCG	TABLET	ORAL	10/26/2023	0.05064
LEVOTHYROXINE SODIUM	50 MCG	TABLET	ORAL	08/11/2023	0.09370
LEVOTHYROXINE SODIUM	75 MCG	TABLET	ORAL	10/26/2023	0.07973
LEVOTHYROXINE SODIUM	100 MCG	TABLET	ORAL	11/02/2023	0.08576
LEVOTHYROXINE SODIUM	112 MCG	TABLET	ORAL	11/02/2023	0.09559
LEVOTHYROXINE SODIUM	125 MCG	TABLET	ORAL	10/26/2023	0.09798
LEVOTHYROXINE SODIUM	150 MCG	TABLET	ORAL	11/02/2023	0.10020
LEVOTHYROXINE SODIUM	175 MCG	TABLET	ORAL	11/02/2023	0.11043
LEVOTHYROXINE SODIUM	200 MCG	TABLET	ORAL	11/02/2023	0.12358
LEVOTHYROXINE SODIUM	88 MCG	TABLET	ORAL	10/26/2023	0.07718
LEVOTHYROXINE SODIUM	137 MCG	TABLET	ORAL	08/11/2023	0.12253
LEVOTHYROXINE SODIUM	200 MCG	VIAL	INTRAVEN	08/01/2022	183.24580
LEVOTHYROXINE SODIUM	500 MCG	VIAL	INTRAVEN	05/19/2022	541.10775

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LEVOTHYROXINE SODIUM	100 MCG	VIAL	INTRAVEN	08/01/2022	98.25879
LIDOCAINE	5 %	CREAM (G)	TOPICAL	08/17/2023	0.98266
LIDOCAINE	4 %	CREAM (G)	TOPICAL	08/17/2023	0.75040
LIDOCAINE	5 %	OINT. (G)	TOPICAL	10/26/2023	0.22703
LIDOCAINE	4 %	ADH. PATCH	TOPICAL	11/01/2022	0.79060
LIDOCAINE HCL	5 MG/ML	VIAL	INJECTION	05/06/2022	0.14079
LIDOCAINE HCL	10 MG/ML	VIAL	INJECTION	08/24/2023	0.08377
LIDOCAINE HCL	20 MG/ML	VIAL	INJECTION	09/07/2023	0.10851
LIDOCAINE HCL	40 MG/ML	SOLUTION	MUCOUS MEM	09/28/2023	0.86189
LIDOCAINE HCL	2 %	SOLUTION	MUCOUS MEM	06/29/2023	0.04824
LIDOCAINE HCL	4 %	CREAM (G)	TOPICAL	05/31/2023	0.10163
LIDOCAINE HCL	4 %	LOTION	TOPICAL	05/06/2022	0.83742
LIDOCAINE HCL/BENZALKONIUM CHL	2.5%-0.13%	SPRAY	TOPICAL	05/06/2022	4.47920
LIDOCAINE HCL/BENZALKONIUM CHL	4%-0.13%	SPRAY	TOPICAL	10/12/2023	0.08658
LIDOCAINE HCL/DEXTROSE 5 %/PF	4 MG/ML	IV SOLN	INTRAVEN	05/19/2022	0.02196
LIDOCAINE HCL/DEXTROSE 5 %/PF	8 MG/ML	IV SOLN	INTRAVEN	10/12/2023	0.05327
LIDOCAINE HCL/EPINEPHRINE	0.5-1:200K	VIAL	INJECTION	07/14/2022	0.12274
LIDOCAINE HCL/EPINEPHRINE	1%-1:100K	VIAL	INJECTION	07/14/2022	0.12775
LIDOCAINE HCL/EPINEPHRINE	2 %-1:100K	VIAL	INJECTION	08/24/2023	0.23087
LIDOCAINE HCL/EPINEPHRINE BIT	2 %-1:100K	CARTRIDGE	INJECTION	07/08/2021	0.22630
LIDOCAINE HCL/EPINEPHRINE BIT	2%-1:50000	CARTRIDGE	INJECTION	05/06/2022	0.22630

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LIDOCAINE HCL/EPINEPHRINE/PF	1.5-1:200K	VIAL	INJECTION	05/06/2022	0.43264
LIDOCAINE HCL/EPINEPHRINE/PF	2%-1:200K	VIAL	INJECTION	08/10/2023	0.49111
LIDOCAINE HCL/ME SAL/CAP/MENTH	4 %-27.5 %	OINT/APPL	TOPICAL	02/23/2023	2.65080
LIDOCAINE HCL/MENTHOL	4 %-1 %	GEL (ML)	TOPICAL	09/29/2022	2.66480
LIDOCAINE HCL/MENTHOL	4 %-1 %	GEL (GRAM)	TOPICAL	04/06/2023	2.78249
LIDOCAINE HCL/MENTHOL	4 %-1 %	CREAM (G)	TOPICAL	06/07/2023	0.08644
LIDOCAINE HCL/MENTHOL	4 %-1 %	ADH. PATCH	TOPICAL	05/06/2022	18.37500
LIDOCAINE HCL/MENTHOL	4 %-4 %	ADH. PATCH	TOPICAL	06/09/2022	85.61313
LIDOCAINE HCL/PF	15 MG/ML	AMPUL	INJECTION	01/12/2023	0.87264
LIDOCAINE HCL/PF	10 MG/ML	AMPUL	INJECTION	10/19/2023	0.55108
LIDOCAINE HCL/PF	20 MG/ML	AMPUL	INJECTION	06/15/2023	0.90358
LIDOCAINE HCL/PF	20 MG/ML	VIAL	INJECTION	11/08/2023	0.30391
LIDOCAINE HCL/PF	10 MG/ML	VIAL	INJECTION	11/02/2023	0.10943
LIDOCAINE HCL/PF	5 MG/ML	VIAL	INJECTION	08/24/2023	0.36877
LIDOCAINE HCL/PF	100 MG/5ML	SYRINGE	INTRAVEN	07/27/2023	1.29900
LIDOCAINE/ME-SALICYLAT/CAMPHOR	2.5%-4%-2%	ADH. PATCH	TOPICAL	05/06/2022	23.97500
LIDOCAINE/MENTHOL	4 %-1 %	ADH. PATCH	TOPICAL	07/13/2023	1.93764
LIDOCAINE/MENTHOL	4 %-4 %	ADH. PATCH	TOPICAL	11/03/2022	25.46250
LIDOCAINE/METHYL SAL/MENTHOL	4 %-2 %-1%	ADH. PATCH	TOPICAL	07/20/2023	29.53025
LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	TOPICAL	09/14/2023	0.37128
LIDOCAINE/TRANSPARENT DRESSING	4 %	KIT	TOPICAL	08/25/2020	15.75000

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LINCOMYCIN HCL	300 MG/ML	VIAL	INJECTION	10/19/2023	11.13959
LINEZOLID	100 MG/5ML	SUSP RECON	ORAL	11/07/2023	1.08471
LINEZOLID	600 MG	TABLET	ORAL	03/16/2023	2.63578
LINEZOLID IN DEXTROSE 5%	600MG/300	PIGGYBACK	INTRAVEN	10/19/2023	0.03575
LIOTHYRONINE SODIUM	25 MCG	TABLET	ORAL	01/26/2023	0.69372
LIOTHYRONINE SODIUM	5 MCG	TABLET	ORAL	05/11/2023	0.37091
LIOTHYRONINE SODIUM	50 MCG	TABLET	ORAL	06/07/2023	0.98651
LISDEXAMFETAMINE DIMESYLATE	30 MG	CAPSULE	ORAL	09/07/2023	4.09754
LISINOPRIL	10 MG	TABLET	ORAL	11/02/2023	0.02279
LISINOPRIL	20 MG	TABLET	ORAL	11/08/2023	0.02588
LISINOPRIL	40 MG	TABLET	ORAL	11/02/2023	0.03806
LISINOPRIL	5 MG	TABLET	ORAL	11/02/2023	0.01642
LISINOPRIL	2.5 MG	TABLET	ORAL	11/02/2023	0.01426
LISINOPRIL	30 MG	TABLET	ORAL	11/02/2023	0.04710
LISINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	11/08/2023	0.06365
LISINOPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	07/20/2023	0.05400
LISINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	08/03/2023	0.04208
LITHIUM CARBONATE	150 MG	CAPSULE	ORAL	08/31/2023	0.09360
LITHIUM CARBONATE	300 MG	CAPSULE	ORAL	09/05/2023	0.07300
LITHIUM CARBONATE	600 MG	CAPSULE	ORAL	07/27/2023	0.26204
LITHIUM CARBONATE	300 MG	TABLET	ORAL	02/09/2023	0.17058

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LITHIUM CARBONATE	300 MG	TABLET ER	ORAL	09/07/2023	0.19572
LITHIUM CARBONATE	450 MG	TABLET ER	ORAL	08/10/2023	0.46833
LOPERAMIDE HCL	2 MG	CAPSULE	ORAL	11/08/2023	0.25514
LOPERAMIDE HCL	1MG/7.5ML	LIQUID	ORAL	10/19/2023	0.04701
LOPERAMIDE HCL	2 MG	TABLET	ORAL	10/05/2023	0.05450
LOPERAMIDE HCL/SIMETHICONE	2-125MG	TABLET	ORAL	07/13/2023	0.32160
LOPINA VIR/RITONAVIR	400-100/5	SOLUTION	ORAL	02/02/2023	4.10842
LOPINA VIR/RITONAVIR	200MG-50MG	TABLET	ORAL	10/19/2023	7.27805
LOPINA VIR/RITONAVIR	100MG-25MG	TABLET	ORAL	10/19/2023	4.09464
LORATADINE	5 MG/5 ML	SOLUTION	ORAL	05/11/2023	0.07727
LORATADINE	10 MG	TABLET	ORAL	11/02/2023	0.02948
LORATADINE	5 MG	TAB CHEW	ORAL	04/06/2023	0.45560
LORATADINE	10 MG	TAB RAPDIS	ORAL	05/17/2023	0.45850
LORATADINE/PSEUDOEPHEDRINE	10MG-240MG	TAB ER 24H	ORAL	03/23/2023	1.06843
LORATADINE/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	10/05/2023	0.93666
LORAZEPAM	2 MG/ML	ORAL CONC	ORAL	06/19/2018	0.62489
LORAZEPAM	0.5 MG	TABLET	ORAL	11/08/2023	0.05432
LORAZEPAM	1 MG	TABLET	ORAL	10/05/2023	0.09120
LORAZEPAM	2 MG	TABLET	ORAL	11/08/2023	0.06480
LORAZEPAM	2 MG/ML	VIAL	INJECTION	06/07/2023	1.35524
LORAZEPAM	4 MG/ML	VIAL	INJECTION	04/11/2019	1.52586

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LOSARTAN POTASSIUM	25 MG	TABLET	ORAL	09/27/2023	0.02239
LOSARTAN POTASSIUM	50 MG	TABLET	ORAL	10/12/2023	0.03125
LOSARTAN/HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET	ORAL	08/17/2023	0.04243
LOSARTAN/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	09/21/2023	0.05954
LOSARTAN/HYDROCHLOROTHIAZIDE	100-12.5MG	TABLET	ORAL	07/13/2023	0.05813
LOTEPREDNOL ETABONATE	0.5 %	DROPS SUSP	OPHTHALMIC	06/06/2023	33.02000
LOVASTATIN	20 MG	TABLET	ORAL	08/17/2023	0.05956
LOVASTATIN	40 MG	TABLET	ORAL	09/14/2023	0.07348
LOVASTATIN	10 MG	TABLET	ORAL	10/20/2022	0.07584
LOXAPINE SUCCINATE	10 MG	CAPSULE	ORAL	06/29/2023	0.75938
LOXAPINE SUCCINATE	25 MG	CAPSULE	ORAL	10/19/2023	0.87663
LOXAPINE SUCCINATE	5 MG	CAPSULE	ORAL	10/19/2023	0.69569
LOXAPINE SUCCINATE	50 MG	CAPSULE	ORAL	05/17/2023	1.44800
LUBIPROSTONE	24MCG	CAPSULE	ORAL	11/02/2023	2.08303
LUBIPROSTONE	8 MCG	CAPSULE	ORAL	07/11/2023	2.31463
LUTEIN	6 MG	CAPSULE	ORAL	05/06/2022	0.08687
LUTEIN	20 MG	CAPSULE	ORAL	05/06/2022	0.09045
LYSINE	500 MG	TABLET	ORAL	05/06/2022	0.03075
LYSINE HCL	500 MG	CAPSULE	ORAL	08/25/2022	0.23521
MAFENIDE ACETATE	50 G	PACKET	TOPICAL	06/07/2023	3.60772
MAG CARB/ALUMINUM HYDROX/ALGIN	358-95/15	ORAL SUSP	ORAL	05/06/2022	0.02158

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20	ORAL SUSP	ORAL	10/12/2023	0.01111
MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40	ORAL SUSP	ORAL	10/12/2023	0.01217
MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-25	TAB CHEW	ORAL	07/27/2023	0.06030
MAGNESIUM	200 MG	TABLET	ORAL	05/04/2023	0.04013
MAGNESIUM CARB/ALUMINUM HYDROX	105-160MG	TAB CHEW	ORAL	08/11/2022	0.09267
MAGNESIUM CHLORIDE	64 MG	TABLET DR	ORAL	08/17/2023	0.14003
MAGNESIUM CHLORIDE	71.5 MG	TABLET DR	ORAL	05/06/2022	0.20234
MAGNESIUM CITRATE		SOLUTION	ORAL	11/02/2023	0.00251
MAGNESIUM GLUCONATE	27 MG(500)	TABLET	ORAL	01/12/2023	0.07430
MAGNESIUM HYDROXIDE	400 MG/5ML	ORAL SUSP	ORAL	09/21/2023	0.00545
MAGNESIUM HYDROXIDE	2400 MG/10	ORAL SUSP	ORAL	06/16/2022	0.23272
MAGNESIUM L-LACTATE	84 MG	TABLET ER	ORAL	07/13/2023	0.28475
MAGNESIUM OXIDE	400 MG	CAPSULE	ORAL	02/23/2023	0.16973
MAGNESIUM OXIDE	250 MG	TABLET	ORAL	06/16/2022	0.03337
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	09/07/2023	0.01004
MAGNESIUM OXIDE	420 MG	TABLET	ORAL	08/17/2023	0.05414
MAGNESIUM OXIDE	500 MG	TABLET	ORAL	05/17/2023	0.08201
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	05/17/2023	0.03350
MAGNESIUM STEARATE		POWDER	MISCELL	05/06/2022	0.09574
MAGNESIUM SULFATE	4 MEQ/ML	VIAL	INJECTION	04/13/2023	0.25862
MAGNESIUM SULFATE IN WATER	20 G/500ML	IV SOLN	INTRAVEN	03/23/2023	0.01489

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MAGNESIUM SULFATE IN WATER	40G/1000ML	IV SOLN	INTRAVEN	06/29/2023	0.01072
MAGNESIUM SULFATE IN WATER	2 G/50 ML	PIGGYBACK	INTRAVEN	11/02/2023	0.07341
MAGNESIUM SULFATE IN WATER	4 G/100 ML	PIGGYBACK	INTRAVEN	10/26/2023	0.03826
MAGNESIUM SULFATE IN WATER	4 G/50 ML	PIGGYBACK	INTRAVEN	03/09/2023	0.10520
MAGNESIUM SULFATE/D5W	1 G/100 ML	PIGGYBACK	INTRAVEN	01/05/2023	0.02961
MANNITOL	20 %	IV SOLN	INTRAVEN	09/08/2022	0.12339
MANNITOL	25 %	VIAL	INTRAVEN	07/27/2023	0.06336
MARAVIROC	150 MG	TABLET	ORAL	11/02/2023	21.04533
MARAVIROC	300 MG	TABLET	ORAL	11/02/2023	21.46148
MECLIZINE HCL	12.5 MG	TABLET	ORAL	08/24/2023	0.10425
MECLIZINE HCL	25 MG	TABLET	ORAL	08/24/2023	0.12698
MECLIZINE HCL	50 MG	TABLET	ORAL	07/06/2023	4.74263
MECLIZINE HCL	25 MG	TAB CHEW	ORAL	06/07/2022	0.03400
MECOBAL/LEVOMEFOLAT CA/B6 PHOS	2-3-35 MG	TABLET	ORAL	05/17/2023	1.20213
MECOBALAMIN	1000 MCG	TAB CHEW	ORAL	10/13/2022	0.12841
MECOBALAMIN	5000 MCG	TAB RAPDIS	ORAL	04/13/2023	0.77172
MECOBALAMIN	1000 MCG	TAB RAPDIS	SUBLINGUAL	05/06/2022	0.07811
MEDIUM CHAIN TRIGLYCERIDES	7.7KCAL/ML	OIL	ORAL	11/10/2022	0.08684
MEDIUM CHAIN TRIGLYCERIDES	14G-130/15	OIL	ORAL	10/13/2022	0.02037
MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	ORAL	03/09/2023	0.17527
MEDROXYPROGESTERONE ACETATE	2.5 MG	TABLET	ORAL	03/23/2023	0.17795

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MEDROXYPROGESTERONE ACETATE	5 MG	TABLET	ORAL	11/10/2022	0.16495
MEDROXYPROGESTERONE ACETATE	150 MG/ML	SYRINGE	INTRAMUSC	10/19/2023	26.52700
MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL	INTRAMUSC	02/15/2023	22.24250
MEFENAMIC ACID	250 MG	CAPSULE	ORAL	10/19/2023	2.55583
MEFLOQUINE HCL	250 MG	TABLET	ORAL	05/31/2023	9.22484
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	03/02/2023	0.15913
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	10/26/2023	0.25890
MEGESTROL ACETATE	20 MG	TABLET	ORAL	12/08/2022	0.29225
MEGESTROL ACETATE	40 MG	TABLET	ORAL	10/19/2023	0.23295
MELATONIN	10 MG	CAPSULE	ORAL	09/22/2022	0.22959
MELATONIN	1 MG/ML	LIQUID	ORAL	06/09/2022	0.34036
MELATONIN	2.5MG/10ML	LIQUID	ORAL	07/20/2023	0.04009
MELATONIN	3 MG	TABLET	ORAL	10/26/2023	0.02658
MELATONIN	1 MG	TABLET	ORAL	05/06/2022	0.01898
MELATONIN	5 MG	TABLET	ORAL	10/26/2023	0.02272
MELATONIN	2.5 MG	TAB CHEW	ORAL	06/29/2023	0.08364
MELATONIN	5 MG	TAB CHEW	ORAL	07/20/2023	0.12015
MELATONIN	1 MG	TAB CHEW	ORAL	06/29/2023	0.10636
MELATONIN	3 MG	TABLET ER	ORAL	05/06/2022	0.09592
MELATONIN	5 MG	TAB RAPDIS	ORAL	03/16/2023	0.08911
MELATONIN	3 MG	TAB RAPDIS	ORAL	10/13/2022	0.04243

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MELATONIN	10 MG	TAB RAPDIS	ORAL	09/01/2022	0.04243
MELATONIN	10 MG	TAB SUBL	SUBLINGUAL	05/12/2022	0.22043
MELATONIN/PYRIDOXINE HCL (B6)	5 MG-10 MG	TAB IR ER	ORAL	10/19/2023	0.28345
MELATONIN/TRYPHTOPHAN	3 MG-100MG	CAPSULE	ORAL	05/06/2022	4.90380
MELOXICAM	7.5 MG	TABLET	ORAL	10/26/2023	0.03331
MELOXICAM	15 MG	TABLET	ORAL	11/08/2023	0.03331
MELOXICAM, SUBMICRONIZED	5 MG	CAPSULE	ORAL	05/06/2022	16.30230
MELPHALAN	2 MG	TABLET	ORAL	05/31/2023	7.32744
MELPHALAN HCL	50 MG	VIAL	INTRAVEN	07/20/2023	135.21800
MEMANTINE HCL	7 MG	CAP SPR 24	ORAL	11/02/2023	1.83848
MEMANTINE HCL	14 MG	CAP SPR 24	ORAL	10/19/2023	1.09999
MEMANTINE HCL	21 MG	CAP SPR 24	ORAL	10/12/2023	1.78845
MEMANTINE HCL	28 MG	CAP SPR 24	ORAL	11/17/2022	1.17905
MEMANTINE HCL	10 MG	TABLET	ORAL	09/07/2023	0.11390
MEMANTINE HCL	5 MG	TABLET	ORAL	06/07/2023	0.08911
MEMANTINE HCL	5 MG-10 MG	TAB DS PK	ORAL	12/14/2021	2.25160
MENTHOL	8 MG	LOZENGE	MUCOUS MEM	07/07/2022	0.13333
MENTHOL	2 %	GEL (GRAM)	TOPICAL	05/06/2022	0.01932
MENTHOL	2.5 %	GEL (GRAM)	TOPICAL	05/25/2023	0.10229
MENTHOL	5 %	ADH. PATCH	TOPICAL	10/13/2022	0.95586
MENTHOL	7.5 %	ADH. PATCH	TOPICAL	05/06/2022	1.14704

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MENTHOL/CAMPHOR	3.5%-0.2%	GEL (GRAM)	TOPICAL	05/06/2022	0.06735
MENTHOL/CAMPHOR	0.5 %-0.5%	LOTION	TOPICAL	05/06/2022	0.02574
MENTHOL/ZINC OXIDE	0.44-20.6%	OINT PACK	TOPICAL	06/07/2023	0.08561
MENTHOL/ZINC OXIDE	0.44-20.6%	OINT. (G)	TOPICAL	03/30/2023	0.02638
MEPIVACAINE HCL/PF	20 MG/ML	VIAL	INJECTION	05/06/2022	0.52639
MEPIVACAINE HCL/PF	15 MG/ML	VIAL	INJECTION	05/06/2022	0.37073
MEPIVACAINE HCL/PF	10 MG/ML	VIAL	INJECTION	05/06/2022	0.31612
MEPROBAMATE	200 MG	TABLET	ORAL	05/17/2023	4.69049
MEPROBAMATE	400 MG	TABLET	ORAL	04/25/2023	5.35100
MERCAPTOPYRINE	50 MG	TABLET	ORAL	08/10/2023	1.03770
MEROPENEM	500 MG	VIAL	INTRAVEN	04/20/2023	3.30000
MEROPENEM	1 G	VIAL	INTRAVEN	09/14/2023	5.35178
MESALAMINE	0.375G	CAP ER 24H	ORAL	08/03/2023	1.36122
MESALAMINE	500 MG	CAPSULE ER	ORAL	08/10/2023	4.32845
MESALAMINE	400 MG	CAP(DRTAB)	ORAL	10/19/2023	3.17123
MESALAMINE	800 MG	TABLET DR	ORAL	05/19/2022	10.81319
MESALAMINE	1.2 G	TABLET DR	ORAL	10/19/2021	5.65000
MESALAMINE	1000 MG	SUPP.RECT	RECTAL	10/19/2023	3.33828
MESALAMINE	4 G/60 ML	ENEMA	RECTAL	10/12/2023	0.25602
MESALAMINE W/CLEANSING WIPES	4 G/60 ML	ENEMA KIT	RECTAL	08/03/2023	132.76825
MESNA	100 MG/ML	VIAL	INTRAVEN	06/29/2023	0.88440

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METAXALONE	400 MG	TABLET	ORAL	06/29/2023	4.19100
METAXALONE	800 MG	TABLET	ORAL	10/19/2023	0.76380
METFORMIN HCL	1000 MG	TAB ER 24	ORAL	07/13/2023	2.75352
METFORMIN HCL	500 MG	TAB ER 24	ORAL	10/26/2023	0.98691
METFORMIN HCL	500 MG	TABERGR24H	ORAL	07/06/2023	1.32660
METFORMIN HCL	1000 MG	TABERGR24H	ORAL	07/20/2023	2.17735
METFORMIN HCL	500 MG/5ML	SOLUTION	ORAL	03/23/2023	1.30201
METFORMIN HCL	500 MG	TABLET	ORAL	10/19/2023	0.01821
METFORMIN HCL	850 MG	TABLET	ORAL	11/02/2023	0.03030
METFORMIN HCL	1000 MG	TABLET	ORAL	11/02/2023	0.02949
METFORMIN HCL	500 MG	TAB ER 24H	ORAL	10/12/2023	0.04703
METFORMIN HCL	750 MG	TAB ER 24H	ORAL	08/31/2023	0.06378
METHADONE HCL	10 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.42210
METHADONE HCL	5 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.21105
METHADONE HCL	10 MG/ML	ORAL CONC	ORAL	09/21/2023	0.10353
METHADONE HCL	10 MG	TABLET	ORAL	10/10/2023	0.08590
METHADONE HCL	5 MG	TABLET	ORAL	09/08/2022	0.21413
METHADONE HCL	40 MG	TABLET SOL	ORAL	05/06/2022	0.32716
METHAMPHETAMINE HCL	5 MG	TABLET	ORAL	11/10/2022	5.08679
METHAZOLAMIDE	25 MG	TABLET	ORAL	10/19/2023	2.26232
METHAZOLAMIDE	50 MG	TABLET	ORAL	10/19/2023	3.30686

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METHENAMINE HIPPURATE	1 G	TABLET	ORAL	10/19/2023	1.12962
METHOCARBAMOL	500 MG	TABLET	ORAL	11/02/2023	0.05856
METHOCARBAMOL	750 MG	TABLET	ORAL	11/08/2023	0.07456
METHOCARBAMOL	100 MG/ML	VIAL	INJECTION	07/13/2023	1.01840
METHOTREXATE SODIUM	2.5 MG	TABLET	ORAL	09/14/2023	0.27001
METHOTREXATE SODIUM	25 MG/ML	VIAL	INJECTION	05/06/2022	2.82150
METHOTREXATE SODIUM/PF	1 G	VIAL	INJECTION	10/06/2022	64.53400
METHOTREXATE SODIUM/PF	25 MG/ML	VIAL	INJECTION	02/09/2023	1.03817
METHOXY PEG-EPOETIN BETA	200MCG/0.3	SYRINGE	INJECTION	05/06/2022	591.37375
METHSCOPOLAMINE BROMIDE	2.5 MG	TABLET	ORAL	06/07/2023	1.35353
METHSCOPOLAMINE BROMIDE	5 MG	TABLET	ORAL	12/08/2022	2.46538
METHSUXIMIDE	300 MG	CAPSULE	ORAL	05/25/2023	5.10642
METHYL SALICYLATE		LIQUID	TOPICAL	08/17/2023	0.15924
METHYL SALICYLATE		OIL	MISCELL	05/06/2022	0.50920
METHYL SALICYLATE/MENTH/CAMPH	10-6-3.1 %	ADH. PATCH	TOPICAL	11/10/2022	0.19229
METHYL SALICYLATE/MENTH/CAMPH	30%-10%-4%	KIT	TOPICAL	08/04/2022	867.53438
METHYL SALICYLATE/MENTHOL	15%-10%	CREAM (G)	TOPICAL	08/24/2023	0.03305
METHYL SALICYLATE/MENTHOL	15 %-1 %	CREAM (G)	TOPICAL	11/08/2023	0.04328
METHYL SALICYLATE/MENTHOL	10 %-3 %	ADH. PATCH	TOPICAL	08/31/2023	1.68572
METHYLDOPA	250 MG	TABLET	ORAL	01/19/2023	0.24101
METHYLDOPA	500 MG	TABLET	ORAL	07/27/2020	0.25822

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METHYLERGONOVINE MALEATE	0.2 MG	TABLET	ORAL	10/12/2023	15.80625
METHYLERGONOVINE MALEATE	.2MG/ML(1)	AMPUL	INJECTION	08/01/2022	12.94578
METHYLPHENIDATE	10MG/9HR	PATCH TD24	TRANSDERM	11/02/2023	16.20535
METHYLPHENIDATE	15MG/9HR	PATCH TD24	TRANSDERM	06/06/2023	12.83695
METHYLPHENIDATE	20 MG/9 HR	PATCH TD24	TRANSDERM	06/06/2023	12.83695
METHYLPHENIDATE	30MG/9HR	PATCH TD24	TRANSDERM	06/06/2023	12.83695
METHYLPHENIDATE HCL	10 MG	CPBP 30-70	ORAL	09/08/2022	2.14775
METHYLPHENIDATE HCL	20 MG	CPBP 30-70	ORAL	09/08/2022	2.14775
METHYLPHENIDATE HCL	30 MG	CPBP 30-70	ORAL	11/10/2022	1.90200
METHYLPHENIDATE HCL	40 MG	CPBP 30-70	ORAL	06/30/2022	2.44309
METHYLPHENIDATE HCL	60 MG	CPBP 30-70	ORAL	05/06/2022	2.21824
METHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	10/19/2023	3.22159
METHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	03/01/2021	2.97502
METHYLPHENIDATE HCL	40 MG	CPBP 50-50	ORAL	12/01/2020	2.13906
METHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	10/26/2023	8.31876
METHYLPHENIDATE HCL	60 MG	CPBP 50-50	ORAL	10/19/2023	11.15193
METHYLPHENIDATE HCL	10 MG	CSBP 40-60	ORAL	06/23/2022	5.39975
METHYLPHENIDATE HCL	15 MG	CSBP 40-60	ORAL	06/09/2022	5.39975
METHYLPHENIDATE HCL	20 MG	CSBP 40-60	ORAL	10/14/2021	5.39975
METHYLPHENIDATE HCL	40 MG	CSBP 40-60	ORAL	08/17/2023	5.39975
METHYLPHENIDATE HCL	50 MG	CSBP 40-60	ORAL	10/14/2021	5.39975

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METHYLPHENIDATE HCL	60 MG	CSBP 40-60	ORAL	10/14/2021	5.39975
METHYLPHENIDATE HCL	18 MG	TAB ER 24	ORAL	11/08/2023	1.90870
METHYLPHENIDATE HCL	27 MG	TAB ER 24	ORAL	02/23/2023	0.49647
METHYLPHENIDATE HCL	72 MG	TAB ER 24	ORAL	09/08/2022	22.19385
METHYLPHENIDATE HCL	5 MG/5 ML	SOLUTION	ORAL	07/06/2023	0.21904
METHYLPHENIDATE HCL	10 MG/5 ML	SOLUTION	ORAL	10/26/2023	0.34084
METHYLPHENIDATE HCL	10 MG	TABLET	ORAL	10/12/2023	0.17889
METHYLPHENIDATE HCL	20 MG	TABLET	ORAL	10/12/2023	0.23316
METHYLPHENIDATE HCL	5 MG	TABLET	ORAL	07/06/2023	0.14204
METHYLPHENIDATE HCL	5 MG	TAB CHEW	ORAL	12/08/2022	3.03877
METHYLPHENIDATE HCL	10 MG	TAB CHEW	ORAL	01/26/2023	4.04923
METHYLPHENIDATE HCL	20 MG	TABLET ER	ORAL	10/19/2023	2.03010
METHYLPHENIDATE HCL	10 MG	TABLET ER	ORAL	04/13/2023	1.41303
METHYLPREDNISOLONE	16 MG	TABLET	ORAL	01/26/2023	2.31150
METHYLPREDNISOLONE	32 MG	TABLET	ORAL	11/17/2022	4.80269
METHYLPREDNISOLONE	4 MG	TABLET	ORAL	11/17/2022	0.21132
METHYLPREDNISOLONE	8 MG	TABLET	ORAL	10/12/2023	1.29766
METHYLPREDNISOLONE	4 MG	TAB DS PK	ORAL	11/02/2023	0.24822
METHYLPREDNISOLONE ACETATE	40 MG/ML	VIAL	INJECTION	05/31/2023	5.30860
METHYLPREDNISOLONE ACETATE	80 MG/ML	VIAL	INJECTION	06/15/2023	7.57200
METHYLPREDNISOLONE SOD SUCC	125 MG	VIAL	INJECTION	07/13/2023	4.38398

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METHYLPREDNISOLONE SOD SUCC	40 MG	VIAL	INJECTION	10/19/2021	3.64000
METHYLPREDNISOLONE SOD SUCC	1000 MG	VIAL	INTRAVEN	08/10/2023	14.39550
METHYLPREDNISOLONE SOD SUCC	500 MG	VIAL	INTRAVEN	05/19/2022	22.21800
METHYLTESTOSTERONE	10 MG	CAPSULE	ORAL	07/27/2022	63.69176
METHYLTETRAHYDROFOLATE GLUCOSA	25,500 MCG	TABLET ER	ORAL	07/06/2023	3.88565
METOCLOPRAMIDE HCL	5 MG/5 ML	SOLUTION	ORAL	07/13/2023	0.03886
METOCLOPRAMIDE HCL	10 MG	TABLET	ORAL	06/07/2023	0.05463
METOCLOPRAMIDE HCL	5 MG	TABLET	ORAL	11/02/2023	0.06657
METOCLOPRAMIDE HCL	5 MG/ML	VIAL	INJECTION	12/21/2022	0.58290
METOLAZONE	10 MG	TABLET	ORAL	07/20/2023	1.38141
METOLAZONE	2.5 MG	TABLET	ORAL	10/26/2023	1.02590
METOLAZONE	5 MG	TABLET	ORAL	10/26/2023	1.17371
METOPROLOL SUCCINATE	50 MG	TAB ER 24H	ORAL	10/12/2023	0.04335
METOPROLOL SUCCINATE	100 MG	TAB ER 24H	ORAL	10/12/2023	0.08556
METOPROLOL SUCCINATE	200 MG	TAB ER 24H	ORAL	08/31/2023	0.16884
METOPROLOL SUCCINATE	25 MG	TAB ER 24H	ORAL	09/14/2023	0.06224
METOPROLOL TARTRATE	100 MG	TABLET	ORAL	10/19/2023	0.03162
METOPROLOL TARTRATE	50 MG	TABLET	ORAL	10/12/2023	0.02649
METOPROLOL TARTRATE	25 MG	TABLET	ORAL	11/22/2022	0.01675
METOPROLOL TARTRATE	37.5 MG	TABLET	ORAL	09/16/2021	0.07595
METOPROLOL TARTRATE	75 MG	TABLET	ORAL	09/21/2023	0.61787

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METOPROLOL TARTRATE	5 MG/5 ML	VIAL	INTRAVEN	10/12/2023	0.23906
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	09/28/2023	1.18758
METOPROLOL/HYDROCHLOROTHIAZIDE	50 MG-25MG	TABLET	ORAL	04/25/2023	0.92400
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-50MG	TABLET	ORAL	08/01/2022	1.25112
METRONIDAZOLE	375 MG	CAPSULE	ORAL	11/02/2023	12.84734
METRONIDAZOLE	250 MG	TABLET	ORAL	07/20/2023	0.12730
METRONIDAZOLE	500 MG	TABLET	ORAL	10/19/2023	0.14239
METRONIDAZOLE	0.75 %	GEL (GRAM)	TOPICAL	06/29/2023	0.83080
METRONIDAZOLE	1 %	GEL (GRAM)	TOPICAL	10/26/2023	2.89894
METRONIDAZOLE	0.75 %	CREAM (G)	TOPICAL	10/19/2023	1.24263
METRONIDAZOLE	1 %	GEL W/PUMP	TOPICAL	07/20/2023	1.45938
METRONIDAZOLE	0.75 %	LOTION	TOPICAL	10/19/2023	3.38426
METRONIDAZOLE	0.75 %	GEL W/APPL	VAGINAL	10/19/2023	0.93379
METRONIDAZOLE/SODIUM CHLORIDE	500MG/0.1L	PIGGYBACK	INTRAVEN	10/12/2023	0.02017
MEXILETINE HCL	150 MG	CAPSULE	ORAL	10/19/2023	0.64454
MEXILETINE HCL	200 MG	CAPSULE	ORAL	10/19/2023	0.96641
MEXILETINE HCL	250 MG	CAPSULE	ORAL	07/13/2023	1.07508
MICAFUNGIN SODIUM	50 MG	VIAL	INTRAVEN	09/21/2023	25.05825
MICAFUNGIN SODIUM	100 MG	VIAL	INTRAVEN	09/21/2023	34.85000
MICONAZOLE NITRATE	2 %	AERO POWD	TOPICAL	06/29/2023	0.06623
MICONAZOLE NITRATE	2 %	CREAM (G)	TOPICAL	11/08/2023	0.06747

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MICONAZOLE NITRATE	2 %	OINT. (G)	TOPICAL	04/13/2023	0.11267
MICONAZOLE NITRATE	2 %	POWDER	TOPICAL	05/31/2023	0.07281
MICONAZOLE NITRATE	2 %	TINCTURE	TOPICAL	05/06/2022	0.35663
MICONAZOLE NITRATE	2 %	CREAM/APPL	VAGINAL	03/23/2023	0.17092
MICONAZOLE NITRATE	200 MG-2 %	KIT	VAGINAL	06/23/2022	11.97350
MIDAZOLAM HCL	2 MG/ML	SYRUP	ORAL	05/17/2023	1.22409
MIDAZOLAM HCL	5 MG/ML	VIAL	INJECTION	05/06/2022	0.73261
MIDAZOLAM HCL	2 MG/2 ML	VIAL	INJECTION	05/06/2022	0.35160
MIDAZOLAM HCL	5 MG/5 ML	VIAL	INJECTION	05/06/2022	0.35389
MIDAZOLAM HCL	10 MG/10ML	VIAL	INJECTION	04/20/2023	0.38190
MIDAZOLAM HCL	10 MG/2 ML	VIAL	INJECTION	05/17/2023	3.53628
MIDAZOLAM HCL	5 MG/ML(1)	VIAL	INJECTION	02/01/2022	1.52760
MIDAZOLAM HCL/PF	2 MG/2 ML	SYRINGE	INJECTION	03/31/2022	1.27300
MIDAZOLAM HCL/PF	5 MG/ML(1)	VIAL	INJECTION	05/06/2022	1.34302
MIDAZOLAM HCL/PF	10 MG/2 ML	VIAL	INJECTION	05/06/2022	0.78480
MIDAZOLAM HCL/PF	2 MG/2 ML	VIAL	INJECTION	05/06/2022	0.63650
MIDAZOLAM HCL/PF	5 MG/5 ML	VIAL	INJECTION	05/06/2022	0.26300
MIDODRINE HCL	5 MG	TABLET	ORAL	09/28/2023	0.50036
MIDODRINE HCL	2.5 MG	TABLET	ORAL	02/02/2023	0.29520
MIDODRINE HCL	10 MG	TABLET	ORAL	10/19/2023	0.60394
MIFEPRISTONE	200 MG	TABLET	ORAL	05/06/2022	41.00000

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MIGLITOL	25 MG	TABLET	ORAL	12/08/2022	3.03692
MIGLITOL	50 MG	TABLET	ORAL	12/29/2022	1.52157
MIGLITOL	100 MG	TABLET	ORAL	11/02/2023	4.31284
MIGLUSTAT	100 MG	CAPSULE	ORAL	10/19/2023	277.34553
MILRINONE LACTATE	1 MG/ML	VIAL	INTRAVEN	11/08/2023	0.33098
MILRINONE LACTATE/D5W	20MG/100ML	PIGGYBACK	INTRAVEN	10/12/2023	0.20862
MILRINONE LACTATE/D5W	40MG/200ML	PIGGYBACK	INTRAVEN	08/17/2023	0.20417
MINERAL OIL		OIL	ORAL	08/24/2023	0.00618
MINERAL OIL		ENEMA	RECTAL	05/12/2022	0.01293
MINERAL OIL		OIL	TOPICAL	09/07/2023	0.04133
MINERAL OIL/HYDROPHIL PETROLAT		OINT. (G)	TOPICAL	05/06/2022	0.02137
MINERAL OIL/PETROLATUM,WHITE	15 %-83 %	OINT. (G)	OPHTHALMIC	06/23/2022	1.43380
MINERAL OIL/PETROLATUM,WHITE	20%-80%	OINT. (G)	OPHTHALMIC	05/06/2022	1.44720
MINERAL OIL/PETROLATUM,WHITE	42.5-57.3%	OINT. (G)	OPHTHALMIC	05/06/2022	3.07408
MINOCYCLINE HCL	100 MG	CAPSULE	ORAL	07/06/2023	0.48294
MINOCYCLINE HCL	50 MG	CAPSULE	ORAL	01/26/2023	0.23195
MINOCYCLINE HCL	75 MG	CAPSULE	ORAL	07/20/2023	0.58504
MINOCYCLINE HCL	100 MG	TABLET	ORAL	10/19/2023	2.24289
MINOCYCLINE HCL	50 MG	TABLET	ORAL	08/04/2022	1.08888
MINOCYCLINE HCL	75 MG	TABLET	ORAL	07/20/2023	1.76920
MINOCYCLINE HCL	45 MG	TAB ER 24H	ORAL	03/22/2022	3.73637

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MINOCYCLINE HCL	90 MG	TAB ER 24H	ORAL	10/26/2021	11.30067
MINOCYCLINE HCL	135 MG	TAB ER 24H	ORAL	02/11/2020	3.73637
MINOCYCLINE HCL	65 MG	TAB ER 24H	ORAL	10/18/2021	8.47680
MINOCYCLINE HCL	115MG	TAB ER 24H	ORAL	10/19/2021	7.68880
MINOCYCLINE HCL	55 MG	TAB ER 24H	ORAL	05/17/2023	23.04102
MINOXIDIL	10 MG	TABLET	ORAL	05/04/2023	0.29266
MINOXIDIL	2.5 MG	TABLET	ORAL	05/17/2023	0.24013
MIRTAZAPINE	15 MG	TABLET	ORAL	10/19/2023	0.10229
MIRTAZAPINE	30 MG	TABLET	ORAL	10/19/2023	0.14426
MIRTAZAPINE	45 MG	TABLET	ORAL	05/06/2022	0.20100
MIRTAZAPINE	7.5 MG	TABLET	ORAL	10/12/2023	1.48919
MIRTAZAPINE	15 MG	TAB RAPDIS	ORAL	10/19/2023	0.68385
MIRTAZAPINE	30 MG	TAB RAPDIS	ORAL	10/26/2023	0.92907
MIRTAZAPINE	45 MG	TAB RAPDIS	ORAL	10/19/2023	0.84599
MISOPROSTOL	200 MCG	TABLET	ORAL	04/13/2023	1.00500
MISOPROSTOL	100 MCG	TABLET	ORAL	04/20/2023	0.55610
MITOMYCIN	20 MG	VIAL	INTRAVEN	09/14/2023	137.29875
MITOMYCIN	40 MG	VIAL	INTRAVEN	08/01/2022	229.25461
MITOMYCIN	5 MG	VIAL	INTRAVEN	09/14/2023	130.58500
MITOXANTRONE HCL	2 MG/ML	VIAL	INTRAVEN	10/26/2021	9.87237
MODAFINIL	100 MG	TABLET	ORAL	08/04/2022	0.31222

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MOEXIPRIL HCL	7.5 MG	TABLET	ORAL	01/05/2023	1.85858
MOEXIPRIL HCL	15 MG	TABLET	ORAL	10/26/2023	1.94715
MOMETASONE FUROATE	0.1 %	CREAM (G)	TOPICAL	10/19/2023	0.57114
MOMETASONE FUROATE	0.1 %	OINT. (G)	TOPICAL	08/03/2023	0.25609
MOMETASONE FUROATE	0.1 %	SOLUTION	TOPICAL	11/02/2023	0.35912
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	10/19/2021	3.39162
MONTELUKAST SODIUM	4 MG	GRAN PACK	ORAL	03/23/2023	1.61336
MONTELUKAST SODIUM	10 MG	TABLET	ORAL	07/06/2023	0.06760
MONTELUKAST SODIUM	5 MG	TAB CHEW	ORAL	09/08/2022	0.06700
MONTELUKAST SODIUM	4 MG	TAB CHEW	ORAL	10/12/2023	0.13564
MORPHINE SULFATE	10 MG/5 ML	SOLUTION	ORAL	08/17/2023	0.05684
MORPHINE SULFATE	20 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.09585
MORPHINE SULFATE	100 MG/5ML	SOLUTION	ORAL	07/27/2023	0.34114
MORPHINE SULFATE	15 MG	TABLET	ORAL	11/08/2023	0.55006
MORPHINE SULFATE	30 MG	TABLET	ORAL	11/08/2023	0.93604
MORPHINE SULFATE	30 MG	TABLET ER	ORAL	10/12/2023	0.48253
MORPHINE SULFATE	60 MG	TABLET ER	ORAL	10/26/2023	0.54645
MORPHINE SULFATE	100 MG	TABLET ER	ORAL	10/12/2023	1.19622
MORPHINE SULFATE	15 MG	TABLET ER	ORAL	10/26/2023	0.24254
MORPHINE SULFATE	200 MG	TABLET ER	ORAL	05/06/2022	2.81701
MORPHINE SULFATE	4 MG/ML	VIAL	INTRAVEN	06/30/2022	2.96683

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MORPHINE SULFATE/PF	1 MG/ML	AMPUL	INJECTION	08/10/2017	5.47148
MORPHINE SULFATE/PF	0.5 MG/ML	VIAL	INJECTION	07/03/2019	1.34683
MORPHINE SULFATE/PF	1 MG/ML	VIAL	INJECTION	07/03/2019	1.36720
MOXIFLOXACIN HCL	0.5 %	DROPS	OPHTHALMIC	10/19/2023	6.90033
MOXIFLOXACIN-SOD.CHLORIDE(ISO)	400MG/.25L	PIGGYBACK	INTRAVEN	07/13/2023	0.14447
MULTIVIT 47/IRON/FOLATE 1/DHA	27-1-300MG	CAPSULE	ORAL	10/05/2023	1.51978
MULTIVIT WITH MINERALS/LUTEIN		TABLET	ORAL	05/06/2022	0.05379
MULTIVIT,CALC,MINS/IRON/FOLIC	9MG-400MCG	TABLET	ORAL	07/20/2023	0.04772
MULTIVIT,CALC,MINS/IRON/FOLIC	500-18-0.4	TABLET	ORAL	05/06/2022	0.06027
MULTIVIT,STRESS FORMULA/ZINC		TABLET	ORAL	05/06/2022	0.03654
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	.4-300-250	TABLET	ORAL	10/19/2023	0.05762
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	500-300MCG	TABLET	ORAL	05/06/2022	0.07136
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	800-250MCG	TABLET	ORAL	05/06/2022	0.26733
MULTIVIT-MIN/FERROUS GLUCONATE	9 MG/15 ML	LIQUID	ORAL	05/04/2023	0.04291
MULTIVIT-MIN/FERROUS GLUCONATE	9 MG/15 ML	LIQUID	ORAL	08/03/2023	0.19812
MULTIVIT-MIN/IRON/FA/VIT K/LUT	8MG-400MCG	TABLET	ORAL	08/17/2023	0.11903
MULTIVIT-MIN/IRON/FOLIC ACID/K	18-400-25	TABLET	ORAL	04/20/2023	0.07689
MULTIVIT-MINERALS/FOLIC ACID	0.4 MG	TABLET	ORAL	10/26/2023	0.09796
MULTIVIT-MINERALS/FOLIC ACID	200 MCG	TAB CHEW	ORAL	08/31/2023	0.11323
MULTIVIT-MINERALS/FOLIC ACID	120 MCG	TAB CHEW	ORAL	06/15/2023	0.10765
MULTIVIT-MINS/IRON/FOLIC/LYCOP	8-200-600	TABLET	ORAL	05/11/2023	0.09918

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MULTIVITAMIN		TABLET	ORAL	06/07/2023	0.01420
MULTIVITAMIN		TAB CHEW	ORAL	05/06/2022	0.04965
MULTIVITAMIN WITH FOLIC ACID	400 MCG	TABLET	ORAL	11/08/2023	0.00811
MULTIVITAMIN WITH IRON		TABLET	ORAL	05/06/2022	0.03679
MULTIVITAMIN WITH IRON		TAB CHEW	ORAL	04/06/2023	0.06242
MULTIVITAMIN WITH MINERALS		LIQUID	ORAL	05/06/2022	0.19868
MULTIVITAMIN WITH MINERALS		TABLET	ORAL	05/06/2022	0.06059
MULTIVITAMIN,STRESS FORMULA		TABLET	ORAL	01/12/2023	0.10262
MULTIVITAMIN,THERAPEUTIC		TABLET	ORAL	05/17/2023	0.02613
MULTIVITAMIN/IRON/FOLIC ACID	18MG-0.4MG	TABLET	ORAL	05/31/2023	0.01089
MUPIROCIN	2 %	OINT. (G)	TOPICAL	08/03/2023	0.29358
MV-MIN/FOLIC/K1/LYCOPEN/LUTEIN	300-60 MCG	TABLET	ORAL	08/10/2023	0.11903
MYCOPHENOLATE MOFETIL	250 MG	CAPSULE	ORAL	10/19/2023	0.19572
MYCOPHENOLATE MOFETIL	200 MG/ML	SUSP RECON	ORAL	10/05/2023	3.06059
MYCOPHENOLATE MOFETIL	500 MG	TABLET	ORAL	10/12/2023	0.28274
MYCOPHENOLATE MOFETIL HCL	500 MG	VIAL	INTRAVEN	02/02/2023	29.98125
MYCOPHENOLATE SODIUM	180 MG	TABLET DR	ORAL	08/17/2023	0.27057
MYCOPHENOLATE SODIUM	360 MG	TABLET DR	ORAL	10/19/2023	0.59518
NABUMETONE	500 MG	TABLET	ORAL	10/19/2023	0.28917
NABUMETONE	750 MG	TABLET	ORAL	10/19/2023	0.35196
NADOLOL	20 MG	TABLET	ORAL	10/26/2023	0.18385

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NADOLOL	40 MG	TABLET	ORAL	10/26/2023	0.39679
NADOLOL	80 MG	TABLET	ORAL	10/26/2023	0.28006
NAFCILLIN SODIUM	1 G	VIAL	INJECTION	10/26/2021	4.62000
NAFCILLIN SODIUM	10 G	VIAL	INJECTION	05/06/2022	63.40650
NAFCILLIN SODIUM	2 G	VIAL	INJECTION	01/19/2023	8.40000
NAFTIFINE HCL	2 %	GEL (GRAM)	TOPICAL	05/03/2023	4.57800
NAFTIFINE HCL	1 %	CREAM (G)	TOPICAL	10/26/2021	2.75278
NAFTIFINE HCL	2 %	CREAM (G)	TOPICAL	10/12/2023	3.03013
NALBUPHINE HCL	10 MG/ML	AMPUL	INJECTION	07/13/2023	5.42544
NALOXONE HCL	1 MG/ML	SYRINGE	INJECTION	03/23/2023	10.53055
NALOXONE HCL	0.4 MG/ML	VIAL	INJECTION	07/27/2023	4.29000
NALOXONE HCL	4 MG	SPRAY	NASAL	11/08/2023	40.08263
NALTREXONE HCL	50 MG	TABLET	ORAL	10/19/2023	1.07200
NAPROXEN	125 MG/5ML	ORAL SUSP	ORAL	12/08/2022	0.93036
NAPROXEN	250 MG	TABLET	ORAL	08/10/2023	0.05092
NAPROXEN	375 MG	TABLET	ORAL	10/19/2023	0.07263
NAPROXEN	500 MG	TABLET	ORAL	11/08/2023	0.07651
NAPROXEN	375 MG	TABLET DR	ORAL	09/28/2023	0.23262
NAPROXEN SODIUM	220 MG	CAPSULE	ORAL	10/12/2023	0.16750
NAPROXEN SODIUM	275 MG	TABLET	ORAL	11/02/2023	0.62310
NAPROXEN SODIUM	550 MG	TABLET	ORAL	11/02/2023	0.69112

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NAPROXEN SODIUM	220 MG	TABLET	ORAL	09/21/2023	0.04536
NAPROXEN SODIUM	500 MG	TBMP 24HR	ORAL	01/26/2023	11.27000
NAPROXEN SODIUM	375 MG	TBMP 24HR	ORAL	01/26/2023	11.32750
NAPROXEN SODIUM/PSEUDOEPHEDRIN	220-120MG	TAB ER 12H	ORAL	11/03/2022	0.53466
NAPROXEN/ESOMEPRAZOLE MAG	500MG-20MG	TAB IR DR	ORAL	08/31/2023	9.29120
NAPROXEN/ESOMEPRAZOLE MAG	375MG-20MG	TAB IR DR	ORAL	09/21/2023	25.63303
NARATRIPTAN HCL	2.5 MG	TABLET	ORAL	11/03/2022	1.57822
NARATRIPTAN HCL	1 MG	TABLET	ORAL	08/17/2023	4.46747
NATEGLINIDE	120 MG	TABLET	ORAL	10/06/2022	0.39798
NATEGLINIDE	60 MG	TABLET	ORAL	10/06/2022	0.39649
NEBIVOLOL HCL	5 MG	TABLET	ORAL	11/02/2023	0.26740
NEBIVOLOL HCL	2.5 MG	TABLET	ORAL	10/26/2023	0.29490
NEBIVOLOL HCL	10 MG	TABLET	ORAL	11/02/2023	0.11479
NEBIVOLOL HCL	20 MG	TABLET	ORAL	11/02/2023	0.19609
NEEDLELESS DISPENSING PIN		EACH	MISCELL	05/06/2022	2.05958
NEEDLES, BLOOD COLLECTION	20GX1"	DIS NEEDLE	MISCELL	05/06/2022	0.07437
NEEDLES, BLOOD COLLECTION	21 G X 1"	DIS NEEDLE	MISCELL	05/06/2022	0.07437
NEEDLES, BLOOD COLLECTION	22GX1"	DIS NEEDLE	MISCELL	05/06/2022	0.07437
NEEDLES, DISPOSABLE	16 G X 1"	DIS NEEDLE	MISCELL	12/08/2022	0.09484
NEEDLES, DISPOSABLE	16GX1.5"	DIS NEEDLE	MISCELL	12/08/2022	0.19604
NEEDLES, DISPOSABLE	18GX1"	DIS NEEDLE	MISCELL	12/08/2022	0.05521

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NEEDLES, DISPOSABLE	18GX1 1/2"	DIS NEEDLE	MISCELL	09/07/2023	0.02285
NEEDLES, DISPOSABLE	19GX1"	DIS NEEDLE	MISCELL	02/02/2023	0.08784
NEEDLES, DISPOSABLE	19GX1 1/2"	DIS NEEDLE	MISCELL	08/17/2023	0.08784
NEEDLES, DISPOSABLE	20GX1"	DIS NEEDLE	MISCELL	08/17/2023	0.08784
NEEDLES, DISPOSABLE	20GX1 1/2"	DIS NEEDLE	MISCELL	08/17/2023	0.04683
NEEDLES, DISPOSABLE	21 G X 1"	DIS NEEDLE	MISCELL	06/09/2022	0.08784
NEEDLES, DISPOSABLE	21GX1 1/2"	DIS NEEDLE	MISCELL	12/08/2022	0.08784
NEEDLES, DISPOSABLE	21GX2"	DIS NEEDLE	MISCELL	02/02/2023	0.13574
NEEDLES, DISPOSABLE	22GX3/4"	DIS NEEDLE	MISCELL	05/06/2022	0.09715
NEEDLES, DISPOSABLE	22GX1"	DIS NEEDLE	MISCELL	05/06/2022	0.02285
NEEDLES, DISPOSABLE	22GX1 1/2"	DIS NEEDLE	MISCELL	11/17/2022	0.05521
NEEDLES, DISPOSABLE	23GX3/4"	DIS NEEDLE	MISCELL	02/02/2023	0.05762
NEEDLES, DISPOSABLE	23GX1"	DIS NEEDLE	MISCELL	09/07/2023	0.02285
NEEDLES, DISPOSABLE	23GX1.25"	DIS NEEDLE	MISCELL	05/06/2022	0.03343
NEEDLES, DISPOSABLE	23GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.02285
NEEDLES, DISPOSABLE	25GX5/8"	DIS NEEDLE	MISCELL	05/06/2022	0.02285
NEEDLES, DISPOSABLE	25GX1"	DIS NEEDLE	MISCELL	08/31/2023	0.02285
NEEDLES, DISPOSABLE	25GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.02285
NEEDLES, DISPOSABLE	26GX3/8"	DIS NEEDLE	MISCELL	05/25/2023	0.08707
NEEDLES, DISPOSABLE	26GX1/2"	DIS NEEDLE	MISCELL	02/02/2023	0.05762
NEEDLES, DISPOSABLE	26 G X5/8"	DIS NEEDLE	MISCELL	05/06/2022	0.03343

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NEEDLES, DISPOSABLE	26GX1.5"	DIS NEEDLE	MISCELL	05/06/2022	0.09715
NEEDLES, DISPOSABLE	27GX1/2"	DIS NEEDLE	MISCELL	12/08/2022	0.04683
NEEDLES, DISPOSABLE	27GX1.25"	DIS NEEDLE	MISCELL	05/06/2022	0.03343
NEEDLES, DISPOSABLE	27GX1.5"	DIS NEEDLE	MISCELL	05/06/2022	0.05069
NEEDLES, DISPOSABLE	30GX1/2"	DIS NEEDLE	MISCELL	05/19/2022	0.04683
NEEDLES, DISPOSABLE	30GX3/4"	DIS NEEDLE	MISCELL	05/06/2022	0.07185
NEEDLES, DISPOSABLE	30GX1"	DIS NEEDLE	MISCELL	12/08/2022	0.35510
NEEDLES, FILTER	18GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.31698
NEEDLES, SAFETY	25GX5/8"	DIS NEEDLE	MISCELL	02/02/2023	0.14445
NEEDLES, SAFETY	23GX1"	DIS NEEDLE	MISCELL	09/07/2023	0.17407
NEEDLES, SAFETY	27GX1/2"	DIS NEEDLE	MISCELL	05/19/2022	0.17407
NEEDLES, SAFETY	26GX1/2"	DIS NEEDLE	MISCELL	08/10/2023	0.09903
NEEDLES, SAFETY	25GX1"	DIS NEEDLE	MISCELL	09/07/2023	0.17407
NEEDLES, SAFETY	25GX1 1/2"	DIS NEEDLE	MISCELL	09/28/2023	0.17447
NEEDLES, SAFETY	18GX1"	DIS NEEDLE	MISCELL	06/16/2022	0.70752
NEEDLES, SAFETY	18GX1 1/2"	DIS NEEDLE	MISCELL	09/28/2023	0.42754
NEEDLES, SAFETY	19GX1"	DIS NEEDLE	MISCELL	05/06/2022	0.09903
NEEDLES, SAFETY	19GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.09903
NEEDLES, SAFETY	20GX1"	DIS NEEDLE	MISCELL	06/16/2022	0.70752
NEEDLES, SAFETY	20GX1 1/2"	DIS NEEDLE	MISCELL	06/16/2022	0.70752
NEEDLES, SAFETY	21 G X 1"	DIS NEEDLE	MISCELL	05/06/2022	0.15464

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NEEDLES, SAFETY	21GX1 1/2"	DIS NEEDLE	MISCELL	06/16/2022	0.70752
NEEDLES, SAFETY	22GX1"	DIS NEEDLE	MISCELL	06/16/2022	0.70752
NEEDLES, SAFETY	22GX1 1/2"	DIS NEEDLE	MISCELL	05/19/2022	0.27604
NEEDLES, SAFETY	23GX1 1/2"	DIS NEEDLE	MISCELL	10/19/2023	0.17407
NEEDLES, SAFETY	30GX1/2"	DIS NEEDLE	MISCELL	03/16/2023	0.17407
NEEDLES, SAFETY	23GX5/8"	DIS NEEDLE	MISCELL	05/19/2022	0.17407
NELARABINE	250MG/50ML	VIAL	INTRAVEN	07/13/2023	6.45795
NEOMYCIN SULFATE	500 MG	TABLET	ORAL	11/02/2023	1.61443
NEOMYCIN/BACIT/P-MYX/HYDROCORT	3.5-10K-1	OINT. (G)	OPHTHALMIC	01/04/2018	3.36600
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT PACK	TOPICAL	10/05/2023	0.09194
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT. (G)	TOPICAL	09/14/2023	0.17976
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5MG-400	OINT. (G)	OPHTHALMIC	07/06/2023	7.50000
NEOMYCIN/POLYMYXIN B/DEXAMETHA	3.5-10K-.1	OINT. (G)	OPHTHALMIC	11/10/2022	2.85686
NEOMYCIN/POLYMYXIN B/DEXAMETHA	0.1 %	DROPS SUSP	OPHTHALMIC	10/26/2021	2.66124
NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	SOLUTION	OTIC (EAR)	05/17/2023	7.56793
NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	DROPS SUSP	OTIC (EAR)	05/17/2023	6.40842
NEOMYCN/BACITRC/POLYMYX/PRAMOX	3.5-10K-10	OINT. (G)	TOPICAL	07/06/2023	0.42076
NEOSTIGMINE METHYLSULFATE	3 MG/3 ML	SYRINGE	INTRAVEN	06/29/2023	6.35042
NEOSTIGMINE METHYLSULFATE	0.5 MG/ML	VIAL	INTRAVEN	10/26/2023	0.65526
NEOSTIGMINE METHYLSULFATE	1 MG/ML	VIAL	INTRAVEN	10/26/2023	0.69854
NEVIRAPINE	200 MG	TABLET	ORAL	07/13/2023	0.20725

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NEVIRAPINE	400 MG	TAB ER 24H	ORAL	07/27/2022	5.92878
NIACIN	250 MG	CAPSULE ER	ORAL	05/06/2022	0.06164
NIACIN	100 MG	TABLET	ORAL	02/02/2023	0.01461
NIACIN	250 MG	TABLET	ORAL	11/08/2023	0.04683
NIACIN	500 MG	TABLET	ORAL	03/02/2023	0.03779
NIACIN	500 MG	TAB ER 24H	ORAL	07/27/2023	0.45888
NIACIN	750 MG	TAB ER 24H	ORAL	02/02/2023	0.62965
NIACIN	1000 MG	TAB ER 24H	ORAL	10/19/2023	0.76574
NIACIN	250 MG	TABLET ER	ORAL	05/06/2022	0.03209
NIACIN	500 MG	TABLET ER	ORAL	09/28/2023	0.02814
NIACIN	750 MG	TABLET ER	ORAL	09/14/2023	0.08840
NIACIN (INOSITOL NIACINATE)	400(500MG)	CAPSULE	ORAL	06/16/2022	0.11865
NIACINAMIDE	500 MG	TABLET	ORAL	05/06/2022	0.02673
NIACINAMIDE	500 MG	TABLET ER	ORAL	05/06/2022	0.05836
NICARDIPINE HCL	30 MG	CAPSULE	ORAL	09/21/2023	2.08980
NICARDIPINE HCL	25 MG/10ML	AMPUL	INTRAVEN	05/06/2022	2.22775
NICARDIPINE HCL	25 MG/10ML	VIAL	INTRAVEN	09/14/2023	2.61983
NICOTINE	7MG/24HR	PATCH TD24	TRANSDERM	03/23/2023	1.43523
NICOTINE	14MG/24HR	PATCH TD24	TRANSDERM	11/17/2022	1.43523
NICOTINE	21 MG/24HR	PATCH TD24	TRANSDERM	01/12/2023	1.43428
NICOTINE POLACRILEX	4 MG	LOZNG MINI	BUCCAL	09/28/2023	0.47297

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NICOTINE POLACRILEX	2 MG	LOZNG MINI	BUCCAL	09/28/2023	0.47578
NICOTINE POLACRILEX	2 MG	GUM	BUCCAL	09/14/2023	0.22683
NICOTINE POLACRILEX	4 MG	GUM	BUCCAL	09/14/2023	0.33795
NICOTINE POLACRILEX	4 MG	LOZENGE	BUCCAL	07/08/2022	0.34871
NICOTINE POLACRILEX	2 MG	LOZENGE	BUCCAL	06/29/2023	0.49275
NIFEDIPINE	10 MG	CAPSULE	ORAL	08/24/2023	0.53533
NIFEDIPINE	20 MG	CAPSULE	ORAL	10/19/2023	1.36305
NIFEDIPINE	30 MG	TAB ER 24	ORAL	11/02/2023	0.20033
NIFEDIPINE	60 MG	TAB ER 24	ORAL	11/08/2023	0.25741
NIFEDIPINE	90 MG	TAB ER 24	ORAL	06/07/2023	0.52917
NIFEDIPINE	30 MG	TABLET ER	ORAL	04/06/2023	0.33165
NIFEDIPINE	60 MG	TABLET ER	ORAL	10/19/2023	0.34197
NIFEDIPINE	90 MG	TABLET ER	ORAL	12/14/2021	0.53185
NILUTAMIDE	150 MG	TABLET	ORAL	10/18/2021	115.43686
NIMODIPINE	30 MG	CAPSULE	ORAL	03/23/2023	3.44960
NISOLDIPINE	8.5 MG	TAB ER 24H	ORAL	05/06/2022	5.17321
NISOLDIPINE	17 MG	TAB ER 24H	ORAL	10/12/2023	6.56146
NISOLDIPINE	34 MG	TAB ER 24H	ORAL	05/06/2022	6.80314
NITAZOXANIDE	500 MG	TABLET	ORAL	11/08/2023	134.49367
NITISINONE	20 MG	CAPSULE	ORAL	05/17/2023	502.69331
NITROFURANTOIN MACROCRYSTAL	100 MG	CAPSULE	ORAL	11/08/2023	0.73700

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NITROFURANTOIN MACROCRYSTAL	25 MG	CAPSULE	ORAL	09/14/2023	4.31125
NITROFURANTOIN MACROCRYSTAL	50 MG	CAPSULE	ORAL	09/14/2023	0.58746
NITROFURANTOIN MONOHYD/M-CRYST	100 MG	CAPSULE	ORAL	11/08/2023	0.46257
NITROGLYCERIN	400MCG/SPR	SPRAY	TRANSLING	03/23/2023	17.49510
NITROGLYCERIN	0.3 MG	TAB SUBL	SUBLINGUAL	08/24/2023	0.26666
NITROGLYCERIN	0.4 MG	TAB SUBL	SUBLINGUAL	10/19/2023	0.26599
NITROGLYCERIN	0.6 MG	TAB SUBL	SUBLINGUAL	05/25/2023	0.39262
NITROGLYCERIN	0.4MG/HR	PATCH TD24	TRANSDERM	05/06/2022	1.03919
NITROGLYCERIN	0.6MG/HR	PATCH TD24	TRANSDERM	05/06/2022	1.19959
NITROGLYCERIN	0.1MG/HR	PATCH TD24	TRANSDERM	08/01/2022	16.75000
NITROGLYCERIN	0.2MG/HR	PATCH TD24	TRANSDERM	07/14/2022	0.89916
NITROPRUSSIDE SODIUM	25 MG/ML	VIAL	INTRAVEN	09/12/2023	7.08000
NIZATIDINE	150 MG	CAPSULE	ORAL	02/02/2023	1.53353
NORELGESTROMIN/ETHIN.ESTRADIOL	150-35/24H	PATCH TDWK	TRANSDERM	10/19/2023	41.46125
NOREPINEPHRINE BIT/0.9 % NACL	4MG/250ML	PLAST. BAG	INTRAVEN	05/25/2023	0.14656
NOREPINEPHRINE BIT/0.9 % NACL	8 MG/250ML	PLAST. BAG	INTRAVEN	05/25/2023	0.18844
NOREPINEPHRINE BIT/0.9 % NACL	16MG/250ML	PLAST. BAG	INTRAVEN	05/25/2023	0.39083
NOREPINEPHRINE BITARTRATE	1 MG/ML	AMPUL	INTRAVEN	11/05/2020	5.95662
NOREPINEPHRINE BITARTRATE	1 MG/ML	VIAL	INTRAVEN	11/02/2023	1.46261
NORETH-ETHINYL ESTRADIOL/IRON	0.4-35(21)	TAB CHEW	ORAL	06/29/2023	1.21334
NORETH-ETHINYL ESTRADIOL/IRON	0.8-25(24)	TAB CHEW	ORAL	05/06/2022	3.90044

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NORETHINDRONE	0.35 MG	TABLET	ORAL	11/17/2022	0.10672
NORETHINDRONE AC-ETH ESTRADIOL	1.5-0.03MG	TABLET	ORAL	10/06/2022	0.92247
NORETHINDRONE AC-ETH ESTRADIOL	1MG-20MCG	TABLET	ORAL	04/27/2023	0.47304
NORETHINDRONE AC-ETH ESTRADIOL	1MG-5MCG	TABLET	ORAL	05/06/2022	1.43678
NORETHINDRONE AC-ETH ESTRADIOL	0.5MG-2.5	TABLET	ORAL	05/11/2023	2.30879
NORETHINDRONE ACETATE	5 MG	TABLET	ORAL	05/06/2022	0.93880
NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	CAPSULE	ORAL	10/26/2023	1.80533
NORETHINDRONE-E.ESTRADIOL-IRON	1.5-30(21)	TABLET	ORAL	09/06/2023	0.16207
NORETHINDRONE-E.ESTRADIOL-IRON	5-7-9-7	TABLET	ORAL	08/10/2023	1.41322
NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	TABLET	ORAL	11/02/2023	0.86685
NORETHINDRONE-E.ESTRADIOL-IRON	1MG-20(24)	TAB CHEW	ORAL	03/23/2023	1.13645
NORETHINDRONE-ETHIN. ESTRADIOL	0.4-0.035	TABLET	ORAL	09/14/2023	0.78733
NORETHINDRONE-ETHIN. ESTRADIOL	0.5-0.035	TABLET	ORAL	03/23/2023	1.12735
NORETHINDRONE-ETHIN. ESTRADIOL	7 DAYS X 3	TABLET	ORAL	11/02/2023	0.40296
NORETHINDRONE-ETHIN. ESTRADIOL	7-9-5	TABLET	ORAL	05/31/2023	1.74918
NORETHINDRONE-ETHIN. ESTRADIOL	1 MG-35MCG	TABLET	ORAL	07/26/2018	0.52164
NORGESTIMATE-ETHINYL ESTRADIOL	0.25-0.035	TABLET	ORAL	03/23/2023	0.13671
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	ORAL	09/14/2023	0.15378
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 LO	TABLET	ORAL	05/25/2023	0.39131
NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	ORAL	05/17/2023	0.57891
NORTRIPTYLINE HCL	10 MG	CAPSULE	ORAL	08/10/2023	0.11685

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NORTRIPTYLINE HCL	25 MG	CAPSULE	ORAL	06/07/2023	0.16745
NORTRIPTYLINE HCL	50 MG	CAPSULE	ORAL	04/13/2023	0.19551
NORTRIPTYLINE HCL	75 MG	CAPSULE	ORAL	09/14/2023	0.22631
NYSTATIN	100000/ML	ORAL SUSP	ORAL	11/02/2023	0.07758
NYSTATIN	500K UNIT	TABLET	ORAL	09/14/2023	0.63784
NYSTATIN	100000/G	CREAM (G)	TOPICAL	10/19/2023	0.34483
NYSTATIN	100000/G	OINT. (G)	TOPICAL	09/14/2023	0.43461
NYSTATIN/TRIAMCINOLONE ACET	100000-0.1	OINT. (G)	TOPICAL	08/03/2023	0.18983
OCTREOTIDE ACETATE	50 MCG/ML	AMPUL	INJECTION	01/12/2023	14.82180
OCTREOTIDE ACETATE	500 MCG/ML	AMPUL	INJECTION	01/12/2023	135.36970
OCTREOTIDE ACETATE	200 MCG/ML	VIAL	INJECTION	07/21/2022	8.31360
OCTREOTIDE ACETATE	1000MCG/ML	VIAL	INJECTION	05/26/2022	28.70000
OCTREOTIDE ACETATE	50 MCG/ML	VIAL	INJECTION	06/22/2023	5.03052
OCTREOTIDE ACETATE	500 MCG/ML	VIAL	INJECTION	06/22/2023	16.06500
OFLOXACIN	400 MG	TABLET	ORAL	10/12/2023	14.86854
OFLOXACIN	0.3 %	DROPS	OPHTHALMIC	11/06/2023	1.43200
OFLOXACIN	0.3 %	DROPS	OTIC (EAR)	06/29/2023	2.01000
OLANZAPINE	7.5 MG	TABLET	ORAL	11/02/2023	0.13154
OLANZAPINE	10 MG	TABLET	ORAL	11/02/2023	0.15752
OLANZAPINE	5 MG	TABLET	ORAL	11/02/2023	0.09548
OLANZAPINE	2.5 MG	TABLET	ORAL	11/02/2023	0.09250

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
OLANZAPINE	15 MG	TABLET	ORAL	11/02/2023	0.19500
OLANZAPINE	20 MG	TABLET	ORAL	11/02/2023	0.22830
OLANZAPINE	5 MG	TAB RAPDIS	ORAL	07/28/2023	0.49513
OLANZAPINE	10 MG	TAB RAPDIS	ORAL	12/29/2022	0.62712
OLANZAPINE	15 MG	TAB RAPDIS	ORAL	07/20/2023	0.95497
OLANZAPINE	20 MG	TAB RAPDIS	ORAL	07/13/2023	0.86028
OLANZAPINE	10 MG	VIAL	INTRAMUSC	10/12/2023	32.15425
OLANZAPINE/FLUOXETINE HCL	6MG-25MG	CAPSULE	ORAL	05/06/2022	10.14262
OLANZAPINE/FLUOXETINE HCL	6MG-50MG	CAPSULE	ORAL	05/06/2022	11.27317
OLANZAPINE/FLUOXETINE HCL	12MG-25MG	CAPSULE	ORAL	04/20/2023	22.91800
OLANZAPINE/FLUOXETINE HCL	12MG-50MG	CAPSULE	ORAL	04/20/2023	22.91800
OLANZAPINE/FLUOXETINE HCL	3 MG-25 MG	CAPSULE	ORAL	04/20/2023	6.50790
OLIVE OIL		OIL	MISCELL	05/06/2022	0.02461
OLMESARTAN MEDOXOMIL	5 MG	TABLET	ORAL	10/12/2023	0.09172
OLMESARTAN MEDOXOMIL	20 MG	TABLET	ORAL	11/02/2023	0.17152
OLMESARTAN MEDOXOMIL	40 MG	TABLET	ORAL	10/12/2023	0.24611
OLMESARTAN/AMLODIPIN/HCTHIAZID	20-5-12.5	TABLET	ORAL	10/12/2023	1.68914
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-12.5	TABLET	ORAL	10/12/2023	2.35036
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-25 MG	TABLET	ORAL	10/20/2022	2.42629
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-12.5	TABLET	ORAL	03/16/2023	2.25984
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-25MG	TABLET	ORAL	03/23/2023	2.09576

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
OLMESARTAN/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	11/02/2023	0.13891
OLMESARTAN/HYDROCHLOROTHIAZIDE	40-12.5 MG	TABLET	ORAL	11/02/2023	0.22110
OLMESARTAN/HYDROCHLOROTHIAZIDE	40 MG-25MG	TABLET	ORAL	11/02/2023	0.22110
OLOPATADINE HCL	0.1 %	DROPS	OPHTHALMIC	08/03/2021	3.27360
OLOPATADINE HCL	0.6 %	SPRAY/PUMP	NASAL	10/19/2023	1.51956
OMEGA-3 ACID ETHYL ESTERS	1 G	CAPSULE	ORAL	10/19/2023	0.24801
OMEGA-3 FATTY ACIDS	1000 MG	CAPSULE	ORAL	07/06/2023	0.12308
OMEGA-3 FATTY ACIDS/FISH OIL	300-1000MG	CAPSULE	ORAL	09/22/2022	0.07209
OMEGA-3 FATTY ACIDS/FISH OIL	360-1200MG	CAPSULE	ORAL	08/10/2023	0.03733
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE	ORAL	08/17/2023	0.06187
OMEGA-3/DHA/EPA/FISH OIL	1200 MG	CAPSULE	ORAL	08/03/2023	0.12831
OMEGA-3/DHA/EPA/FISH OIL	1000 MG	CAPSULE	ORAL	11/02/2023	0.05771
OMEGA-3/DHA/EPA/FISH OIL	60 MG-90MG	CAPSULE	ORAL	10/19/2023	0.02834
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE	ORAL	01/19/2023	0.11556
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE DR	ORAL	10/26/2023	0.10899
OMEGA-3S/DHA/EPA/FISH OIL/D3	360MG-1000	CAPSULE	ORAL	04/20/2023	0.19683
OMEPRAZOLE	20 MG	CAPSULE DR	ORAL	11/08/2023	0.04154
OMEPRAZOLE	10 MG	CAPSULE DR	ORAL	03/30/2023	0.10077
OMEPRAZOLE	40 MG	CAPSULE DR	ORAL	11/08/2023	0.06070
OMEPRAZOLE	20 MG	TABLET DR	ORAL	09/21/2023	0.48080
OMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	06/22/2023	0.41380

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
OMEPRAZOLE MAGNESIUM	20 MG	TABLET DR	ORAL	10/19/2023	0.86940
OMEPRAZOLE/SODIUM BICARBONATE	20MG-1.1G	CAPSULE	ORAL	10/19/2023	1.41593
OMEPRAZOLE/SODIUM BICARBONATE	40MG-1.1G	CAPSULE	ORAL	10/19/2023	1.09478
OMEPRAZOLE/SODIUM BICARBONATE	20-1680MG	PACKET	ORAL	11/22/2022	112.98302
OMEPRAZOLE/SODIUM BICARBONATE	40-1680MG	PACKET	ORAL	11/22/2022	107.33386
ONDANSETRON	4 MG	TAB RAPDIS	ORAL	08/10/2023	0.31624
ONDANSETRON	8 MG	TAB RAPDIS	ORAL	08/10/2023	0.33768
ONDANSETRON HCL	4 MG/5 ML	SOLUTION	ORAL	10/19/2023	0.59764
ONDANSETRON HCL	4 MG	TABLET	ORAL	11/02/2023	0.08844
ONDANSETRON HCL	8 MG	TABLET	ORAL	11/08/2023	0.18537
ONDANSETRON HCL	2 MG/ML	VIAL	INTRAVEN	08/17/2023	0.32495
ONDANSETRON HCL/PF	4 MG/2 ML	VIAL	INJECTION	10/12/2023	0.34331
ORANGE OIL		OIL	MISCELL	05/06/2022	0.48240
ORPHENADRINE CITRATE	100 MG	TABLET ER	ORAL	07/06/2023	0.44180
ORPHENADRINE CITRATE	30 MG/ML	VIAL	INJECTION	10/12/2023	9.04020
ORPHENADRINE/ASPIRIN/CAFFEINE	50-770-60	TABLET	ORAL	05/06/2022	20.47500
OSELTAMIVIR PHOSPHATE	75 MG	CAPSULE	ORAL	04/27/2023	1.75004
OSELTAMIVIR PHOSPHATE	30 MG	CAPSULE	ORAL	10/19/2023	3.02676
OSELTAMIVIR PHOSPHATE	45 MG	CAPSULE	ORAL	07/13/2023	2.63310
OSELTAMIVIR PHOSPHATE	6 MG/ML	SUSP RECON	ORAL	10/26/2023	0.51970
OSTOMY SUPPLY		LIQUID	TOPICAL	07/27/2022	0.04561

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
OXACILLIN SODIUM	1 G	VIAL	INJECTION	05/31/2023	8.89320
OXACILLIN SODIUM	10 G	VIAL	INJECTION	05/31/2023	47.15000
OXACILLIN SODIUM	2 G	VIAL	INJECTION	10/26/2022	10.58000
OXALIPLATIN	50 MG/10ML	VIAL	INTRAVEN	02/16/2023	1.40700
OXALIPLATIN	100MG/20ML	VIAL	INTRAVEN	03/23/2023	1.13766
OXANDROLONE	2.5 MG	TABLET	ORAL	07/13/2023	4.41586
OXANDROLONE	10 MG	TABLET	ORAL	08/31/2023	13.09724
OXAPROZIN	600 MG	TABLET	ORAL	06/07/2023	1.05672
OXAZEPAM	10 MG	CAPSULE	ORAL	03/16/2023	0.77177
OXAZEPAM	15 MG	CAPSULE	ORAL	03/16/2023	0.97452
OXAZEPAM	30 MG	CAPSULE	ORAL	04/27/2023	1.40961
OXCARBAZEPINE	300 MG/5ML	ORAL SUSP	ORAL	02/11/2020	0.42451
OXCARBAZEPINE	300 MG	TABLET	ORAL	10/26/2023	0.29282
OXCARBAZEPINE	600 MG	TABLET	ORAL	10/26/2023	0.39385
OXCARBAZEPINE	150 MG	TABLET	ORAL	10/26/2023	0.20293
OXICONAZOLE NITRATE	1 %	CREAM (G)	TOPICAL	05/06/2022	4.72545
OXYBUTYNIN	3.9MG/24HR	PATCH TD 4	TRANSDERM	05/06/2022	3.11149
OXYBUTYNIN CHLORIDE	5 MG	TAB ER 24	ORAL	08/03/2023	0.12851
OXYBUTYNIN CHLORIDE	10 MG	TAB ER 24	ORAL	10/12/2023	0.14501
OXYBUTYNIN CHLORIDE	15 MG	TAB ER 24	ORAL	05/11/2023	0.25942
OXYBUTYNIN CHLORIDE	5 MG	TABLET	ORAL	10/12/2023	0.07566

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
OXYCODONE HCL	5 MG	CAPSULE	ORAL	11/22/2022	0.76862
OXYCODONE HCL	5 MG	TABLET ORL	ORAL	04/13/2023	13.36944
OXYCODONE HCL	5 MG/5 ML	SOLUTION	ORAL	06/22/2023	0.07279
OXYCODONE HCL	20 MG/ML	ORAL CONC	ORAL	02/19/2019	2.20743
OXYCODONE HCL	5 MG	TABLET	ORAL	09/21/2023	0.12435
OXYCODONE HCL	10 MG	TABLET	ORAL	09/14/2023	0.20100
OXYCODONE HCL	20 MG	TABLET	ORAL	05/17/2023	0.37172
OXYCODONE HCL/ACETAMINOPHEN	10-300MG/5	SOLUTION	ORAL	05/06/2022	7.87500
OXYCODONE HCL/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	11/02/2023	0.08844
OXYCODONE HCL/ACETAMINOPHEN	2.5-325 MG	TABLET	ORAL	10/13/2022	0.72729
OXYCODONE HCL/ACETAMINOPHEN	7.5-325 MG	TABLET	ORAL	08/03/2023	0.10138
OXYCODONE HCL/ACETAMINOPHEN	10MG-325MG	TABLET	ORAL	07/01/2023	0.22886
OXYMETAZOLINE HCL	0.05 %	MIST	NASAL	04/20/2023	0.47865
OXYMETAZOLINE HCL	0.05 %	SPRAY	NASAL	10/26/2023	0.10363
OXYMORPHONE HCL	5 MG	TABLET	ORAL	03/23/2023	0.46029
OXYMORPHONE HCL	10 MG	TABLET	ORAL	10/26/2023	0.48341
OXYTOCIN	10 UNIT/ML	VIAL	INJECTION	02/02/2023	0.87502
PACLITAXEL	6 MG/ML	VIAL	INTRAVEN	02/16/2023	0.63087
PALIPERIDONE	3 MG	TAB ER 24	ORAL	09/26/2023	1.65240
PALIPERIDONE	6 MG	TAB ER 24	ORAL	08/17/2023	2.78564
PALIPERIDONE	9 MG	TAB ER 24	ORAL	08/17/2023	4.17780

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PALIPERIDONE	1.5 MG	TAB ER 24	ORAL	08/17/2023	2.85780
PALONOSETRON HCL	0.25MG/5ML	SYRINGE	INTRAVEN	12/08/2022	10.92500
PALONOSETRON HCL	0.25MG/5ML	VIAL	INTRAVEN	09/07/2023	3.52176
PAMIDRONATE DISODIUM	30MG/10ML	VIAL	INTRAVEN	05/06/2022	2.82612
PAMIDRONATE DISODIUM	90 MG/10ML	VIAL	INTRAVEN	10/12/2023	4.72824
PANTOPRAZOLE SODIUM	40 MG	GRANPKT DR	ORAL	06/06/2023	9.76848
PANTOPRAZOLE SODIUM	40 MG	TABLET DR	ORAL	10/19/2023	0.06365
PANTOPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	11/08/2023	0.03461
PANTOPRAZOLE SODIUM	40 MG	VIAL	INTRAVEN	10/19/2023	2.17750
PAPAVERINE HCL	30 MG/ML	VIAL	INJECTION	01/26/2023	12.37500
PAPAYA		TABLET	ORAL	07/27/2022	0.07625
PARAFFIN		WAX	MISCELL	05/06/2022	0.16574
PARICALCITOL	1 MCG	CAPSULE	ORAL	05/31/2023	2.53483
PARICALCITOL	2 MCG	CAPSULE	ORAL	06/06/2023	4.50384
PARICALCITOL	4 MCG	CAPSULE	ORAL	05/06/2022	23.28953
PARICALCITOL	5 MCG/ML	VIAL	INTRAVEN	05/19/2022	11.38500
PARICALCITOL	2 MCG/ML	VIAL	INTRAVEN	04/20/2023	5.01600
PAROMOMYCIN SULFATE	250 MG	CAPSULE	ORAL	05/06/2022	3.74220
PAROXETINE HCL	10 MG/5 ML	ORAL SUSP	ORAL	07/13/2023	1.91977
PAROXETINE HCL	10 MG	TABLET	ORAL	07/06/2023	0.04784
PAROXETINE HCL	20 MG	TABLET	ORAL	10/05/2023	0.07380

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PAROXETINE HCL	30 MG	TABLET	ORAL	05/04/2023	0.09399
PAROXETINE HCL	40 MG	TABLET	ORAL	05/04/2023	0.10423
PAROXETINE HCL	25 MG	TAB ER 24H	ORAL	08/17/2023	1.00679
PAROXETINE HCL	12.5 MG	TAB ER 24H	ORAL	09/14/2023	0.86743
PAROXETINE HCL	37.5 MG	TAB ER 24H	ORAL	08/31/2023	1.11756
PAROXETINE MESYLATE	7.5 MG	CAPSULE	ORAL	08/01/2022	4.35102
PEANUT OIL		OIL	MISCELL	05/06/2022	0.06045
PECTIN	2.8 MG	LOZENGE	MUCOUS MEM	01/26/2023	0.07236
PEDI MULTIVIT NO.17 W-FLUORIDE	0.25 MG	TAB CHEW	ORAL	11/22/2022	0.12730
PEDI MULTIVIT NO.17 W-FLUORIDE	0.5 MG	TAB CHEW	ORAL	11/17/2022	0.12730
PEDI MULTIVIT NO.17 W-FLUORIDE	1 MG	TAB CHEW	ORAL	11/17/2022	0.12730
PEDI MULTIVIT NO.25/FOLIC ACID	300 MCG	TAB CHEW	ORAL	05/06/2022	0.03209
PEDI MV NO.207/FERROUS SULFATE	11 MG/ML	DROPS	ORAL	04/27/2023	0.12449
PEDIATRIC MULTIVITAMIN NO.17		TAB CHEW	ORAL	07/13/2023	0.03631
PEDIATRIC MULTIVITAMIN NO.171	750-35/ML	DROPS	ORAL	05/06/2022	0.23544
PEG3350/SOD SUL/NACL/KCL/ASB/C	7.5-2.691G	POWD PACK	ORAL	10/26/2021	65.45650
PEMETREXED DISODIUM	500 MG	VIAL	INTRAVEN	08/10/2023	49.42550
PEMETREXED DISODIUM	100 MG	VIAL	INTRAVEN	08/10/2023	12.29800
PEMETREXED DISODIUM	1000 MG	VIAL	INTRAVEN	08/03/2023	154.09850
PEMETREXED DISODIUM	750 MG	VIAL	INTRAVEN	08/03/2023	3290.85475
PEMETREXED DISODIUM	25 MG/ML	VIAL	INTRAVEN	05/25/2023	22.44375

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PEN NEEDLE, DIABETIC	29 G X1/2"	DIS NEEDLE	MISCELL	05/17/2023	0.06231
PEN NEEDLE, DIABETIC	30 GX5/16"	DIS NEEDLE	MISCELL	03/23/2023	0.07283
PEN NEEDLE, DIABETIC	31 GX5/16"	DIS NEEDLE	MISCELL	09/28/2023	0.05293
PEN NEEDLE, DIABETIC	31 G X1/4"	DIS NEEDLE	MISCELL	07/27/2023	0.11645
PEN NEEDLE, DIABETIC	31 GX3/16"	DIS NEEDLE	MISCELL	09/28/2023	0.05293
PEN NEEDLE, DIABETIC	32 GX 1/4"	DIS NEEDLE	MISCELL	08/17/2023	0.13655
PEN NEEDLE, DIABETIC	32 GX5/16"	DIS NEEDLE	MISCELL	10/05/2023	0.15544
PEN NEEDLE, DIABETIC	32GX 5/32"	DIS NEEDLE	MISCELL	09/07/2023	0.05199
PEN NEEDLE, DIABETIC	32 GX3/16"	DIS NEEDLE	MISCELL	07/07/2022	0.12770
PEN NEEDLE, DIABETIC	33 GX5/32"	DIS NEEDLE	MISCELL	09/21/2023	0.26184
PEN NEEDLE, DIABETIC	33 GX3/16"	DIS NEEDLE	MISCELL	09/21/2023	0.26184
PEN NEEDLE, DIABETIC	33 G X1/4"	DIS NEEDLE	MISCELL	09/21/2023	0.28462
PEN NEEDLE, DIABETIC	29G X 3/8"	DIS NEEDLE	MISCELL	05/06/2022	0.15544
PEN NEEDLE, DIABETIC	30 GX3/16"	DIS NEEDLE	MISCELL	03/09/2023	0.07283
PEN NEEDLE, DIABETIC	31G X5/32"	DIS NEEDLE	MISCELL	09/21/2023	1.63788
PEN NEEDLE, DIABETIC, SAFETY	29GX 5/16"	DIS NEEDLE	MISCELL	09/22/2022	0.62143
PEN NEEDLE, DIABETIC, SAFETY	29GX3/16"	DIS NEEDLE	MISCELL	09/22/2022	0.62143
PEN NEEDLE, DIABETIC, SAFETY	31 GX3/16"	DIS NEEDLE	MISCELL	08/24/2023	0.42210
PEN NEEDLE, DIABETIC, SAFETY	30 GX3/16"	DIS NEEDLE	MISCELL	10/19/2023	0.57285
PEN NEEDLE, DIABETIC, SAFETY	30 GX5/16"	DIS NEEDLE	MISCELL	08/24/2023	0.26968
PEN NEEDLE, DIABETIC, SAFETY	31 G X1/4"	DIS NEEDLE	MISCELL	06/15/2023	0.66357

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PEN NEEDLE, DIABETIC, SAFETY	32GX 5/32"	DIS NEEDLE	MISCELL	06/15/2023	0.97063
PEN NEEDLE, DIABETIC, SAFETY	31G X5/32"	DIS NEEDLE	MISCELL	08/24/2023	1.00379
PEN NEEDLE,DUAL SAFETY,DIABETC	30 GX3/16"	DIS NEEDLE	MISCELL	02/23/2023	0.45225
PENCICLOVIR	1 %	CREAM (G)	TOPICAL	10/12/2023	157.28010
PENICILLAMINE	250 MG	TABLET	ORAL	08/17/2023	44.18283
PENICILLIN G POTASSIUM	5MM UNIT	VIAL	INJECTION	10/26/2021	3.16800
PENICILLIN V POTASSIUM	250 MG	TABLET	ORAL	09/08/2022	0.06516
PENICILLIN V POTASSIUM	500 MG	TABLET	ORAL	10/12/2023	0.08920
PENTAMIDINE ISETHIONATE	300 MG	VIAL	INJECTION	10/26/2023	111.37138
PENTAMIDINE ISETHIONATE	300 MG	VIAL-NEB	INHALATION	07/20/2023	113.76475
PENTAZOCINE HCL/NALOXONE HCL	50MG-0.5MG	TABLET	ORAL	05/25/2023	3.58552
PENTOBARBITAL SODIUM	50 MG/ML	VIAL	INJECTION	05/06/2022	43.95508
PENTOXIFYLLINE	400 MG	TABLET ER	ORAL	10/19/2023	0.39525
PEPPERMINT OIL		OIL	MISCELL	07/27/2022	0.88172
PERINDOPRIL ERBUMINE	4 MG	TABLET	ORAL	05/06/2022	1.48251
PERINDOPRIL ERBUMINE	2 MG	TABLET	ORAL	05/06/2022	1.27146
PERIT. DIALYSIS NO.6-1.5 % DEX	2.5MEQ(CA)	IP SOLN	INTRAPERIT	09/15/2022	0.00395
PERITON.DIALYSIS 7-2.5 % DEXTR	2.5MEQ(CA)	IP SOLN	INTRAPERIT	09/15/2022	0.00416
PERITON.DIALYSIS 8-4.25 % DEXT	2.5MEQ(CA)	IP SOLN	INTRAPERIT	09/08/2022	0.00426
PERMETHRIN	5 %	CREAM (G)	TOPICAL	05/17/2023	0.57173
PERMETHRIN	1 %	LIQUID	TOPICAL	12/15/2022	0.09153

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PERPHENAZINE	16 MG	TABLET	ORAL	11/02/2023	0.72239
PERPHENAZINE	2 MG	TABLET	ORAL	09/28/2023	0.36488
PERPHENAZINE	4 MG	TABLET	ORAL	09/28/2023	0.41527
PERPHENAZINE	8 MG	TABLET	ORAL	10/12/2023	0.52796
PETROLATUM, YELLOW	100 %	JELLY (G)	MISCELL	07/27/2023	0.05806
PETROLATUM, WHITE		JELLY (G)	TOPICAL	05/11/2023	0.00446
PETROLATUM, WHITE		OINT PACK	TOPICAL	10/05/2023	0.00855
PETROLATUM, WHITE		OINT. (G)	TOPICAL	02/02/2023	0.00446
PETROLATUM, WHITE	41 %	OINT. (G)	TOPICAL	07/13/2023	0.02174
PETROLATUM, WHITE	44 %	OINT. (G)	TOPICAL	05/06/2022	0.02212
PETROLATUM, WHITE	42 %	OINT. (G)	TOPICAL	11/22/2022	0.01837
PHARMACY COMPOUNDING ACCESSORY		EACH	MISCELL	05/06/2022	1.18590
PHENAZOPYRIDINE HCL	200 MG	TABLET	ORAL	11/08/2023	0.37554
PHENAZOPYRIDINE HCL	95 MG	TABLET	ORAL	01/19/2023	0.06811
PHENAZOPYRIDINE HCL	99.5 MG	TABLET	ORAL	09/01/2022	0.41261
PHENDIMETRAZINE TARTRATE	35 MG	TABLET	ORAL	09/14/2023	0.14933
PHENOL	1.4 %	SPRAY	MUCOUS MEM	07/27/2023	0.02166
PHENOXYBENZAMINE HCL	10 MG	CAPSULE	ORAL	10/26/2022	19.95000
PHENTERMINE HCL	15 MG	CAPSULE	ORAL	03/02/2023	0.24254
PHENTERMINE HCL	30 MG	CAPSULE	ORAL	09/21/2023	0.13065
PHENTERMINE HCL	37.5 MG	CAPSULE	ORAL	05/17/2023	0.23407

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PHENTERMINE HCL	37.5 MG	TABLET	ORAL	08/10/2023	0.06700
PHENTOLAMINE MESYLATE	5 MG	VIAL	INJECTION	10/19/2021	351.66000
PHENYLEPH/MINERAL OIL/PETROLAT	0.25 %-14%	OINT/APPL	RECTAL	07/13/2023	0.04400
PHENYLEPHRINE HCL	10 MG	TABLET	ORAL	07/27/2023	0.06785
PHENYLEPHRINE HCL	10 MG/ML	VIAL	INJECTION	10/26/2023	1.18188
PHENYLEPHRINE HCL	10 %	DROPS	OPHTHALMIC	10/12/2023	9.54960
PHENYLEPHRINE HCL	2.5 %	DROPS	OPHTHALMIC	11/14/2022	12.79300
PHENYLEPHRINE HCL	1 %	SPRAY	NASAL	07/20/2023	0.40915
PHENYLEPHRINE HCL/ACETAMINOPHN	5 MG-325MG	TABLET	ORAL	04/20/2023	0.30234
PHENYLEPHRINE HCL/ACETAMINOPHN	5 MG-500MG	TABLET	ORAL	05/11/2023	0.08750
PHENYLEPHRINE HCL/WITCH HAZEL	0.25%-50%	GEL (GRAM)	TOPICAL	05/06/2022	0.16737
PHENYLEPHRINE/ACETAMINOPHN/CPM	5-325-2MG	TABLET	ORAL	07/27/2023	0.09899
PHENYLEPHRINE/DIPHENHYDRAMINE	5-12.5MG/5	SOLUTION	ORAL	10/19/2023	0.07593
PHENYLEPHRINE/DIPHENHYDRAMINE	2.5-6.25/5	LIQUID	ORAL	12/08/2022	0.05339
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-325MG/15	LIQUID	ORAL	10/12/2023	0.03023
PHENYLEPHRINE/DM/ACETAMINOP/GG	10-650/20	LIQUID	ORAL	10/05/2023	0.02824
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-325-200	TABLET	ORAL	08/03/2023	0.30552
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-10-325MG	TABLET	ORAL	09/14/2023	0.31758
PHENYTOIN	125 MG/5ML	ORAL SUSP	ORAL	09/14/2023	0.11613
PHENYTOIN	100 MG/4ML	ORAL SUSP	ORAL	10/26/2023	1.58174
PHENYTOIN	50 MG	TAB CHEW	ORAL	11/22/2022	0.44743

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PHENYTOIN SODIUM	50 MG/ML	VIAL	INTRAVEN	10/26/2023	0.41754
PHENYTOIN SODIUM EXTENDED	100 MG	CAPSULE	ORAL	11/22/2022	0.13333
PHENYTOIN SODIUM EXTENDED	300 MG	CAPSULE	ORAL	10/19/2023	2.88332
PHENYTOIN SODIUM EXTENDED	200 MG	CAPSULE	ORAL	10/19/2023	1.95417
PHYSIOLOGICAL IRRIG SOLN NO.1	140-5-3-98	IRRIG SOLN	IRRIGATION	09/08/2022	0.01062
PHYTONADIONE (VIT K1)	5 MG	TABLET	ORAL	10/05/2023	32.90547
PHYTONADIONE (VIT K1)	100 MCG	TABLET	ORAL	05/06/2022	0.02245
PHYTONADIONE (VIT K1)	10 MG/ML	AMPUL	INJECTION	07/21/2022	58.89486
PILOCARPINE HCL	5 MG	TABLET	ORAL	10/19/2023	0.29735
PILOCARPINE HCL	7.5 MG	TABLET	ORAL	03/23/2023	1.24164
PILOCARPINE HCL	1 %	DROPS	OPHTHALMIC	05/11/2023	4.29704
PILOCARPINE HCL	2 %	DROPS	OPHTHALMIC	05/11/2023	4.28472
PILOCARPINE HCL	4 %	DROPS	OPHTHALMIC	05/06/2022	4.47920
PIMECROLIMUS	1 %	CREAM (G)	TOPICAL	09/28/2023	4.31514
PINDOLOL	10 MG	TABLET	ORAL	03/02/2023	1.64137
PINDOLOL	5 MG	TABLET	ORAL	01/26/2023	0.92071
PIOGLITAZONE HCL	15 MG	TABLET	ORAL	10/12/2023	0.07086
PIOGLITAZONE HCL	30 MG	TABLET	ORAL	10/12/2023	0.10777
PIOGLITAZONE HCL	45 MG	TABLET	ORAL	10/12/2023	0.11190
PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-4 MG	TABLET	ORAL	06/04/2019	9.36503
PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-2 MG	TABLET	ORAL	10/01/2019	11.30907

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PIOGLITAZONE HCL/METFORMIN HCL	15MG-500MG	TABLET	ORAL	08/17/2023	0.70514
PIOGLITAZONE HCL/METFORMIN HCL	15MG-850MG	TABLET	ORAL	09/14/2023	0.60501
PIPERACILLIN SODIUM/TAZOBACTAM	2.25 G	VIAL	INTRAVEN	07/20/2023	3.75012
PIPERACILLIN SODIUM/TAZOBACTAM	3.375 G	VIAL	INTRAVEN	09/21/2023	4.23984
PIPERACILLIN SODIUM/TAZOBACTAM	4.5 G	VIAL	INTRAVEN	09/21/2023	5.50037
PIPERACILLIN SODIUM/TAZOBACTAM	40.5 G	VIAL	INTRAVEN	10/19/2023	51.10650
PIPERONYL BUTOXIDE/PYRETHRINS	4%-0.33%	SHAMPOO	TOPICAL	05/06/2022	0.04916
PIRFENIDONE	267 MG	CAPSULE	ORAL	03/23/2023	7.29689
PIRFENIDONE	267 MG	TABLET	ORAL	10/19/2023	5.77478
PIRFENIDONE	801 MG	TABLET	ORAL	11/02/2023	25.95448
PIROXICAM	10 MG	CAPSULE	ORAL	07/13/2023	0.39704
PIROXICAM	20 MG	CAPSULE	ORAL	11/02/2023	0.51000
PLERIXAFOR	24MG/1.2ML	VIAL	SUBCUT	11/08/2023	548.74400
PNV 11/IRON FUM/FOLIC ACID/OM3	28-1-200MG	CAPSULE	ORAL	10/05/2023	2.54555
PNV 119/IRON FUM/FOLIC ACID	29 MG-1 MG	TABLET	ORAL	10/05/2023	0.97029
PNV CMB 52/IRON/FA/OMEGA-3/DHA	29-1-200MG	COMBO. PKG	ORAL	07/18/2023	0.03018
PNV NO.95/FERROUS FUM/FOLIC AC	28MG-0.8MG	TABLET	ORAL	04/27/2023	0.03928
PNV,CALCIUM 72/IRON/FOLIC ACID	27 MG-1 MG	TABLET	ORAL	05/06/2022	0.08033
POLAPREZINC (ZINC CARNOSINE)	16 MG	TAB CHEW	ORAL	05/06/2022	0.96323
POLYDIMETHYLSILOXANES/SILICON		GEL (GRAM)	TOPICAL	05/06/2022	1.22822
POLYETHYLENE GLYCOL 3350	17 G	POWD PACK	ORAL	09/28/2023	1.22036

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
POLYETHYLENE GLYCOL 3350	17 G/DOSE	POWDER	ORAL	09/21/2023	0.02112
POLYMYXIN B SULF/TRIMETHOPRIM	10000-1/ML	DROPS	OPHTHALMIC	02/23/2023	0.83080
POLYMYXIN B SULFATE	500K UNIT	VIAL	INJECTION	09/12/2023	6.35000
POLYSORBATE 80		SOLUTION	MISCELL	09/08/2022	0.03739
POLYVINYL ALCOHOL	1.4 %	DROPS	OPHTHALMIC	01/26/2023	0.33098
POSACONAZOLE	200 MG/5ML	ORAL SUSP	ORAL	04/06/2023	9.37765
POSACONAZOLE	100 MG	TABLET DR	ORAL	10/19/2023	13.79193
POSACONAZOLE	300MG/16.7	VIAL	INTRAVEN	07/20/2023	18.22059
POTASSIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	08/24/2023	0.21967
POTASSIUM CHLORIDE	10 MEQ	CAPSULE ER	ORAL	08/10/2023	0.16093
POTASSIUM CHLORIDE	8 MEQ	CAPSULE ER	ORAL	09/28/2023	0.20730
POTASSIUM CHLORIDE	20 MEQ	PACKET	ORAL	06/29/2023	1.20600
POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	ORAL	11/08/2023	0.12071
POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID	ORAL	10/26/2023	0.35418
POTASSIUM CHLORIDE	10 MEQ	TAB ER PRT	ORAL	10/19/2023	0.14397
POTASSIUM CHLORIDE	20 MEQ	TAB ER PRT	ORAL	08/31/2023	0.16754
POTASSIUM CHLORIDE	15 MEQ	TAB ER PRT	ORAL	11/02/2023	0.08837
POTASSIUM CHLORIDE	10 MEQ	TABLET ER	ORAL	10/19/2023	0.12864
POTASSIUM CHLORIDE	20 MEQ	TABLET ER	ORAL	06/22/2023	0.48186
POTASSIUM CHLORIDE	8 MEQ	TABLET ER	ORAL	10/20/2022	0.12006
POTASSIUM CHLORIDE	2 MEQ/ML	VIAL	INTRAVEN	08/31/2023	0.14640

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
POTASSIUM CHLORIDE IN 0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN	07/13/2023	0.01046
POTASSIUM CHLORIDE IN 0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN	07/13/2023	0.01308
POTASSIUM CHLORIDE IN D5W	20 MEQ/L	IV SOLN	INTRAVEN	02/09/2023	0.01273
POTASSIUM CHLORIDE IN LR-D5	20 MEQ/L	IV SOLN	INTRAVEN	10/05/2023	0.01673
POTASSIUM CHLORIDE IN WATER	10MEQ/0.1L	PIGGYBACK	INTRAVEN	10/26/2023	0.60617
POTASSIUM CHLORIDE IN WATER	20MEQ/0.1L	PIGGYBACK	INTRAVEN	08/23/2022	0.06520
POTASSIUM CHLORIDE IN WATER	40MEQ/0.1L	PIGGYBACK	INTRAVEN	08/23/2022	0.07979
POTASSIUM CHLORIDE IN WATER	10MEQ/50ML	PIGGYBACK	INTRAVEN	08/23/2022	0.14947
POTASSIUM CHLORIDE IN WATER	20MEQ/50ML	PIGGYBACK	INTRAVEN	08/23/2022	0.16441
POTASSIUM CHLORIDE-0.45% NACL	20 MEQ/L	IV SOLN	INTRAVEN	10/12/2023	0.00961
POTASSIUM CHLORIDE/D5-0.2%NACL	20 MEQ/L	IV SOLN	INTRAVEN	10/12/2023	0.01376
POTASSIUM CHLORIDE/D5-0.45NACL	10 MEQ/L	IV SOLN	INTRAVEN	05/31/2023	0.01257
POTASSIUM CHLORIDE/D5-0.45NACL	20 MEQ/L	IV SOLN	INTRAVEN	08/03/2023	0.00866
POTASSIUM CHLORIDE/D5-0.45NACL	30 MEQ/L	IV SOLN	INTRAVEN	08/03/2023	0.01209
POTASSIUM CHLORIDE/D5-0.45NACL	40 MEQ/L	IV SOLN	INTRAVEN	05/31/2023	0.01257
POTASSIUM CHLORIDE/D5-0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN	07/13/2023	0.01084
POTASSIUM CHLORIDE/D5-0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN	05/31/2023	0.01204
POTASSIUM CITRATE	5 MEQ	TABLET ER	ORAL	10/19/2023	0.17286
POTASSIUM CITRATE	10 MEQ	TABLET ER	ORAL	10/19/2023	0.34157
POTASSIUM CITRATE	15 MEQ	TABLET ER	ORAL	10/19/2023	0.60970
POTASSIUM CITRATE/CITRIC ACID	1100-334/5	SOLUTION	ORAL	10/17/2023	0.62498

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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

Generic Name	Strength	Form	Route	Effective Date	MAC Price
POTASSIUM GLUCONATE	595(99)MG	TABLET	ORAL	05/17/2023	0.06191
POTASSIUM GLUCONATE	550(90)MG	TABLET	ORAL	11/10/2022	0.02807
POTASSIUM IODIDE	65 MG	TABLET	ORAL	09/15/2022	0.96480
POTASSIUM PHOS,M-BASIC-D-BASIC	3MMOL/ML	VIAL	INTRAVEN	10/24/2023	1.25510
POVIDONE-IODINE	10 %	MED. SWAB	TOPICAL	05/31/2023	0.07119
POVIDONE-IODINE	10 %	MED. PAD	TOPICAL	05/31/2023	0.03216
POVIDONE-IODINE	10 %	OINT. (G)	TOPICAL	05/19/2022	0.15792
POVIDONE-IODINE	10 %	SOLUTION	TOPICAL	10/05/2023	0.00405
POVIDONE-IODINE	7.5 %	SOLUTION	TOPICAL	05/06/2022	0.00510
PRAMIPEXOLE DI-HCL	1 MG	TABLET	ORAL	08/17/2023	0.14904
PRAMIPEXOLE DI-HCL	1.5 MG	TABLET	ORAL	10/12/2023	0.20383
PRAMIPEXOLE DI-HCL	0.125 MG	TABLET	ORAL	10/06/2022	0.06655
PRAMIPEXOLE DI-HCL	0.25 MG	TABLET	ORAL	06/22/2023	0.13579
PRAMIPEXOLE DI-HCL	0.5 MG	TABLET	ORAL	06/22/2023	0.09291
PRAMIPEXOLE DI-HCL	0.75 MG	TABLET	ORAL	06/07/2023	0.15410
PRAMIPEXOLE DI-HCL	0.75 MG	TAB ER 24H	ORAL	06/07/2022	7.28260
PRAMIPEXOLE DI-HCL	0.375 MG	TAB ER 24H	ORAL	09/28/2023	7.07813
PRAMIPEXOLE DI-HCL	1.5 MG	TAB ER 24H	ORAL	10/19/2023	8.81440
PRAMIPEXOLE DI-HCL	3 MG	TAB ER 24H	ORAL	07/20/2023	10.04525
PRAMIPEXOLE DI-HCL	4.5 MG	TAB ER 24H	ORAL	10/19/2023	9.91760
PRAMIPEXOLE DI-HCL	2.25 MG	TAB ER 24H	ORAL	10/19/2023	11.82133

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PRAMIPEXOLE DI-HCL	3.75 MG	TAB ER 24H	ORAL	10/18/2022	7.93320
PRAMOXINE HCL	1 %	FOAM	TOPICAL	10/26/2021	4.28472
PRAMOXINE HCL	1 %	LOTION	TOPICAL	05/06/2022	0.05908
PRAMOXINE HCL	1 %	TOWELETTE	TOPICAL	05/06/2022	0.52260
PRASTERONE (DHEA)	25 MG	CAPSULE	ORAL	10/06/2022	0.04824
PRASTERONE (DHEA)	25 MG	TABLET	ORAL	11/22/2022	0.07522
PRASUGREL HCL	5 MG	TABLET	ORAL	06/07/2023	0.82946
PRASUGREL HCL	10 MG	TABLET	ORAL	10/19/2023	0.59943
PRAVASTATIN SODIUM	10 MG	TABLET	ORAL	09/21/2023	0.08889
PRAVASTATIN SODIUM	20 MG	TABLET	ORAL	10/19/2023	0.10216
PRAVASTATIN SODIUM	40 MG	TABLET	ORAL	10/19/2023	0.11630
PRAVASTATIN SODIUM	80 MG	TABLET	ORAL	10/19/2023	0.17021
PRAZQUANTEL	600 MG	TABLET	ORAL	05/11/2023	61.27666
PRAZOSIN HCL	1 MG	CAPSULE	ORAL	08/17/2023	0.07231
PRAZOSIN HCL	2 MG	CAPSULE	ORAL	08/17/2023	0.10566
PREDNISOLONE	15 MG/5 ML	SOLUTION	ORAL	10/19/2023	0.32263
PREDNISOLONE ACETATE	1 %	DROPS SUSP	OPHTHALMIC	05/31/2023	6.46853
PREDNISOLONE SODIUM PHOSPHATE	5 MG/5 ML	SOLUTION	ORAL	09/21/2023	0.54766
PREDNISOLONE SODIUM PHOSPHATE	25 MG/5 ML	SOLUTION	ORAL	06/22/2023	2.60440
PREDNISOLONE SODIUM PHOSPHATE	15 MG/5 ML	SOLUTION	ORAL	11/08/2023	0.39083
PREDNISOLONE SODIUM PHOSPHATE	10 MG/5 ML	SOLUTION	ORAL	05/17/2023	3.04860

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PREDNISOLONE SODIUM PHOSPHATE	20 MG/5 ML	SOLUTION	ORAL	10/26/2021	2.80104
PREDNISOLONE SODIUM PHOSPHATE	10 MG	TAB RAPDIS	ORAL	05/06/2022	8.63037
PREDNISOLONE SODIUM PHOSPHATE	15 MG	TAB RAPDIS	ORAL	08/17/2021	13.18533
PREDNISOLONE SODIUM PHOSPHATE	30 MG	TAB RAPDIS	ORAL	08/17/2021	16.18203
PREDNISON	1 MG	TABLET	ORAL	10/19/2023	0.10169
PREDNISON	10 MG	TABLET	ORAL	10/12/2023	0.10274
PREDNISON	2.5 MG	TABLET	ORAL	09/28/2023	0.13467
PREDNISON	20 MG	TABLET	ORAL	10/26/2023	0.11147
PREDNISON	5 MG	TABLET	ORAL	11/08/2023	0.05414
PREDNISON	50 MG	TABLET	ORAL	06/07/2022	0.27000
PREDNISON	5 MG	TAB DS PK	ORAL	07/13/2023	0.50410
PREDNISON	10 MG	TAB DS PK	ORAL	10/19/2023	0.90310
PREGABALIN	25 MG	CAPSULE	ORAL	09/21/2023	0.05778
PREGABALIN	50 MG	CAPSULE	ORAL	09/21/2023	0.05956
PREGABALIN	75 MG	CAPSULE	ORAL	10/05/2023	0.08338
PREGABALIN	100 MG	CAPSULE	ORAL	09/28/2023	0.08338
PREGABALIN	150 MG	CAPSULE	ORAL	11/08/2023	0.09052
PREGABALIN	200 MG	CAPSULE	ORAL	10/05/2023	0.09767
PREGABALIN	300 MG	CAPSULE	ORAL	10/19/2023	0.11167
PREGABALIN	225 MG	CAPSULE	ORAL	09/28/2023	0.10422
PREGABALIN	20 MG/ML	SOLUTION	ORAL	05/17/2023	0.24720

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PREGABALIN	82.5 MG	TAB ER 24H	ORAL	09/14/2023	6.06086
PREGABALIN	165 MG	TAB ER 24H	ORAL	09/14/2023	7.24916
PREGABALIN	330 MG	TAB ER 24H	ORAL	09/14/2023	2.95900
PRENATAL VIT NO.130/IRON/FOLIC	27MG-0.8MG	TABLET	ORAL	05/06/2022	0.04013
PRIMAQUINE PHOSPHATE	26.3 MG	TABLET	ORAL	05/06/2022	1.20533
PRIMIDONE	250 MG	TABLET	ORAL	08/10/2023	0.28673
PRIMIDONE	50 MG	TABLET	ORAL	08/10/2023	0.17932
PROBENECID	500 MG	TABLET	ORAL	05/06/2022	0.69696
PROBENECID/COLCHICINE	500-0.5 MG	TABLET	ORAL	09/20/2022	0.91220
PROCAINAMIDE HCL	100 MG/ML	VIAL	INJECTION	10/18/2021	9.48430
PROCHLORPERAZINE	25 MG	SUPP.RECT	RECTAL	04/25/2023	6.90500
PROCHLORPERAZINE EDISYLATE	5 MG/ML	VIAL	INJECTION	10/06/2022	9.83250
PROCHLORPERAZINE EDISYLATE	10 MG/2 ML	VIAL	INJECTION	10/12/2023	1.70528
PROCHLORPERAZINE MALEATE	10 MG	TABLET	ORAL	11/02/2023	0.58920
PROCHLORPERAZINE MALEATE	5 MG	TABLET	ORAL	11/02/2023	0.38123
PROGESTERONE	50 MG/ML	VIAL	INTRAMUSC	10/26/2023	2.38386
PROGESTERONE, MICRONIZED	100 MG	CAPSULE	ORAL	10/26/2023	0.31972
PROGESTERONE, MICRONIZED	200 MG	CAPSULE	ORAL	10/19/2023	0.61037
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	ORAL	10/05/2023	0.05039
PROMETHAZINE HCL	12.5 MG	TABLET	ORAL	10/12/2023	0.11564
PROMETHAZINE HCL	25 MG	TABLET	ORAL	11/08/2023	0.06853

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PROMETHAZINE HCL	50 MG	TABLET	ORAL	08/17/2023	0.16227
PROMETHAZINE HCL	25 MG/ML	AMPUL	INJECTION	04/13/2023	2.10541
PROMETHAZINE HCL	50 MG/ML	AMPUL	INJECTION	09/28/2023	3.24786
PROMETHAZINE HCL	25 MG/ML	VIAL	INJECTION	12/21/2017	1.09478
PROMETHAZINE HCL	50 MG/ML	VIAL	INJECTION	07/01/2014	2.35505
PROMETHAZINE HCL	12.5 MG	SUPP.RECT	RECTAL	03/23/2023	5.78168
PROMETHAZINE HCL	25 MG	SUPP.RECT	RECTAL	07/20/2023	4.69700
PROMETHAZINE HCL	50 MG	SUPP.RECT	RECTAL	04/25/2023	25.90000
PROMETHAZINE HCL/CODEINE	6.25-10/5	SYRUP	ORAL	10/12/2023	0.07325
PROMETHAZINE/DEXTROMETHORPHAN	6.25-15/5	SYRUP	ORAL	11/08/2023	0.08138
PROPAFENONE HCL	225 MG	CAP ER 12H	ORAL	10/19/2023	0.47734
PROPAFENONE HCL	325 MG	CAP ER 12H	ORAL	10/19/2023	1.16595
PROPAFENONE HCL	425 MG	CAP ER 12H	ORAL	09/14/2023	1.51844
PROPAFENONE HCL	150 MG	TABLET	ORAL	10/19/2023	0.22807
PROPAFENONE HCL	300 MG	TABLET	ORAL	06/29/2023	0.82879
PROPAFENONE HCL	225 MG	TABLET	ORAL	05/11/2023	0.32589
PROPARACAINE HCL	0.5 %	DROPS	OPHTHALMIC	05/06/2022	2.81160
PROPRANOLOL HCL	120 MG	CAP SA 24H	ORAL	10/19/2023	0.97190
PROPRANOLOL HCL	160 MG	CAP SA 24H	ORAL	08/08/2023	1.05056
PROPRANOLOL HCL	60 MG	CAP SA 24H	ORAL	10/19/2023	0.60394
PROPRANOLOL HCL	80 MG	CAP SA 24H	ORAL	10/19/2023	0.76983

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PROPRANOLOL HCL	10 MG	TABLET	ORAL	09/07/2023	0.06520
PROPRANOLOL HCL	20 MG	TABLET	ORAL	10/19/2023	0.09672
PROPRANOLOL HCL	40 MG	TABLET	ORAL	10/19/2023	0.25414
PROPRANOLOL HCL	60 MG	TABLET	ORAL	10/19/2023	0.74357
PROPRANOLOL HCL	80 MG	TABLET	ORAL	05/17/2023	0.15935
PROPRANOLOL HCL	1 MG/ML	VIAL	INTRAVEN	07/20/2023	2.83800
PROPYLENE GLYCOL	0.6 %	DROPS	OPHTHALMIC	01/12/2023	1.28640
PROPYLENE GLYCOL/PEG 400	0.3 %-0.4%	DROPS	OPHTHALMIC	05/04/2023	0.71779
PROPYLTHIOURACIL	50 MG	TABLET	ORAL	11/02/2023	0.60300
PROTECTIVES, O.U.		MED. SWAB	TOPICAL	05/06/2022	1.77011
PROTRIPTYLINE HCL	10 MG	TABLET	ORAL	08/17/2021	2.21234
PROTRIPTYLINE HCL	5 MG	TABLET	ORAL	02/02/2023	7.32000
PSEUDOEPHEDRINE HCL	30 MG	TABLET	ORAL	05/31/2023	0.24734
PSEUDOEPHEDRINE HCL	30 MG	TABLET	ORAL	07/27/2023	0.01332
PSEUDOEPHEDRINE HCL	120 MG	TABLET ER	ORAL	10/12/2023	0.34572
PSYLLIUM HUSK	0.4 G	CAPSULE	ORAL	05/06/2022	0.05025
PSYLLIUM HUSK	3.4 G/5.4G	POWDER	ORAL	05/06/2022	0.03404
PSYLLIUM HUSK (WITH SUGAR)	3.4 G	POWD PACK	ORAL	05/06/2022	0.54103
PSYLLIUM HUSK (WITH SUGAR)	3.4 G/7 G	POWDER	ORAL	05/06/2022	0.02465
PSYLLIUM HUSK (WITH SUGAR)	3.4 G/12 G	POWDER	ORAL	08/10/2023	0.01642
PSYLLIUM HUSK (WITH SUGAR)	3 G/7 G	POWDER	ORAL	10/26/2023	0.02560

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PSYLLIUM HUSK (WITH SUGAR)	3 G/12 G	POWDER	ORAL	03/02/2023	0.02360
PSYLLIUM HUSK/ASPARTAME	3.4G/5.8G	POWDER	ORAL	05/06/2022	0.03059
PSYLLIUM HUSK/ASPARTAME	3 G/5.8 G	POWDER	ORAL	07/20/2023	0.03727
PSYLLIUM HUSK/SWEETLEAF	3.5 G	POWD PACK	ORAL	05/06/2022	0.49111
PYRAZINAMIDE	500 MG	TABLET	ORAL	08/31/2023	4.91792
PYRIDOSTIGMINE BROMIDE	60 MG/5 ML	SOLUTION	ORAL	01/19/2023	1.66104
PYRIDOSTIGMINE BROMIDE	60 MG	TABLET	ORAL	09/22/2022	0.40557
PYRIDOSTIGMINE BROMIDE	180 MG	TABLET ER	ORAL	10/19/2023	7.14798
PYRIDOXINE HCL (VITAMIN B6)	100 MG	TABLET	ORAL	05/17/2023	0.03538
PYRIDOXINE HCL (VITAMIN B6)	25 MG	TABLET	ORAL	05/06/2022	0.01474
PYRIDOXINE HCL (VITAMIN B6)	250 MG	TABLET	ORAL	01/12/2023	0.08576
PYRIDOXINE HCL (VITAMIN B6)	50 MG	TABLET	ORAL	06/29/2023	0.01782
PYRIMETHAMINE	25 MG	TABLET	ORAL	07/06/2023	147.82755
PYRITHIONE ZINC	2 %	BAR	TOPICAL	08/10/2023	3.26700
PYRITHIONE ZINC	2 %	SHAMPOO	TOPICAL	05/06/2022	0.02737
QUETIAPINE FUMARATE	25 MG	TABLET	ORAL	08/10/2023	0.03993
QUETIAPINE FUMARATE	100 MG	TABLET	ORAL	09/07/2023	0.09546
QUETIAPINE FUMARATE	200 MG	TABLET	ORAL	11/08/2023	0.13886
QUETIAPINE FUMARATE	300 MG	TABLET	ORAL	05/04/2023	0.15852
QUETIAPINE FUMARATE	50 MG	TABLET	ORAL	09/28/2023	0.06005
QUETIAPINE FUMARATE	400 MG	TABLET	ORAL	09/07/2023	0.25130

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
QUETIAPINE FUMARATE	200 MG	TAB ER 24H	ORAL	10/05/2023	0.70953
QUETIAPINE FUMARATE	300 MG	TAB ER 24H	ORAL	10/05/2023	0.69300
QUETIAPINE FUMARATE	400 MG	TAB ER 24H	ORAL	10/05/2023	0.75866
QUETIAPINE FUMARATE	50 MG	TAB ER 24H	ORAL	10/19/2023	0.40111
QUETIAPINE FUMARATE	150 MG	TAB ER 24H	ORAL	10/05/2023	0.57665
QUINAPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	04/06/2020	0.56468
QUINAPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	10/13/2022	0.81963
QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	10/26/2022	0.81941
QUININE SULFATE	324 MG	CAPSULE	ORAL	10/19/2021	2.13000
RABEPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	10/19/2023	0.32458
RALOXIFENE HCL	60 MG	TABLET	ORAL	06/07/2023	0.42162
RAMELTEON	8 MG	TABLET	ORAL	09/22/2022	1.33670
RAMIPRIL	1.25 MG	CAPSULE	ORAL	03/23/2023	0.13105
RAMIPRIL	2.5 MG	CAPSULE	ORAL	10/12/2023	0.09474
RAMIPRIL	5 MG	CAPSULE	ORAL	05/11/2023	0.07169
RAMIPRIL	10 MG	CAPSULE	ORAL	11/02/2023	0.10741
RANOLAZINE	500 MG	TAB ER 12H	ORAL	10/12/2023	0.42701
RANOLAZINE	1000 MG	TAB ER 12H	ORAL	10/12/2023	0.68273
RASAGILINE MESYLATE	1 MG	TABLET	ORAL	06/29/2023	2.14936
RASAGILINE MESYLATE	0.5 MG	TABLET	ORAL	10/19/2023	3.51604
RASPBERRY FLAVOR		SYRUP	ORAL	05/06/2022	0.08534

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
RED YEAST RICE	600 MG	CAPSULE	ORAL	07/27/2022	0.05572
REMIFENTANIL HCL	5 MG	VIAL	INTRAVEN	06/13/2022	253.96861
REMIFENTANIL HCL	2 MG	VIAL	INTRAVEN	02/04/2020	79.28000
REMIFENTANIL HCL	1 MG	VIAL	INTRAVEN	07/13/2023	59.64219
REPAGLINIDE	0.5 MG	TABLET	ORAL	05/17/2023	0.25045
REPAGLINIDE	1 MG	TABLET	ORAL	10/19/2023	0.21587
REPAGLINIDE	2 MG	TABLET	ORAL	08/17/2023	0.19497
RIBAVIRIN	6 G	VIAL-NEB	INHALATION	08/17/2023	7444.06250
RIBOFLAVIN (VITAMIN B2)	100 MG	TABLET	ORAL	03/23/2023	0.06486
RIBOFLAVIN (VITAMIN B2)	25 MG	TABLET	ORAL	05/06/2022	0.04616
RIBOFLAVIN (VITAMIN B2)	50 MG	TABLET	ORAL	05/06/2022	0.05219
RIFABUTIN	150 MG	CAPSULE	ORAL	06/02/2022	7.37000
RIFAMPIN	150 MG	CAPSULE	ORAL	09/18/2023	2.09130
RIFAMPIN	300 MG	CAPSULE	ORAL	09/14/2023	0.82410
RIFAMPIN	600 MG	VIAL	INTRAVEN	10/26/2021	69.18750
RILUZOLE	50 MG	TABLET	ORAL	05/06/2022	1.52961
RIMANTADINE HCL	100 MG	TABLET	ORAL	05/06/2022	1.75781
RINGER'S SOLUTION		IV SOLN	INTRAVEN	10/12/2023	0.00750
RINGER'S SOLUTION		IRRIG SOLN	IRRIGATION	07/13/2023	0.00864
RINGER'S SOLUTION,LACTATED		IV SOLN	INTRAVEN	09/08/2022	0.00422
RINGER'S SOLUTION,LACTATED		IRRIG SOLN	IRRIGATION	05/11/2023	0.00700

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
RISEDRONATE SODIUM	5 MG	TABLET	ORAL	05/06/2022	6.63914
RISEDRONATE SODIUM	35 MG	TABLET	ORAL	06/07/2023	5.23270
RISEDRONATE SODIUM	150 MG	TABLET	ORAL	05/17/2023	22.85850
RISEDRONATE SODIUM	35 MG	TABLET DR	ORAL	05/06/2022	28.44375
RISPERIDONE	1 MG/ML	SOLUTION	ORAL	10/12/2023	0.49401
RISPERIDONE	1 MG	TABLET	ORAL	06/07/2023	0.07014
RISPERIDONE	2 MG	TABLET	ORAL	10/26/2023	0.07692
RISPERIDONE	3 MG	TABLET	ORAL	10/19/2023	0.09198
RISPERIDONE	4 MG	TABLET	ORAL	05/30/2023	0.07593
RISPERIDONE	0.25 MG	TABLET	ORAL	10/19/2023	0.05130
RISPERIDONE	0.5 MG	TABLET	ORAL	06/29/2023	0.05775
RISPERIDONE	1 MG	TAB RAPDIS	ORAL	06/29/2023	0.86909
RISPERIDONE	2 MG	TAB RAPDIS	ORAL	05/06/2022	3.99677
RISPERIDONE	0.5 MG	TAB RAPDIS	ORAL	05/11/2023	0.68519
RISPERIDONE	3 MG	TAB RAPDIS	ORAL	07/27/2022	4.24851
RISPERIDONE	4 MG	TAB RAPDIS	ORAL	07/27/2022	4.47150
RISPERIDONE	0.25 MG	TAB RAPDIS	ORAL	06/19/2017	3.16823
RITONAVIR	100 MG	TABLET	ORAL	03/01/2021	2.85087
RIVASTIGMINE	4.6MG/24HR	PATCH TD24	TRANSDERM	10/19/2023	2.81556
RIVASTIGMINE	9.5MG/24HR	PATCH TD24	TRANSDERM	06/07/2023	2.81556
RIVASTIGMINE	13.3MG/24H	PATCH TD24	TRANSDERM	06/07/2023	2.81556

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
RIVASTIGMINE TARTRATE	1.5 MG	CAPSULE	ORAL	10/19/2023	0.33366
RIVASTIGMINE TARTRATE	3 MG	CAPSULE	ORAL	10/19/2023	0.37922
RIVASTIGMINE TARTRATE	4.5 MG	CAPSULE	ORAL	05/17/2023	0.35682
RIVASTIGMINE TARTRATE	6 MG	CAPSULE	ORAL	10/26/2023	0.49535
RIZATRIPTAN BENZOATE	5 MG	TABLET	ORAL	09/28/2023	0.75636
RIZATRIPTAN BENZOATE	10 MG	TABLET	ORAL	09/28/2023	0.74593
RIZATRIPTAN BENZOATE	5 MG	TAB RAPDIS	ORAL	11/08/2023	1.33702
RIZATRIPTAN BENZOATE	10 MG	TAB RAPDIS	ORAL	11/08/2023	1.52760
ROCURONIUM BROMIDE	10 MG/ML	VIAL	INTRAVEN	09/28/2023	0.63291
ROFLUMILAST	500 MCG	TABLET	ORAL	06/29/2023	0.69486
ROMIDEPSIN	10 MG/2 ML	VIAL	INTRAVEN	11/08/2023	3085.47294
ROPINIROLE HCL	0.25 MG	TABLET	ORAL	03/23/2023	0.10444
ROPINIROLE HCL	1 MG	TABLET	ORAL	07/06/2023	0.08134
ROPINIROLE HCL	2 MG	TABLET	ORAL	03/23/2023	0.09903
ROPINIROLE HCL	5 MG	TABLET	ORAL	07/20/2023	0.15249
ROPINIROLE HCL	0.5 MG	TABLET	ORAL	10/12/2023	0.08404
ROPINIROLE HCL	3 MG	TABLET	ORAL	03/23/2023	0.13145
ROPINIROLE HCL	4 MG	TABLET	ORAL	03/23/2023	0.13293
ROPINIROLE HCL	2 MG	TAB ER 24H	ORAL	06/07/2023	0.81115
ROPINIROLE HCL	4 MG	TAB ER 24H	ORAL	08/17/2023	1.12828
ROPINIROLE HCL	8 MG	TAB ER 24H	ORAL	05/17/2023	1.83416

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ROPINIROLE HCL	12 MG	TAB ER 24H	ORAL	08/11/2022	4.11312
ROPINIROLE HCL	6 MG	TAB ER 24H	ORAL	04/13/2023	1.82776
ROPIVACAINE HCL/PF	2 MG/ML	INFUS. BTL	INJECTION	03/09/2023	0.29420
ROPIVACAINE HCL/PF	2 MG/ML	VIAL	INJECTION	09/07/2023	0.25125
ROPIVACAINE HCL/PF	5 MG/ML	VIAL	INJECTION	04/06/2023	0.17688
ROPIVACAINE HCL/PF	10 MG/ML	VIAL	INJECTION	10/12/2023	0.51684
ROPIVACAINE HCL/PF	7.5 MG/ML	VIAL	INJECTION	08/17/2023	1.05651
ROPIVACAINE HCL/PF	2 MG/ML	PLAST. BAG	INJECTION	09/14/2023	0.31579
ROSUVASTATIN CALCIUM	10 MG	TABLET	ORAL	10/12/2023	0.06467
ROSUVASTATIN CALCIUM	20 MG	TABLET	ORAL	11/02/2023	0.07413
ROSUVASTATIN CALCIUM	40 MG	TABLET	ORAL	11/02/2023	0.10822
ROSUVASTATIN CALCIUM	5 MG	TABLET	ORAL	07/27/2023	0.04667
RUFINAMIDE	40 MG/ML	ORAL SUSP	ORAL	10/12/2023	1.39220
RUFINAMIDE	200 MG	TABLET	ORAL	11/08/2023	2.86000
RUFINAMIDE	400 MG	TABLET	ORAL	11/08/2023	5.50333
SACCHARIN		POWDER	MISCELL	07/27/2023	0.59839
SACCHAROMYCES BOULARDII	250 MG	CAPSULE	ORAL	09/14/2023	0.61104
SALICYLIC ACID	10 %	CREAM (G)	TOPICAL	05/06/2022	0.22682
SALICYLIC ACID	2 %	CLEANSER	TOPICAL	10/19/2023	0.05722
SALICYLIC ACID	40 %	ADH. PATCH	TOPICAL	05/11/2023	0.51192
SALICYLIC ACID	17 %	LIQUID	TOPICAL	03/16/2023	0.84420

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SALICYLIC ACID	2 %	SHAMPOO	TOPICAL	08/04/2022	0.05322
SALICYLIC ACID	3 %	SHAMPOO	TOPICAL	06/29/2023	0.02709
SALICYLIC ACID	17 %	KIT	TOPICAL	09/21/2023	12.16600
SALSALATE	750 MG	TABLET	ORAL	09/28/2023	0.58282
SAPROPTERIN DIHYDROCHLORIDE	500 MG	POWD PACK	ORAL	03/02/2023	128.43865
SAPROPTERIN DIHYDROCHLORIDE	100 MG	TABLET SOL	ORAL	03/02/2023	22.91651
SAW PALMETTO	500 MG	CAPSULE	ORAL	07/27/2022	0.08107
SAW PALMETTO	160 MG	CAPSULE	ORAL	07/27/2022	0.19720
SAXAGLIPTIN HCL	2.5 MG	TABLET	ORAL	09/14/2023	9.01320
SAXAGLIPTIN HCL	5 MG	TABLET	ORAL	09/28/2023	9.38240
SAXAGLIPTIN HCL/METFORMIN HCL	5 MG-500MG	TBMP 24HR	ORAL	08/17/2023	16.97780
SAXAGLIPTIN HCL/METFORMIN HCL	5MG-1000MG	TBMP 24HR	ORAL	08/17/2023	16.97780
SAXAGLIPTIN HCL/METFORMIN HCL	2.5-1000MG	TBMP 24HR	ORAL	08/17/2023	9.29737
SCOPOLAMINE	1 MG/3 DAY	PATCH TD 3	TRANSDERM	10/19/2023	7.49300
SELEGILINE HCL	5 MG	CAPSULE	ORAL	06/02/2022	0.68939
SELEGILINE HCL	5 MG	TABLET	ORAL	02/09/2023	1.24910
SELENIUM	200 MCG	TABLET	ORAL	05/06/2022	0.04344
SELENIUM	50 MCG	TABLET	ORAL	05/06/2022	0.06432
SELENIUM SULFIDE	1 %	SHAMPOO	TOPICAL	05/31/2023	0.02668
SENNA LEAF EXTRACT	176MG/5ML	SYRUP	ORAL	04/13/2023	0.06192
SENNOSIDES	8.8MG/5ML	SYRUP	ORAL	07/27/2023	0.02259

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SENNOSIDES	8.6 MG	TABLET	ORAL	08/03/2023	0.02191
SENNOSIDES/DOCUSATE SODIUM	8.6MG-50MG	TABLET	ORAL	09/14/2023	0.01473
SERTRALINE HCL	20 MG/ML	ORAL CONC	ORAL	10/06/2022	0.94939
SERTRALINE HCL	100 MG	TABLET	ORAL	11/08/2023	0.05459
SESAME OIL		OIL	MISCELL	09/08/2022	0.03618
SEVELAMER CARBONATE	0.8 G	POWD PACK	ORAL	11/02/2023	5.31763
SEVELAMER CARBONATE	2.4 G	POWD PACK	ORAL	11/02/2023	4.76124
SEVELAMER CARBONATE	800 MG	TABLET	ORAL	10/26/2023	0.23404
SEVELAMER HCL	800 MG	TABLET	ORAL	10/26/2023	3.75606
SILDENAFIL CITRATE	10 MG/ML	SUSP RECON	ORAL	12/21/2022	1.32883
SILDENAFIL CITRATE	25 MG	TABLET	ORAL	10/26/2023	0.24683
SILDENAFIL CITRATE	50 MG	TABLET	ORAL	07/27/2023	0.11244
SILDENAFIL CITRATE	100 MG	TABLET	ORAL	10/19/2023	0.11372
SILDENAFIL CITRATE	20 MG	TABLET	ORAL	10/12/2023	0.14621
SILDENAFIL CITRATE	10 MG/12.5	VIAL	INTRAVEN	10/18/2021	10.58000
SILODOSIN	4 MG	CAPSULE	ORAL	11/02/2023	0.89378
SILODOSIN	8 MG	CAPSULE	ORAL	11/17/2022	0.80981
SILVER SULFADIAZINE	1 %	CREAM (G)	TOPICAL	09/01/2022	0.12301
SIMETHICONE	125 MG	CAPSULE	ORAL	08/17/2023	0.06287
SIMETHICONE	180 MG	CAPSULE	ORAL	10/25/2021	0.03406
SIMETHICONE	40MG/0.6ML	DROPS SUSP	ORAL	10/12/2023	0.10050

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SIMETHICONE	125 MG	TAB CHEW	ORAL	08/17/2023	0.03629
SIMETHICONE	80 MG	TAB CHEW	ORAL	09/14/2023	0.03042
SIMVASTATIN	5 MG	TABLET	ORAL	05/17/2023	0.02602
SIMVASTATIN	10 MG	TABLET	ORAL	07/27/2023	0.02201
SIMVASTATIN	20 MG	TABLET	ORAL	09/28/2023	0.03209
SIMVASTATIN	40 MG	TABLET	ORAL	07/27/2023	0.04965
SIMVASTATIN	80 MG	TABLET	ORAL	05/31/2023	0.06845
SIROLIMUS	1 MG/ML	SOLUTION	ORAL	08/31/2023	9.95018
SIROLIMUS	1 MG	TABLET	ORAL	10/19/2023	4.88360
SIROLIMUS	2 MG	TABLET	ORAL	06/29/2023	9.57571
SIROLIMUS	0.5 MG	TABLET	ORAL	10/19/2023	4.20539
SKIN CLEANSER		CLEANSER	TOPICAL	04/06/2023	0.00366
SKIN CLEANSER COMB NO.31		SPRAY	TOPICAL	05/06/2022	0.01798
SOAP		BAR	TOPICAL	10/12/2023	2.69610
SOD BORATE/BORIC AC/WATER/NACL		IRRIG SOLN	OPHTHALMIC	08/03/2023	0.03640
SOD CHLOR,BICARB/SQUEEZ BOTTLE		PACK W/DEV	NASAL	07/14/2022	0.16600
SOD CHLOR,SOD BICARB/NETI POT		PACK W/DEV	NASAL	05/06/2022	0.30257
SOD PHOS DI, MONO/K PHOS MONO	250 MG	TABLET	ORAL	12/01/2022	1.07200
SOD PHOSPHATE,MONOBASIC-DIBAS	3MMOL/ML	VIAL	INTRAVEN	08/03/2023	3.88108
SOD/POT/K CIT/SOD CIT/CIT ACID	500-550/5	SOLUTION	ORAL	10/17/2023	0.62498
SODIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	11/08/2023	0.33680

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SODIUM ACETATE	4 MEQ/ML	VIAL	INTRAVEN	03/05/2020	0.11215
SODIUM BENZOATE/SOD PHENYLACET	10 %-10 %	VIAL	INTRAVEN	10/05/2023	96.57591
SODIUM BICARBONATE	325 MG	TABLET	ORAL	05/06/2022	0.01138
SODIUM BICARBONATE	650 MG	TABLET	ORAL	07/13/2023	0.01501
SODIUM BICARBONATE	1 MEQ/ML	SYRINGE	INTRAVEN	07/13/2023	0.38230
SODIUM BICARBONATE	0.5MEQ/ML	VIAL	INTRAVEN	05/06/2022	1.97183
SODIUM BICARBONATE	1 MEQ/ML	VIAL	INTRAVEN	10/12/2023	0.22278
SODIUM BISULFITE	100 %	POWDER	MISCELL	07/27/2023	0.09356
SODIUM CHLORIDE	234 MG/ML	SOLUTION	ORAL	03/16/2023	0.16839
SODIUM CHLORIDE	5 %	OINT. (G)	OPHTHALMIC	07/07/2022	2.39094
SODIUM CHLORIDE	5 %	DROPS	OPHTHALMIC	03/02/2023	0.87370
SODIUM CHLORIDE	0.65 %	SPRAY	NASAL	10/26/2023	0.02802
SODIUM CHLORIDE	2.5 MEQ/ML	VIAL	INTRAVEN	05/06/2022	0.17599
SODIUM CHLORIDE	4 MEQ/ML	VIAL	INTRAVEN	08/10/2023	0.20266
SODIUM CHLORIDE	1000 MG	TABLET SOL	MISCELL	11/08/2023	0.08482
SODIUM CHLORIDE 0.45 %	0.45 %	IV SOLN	INTRAVEN	09/08/2022	0.00544
SODIUM CHLORIDE 0.9 % (FLUSH)	0.9 %	SYRINGE	INJECTION	06/13/2023	0.04489
SODIUM CHLORIDE 3 %	3 %	IV SOLN	INTRAVEN	09/08/2022	0.01398
SODIUM CHLORIDE 5 %	5 %	IV SOLN	INTRAVEN	05/12/2022	0.02192
SODIUM CHLORIDE FOR INHALATION	0.9 %	VIAL-NEB	INHALATION	10/16/2023	0.06684
SODIUM CHLORIDE IRRIG SOLUTION	0.9 %	IRRIG SOLN	IRRIGATION	07/13/2023	0.00506

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SODIUM CHLORIDE/ALOE VERA		SPRAY	NASAL	08/11/2022	0.28871
SODIUM CHLORIDE/SODIUM BICARB		PACKET	NASAL	07/14/2022	0.08618
SODIUM CITRATE	230 MG	TAB CHEW	ORAL	01/19/2023	0.18070
SODIUM FERRIC GLUCONAT/SUCROSE	62.5MG/5ML	VIAL	INTRAVEN	07/14/2022	2.22440
SODIUM HYDROXIDE	100 %	PELLET (G)	MISCELL	07/03/2019	0.16704
SODIUM HYPOCHLORITE	0.25 %	SOLUTION	MISCELL	01/05/2023	0.04274
SODIUM HYPOCHLORITE	0.5 %	SOLUTION	MISCELL	01/05/2023	0.04274
SODIUM HYPOCHLORITE	0.125 %	SOLUTION	MISCELL	01/05/2023	0.04274
SODIUM PHENYLBUTYRATE	0.94 G/G	POWDER	ORAL	03/30/2023	11.60278
SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118	ENEMA	RECTAL	10/12/2023	0.00997
SODIUM POLYSTYRENE SULFONATE		POWDER	ORAL	11/10/2022	0.14309
SODIUM TETRADECYL SULFATE	3 %	VIAL	INTRAVEN	03/08/2022	32.80000
SODIUM, POTASSIUM,MAG SULFATES	17.5-3.13G	SOLN RECON	ORAL	08/25/2022	89.41075
SODIUM,POTASSIUM PHOSPHATES	280-250MG	POWD PACK	ORAL	06/07/2023	0.38297
SOFT LENS RINSE,STORE SOLUTION		SOLUTION	MISCELL	07/27/2022	0.05193
SOLIFENACIN SUCCINATE	5 MG	TABLET	ORAL	05/25/2023	0.13177
SOLIFENACIN SUCCINATE	10 MG	TABLET	ORAL	05/04/2023	0.15633
SORBITOL		POWDER	MISCELL	05/06/2022	0.09357
SORBITOL SOLUTION	70 %	SOLUTION	MISCELL	05/06/2022	0.00667
SOTALOL HCL	160 MG	TABLET	ORAL	10/19/2023	0.24911
SOTALOL HCL	240 MG	TABLET	ORAL	10/19/2023	0.40347

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SOTALOL HCL	80 MG	TABLET	ORAL	10/19/2023	0.14995
SOTALOL HCL	120 MG	TABLET	ORAL	10/19/2023	0.18224
SPEARMINT OIL		OIL	MISCELL	05/06/2022	1.50750
SPINOSAD	0.9 %	SUSPENSION	TOPICAL	05/06/2022	3.04095
SPIROMETERS AND ACCESSORIES		EACH	MISCELL	05/06/2022	63.24506
SPIRONOLACT/HYDROCHLOROTHIAZID	25 MG-25MG	TABLET	ORAL	08/24/2023	0.88973
SPIRONOLACTONE	25 MG	TABLET	ORAL	10/12/2023	0.06019
SPIRONOLACTONE	50 MG	TABLET	ORAL	10/12/2023	0.15131
ST. JOHN'S WORT	300 MG	CAPSULE	ORAL	01/19/2023	0.13936
STARCH		POWD PACK	ORAL	03/02/2023	0.37969
STARCH		POWDER	ORAL	04/13/2023	0.02680
STAVUDINE	30 MG	CAPSULE	ORAL	05/06/2022	4.43575
STAVUDINE	40 MG	CAPSULE	ORAL	06/25/2019	2.04082
STEARIC ACID		POWDER	MISCELL	05/06/2022	0.04100
STEARYL ALCOHOL		FLAKES	MISCELL	05/06/2022	0.07316
SUCCINYLCHOLINE CHLORIDE	20 MG/ML	VIAL	INJECTION	09/14/2023	0.31410
SUCRALFATE	1 G/10 ML	ORAL SUSP	ORAL	05/31/2023	0.57850
SUCRALFATE	1 G	TABLET	ORAL	07/20/2023	0.29587
SULFACETAMIDE SODIUM	10 %	SUSPENSION	TOPICAL	07/26/2022	0.59351
SULFACETAMIDE SODIUM	10 %	DROPS	OPHTHALMIC	02/09/2023	4.95000
SULFACETAMIDE SODIUM/SULFUR	10 %-4 %	MED. PAD	TOPICAL	05/06/2022	3.76156

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SULFACETAMIDE SODIUM/SULFUR	9 %-4.5 %	CLEANSER	TOPICAL	02/02/2023	2.50719
SULFACETAMIDE SODIUM/SULFUR	8 %-4 %	SUSPENSION	TOPICAL	05/06/2022	0.22158
SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	ORAL	10/26/2023	0.09254
SULFAMETHOXAZOLE/TRIMETHOPRIM	400MG-80MG	TABLET	ORAL	07/13/2023	0.07810
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160 MG	TABLET	ORAL	11/08/2023	0.08997
SULFAMETHOXAZOLE/TRIMETHOPRIM	80-16MG/ML	VIAL	INTRAVEN	05/06/2022	1.21297
SULFASALAZINE	500 MG	TABLET	ORAL	07/20/2023	0.23741
SULFASALAZINE	500 MG	TABLET DR	ORAL	10/26/2023	0.27644
SULFUR	3 %	BAR	TOPICAL	05/06/2022	4.58700
SULINDAC	150 MG	TABLET	ORAL	10/12/2023	0.21456
SULINDAC	200 MG	TABLET	ORAL	06/07/2023	0.25556
SUMATRIPTAN	5 MG	SPRAY	NASAL	08/03/2023	43.68892
SUMATRIPTAN	20 MG	SPRAY	NASAL	08/03/2023	22.56625
SUMATRIPTAN SUCC/NAPROXEN SOD	85MG-500MG	TABLET	ORAL	05/06/2022	51.28189
SUMATRIPTAN SUCCINATE	100 MG	TABLET	ORAL	08/17/2023	0.71318
SUMATRIPTAN SUCCINATE	50 MG	TABLET	ORAL	04/06/2023	0.59258
SUMATRIPTAN SUCCINATE	25 MG	TABLET	ORAL	04/06/2023	0.44518
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	CARTRIDGE	SUBCUT	10/03/2022	94.53575
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	CARTRIDGE	SUBCUT	05/06/2022	104.22713
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	VIAL	SUBCUT	02/07/2023	8.04000
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	PEN INJCTR	SUBCUT	10/19/2023	158.09600

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	PEN INJCTR	SUBCUT	08/01/2022	110.25315
SUNITINIB MALATE	12.5 MG	CAPSULE	ORAL	07/13/2023	46.15319
SUNITINIB MALATE	50 MG	CAPSULE	ORAL	07/13/2023	248.78837
SUNITINIB MALATE	37.5 MG	CAPSULE	ORAL	05/17/2023	160.72000
SYRGE-NDL,INS 0.3 ML HALF MARK	31 GX5/16"	DISP SYRIN	MISCELL	12/08/2022	0.15008
SYRGE-NDL,INS 0.3 ML HALF MARK	31GX15/64"	DISP SYRIN	MISCELL	04/27/2023	0.15075
SYRGE-NDL,INS 0.5 ML HALF MARK	30GX1/2"	DISP SYRIN	MISCELL	11/02/2023	0.28797
SYRGE-NDL,INS 0.5 ML HALF MARK	30 GX5/16"	DISP SYRIN	MISCELL	05/06/2022	0.15008
SYRGE-NDL,INS 0.5 ML HALF MARK	31GX15/64"	DISP SYRIN	MISCELL	11/02/2023	0.28797
SYRGE-NDL,INS 0.5 ML HALF MARK	31 GX5/16"	DISP SYRIN	MISCELL	11/02/2023	0.28797
SYRING-NEEDL,DISP,INSUL,0.3 ML	29 G X1/2"	DISP SYRIN	MISCELL	10/12/2023	0.19350
SYRING-NEEDL,DISP,INSUL,0.3 ML	30 GX5/16"	DISP SYRIN	MISCELL	10/12/2023	0.18479
SYRING-NEEDL,DISP,INSUL,0.3 ML	30GX1/2"	DISP SYRIN	MISCELL	12/29/2022	0.21427
SYRING-NEEDL,DISP,INSUL,0.3 ML	31 GX5/16"	DISP SYRIN	MISCELL	11/08/2023	0.14619
SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX15/64"	DISP SYRIN	MISCELL	12/08/2022	0.21380
SYRING-NEEDL,DISP,INSUL,0.3 ML	31 G X1/4"	DISP SYRIN	MISCELL	09/28/2023	0.30117
SYRINGE ACCESSORY		EACH	MISCELL	02/16/2023	0.03656
SYRINGE AND NEEDLE,INSULIN,1ML	28GX1/2"	DISP SYRIN	MISCELL	07/27/2023	0.14619
SYRINGE AND NEEDLE,INSULIN,1ML		DISP SYRIN	MISCELL	05/06/2022	0.11776
SYRINGE AND NEEDLE,INSULIN,1ML	30 GX5/16"	DISP SYRIN	MISCELL	11/22/2022	0.14619
SYRINGE AND NEEDLE,INSULIN,1ML	27GX1/2"	DISP SYRIN	MISCELL	03/09/2023	0.08844

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SYRINGE AND NEEDLE,INSULIN,1ML	27GX5/8"	DISP SYRIN	MISCELL	05/06/2022	0.26465
SYRINGE AND NEEDLE,INSULIN,1ML	29 GAUGE	DISP SYRIN	MISCELL	05/06/2022	0.14733
SYRINGE AND NEEDLE,INSULIN,1ML	29 G X1/2"	DISP SYRIN	MISCELL	11/08/2023	0.07263
SYRINGE AND NEEDLE,INSULIN,1ML	30 GAUGE	DISP SYRIN	MISCELL	05/06/2022	0.14733
SYRINGE AND NEEDLE,INSULIN,1ML	30GX1/2"	DISP SYRIN	MISCELL	03/09/2023	0.08844
SYRINGE AND NEEDLE,INSULIN,1ML	31 GX5/16"	DISP SYRIN	MISCELL	11/08/2023	0.14619
SYRINGE AND NEEDLE,INSULIN,1ML	31GX15/64"	DISP SYRIN	MISCELL	11/02/2023	0.28797
SYRINGE AND NEEDLE,INSULIN,1ML	31 G X1/4"	DISP SYRIN	MISCELL	09/28/2023	0.30117
SYRINGE DISPOSABLE IRRIGATION		DISP SYRIN	MISCELL	05/06/2022	0.05427
SYRINGE FILTER	25 MM-0.22	EACH	MISCELL	05/06/2022	11.19690
SYRINGE W-NEEDLE,DISPOSAB,3 ML	20GX1"	DISP SYRIN	MISCELL	02/02/2023	0.08898
SYRINGE W-NEEDLE,DISPOSAB,3 ML	20GX1 1/2"	DISP SYRIN	MISCELL	11/03/2022	0.14130
SYRINGE W-NEEDLE,DISPOSAB,3 ML	21 G X 1"	DISP SYRIN	MISCELL	02/02/2023	0.08424
SYRINGE W-NEEDLE,DISPOSAB,3 ML	21GX1 1/2"	DISP SYRIN	MISCELL	02/02/2023	0.08424
SYRINGE W-NEEDLE,DISPOSAB,3 ML	22GX3/4"	DISP SYRIN	MISCELL	05/06/2022	0.11558
SYRINGE W-NEEDLE,DISPOSAB,3 ML	22GX1"	DISP SYRIN	MISCELL	05/11/2023	0.07605
SYRINGE W-NEEDLE,DISPOSAB,3 ML	22GX1 1/2"	DISP SYRIN	MISCELL	02/02/2023	0.07605
SYRINGE W-NEEDLE,DISPOSAB,3 ML	23GX1"	DISP SYRIN	MISCELL	06/09/2022	0.06673
SYRINGE W-NEEDLE,DISPOSAB,3 ML	23GX1 1/2"	DISP SYRIN	MISCELL	06/09/2022	0.06271
SYRINGE W-NEEDLE,DISPOSAB,3 ML	25GX5/8"	DISP SYRIN	MISCELL	06/09/2022	0.06479
SYRINGE W-NEEDLE,DISPOSAB,3 ML	25GX1"	DISP SYRIN	MISCELL	06/09/2022	0.06546

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SYRINGE W-NEEDLE,DISPOSAB,3 ML	25GX1 1/2"	DISP SYRIN	MISCELL	12/08/2022	0.21159
SYRINGE W-NEEDLE,DISPOSAB,3 ML	27GX1.25"	DISP SYRIN	MISCELL	05/06/2022	0.08208
SYRINGE WITH NEEDLE, 1 ML	25GX5/8"	DISP SYRIN	MISCELL	02/02/2023	0.05558
SYRINGE WITH NEEDLE, 1 ML	25GX1"	DISP SYRIN	MISCELL	05/06/2022	0.21768
SYRINGE WITH NEEDLE, 1 ML	26GX3/8"	DISP SYRIN	MISCELL	02/02/2023	0.12127
SYRINGE WITH NEEDLE, 1 ML	27GX0.375"	DISP SYRIN	MISCELL	05/06/2022	0.11390
SYRINGE WITH NEEDLE, 1 ML	27GX1/2"	DISP SYRIN	MISCELL	12/08/2022	0.19866
SYRINGE WITH NEEDLE, 1 ML	28GX1/2"	DISP SYRIN	MISCELL	05/06/2022	0.12655
SYRINGE WITH NEEDLE, 12 ML	18GX1"	DISP SYRIN	MISCELL	05/06/2022	3.40214
SYRINGE WITH NEEDLE, 5 ML	20GX1"	DISP SYRIN	MISCELL	02/02/2023	0.28924
SYRINGE WITH NEEDLE, 5 ML	20GX1 1/2"	DISP SYRIN	MISCELL	02/02/2023	0.20750
SYRINGE WITH NEEDLE, 5 ML	21 G X 1"	DISP SYRIN	MISCELL	12/08/2022	0.33942
SYRINGE WITH NEEDLE, 5 ML	21GX1 1/2"	DISP SYRIN	MISCELL	02/02/2023	0.25480
SYRINGE WITH NEEDLE, 5 ML	22GX1"	DISP SYRIN	MISCELL	02/02/2023	0.25480
SYRINGE WITH NEEDLE, 5 ML	22GX1 1/2"	DISP SYRIN	MISCELL	02/02/2023	0.25480
SYRINGE WITH NEEDLE, 6 ML	20GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.18425
SYRINGE WITH NEEDLE, 6 ML	21 G X 1"	DISP SYRIN	MISCELL	05/06/2022	0.18425
SYRINGE WITH NEEDLE, 6 ML	21GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.18425
SYRINGE, DISPOSABLE, 1 ML		DISP SYRIN	MISCELL	04/27/2023	0.16450
SYRINGE, DISPOSABLE, 10 ML		DISP SYRIN	MISCELL	10/26/2023	0.19541
SYRINGE, DISPOSABLE, 12 ML		DISP SYRIN	MISCELL	05/06/2022	0.11521

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SYRINGE, DISPOSABLE, 20 ML		DISP SYRIN	MISCELL	09/07/2023	0.54357
SYRINGE, DISPOSABLE, 3 ML		DISP SYRIN	MISCELL	09/07/2023	0.05621
SYRINGE, DISPOSABLE, 30 ML		DISP SYRIN	MISCELL	02/02/2023	0.56806
SYRINGE, DISPOSABLE, 35 ML		DISP SYRIN	MISCELL	05/06/2022	0.32767
SYRINGE, DISPOSABLE, 5 ML		DISP SYRIN	MISCELL	09/07/2023	0.10800
SYRINGE, DISPOSABLE, 50 ML		DISP SYRIN	MISCELL	12/08/2022	0.61640
SYRINGE, DISPOSABLE, 6 ML		DISP SYRIN	MISCELL	02/16/2023	0.11474
SYRINGE, DISPOSABLE, 60 ML		DISP SYRIN	MISCELL	02/16/2023	0.55878
SYRINGE,ENFIT 60ML,NON-STERILE		DISP SYRIN	MISCELL	05/06/2022	1.69411
SYRINGE,NEEDLE,INSULN,SAFE,1ML	30 GX5/16"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,NEEDLE,INSULN,SAFE,1ML	29 G X1/2"	DISP SYRIN	MISCELL	06/15/2023	0.13755
SYRINGE,NEEDLE,INSULN,SAFE,1ML	31GX15/64"	DISP SYRIN	MISCELL	06/15/2023	0.55141
SYRINGE,NEEDLE,INSULN,SF 0.5ML	30 GX5/16"	DISP SYRIN	MISCELL	02/23/2023	0.57526
SYRINGE,NEEDLE,INSULN,SF 0.5ML	29 G X1/2"	DISP SYRIN	MISCELL	04/20/2023	0.13755
SYRINGE,NEEDLE,INSULN,SF 0.5ML	31GX15/64"	DISP SYRIN	MISCELL	06/15/2023	0.55141
SYRINGE,NEEDLE,INSULN,SF,0.3ML	29 G X1/2"	DISP SYRIN	MISCELL	02/23/2023	0.57526
SYRINGE,SAFETY NEEDLE,10 ML	21GX1 1/2"	DISP SYRIN	MISCELL	05/31/2023	0.20087
SYRINGE,SAFETY NEEDLE,10 ML	20GX1"	DISP SYRIN	MISCELL	08/10/2023	0.20087
SYRINGE,SAFETY NEEDLE,10 ML	20GX1 1/2"	DISP SYRIN	MISCELL	08/10/2023	0.20087
SYRINGE,SAFETY WITH NEEDLE,1ML	25GX1"	SYRINGE	MISCELL	09/28/2023	0.20093
SYRINGE,SAFETY WITH NEEDLE,1ML	25GX5/8"	DISP SYRIN	MISCELL	05/06/2022	0.20093

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SYRINGE,SAFETY WITH NEEDLE,1ML	27GX1/2"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,SAFETY WITH NEEDLE,1ML	28GX1/2"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,SAFETY WITH NEEDLE,1ML	26GX3/8"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	21GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	22GX1"	DISP SYRIN	MISCELL	06/07/2023	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	22GX1 1/2"	DISP SYRIN	MISCELL	01/05/2023	0.18070
SYRINGE,SAFETY WITH NEEDLE,3ML	23GX1"	DISP SYRIN	MISCELL	09/28/2023	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	25GX5/8"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	25GX1"	DISP SYRIN	MISCELL	11/02/2023	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	21 G X 1"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	20GX1"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	20GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.24288
SYRINGE,SAFETY WITH NEEDLE,5ML	21GX1 1/2"	DISP SYRIN	MISCELL	08/10/2023	0.20087
SYRINGE,SAFETY WITH NEEDLE,5ML	20GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.20087
SYRINGE,SAFETY WITH NEEDLE,5ML	20GX1"	DISP SYRIN	MISCELL	08/10/2023	0.20087
SYRINGE,SAFETY WITH NEEDLE,5ML	22GX1 1/2"	DISP SYRIN	MISCELL	08/10/2023	0.20087
SYRINGE-NEEDLE,INSULIN,0.5 ML	28GX1/2"	DISP SYRIN	MISCELL	07/27/2023	0.08362
SYRINGE-NEEDLE,INSULIN,0.5 ML	28 GAUGE	DISP SYRIN	MISCELL	05/06/2022	0.14733
SYRINGE-NEEDLE,INSULIN,0.5 ML	27GX1/2"	DISP SYRIN	MISCELL	02/02/2023	0.08844
SYRINGE-NEEDLE,INSULIN,0.5 ML	29 GAUGE	DISP SYRIN	MISCELL	05/06/2022	0.14733
SYRINGE-NEEDLE,INSULIN,0.5 ML	29 G X1/2"	DISP SYRIN	MISCELL	11/08/2023	0.14619

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SYRINGE-NEEDLE,INSULIN,0.5 ML	30 GX5/16"	DISP SYRIN	MISCELL	03/16/2023	0.08120
SYRINGE-NEEDLE,INSULIN,0.5 ML	30GX1/2"	DISP SYRIN	MISCELL	10/12/2023	0.19350
SYRINGE-NEEDLE,INSULIN,0.5 ML	31 GX5/16"	DISP SYRIN	MISCELL	11/08/2023	0.14619
SYRINGE-NEEDLE,INSULIN,0.5 ML	31GX15/64"	DISP SYRIN	MISCELL	02/23/2023	0.48964
SYRINGE-NEEDLE,INSULIN,0.5 ML	31 G X1/4"	DISP SYRIN	MISCELL	09/28/2023	0.30117
TACROLIMUS	1 MG	CAPSULE	ORAL	08/31/2023	0.33982
TACROLIMUS	5 MG	CAPSULE	ORAL	10/05/2023	1.59554
TACROLIMUS	0.5 MG	CAPSULE	ORAL	10/12/2023	0.21855
TACROLIMUS	0.03 %	OINT. (G)	TOPICAL	09/07/2023	2.08459
TACROLIMUS	0.1 %	OINT. (G)	TOPICAL	05/17/2023	2.26447
TADALAFIL	10 MG	TABLET	ORAL	05/03/2023	0.63643
TADALAFIL	20 MG	TABLET	ORAL	06/14/2022	0.33701
TADALAFIL	5 MG	TABLET	ORAL	03/21/2023	0.23673
TADALAFIL	2.5 MG	TABLET	ORAL	10/26/2023	0.17657
TADALAFIL	20 MG	TABLET	ORAL	11/02/2023	0.28363
TAFLUPROST/PF	0.0015 %	DROPERETTE	OPHTHALMIC	12/15/2022	5.84327
TAMOXIFEN CITRATE	10 MG	TABLET	ORAL	06/07/2023	0.32584
TAMOXIFEN CITRATE	20 MG	TABLET	ORAL	09/20/2022	0.43789
TAMSULOSIN HCL	0.4 MG	CAPSULE	ORAL	11/08/2023	0.09052
TAURINE	1000 MG	CAPSULE	ORAL	09/22/2022	0.11082
TAVABOROLE	5 %	SOL W/APPL	TOPICAL	08/24/2023	7.32000

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TAZAROTENE	0.05 %	GEL (GRAM)	TOPICAL	09/12/2023	6.15188
TAZAROTENE	0.1 %	GEL (GRAM)	TOPICAL	08/22/2023	6.64422
TAZAROTENE	0.1 %	CREAM (G)	TOPICAL	10/12/2023	5.33061
TEA TREE OIL	100 %	OIL	TOPICAL	08/10/2023	0.15990
TECOVIRIMAT	200 MG	CAPSULE	ORAL	08/25/2022	0.01000
TELMISARTAN	40 MG	TABLET	ORAL	10/19/2023	0.34393
TELMISARTAN	80 MG	TABLET	ORAL	10/19/2023	0.34393
TELMISARTAN	20 MG	TABLET	ORAL	10/19/2023	0.33366
TELMISARTAN/AMLODIPINE	40 MG-5 MG	TABLET	ORAL	05/06/2022	3.43200
TELMISARTAN/AMLODIPINE	40 MG-10MG	TABLET	ORAL	05/06/2022	3.43200
TELMISARTAN/AMLODIPINE	80 MG-5 MG	TABLET	ORAL	05/06/2022	3.43200
TELMISARTAN/AMLODIPINE	80 MG-10MG	TABLET	ORAL	05/06/2022	3.43200
TELMISARTAN/HYDROCHLOROTHIAZID	80-12.5MG	TABLET	ORAL	09/21/2023	1.53564
TELMISARTAN/HYDROCHLOROTHIAZID	40-12.5 MG	TABLET	ORAL	11/02/2023	1.42174
TELMISARTAN/HYDROCHLOROTHIAZID	80 MG-25MG	TABLET	ORAL	09/21/2023	1.70671
TEMAZEPAM	30 MG	CAPSULE	ORAL	11/02/2023	0.08000
TEMAZEPAM	7.5 MG	CAPSULE	ORAL	11/02/2023	2.54064
TEMAZEPAM	22.5 MG	CAPSULE	ORAL	11/02/2023	5.25140
TEMOZOLOMIDE	5 MG	CAPSULE	ORAL	02/16/2023	2.50312
TEMOZOLOMIDE	20 MG	CAPSULE	ORAL	03/01/2021	3.68544
TEMOZOLOMIDE	100 MG	CAPSULE	ORAL	03/01/2021	12.67350

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TEMOZOLOMIDE	250 MG	CAPSULE	ORAL	05/17/2023	29.66145
TEMSIROLIMUS	FDN 30MG/3	VIAL	INTRAVEN	05/06/2022	1241.40825
TENOFOVIR DISOPROXIL FUMARATE	300 MG	TABLET	ORAL	08/17/2023	1.07200
TERAZOSIN HCL	1 MG	CAPSULE	ORAL	07/20/2023	0.23067
TERAZOSIN HCL	2 MG	CAPSULE	ORAL	11/08/2023	0.21350
TERAZOSIN HCL	5 MG	CAPSULE	ORAL	08/01/2022	0.13615
TERAZOSIN HCL	10 MG	CAPSULE	ORAL	10/01/2019	0.13216
TERBINAFINE HCL	250 MG	TABLET	ORAL	07/13/2023	0.18720
TERBINAFINE HCL	1 %	CREAM (G)	TOPICAL	10/12/2023	0.55744
TERBUTALINE SULFATE	2.5 MG	TABLET	ORAL	05/17/2023	4.01280
TERBUTALINE SULFATE	5 MG	TABLET	ORAL	10/19/2023	4.77880
TERBUTALINE SULFATE	1 MG/ML	VIAL	SUBCUT	07/13/2023	2.29140
TERCONAZOLE	0.4 %	CREAM/APPL	VAGINAL	12/29/2022	1.01359
TERCONAZOLE	0.8 %	CREAM/APPL	VAGINAL	03/23/2023	1.72927
TERCONAZOLE	80 MG	SUPP.VAG	VAGINAL	07/20/2023	26.25708
TESTOSTERONE	30MG/1.5ML	SOL MD PMP	TRANSDERM	10/12/2023	3.11447
TESTOSTERONE	50 MG (1%)	GEL (GRAM)	TRANSDERM	07/06/2023	1.80471
TESTOSTERONE	1.25G-1.62	GEL PACKET	TRANSDERM	06/29/2023	8.91253
TESTOSTERONE	2.5G-1.62%	GEL PACKET	TRANSDERM	11/22/2022	5.17123
TESTOSTERONE	12.5/1.25G	GEL MD PMP	TRANSDERM	11/10/2022	1.86796
TESTOSTERONE	10 MG (2%)	GEL MD PMP	TRANSDERM	08/10/2023	4.50527

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TESTOSTERONE	20.25/1.25	GEL MD PMP	TRANSDERM	05/04/2023	1.18724
TESTOSTERONE CYPIONATE	100 MG/ML	VIAL	INTRAMUSC	04/27/2023	5.20446
TESTOSTERONE ENANTHATE	200 MG/ML	VIAL	INTRAMUSC	04/25/2023	9.85000
TETRABENAZINE	25 MG	TABLET	ORAL	12/27/2022	4.79443
TETRABENAZINE	12.5 MG	TABLET	ORAL	09/14/2023	3.20925
TETRACYCLINE HCL	250 MG	CAPSULE	ORAL	08/17/2023	0.81762
TETRAHYDROZOLINE HCL	0.05 %	DROPS	OPHTHALMIC	04/13/2023	0.13310
THEOPHYLLINE ANHYDROUS	80 MG/15ML	ELIXIR	ORAL	05/06/2022	0.82527
THEOPHYLLINE ANHYDROUS	80 MG/15ML	SOLUTION	ORAL	07/06/2023	0.15829
THEOPHYLLINE ANHYDROUS	400 MG	TAB ER 24H	ORAL	10/19/2023	1.06584
THEOPHYLLINE ANHYDROUS	600 MG	TAB ER 24H	ORAL	06/07/2023	1.67500
THEOPHYLLINE ANHYDROUS	450 MG	TAB ER 12H	ORAL	08/31/2023	5.50990
THIAMINE HCL	100 MG	TABLET	ORAL	10/20/2022	0.04039
THIAMINE HCL	250 MG	TABLET	ORAL	05/06/2022	0.06318
THIAMINE HCL	50 MG	TABLET	ORAL	05/06/2022	0.05293
THIAMINE HCL	100 MG/ML	VIAL	INJECTION	07/20/2023	2.66059
THIAMINE MONONITRATE (VIT B1)	100 MG	TABLET	ORAL	02/23/2023	0.02446
THIORIDAZINE HCL	10 MG	TABLET	ORAL	10/12/2023	0.53895
THIORIDAZINE HCL	100 MG	TABLET	ORAL	05/06/2022	0.72729
THIORIDAZINE HCL	25 MG	TABLET	ORAL	11/02/2023	0.93626
THIORIDAZINE HCL	50 MG	TABLET	ORAL	08/17/2023	0.84782

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
THIOTEPA	15 MG	VIAL	INJECTION	10/12/2023	587.99125
THIOTEPA	100 MG	VIAL	INJECTION	09/21/2023	2921.25000
THIOTHIXENE	1 MG	CAPSULE	ORAL	10/12/2023	1.12292
THIOTHIXENE	10 MG	CAPSULE	ORAL	08/11/2022	2.24946
THIOTHIXENE	2 MG	CAPSULE	ORAL	10/12/2023	1.20051
THIOTHIXENE	5 MG	CAPSULE	ORAL	08/11/2022	1.59561
TIAGABINE HCL	4 MG	TABLET	ORAL	02/16/2023	5.28000
TIAGABINE HCL	16 MG	TABLET	ORAL	05/06/2022	10.73410
TIAGABINE HCL	2 MG	TABLET	ORAL	02/16/2023	5.28000
TIGECYCLINE	50 MG	VIAL	INTRAVEN	10/19/2023	38.15460
TIMOLOL MALEATE	10 MG	TABLET	ORAL	10/26/2023	2.65173
TIMOLOL MALEATE	20 MG	TABLET	ORAL	10/26/2023	4.64944
TIMOLOL MALEATE	5 MG	TABLET	ORAL	08/11/2022	1.41544
TIMOLOL MALEATE	0.25 %	SOL-GEL	OPHTHALMIC	11/02/2023	28.70000
TIMOLOL MALEATE	0.5 %	SOL-GEL	OPHTHALMIC	11/02/2023	27.16250
TIMOLOL MALEATE	0.5 %	DROP DAILY	OPHTHALMIC	04/13/2023	25.71450
TIMOLOL MALEATE	0.25 %	DROPS	OPHTHALMIC	07/13/2023	0.78524
TIMOLOL MALEATE	0.5 %	DROPS	OPHTHALMIC	09/14/2023	1.43916
TIMOLOL MALEATE/PF	0.25 %	DROPERETTE	OPHTHALMIC	11/02/2023	7.58180
TIMOLOL MALEATE/PF	0.5 %	DROPERETTE	OPHTHALMIC	12/05/2022	5.78000
TINIDAZOLE	500 MG	TABLET	ORAL	08/31/2023	5.00610

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TINIDAZOLE	250 MG	TABLET	ORAL	08/31/2023	2.95614
TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV	INHALATION	08/24/2023	10.59898
TIROFIBAN-0.9% SODIUM CHLORIDE	12.5MG/250	PLAST. BAG	INTRAVEN	11/08/2023	1.33442
TIROFIBAN-0.9% SODIUM CHLORIDE	5 MG/100ML	PLAST. BAG	INTRAVEN	08/17/2023	1.32700
TIZANIDINE HCL	2 MG	CAPSULE	ORAL	08/24/2023	0.31177
TIZANIDINE HCL	4 MG	CAPSULE	ORAL	10/12/2023	0.40075
TIZANIDINE HCL	6 MG	CAPSULE	ORAL	08/24/2023	0.53859
TIZANIDINE HCL	2 MG	TABLET	ORAL	08/03/2022	0.05891
TIZANIDINE HCL	4 MG	TABLET	ORAL	07/13/2023	0.04769
TOBRAMYCIN	0.3 %	DROPS	OPHTHALMIC	06/07/2023	2.17616
TOBRAMYCIN	300 MG/4ML	AMPUL-NEB	INHALATION	10/19/2023	12.63234
TOBRAMYCIN SULFATE	1.2 G	VIAL	INJECTION	09/21/2023	69.38567
TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	OPHTHALMIC	10/26/2023	7.23480
TOLNAFTATE	1 %	AERO POWD	TOPICAL	05/06/2022	0.04881
TOLNAFTATE	1 %	CREAM (G)	TOPICAL	09/14/2023	0.05328
TOLNAFTATE	1 %	POWDER	TOPICAL	09/14/2023	0.05315
TOLNAFTATE	1 %	SOLUTION	TOPICAL	09/21/2023	0.22871
TOLTERODINE TARTRATE	4 MG	CAP ER 24H	ORAL	11/08/2023	0.39843
TOLTERODINE TARTRATE	2 MG	CAP ER 24H	ORAL	11/08/2023	0.39753
TOLTERODINE TARTRATE	1 MG	TABLET	ORAL	05/19/2022	0.86430
TOLTERODINE TARTRATE	2 MG	TABLET	ORAL	10/26/2023	0.32608

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TOLVAPTAN	30 MG	TABLET	ORAL	07/27/2023	105.03585
TOPIRAMATE	25 MG	CAP SPR 24	ORAL	09/28/2023	5.62695
TOPIRAMATE	50 MG	CAP SPR 24	ORAL	07/13/2023	9.20080
TOPIRAMATE	100 MG	CAP SPR 24	ORAL	07/13/2023	14.11515
TOPIRAMATE	150 MG	CAP SPR 24	ORAL	07/13/2023	16.30230
TOPIRAMATE	200 MG	CAP SPR 24	ORAL	08/31/2023	18.71870
TOPIRAMATE	50 MG	TABLET	ORAL	10/12/2023	0.04966
TOPIRAMATE	100 MG	TABLET	ORAL	09/14/2023	0.06186
TOPIRAMATE	200 MG	TABLET	ORAL	10/19/2023	0.11186
TOPIRAMATE	25 MG	TABLET	ORAL	09/14/2023	0.02792
TOPOTECAN HCL	4 MG	VIAL	INTRAVEN	05/06/2022	86.10000
TOPOTECAN HCL	4 MG/4 ML	VIAL	INTRAVEN	10/19/2021	11.25563
TOREMIFENE CITRATE	60 MG	TABLET	ORAL	10/26/2021	24.06040
TORSEMIDE	5 MG	TABLET	ORAL	10/19/2023	0.22257
TORSEMIDE	10 MG	TABLET	ORAL	09/21/2023	0.12650
TORSEMIDE	20 MG	TABLET	ORAL	09/21/2023	0.12167
TORSEMIDE	100 MG	TABLET	ORAL	09/21/2023	0.51376
TRAMADOL HCL	50 MG	TABLET	ORAL	09/26/2023	0.01943
TRAMADOL HCL	200 MG	TAB ER 24H	ORAL	10/19/2023	3.23004
TRAMADOL HCL	300 MG	TAB ER 24H	ORAL	10/19/2021	3.01000
TRAMADOL HCL	100 MG	TAB ER 24H	ORAL	03/23/2023	1.62006

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TRAMADOL HCL/ACETAMINOPHEN	37.5-325MG	TABLET	ORAL	08/10/2023	0.24696
TRANDOLAPRIL	1 MG	TABLET	ORAL	05/06/2022	0.49982
TRANDOLAPRIL	2 MG	TABLET	ORAL	05/06/2022	0.49982
TRANDOLAPRIL	4 MG	TABLET	ORAL	07/13/2023	0.49982
TRANDOLAPRIL/VERAPAMIL HCL	1MG-240 MG	TAB BP 24H	ORAL	05/06/2022	3.49160
TRANEXAMIC ACID	650 MG	TABLET	ORAL	08/27/2019	2.99156
TRANEXAMIC ACID	1000 MG/10	AMPUL	INTRAVEN	07/07/2022	0.44488
TRANEXAMIC ACID	1000 MG/10	VIAL	INTRAVEN	11/02/2023	0.59844
TRANSFER SETS		EACH	MISCELL	10/05/2023	11.61518
TRANLYCYPROMINE SULFATE	10 MG	TABLET	ORAL	04/20/2023	0.69365
TRAVOPROST	0.004 %	DROPS	OPHTHALMIC	08/17/2023	26.60490
TRAZODONE HCL	50 MG	TABLET	ORAL	09/21/2023	0.04303
TRAZODONE HCL	100 MG	TABLET	ORAL	09/21/2023	0.07315
TRAZODONE HCL	150 MG	TABLET	ORAL	09/21/2023	0.10766
TRAZODONE HCL	300 MG	TABLET	ORAL	09/21/2023	1.63480
TREPROSTINIL SODIUM	1 MG/ML	VIAL	INJECTION	09/14/2023	61.40673
TREPROSTINIL SODIUM	2.5 MG/ML	VIAL	INJECTION	09/14/2023	155.12094
TREPROSTINIL SODIUM	5 MG/ML	VIAL	INJECTION	05/17/2023	304.09239
TREPROSTINIL SODIUM	10 MG/ML	VIAL	INJECTION	09/14/2023	614.00216
TRETINOIN	10 MG	CAPSULE	ORAL	10/26/2022	11.30206
TRETINOIN	0.01 %	GEL (GRAM)	TOPICAL	09/20/2023	3.55917

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TRETINOIN	0.025 %	GEL (GRAM)	TOPICAL	03/23/2023	1.34000
TRETINOIN	0.05 %	GEL (GRAM)	TOPICAL	08/03/2021	5.22111
TRETINOIN	0.05 %	CREAM (G)	TOPICAL	02/23/2023	1.00500
TRETINOIN	0.1 %	CREAM (G)	TOPICAL	02/23/2023	1.33851
TRETINOIN MICROSPHERES	0.1 %	GEL (GRAM)	TOPICAL	10/20/2022	8.86980
TRETINOIN MICROSPHERES	0.04 %	GEL (GRAM)	TOPICAL	10/26/2021	7.22786
TRETINOIN MICROSPHERES	0.04 %	GEL W/PUMP	TOPICAL	05/06/2022	7.55940
TRETINOIN MICROSPHERES	0.1 %	GEL W/PUMP	TOPICAL	05/06/2022	7.55940
TRETINOIN MICROSPHERES	0.08 %	GEL W/PUMP	TOPICAL	09/21/2023	13.16112
TRIACETIN	100 %	LIQUID	MISCELL	07/27/2023	0.15724
TRIAMCINOLONE ACETONIDE	40 MG/ML	VIAL	INJECTION	09/07/2023	4.04580
TRIAMCINOLONE ACETONIDE	0.147MG/G	AEROSOL	TOPICAL	09/28/2023	2.81550
TRIAMCINOLONE ACETONIDE	0.025 %	CREAM (G)	TOPICAL	01/12/2023	0.05071
TRIAMCINOLONE ACETONIDE	0.5 %	CREAM (G)	TOPICAL	10/12/2023	0.55923
TRIAMCINOLONE ACETONIDE	0.025 %	OINT. (G)	TOPICAL	06/15/2023	0.06700
TRIAMCINOLONE ACETONIDE	0.1 %	OINT. (G)	TOPICAL	10/01/2023	0.06789
TRIAMCINOLONE ACETONIDE	0.5 %	OINT. (G)	TOPICAL	04/27/2023	0.76201
TRIAMCINOLONE ACETONIDE	0.05 %	OINT. (G)	TOPICAL	08/03/2023	0.84467
TRIAMCINOLONE ACETONIDE	0.025 %	LOTION	TOPICAL	09/21/2023	0.42199
TRIAMCINOLONE ACETONIDE	0.1 %	LOTION	TOPICAL	09/07/2023	0.52081
TRIAMCINOLONE ACETONIDE	55 MCG	SPRAY	NASAL	07/20/2023	1.00815

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TRIAMCINOLONE ACETONIDE	0.1 %	PASTE (G)	DENTAL	08/10/2023	7.56720
TRIAMTERENE	100 MG	CAPSULE	ORAL	10/26/2021	7.58082
TRIAMTERENE	50 MG	CAPSULE	ORAL	08/01/2022	8.62522
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	CAPSULE	ORAL	09/14/2023	0.17002
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	TABLET	ORAL	12/21/2022	0.05215
TRIAMTERENE/HYDROCHLOROTHIAZID	75 MG-50MG	TABLET	ORAL	11/02/2023	0.08994
TRIAZOLAM	0.125 MG	TABLET	ORAL	11/08/2023	1.72686
TRIAZOLAM	0.25 MG	TABLET	ORAL	11/08/2023	1.12643
TRIENTINE HCL	250 MG	CAPSULE	ORAL	10/12/2023	10.85704
TRIFLUOPERAZINE HCL	1 MG	TABLET	ORAL	06/29/2023	0.79395
TRIFLUOPERAZINE HCL	10 MG	TABLET	ORAL	10/19/2023	2.17964
TRIFLUOPERAZINE HCL	2 MG	TABLET	ORAL	06/29/2023	1.14597
TRIFLUOPERAZINE HCL	5 MG	TABLET	ORAL	06/29/2023	1.34764
TRIFLURIDINE	1 %	DROPS	OPHTHALMIC	05/06/2022	13.07386
TRIHXYPHENIDYL HCL	2 MG	TABLET	ORAL	05/06/2022	0.05816
TRIHXYPHENIDYL HCL	5 MG	TABLET	ORAL	10/12/2023	0.12368
TRIMETHOPRIM	100 MG	TABLET	ORAL	04/06/2023	1.56030
TRIMIPRAMINE MALEATE	100 MG	CAPSULE	ORAL	07/13/2023	16.60190
TRIMIPRAMINE MALEATE	25 MG	CAPSULE	ORAL	07/13/2023	8.21360
TRIMIPRAMINE MALEATE	50 MG	CAPSULE	ORAL	07/13/2023	12.53230
TRIPROLIDINE HCL	0.625MG/ML	DROPS	ORAL	03/23/2023	1.01840

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TRIPROLIDINE HCL	0.938MG/ML	DROPS	ORAL	06/29/2023	0.35733
TRIPROLIDINE/PHENYLEPHRINE/DM	2.5-10-20	LIQUID	ORAL	05/06/2022	0.05841
TROLAMINE SALICYLATE	10 %	CREAM (G)	TOPICAL	08/10/2023	0.06387
TROPICAMIDE	0.5 %	DROPS	OPHTHALMIC	07/09/2019	0.68689
TROPICAMIDE	1 %	DROPS	OPHTHALMIC	05/06/2022	2.65141
TROSPIUM CHLORIDE	60 MG	CAP ER 24H	ORAL	05/17/2023	4.68952
TROSPIUM CHLORIDE	20 MG	TABLET	ORAL	09/28/2023	0.38927
TRYPTOPHAN	500 MG	CAPSULE	ORAL	06/07/2023	0.23584
TURMERIC/TURMERIC ROOT EXTRACT	450MG-50MG	CAPSULE	ORAL	07/27/2022	0.13221
TYROSINE	500 MG	CAPSULE	ORAL	08/25/2022	0.08308
UBIDECARENONE		POWDER	MISCELL	11/21/2018	26.71663
UBIQUINOL	100 MG	CAPSULE	ORAL	10/10/2023	0.42863
UNDECYLENIC ACID	25 %	SOLUTION	TOPICAL	06/07/2023	2.96779
UREA	45 %	GEL/PF APP	TOPICAL	05/06/2022	5.08299
UREA	45 %	GEL (ML)	TOPICAL	05/06/2022	5.12445
UREA	10 %	CREAM (G)	TOPICAL	05/06/2022	0.13211
UREA	20 %	CREAM (G)	TOPICAL	02/23/2023	0.06700
UREA	45 %	CREAM (G)	TOPICAL	05/06/2022	0.61729
UREA	10 %	LOTION	TOPICAL	01/26/2023	0.01965
URINARY TRACT INFECTION TEST		STICK (EA)	MISCELL	05/06/2022	5.49910
URINE ALBUMIN TEST		STRIP	MISCELL	05/06/2022	3.16580

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
URSODIOL	300 MG	CAPSULE	ORAL	10/12/2023	0.67858
URSODIOL	250 MG	TABLET	ORAL	04/27/2023	0.71824
URSODIOL	500 MG	TABLET	ORAL	04/27/2023	1.18268
VAGINAL SUPPOSITORY APPLICATOR		EACH	MISCELL	05/06/2022	2.91060
VALACYCLOVIR HCL	500 MG	TABLET	ORAL	11/02/2023	0.24116
VALACYCLOVIR HCL	1000 MG	TABLET	ORAL	10/26/2023	0.46930
VALERIAN ROOT	500 MG	CAPSULE	ORAL	07/27/2022	0.11033
VALGANCICLOVIR HCL	50 MG/ML	SOLN RECON	ORAL	10/26/2021	7.21829
VALGANCICLOVIR HCL	450 MG	TABLET	ORAL	08/24/2023	4.28604
VALPROIC ACID	250 MG	CAPSULE	ORAL	09/11/2023	0.23103
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	03/02/2023	0.03363
VALPROIC ACID (AS SODIUM SALT)	500MG/10ML	SOLUTION	ORAL	09/08/2022	0.09902
VALPROIC ACID (AS SODIUM SALT)	500 MG/5ML	VIAL	INTRAVEN	03/16/2023	0.62835
VALRUBICIN	40 MG/ML	VIAL	INTRAVESIC	09/17/2019	270.25355
VALSARTAN	320 MG	TABLET	ORAL	07/27/2023	0.37088
VALSARTAN	160 MG	TABLET	ORAL	07/27/2023	0.25668
VALSARTAN	80 MG	TABLET	ORAL	06/07/2023	0.22378
VALSARTAN	40 MG	TABLET	ORAL	09/28/2023	0.23584
VALSARTAN/HYDROCHLOROTHIAZIDE	80-12.5MG	TABLET	ORAL	11/02/2023	0.29540
VALSARTAN/HYDROCHLOROTHIAZIDE	160-12.5MG	TABLET	ORAL	11/02/2023	0.32130
VALSARTAN/HYDROCHLOROTHIAZIDE	160MG-25MG	TABLET	ORAL	11/02/2023	0.33143

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
VALSARTAN/HYDROCHLOROTHIAZIDE	320MG-25MG	TABLET	ORAL	11/02/2023	0.41987
VALSARTAN/HYDROCHLOROTHIAZIDE	320-12.5MG	TABLET	ORAL	11/02/2023	0.37044
VANCOMYCIN HCL	125 MG	CAPSULE	ORAL	08/17/2023	1.89074
VANCOMYCIN HCL	250 MG	CAPSULE	ORAL	09/28/2023	3.99485
VANCOMYCIN HCL	50 MG/ML	SOLN RECON	ORAL	10/12/2023	1.06450
VANCOMYCIN HCL	25 MG/ML	SOLN RECON	ORAL	10/12/2023	0.80373
VANCOMYCIN HCL	1 G	VIAL	INTRAVEN	09/12/2023	3.39240
VANCOMYCIN HCL	10 G	VIAL	INTRAVEN	09/07/2023	26.75250
VANCOMYCIN HCL	5 G	VIAL	INTRAVEN	09/21/2023	17.85000
VANCOMYCIN HCL	500 MG	VIAL	INTRAVEN	09/28/2023	2.54600
VANCOMYCIN HCL	750 MG	VIAL	INTRAVEN	08/03/2023	6.75640
VANCOMYCIN HCL	1.25 G	VIAL	INTRAVEN	08/17/2023	12.66300
VANCOMYCIN HCL	1.5 G	VIAL	INTRAVEN	08/15/2023	12.78970
VARDENAFIL HCL	5 MG	TABLET	ORAL	10/19/2023	18.24830
VARDENAFIL HCL	10 MG	TABLET	ORAL	06/29/2023	19.28815
VARDENAFIL HCL	20 MG	TABLET	ORAL	08/17/2023	19.43900
VARDENAFIL HCL	2.5 MG	TABLET	ORAL	10/19/2023	18.30465
VARDENAFIL HCL	10 MG	TAB RAPDIS	ORAL	05/06/2022	18.99581
VARENICLINE TARTRATE	0.5 MG	TABLET	ORAL	11/02/2023	4.82884
VARENICLINE TARTRATE	1 MG	TABLET	ORAL	11/08/2023	4.12500
VARENICLINE TARTRATE	0.5 (11)-1	TAB DS PK	ORAL	11/02/2023	5.89531

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
VASOPRESSIN	20 UNIT/ML	VIAL	INTRAVEN	10/19/2023	32.22969
VECURONIUM BROMIDE	10 MG	VIAL	INTRAVEN	04/11/2023	3.13632
VECURONIUM BROMIDE	20 MG	VIAL	INTRAVEN	08/04/2022	11.24838
VENLAFAXINE HCL	37.5 MG	CAP ER 24H	ORAL	11/02/2023	0.08231
VENLAFAXINE HCL	75 MG	CAP ER 24H	ORAL	11/02/2023	0.10735
VENLAFAXINE HCL	150 MG	CAP ER 24H	ORAL	11/02/2023	0.16527
VENLAFAXINE HCL	37.5 MG	TAB ER 24	ORAL	09/21/2023	1.01795
VENLAFAXINE HCL	75 MG	TAB ER 24	ORAL	09/21/2023	0.62444
VENLAFAXINE HCL	150 MG	TAB ER 24	ORAL	09/21/2023	0.44667
VENLAFAXINE HCL	225 MG	TAB ER 24	ORAL	11/02/2023	1.16044
VENLAFAXINE HCL	25 MG	TABLET	ORAL	08/17/2023	0.17085
VENLAFAXINE HCL	37.5 MG	TABLET	ORAL	06/07/2023	0.17259
VENLAFAXINE HCL	50 MG	TABLET	ORAL	10/12/2023	0.20020
VENLAFAXINE HCL	75 MG	TABLET	ORAL	10/12/2023	0.16040
VENLAFAXINE HCL	100 MG	TABLET	ORAL	03/09/2023	0.20529
VERAPAMIL HCL	100 MG	CAP24H PCT	ORAL	07/18/2023	6.34958
VERAPAMIL HCL	200 MG	CAP24H PCT	ORAL	05/06/2022	2.44337
VERAPAMIL HCL	120 MG	CAP24H PEL	ORAL	09/28/2023	4.46107
VERAPAMIL HCL	240 MG	CAP24H PEL	ORAL	07/13/2023	2.07325
VERAPAMIL HCL	180 MG	CAP24H PEL	ORAL	07/13/2023	1.83714
VERAPAMIL HCL	120 MG	TABLET	ORAL	08/24/2023	0.08742

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
VERAPAMIL HCL	40 MG	TABLET	ORAL	08/24/2023	0.18787
VERAPAMIL HCL	80 MG	TABLET	ORAL	08/24/2023	0.05789
VERAPAMIL HCL	240 MG	TABLET ER	ORAL	11/10/2022	0.22056
VERAPAMIL HCL	180 MG	TABLET ER	ORAL	08/31/2023	0.28261
VERAPAMIL HCL	120 MG	TABLET ER	ORAL	04/20/2023	0.24053
VERAPAMIL HCL	2.5 MG/ML	AMPUL	INTRAVEN	03/23/2023	11.87450
VERAPAMIL HCL	2.5 MG/ML	VIAL	INTRAVEN	07/13/2023	1.26295
VIGABATRIN	500 MG	POWD PACK	ORAL	08/03/2023	64.90751
VIGABATRIN	500 MG	TABLET	ORAL	07/06/2023	64.64813
VILAZODONE HCL	10 MG	TABLET	ORAL	11/08/2023	3.52625
VILAZODONE HCL	20 MG	TABLET	ORAL	11/08/2023	3.52625
VILAZODONE HCL	40 MG	TABLET	ORAL	11/08/2023	3.52625
VINCRISTINE SULFATE	1 MG/ML	VIAL	INTRAVEN	05/06/2022	8.14800
VINCRISTINE SULFATE	2 MG/2 ML	VIAL	INTRAVEN	05/06/2022	6.88975
VINORELBINE TARTRATE	10 MG/ML	VIAL	INTRAVEN	05/06/2022	18.90000
VINORELBINE TARTRATE	50 MG/5 ML	VIAL	INTRAVEN	05/06/2022	16.95750
VIT A PALMITATE/VIT C/VIT D3	750-35/ML	DROPS	ORAL	08/24/2023	0.23544
VIT A PALMITATE/VIT C/VIT D3	250-50/ML	DROPS	ORAL	04/27/2023	0.12181
VIT A/VIT C/VIT E/ZINC/COPPER	4296-226	CAPSULE	ORAL	03/02/2023	0.29737
VIT A/VIT C/VIT E/ZINC/COPPER	2148-113	TABLET	ORAL	04/06/2023	0.13478
VIT B12/LEVOMEFOLATE/VIT B6/B2	1-6-50-5MG	TABLET	ORAL	04/07/2020	2.28669

New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
VITAMIN A	3000 MCG	CAPSULE	ORAL	04/13/2023	0.06365
VITAMIN A PALMITATE	3000 MCG	CAPSULE	ORAL	04/13/2023	0.34283
VITAMIN A/VIT C/ZINC/PROPOLIS	15 MG	LOZENGE	ORAL	05/06/2022	0.02673
VITAMIN B COMPLEX		CAPSULE	ORAL	11/02/2023	0.07192
VITAMIN B COMPLEX		TABLET	ORAL	07/11/2023	0.02406
VITAMIN B COMPLEX		TABLET ER	ORAL	05/06/2022	0.18479
VITAMIN B COMPLEX/FOLIC ACID	0.4 MG	TABLET	ORAL	04/13/2023	0.08281
VITAMIN B COMPLEX/FOLIC ACID	0.4 MG	TABLET ER	ORAL	05/06/2022	0.12551
VITAMIN B COMPLEX/LYSINE	790MG/15ML	LIQUID	ORAL	05/06/2022	0.02092
VITAMIN E		CREAM (G)	TOPICAL	09/08/2022	0.06453
VITAMIN E		OIL	TOPICAL	05/06/2022	0.21105
VITAMIN E (DL,TOCOPHERYL ACET)	450 MG	CAPSULE	ORAL	09/14/2023	0.19403
VITAMIN E (DL,TOCOPHERYL ACET)	180 MG	CAPSULE	ORAL	07/27/2023	0.02412
VITAMIN E (DL,TOCOPHERYL ACET)	90 MG	CAPSULE	ORAL	04/13/2023	0.02192
VITAMIN E (DL,TOCOPHERYL ACET)	45 MG	CAPSULE	ORAL	08/17/2023	0.02533
VITAMINS A AND D		OINT. (G)	TOPICAL	03/23/2023	0.00647
VITAMINS B1,B2,B3,B5,AND B6	100-2MG/ML	VIAL	INJECTION	10/26/2021	4.87564
VITS A AND D/WHITE PET/LANOLIN		OINT. (G)	TOPICAL	11/08/2023	0.00457
VITS A,C,E/LUTEIN/MINERALS	300MCG-200	TABLET	ORAL	03/02/2023	0.08375
VORICONAZOLE	200 MG/5ML	SUSP RECON	ORAL	11/10/2022	8.52928
VORICONAZOLE	50 MG	TABLET	ORAL	02/09/2023	1.69197

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
VORICONAZOLE	200 MG	TABLET	ORAL	09/08/2022	2.90972
VORICONAZOLE	200 MG	VIAL	INTRAVEN	10/19/2023	17.85000
WARFARIN SODIUM	10 MG	TABLET	ORAL	07/13/2023	0.18197
WARFARIN SODIUM	2.5 MG	TABLET	ORAL	09/07/2023	0.10398
WARFARIN SODIUM	2 MG	TABLET	ORAL	07/20/2023	0.09514
WARFARIN SODIUM	5 MG	TABLET	ORAL	09/21/2023	0.10398
WARFARIN SODIUM	7.5 MG	TABLET	ORAL	07/13/2023	0.12971
WARFARIN SODIUM	1 MG	TABLET	ORAL	10/19/2023	0.08817
WARFARIN SODIUM	3 MG	TABLET	ORAL	11/22/2022	0.10398
WARFARIN SODIUM	4 MG	TABLET	ORAL	08/17/2023	0.10088
WARFARIN SODIUM	6 MG	TABLET	ORAL	09/14/2023	0.12583
WATER		LIQUID	ORAL	05/06/2022	0.02202
WATER FOR INJECTION,STERILE		SYRINGE	INJECTION	06/07/2023	0.31637
WATER FOR INJECTION,STERILE		VIAL	INJECTION	09/21/2023	0.07952
WATER FOR INJECTION,STERILE		IV SOLN	INTRAVEN	02/09/2023	0.00449
WATER FOR IRRIGATION,STERILE		IRRIG SOLN	IRRIGATION	09/07/2023	0.00519
WITCH HAZEL	50 %	MED. PAD	TOPICAL	09/21/2023	0.05398
YOHIMBE BARK	500 MG	CAPSULE	ORAL	07/27/2022	0.04963
ZAFIRLUKAST	20 MG	TABLET	ORAL	06/29/2023	0.90428
ZAFIRLUKAST	10 MG	TABLET	ORAL	10/19/2023	1.67522
ZALEPLON	5 MG	CAPSULE	ORAL	11/22/2022	0.30659

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New Hampshire Medicaid Program Monthly Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ZALEPLON	10 MG	CAPSULE	ORAL	12/08/2022	0.41486
ZIDOVUDINE	100 MG	CAPSULE	ORAL	05/06/2022	2.02608
ZIDOVUDINE	10 MG/ML	SYRUP	ORAL	06/11/2019	0.15750
ZIDOVUDINE	300 MG	TABLET	ORAL	08/31/2023	0.77028
ZILEUTON	600 MG	TBMP 12HR	ORAL	07/13/2023	13.74432
ZINC AMINO ACID CHELATE	50 MG	TABLET	ORAL	05/06/2022	0.06298
ZINC CHLORIDE	1 MG/ML	VIAL	INTRAVEN	07/13/2023	3.26056
ZINC GLUCONATE	30 MG	TABLET	ORAL	05/06/2022	0.05253
ZINC GLUCONATE	50 MG	TABLET	ORAL	05/06/2022	0.02412
ZINC GLUCONATE	100 MG	TABLET	ORAL	05/06/2022	0.04858
ZINC OXIDE	22 %	CREAM (G)	TOPICAL	08/03/2023	0.28478
ZINC OXIDE	20 %	OINT. (G)	TOPICAL	03/16/2021	0.01435
ZINC OXIDE	40 %	OINT. (G)	TOPICAL	10/12/2023	0.01735
ZINC OXIDE	10 %	OINT. (G)	TOPICAL	11/08/2023	0.07973
ZINC SULFATE	50(220)MG	CAPSULE	ORAL	08/18/2022	0.04443
ZINC SULFATE	50(220)MG	TABLET	ORAL	07/20/2023	0.03243
ZINC SULFATE	5 MG/ML	VIAL	INTRAVEN	02/09/2023	10.61616
ZINC SULFATE	3 MG/ML	VIAL	INTRAVEN	09/21/2023	6.50748
ZIPRASIDONE HCL	20 MG	CAPSULE	ORAL	05/25/2023	0.31468
ZIPRASIDONE HCL	40 MG	CAPSULE	ORAL	10/12/2023	0.37364
ZIPRASIDONE HCL	60 MG	CAPSULE	ORAL	06/15/2023	0.51143

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ZIPRASIDONE HCL	80 MG	CAPSULE	ORAL	10/12/2023	0.52416
ZIPRASIDONE MESYLATE	FNL 20MG/1	VIAL	INTRAMUSC	06/07/2023	19.86023
ZOLEDRONIC ACID	4 MG/5 ML	VIAL	INTRAVEN	09/28/2023	4.18440
ZOLEDRONIC ACID/MANNITOL-WATER	5 MG/100ML	PIGGYBACK	INTRAVEN	08/31/2023	1.16071
ZOLEDRONIC ACID/MANNITOL-WATER	5 MG/100ML	PGGYBK BTL	INTRAVEN	08/10/2023	1.44720
ZOLMITRIPTAN	2.5 MG	TABLET	ORAL	11/02/2023	1.93183
ZOLMITRIPTAN	5 MG	TABLET	ORAL	08/17/2023	2.13507
ZOLMITRIPTAN	2.5 MG	TAB RAPDIS	ORAL	10/26/2023	7.76400
ZOLMITRIPTAN	5 MG	TAB RAPDIS	ORAL	10/19/2021	7.12047
ZOLMITRIPTAN	5 MG	SPRAY	NASAL	10/05/2023	100.20571
ZOLPIDEM TARTRATE	5 MG	TABLET	ORAL	10/05/2023	0.03672
ZOLPIDEM TARTRATE	10 MG	TABLET	ORAL	10/05/2023	0.04221
ZOLPIDEM TARTRATE	6.25 MG	TAB MPHASE	ORAL	07/20/2023	0.89311
ZOLPIDEM TARTRATE	12.5 MG	TAB MPHASE	ORAL	10/05/2023	0.39208
ZOLPIDEM TARTRATE	1.75 MG	TAB SUBL	SUBLINGUAL	08/19/2021	6.37434
ZOLPIDEM TARTRATE	3.5 MG	TAB SUBL	SUBLINGUAL	05/06/2022	6.37434
ZONISAMIDE	100 MG	CAPSULE	ORAL	11/02/2023	0.16723
ZONISAMIDE	25 MG	CAPSULE	ORAL	09/14/2023	0.17555
ZONISAMIDE	50 MG	CAPSULE	ORAL	10/26/2023	0.13521