

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
0.9 % SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	05/06/2022	0.08938
0.9 % SODIUM CHLORIDE	0.9 %	IV SOLN	INTRAVEN	09/08/2022	0.00375
ABACAVIR SULFATE	20 MG/ML	SOLUTION	ORAL	09/08/2022	0.67865
ABACAVIR SULFATE	300 MG	TABLET	ORAL	10/26/2021	0.89065
ABACAVIR SULFATE/LAMIVUDINE	600-300MG	TABLET	ORAL	05/06/2022	2.11005
ABIRATERONE ACETATE	250 MG	TABLET	ORAL	09/08/2022	2.07086
ABIRATERONE ACETATE	500 MG	TABLET	ORAL	09/08/2022	40.28455
ACAI BERRY EXTRACT	500 MG	CAPSULE	ORAL	07/27/2022	0.06689
ACAMPROSATE CALCIUM	333 MG	TABLET DR	ORAL	05/06/2022	0.97128
ACARBOSE	100 MG	TABLET	ORAL	07/21/2022	0.48495
ACARBOSE	50 MG	TABLET	ORAL	09/08/2022	0.28515
ACARBOSE	25 MG	TABLET	ORAL	09/08/2022	0.26237
ACEBUTOLOL HCL	200 MG	CAPSULE	ORAL	08/25/2022	0.97974
ACEBUTOLOL HCL	400 MG	CAPSULE	ORAL	08/25/2022	2.14896
ACETAMINOPHEN	500 MG	CAPSULE	ORAL	05/06/2022	0.05253
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	09/01/2022	0.02557
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	09/01/2022	0.18233
ACETAMINOPHEN	325/10.15	ORAL SUSP	ORAL	08/11/2022	0.10742
ACETAMINOPHEN	650MG/20.3	ORAL SUSP	ORAL	05/06/2022	0.10089
ACETAMINOPHEN	160 MG/5ML	SOLUTION	ORAL	08/11/2022	0.32329
ACETAMINOPHEN	325/10.15	SOLUTION	ORAL	07/27/2022	0.12668

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ACETAMINOPHEN	650MG/20.3	SOLUTION	ORAL	07/27/2022	0.07002
ACETAMINOPHEN	160 MG/5ML	LIQUID	ORAL	05/06/2022	0.00907
ACETAMINOPHEN	500MG/15ML	LIQUID	ORAL	05/06/2022	0.01681
ACETAMINOPHEN	325 MG	TABLET	ORAL	09/08/2022	0.01508
ACETAMINOPHEN	500 MG	TABLET	ORAL	08/11/2022	0.01405
ACETAMINOPHEN	160 MG	TAB CHEW	ORAL	06/09/2022	0.30393
ACETAMINOPHEN	650 MG	TABLET ER	ORAL	09/08/2022	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	05/06/2022	0.35398
ACETAMINOPHEN	1000MG/100	PIGGYBACK	INTRAVEN	05/06/2022	0.16081
ACETAMINOPHEN	1000MG/100	VIAL	INTRAVEN	05/06/2022	0.43109
ACETAMINOPHEN WITH CODEINE	120-12MG/5	SOLUTION	ORAL	05/06/2022	0.01530
ACETAMINOPHEN WITH CODEINE	120-12MG/5	SOLUTION	ORAL	05/06/2022	0.20770
ACETAMINOPHEN WITH CODEINE	300MG/12.5	SOLUTION	ORAL	05/06/2022	0.27794
ACETAMINOPHEN WITH CODEINE	300MG-15MG	TABLET	ORAL	04/07/2020	0.13156
ACETAMINOPHEN WITH CODEINE	300MG-30MG	TABLET	ORAL	07/21/2022	0.16193
ACETAMINOPHEN WITH CODEINE	300MG-60MG	TABLET	ORAL	09/08/2022	0.32693
ACETAMINOPHEN/CHLORPHENIRAMINE	325MG-2MG	TABLET	ORAL	05/06/2022	0.34817
ACETAMINOPHEN/D-BROMPHENIRAMIN	500MG-1MG	TABLET	ORAL	05/06/2022	0.12060
ACETAMINOPHEN/DEXTROMETHORPHAN	325-10/10	LIQUID	ORAL	09/08/2022	0.06548

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ACETAMINOPHEN/DIPHENHYDRAMINE	500MG-25MG	TABLET	ORAL	03/22/2021	0.01487
ACETAZOLAMIDE	500 MG	CAPSULE ER	ORAL	07/07/2022	0.47409
ACETAZOLAMIDE	125 MG	TABLET	ORAL	05/06/2022	0.22110
ACETAZOLAMIDE	250 MG	TABLET	ORAL	05/06/2022	0.46887
ACETAZOLAMIDE SODIUM	500 MG	VIAL	INJECTION	08/11/2022	32.13375
ACETIC ACID	2 %	SOLUTION	OTIC (EAR)	07/21/2022	1.34447
ACETIC ACID	0.25 %	IRRIG SOLN	IRRIGATION	09/08/2022	0.01062
ACETONE		LIQUID	MISCELL	05/06/2022	0.02310
ACETYLCYST/METHYLB12/LEVOMEFOL	600-2-6 MG	TABLET	ORAL	06/09/2022	1.79605
ACETYLCYSTEINE	200 MG/ML	VIAL	INTRAVEN	07/14/2022	1.76215
ACETYLCYSTEINE	200 MG/ML	VIAL	MISCELL	09/08/2022	0.42433
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	05/06/2022	0.15571
ACTIVATED CHARCOAL		POWDER	ORAL	05/06/2022	1.23503
ACTIVATED CHARCOAL	25 G/120ML	ORAL SUSP	ORAL	05/06/2022	0.15756
ACTIVATED CHARCOAL	50G/240ML	ORAL SUSP	ORAL	05/06/2022	0.11167
ACYCLOVIR	200 MG	CAPSULE	ORAL	08/25/2022	0.10975
ACYCLOVIR	200 MG/5ML	ORAL SUSP	ORAL	05/06/2022	0.26554
ACYCLOVIR	800 MG	TABLET	ORAL	08/25/2022	0.15732

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ACYCLOVIR	400 MG	TABLET	ORAL	05/06/2022	0.09166
ACYCLOVIR	5 %	CREAM (G)	TOPICAL	08/11/2022	41.59655
ACYCLOVIR	5 %	OINT. (G)	TOPICAL	06/30/2022	1.33777
ACYCLOVIR SODIUM	50 MG/ML	VIAL	INTRAVEN	06/09/2022	1.34777
ADAPALENE	0.1 %	GEL (GRAM)	TOPICAL	02/15/2022	1.61267
ADAPALENE	0.3 %	GEL (GRAM)	TOPICAL	05/06/2022	1.35936
ADAPALENE	0.1 %	CREAM (G)	TOPICAL	05/06/2022	3.67693
ADAPALENE	0.3 %	GEL W/PUMP	TOPICAL	06/16/2022	6.63547
ADAPALENE	0.1 %	SOLUTION	TOPICAL	05/06/2022	15.90732
ADAPALENE/BENZOYL PEROXIDE	0.1 %-2.5%	GEL W/PUMP	TOPICAL	05/06/2022	0.96093
ADAPALENE/BENZOYL PEROXIDE	0.3 %-2.5%	GEL W/PUMP	TOPICAL	06/20/2022	7.95893
ADEFOVIR DIPIVOXIL	10 MG	TABLET	ORAL	10/26/2021	19.89470
ADENOSINE	3 MG/ML	VIAL	INTRAVEN	05/06/2022	1.47266
ADENOSINE	3 MG/ML	VIAL	INTRAVEN	08/25/2022	2.91104
ADHESIVE REMOVER		LIQUID	MISCELL	05/06/2022	0.05265
ALBENDAZOLE	200 MG	TABLET	ORAL	07/21/2022	9.11645
ALBUTEROL SULFATE	2 MG/5 ML	SYRUP	ORAL	05/26/2022	0.06764
ALBUTEROL SULFATE	2 MG	TABLET	ORAL	05/06/2022	0.95663
ALBUTEROL SULFATE	4 MG	TABLET	ORAL	05/06/2022	1.32673
ALBUTEROL SULFATE	2.5 MG/3ML	VIAL-NEB	INHALATION	09/08/2022	0.06789
ALBUTEROL SULFATE	0.63MG/3ML	VIAL-NEB	INHALATION	09/01/2022	0.31952

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ALBUTEROL SULFATE	1.25MG/3ML	VIAL-NEB	INHALATION	09/01/2022	0.29212
ALBUTEROL SULFATE	90 MCG	HFA AER AD	INHALATION	10/04/2021	4.68160
ALBUTEROL SULFATE	5 MG/ML	SOLUTION	INHALATION	07/29/2022	1.45287
ALCLOMETASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	06/23/2022	1.28104
ALCLOMETASONE DIPROPIONATE	0.05 %	OINT. (G)	TOPICAL	05/19/2022	0.70871
ALCOHOL ANTISEPTIC PADS		MED. PAD	TOPICAL	08/25/2022	0.01213
ALENDRONATE SODIUM	10 MG	TABLET	ORAL	05/06/2022	0.24120
ALENDRONATE SODIUM	70 MG	TABLET	ORAL	05/06/2022	0.40535
ALENDRONATE SODIUM	35 MG	TABLET	ORAL	05/06/2022	0.75040
ALFUZOSIN HCL	10 MG	TAB ER 24H	ORAL	06/23/2022	0.07960
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	08/25/2022	0.07177
ALLOPURINOL	300 MG	TABLET	ORAL	09/08/2022	0.15346
ALLOPURINOL SODIUM	500 MG	VIAL	INTRAVEN	08/25/2022	4086.59300
ALMOTRIPTAN MALATE	12.5 MG	TABLET	ORAL	10/26/2021	22.03206
ALMOTRIPTAN MALATE	6.25 MG	TABLET	ORAL	08/01/2022	21.45879
ALOE VERA/COLLAGEN		SOLUTION	TOPICAL	05/06/2022	0.01324
ALOSETRON HCL	1 MG	TABLET	ORAL	05/06/2022	10.19667
ALOSETRON HCL	0.5 MG	TABLET	ORAL	06/23/2022	6.28481
ALPHA LIPOIC ACID	200 MG	CAPSULE	ORAL	09/08/2022	0.11937

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ALPHA LIPOIC ACID	300 MG	CAPSULE	ORAL	05/06/2022	0.11439
ALPHA LIPOIC ACID	100 MG	CAPSULE	ORAL	05/06/2022	0.10151
ALPHA LIPOIC ACID	50 MG	CAPSULE	ORAL	09/08/2022	0.06510
ALPHA LIPOIC ACID	600 MG	CAPSULE	ORAL	05/06/2022	0.31624
ALPRAZOLAM	0.25 MG	TABLET	ORAL	05/06/2022	0.02921
ALPRAZOLAM	0.5 MG	TABLET	ORAL	05/19/2022	0.03551
ALPRAZOLAM	1 MG	TABLET	ORAL	09/01/2022	0.04470
ALPRAZOLAM	2 MG	TABLET	ORAL	05/06/2022	0.06713
ALPRAZOLAM	0.5 MG	TAB ER 24H	ORAL	05/06/2022	0.38436
ALPRAZOLAM	1 MG	TAB ER 24H	ORAL	05/06/2022	0.44957
ALPRAZOLAM	2 MG	TAB ER 24H	ORAL	05/06/2022	0.47414
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	08/11/2022	3.49206
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	05/06/2022	101.18048
AMANTADINE HCL	100 MG	CAPSULE	ORAL	08/11/2022	0.25103

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
AMANTADINE HCL	50 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.03699
AMANTADINE HCL	100 MG	TABLET	ORAL	07/21/2022	0.92567
AMBRISENTAN	5 MG	TABLET	ORAL	07/21/2022	170.55778
AMBRISENTAN	10 MG	TABLET	ORAL	07/21/2022	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	05/06/2022	0.57379
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	05/06/2022	0.06008
AMINOCAPROIC ACID	500 MG	TABLET	ORAL	05/12/2022	11.23797
AMINOCAPROIC ACID	1000 MG	TABLET	ORAL	07/21/2022	35.48106
AMINOCAPROIC ACID	250 MG/ML	VIAL	INTRAVEN	07/27/2022	0.59930
AMIODARONE HCL	200 MG	TABLET	ORAL	07/07/2022	0.19114
AMIODARONE HCL	100 MG	TABLET	ORAL	08/25/2022	2.32892
AMIODARONE HCL	400 MG	TABLET	ORAL	09/08/2022	2.89344
AMIODARONE HCL	50 MG/ML	VIAL	INTRAVEN	05/06/2022	0.43476
AMITRIPTYLINE HCL	10 MG	TABLET	ORAL	08/04/2022	0.06443
AMITRIPTYLINE HCL	100 MG	TABLET	ORAL	05/06/2022	0.38605
AMITRIPTYLINE HCL	150 MG	TABLET	ORAL	05/06/2022	0.73526

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AMITRIPTYLINE HCL	25 MG	TABLET	ORAL	07/21/2022	0.10294
AMITRIPTYLINE HCL	50 MG	TABLET	ORAL	07/21/2022	0.08040
AMITRIPTYLINE HCL	75 MG	TABLET	ORAL	05/06/2022	0.38605
AMLODIPINE BES/OLMESARTAN MED	5 MG-20 MG	TABLET	ORAL	07/07/2022	0.27783
AMLODIPINE BES/OLMESARTAN MED	10 MG-20MG	TABLET	ORAL	07/07/2022	0.36180
AMLODIPINE BES/OLMESARTAN MED	5 MG-40 MG	TABLET	ORAL	07/07/2022	0.35197
AMLODIPINE BES/OLMESARTAN MED	10 MG-40MG	TABLET	ORAL	07/07/2022	0.45783
AMLODIPINE BESYLATE	2.5 MG	TABLET	ORAL	08/04/2022	0.01662
AMLODIPINE BESYLATE	5 MG	TABLET	ORAL	08/04/2022	0.01695
AMLODIPINE BESYLATE	10 MG	TABLET	ORAL	08/04/2022	0.01802
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-20 MG	CAPSULE	ORAL	05/06/2022	0.18615
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-10 MG	CAPSULE	ORAL	05/06/2022	0.10621
AMLODIPINE BESYLATE/BENAZEPRIL	2.5MG-10MG	CAPSULE	ORAL	05/06/2022	0.20958
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-20MG	CAPSULE	ORAL	09/08/2022	0.24723
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-40 MG	CAPSULE	ORAL	05/06/2022	0.22485
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-40MG	CAPSULE	ORAL	10/19/2021	0.23000
AMLODIPINE BESYLATE/VALSARTAN	5 MG-160MG	TABLET	ORAL	10/19/2021	0.66000
AMLODIPINE BESYLATE/VALSARTAN	10MG-160MG	TABLET	ORAL	07/21/2022	0.82231
AMLODIPINE BESYLATE/VALSARTAN	5 MG-320MG	TABLET	ORAL	07/06/2022	0.08362
AMLODIPINE BESYLATE/VALSARTAN	10MG-320MG	TABLET	ORAL	05/06/2022	0.94872
AMLODIPINE/ATORVASTATIN	5 MG-10 MG	TABLET	ORAL	06/16/2022	2.26951

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AMLODIPINE/ATORVASTATIN	5 MG-20 MG	TABLET	ORAL	06/16/2022	2.65141
AMLODIPINE/ATORVASTATIN	5 MG-40 MG	TABLET	ORAL	07/21/2022	2.65141
AMLODIPINE/ATORVASTATIN	5 MG-80 MG	TABLET	ORAL	09/08/2022	4.49636
AMLODIPINE/ATORVASTATIN	10 MG-10MG	TABLET	ORAL	09/08/2022	2.69148
AMLODIPINE/ATORVASTATIN	10 MG-20MG	TABLET	ORAL	06/16/2022	2.65141
AMLODIPINE/ATORVASTATIN	10 MG-40MG	TABLET	ORAL	10/19/2021	3.49000
AMLODIPINE/ATORVASTATIN	10 MG-80MG	TABLET	ORAL	09/08/2022	4.02908
AMLODIPINE/ATORVASTATIN	2.5MG-10MG	TABLET	ORAL	08/04/2022	5.18364
AMLODIPINE/ATORVASTATIN	2.5MG-20MG	TABLET	ORAL	03/29/2022	5.95079
AMMONIA	15 % (W/V)	AMPUL	INHALATION	05/06/2022	0.18023
AMMONIUM LACTATE	12 %	CREAM (G)	TOPICAL	05/26/2022	0.09246
AMMONIUM LACTATE	12 %	LOTION	TOPICAL	06/30/2022	0.09410
AMOXICILLIN	250 MG	CAPSULE	ORAL	05/06/2022	0.06285
AMOXICILLIN	500 MG	CAPSULE	ORAL	08/04/2022	0.09321
AMOXICILLIN	125 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.02318
AMOXICILLIN	250 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.02180
AMOXICILLIN	400 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.02519
AMOXICILLIN	200 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.03395
AMOXICILLIN	500 MG	TABLET	ORAL	09/08/2022	0.22257
AMOXICILLIN	875 MG	TABLET	ORAL	08/11/2022	0.16750
AMOXICILLIN/POTASSIUM CLAV	125-31.25/	SUSP RECON	ORAL	05/06/2022	6.57703

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AMOXICILLIN/POTASSIUM CLAV	250-62.5/5	SUSP RECON	ORAL	05/06/2022	0.46739
AMOXICILLIN/POTASSIUM CLAV	400-57MG/5	SUSP RECON	ORAL	09/01/2022	0.14061
AMOXICILLIN/POTASSIUM CLAV	200-28.5/5	SUSP RECON	ORAL	09/08/2022	0.12096
AMOXICILLIN/POTASSIUM CLAV	600-42.9/5	SUSP RECON	ORAL	05/06/2022	0.09058
AMOXICILLIN/POTASSIUM CLAV	250-125 MG	TABLET	ORAL	05/06/2022	2.82876
AMOXICILLIN/POTASSIUM CLAV	500-125 MG	TABLET	ORAL	05/06/2022	0.46900
AMOXICILLIN/POTASSIUM CLAV	875-125 MG	TABLET	ORAL	08/04/2022	0.38069
AMOXICILLIN/POTASSIUM CLAV	1000-62.5	TAB ER 12H	ORAL	05/06/2022	4.42294
AMPHETAMINE SULFATE	10 MG	TABLET	ORAL	08/25/2022	5.46824
AMPHETAMINE SULFATE	5 MG	TABLET	ORAL	05/06/2022	1.02523
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	07/14/2022	2.92182
AMPICILLIN SODIUM	250 MG	VIAL	INJECTION	05/06/2022	0.82410
AMPICILLIN SODIUM	500 MG	VIAL	INJECTION	09/01/2022	1.40030
AMPICILLIN SODIUM/SULBACTAM NA	1.5 G	VIAL	INJECTION	08/06/2019	2.52322
AMPICILLIN SODIUM/SULBACTAM NA	3 G	VIAL	INJECTION	05/26/2022	4.51440
AMPICILLIN SODIUM/SULBACTAM NA	15 G	VIAL	INJECTION	05/06/2022	25.21050
ANAGRELIDE HCL	0.5 MG	CAPSULE	ORAL	05/06/2022	1.71426
ANAGRELIDE HCL	1 MG	CAPSULE	ORAL	11/09/2021	3.48005
ANASTROZOLE	1 MG	TABLET	ORAL	07/14/2022	0.18179

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ANISE OIL		OIL	MISCELL	05/06/2022	0.18733
APOMORPHINE HCL	10 MG/ML	CARTRIDGE	SUBCUT	05/06/2022	178.95304
APRACLONIDINE HCL	0.5 %	DROPS	OPHTHALMIC	05/06/2022	11.03960
APREPITANT	80 MG	CAPSULE	ORAL	09/08/2022	144.70950
APREPITANT	125 MG	CAPSULE	ORAL	10/26/2021	163.17316
APREPITANT	40 MG	CAPSULE	ORAL	10/19/2021	65.97000
APREPITANT	125MG-80MG	CAP DS PK	ORAL	05/06/2022	135.63825
ARFORMOTEROL TARTRATE	15MCG/2ML	VIAL-NEB	INHALATION	07/07/2022	2.38743
ARGATROBAN	100 MG/ML	VIAL	INTRAVEN	08/03/2021	103.00908
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	09/01/2022	0.24013
ARIPIRAZOLE	1 MG/ML	SOLUTION	ORAL	07/21/2022	1.73414
ARIPIRAZOLE	10 MG	TABLET	ORAL	06/09/2022	0.11457
ARIPIRAZOLE	15 MG	TABLET	ORAL	06/09/2022	0.13087
ARIPIRAZOLE	20 MG	TABLET	ORAL	08/17/2021	0.16040
ARIPIRAZOLE	30 MG	TABLET	ORAL	06/09/2022	0.18331
ARIPIRAZOLE	5 MG	TABLET	ORAL	08/11/2022	0.09166
ARIPIRAZOLE	2 MG	TABLET	ORAL	06/09/2022	0.08249
ARMODAFINIL	150 MG	TABLET	ORAL	05/06/2022	1.45837

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ARMODAFINIL	50 MG	TABLET	ORAL	05/06/2022	0.49133
ARMODAFINIL	250 MG	TABLET	ORAL	10/19/2021	1.47400
ARMODAFINIL	200 MG	TABLET	ORAL	05/26/2022	1.69465
ARSENIC TRIOXIDE	10 MG/10ML	VIAL	INTRAVEN	05/06/2022	9.53604
ASCORBATE CALCIUM/BIOFLAVONOID	500-200 MG	TABLET	ORAL	05/06/2022	0.13501
ASCORBIC ACID	500 MG	CAPSULE ER	ORAL	09/08/2022	0.05427
ASCORBIC ACID	1000 MG	TABLET	ORAL	05/26/2022	0.06091
ASCORBIC ACID	250 MG	TABLET	ORAL	05/06/2022	0.02265
ASCORBIC ACID	500 MG	TABLET	ORAL	05/06/2022	0.02097
ASCORBIC ACID	250 MG	TAB CHEW	ORAL	05/06/2022	0.05936
ASCORBIC ACID	500 MG	TAB CHEW	ORAL	05/06/2022	0.03374
ASCORBIC ACID	125 MG	TAB CHEW	ORAL	08/11/2022	0.13785
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
ASENAPINE MALEATE	5 MG	TAB SUBL	SUBLINGUAL	12/28/2021	4.03986
ASENAPINE MALEATE	2.5 MG	TAB SUBL	SUBLINGUAL	05/06/2022	5.67351
ASPIRIN	325 MG	TABLET	ORAL	05/06/2022	0.01387
ASPIRIN	81 MG	TAB CHEW	ORAL	05/06/2022	0.03071

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ASPIRIN	325 MG	TABLET DR	ORAL	05/06/2022	0.02191
ASPIRIN	81 MG	TABLET DR	ORAL	06/16/2022	0.01424
ASPIRIN/ACETAMINOPHEN/CAFFEINE	227-194-33	TABLET	ORAL	05/06/2022	0.08194
ASPIRIN/ACETAMINOPHEN/CAFFEINE	250-250-65	TABLET	ORAL	05/06/2022	0.02864
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	07/21/2022	0.99986
ATAZANAVIR SULFATE	150 MG	CAPSULE	ORAL	05/19/2022	3.72438
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	07/21/2022	0.04181
ATENOLOL	50 MG	TABLET	ORAL	07/27/2022	0.02916
ATENOLOL	25 MG	TABLET	ORAL	05/06/2022	0.02610
ATENOLOL/CHLORTHALIDONE	100MG-25MG	TABLET	ORAL	05/06/2022	0.67670
ATENOLOL/CHLORTHALIDONE	50 MG-25MG	TABLET	ORAL	01/06/2022	0.44448
ATOMOXETINE HCL	10 MG	CAPSULE	ORAL	05/06/2022	0.89289
ATOMOXETINE HCL	18 MG	CAPSULE	ORAL	05/06/2022	0.72092
ATOMOXETINE HCL	25 MG	CAPSULE	ORAL	05/06/2022	0.99026
ATOMOXETINE HCL	40 MG	CAPSULE	ORAL	05/06/2022	0.81963
ATOMOXETINE HCL	60 MG	CAPSULE	ORAL	05/06/2022	0.81963
ATOMOXETINE HCL	80 MG	CAPSULE	ORAL	05/06/2022	0.94336

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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
ATORVASTATIN CALCIUM	10 MG	TABLET	ORAL	09/08/2022	0.02325
ATORVASTATIN CALCIUM	20 MG	TABLET	ORAL	09/08/2022	0.03366
ATORVASTATIN CALCIUM	40 MG	TABLET	ORAL	09/08/2022	0.05481
ATORVASTATIN CALCIUM	80 MG	TABLET	ORAL	09/08/2022	0.10658
ATOVAQUONE	750 MG/5ML	ORAL SUSP	ORAL	05/19/2022	1.69000
ATOVAQUONE/PROGUANIL HCL	62.5-25 MG	TABLET	ORAL	09/08/2022	1.92839
ATOVAQUONE/PROGUANIL HCL	250-100 MG	TABLET	ORAL	05/06/2022	3.35555
ATRACURIUM BESYLATE	10 MG/ML	VIAL	INTRAVEN	05/06/2022	1.20426
ATROPINE SULFATE	0.1 MG/ML	SYRINGE	INJECTION	06/27/2022	1.28104
ATROPINE SULFATE	0.4 MG/ML	VIAL	INJECTION	08/18/2022	2.21924
ATROPINE SULFATE	1 %	DROPS	OPHTHALMIC	09/01/2022	10.48800
AZACITIDINE	100 MG	VIAL	INJECTION	09/01/2022	37.97625
AZATHIOPRINE	50 MG	TABLET	ORAL	09/08/2022	0.29386
AZATHIOPRINE	75 MG	TABLET	ORAL	05/06/2022	17.22126
AZATHIOPRINE	100 MG	TABLET	ORAL	05/06/2022	6.98970
AZELAIC ACID	15 %	GEL (GRAM)	TOPICAL	06/30/2022	1.22128
AZELASTINE HCL	0.05 %	DROPS	OPHTHALMIC	05/06/2022	1.21047
AZELASTINE HCL	137 MCG	SPRAY/PUMP	NASAL	09/08/2022	0.42165
AZELASTINE/FLUTICASONE	137-50 MCG	SPRAY/PUMP	NASAL	07/14/2022	4.97525
AZITHROMYCIN	200 MG/5ML	SUSP RECON	ORAL	08/11/2022	0.33209
AZITHROMYCIN	100 MG/5ML	SUSP RECON	ORAL	08/11/2022	0.71556

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
AZITHROMYCIN	1 G	PACKET	ORAL	10/26/2021	15.29325
AZITHROMYCIN	500 MG	TABLET	ORAL	07/21/2022	0.68340
AZITHROMYCIN	250 MG	TABLET	ORAL	06/16/2022	0.32383
AZITHROMYCIN	600 MG	TABLET	ORAL	08/01/2022	1.62000
AZITHROMYCIN	500 MG	VIAL	INTRAVEN	05/06/2022	3.76200
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	05/06/2022	0.05856
B12/LEVOMEFOLATE CALCIUM/B-6	2-1.13-25	TABLET	ORAL	05/06/2022	1.13647
BACILLUS COAGULANS/B. SUBTILIS	1B CELL	TAB CHEW	ORAL	05/06/2022	0.28726
BACILLUS COAGULANS/INULIN	1B-250 MG	CAPSULE	ORAL	08/04/2022	0.40240
BACITRACIN	500 UNIT/G	OINT. (G)	TOPICAL	05/06/2022	0.16986
BACITRACIN	500 UNIT/G	PACKET	TOPICAL	05/06/2022	0.15494
BACITRACIN	50000 UNIT	VIAL	INTRAMUSC	05/06/2022	6.23761
BACITRACIN ZINC	500 UNIT/G	OINT PACK	TOPICAL	08/18/2022	0.04652
BACITRACIN ZINC	500 UNIT/G	OINT. (G)	TOPICAL	08/11/2022	0.03350
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

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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
BACLOFEN	10 MG	TABLET	ORAL	07/27/2022	0.05923
BACLOFEN	20 MG	TABLET	ORAL	06/16/2022	0.09648
BACLOFEN	5 MG	TABLET	ORAL	08/11/2022	0.83723
BACLOFEN	50 MCG/ML	SYRINGE	INTRATHEC	03/08/2022	91.02000
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	10/18/2021	17.67150
BACTERIOSTATIC SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	05/26/2022	0.08587
BALANCED SALT IRRIG SOLN NO.2		IRRIG SOLN	INTRAOCULR	05/06/2022	0.09131
BALSALAZIDE DISODIUM	750 MG	CAPSULE	ORAL	05/06/2022	0.71968
BEESWAX	100 %	WAX	MISCELL	05/06/2022	0.21693
BENAZEPRIL HCL	5 MG	TABLET	ORAL	07/21/2022	0.07718
BENAZEPRIL HCL	10 MG	TABLET	ORAL	06/30/2022	0.08549
BENAZEPRIL HCL	20 MG	TABLET	ORAL	07/27/2022	0.09192
BENAZEPRIL HCL	40 MG	TABLET	ORAL	05/06/2022	0.11071
BENAZEPRIL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	ORAL	05/06/2022	1.38516
BENAZEPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	ORAL	05/06/2022	1.13900
BENAZEPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	06/16/2022	0.56186
BENAZEPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	05/06/2022	1.13900
BENTONITE		POWDER	MISCELL	05/06/2022	0.16080
BENZALKONIUM CHLORIDE	0.13 %	FOAM (ML)	TOPICAL	05/06/2022	0.07291



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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BENZALKONIUM CHLORIDE	0.13 %	SOLUTION	TOPICAL	05/06/2022	0.07063
BENZALKONIUM CHLORIDE	0.13 %	LOTION	TOPICAL	05/06/2022	0.03589
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	05/06/2022	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/BENZETHON CL	20 %-0.2 %	AEROSOL	TOPICAL	05/06/2022	0.07672
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	07/27/2022	0.19207
BENZOIN		TINCTURE	TOPICAL	05/06/2022	0.17588
BENZONATATE	100 MG	CAPSULE	ORAL	08/18/2022	0.10096
BENZONATATE	200 MG	CAPSULE	ORAL	08/18/2022	0.17372
BENZONATATE	150 MG	CAPSULE	ORAL	05/06/2022	0.23169
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	05/06/2022	0.11561
BENZOYL PEROXIDE	2.5 %	GEL (GRAM)	TOPICAL	05/06/2022	0.28006
BENZOYL PEROXIDE	5 %	GEL (GRAM)	TOPICAL	05/06/2022	0.12652
BENZOYL PEROXIDE	10 %	CLEANSER	TOPICAL	06/09/2022	0.04975

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BENZOYL PEROXIDE	5 %	CLEANSER	TOPICAL	06/09/2022	0.05310
BENZOYL PEROXIDE	7 %	CLEANSER	TOPICAL	05/06/2022	0.26655
BENZOYL PEROXIDE	6 %	TOWELETTE	TOPICAL	05/06/2022	6.18765
BENZOYL PEROXIDE	9.5 %	TOWELETTE	TOPICAL	12/15/2021	8.55000
BENZPHETAMINE HCL	50 MG	TABLET	ORAL	08/11/2022	0.49669
BENZTROPINE MESYLATE	0.5 MG	TABLET	ORAL	08/04/2022	0.12627
BENZTROPINE MESYLATE	1 MG	TABLET	ORAL	07/27/2022	0.11709
BENZTROPINE MESYLATE	2 MG	TABLET	ORAL	09/08/2022	0.11214
BENZTROPINE MESYLATE	2 MG/2 ML	AMPUL	INJECTION	07/20/2021	27.67500
BENZTROPINE MESYLATE	2 MG/2 ML	VIAL	INJECTION	05/06/2022	23.62500
BEPOTASTINE BESILATE	1.5 %	DROPS	OPHTHALMIC	10/26/2021	26.17178
BETA-CAROTENE	25000 UNIT	CAPSULE	ORAL	06/30/2022	0.03290
BETAMETHASONE ACETATE,SOD PHOS	6 MG/ML	VIAL	INJECTION	05/19/2022	8.52720
BETAMETHASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	05/26/2022	0.89452
BETAMETHASONE DIPROPIONATE	0.05 %	OINT. (G)	TOPICAL	07/27/2022	1.46983
BETAMETHASONE DIPROPIONATE	0.05 %	LOTION	TOPICAL	05/06/2022	0.66665
BETAMETHASONE VALERATE	0.12 %	FOAM	TOPICAL	05/06/2022	1.37136
BETAMETHASONE VALERATE	0.1 %	CREAM (G)	TOPICAL	08/04/2022	0.78584
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	07/21/2022	0.15705

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BETAMETHASONE/PROPYLENE GLYC	0.05 %	OINT. (G)	TOPICAL	05/06/2022	0.97096
BETAMETHASONE/PROPYLENE GLYC	0.05 %	LOTION	TOPICAL	06/30/2022	0.47391
BETAXOLOL HCL	10 MG	TABLET	ORAL	05/06/2022	0.95475
BETAXOLOL HCL	20 MG	TABLET	ORAL	07/14/2022	1.31119
BETAXOLOL HCL	0.5 %	DROPS	OPHTHALMIC	05/06/2022	11.44825
BETHANECHOL CHLORIDE	10 MG	TABLET	ORAL	08/04/2022	0.31932
BETHANECHOL CHLORIDE	25 MG	TABLET	ORAL	07/27/2022	0.35925
BETHANECHOL CHLORIDE	5 MG	TABLET	ORAL	07/27/2022	0.21279
BEXAROTENE	75 MG	CAPSULE	ORAL	08/04/2022	18.19997
BEXAROTENE	1 %	GEL (GRAM)	TOPICAL	06/07/2022	418.13645
BICALUTAMIDE	50 MG	TABLET	ORAL	05/06/2022	0.25661
BIMATOPROST	0.03 %	DROP W/APP	TOPICAL	05/06/2022	29.92590
BIMATOPROST	0.03 %	DROPS	OPHTHALMIC	05/06/2022	17.46570
BIOFLAV,LEMON/VIT BCOMP,C	200-100 MG	TABLET	ORAL	05/06/2022	0.22341
BIOTIN	10000 MCG	CAPSULE	ORAL	09/08/2022	0.20087
BIOTIN	5 MG	CAPSULE	ORAL	09/08/2022	0.12496
BIOTIN	2500 MCG	CAPSULE	ORAL	05/06/2022	0.09986
BIOTIN	10 MG	TABLET	ORAL	05/06/2022	0.22747
BIOTIN	1 MG	TABLET	ORAL	05/06/2022	0.06980
BIOTIN	5 MG	TABLET	ORAL	09/08/2022	0.12272
BISACODYL	5 MG	TABLET DR	ORAL	08/11/2022	0.00813

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BISACODYL	10 MG	SUPP.RECT	RECTAL	05/06/2022	0.09726
BISMUTH SUBSALICYLATE	262MG/15ML	ORAL SUSP	ORAL	04/13/2021	0.00994
BISMUTH SUBSALICYLATE	525MG/15ML	ORAL SUSP	ORAL	08/12/2022	0.00894
BISMUTH SUBSALICYLATE	262 MG	TABLET	ORAL	07/27/2022	0.19668
BISMUTH SUBSALICYLATE	262 MG	TAB CHEW	ORAL	05/26/2022	0.10095
BISOPROLOL FUMARATE	10 MG	TABLET	ORAL	06/02/2022	0.63203
BISOPROLOL FUMARATE	5 MG	TABLET	ORAL	06/02/2022	0.58781
BISOPROLOL/HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	ORAL	06/02/2022	0.33584
BISOPROLOL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	ORAL	06/02/2022	0.33584
BISOPROLOL/HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	ORAL	09/01/2022	0.31426
BIVALIRUDIN	250 MG	VIAL	INTRAVEN	05/06/2022	80.82125
BLEOMYCIN SULFATE	15 UNIT	VIAL	INJECTION	10/26/2021	21.73500
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	09/08/2022	22.90050
BOSENTAN	125 MG	TABLET	ORAL	05/06/2022	188.77118
BOSENTAN	62.5 MG	TABLET	ORAL	05/06/2022	188.77118
BRIMONIDINE TARTRATE	0.2 %	DROPS	OPHTHALMIC	07/21/2022	1.36144

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BRIMONIDINE TARTRATE	0.15 %	DROPS	OPHTHALMIC	06/30/2022	18.78310
BRIMONIDINE TARTRATE/TIMOLOL	0.2%-0.5%	DROPS	OPHTHALMIC	07/07/2022	25.82078
BRINZOLAMIDE	1 %	DROPS SUSP	OPHTHALMIC	08/11/2022	25.33440
BROMFENAC SODIUM	0.09 %	DROPS	OPHTHALMIC	10/18/2021	58.93750
BROMOCRIPTINE MESYLATE	2.5 MG	TABLET	ORAL	07/21/2022	2.13417
BROMPHENIRAM/PHENYLEPHRINE/DM	1-2.5-5/5	SOLUTION	ORAL	05/06/2022	0.04411
BROMPHENIRAM/PHENYLEPHRINE/DM	2-5-10MG/5	LIQUID	ORAL	05/06/2022	0.05349
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	05/12/2022	0.08249
BUDESONIDE	3 MG	CAPDR - ER	ORAL	09/08/2022	0.75348
BUDESONIDE	9 MG	TABDR - ER	ORAL	08/01/2022	33.54260
BUDESONIDE	32 MCG	SPRAY/PUMP	NASAL	05/06/2022	1.82743
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	0.5 MG/2ML	AMPUL-NEB	INHALATION	05/06/2022	0.86430
BUDESONIDE/FORMOTEROL FUMARATE	80-4.5 MCG	HFA AER AD	INHALATION	05/19/2022	32.46321
BUMETANIDE	0.5 MG	TABLET	ORAL	05/06/2022	0.43858
BUMETANIDE	1 MG	TABLET	ORAL	05/06/2022	0.41527
BUMETANIDE	2 MG	TABLET	ORAL	05/06/2022	0.51845
BUMETANIDE	0.25 MG/ML	VIAL	INJECTION	06/09/2022	0.41500

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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
BUPIVACAINE HCL	2.5 MG/ML	VIAL	INJECTION	05/26/2022	0.09350
BUPIVACAINE HCL	5 MG/ML	VIAL	INJECTION	05/26/2022	0.07385
BUPIVACAINE HCL IN DEXTROSE/PF	0.75 %	AMPUL	INJECTION	08/11/2022	1.85992
BUPIVACAINE HCL/EPINEPHRINE	0.25-.0005	VIAL	INJECTION	05/06/2022	0.36528
BUPIVACAINE HCL/EPINEPHRINE	0.5-1:200K	VIAL	INJECTION	06/30/2022	0.29212
BUPIVACAINE HCL/EPINEPHRINE/PF	0.25-.0005	VIAL	INJECTION	06/30/2022	0.53868
BUPIVACAINE HCL/EPINEPHRINE/PF	0.5-1:200K	VIAL	INJECTION	05/06/2022	0.27291
BUPIVACAINE HCL/PF	2.5 MG/ML	AMPUL	INJECTION	05/06/2022	0.80078
BUPIVACAINE HCL/PF	5 MG/ML	AMPUL	INJECTION	05/06/2022	0.87288
BUPIVACAINE HCL/PF	7.5 MG/ML	AMPUL	INJECTION	05/06/2022	0.16231
BUPIVACAINE HCL/PF	2.5 MG/ML	VIAL	INJECTION	07/07/2022	0.08937
BUPIVACAINE HCL/PF	5 MG/ML	VIAL	INJECTION	07/07/2022	0.08585
BUPIVACAINE HCL/PF	7.5 MG/ML	VIAL	INJECTION	08/11/2022	0.15428
BUPRENORPHINE	5 MCG/HR	PATCH TDWK	TRANSDERM	05/06/2022	44.14419
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	05/06/2022	95.52231
BUPRENORPHINE	7.5 MCG/HR	PATCH TDWK	TRANSDERM	03/29/2022	69.53344
BUPRENORPHINE HCL	0.3 MG/ML	VIAL	INJECTION	09/17/2020	15.13208
BUPRENORPHINE HCL	2 MG	TAB SUBL	SUBLINGUAL	08/03/2022	0.78411
BUPRENORPHINE HCL	8 MG	TAB SUBL	SUBLINGUAL	02/11/2020	1.18472

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	FILM	SUBLINGUAL	05/06/2022	2.64484
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	FILM	SUBLINGUAL	05/06/2022	3.89400
BUPRENORPHINE HCL/NALOXONE HCL	4MG-1MG	FILM	SUBLINGUAL	05/06/2022	5.01600
BUPRENORPHINE HCL/NALOXONE HCL	12 MG-3 MG	FILM	SUBLINGUAL	08/04/2022	9.44320
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	TAB SUBL	SUBLINGUAL	05/06/2022	1.98677
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	TAB SUBL	SUBLINGUAL	10/04/2021	1.75093
BUPROPION HCL	75 MG	TABLET	ORAL	05/06/2022	0.23678
BUPROPION HCL	100 MG	TABLET	ORAL	05/06/2022	0.21078
BUPROPION HCL	150 MG	TAB ER 24H	ORAL	09/08/2022	0.11211
BUPROPION HCL	300 MG	TAB ER 24H	ORAL	09/08/2022	0.11747
BUPROPION HCL	450 MG	TAB ER 24H	ORAL	05/06/2022	9.35360
BUPROPION HCL	150 MG	TAB ER 12H	ORAL	05/06/2022	0.46632
BUPROPION HCL	150 MG	TAB SR 12H	ORAL	08/11/2022	0.10455
BUPROPION HCL	100 MG	TAB SR 12H	ORAL	05/06/2022	0.10157
BUPROPION HCL	200 MG	TAB SR 12H	ORAL	05/06/2022	0.16911
BUSPIRONE HCL	10 MG	TABLET	ORAL	07/07/2022	0.03538
BUSPIRONE HCL	5 MG	TABLET	ORAL	07/07/2022	0.02736
BUSPIRONE HCL	15 MG	TABLET	ORAL	09/08/2022	0.04569
BUSPIRONE HCL	30 MG	TABLET	ORAL	07/14/2022	0.19698
BUSPIRONE HCL	7.5 MG	TABLET	ORAL	08/25/2022	0.26224
BUSULFAN	60 MG/10ML	VIAL	INTRAVEN	10/26/2021	7.42500

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	CAPSULE	ORAL	07/21/2022	5.55917
BUTALB/ACETAMINOPHEN/CAFFEINE	50-300-40	CAPSULE	ORAL	05/06/2022	1.25585
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	TABLET	ORAL	09/01/2022	0.26907
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	05/06/2022	1.30610
BUTALBITAL/ACETAMINOPHEN	50MG-300MG	TABLET	ORAL	05/06/2022	8.72988
BUTALBITAL/ACETAMINOPHEN	25MG-325MG	TABLET	ORAL	05/06/2022	8.65620
BUTALBITAL/ASPIRIN/CAFFEINE	50-325-40	CAPSULE	ORAL	07/14/2022	1.37350
BUTENAFINE HCL	1 %	CREAM (G)	TOPICAL	05/06/2022	0.45403
BUTORPHANOL TARTRATE	1 MG/ML	VIAL	INJECTION	05/06/2022	5.66039
BUTORPHANOL TARTRATE	2 MG/ML	VIAL	INJECTION	05/06/2022	4.13820
BUTYLATED HYDROXYTOLUENE		GRANULES	MISCELL	05/06/2022	0.61142
CABERGOLINE	0.5 MG	TABLET	ORAL	07/07/2022	3.95010
CAFFEINE	200 MG	TABLET	ORAL	08/11/2022	0.07328
CAFFEINE CITRATE	60 MG/3 ML	SOLUTION	ORAL	05/06/2022	6.33307
CAFFEINE CITRATE	60 MG/3 ML	VIAL	INTRAVEN	10/19/2021	2.71000
CALAMINE/ZINC OXIDE	8 %-8 %	LOTION	TOPICAL	10/04/2021	0.00791
CALCIPOTRIENE	0.005 %	CREAM (G)	TOPICAL	05/06/2022	1.06709
CALCIPOTRIENE	0.005 %	OINT. (G)	TOPICAL	05/26/2022	3.03952



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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CALCIPOTRIENE	0.005 %	SOLUTION	TOPICAL	05/06/2022	2.62372
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION	TOPICAL	07/27/2022	5.75437
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)	TOPICAL	05/06/2022	5.09055
CALCITONIN,SALMON,SYNTHETIC	200/ML	VIAL	INJECTION	08/11/2022	590.40000
CALCITRIOL	0.25 MCG	CAPSULE	ORAL	09/08/2022	0.22954
CALCITRIOL	0.5 MCG	CAPSULE	ORAL	09/08/2022	0.40656
CALCITRIOL	1 MCG/ML	AMPUL	INTRAVEN	06/11/2019	7.22694
CALCIUM ACETATE	667 MG	TABLET	ORAL	05/06/2022	0.16047
CALCIUM ACETATE/ALUMINUM SULF	952-1347MG	POWD PACK	TOPICAL	05/06/2022	0.81517
CALCIUM CARBONATE	500 MG/5ML	ORAL SUSP	ORAL	08/25/2022	0.02568
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	02/19/2019	0.04891
CALCIUM CARBONATE	200(500)MG	TAB CHEW	ORAL	05/06/2022	0.01242
CALCIUM CARBONATE	300MG(750)	TAB CHEW	ORAL	09/01/2022	0.02443
CALCIUM CARBONATE/VITAMIN D3	600MG-5MCG	CAPSULE	ORAL	09/08/2022	0.08699
CALCIUM CARBONATE/VITAMIN D3	600 MG-10	CAPSULE	ORAL	05/06/2022	0.15825
CALCIUM CARBONATE/VITAMIN D3	600MG-12.5	CAPSULE	ORAL	05/06/2022	0.11010
CALCIUM CARBONATE/VITAMIN D3	600MG-5MCG	TABLET	ORAL	05/06/2022	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	05/06/2022	0.05003

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CALCIUM CARBONATE/VITAMIN D3	600 MG-10	TABLET	ORAL	09/08/2022	0.02792
CALCIUM CARBONATE/VITAMIN D3	500MG-5MCG	TABLET	ORAL	08/04/2022	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	05/06/2022	0.02196
CALCIUM CARBONATE/VITAMIN D3	500 MG-10	TAB CHEW	ORAL	05/06/2022	0.06640
CALCIUM CHLORIDE	100 MG/ML	SYRINGE	INTRAVEN	05/26/2022	1.51407
CALCIUM CHLORIDE	100 MG/ML	VIAL	INTRAVEN	05/06/2022	0.94839
CALCIUM CITRATE	200(950)MG	TABLET	ORAL	05/06/2022	0.02412
CALCIUM CITRATE	250 MG	TABLET	ORAL	05/06/2022	0.05333
CALCIUM CITRATE/VITAMIN D3	315MG-5MCG	TABLET	ORAL	05/06/2022	0.05025
CALCIUM CITRATE/VITAMIN D3	315MG-6.25	TABLET	ORAL	05/06/2022	0.02514
CALCIUM CITRATE/VITAMIN D3	200MG-6.25	TABLET	ORAL	05/26/2022	0.06439
CALCIUM POLYCARBOPHIL	625 MG	TABLET	ORAL	05/06/2022	0.05785
CALCIUM/MAGNESIUM/ZINC	333-133-5	TABLET	ORAL	05/06/2022	0.07129
CAMPHOR/PHENOL	10.8-4.7%	GEL (GRAM)	TOPICAL	05/06/2022	0.33452
CAMPHOR/PHENOL	10.8-4.7%	SOLUTION	TOPICAL	05/06/2022	0.16489
CANDESARTAN CILEXETIL	4 MG	TABLET	ORAL	09/08/2022	1.37112
CANDESARTAN CILEXETIL	8 MG	TABLET	ORAL	09/08/2022	1.08317
CANDESARTAN CILEXETIL	16 MG	TABLET	ORAL	09/08/2022	1.11548
CANDESARTAN CILEXETIL	32 MG	TABLET	ORAL	09/08/2022	1.83491
CANDESARTAN/HYDROCHLOROTHIAZID	16-12.5MG	TABLET	ORAL	05/06/2022	4.48609

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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
CANDESARTAN/HYDROCHLOROTHIAZID	32-12.5MG	TABLET	ORAL	05/06/2022	4.57527
CANDESARTAN/HYDROCHLOROTHIAZID	32MG-25MG	TABLET	ORAL	05/06/2022	4.95249
CAPECITABINE	150 MG	TABLET	ORAL	07/21/2022	0.44153
CAPECITABINE	500 MG	TABLET	ORAL	09/08/2022	0.64934
CAPSAICIN	0.025 %	CREAM (G)	TOPICAL	10/08/2019	0.74800
CAPSAICIN	0.075 %	CREAM (G)	TOPICAL	05/06/2022	3.49800
CAPSAICIN	0.1 %	CREAM (G)	TOPICAL	05/06/2022	0.30686
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
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	05/12/2022	2.16584
CAPTOPRIL	12.5 MG	TABLET	ORAL	05/06/2022	0.72132
CAPTOPRIL	25 MG	TABLET	ORAL	07/07/2022	0.69881
CAPTOPRIL	50 MG	TABLET	ORAL	08/18/2022	0.89753
CARBAMAZEPINE	200 MG	CPMP 12HR	ORAL	05/06/2022	1.40309
CARBAMAZEPINE	300 MG	CPMP 12HR	ORAL	05/06/2022	1.40309
CARBAMAZEPINE	100 MG	CPMP 12HR	ORAL	05/06/2022	1.40309
CARBAMAZEPINE	100 MG/5ML	ORAL SUSP	ORAL	05/06/2022	0.15529

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CARBAMAZEPINE	200 MG	TABLET	ORAL	07/27/2022	0.18753
CARBAMAZEPINE	100 MG	TAB CHEW	ORAL	06/23/2022	0.41580
CARBAMAZEPINE	200 MG	TAB ER 12H	ORAL	05/06/2022	1.12573
CARBAMAZEPINE	400 MG	TAB ER 12H	ORAL	05/06/2022	2.48195
CARBAMAZEPINE	100 MG	TAB ER 12H	ORAL	05/06/2022	0.82651
CARBAMIDE PEROXIDE	6.5 %	DROPS	OTIC (EAR)	09/01/2022	0.09648
CARBIDOPA	25 MG	TABLET	ORAL	09/08/2022	1.13900
CARBIDOPA/LEVODOPA	10MG-100MG	TABLET	ORAL	07/21/2022	0.11377
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET	ORAL	07/07/2022	0.11370
CARBIDOPA/LEVODOPA	25MG-250MG	TABLET	ORAL	05/06/2022	0.14727
CARBIDOPA/LEVODOPA	50MG-200MG	TABLET ER	ORAL	05/06/2022	0.36488
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET ER	ORAL	05/06/2022	0.48334
CARBIDOPA/LEVODOPA	10MG-100MG	TAB RAPDIS	ORAL	05/06/2022	0.81392
CARBIDOPA/LEVODOPA	25MG-100MG	TAB RAPDIS	ORAL	05/06/2022	0.91911
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	07/05/2018	1.72900
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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CARBINOXAMINE MALEATE	4 MG	TABLET	ORAL	05/06/2022	0.46592
CARBOMER 934	56% TO 68%	POWDER	MISCELL	07/03/2019	0.63690
CARBOPLATIN	10 MG/ML	VIAL	INTRAVEN	09/08/2022	0.78077
CARBOPROST TROMETHAMINE	250 MCG/ML	AMPUL	INTRAMUSC	08/01/2022	197.54892
CARBOPROST TROMETHAMINE	250 MCG/ML	VIAL	INTRAMUSC	05/06/2022	302.05008
CARBOXYMETHYLCELLULOSE SODIUM	1 %	DRP LQ GEL	OPHTHALMIC	05/06/2022	0.42299
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPERETTE	OPHTHALMIC	09/08/2022	0.22968
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPS	OPHTHALMIC	05/06/2022	0.48543
CARBOXYMETHYLCELLULOSE SODIUM	1 %	DROPS	OPHTHALMIC	05/06/2022	0.21395
CARDIOPLEGIC SOLUTION NO.1	K+=16MEQ/L	PLST BG PR	PERFUSION	05/06/2022	0.07204
CARGLUMIC ACID	200 MG	TAB DISPER	ORAL	05/06/2022	177.25171
CARISOPRODOL	350 MG	TABLET	ORAL	09/08/2022	0.09040
CARISOPRODOL	250 MG	TABLET	ORAL	06/02/2022	2.47297
CARMUSTINE	100 MG	VIAL	INTRAVEN	08/11/2022	535.56250
CARVEDILOL	25 MG	TABLET	ORAL	09/01/2022	0.03567
CARVEDILOL	12.5 MG	TABLET	ORAL	08/25/2022	0.03109
CARVEDILOL	3.125 MG	TABLET	ORAL	07/14/2022	0.02948
CARVEDILOL	6.25 MG	TABLET	ORAL	07/14/2022	0.02653
CARVEDILOL PHOSPHATE	10 MG	CPMP 24HR	ORAL	06/30/2022	6.62263
CARVEDILOL PHOSPHATE	20 MG	CPMP 24HR	ORAL	06/30/2022	6.03250
CARVEDILOL PHOSPHATE	40 MG	CPMP 24HR	ORAL	10/19/2021	6.35000

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CARVEDILOL PHOSPHATE	80 MG	CPMP 24HR	ORAL	09/08/2022	7.37023
CASPOFUNGIN ACETATE	50 MG	VIAL	INTRAVEN	05/06/2022	70.87875
CASPOFUNGIN ACETATE	70 MG	VIAL	INTRAVEN	07/14/2022	68.16250
CASTOR OIL	100 %	OIL	ORAL	05/06/2022	0.04013
CASTOR OIL		OIL	MISCELL	05/06/2022	0.05143
CEFACTOR	250 MG/5ML	SUSP RECON	ORAL	05/06/2022	3.04643
CEFACTOR	375 MG/5ML	SUSP RECON	ORAL	05/06/2022	1.95908
CEFADROXIL	500 MG	CAPSULE	ORAL	09/08/2022	0.29480
CEFADROXIL	250 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.58665
CEFADROXIL	500 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.42264
CEFAZOLIN SODIUM	1 G	VIAL	INJECTION	08/04/2022	0.72360
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	08/25/2022	0.52617
CEFDINIR	125 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.20301
CEFEPIME HCL	1 G	VIAL	INJECTION	09/08/2022	2.07432
CEFEPIME HCL	2 G	VIAL	INJECTION	10/18/2021	6.88067
CEFIXIME	400 MG	CAPSULE	ORAL	05/06/2022	12.93820
CEFIXIME	100 MG/5ML	SUSP RECON	ORAL	09/08/2022	3.19810
CEFIXIME	200 MG/5ML	SUSP RECON	ORAL	05/06/2022	1.92960
CEFOTAXIME SODIUM	1 G	VIAL	INJECTION	02/08/2018	6.37540

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CEFOTAXIME SODIUM	10 G	VIAL	INJECTION	04/10/2018	18.98390
CEFOTAXIME SODIUM	2 G	VIAL	INJECTION	04/10/2018	4.33329
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	05/06/2022	59.55763
CEFOXITIN SODIUM	1 G	VIAL	INTRAVEN	08/25/2022	4.55400
CEFOXITIN SODIUM	2 G	VIAL	INTRAVEN	08/25/2022	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	05/06/2022	6.03441
CEFPODOXIME PROXETIL	200 MG	TABLET	ORAL	05/26/2022	3.65574
CEFPROZIL	125 MG/5ML	SUSP RECON	ORAL	05/26/2022	0.20547
CEFPROZIL	250 MG/5ML	SUSP RECON	ORAL	09/08/2022	0.32374
CEFPROZIL	250 MG	TABLET	ORAL	05/06/2022	0.98450
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	05/06/2022	24.15000
CEFTAZIDIME	1 G	VIAL PORT	INTRAVEN	09/12/2019	6.90677
CEFTAZIDIME	2 G	VIAL PORT	INTRAVEN	09/12/2019	12.67310
CEFTRIAZONE SODIUM	1 G	VIAL	INJECTION	07/21/2022	1.93878

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CEFTRIAXONE SODIUM	10 G	VIAL	INJECTION	07/12/2022	12.76000
CEFTRIAXONE SODIUM	2 G	VIAL	INJECTION	07/21/2022	3.32376
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	05/06/2022	0.31825
CEFUROXIME AXETIL	500 MG	TABLET	ORAL	05/06/2022	0.42411
CEFUROXIME SODIUM	750 MG	VIAL	INJECTION	05/06/2022	2.82150
CEFUROXIME SODIUM	1.5 G	VIAL	INTRAVEN	05/06/2022	5.42925
CEFUROXIME SODIUM	7.5 G	VIAL	INTRAVEN	07/07/2016	19.95000
CELECOXIB	100 MG	CAPSULE	ORAL	09/08/2022	0.13400
CELECOXIB	200 MG	CAPSULE	ORAL	09/08/2022	0.19540
CELECOXIB	400 MG	CAPSULE	ORAL	09/08/2022	0.61015
CELECOXIB	50 MG	CAPSULE	ORAL	07/21/2022	0.13150
CELLULOSE		POWDER	MISCELL	09/08/2022	0.05625
CEPHALEXIN	250 MG	CAPSULE	ORAL	08/11/2022	0.08040
CEPHALEXIN	500 MG	CAPSULE	ORAL	06/30/2022	0.12395
CEPHALEXIN	125 MG/5ML	SUSP RECON	ORAL	05/06/2022	0.11738
CEPHALEXIN	250 MG/5ML	SUSP RECON	ORAL	06/16/2022	0.17152
CETIRIZINE HCL	10 MG	CAPSULE	ORAL	05/06/2022	0.37788
CETIRIZINE HCL	1 MG/ML	SOLUTION	ORAL	09/08/2022	0.04377
CETIRIZINE HCL	10 MG	TABLET	ORAL	09/08/2022	0.04020

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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
CETIRIZINE HCL	5 MG	TABLET	ORAL	08/11/2022	0.08911
CETIRIZINE HCL	5 MG	TAB CHEW	ORAL	12/21/2021	1.81079
CETIRIZINE HCL	10 MG	TAB CHEW	ORAL	05/06/2022	2.67977
CETIRIZINE HCL/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	09/08/2022	0.74258
CETYL ALC/STEARYL ALC/PG/SLS		CREAM (G)	TOPICAL	05/06/2022	0.03596
CETYL ALCOHOL/STEARYL ALCOHOL		LOTION	TOPICAL	05/06/2022	0.03303
CHARCOAL/SORBITOL SOLUTION	25 G/120ML	ORAL SUSP	ORAL	05/06/2022	0.15756
CHARCOAL/SORBITOL SOLUTION	50G/240ML	ORAL SUSP	ORAL	05/06/2022	0.11167
CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	ORAL	05/06/2022	0.31383
CHLORDIAZEPOXIDE/CLIDINIUM BR	5 MG-2.5MG	CAPSULE	ORAL	07/07/2022	1.40244
CHLORHEXIDINE GLUCONATE	0.12 %	MOUTHWASH	MUCOUS MEM	09/08/2022	0.01251
CHLORHEXIDINE GLUCONATE	4 %	LIQUID	TOPICAL	05/06/2022	0.00087
CHLORHEXIDINE GLUCONATE	2 %	LIQUID	TOPICAL	05/06/2022	0.03937
CHLORHEXIDINE/GLYCERIN/HE-CELL		JELLY (G)	TOPICAL	05/06/2022	0.05561
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
CHLOROTHIAZIDE SODIUM	500 MG	VIAL	INTRAVEN	07/14/2022	30.84840
CHLOROXYLENOL	0.43 %	CLEANSER	TOPICAL	05/06/2022	0.00333
CHLORPHENIRAMINE MALEATE	4 MG	TABLET	ORAL	05/06/2022	0.00635
CHLORPHENIRAMINE/DEXTROMETHORP	2-15MG/5ML	LIQUID	ORAL	05/06/2022	0.08196
CHLORPHENIRAMINE/DEXTROMETHORP	4 MG-30 MG	TABLET	ORAL	06/01/2020	0.11139

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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
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	05/06/2022	0.06302
CHLORPROMAZINE HCL	10 MG	TABLET	ORAL	05/06/2022	1.92451
CHLORPROMAZINE HCL	100 MG	TABLET	ORAL	07/27/2022	2.19479
CHLORPROMAZINE HCL	200 MG	TABLET	ORAL	07/27/2022	5.11276
CHLORPROMAZINE HCL	25 MG	TABLET	ORAL	06/16/2022	1.31695
CHLORPROMAZINE HCL	50 MG	TABLET	ORAL	07/21/2022	1.36060
CHLORPROMAZINE HCL	25 MG/ML	AMPUL	INJECTION	05/06/2022	16.39869
CHLORTHALIDONE	25 MG	TABLET	ORAL	09/01/2022	0.15494
CHLORTHALIDONE	50 MG	TABLET	ORAL	06/30/2022	0.57526
CHLORZOXAZONE	250 MG	TABLET	ORAL	05/06/2022	13.06375
CHLORZOXAZONE	500 MG	TABLET	ORAL	08/25/2022	0.30102
CHLORZOXAZONE	375 MG	TABLET	ORAL	08/25/2022	6.96239
CHLORZOXAZONE	750 MG	TABLET	ORAL	08/11/2022	8.00292
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	CAPSULE	ORAL	06/02/2022	0.03012
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	CAPSULE	ORAL	05/26/2022	0.03095
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	CAPSULE	ORAL	05/06/2022	0.10042
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	CAPSULE	ORAL	05/06/2022	0.18023
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	CAPSULE	ORAL	08/18/2022	0.03345

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CHOLECALCIFEROL (VITAMIN D3)	10(400)/ML	DROPS	ORAL	09/08/2022	0.08656
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	07/14/2022	1.70716
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	TABLET	ORAL	05/06/2022	1.22833
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TABLET	ORAL	06/09/2022	0.01836
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TABLET	ORAL	07/07/2022	0.01672
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	TABLET	ORAL	09/01/2022	0.03591
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	TABLET	ORAL	05/06/2022	0.07601
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TAB CHEW	ORAL	05/06/2022	0.05052
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TAB CHEW	ORAL	06/30/2022	0.06968
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	TAB CHEW	ORAL	08/04/2022	0.10050
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWD PACK	ORAL	06/16/2022	1.27858
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWDER	ORAL	09/08/2022	0.21057
CHOLESTYRAMINE/ASPARTAME	4 G	POWD PACK	ORAL	08/11/2022	1.70895
CHOLESTYRAMINE/ASPARTAME	4 G	POWDER	ORAL	05/06/2022	0.21462
CHORIONIC GONADOTROPIN, HUMAN	10000 UNIT	VIAL	INTRAMUSC	08/01/2022	256.25465
CHROMIC CHLORIDE	4 MCG/ML	VIAL	INTRAVEN	01/13/2014	0.22282
CHROMIUM PICOLINATE	200 MCG	TABLET	ORAL	05/06/2022	0.05842
CICLOPIROX	0.77 %	GEL (GRAM)	TOPICAL	10/25/2021	0.70630

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CICLOPIROX	8 %	SOLUTION	TOPICAL	05/06/2022	2.60917
CICLOPIROX	1 %	SHAMPOO	TOPICAL	05/06/2022	0.47637
CICLOPIROX OLAMINE	0.77 %	CREAM (G)	TOPICAL	05/06/2022	0.16393
CICLOPIROX OLAMINE	0.77 %	SUSPENSION	TOPICAL	05/06/2022	0.78993
CICLOPIROX/UREA/CAMPH/MEN/EUC	8 %	SOLUTION	TOPICAL	05/06/2022	13.82850
CIDOFOVIR	75 MG/ML	VIAL	INTRAVEN	10/26/2021	121.61215
CILOSTAZOL	100 MG	TABLET	ORAL	07/07/2022	0.17822
CILOSTAZOL	50 MG	TABLET	ORAL	07/07/2022	0.14137
CIMETIDINE	300 MG	TABLET	ORAL	12/08/2020	0.38490
CIMETIDINE	400 MG	TABLET	ORAL	05/06/2022	0.68420
CIMETIDINE	800 MG	TABLET	ORAL	02/08/2022	2.07807
CINACALCET HCL	30 MG	TABLET	ORAL	05/06/2022	0.44935
CINACALCET HCL	60 MG	TABLET	ORAL	05/06/2022	0.77660
CINACALCET HCL	90 MG	TABLET	ORAL	05/06/2022	1.21419
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	05/19/2022	1.74669
CIPROFLOXACIN	500 MG/5ML	SUS MC REC	ORAL	05/19/2022	2.04042
CIPROFLOXACIN HCL	250 MG	TABLET	ORAL	09/08/2022	0.18572
CIPROFLOXACIN HCL	500 MG	TABLET	ORAL	07/14/2022	0.21453
CIPROFLOXACIN HCL	750 MG	TABLET	ORAL	05/06/2022	0.37520

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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
CIPROFLOXACIN HCL	0.3 %	DROPS	OPHTHALMIC	06/20/2022	7.95893
CIPROFLOXACIN HCL/DEXAMETH	0.3 %-0.1%	DROPS SUSP	OTIC (EAR)	05/06/2022	17.17538
CIPROFLOXACIN IN 5 % DEXTROSE	200MG/0.1L	PIGGYBACK	INTRAVEN	05/06/2022	0.03248
CIPROFLOXACIN IN 5 % DEXTROSE	400MG/0.2L	PIGGYBACK	INTRAVEN	05/06/2022	0.02417
CISATRACURIUM BESYLATE	10 MG/ML	VIAL	INTRAVEN	07/20/2021	6.49548
CISATRACURIUM BESYLATE	2 MG/ML	VIAL	INTRAVEN	07/20/2021	0.93679
CISPLATIN	1 MG/ML	VIAL	INTRAVEN	05/06/2022	0.15075
CITALOPRAM HYDROBROMIDE	10 MG/5 ML	SOLUTION	ORAL	10/25/2021	0.34271
CITALOPRAM HYDROBROMIDE	20 MG	TABLET	ORAL	04/07/2020	0.02737
CITALOPRAM HYDROBROMIDE	40 MG	TABLET	ORAL	08/18/2022	0.05802
CITALOPRAM HYDROBROMIDE	10 MG	TABLET	ORAL	05/06/2022	0.03211
CITRIC ACID/SODIUM CITRATE	334-500MG	SOLUTION	ORAL	05/06/2022	0.09226
CITRONELLA OIL		OIL	MISCELL	05/06/2022	0.27470
CITRULLINE		POWDER	ORAL	05/06/2022	0.08308
CLADRIBINE	10 MG/10ML	VIAL	INTRAVEN	05/06/2022	34.28318
CLARITHROMYCIN	125 MG/5ML	SUSP RECON	ORAL	12/20/2016	0.56052
CLARITHROMYCIN	250 MG/5ML	SUSP RECON	ORAL	03/28/2017	0.90405
CLARITHROMYCIN	500 MG	TABLET	ORAL	06/30/2022	0.68273
CLARITHROMYCIN	250 MG	TABLET	ORAL	07/14/2022	0.95832
CLARITHROMYCIN	500 MG	TAB ER 24H	ORAL	05/06/2022	5.68367
CLINDAMYCIN HCL	150 MG	CAPSULE	ORAL	07/21/2022	0.14306

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CLINDAMYCIN HCL	300 MG	CAPSULE	ORAL	05/06/2022	0.34036
CLINDAMYCIN HCL	75 MG	CAPSULE	ORAL	05/06/2022	0.46572
CLINDAMYCIN PALMITATE HCL	75 MG/5 ML	SOLN RECON	ORAL	05/06/2022	0.30713
CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL (GRAM)	TOPICAL	05/06/2022	1.25478
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2(1)%-5%	GEL (GRAM)	TOPICAL	07/21/2022	1.16163
CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL W/PUMP	TOPICAL	05/06/2022	1.88251
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-2.5%	GEL W/PUMP	TOPICAL	06/07/2022	3.16932
CLINDAMYCIN PHOSPHATE	150 MG/ML	VIAL	INJECTION	05/19/2022	0.42433
CLINDAMYCIN PHOSPHATE	1 %	FOAM	TOPICAL	10/19/2021	5.41000
CLINDAMYCIN PHOSPHATE	1 %	MED. SWAB	TOPICAL	03/13/2018	0.41183
CLINDAMYCIN PHOSPHATE	1 %	GEL (GRAM)	TOPICAL	08/18/2022	0.39619
CLINDAMYCIN PHOSPHATE	1 %	SOLUTION	TOPICAL	07/27/2022	0.17867
CLINDAMYCIN PHOSPHATE	1 %	LOTION	TOPICAL	08/11/2022	0.48731
CLINDAMYCIN PHOSPHATE	1 %	GEL DAILY	TOPICAL	08/18/2022	8.53088
CLINDAMYCIN PHOSPHATE	2 %	CREAM/APPL	VAGINAL	07/21/2022	2.81754
CLINDAMYCIN PHOSPHATE/D5W	300MG/50ML	PIGGYBACK	INTRAVEN	05/06/2022	0.17906
CLINDAMYCIN PHOSPHATE/D5W	600MG/50ML	PIGGYBACK	INTRAVEN	05/06/2022	0.10184
CLINDAMYCIN PHOSPHATE/D5W	900MG/50ML	PIGGYBACK	INTRAVEN	05/06/2022	0.12730
CLINDAMYCIN/TRETINOIN	1.2-0.025%	GEL (GRAM)	TOPICAL	07/27/2022	7.12428
CLOBAZAM	2.5 MG/ML	ORAL SUSP	ORAL	09/01/2022	0.66419
CLOBAZAM	10 MG	TABLET	ORAL	07/21/2022	0.33500

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CLOBAZAM	20 MG	TABLET	ORAL	05/06/2022	0.58437
CLOBETASOL PROPIONATE	0.05 %	FOAM	TOPICAL	07/07/2022	0.74960
CLOBETASOL PROPIONATE	0.05 %	SPRAY	TOPICAL	05/06/2022	0.43606
CLOBETASOL PROPIONATE	0.05 %	GEL (GRAM)	TOPICAL	08/04/2022	1.52001
CLOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	07/29/2022	0.35603
CLOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	08/11/2022	0.20844
CLOBETASOL PROPIONATE	0.05 %	SOLUTION	TOPICAL	07/07/2022	0.34197
CLOBETASOL PROPIONATE	0.05 %	LOTION	TOPICAL	05/06/2022	1.03113
CLOBETASOL PROPIONATE	0.05 %	SHAMPOO	TOPICAL	05/26/2022	0.39731
CLOBETASOL PROPIONATE/EMOLL	0.05 %	FOAM	TOPICAL	08/18/2022	2.30659
CLOBETASOL PROPIONATE/EMOLL	0.05 %	CREAM (G)	TOPICAL	05/06/2022	1.83133
CLOCORTOLONE PIVALATE	0.1 %	CREAM (G)	TOPICAL	05/06/2022	6.07399
CLOFARABINE	20 MG/20ML	VIAL	INTRAVEN	10/19/2021	34.08125
CLOMIPHENE CITRATE	50 MG	TABLET	ORAL	09/08/2022	1.29846
CLOMIPRAMINE HCL	25 MG	CAPSULE	ORAL	09/08/2022	0.31564
CLOMIPRAMINE HCL	50 MG	CAPSULE	ORAL	06/30/2022	0.47079
CLOMIPRAMINE HCL	75 MG	CAPSULE	ORAL	11/16/2021	1.24147
CLONAZEPAM	0.5 MG	TABLET	ORAL	05/06/2022	0.01780
CLONAZEPAM	1 MG	TABLET	ORAL	05/06/2022	0.03055
CLONAZEPAM	2 MG	TABLET	ORAL	09/01/2022	0.05532
CLONAZEPAM	0.125 MG	TAB RAPDIS	ORAL	05/06/2022	1.10059

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
CLONAZEPAM	0.25 MG	TAB RAPDIS	ORAL	05/06/2022	1.01416
CLONAZEPAM	0.5 MG	TAB RAPDIS	ORAL	05/06/2022	1.03716
CLONAZEPAM	2 MG	TAB RAPDIS	ORAL	05/06/2022	1.58902
CLONIDINE	0.1MG/24HR	PATCH TDWK	TRANSDERM	05/06/2022	11.96800
CLONIDINE	0.2MG/24HR	PATCH TDWK	TRANSDERM	10/19/2021	12.62000
CLONIDINE	0.3MG/24HR	PATCH TDWK	TRANSDERM	06/02/2022	20.48025
CLONIDINE HCL	0.1 MG	TABLET	ORAL	06/09/2022	0.02858
CLONIDINE HCL	0.2 MG	TABLET	ORAL	06/09/2022	0.04092
CLONIDINE HCL	0.3 MG	TABLET	ORAL	06/07/2022	0.04600
CLONIDINE HCL	0.1 MG	TAB ER 12H	ORAL	05/06/2022	0.44555
CLONIDINE HCL/PF	1000MCG/10	VIAL	EPIDURAL	05/06/2022	2.95020
CLONIDINE HCL/PF	5000MCG/10	VIAL	EPIDURAL	05/06/2022	10.92500
CLOPIDOGREL BISULFATE	75 MG	TABLET	ORAL	07/07/2022	0.08630
CLOPIDOGREL BISULFATE	300 MG	TABLET	ORAL	05/06/2022	8.17740
CLORAZEPATE DIPOTASSIUM	15 MG	TABLET	ORAL	08/03/2022	3.08517
CLORAZEPATE DIPOTASSIUM	3.75 MG	TABLET	ORAL	08/18/2022	1.36052
CLORAZEPATE DIPOTASSIUM	7.5 MG	TABLET	ORAL	07/18/2022	1.30000
CLOTTRIMAZOLE	10 MG	TROCHE	MUCOUS MEM	10/25/2021	0.40621
CLOTTRIMAZOLE	1 %	CREAM (G)	TOPICAL	06/02/2022	0.13847
CLOTTRIMAZOLE	1 %	SOLUTION	TOPICAL	06/30/2022	1.27345
CLOTTRIMAZOLE	1 %	CREAM/APPL	VAGINAL	05/06/2022	0.08904

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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
CLOTRIMAZOLE	2 %	CREAM/APPL	VAGINAL	05/06/2022	0.35577
CLOTRIMAZOLE/BETAMETHASONE DIP	1 %-0.05 %	CREAM (G)	TOPICAL	05/06/2022	0.57292
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	25 MG	TAB RAPDIS	ORAL	05/06/2022	2.00799
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	06/02/2022	0.04047
COAL TAR	2 %	SHAMPOO	TOPICAL	05/06/2022	0.06796
COCAINE HCL	4 %	SOLUTION	NASAL	10/19/2021	55.00000
COCOA BUTTER		CREAM (G)	MISCELL	05/06/2022	0.21105
COD LIVER OIL		CAPSULE	ORAL	04/03/2018	0.03990
CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID	ORAL	08/25/2022	0.03277
CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID	ORAL	05/06/2022	0.11701
CODEINE PHOSPHATE/GUAIFENESIN	20-200/10	LIQUID	ORAL	05/06/2022	0.06782
CODEINE/BUTALBITAL/ASA/CAFFEIN	30-50-325	CAPSULE	ORAL	05/06/2022	2.01070
COLA SYRUP		SYRUP	ORAL	05/06/2022	0.02947
COLCHICINE	0.6 MG	CAPSULE	ORAL	08/25/2022	6.21665

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
COLCHICINE	0.6 MG	TABLET	ORAL	05/06/2022	0.45037
COLESEVELAM HCL	3.75 G	POWD PACK	ORAL	09/08/2022	7.22560
COLESEVELAM HCL	625 MG	TABLET	ORAL	09/08/2022	0.49267
COLESTIPOL HCL	5 G	GRANULES	ORAL	05/06/2022	0.31356
COLESTIPOL HCL	5 G	PACKET	ORAL	05/06/2022	2.57995
COLESTIPOL HCL	1 G	TABLET	ORAL	06/09/2022	1.29679
COLISTIN (COLISTIMETHATE NA)	150 MG	VIAL	INJECTION	05/06/2022	13.74450
COLLAGEN,BOVINE	100 %	POWDER	TOPICAL	05/06/2022	10.63750
COLLOIDAL OATMEAL	1 %	CREAM (G)	TOPICAL	09/08/2022	0.06457
COMPOUND VEH.SUSP SUGAR-FREE 1		ORAL SUSP	ORAL	05/06/2022	0.06700
COMPOUND VEHICLE SUGAR-FREE 9		LIQUID	ORAL	05/06/2022	0.03364
COMPOUND VEHICLE SUSP SF NO.20		ORAL SUSP	ORAL	05/06/2022	0.04662
COMPOUND VEHICLE SUSP SF NO.24		ORAL SUSP	ORAL	05/06/2022	0.08835
COMPOUNDING VEHICLE SUSP NO.19		ORAL SUSP	ORAL	05/06/2022	0.05762
COMPOUNDING VEHICLE SYRUP NO23		SYRUP	ORAL	05/06/2022	0.04355
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	05/06/2022	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 SOL.SUGARFREE NO.1		SOLUTION	ORAL	05/06/2022	0.02398

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	09/08/2022	0.48321
CROMOLYN SODIUM	4 %	DROPS	OPHTHALMIC	09/24/2019	2.25000
CROMOLYN SODIUM	5.2 MG	SPRAY/PUMP	NASAL	06/30/2022	0.68082
CROMOLYN SODIUM	20 MG/2 ML	AMPUL-NEB	INHALATION	06/27/2022	7.35200
CROTAMITON	10 %	LOTION	TOPICAL	05/06/2022	3.61252
CYANOCOBALAMIN (VITAMIN B-12)	100 MCG	TABLET	ORAL	05/06/2022	0.01884
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET	ORAL	07/27/2022	0.02661
CYANOCOBALAMIN (VITAMIN B-12)	250 MCG	TABLET	ORAL	06/09/2022	0.02814
CYANOCOBALAMIN (VITAMIN B-12)	500 MCG	TABLET	ORAL	05/06/2022	0.01870
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET ER	ORAL	05/06/2022	0.05410
CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML	VIAL	INJECTION	12/14/2021	1.97938
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TAB SUBL	SUBLINGUAL	09/08/2022	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	05/06/2022	0.30150
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	05/06/2022	0.75144

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	08/04/2022	8.79220
CYCLOBENZAPRINE HCL	30 MG	CAP ER 24H	ORAL	05/19/2022	8.14880
CYCLOBENZAPRINE HCL	10 MG	TABLET	ORAL	08/18/2022	0.02675
CYCLOBENZAPRINE HCL	5 MG	TABLET	ORAL	08/25/2022	0.03232
CYCLOBENZAPRINE HCL	7.5 MG	TABLET	ORAL	08/11/2022	1.02523
CYCLOPENTOLATE HCL	0.5 %	DROPS	OPHTHALMIC	05/06/2022	7.33552
CYCLOPENTOLATE HCL	1 %	DROPS	OPHTHALMIC	05/06/2022	1.88940
CYCLOPENTOLATE HCL	2 %	DROPS	OPHTHALMIC	07/27/2022	8.27943
CYCLOPHOSPHAMIDE	25 MG	CAPSULE	ORAL	05/06/2022	6.03250
CYCLOPHOSPHAMIDE	50 MG	CAPSULE	ORAL	07/21/2022	7.98000
CYCLOPHOSPHAMIDE	1 G	VIAL	INTRAVEN	05/06/2022	245.12875
CYCLOPHOSPHAMIDE	2 G	VIAL	INTRAVEN	08/01/2022	572.81956
CYCLOPHOSPHAMIDE	500 MG	VIAL	INTRAVEN	05/06/2022	122.53875
CYCLOSPORINE	100 MG	CAPSULE	ORAL	08/04/2022	17.02575
CYCLOSPORINE	25 MG	CAPSULE	ORAL	05/06/2022	4.25612
CYCLOSPORINE	0.05 %	DROPERETTE	OPHTHALMIC	07/27/2022	5.46502
CYCLOSPORINE	250 MG/5ML	AMPUL	INTRAVEN	10/26/2021	5.95973
CYCLOSPORINE, MODIFIED	100 MG	CAPSULE	ORAL	07/21/2022	1.58835
CYCLOSPORINE, MODIFIED	25 MG	CAPSULE	ORAL	04/03/2018	0.54895

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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
CYCLOSPORINE, MODIFIED	50 MG	CAPSULE	ORAL	07/21/2022	1.38199
CYCLOSPORINE, MODIFIED	100 MG/ML	SOLUTION	ORAL	02/08/2022	10.68051
CYPROHEPTADINE HCL	2 MG/5 ML	SYRUP	ORAL	08/11/2022	0.06306
CYPROHEPTADINE HCL	4 MG	TABLET	ORAL	05/06/2022	0.06143
CYTARABINE/PF	2 G/20 ML	VIAL	INJECTION	06/16/2022	1.16989
CYTARABINE/PF	100 MG/5ML	VIAL	INJECTION	05/06/2022	1.75379
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	CAPSULE	ORAL	05/26/2022	0.26485
D-METHORPHAN/PE/ACETAMINOPHEN	5-325MG/15	LIQUID	ORAL	05/06/2022	0.02657
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	TABLET	ORAL	05/06/2022	0.27688
DABIGATRAN ETEXILATE MESYLATE	75 MG	CAPSULE	ORAL	07/07/2022	5.67002
DABIGATRAN ETEXILATE MESYLATE	150 MG	CAPSULE	ORAL	09/08/2022	5.67002
DACARBAZINE	200 MG	VIAL	INTRAVEN	05/06/2022	12.45640
DALFAMPRIDINE	10 MG	TAB ER 12H	ORAL	09/08/2022	0.76648
DANAZOL	100 MG	CAPSULE	ORAL	05/06/2022	4.11919
DANAZOL	200 MG	CAPSULE	ORAL	05/06/2022	5.83616
DANAZOL	50 MG	CAPSULE	ORAL	05/06/2022	2.98294
DANTROLENE SODIUM	100 MG	CAPSULE	ORAL	09/08/2022	1.68478
DANTROLENE SODIUM	25 MG	CAPSULE	ORAL	09/08/2022	0.61399
DANTROLENE SODIUM	50 MG	CAPSULE	ORAL	05/06/2022	1.11032
DANTROLENE SODIUM	20 MG	VIAL	INTRAVEN	10/18/2021	69.04861
DAPSONE	100 MG	TABLET	ORAL	08/04/2022	1.17473

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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
DAPSONE	25 MG	TABLET	ORAL	10/25/2021	0.51617
DAPSONE	5 %	GEL (GRAM)	TOPICAL	05/06/2022	2.71671
DAPSONE	7.5 %	GEL W/PUMP	TOPICAL	06/13/2022	6.30524
DAPTOMYCIN	500 MG	VIAL	INTRAVEN	05/06/2022	24.76950
DAPTOMYCIN	350 MG	VIAL	INTRAVEN	08/03/2021	15.22500
DARIFENACIN HYDROBROMIDE	7.5 MG	TAB ER 24H	ORAL	05/06/2022	2.20698
DARIFENACIN HYDROBROMIDE	15 MG	TAB ER 24H	ORAL	09/08/2022	2.96252
DAUNORUBICIN HCL	5 MG/ML	VIAL	INTRAVEN	08/17/2021	23.00839
DECITABINE	50 MG	VIAL	INTRAVEN	07/21/2022	86.88925
DEFERASIROX	90 MG	GRAN PACK	ORAL	08/04/2022	43.17574
DEFERASIROX	90 MG	TABLET	ORAL	05/06/2022	1.07334
DEFERASIROX	180 MG	TABLET	ORAL	07/27/2022	2.74252
DEFERASIROX	360 MG	TABLET	ORAL	10/19/2021	3.94064
DEFERASIROX	125 MG	TAB DISPER	ORAL	09/08/2022	7.59079
DEFERASIROX	250 MG	TAB DISPER	ORAL	10/19/2021	9.25000
DEFERASIROX	500 MG	TAB DISPER	ORAL	10/26/2021	16.88260
DEFEROXAMINE MESYLATE	2 G	VIAL	INJECTION	03/22/2022	25.06350
DEMECLOCYCLINE HCL	150 MG	TABLET	ORAL	09/01/2022	4.63228
DEMECLOCYCLINE HCL	300 MG	TABLET	ORAL	08/04/2022	8.23825
DESIPRAMINE HCL	10 MG	TABLET	ORAL	05/06/2022	0.98544
DESIPRAMINE HCL	100 MG	TABLET	ORAL	05/06/2022	2.78375

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DESIPRAMINE HCL	150 MG	TABLET	ORAL	05/06/2022	4.63030
DESIPRAMINE HCL	25 MG	TABLET	ORAL	05/06/2022	0.58987
DESIPRAMINE HCL	50 MG	TABLET	ORAL	05/06/2022	0.65245
DESIPRAMINE HCL	75 MG	TABLET	ORAL	05/06/2022	2.96749
DESLORATADINE	5 MG	TABLET	ORAL	09/01/2022	0.58612
DESMOPRESSIN (NONREFRIGERATED)	10/SPRAY	SPRAY/PUMP	NASAL	07/21/2022	12.13740
DESMOPRESSIN ACETATE	0.1 MG	TABLET	ORAL	05/06/2022	0.56990
DESMOPRESSIN ACETATE	0.2 MG	TABLET	ORAL	05/06/2022	0.63744
DESMOPRESSIN ACETATE	4 MCG/ML	AMPUL	INJECTION	05/06/2022	36.75548
DESMOPRESSIN ACETATE	4 MCG/ML	VIAL	INJECTION	09/08/2022	23.46645
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	03/01/2021	0.79752
DESONIDE	0.05 %	OINT. (G)	TOPICAL	05/06/2022	0.62288
DESONIDE	0.05 %	LOTION	TOPICAL	06/30/2022	0.35421
DESOXIMETASONE	0.25 %	SPRAY	TOPICAL	06/09/2022	3.56730
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	08/25/2022	0.62265
DESOXIMETASONE	0.05 %	OINT. (G)	TOPICAL	05/06/2022	4.68160

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DESVENLAFAXINE SUCCINATE	50 MG	TAB ER 24H	ORAL	05/06/2022	0.85016
DESVENLAFAXINE SUCCINATE	100 MG	TAB ER 24H	ORAL	08/04/2022	0.74623
DESVENLAFAXINE SUCCINATE	25 MG	TAB ER 24H	ORAL	08/25/2022	1.27211
DEXAMETHASONE	0.5 MG/5ML	ELIXIR	ORAL	05/06/2022	0.27366
DEXAMETHASONE	1.5 MG	TABLET	ORAL	09/01/2022	0.90262
DEXAMETHASONE	4 MG	TABLET	ORAL	09/01/2022	0.79690
DEXAMETHASONE	6 MG	TABLET	ORAL	04/05/2022	1.19541
DEXAMETHASONE	1.5MG (21)	TAB DS PK	ORAL	05/06/2022	9.82593
DEXAMETHASONE	1.5 MG(39)	TAB DS PK	ORAL	05/06/2022	9.55856
DEXAMETHASONE SODIUM PHOSP/PF	10 MG/ML	SYRINGE	INJECTION	05/06/2022	2.87760
DEXAMETHASONE SODIUM PHOSP/PF	10 MG/ML	VIAL	INJECTION	04/13/2021	2.88720
DEXAMETHASONE SODIUM PHOSPHATE	10 MG/ML	VIAL	INJECTION	05/06/2022	0.50895
DEXBROMPHENIRAMINE/PSEUDOEPHED	1MG-30MG/5	SOLUTION	ORAL	05/06/2022	0.03116
DEXBROMPHENIRAMINE/PSEUDOEPHED	2 MG-60 MG	TABLET	ORAL	05/06/2022	0.29313
DEXCHLORPHEN/PHENYLEPHRINE/DM	1-5-10MG/5	SYRUP	ORAL	05/06/2022	0.06495
DEXCHLORPHENIR/PSE/CHLOPHEDIAN	1-30-12.5	LIQUID	ORAL	05/06/2022	0.08320
DEXCHLORPHENIR/PSE/CHLOPHEDIAN	2-60-25 MG	LIQUID	ORAL	05/06/2022	0.08165
DEXCHLORPHENIR/PSE/CHLOPHEDIAN	0.5-15MG/1	DROPS	ORAL	05/06/2022	0.16057
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	07/21/2022	7.87600

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DEXLANSOPRAZOLE	60 MG	CAP DR BP	ORAL	06/16/2022	7.91480
DEXMEDETOMIDINE HCL	200MCG/2ML	VIAL	INTRAVEN	05/06/2022	1.89422
DEXMEDETOMIDINE IN 0.9 % NACL	200 MCG/50	INFUS. BTL	INTRAVEN	07/27/2022	0.29110
DEXMEDETOMIDINE IN 0.9 % NACL	400MCG/100	INFUS. BTL	INTRAVEN	07/07/2022	0.35310
DEXMEDETOMIDINE IN 0.9 % NACL	80MCG/20ML	VIAL	INTRAVEN	07/14/2022	1.56780
DEXMEDETOMIDINE IN 0.9 % NACL	200 MCG/50	PLAST. BAG	INTRAVEN	05/06/2022	0.91573
DEXMEDETOMIDINE IN 0.9 % NACL	400MCG/100	PLAST. BAG	INTRAVEN	05/06/2022	0.83059
DEXMETHYLPHENIDATE HCL	5 MG	CPBP 50-50	ORAL	08/25/2022	2.89740
DEXMETHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	08/25/2022	3.05356
DEXMETHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	10/19/2021	3.72000
DEXMETHYLPHENIDATE HCL	15 MG	CPBP 50-50	ORAL	06/29/2021	2.22025
DEXMETHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	03/08/2022	3.20130
DEXMETHYLPHENIDATE HCL	40 MG	CPBP 50-50	ORAL	10/19/2021	2.70000
DEXMETHYLPHENIDATE HCL	25 MG	CPBP 50-50	ORAL	08/01/2022	3.32564
DEXMETHYLPHENIDATE HCL	35 MG	CPBP 50-50	ORAL	08/04/2022	4.07114
DEXMETHYLPHENIDATE HCL	2.5 MG	TABLET	ORAL	11/16/2021	0.21922
DEXMETHYLPHENIDATE HCL	5 MG	TABLET	ORAL	05/06/2022	0.37051
DEXMETHYLPHENIDATE HCL	10 MG	TABLET	ORAL	11/16/2021	0.31758
DEXRAZOXANE HCL	500 MG	VIAL	INTRAVEN	07/14/2022	271.62500
DEXTRAN 70/HYPROMELLOSE	0.1%-0.3%	DROPS	OPHTHALMIC	05/06/2022	0.46676
DEXTROAMPHETAMINE SULFATE	10 MG	CAPSULE ER	ORAL	07/15/2022	1.15213

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DEXTROAMPHETAMINE SULFATE	15 MG	CAPSULE ER	ORAL	04/07/2020	1.78063
DEXTROAMPHETAMINE SULFATE	5 MG	CAPSULE ER	ORAL	05/06/2022	1.81942
DEXTROAMPHETAMINE SULFATE	10 MG	TABLET	ORAL	05/06/2022	0.69104
DEXTROAMPHETAMINE SULFATE	15 MG	TABLET	ORAL	05/06/2022	9.14760
DEXTROAMPHETAMINE SULFATE	5 MG	TABLET	ORAL	05/06/2022	0.95019
DEXTROAMPHETAMINE SULFATE	20 MG	TABLET	ORAL	05/06/2022	9.14760
DEXTROAMPHETAMINE SULFATE	30 MG	TABLET	ORAL	05/06/2022	9.14760
DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	CAP ER 24H	ORAL	05/06/2022	1.21565
DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	CAP ER 24H	ORAL	05/06/2022	1.21565
DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	CAP ER 24H	ORAL	05/06/2022	1.21565
DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CAP ER 24H	ORAL	05/06/2022	1.39092
DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	TABLET	ORAL	07/13/2022	0.23987
DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	TABLET	ORAL	06/27/2022	0.30183
DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	TABLET	ORAL	08/25/2022	0.29614
DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	TABLET	ORAL	06/22/2021	0.19819
DEXTROMETHORPHAN HB/DOXYLAMINE	15-6.25/15	SOLUTION	ORAL	05/06/2022	0.02582
DEXTROMETHORPHAN HBR	10 MG/5 ML	LIQUID	ORAL	05/06/2022	0.06477
DEXTROMETHORPHAN POLISTIREX	30 MG/5 ML	SUS ER 12H	ORAL	06/30/2022	0.08388
DEXTROMETHORPHAN/PHENYLEPHRINE	5-2.5 MG/5	LIQUID	ORAL	06/09/2022	0.05339
DEXTROSE	40 %	GEL (GRAM)	ORAL	05/06/2022	0.14211
DEXTROSE	4 G	TAB CHEW	ORAL	08/04/2022	0.09367

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DEXTROSE 10 % IN WATER	10 %	DEHP FR BG	INTRAVEN	05/06/2022	0.00585
DEXTROSE 10 % IN WATER	10 %	IV SOLN	INTRAVEN	05/26/2022	0.00896
DEXTROSE 2.5 % AND 0.45 % NACL	2.5%-0.45%	IV SOLN	INTRAVEN	05/12/2022	0.00830
DEXTROSE 5 % AND 0.3 % NACL	5 %-0.3 %	IV SOLN	INTRAVEN	05/06/2022	0.00585
DEXTROSE 5 % AND 0.9 % NACL	5 %-0.9 %	IV SOLN	INTRAVEN	05/06/2022	0.00397
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	05/06/2022	0.00488
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	05/06/2022	0.00699
DEXTROSE 50 % IN WATER	50 %	SYRINGE	INTRAVEN	05/06/2022	0.32570
DEXTROSE 70 % IN WATER	70 %	IV SOLN	INTRAVEN	05/06/2022	0.01494
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	09/08/2022	0.84588
DIAZEPAM	5 MG/ML	ORAL CONC	ORAL	03/03/2020	0.88730
DIAZEPAM	2 MG	TABLET	ORAL	05/19/2022	0.02500
DIAZEPAM	5 MG	TABLET	ORAL	05/19/2022	0.02890
DIAZEPAM	5 MG/ML	CARTRIDGE	INJECTION	11/21/2018	12.03345
DIAZEPAM	5 MG/ML	VIAL	INJECTION	05/06/2022	3.16048
DIAZOXIDE	50 MG/ML	ORAL SUSP	ORAL	08/01/2022	7.45000
DIBUCAINE	1 %	OINT. (G)	RECTAL	05/06/2022	0.08602

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DIBUCAINE	1 %	OINT. (G)	TOPICAL	05/06/2022	0.11256
DICLOFENAC POTASSIUM	25 MG	CAPSULE	ORAL	07/21/2022	16.29591
DICLOFENAC POTASSIUM	50 MG	TABLET	ORAL	07/07/2022	0.39865
DICLOFENAC SODIUM	25 MG	TABLET DR	ORAL	05/06/2022	0.95261
DICLOFENAC SODIUM	50 MG	TABLET DR	ORAL	07/21/2022	0.13305
DICLOFENAC SODIUM	75 MG	TABLET DR	ORAL	08/04/2022	0.10981
DICLOFENAC SODIUM	100 MG	TAB ER 24H	ORAL	05/06/2022	2.71049
DICLOFENAC SODIUM	3 %	GEL (GRAM)	TOPICAL	08/25/2022	0.83488
DICLOFENAC SODIUM	20MG/G(2%)	SOL MD PMP	TOPICAL	05/19/2022	14.51888
DICLOFENAC SODIUM	1.5 %	DROPS	TOPICAL	05/26/2022	0.26505
DICLOFENAC SODIUM	1 %	KIT	TOPICAL	05/06/2022	1716.87500
DICLOFENAC SODIUM	0.1 %	DROPS	OPHTHALMIC	05/06/2022	2.45220
DICLOFENAC SODIUM/MISOPROSTOL	50 MG-200	TAB IR DR	ORAL	08/04/2022	1.84563
DICLOFENAC SODIUM/MISOPROSTOL	75 MG-200	TAB IR DR	ORAL	08/04/2022	2.12479
DICLOXACILLIN SODIUM	250 MG	CAPSULE	ORAL	09/08/2022	0.67898
DICLOXACILLIN SODIUM	500 MG	CAPSULE	ORAL	05/06/2022	1.24084
DICYCLOMINE HCL	10 MG	CAPSULE	ORAL	06/23/2022	0.10797
DICYCLOMINE HCL	10 MG/5 ML	SOLUTION	ORAL	07/21/2022	0.31345
DICYCLOMINE HCL	20 MG	TABLET	ORAL	08/03/2022	0.12641
DICYCLOMINE HCL	10 MG/ML	AMPUL	INTRAMUSC	05/19/2022	43.05820
DICYCLOMINE HCL	10 MG/ML	VIAL	INTRAMUSC	10/26/2021	12.85350

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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
DIETHYLPROPION HCL	25 MG	TABLET	ORAL	05/06/2022	0.24232
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
DIETHYLTOLUAMIDE	25 %	SPRAY	TOPICAL	05/06/2022	0.04489
DIFLORASONE DIACETATE	0.05 %	CREAM (G)	TOPICAL	09/08/2022	6.82308
DIFLORASONE DIACETATE	0.05 %	OINT. (G)	TOPICAL	06/30/2022	2.56833
DIFLUNISAL	500 MG	TABLET	ORAL	09/01/2022	1.55753
DIFLUPREDNATE	0.05 %	DROPS	OPHTHALMIC	06/30/2022	29.44210
DIGOXIN	50 MCG/ML	SOLUTION	ORAL	07/18/2022	2.26780
DIGOXIN	125 MCG	TABLET	ORAL	06/23/2022	0.29212
DIGOXIN	250 MCG	TABLET	ORAL	07/14/2022	0.27349
DIGOXIN	62.5 MCG	TABLET	ORAL	07/21/2022	16.43250
DIGOXIN	250 MCG/ML	AMPUL	INJECTION	05/06/2022	3.56400
DIHYDROERGOTAMINE MESYLATE	1 MG/ML	AMPUL	INJECTION	06/23/2022	57.50250
DIHYDROERGOTAMINE MESYLATE	0.5MG/SPRY	SPRAY/PUMP	NASAL	06/16/2022	53.55016
DILTIAZEM HCL	120 MG	CAP ER 12H	ORAL	05/06/2022	3.77150
DILTIAZEM HCL	60 MG	CAP ER 12H	ORAL	05/06/2022	3.49615

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DILTIAZEM HCL	90 MG	CAP ER 12H	ORAL	05/06/2022	3.70313
DILTIAZEM HCL	180 MG	CAP ER 24H	ORAL	05/06/2022	0.24775
DILTIAZEM HCL	240 MG	CAP ER 24H	ORAL	05/06/2022	0.30094
DILTIAZEM HCL	300 MG	CAP ER 24H	ORAL	05/06/2022	0.40483
DILTIAZEM HCL	120 MG	CAP ER 24H	ORAL	05/06/2022	0.19698
DILTIAZEM HCL	360 MG	CAP ER 24H	ORAL	09/08/2022	1.63927
DILTIAZEM HCL	360 MG	CAP SA 24H	ORAL	05/14/2019	1.66607
DILTIAZEM HCL	120 MG	CAP SA 24H	ORAL	02/01/2022	0.30522
DILTIAZEM HCL	180 MG	CAP SA 24H	ORAL	05/06/2022	1.03180
DILTIAZEM HCL	240 MG	CAP SA 24H	ORAL	02/01/2022	0.54851
DILTIAZEM HCL	300 MG	CAP SA 24H	ORAL	10/19/2021	1.90000
DILTIAZEM HCL	420 MG	CAP SA 24H	ORAL	05/06/2022	1.64634
DILTIAZEM HCL	180 MG	CAP ER DEG	ORAL	07/21/2022	0.67482
DILTIAZEM HCL	240 MG	CAP ER DEG	ORAL	05/06/2022	0.81544
DILTIAZEM HCL	120 MG	CAP ER DEG	ORAL	08/04/2022	0.55999
DILTIAZEM HCL	120 MG	TABLET	ORAL	05/06/2022	0.82490
DILTIAZEM HCL	30 MG	TABLET	ORAL	05/06/2022	0.13601
DILTIAZEM HCL	60 MG	TABLET	ORAL	08/04/2022	0.18988
DILTIAZEM HCL	90 MG	TABLET	ORAL	05/06/2022	0.32455
DILTIAZEM HCL	180 MG	TAB ER 24H	ORAL	05/06/2022	2.63027
DILTIAZEM HCL	240 MG	TAB ER 24H	ORAL	05/26/2022	2.88537

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DILTIAZEM HCL	300 MG	TAB ER 24H	ORAL	05/06/2022	3.44623
DILTIAZEM HCL	360 MG	TAB ER 24H	ORAL	05/06/2022	3.60624
DILTIAZEM HCL	420 MG	TAB ER 24H	ORAL	05/06/2022	4.02761
DILTIAZEM HCL	5 MG/ML	VIAL	INTRAVEN	09/01/2022	0.43898
DILUENT FOR EPOPROSTENOL(GLYC)		VIAL	INTRAVEN	11/12/2015	0.35835
DILUENT FOR TREPROSTINIL (GLY)		VIAL	INTRAVEN	03/18/2021	0.48937
DILUENT,CAPLACIZUMAB-YHDP	1 ML	SYRINGE	INJECTION	10/01/2020	0.14003
DIMENHYDRINATE	50 MG	TABLET	ORAL	05/06/2022	0.01491
DIMETHICONE	1.2 %	GEL (GRAM)	TOPICAL	07/21/2022	0.16446
DIMETHICONE	1 %	CREAM (G)	TOPICAL	05/06/2022	0.05877
DIMETHICONE	5 %	CREAM(ML)	TOPICAL	05/06/2022	0.04021
DIMETHYL FUMARATE	120-240 MG	CAPSULE DR	ORAL	05/26/2022	4.60350
DIMETHYL FUMARATE	120 MG	CAPSULE DR	ORAL	06/10/2021	15.93750
DIMETHYL FUMARATE	240 MG	CAPSULE DR	ORAL	07/07/2022	3.45965
DIPHENHYD/PHENYLEPH/ACETAMINOP	5-325MG/10	LIQUID	ORAL	08/11/2022	0.06667
DIPHENHYD/PHENYLEPH/ACETAMINOP	12.5-5-325	TABLET	ORAL	05/06/2022	0.59379
DIPHENHYDRAMINE HCL	25 MG	CAPSULE	ORAL	06/30/2022	0.02513
DIPHENHYDRAMINE HCL	50 MG	CAPSULE	ORAL	06/30/2020	0.01467
DIPHENHYDRAMINE HCL	25 MG	CAPSULE	ORAL	08/04/2022	0.24770
DIPHENHYDRAMINE HCL	12.5MG/5ML	ELIXIR	ORAL	03/14/2017	0.45059
DIPHENHYDRAMINE HCL	12.5MG/5ML	LIQUID	ORAL	06/09/2022	0.16799

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	07/27/2022	0.02634
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	05/06/2022	0.01505
DIPHENHYDRAMINE HCL	12.5 MG	TAB CHEW	ORAL	06/09/2022	0.35376
DIPHENHYDRAMINE HCL	50 MG/ML	VIAL	INJECTION	07/14/2022	0.92862
DIPHENHYDRAMINE HCL/ZINC ACET	2 %-0.1 %	CREAM (G)	TOPICAL	08/11/2022	0.01665
DIPHENOXYLATE HCL/ATROPINE	2.5-.025MG	TABLET	ORAL	06/23/2022	0.17606
DIPYRIDAMOLE	25 MG	TABLET	ORAL	05/06/2022	0.17554
DIPYRIDAMOLE	50 MG	TABLET	ORAL	05/06/2022	0.31798
DIPYRIDAMOLE	75 MG	TABLET	ORAL	05/06/2022	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	05/06/2022	2.24495
DIVALPROEX SODIUM	125 MG	CAP DR SPR	ORAL	07/07/2022	0.41221
DIVALPROEX SODIUM	125 MG	TABLET DR	ORAL	05/06/2022	0.07019
DIVALPROEX SODIUM	250 MG	TABLET DR	ORAL	05/06/2022	0.09233
DIVALPROEX SODIUM	500 MG	TABLET DR	ORAL	08/03/2021	0.14810
DIVALPROEX SODIUM	500 MG	TAB ER 24H	ORAL	07/21/2022	0.29788
DIVALPROEX SODIUM	250 MG	TAB ER 24H	ORAL	05/06/2022	0.23932
DM/ACETAMINOPHEN/DOXYLAMINE	15-325/15	LIQUID	ORAL	05/06/2022	0.01597
DM/PE/ACETAMINOPHEN/CHLORPHENR	5-2.5-160	ORAL SUSP	ORAL	07/07/2022	0.06492
DM/PE/ACETAMINOPHEN/DOXYLAMINE	5-325MG/15	LIQUID	ORAL	09/01/2022	0.03092



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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DOBUTAMINE HCL IN DEXTROSE 5 %	500MG/250	IV SOLN	INTRAVEN	10/26/2021	0.19010
DOBUTAMINE HCL IN DEXTROSE 5 %	1000MG/250	IV SOLN	INTRAVEN	05/06/2022	0.18588
DOBUTAMINE HCL IN DEXTROSE 5 %	250 MG/250	IV SOLN	INTRAVEN	05/06/2022	0.14278
DOCETAXEL	20MG/ML(1)	VIAL	INTRAVEN	10/19/2021	21.80000
DOCETAXEL	80 MG/4 ML	VIAL	INTRAVEN	08/17/2021	19.32263
DOCETAXEL	160 MG/8ML	VIAL	INTRAVEN	05/06/2022	18.33563
DOCETAXEL	80 MG/8 ML	VIAL	INTRAVEN	08/04/2022	8.61000
DOCETAXEL	20 MG/2 ML	VIAL	INTRAVEN	10/19/2021	9.66000
DOCETAXEL	160MG/16ML	VIAL	INTRAVEN	10/12/2021	7.22545
DOCOSAHEXAENOIC ACID	200 MG	CAPSULE	ORAL	05/06/2022	0.17393
DOCOSANOL	10 %	CREAM (G)	TOPICAL	05/06/2022	9.59675
DOCUSATE CALCIUM	240 MG	CAPSULE	ORAL	05/06/2022	0.05124
DOCUSATE SODIUM	100 MG	CAPSULE	ORAL	07/27/2022	0.01960
DOCUSATE SODIUM	250 MG	CAPSULE	ORAL	05/06/2022	0.04007
DOCUSATE SODIUM	60 MG/15ML	SYRUP	ORAL	05/06/2022	0.00621
DOCUSATE SODIUM	100 MG	TABLET	ORAL	05/06/2022	0.01357
DOCUSATE SODIUM	283 MG/5ML	ENEMA	RECTAL	05/06/2022	0.55851
DOFETILIDE	125 MCG	CAPSULE	ORAL	11/16/2021	0.24522
DOFETILIDE	250 MCG	CAPSULE	ORAL	05/06/2022	0.24522
DOFETILIDE	500 MCG	CAPSULE	ORAL	05/06/2022	0.24522
DONEPEZIL HCL	10 MG	TABLET	ORAL	09/07/2021	0.05198

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DONEPEZIL HCL	5 MG	TABLET	ORAL	02/09/2021	0.04988
DONEPEZIL HCL	23 MG	TABLET	ORAL	08/04/2022	0.95676
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	05/06/2022	0.86961
DOPAMINE HCL	400MG/10ML	VIAL	INTRAVEN	05/06/2022	0.77886
DOPAMINE HCL IN DEXTROSE 5 %	800MG/.25L	PLAST. BAG	INTRAVEN	03/05/2019	0.05594
DOPAMINE HCL IN DEXTROSE 5 %	400MG/.25L	PLAST. BAG	INTRAVEN	05/06/2022	0.09034
DOPAMINE HCL IN DEXTROSE 5 %	800MG/0.5L	PLAST. BAG	INTRAVEN	05/06/2022	0.07039
DORZOLAMIDE HCL	2 %	DROPS	OPHTHALMIC	05/06/2022	1.42040
DORZOLAMIDE HCL/TIMOLOL MALEAT	22.3-6.8/1	DROPS	OPHTHALMIC	07/27/2022	1.40700
DORZOLAMIDE/TIMOLOL/PF	2 %-0.5 %	DROPERETTE	OPHTHALMIC	07/07/2022	1.89286
DOXAPRAM HCL	20 MG/ML	VIAL	INTRAVEN	05/06/2022	3.33647
DOXAZOSIN MESYLATE	1 MG	TABLET	ORAL	05/26/2022	0.33393
DOXAZOSIN MESYLATE	2 MG	TABLET	ORAL	07/07/2022	0.11189
DOXAZOSIN MESYLATE	4 MG	TABLET	ORAL	08/04/2022	0.15155
DOXAZOSIN MESYLATE	8 MG	TABLET	ORAL	08/04/2022	0.40816
DOXEPIN HCL	10 MG	CAPSULE	ORAL	08/25/2022	0.33848
DOXEPIN HCL	100 MG	CAPSULE	ORAL	08/25/2022	0.78738
DOXEPIN HCL	150 MG	CAPSULE	ORAL	05/26/2022	0.82056
DOXEPIN HCL	25 MG	CAPSULE	ORAL	08/25/2022	0.30217

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DOXEPIN HCL	50 MG	CAPSULE	ORAL	08/25/2022	0.63873
DOXEPIN HCL	75 MG	CAPSULE	ORAL	08/25/2022	0.74310
DOXEPIN HCL	10 MG/ML	ORAL CONC	ORAL	11/22/2021	0.30711
DOXEPIN HCL	3 MG	TABLET	ORAL	07/21/2022	10.33927
DOXEPIN HCL	6 MG	TABLET	ORAL	08/11/2022	9.59040
DOXERCALCIFEROL	2.5 MCG	CAPSULE	ORAL	03/01/2021	17.80590
DOXERCALCIFEROL	1 MCG	CAPSULE	ORAL	10/18/2021	12.54000
DOXERCALCIFEROL	4MCG/2ML	VIAL	INTRAVEN	08/18/2022	2.03010
DOXORUBICIN HCL	50 MG	VIAL	INTRAVEN	06/20/2022	149.94725
DOXORUBICIN HCL	2 MG/ML	VIAL	INTRAVEN	05/06/2022	0.38190
DOXORUBICIN HCL	10 MG/5 ML	VIAL	INTRAVEN	05/06/2022	1.52760
DOXORUBICIN HCL	50 MG/25ML	VIAL	INTRAVEN	05/06/2022	0.66196
DOXORUBICIN HCL	20 MG/10ML	VIAL	INTRAVEN	05/06/2022	1.40030
DOXORUBICIN HCL PEG-LIPOSOMAL	2 MG/ML	VIAL	INTRAVEN	07/14/2022	16.33800
DOXYCYCLINE HYCLATE	100 MG	CAPSULE	ORAL	08/18/2022	0.17634
DOXYCYCLINE HYCLATE	50 MG	CAPSULE	ORAL	06/16/2022	0.34840
DOXYCYCLINE HYCLATE	100 MG	TABLET	ORAL	08/03/2022	0.06480
DOXYCYCLINE HYCLATE	50 MG	TABLET	ORAL	05/06/2022	12.03565
DOXYCYCLINE HYCLATE	20 MG	TABLET	ORAL	05/06/2022	0.42250
DOXYCYCLINE HYCLATE	75 MG	TABLET	ORAL	05/06/2022	1.23258
DOXYCYCLINE HYCLATE	150 MG	TABLET	ORAL	05/06/2022	1.23258

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
DOXYCYCLINE HYCLATE	75 MG	TABLET DR	ORAL	09/08/2022	3.26634
DOXYCYCLINE HYCLATE	100 MG	TABLET DR	ORAL	09/08/2022	7.36117
DOXYCYCLINE HYCLATE	150 MG	TABLET DR	ORAL	10/19/2021	4.37000
DOXYCYCLINE HYCLATE	200 MG	TABLET DR	ORAL	08/25/2022	19.24668
DOXYCYCLINE HYCLATE	50 MG	TABLET DR	ORAL	05/06/2022	6.78677
DOXYCYCLINE HYCLATE	100 MG	VIAL	INTRAVEN	09/01/2022	12.21000
DOXYCYCLINE MONOHYDRATE	100 MG	CAPSULE	ORAL	08/04/2022	0.37145
DOXYCYCLINE MONOHYDRATE	50 MG	CAPSULE	ORAL	08/04/2022	0.41178
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	07/21/2022	0.43617
DOXYCYCLINE MONOHYDRATE	100 MG	TABLET	ORAL	05/06/2022	0.42210
DOXYCYCLINE MONOHYDRATE	50 MG	TABLET	ORAL	05/06/2022	0.58076
DOXYCYCLINE MONOHYDRATE	75 MG	TABLET	ORAL	05/06/2022	1.15387
DOXYCYCLINE MONOHYDRATE	150 MG	TABLET	ORAL	05/06/2022	4.99048
DOXYLAMINE SUCCINATE	25 MG	TABLET	ORAL	09/01/2022	0.20288
DOXYLAMINE SUCCINATE/VIT B6	10 MG-10MG	TABLET DR	ORAL	01/06/2022	4.88440
DRONABINOL	10 MG	CAPSULE	ORAL	05/06/2022	6.52293
DRONABINOL	2.5 MG	CAPSULE	ORAL	05/06/2022	2.19916
DRONABINOL	5 MG	CAPSULE	ORAL	05/06/2022	4.39340

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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
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	05/06/2022	5.79196
DROXIDOPA	100 MG	CAPSULE	ORAL	05/06/2022	1.99660
DROXIDOPA	200 MG	CAPSULE	ORAL	05/06/2022	4.09787
DROXIDOPA	300 MG	CAPSULE	ORAL	05/06/2022	5.63273
DULOXETINE HCL	20 MG	CAPSULE DR	ORAL	06/02/2022	0.12618
DULOXETINE HCL	30 MG	CAPSULE DR	ORAL	08/04/2022	0.08572
DULOXETINE HCL	60 MG	CAPSULE DR	ORAL	06/30/2022	0.10090
DULOXETINE HCL	40 MG	CAPSULE DR	ORAL	08/18/2022	2.86352
DUTASTERIDE	0.5 MG	CAPSULE	ORAL	05/06/2022	0.22944
DUTASTERIDE/TAMSULOSIN HCL	0.5-0.4 MG	CPMP 24HR	ORAL	05/06/2022	2.80163
ECHINACEA	400 MG	CAPSULE	ORAL	07/27/2022	0.05065
ECONAZOLE NITRATE	1 %	CREAM (G)	TOPICAL	05/06/2022	0.23807
EFAVIRENZ	50 MG	CAPSULE	ORAL	05/06/2022	3.41798
EFAVIRENZ	200 MG	CAPSULE	ORAL	10/26/2021	7.47232
EFAVIRENZ	600 MG	TABLET	ORAL	05/06/2022	5.22351
EFAVIRENZ/EMTRICIT/TENOFOVR DF	600-200MG	TABLET	ORAL	08/11/2022	9.00000
EFAVIRENZ/LAMIVU/TENOFOV DISOP	400-300 MG	TABLET	ORAL	05/06/2022	56.96848
EFAVIRENZ/LAMIVU/TENOFOV DISOP	600-300MG	TABLET	ORAL	05/06/2022	56.96848
ELECTROLYTE-MB SOLUTION/D5W	5 %	IV SOLN	INTRAVEN	05/06/2022	0.00256
ELECTROLYTES/DEXTROSE		SOLUTION	ORAL	08/25/2022	0.00527

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ELETRIPTAN HYDROBROMIDE	20 MG	TABLET	ORAL	05/19/2022	5.44618
ELETRIPTAN HYDROBROMIDE	40 MG	TABLET	ORAL	09/08/2022	3.96770
EMOLLIENT BASE		CREAM (G)	TOPICAL	06/09/2022	0.03093
EMOLLIENT COMBINATION NO.53		CREAM (G)	TOPICAL	05/06/2022	0.38656
EMOLLIENT NO56/HYALURONIC ACID		GEL (GRAM)	TOPICAL	05/06/2022	0.09056
EMTRICITABINE	200 MG	CAPSULE	ORAL	10/26/2021	14.46305
EMTRICITABINE/TENOFOVIR (TDF)	200-300 MG	TABLET	ORAL	06/30/2022	0.82633
EMTRICITABINE/TENOFOVIR (TDF)	100-150 MG	TABLET	ORAL	10/19/2021	18.23955
EMTRICITABINE/TENOFOVIR (TDF)	133-200 MG	TABLET	ORAL	10/19/2021	18.23955
EMTRICITABINE/TENOFOVIR (TDF)	167-250 MG	TABLET	ORAL	10/19/2021	18.23955
ENALAPRIL MALEATE	1 MG/ML	SOLUTION	ORAL	08/01/2022	2.75460
ENALAPRIL MALEATE	10 MG	TABLET	ORAL	08/25/2022	0.08040
ENALAPRIL MALEATE	2.5 MG	TABLET	ORAL	08/25/2022	0.13681
ENALAPRIL MALEATE	20 MG	TABLET	ORAL	07/28/2022	0.12012
ENALAPRIL MALEATE	5 MG	TABLET	ORAL	08/25/2022	0.09300
ENALAPRIL/HYDROCHLOROTHIAZIDE	10 MG-25MG	TABLET	ORAL	05/06/2022	1.06296
ENALAPRILAT DIHYDRATE	1.25 MG/ML	VIAL	INTRAVEN	05/06/2022	1.40700
ENOXAPARIN SODIUM	30MG/0.3ML	SYRINGE	SUBCUT	09/08/2022	11.30833
ENOXAPARIN SODIUM	60MG/0.6ML	SYRINGE	SUBCUT	09/08/2022	10.13917
ENOXAPARIN SODIUM	80MG/0.8ML	SYRINGE	SUBCUT	09/08/2022	10.62313
ENOXAPARIN SODIUM	100 MG/ML	SYRINGE	SUBCUT	09/08/2022	10.28905

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ENOXAPARIN SODIUM	40MG/0.4ML	SYRINGE	SUBCUT	09/08/2022	10.69500
ENOXAPARIN SODIUM	150 MG/ML	SYRINGE	SUBCUT	08/11/2022	13.12500
ENOXAPARIN SODIUM	120MG/.8ML	SYRINGE	SUBCUT	09/08/2022	14.55563
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	05/06/2022	0.97418
ENTECAVIR	1 MG	TABLET	ORAL	05/06/2022	1.27613
ENZYMES,DIGESTIVE		CAPSULE	ORAL	08/04/2022	0.50898
EPHEDRINE SULFATE	50MG/ML(1)	VIAL	INTRAVEN	07/27/2022	11.32780
EPINASTINE HCL	0.05 %	DROPS	OPHTHALMIC	05/26/2022	15.75000
EPINEPHRINE	1 MG/ML	VIAL	INJECTION	05/26/2022	9.60480
EPINEPHRINE	0.3MG/0.3	AUTO INJCT	INJECTION	07/27/2022	146.06250
EPINEPHRINE HCL/PF	1 MG/ML(1)	AMPUL	INJECTION	05/06/2022	499.84125
EPIRUBICIN HCL	50 MG/25ML	VIAL	INTRAVEN	05/06/2022	2.46453
EPIRUBICIN HCL	200MG/0.1L	VIAL	INTRAVEN	05/06/2022	2.32021
EPLERENONE	25 MG	TABLET	ORAL	07/21/2022	0.33178
EPLERENONE	50 MG	TABLET	ORAL	08/18/2022	1.03180
EPOPROSTENOL SODIUM	1.5 MG	VIAL	INTRAVEN	10/26/2021	28.80763
EPOPROSTENOL SODIUM	0.5 MG	VIAL	INTRAVEN	08/01/2022	14.85620
EPOPROSTENOL SODIUM (GLYCINE)	0.5 MG	VIAL	INTRAVEN	05/06/2022	18.64328
EPOPROSTENOL SODIUM (GLYCINE)	1.5 MG	VIAL	INTRAVEN	05/06/2022	43.95508

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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
EPTIFIBATIDE	75MG/100ML	VIAL	INTRAVEN	05/06/2022	0.90718
EPTIFIBATIDE	2 MG/ML	VIAL	INTRAVEN	05/06/2022	2.77200
ERGOCALCIFEROL (VITAMIN D2)	1250 MCG	CAPSULE	ORAL	06/30/2022	0.16147
ERGOCALCIFEROL (VITAMIN D2)	200 MCG/ML	DROPS	ORAL	05/06/2022	0.52305
ERGOTAMINE TARTRATE/CAFFEINE	1 MG-100MG	TABLET	ORAL	08/04/2022	9.26214
ERTAPENEM SODIUM	1 G	VIAL	INJECTION	07/27/2022	33.65383
ERYTHROMYCIN BASE	250 MG	TABLET	ORAL	06/07/2022	5.59096
ERYTHROMYCIN BASE	500 MG	TABLET	ORAL	07/21/2022	7.45000
ERYTHROMYCIN BASE	250 MG	TABLET DR	ORAL	05/06/2022	6.54177
ERYTHROMYCIN BASE	333 MG	TABLET DR	ORAL	06/07/2022	6.70687
ERYTHROMYCIN BASE	500 MG	TABLET DR	ORAL	07/21/2022	9.24600
ERYTHROMYCIN BASE	5 MG/GRAM	OINT. (G)	OPHTHALMIC	09/08/2022	3.78813
ERYTHROMYCIN BASE IN ETHANOL	2 %	GEL (GRAM)	TOPICAL	05/06/2022	0.69611
ERYTHROMYCIN BASE IN ETHANOL	2 %	SOLUTION	TOPICAL	05/06/2022	0.51903
ERYTHROMYCIN ETHYLSUCCINATE	200 MG/5ML	SUSP RECON	ORAL	05/18/2021	2.26200
ERYTHROMYCIN ETHYLSUCCINATE	400 MG/5ML	SUSP RECON	ORAL	05/06/2022	6.09676
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	06/09/2022	0.44466
ESCITALOPRAM OXALATE	10 MG	TABLET	ORAL	07/21/2022	0.05178
ESCITALOPRAM OXALATE	20 MG	TABLET	ORAL	07/27/2022	0.08028



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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ESCITALOPRAM OXALATE	5 MG	TABLET	ORAL	05/06/2022	0.03011
ESMOLOL HCL	100MG/10ML	VIAL	INTRAVEN	05/06/2022	0.52710
ESMOLOL IN SODIUM CHLORIDE,ISO	2500MG/250	IV SOLN	INTRAVEN	08/25/2022	0.76380
ESMOLOL IN SODIUM CHLORIDE,ISO	2000MG/100	IV SOLN	INTRAVEN	08/25/2022	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	10 MG	SUSPDR PKT	ORAL	10/26/2021	6.19484
ESOMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	08/25/2022	0.22206
ESOMEPRAZOLE MAGNESIUM	40 MG	CAPSULE DR	ORAL	08/25/2022	0.16065
ESOMEPRAZOLE SODIUM	40 MG	VIAL	INTRAVEN	08/04/2022	7.03326
ESTAZOLAM	1 MG	TABLET	ORAL	05/06/2022	2.73372
ESTAZOLAM	2 MG	TABLET	ORAL	05/06/2022	2.82414
ESTRADIOL	1 MG	TABLET	ORAL	05/06/2022	0.12985
ESTRADIOL	2 MG	TABLET	ORAL	09/01/2022	0.21622
ESTRADIOL	0.5 MG	TABLET	ORAL	05/06/2022	0.12623
ESTRADIOL	1 MG/GRAM	GEL PACKET	TRANSDERM	08/25/2022	6.85927
ESTRADIOL	0.5MG/0.5G	GEL PACKET	TRANSDERM	08/25/2022	6.85927
ESTRADIOL	0.25/0.25G	GEL PACKET	TRANSDERM	08/25/2022	6.85927
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

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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
ESTRADIOL	.075MG/24H	PATCH TDWK	TRANSDERM	05/06/2022	14.76563
ESTRADIOL	0.06MG/24H	PATCH TDWK	TRANSDERM	05/06/2022	13.91250
ESTRADIOL	.0375MG/24	PATCH TDWK	TRANSDERM	09/08/2022	13.84688
ESTRADIOL	0.05MG/24H	PATCH TDSW	TRANSDERM	05/06/2022	9.38688
ESTRADIOL	0.1MG/24HR	PATCH TDSW	TRANSDERM	05/06/2022	9.39981
ESTRADIOL	.025MG/24H	PATCH TDSW	TRANSDERM	07/21/2022	9.37969
ESTRADIOL	.075MG/24H	PATCH TDSW	TRANSDERM	05/06/2022	9.39694
ESTRADIOL	.0375MG/24	PATCH TDSW	TRANSDERM	07/21/2022	9.37969
ESTRADIOL	0.01 %	CREAM/APPL	VAGINAL	10/04/2021	2.13714
ESTRADIOL	10 MCG	TABLET	VAGINAL	05/19/2022	8.26533
ESTRADIOL VALERATE	20 MG/ML	VIAL	INTRAMUSC	10/19/2021	15.15255
ESTRADIOL/NORETHINDRONE ACET	1 MG-0.5MG	TABLET	ORAL	08/18/2022	1.74790
ESTRADIOL/NORETHINDRONE ACET	0.5-0.1 MG	TABLET	ORAL	05/06/2022	1.29358
ESZOPICLONE	3 MG	TABLET	ORAL	08/11/2022	0.22700
ESZOPICLONE	2 MG	TABLET	ORAL	08/11/2022	0.19443
ESZOPICLONE	1 MG	TABLET	ORAL	08/11/2022	0.22700
ETHACRYNIC ACID	25 MG	TABLET	ORAL	09/08/2022	2.98379
ETHAMBUTOL HCL	100 MG	TABLET	ORAL	05/06/2022	0.48361
ETHAMBUTOL HCL	400 MG	TABLET	ORAL	08/04/2022	0.46900
ETHINYL ESTRADIOL/DROSPIRENONE	0.03MG-3MG	TABLET	ORAL	05/06/2022	0.34712
ETHINYL ESTRADIOL/DROSPIRENONE	0.02-3(28)	TABLET	ORAL	08/18/2022	0.77736

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ETHOSUXIMIDE	250 MG	CAPSULE	ORAL	06/09/2022	0.67389
ETHOSUXIMIDE	250 MG/5ML	SOLUTION	ORAL	07/14/2022	0.15723
ETHYL ACETATE		LIQUID	MISCELL	05/06/2022	0.13138
ETHYL ALCOHOL	62 %	GEL (ML)	TOPICAL	05/06/2022	0.00425
ETHYL ALCOHOL	70 %	GEL (ML)	TOPICAL	05/06/2022	0.22278
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-35MCG	TABLET	ORAL	05/06/2022	0.74593
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-50MCG	TABLET	ORAL	05/06/2022	1.03116
ETODOLAC	200 MG	CAPSULE	ORAL	05/06/2022	0.95837
ETODOLAC	300 MG	CAPSULE	ORAL	06/30/2022	0.59576
ETODOLAC	400 MG	TABLET	ORAL	07/21/2022	0.44381
ETODOLAC	500 MG	TABLET	ORAL	06/30/2022	0.40656
ETODOLAC	600 MG	TAB ER 24H	ORAL	08/25/2022	1.99660
ETODOLAC	400 MG	TAB ER 24H	ORAL	08/25/2022	1.56860
ETODOLAC	500 MG	TAB ER 24H	ORAL	08/25/2022	1.24432
ETONOGESTREL/ETHINYL ESTRADIOL	.12-.015MG	VAG RING	VAGINAL	02/02/2021	105.21625
ETOPOSIDE	20 MG/ML	VIAL	INTRAVEN	05/06/2022	1.42549
ETRAVIRINE	100 MG	TABLET	ORAL	06/20/2022	10.07755
ETRAVIRINE	200 MG	TABLET	ORAL	06/20/2022	16.56218
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	06/23/2022	0.03049

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
EVENING PRIMROSE OIL	500 MG	CAPSULE	ORAL	07/27/2022	0.07028
EVEROLIMUS	0.5 MG	TABLET	ORAL	01/25/2022	16.73400
EVEROLIMUS	0.75 MG	TABLET	ORAL	07/21/2022	12.76807
EVEROLIMUS	5 MG	TABLET	ORAL	07/21/2022	109.21741
EVEROLIMUS	10 MG	TABLET	ORAL	06/19/2022	88.10000
EVEROLIMUS	1 MG	TABLET	ORAL	07/27/2022	18.68423
EVEROLIMUS	2.5 MG	TABLET	ORAL	09/08/2022	84.96152
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	09/08/2022	1.43871
EZETIMIBE	10 MG	TABLET	ORAL	06/16/2022	0.11730
EZETIMIBE/SIMVASTATIN	10 MG-10MG	TABLET	ORAL	05/06/2022	1.09359
EZETIMIBE/SIMVASTATIN	10 MG-20MG	TABLET	ORAL	05/06/2022	0.77184
EZETIMIBE/SIMVASTATIN	10 MG-80MG	TABLET	ORAL	05/06/2022	0.56593
EZETIMIBE/SIMVASTATIN	10 MG-40MG	TABLET	ORAL	05/06/2022	1.19215
FAMCICLOVIR	250 MG	TABLET	ORAL	08/04/2022	0.52528
FAMCICLOVIR	500 MG	TABLET	ORAL	08/04/2022	0.87591
FAMCICLOVIR	125 MG	TABLET	ORAL	06/22/2021	0.41987
FAMOTIDINE	20 MG	TABLET	ORAL	08/04/2022	0.04529
FAMOTIDINE	40 MG	TABLET	ORAL	07/21/2022	0.06818

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FAMOTIDINE	10 MG	TABLET	ORAL	08/04/2022	0.08844
FAMOTIDINE	10 MG/ML	VIAL	INTRAVEN	05/06/2022	0.41473
FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165	TAB CHEW	ORAL	05/19/2022	0.29075
FAMOTIDINE/PF	20 MG/2 ML	VIAL	INTRAVEN	07/14/2022	0.40200
FAT EMULSIONS	20 %	EMULSION	INTRAVEN	09/08/2022	0.08639
FEBUXOSTAT	40 MG	TABLET	ORAL	05/06/2022	0.70573
FEBUXOSTAT	80 MG	TABLET	ORAL	05/06/2022	0.79149
FELBAMATE	600 MG/5ML	ORAL SUSP	ORAL	09/08/2022	1.16552
FELBAMATE	400 MG	TABLET	ORAL	09/01/2022	1.15816
FELBAMATE	600 MG	TABLET	ORAL	09/01/2022	1.61845
FELODIPINE	5 MG	TAB ER 24H	ORAL	07/07/2022	0.16013
FELODIPINE	10 MG	TAB ER 24H	ORAL	07/07/2022	0.21226
FELODIPINE	2.5 MG	TAB ER 24H	ORAL	07/07/2022	0.15437
FENOFIBRATE	160 MG	TABLET	ORAL	05/06/2022	0.17396
FENOFIBRATE	40 MG	TABLET	ORAL	05/06/2022	11.61981
FENOFIBRATE	120 MG	TABLET	ORAL	05/06/2022	32.48278
FENOFIBRATE	54 MG	TABLET	ORAL	05/06/2022	0.25996
FENOFIBRATE NANOCRYSTALLIZED	48 MG	TABLET	ORAL	10/26/2021	0.14204
FENOFIBRATE NANOCRYSTALLIZED	145 MG	TABLET	ORAL	08/11/2022	0.22661
FENOFIBRATE,MICRONIZED	200 MG	CAPSULE	ORAL	05/06/2022	0.36528
FENOFIBRATE,MICRONIZED	67 MG	CAPSULE	ORAL	05/06/2022	0.20167

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FENOFIBRATE,MICRONIZED	134 MG	CAPSULE	ORAL	05/06/2022	0.21306
FENOFIBRATE,MICRONIZED	43 MG	CAPSULE	ORAL	05/06/2022	1.13453
FENOFIBRATE,MICRONIZED	130 MG	CAPSULE	ORAL	10/19/2021	1.79000
FENOFIBRIC ACID (CHOLINE)	45 MG	CAPSULE DR	ORAL	07/14/2022	0.33500
FENOFIBRIC ACID (CHOLINE)	135 MG	CAPSULE DR	ORAL	09/08/2022	0.78122
FENOPROFEN CALCIUM	400 MG	CAPSULE	ORAL	08/04/2022	13.08203
FENTANYL	25 MCG/HR	PATCH TD72	TRANSDERM	07/21/2022	5.25526
FENTANYL	50MCG/HR	PATCH TD72	TRANSDERM	07/21/2022	7.63440
FENTANYL	75MCG/HR	PATCH TD72	TRANSDERM	07/21/2022	12.80840
FENTANYL	100 MCG/HR	PATCH TD72	TRANSDERM	08/04/2022	12.81280
FENTANYL	12 MCG/HR	PATCH TD72	TRANSDERM	05/06/2022	10.77780
FENTANYL	62.5MCG/HR	PATCH TD72	TRANSDERM	10/26/2021	48.63933
FENTANYL	87.5MCG/HR	PATCH TD72	TRANSDERM	05/06/2022	66.22525
FENTANYL	37.5MCG/HR	PATCH TD72	TRANSDERM	08/01/2022	36.73400
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	12/03/2019	11.59473
FENTANYL CITRATE	100 MCG	TABLET EFF	BUCCAL	05/26/2022	42.14727

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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
FENTANYL CITRATE	200 MCG	TABLET EFF	BUCCAL	01/11/2022	77.06883
FENTANYL CITRATE	400 MCG	TABLET EFF	BUCCAL	01/11/2022	111.82475
FENTANYL CITRATE	600 MCG	TABLET EFF	BUCCAL	07/15/2022	144.21453
FENTANYL CITRATE	800 MCG	TABLET EFF	BUCCAL	01/11/2022	178.85701
FENTANYL CITRATE/PF	50 MCG/ML	AMPUL	INJECTION	05/06/2022	0.50156
FENTANYL CITRATE/PF	50 MCG/ML	VIAL	INJECTION	05/06/2022	0.40823
FENTANYL CITRATE/PF	100MCG/2ML	CARTRIDGE	INTRAVEN	08/31/2017	1.26228
FERROUS FUMARATE	324(106)MG	TABLET	ORAL	05/06/2022	0.25949
FERROUS GLUCONATE	240(27)MG	TABLET	ORAL	05/06/2022	0.02090
FERROUS GLUCONATE	324(38)MG	TABLET	ORAL	05/06/2022	0.06057
FERROUS GLUCONATE	324(37.5)	TABLET	ORAL	05/06/2022	0.06419
FERROUS SULFATE	220 (44)/5	ELIXIR	ORAL	05/06/2022	0.03294
FERROUS SULFATE	220 (44)/5	SOLUTION	ORAL	05/06/2022	0.00813
FERROUS SULFATE	300 MG/5ML	LIQUID	ORAL	08/04/2022	0.73644
FERROUS SULFATE	15 MG/ML	DROPS	ORAL	09/08/2022	0.11015
FERROUS SULFATE	325(65) MG	TABLET	ORAL	05/06/2022	0.00746
FERROUS SULFATE	325(65) MG	TABLET DR	ORAL	05/06/2022	0.06767
FERROUS SULFATE	324(65)MG	TABLET DR	ORAL	05/06/2022	0.06459
FERROUS SULFATE	142(45)MG	TABLET ER	ORAL	05/06/2022	0.39217
FERROUS SULFATE, DRIED	160(50) MG	TABLET ER	ORAL	05/06/2022	0.08476
FERUMOXYTOL	510MG/17ML	VIAL	INTRAVEN	05/06/2022	21.61765

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FEXOFENADINE HCL	30 MG/5 ML	ORAL SUSP	ORAL	08/18/2022	0.08755
FEXOFENADINE HCL	60 MG	TABLET	ORAL	07/27/2022	0.15155
FEXOFENADINE HCL	180 MG	TABLET	ORAL	08/11/2022	0.26746
FEXOFENADINE/PSEUDOEPHEDRINE	60MG-120MG	TAB ER 12H	ORAL	05/06/2022	0.66464
FINASTERIDE	1 MG	TABLET	ORAL	08/25/2022	0.06700
FINASTERIDE	5 MG	TABLET	ORAL	08/04/2022	0.08337
FISH OIL/BORAGE/FLAX/OM3,6,9 1	400-400 MG	CAPSULE	ORAL	09/01/2022	0.10943
FLAVOXATE HCL	100 MG	TABLET	ORAL	05/26/2022	0.68769
FLAXSEED OIL	1000 MG	CAPSULE	ORAL	07/27/2022	0.07436
FLECAINIDE ACETATE	100 MG	TABLET	ORAL	10/25/2021	0.26800
FLECAINIDE ACETATE	150 MG	TABLET	ORAL	05/06/2022	0.52260
FLECAINIDE ACETATE	50 MG	TABLET	ORAL	08/18/2022	0.18760
FLOXURIDINE	500 MG	VIAL	INJECTION	10/26/2021	139.63575
FLUCONAZOLE	40 MG/ML	SUSP RECON	ORAL	05/06/2022	1.09689
FLUCONAZOLE	10 MG/ML	SUSP RECON	ORAL	05/06/2022	0.41349
FLUCONAZOLE	100 MG	TABLET	ORAL	06/13/2022	0.56000
FLUCONAZOLE	200 MG	TABLET	ORAL	05/06/2022	0.84876
FLUCONAZOLE	50 MG	TABLET	ORAL	05/06/2022	0.87636
FLUCONAZOLE	150 MG	TABLET	ORAL	07/07/2022	1.05190
FLUCONAZOLE IN NACL,ISO-OSM	200MG/0.1L	PIGGYBACK	INTRAVEN	05/06/2022	0.05101
FLUCONAZOLE IN NACL,ISO-OSM	400MG/0.2L	PIGGYBACK	INTRAVEN	05/06/2022	0.03378

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FLUCYTOSINE	250 MG	CAPSULE	ORAL	06/23/2022	50.13583
FLUCYTOSINE	500 MG	CAPSULE	ORAL	10/26/2021	36.30208
FLUDARABINE PHOSPHATE	50 MG	VIAL	INTRAVEN	08/01/2022	69.24587
FLUDROCORTISONE ACETATE	0.1 MG	TABLET	ORAL	08/04/2022	0.58338
FLUMAZENIL	0.1 MG/ML	VIAL	INTRAVEN	05/06/2022	1.40030
FLUNISOLIDE	25 MCG	SPRAY	NASAL	08/25/2022	3.41722
FLUOCINOLONE ACETONIDE	0.01 %	CREAM (G)	TOPICAL	05/06/2022	2.70072
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	06/09/2022	0.57575
FLUOCINOLONE ACETONIDE	0.01 %	OIL	TOPICAL	07/21/2022	0.25795
FLUOCINOLONE ACETONIDE OIL	0.01 %	DROPS	OTIC (EAR)	05/19/2022	1.88136
FLUOCINOLONE/SHOWER CAP	0.01 %	OIL	TOPICAL	05/06/2022	0.27984
FLUOCINONIDE	0.05 %	GEL (GRAM)	TOPICAL	05/06/2022	1.65847
FLUOCINONIDE	0.05 %	CREAM (G)	TOPICAL	08/18/2022	1.06530
FLUOCINONIDE	0.1 %	CREAM (G)	TOPICAL	08/04/2022	0.51702
FLUOCINONIDE	0.05 %	OINT. (G)	TOPICAL	07/21/2022	0.48508
FLUOCINONIDE	0.05 %	SOLUTION	TOPICAL	05/06/2022	0.44622
FLUOCINONIDE/EMOLLIENT BASE	0.05 %	CREAM (G)	TOPICAL	05/06/2022	1.21404
FLUORESCEIN SODIUM	500 MG/5ML	VIAL	INTRAVEN	06/29/2021	6.77757
FLUOROMETHOLONE	0.1 %	DROPS SUSP	OPHTHALMIC	05/06/2022	14.86590

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FLUOROURACIL	5 %	CREAM (G)	TOPICAL	05/19/2022	2.49307
FLUOROURACIL	500MG/10ML	VIAL	INTRAVEN	09/01/2022	0.31825
FLUOROURACIL	1 G/20 ML	VIAL	INTRAVEN	07/07/2022	0.39798
FLUOROURACIL	2.5 G/50ML	VIAL	INTRAVEN	07/14/2022	0.30297
FLUOROURACIL	5 G/100 ML	VIAL	INTRAVEN	07/14/2022	0.18090
FLUOXETINE HCL	10 MG	CAPSULE	ORAL	06/16/2022	0.04263
FLUOXETINE HCL	20 MG	CAPSULE	ORAL	06/16/2022	0.03349
FLUOXETINE HCL	40 MG	CAPSULE	ORAL	07/21/2022	0.17251
FLUOXETINE HCL	20 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.56358
FLUOXETINE HCL	10 MG	TABLET	ORAL	05/19/2022	0.27134
FLUOXETINE HCL	20 MG	TABLET	ORAL	06/13/2022	0.32000
FLUOXETINE HCL	60 MG	TABLET	ORAL	12/14/2021	0.85629
FLUPHENAZINE DECANOATE	25 MG/ML	VIAL	INJECTION	09/08/2022	14.91000
FLUPHENAZINE HCL	1 MG	TABLET	ORAL	08/04/2022	1.42616
FLUPHENAZINE HCL	10 MG	TABLET	ORAL	08/25/2022	4.58159
FLUPHENAZINE HCL	2.5 MG	TABLET	ORAL	08/25/2022	2.68580
FLURANDRENOLIDE	0.05 %	CREAM (G)	TOPICAL	05/06/2022	5.24066
FLURANDRENOLIDE	0.05 %	OINT. (G)	TOPICAL	05/06/2022	7.56410
FLURANDRENOLIDE	0.05 %	LOTION	TOPICAL	10/18/2021	1.70839
FLUTAMIDE	125 MG	CAPSULE	ORAL	12/14/2021	0.72241
FLUTICASONE PROPION/SALMETEROL	100-50 MCG	BLST W/DEV	INHALATION	09/08/2022	2.01335

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	10/19/2021	3.94000
FLUTICASONE PROPIONATE	0.05 %	CREAM (G)	TOPICAL	07/21/2022	0.21016
FLUTICASONE PROPIONATE	0.005 %	OINT. (G)	TOPICAL	05/06/2022	0.49491
FLUTICASONE PROPIONATE	0.05 %	LOTION	TOPICAL	07/14/2022	4.41958
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	08/17/2021	0.27470
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	05/06/2022	1.07412
FLUTICASONE PROPIONATE	110 MCG	AER W/ADAP	INHALATION	08/18/2022	14.91788
FLUTICASONE PROPIONATE	44 MCG	AER W/ADAP	INHALATION	08/18/2022	12.73500
FLUTICASONE PROPIONATE	220 MCG	AER W/ADAP	INHALATION	08/18/2022	23.17088
FLUTICASONE/VILANTEROL	100-25MCG	BLST W/DEV	INHALATION	08/18/2022	5.25778
FLUTICASONE/VILANTEROL	200-25 MCG	BLST W/DEV	INHALATION	08/18/2022	5.25778
FLUVASTATIN SODIUM	20 MG	CAPSULE	ORAL	05/06/2022	4.49196
FLUVASTATIN SODIUM	40 MG	CAPSULE	ORAL	05/06/2022	4.49196
FLUVASTATIN SODIUM	80 MG	TAB ER 24H	ORAL	05/06/2022	4.91621
FLUVOXAMINE MALEATE	100 MG	CAP ER 24H	ORAL	05/06/2022	8.53720
FLUVOXAMINE MALEATE	150 MG	CAP ER 24H	ORAL	06/01/2020	6.78500
FLUVOXAMINE MALEATE	25 MG	TABLET	ORAL	05/06/2022	0.31530
FLUVOXAMINE MALEATE	50 MG	TABLET	ORAL	05/06/2022	0.45037
FLUVOXAMINE MALEATE	100 MG	TABLET	ORAL	06/23/2022	0.44019
FOLIC ACID	0.8 MG	CAPSULE	ORAL	05/06/2022	0.05561

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FOLIC ACID	0.4 MG	TABLET	ORAL	05/06/2022	0.00643
FOLIC ACID	0.8 MG	TABLET	ORAL	05/06/2022	0.00925
FOLIC ACID	1 MG	TABLET	ORAL	07/21/2022	0.02673
FOLIC ACID	5 MG/ML	VIAL	INJECTION	05/06/2022	3.04128
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	06/16/2022	0.07491
FOLIC ACID/VIT B COMPLEX AND C	400 MCG	TABLET	ORAL	05/06/2022	0.07169
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	05/06/2022	42.72328
FONDAPARINUX SODIUM	5MG/0.4ML	SYRINGE	SUBCUT	07/27/2022	85.16725
FONDAPARINUX SODIUM	7.5MG/0.6	SYRINGE	SUBCUT	05/06/2022	47.47031
FORMOTEROL FUMARATE	20 MCG/2ML	VIAL-NEB	INHALATION	09/01/2022	7.34568
FOSAMPRENAVIR CALCIUM	700 MG	TABLET	ORAL	05/06/2022	15.74825
FOSAPREPITANT DIMEGLUMINE	150 MG	VIAL	INTRAVEN	08/11/2022	21.00000
FOSCARNET SODIUM	24 MG/ML	INFUS. BTL	INTRAVEN	05/06/2022	2.40686
FOSCARNET SODIUM	24 MG/ML	PLAST. BAG	INTRAVEN	05/26/2022	4.06066
FOSFOMYCIN TROMETHAMINE	3 G	PACKET	ORAL	06/27/2022	71.50000
FOSINOPRIL SODIUM	10 MG	TABLET	ORAL	05/06/2022	0.21217
FOSINOPRIL SODIUM	20 MG	TABLET	ORAL	05/06/2022	0.22884
FOSINOPRIL SODIUM	40 MG	TABLET	ORAL	05/06/2022	0.30597

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
FOSINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	05/06/2022	1.83084
FOSINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	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	05/06/2022	0.59831
FROVATRIPTAN SUCCINATE	2.5 MG	TABLET	ORAL	11/16/2021	20.69900
FRUCTOOLIGOSACCHARIDES/POLYDEX	15 G/30 ML	LIQUID	ORAL	05/06/2022	0.02374
FULVESTRANT	250 MG/5ML	SYRINGE	INTRAMUSC	08/23/2022	31.64688
FUROSEMIDE	10 MG/ML	SOLUTION	ORAL	05/26/2022	0.11982
FUROSEMIDE	20 MG	TABLET	ORAL	05/06/2022	0.04052
FUROSEMIDE	40 MG	TABLET	ORAL	05/06/2022	0.04114
FUROSEMIDE	80 MG	TABLET	ORAL	07/05/2018	0.05727
FUROSEMIDE	10 MG/ML	VIAL	INJECTION	08/04/2022	0.13266
GABAPENTIN	100 MG	CAPSULE	ORAL	09/08/2022	0.03195
GABAPENTIN	300 MG	CAPSULE	ORAL	08/25/2022	0.04038
GABAPENTIN	400 MG	CAPSULE	ORAL	04/11/2022	0.06195
GABAPENTIN	250 MG/5ML	SOLUTION	ORAL	08/04/2022	0.19394
GABAPENTIN	250 MG/5ML	SOLUTION	ORAL	05/06/2022	0.77660
GABAPENTIN	300 MG/6ML	SOLUTION	ORAL	05/06/2022	0.64716
GABAPENTIN	600 MG	TABLET	ORAL	08/04/2022	0.08147
GABAPENTIN	800 MG	TABLET	ORAL	08/25/2022	0.11994
GADOTERATE MEGLUMINE	5MMOL/10ML	SYRINGE	INTRAVEN	05/06/2022	6.98513

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GADOTERATE MEGLUMINE	7.5MMOL/15	SYRINGE	INTRAVEN	05/06/2022	6.63575
GADOTERATE MEGLUMINE	10MMOL/20	SYRINGE	INTRAVEN	05/06/2022	6.55419
GADOTERATE MEGLUMINE	5MMOL/10ML	VIAL	INTRAVEN	05/06/2022	6.35013
GADOTERATE MEGLUMINE	10MMOL/20	VIAL	INTRAVEN	05/06/2022	6.35006
GADOTERATE MEGLUMINE	7.5MMOL/15	VIAL	INTRAVEN	05/06/2022	6.06870
GADOTERATE MEGLUMINE	50MMOL/100	VIAL	INTRAVEN	05/06/2022	5.76526
GADOTERATE MEGLUMINE	2.5MMOL/5	VIAL	INTRAVEN	05/06/2022	6.73100
GALANTAMINE HBR	8 MG	CAP24H PEL	ORAL	07/07/2022	1.57048
GALANTAMINE HBR	16 MG	CAP24H PEL	ORAL	07/07/2022	1.75451
GALANTAMINE HBR	24 MG	CAP24H PEL	ORAL	09/08/2022	1.99258
GALANTAMINE HBR	12 MG	TABLET	ORAL	10/25/2021	0.89802
GALANTAMINE HBR	4 MG	TABLET	ORAL	05/06/2022	0.78323
GALANTAMINE HBR	8 MG	TABLET	ORAL	10/25/2021	0.98902
GANCICLOVIR SODIUM	500 MG	VIAL	INTRAVEN	03/01/2021	64.91530
GANIRELIX ACETATE	250MCG/0.5	SYRINGE	SUBCUT	09/01/2022	160.58675
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	05/06/2022	12.10000
GELATIN	600 MG	CAPSULE	ORAL	05/06/2022	0.09594
GELATIN		POWDER	MISCELL	05/06/2022	0.39195
GELATIN CAPSULES (EMPTY)		CAPSULE	ORAL	09/08/2022	0.01273

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GEMCITABINE HCL	200 MG	VIAL	INTRAVEN	07/07/2022	7.22400
GEMCITABINE HCL	1 G	VIAL	INTRAVEN	10/19/2021	20.35000
GEMCITABINE HCL	2 G	VIAL	INTRAVEN	05/06/2022	65.60000
GEMCITABINE HCL	1 G/26.3ML	VIAL	INTRAVEN	07/14/2022	0.80087
GEMCITABINE HCL	2 G/52.6ML	VIAL	INTRAVEN	07/14/2022	0.80552
GEMCITABINE HCL	200MG/5.26	VIAL	INTRAVEN	05/06/2022	1.32660
GEMCITABINE HCL	100 MG/ML	VIAL	INTRAVEN	05/06/2022	5.01952
GEMFIBROZIL	600 MG	TABLET	ORAL	06/16/2022	0.10966
GENTAMICIN SULFATE	0.1 %	CREAM (G)	TOPICAL	05/06/2022	1.06083
GENTAMICIN SULFATE	0.1 %	OINT. (G)	TOPICAL	05/06/2022	1.32213
GENTAMICIN SULFATE	0.3 %	DROPS	OPHTHALMIC	08/11/2022	1.32928
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	07/07/2022	0.04757
GLIMEPIRIDE	2 MG	TABLET	ORAL	06/30/2022	0.04725
GLIMEPIRIDE	4 MG	TABLET	ORAL	08/04/2022	0.07351

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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
GLIPIZIDE	10 MG	TAB ER 24	ORAL	06/16/2022	0.23362
GLIPIZIDE	5 MG	TAB ER 24	ORAL	05/06/2022	0.12735
GLIPIZIDE	2.5 MG	TAB ER 24	ORAL	05/06/2022	0.21172
GLIPIZIDE	10 MG	TABLET	ORAL	05/26/2022	0.04646
GLIPIZIDE	5 MG	TABLET	ORAL	08/18/2022	0.02782
GLIPIZIDE/METFORMIN HCL	2.5-250 MG	TABLET	ORAL	05/06/2022	0.47784
GLIPIZIDE/METFORMIN HCL	2.5-500 MG	TABLET	ORAL	05/06/2022	0.51818
GLIPIZIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	05/06/2022	0.57004
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	06/16/2022	0.15296
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/CHONDR SU A SOD	1500-1200	LIQUID	ORAL	05/06/2022	0.03428
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	05/06/2022	0.54337
GLY/DIMETH/PETROLAT,WHT/WATER		CREAM (G)	TOPICAL	05/06/2022	0.03372
GLYBURIDE	1.25 MG	TABLET	ORAL	07/14/2022	0.14995



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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GLYBURIDE	2.5 MG	TABLET	ORAL	07/07/2022	0.08978
GLYBURIDE	5 MG	TABLET	ORAL	05/06/2022	0.04591
GLYBURIDE,MICRONIZED	1.5 MG	TABLET	ORAL	02/02/2021	0.15190
GLYBURIDE,MICRONIZED	3 MG	TABLET	ORAL	10/18/2021	0.20663
GLYBURIDE,MICRONIZED	6 MG	TABLET	ORAL	08/03/2021	0.12552
GLYBURIDE/METFORMIN HCL	2.5-500 MG	TABLET	ORAL	06/30/2022	0.11162
GLYBURIDE/METFORMIN HCL	1.25-250MG	TABLET	ORAL	06/09/2022	0.08388
GLYBURIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	05/06/2022	0.06633
GLYCERIN	ADULT	SUPP.RECT	RECTAL	08/04/2022	0.09771
GLYCERIN	99.5 %	SOLUTION	TOPICAL	08/04/2022	0.03574
GLYCERIN/MIN OIL/WH.PETROLATUM		LOTION	TOPICAL	05/06/2022	0.01307
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	08/18/2022	0.99417
GLYCOPYRROLATE	1 MG	TABLET	ORAL	09/08/2022	0.18117
GLYCOPYRROLATE	2 MG	TABLET	ORAL	09/08/2022	0.42572
GLYCOPYRROLATE	0.2 MG/ML	VIAL	INJECTION	09/01/2022	1.31280
GRANISETRON HCL	1 MG/ML	VIAL	INTRAVEN	05/06/2022	5.95948
GRANISETRON HCL	1 MG/ML(1)	VIAL	INTRAVEN	05/06/2022	14.11935
GRANISETRON HCL/PF	100 MCG/ML	VIAL	INTRAVEN	08/07/2018	4.01280

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	05/06/2022	0.03250
GREEN TEA LEAF EXTRACT		CAPSULE	ORAL	07/27/2022	0.16722
GRISEOFULVIN ULTRAMICROSIZED	125 MG	TABLET	ORAL	06/16/2022	4.87388
GRISEOFULVIN ULTRAMICROSIZED	250 MG	TABLET	ORAL	06/16/2022	6.15569
GRISEOFULVIN, MICROSIZED	125 MG/5ML	ORAL SUSP	ORAL	08/11/2022	0.48184
GRISEOFULVIN, MICROSIZED	500 MG	TABLET	ORAL	05/12/2022	9.78064
GUAIFEN/DEXTROMETHORPHAN/PE	100-10-5MG	LIQUID	ORAL	05/06/2022	0.01484
GUAIFEN/DEXTROMETHORPHAN/PE	200-30-10	LIQUID	ORAL	05/06/2022	0.03406
GUAIFEN/DEXTROMETHORPHAN/PE	300-15-10	LIQUID	ORAL	05/06/2022	0.10902
GUAIFEN/DEXTROMETHORPHAN/PE	350-15-10	LIQUID	ORAL	05/06/2022	0.08165
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	05/06/2022	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/DEXTROMETHORPHAN/PE	5-2.5MG/ML	DROPS	ORAL	05/06/2022	0.16057
GUAIFEN/DEXTROMETHORPHAN/PE	380-15-10	TABLET	ORAL	08/07/2018	0.69233
GUAIFEN/PHENYLEPH/ACETAMINOPHN	200-5-325	TABLET	ORAL	06/02/2022	0.37129
GUAIFENESIN	1200 MG	TAB ER 12H	ORAL	05/06/2022	0.47522

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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
GUAIFENESIN	600 MG	TAB ER 12H	ORAL	09/01/2022	0.34800
GUAIFENESIN	200 MG/5ML	LIQUID	ORAL	06/23/2022	0.00817
GUAIFENESIN	100 MG/5ML	LIQUID	ORAL	05/06/2022	0.00949
GUAIFENESIN	200 MG	TABLET	ORAL	05/06/2022	0.04167
GUAIFENESIN	400 MG	TABLET	ORAL	07/07/2022	0.03424
GUAIFENESIN/DEXTROMETHORPHAN	200MG-10MG	CAPSULE	ORAL	05/06/2022	0.45761
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	LIQUID	ORAL	09/01/2022	0.00832
GUAIFENESIN/DEXTROMETHORPHAN	100-5 MG/5	LIQUID	ORAL	08/11/2022	0.05059
GUAIFENESIN/DEXTROMETHORPHAN	200-10MG/5	LIQUID	ORAL	07/07/2022	0.02543
GUAIFENESIN/DEXTROMETHORPHAN	200-15MG/5	LIQUID	ORAL	05/06/2022	0.08196
GUAIFENESIN/DEXTROMETHORPHAN	187-10MG/5	LIQUID	ORAL	05/06/2022	0.07251
GUAIFENESIN/DEXTROMETHORPHAN	50-5MG/5ML	LIQUID	ORAL	09/08/2022	0.01307
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	SYRUP	ORAL	09/08/2022	0.01277
GUAIFENESIN/DEXTROMETHORPHAN	600MG-30MG	TAB ER 12H	ORAL	07/14/2022	0.54270
GUAIFENESIN/DEXTROMETHORPHAN	1200-60MG	TAB ER 12H	ORAL	05/06/2022	0.93226
GUAIFENESIN/DM/PSEUDOEPHEDRINE	200-15-30	SOLUTION	ORAL	05/06/2022	0.02116
GUAIFENESIN/DM/PSEUDOEPHEDRINE	50-5-15/5	LIQUID	ORAL	05/06/2022	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	06/09/2022	0.05641

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
GUAIFENESIN/PSEUDOEPHEDRNE HCL	375MG-60MG	TABLET	ORAL	05/06/2022	0.61091
GUAIFENESIN/PSEUDOEPHEDRNE HCL	600MG-60MG	TAB ER 12H	ORAL	05/19/2022	0.55982
GUAIFENESIN/PSEUDOEPHEDRNE HCL	1200-120MG	TAB ER 12H	ORAL	05/06/2022	1.12393
GUANFACINE HCL	1 MG	TABLET	ORAL	06/30/2022	0.69117
GUANFACINE HCL	2 MG	TABLET	ORAL	06/13/2022	0.68330
GUANFACINE HCL	1 MG	TAB ER 24H	ORAL	08/25/2022	0.40575
GUANFACINE HCL	2 MG	TAB ER 24H	ORAL	08/25/2022	0.46565
GUANFACINE HCL	3 MG	TAB ER 24H	ORAL	08/25/2022	0.46565
GUANFACINE HCL	4 MG	TAB ER 24H	ORAL	08/25/2022	0.46565
HALCINONIDE	0.1 %	CREAM (G)	TOPICAL	09/08/2022	10.19034
HALOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	05/06/2022	0.92907
HALOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	07/21/2022	1.22771
HALOPERIDOL	0.5 MG	TABLET	ORAL	08/03/2021	0.23440
HALOPERIDOL	1 MG	TABLET	ORAL	05/19/2022	0.44511
HALOPERIDOL	10 MG	TABLET	ORAL	05/06/2022	0.71891
HALOPERIDOL	2 MG	TABLET	ORAL	05/19/2022	0.53600
HALOPERIDOL	20 MG	TABLET	ORAL	05/19/2022	1.67567
HALOPERIDOL	5 MG	TABLET	ORAL	07/27/2022	0.48079
HALOPERIDOL DECANOATE	50 MG/ML	AMPUL	INTRAMUSC	10/26/2021	16.40625
HALOPERIDOL DECANOATE	100 MG/ML	AMPUL	INTRAMUSC	06/30/2022	35.87705
HALOPERIDOL DECANOATE	50 MG/ML	VIAL	INTRAMUSC	08/11/2022	22.01150

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
HALOPERIDOL DECANOATE	100 MG/ML	VIAL	INTRAMUSC	10/04/2021	16.56000
HALOPERIDOL LACTATE	2 MG/ML	ORAL CONC	ORAL	09/08/2022	0.50998
HALOPERIDOL LACTATE	5 MG/ML	VIAL	INJECTION	05/06/2022	0.89083
HALOPERIDOL LACTATE	5 MG/ML	SYRINGE	INTRAMUSC	08/27/2020	9.29948
HEPARIN SOD,PORK IN 0.45% NACL	25000/250	IV SOLN	INTRAVEN	05/06/2022	0.06043
HEPARIN SOD,PORK IN 0.45% NACL	25000/500	IV SOLN	INTRAVEN	05/06/2022	0.01911
HEPARIN SODIUM,PORCINE	1000/ML	VIAL	INJECTION	08/04/2022	0.23673
HEPARIN SODIUM,PORCINE	10000/ML	VIAL	INJECTION	05/19/2022	2.85384
HEPARIN SODIUM,PORCINE	20000/ML	VIAL	INJECTION	10/19/2021	8.23000
HEPARIN SODIUM,PORCINE	5000/ML	VIAL	INJECTION	05/06/2022	1.09719
HEPARIN SODIUM,PORCINE/D5W	25000/250	IV SOLN	INTRAVEN	05/06/2022	0.06436
HEPARIN SODIUM,PORCINE/D5W	20K/500ML	IV SOLN	INTRAVEN	05/19/2022	0.03513
HEPARIN SODIUM,PORCINE/D5W	25000/500	IV SOLN	INTRAVEN	05/19/2022	0.02329
HEPARIN SODIUM,PORCINE/NS/PF	1000/500ML	IV SOLN	INTRAVEN	05/19/2022	0.01008
HEPARIN SODIUM,PORCINE/NS/PF	2K/1000ML	IV SOLN	INTRAVEN	05/06/2022	0.00784
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	200/2 ML	SYRINGE	INTRAVEN	05/06/2022	0.21273
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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
HORSE CHESTNUT SEED	300 MG	CAPSULE	ORAL	07/27/2022	0.11167
HYDRALAZINE HCL	10 MG	TABLET	ORAL	05/06/2022	0.04931
HYDRALAZINE HCL	100 MG	TABLET	ORAL	05/12/2022	0.09929
HYDRALAZINE HCL	25 MG	TABLET	ORAL	07/21/2022	0.04825
HYDRALAZINE HCL	50 MG	TABLET	ORAL	08/04/2022	0.05574
HYDRALAZINE HCL	20 MG/ML	VIAL	INJECTION	05/06/2022	4.38900
HYDROCHLORIC ACID	10 %	LIQUID	MISCELL	05/06/2022	0.21589
HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	ORAL	05/12/2022	0.03069
HYDROCHLOROTHIAZIDE	25 MG	TABLET	ORAL	05/06/2022	0.01541
HYDROCHLOROTHIAZIDE	50 MG	TABLET	ORAL	05/06/2022	0.01876
HYDROCHLOROTHIAZIDE	12.5 MG	TABLET	ORAL	05/06/2022	0.06003
HYDROCODONE BIT/HOMATROP ME-BR	5-1.5 MG/5	SYRUP	ORAL	05/06/2022	0.11806
HYDROCODONE BIT/HOMATROP ME-BR	5-1.5 MG/5	SYRUP	ORAL	06/02/2022	2.25757
HYDROCODONE BIT/HOMATROP ME-BR	5 MG-1.5MG	TABLET	ORAL	08/01/2022	0.66000
HYDROCODONE BITARTRATE	30 MG	TAB ER 24H	ORAL	05/06/2022	14.60375
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	120 MG	TAB ER 24H	ORAL	08/01/2022	27.50110
HYDROCODONE BITARTRATE	10 MG	CAP ER 12H	ORAL	05/06/2022	6.66750
HYDROCODONE BITARTRATE	15 MG	CAP ER 12H	ORAL	05/06/2022	7.12089

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
HYDROCODONE BITARTRATE	30 MG	CAP ER 12H	ORAL	05/06/2022	7.57428
HYDROCODONE BITARTRATE	40 MG	CAP ER 12H	ORAL	05/06/2022	7.38360
HYDROCODONE BITARTRATE	50 MG	CAP ER 12H	ORAL	05/06/2022	7.69440
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	05/06/2022	0.11759
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	05/06/2022	0.34517
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	08/11/2022	0.12412
HYDROCODONE/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	08/03/2022	0.09745
HYDROCODONE/ACETAMINOPHEN	7.5-325 MG	TABLET	ORAL	08/11/2022	0.12014
HYDROCODONE/ACETAMINOPHEN	5 MG-300MG	TABLET	ORAL	07/14/2022	0.28917
HYDROCODONE/ACETAMINOPHEN	7.5-300 MG	TABLET	ORAL	07/14/2022	0.33808
HYDROCODONE/CHLORPHEN P-STIREX	10-8MG/5ML	SUS ER 12H	ORAL	05/06/2022	0.51744
HYDROCODONE/IBUPROFEN	7.5-200 MG	TABLET	ORAL	05/06/2022	0.51042
HYDROCODONE/IBUPROFEN	10MG-200MG	TABLET	ORAL	05/06/2022	3.10431
HYDROCORTISONE	10 MG	TABLET	ORAL	07/21/2022	0.18207
HYDROCORTISONE	20 MG	TABLET	ORAL	05/06/2022	0.73338
HYDROCORTISONE	5 MG	TABLET	ORAL	05/06/2022	0.25916
HYDROCORTISONE	100MG/60ML	ENEMA	RECTAL	11/09/2021	0.49373
HYDROCORTISONE	1 %	CREAM (G)	TOPICAL	07/21/2022	0.07504
HYDROCORTISONE	2.5 %	CREAM (G)	TOPICAL	07/07/2022	0.11479

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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
HYDROCORTISONE	1 %	CRM/PE APP	TOPICAL	05/06/2022	1.15481
HYDROCORTISONE	2.5 %	CRM/PE APP	TOPICAL	10/25/2021	0.29480
HYDROCORTISONE	1 %	OINT. (G)	TOPICAL	05/26/2022	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	06/30/2022	0.10092
HYDROCORTISONE ACETATE	1 %	CREAM (G)	TOPICAL	05/06/2022	0.13188
HYDROCORTISONE BUTYRATE	0.1 %	OINT. (G)	TOPICAL	05/06/2022	2.50729
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	05/06/2022	0.31267
HYDROCORTISONE VALERATE	0.2 %	OINT. (G)	TOPICAL	05/06/2022	3.18267
HYDROCORTISONE/ACETIC ACID	1 %-2 %	DROPS	OTIC (EAR)	05/06/2022	10.38335
HYDROCORTISONE/ALOE VERA	1 %	CREAM (G)	TOPICAL	08/25/2022	0.07325
HYDROGEN PEROXIDE	3 %	SOLUTION	MISCELL	05/06/2022	0.00098
HYDROMORPHONE HCL	1 MG/ML	LIQUID	ORAL	02/11/2020	0.26598
HYDROMORPHONE HCL	2 MG	TABLET	ORAL	11/19/2019	0.08817
HYDROMORPHONE HCL	4 MG	TABLET	ORAL	05/06/2022	0.16388
HYDROMORPHONE HCL	8 MG	TABLET	ORAL	07/21/2022	0.58102
HYDROMORPHONE HCL	12 MG	TAB ER 24H	ORAL	05/06/2022	11.94369
HYDROMORPHONE HCL	32 MG	TAB ER 24H	ORAL	08/17/2021	20.10435



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Generic Name	Strength	Form	Route	Effective Date	MAC Price
HYDROMORPHONE HCL	16 MG	TAB ER 24H	ORAL	05/06/2022	15.20096
HYDROMORPHONE HCL	8 MG	TAB ER 24H	ORAL	05/06/2022	8.71776
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	0.5MG/.5ML	SYRINGE	INJECTION	01/04/2018	7.52400
HYDROMORPHONE HCL	2 MG/ML	VIAL	INJECTION	04/07/2020	1.42480
HYDROMORPHONE HCL/PF	10 MG/ML	VIAL	INJECTION	05/06/2022	1.57785
HYDROXYCHLOROQUINE SULFATE	200 MG	TABLET	ORAL	08/17/2021	0.24605
HYDROXYPROGESTERONE CAPROAT/PF	250 MG/ML	VIAL	INTRAMUSC	06/29/2021	112.75000
HYDROXYPROGESTERONE CAPROATE	250 MG/ML	VIAL	INTRAMUSC	10/19/2021	471.34000
HYDROXYPROPYL CELLULOSE		POWDER	MISCELL	05/06/2022	0.73700
HYDROXYUREA	500 MG	CAPSULE	ORAL	05/06/2022	0.71288
HYDROXYZINE HCL	10 MG	TABLET	ORAL	11/10/2020	0.04445
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	06/30/2022	0.11883
HYPOCHLOROUS ACID/SODIUM CHLOR	0.01 %	SPRAY	TOPICAL	06/02/2022	0.31698
HYPROMELLOSE	2.5 %	DROPS	OPHTHALMIC	06/23/2022	1.08093
HYPROMELLOSE		POWDER	MISCELL	05/06/2022	0.08971

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
HYPROMELLOSE CAPSULES (EMPTY)		CAPSULE	ORAL	09/08/2022	0.02495
HYPROMELLOSE DR CAP (EMPTY)		CAPSULE DR	ORAL	05/06/2022	0.18090
IBANDRONATE SODIUM	150 MG	TABLET	ORAL	05/06/2022	5.87163
IBANDRONATE SODIUM	3 MG/3 ML	SYRINGE	INTRAVEN	10/18/2021	36.90000
IBUPROFEN	200 MG	CAPSULE	ORAL	05/06/2022	0.06784
IBUPROFEN	100 MG/5ML	ORAL SUSP	ORAL	08/18/2022	0.02926
IBUPROFEN	50 MG/1.25	DROPS SUSP	ORAL	06/09/2022	0.34158
IBUPROFEN	200 MG	TABLET	ORAL	08/18/2022	0.03501
IBUPROFEN	400 MG	TABLET	ORAL	08/25/2022	0.03997
IBUPROFEN	600 MG	TABLET	ORAL	08/25/2022	0.04901
IBUPROFEN	800 MG	TABLET	ORAL	08/25/2022	0.06212
IBUPROFEN	100 MG	TAB CHEW	ORAL	08/03/2021	0.16499
IBUPROFEN LYSINE/PF	20 MG/2 ML	VIAL	INTRAVEN	05/06/2022	213.77058
IBUPROFEN/DIPHENHYDRAMINE CIT	200MG-38MG	TABLET	ORAL	07/14/2022	0.17201
IBUPROFEN/FAMOTIDINE	800-26.6MG	TABLET	ORAL	07/14/2022	4.58333
IBUPROFEN/PHENYLEPHRINE HCL	200MG-10MG	TABLET	ORAL	06/07/2016	0.36213
IBUTILIDE FUMARATE	0.1 MG/ML	VIAL	INTRAVEN	05/06/2022	44.25986
ICARIDIN	20 %	SPRAY/PUMP	TOPICAL	08/18/2022	0.03015
ICATIBANT ACETATE	30 MG/3 ML	SYRINGE	SUBCUT	06/23/2022	427.08333
ICOSAPENT ETHYL	1 G	CAPSULE	ORAL	07/27/2022	2.50133
IDARUBICIN HCL	1 MG/ML	VIAL	INTRAVEN	07/07/2022	7.23900

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	08/04/2022	3.80952
IMATINIB MESYLATE	100 MG	TABLET	ORAL	07/21/2022	1.22029
IMIPENEM/CILASTATIN SODIUM	500 MG	VIAL	INTRAVEN	05/06/2022	13.06250
IMIPRAMINE HCL	10 MG	TABLET	ORAL	08/18/2022	0.09333
IMIPRAMINE HCL	25 MG	TABLET	ORAL	08/24/2021	0.04351
IMIPRAMINE HCL	50 MG	TABLET	ORAL	11/16/2021	0.10960
IMIPRAMINE PAMOATE	100 MG	CAPSULE	ORAL	07/05/2018	8.24760
IMIPRAMINE PAMOATE	125 MG	CAPSULE	ORAL	07/05/2018	8.24760
IMIPRAMINE PAMOATE	75 MG	CAPSULE	ORAL	07/05/2018	7.70040
IMIQUIMOD	3.75 %	CRM MD PMP	TOPICAL	06/16/2022	53.81250
IMIQUIMOD	5 %	CREAM PACK	TOPICAL	10/19/2021	2.36000
INDAPAMIDE	2.5 MG	TABLET	ORAL	05/06/2022	0.27128
INDAPAMIDE	1.25 MG	TABLET	ORAL	05/06/2022	0.27818
INDOCYANINE GREEN	25 MG	VIAL	INJECTION	05/06/2022	50.71614
INDOMETHACIN	25 MG	CAPSULE	ORAL	05/06/2022	0.13279
INDOMETHACIN	50 MG	CAPSULE	ORAL	09/08/2022	0.17983
INDOMETHACIN	75 MG	CAPSULE ER	ORAL	05/06/2022	0.35175
INDOMETHACIN SODIUM	1 MG	VIAL	INTRAVEN	10/26/2021	282.90000

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
INHALER,ASSIST DEVICE,ACCESORY		EACH	MISCELL	05/06/2022	0.28475
INHALER,ASSIST DEVICE,LG MASK		SPACER	MISCELL	09/01/2022	68.60838
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	05/06/2022	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	05/06/2022	0.07515
IODIXANOL	320 MG/ML	INFUS. BTL	INTRAVEN	08/11/2022	0.71288
IODIXANOL	270 MG/ML	INFUS. BTL	INTRAVEN	08/11/2022	0.70779
IPRATROPIUM BROMIDE	21 MCG	SPRAY	NASAL	05/06/2022	1.16089
IPRATROPIUM BROMIDE	0.2 MG/ML	SOLUTION	INHALATION	09/01/2022	0.07370
IPRATROPIUM/ALBUTEROL SULFATE	0.5-3MG/3	AMPUL-NEB	INHALATION	09/01/2022	0.08703
IRBESARTAN	150 MG	TABLET	ORAL	09/08/2022	0.21276
IRBESARTAN	300 MG	TABLET	ORAL	09/01/2022	0.41149
IRBESARTAN	75 MG	TABLET	ORAL	08/04/2022	0.38949
IRBESARTAN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET	ORAL	08/11/2022	0.18894
IRBESARTAN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET	ORAL	08/11/2022	0.31713

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
IRINOTECAN HCL	40 MG/2 ML	VIAL	INTRAVEN	05/06/2022	4.70580
IRINOTECAN HCL	100 MG/5ML	VIAL	INTRAVEN	05/06/2022	3.69600
IRINOTECAN HCL	300MG/15ML	VIAL	INTRAVEN	10/19/2021	4.33300
IRON FUMARATE/VIT C/VIT B12/FA	460-60MG	CAPSULE	ORAL	05/06/2022	0.62042
IRON POLYSACCHARIDE COMPLEX	150 MG	CAPSULE	ORAL	05/06/2022	0.12623
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	05/06/2022	0.73923
IRON,CARBONYL/ASCORBIC ACID	100-250 MG	TABLET	ORAL	05/06/2022	0.17715
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	05/06/2022	0.00475
ISOPROPYL ALCOHOL	99 %	SOLUTION	MISCELL	05/06/2022	0.01312
ISOPROPYL ALCOHOL IN GLYCERIN	95 %-5 %	DROPS	OTIC (EAR)	07/21/2022	0.11077
ISOPROPYL PALMITATE		LIQUID	MISCELL	05/06/2022	0.17085
ISOPROTERENOL HCL	0.2 MG/ML	VIAL	INJECTION	10/26/2021	41.89032
ISOSORBIDE DINIT/HYDRALAZINE	20-37.5MG	TABLET	ORAL	08/25/2022	5.21209
ISOSORBIDE DINITRATE	10 MG	TABLET	ORAL	05/06/2022	0.60903
ISOSORBIDE DINITRATE	20 MG	TABLET	ORAL	05/06/2022	0.52901
ISOSORBIDE DINITRATE	30 MG	TABLET	ORAL	08/04/2022	0.94229

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ISOSORBIDE DINITRATE	40 MG	TABLET	ORAL	08/01/2022	18.22000
ISOSORBIDE DINITRATE	5 MG	TABLET	ORAL	05/06/2022	0.53573
ISOSORBIDE MONONITRATE	20 MG	TABLET	ORAL	05/06/2022	0.38806
ISOSORBIDE MONONITRATE	10 MG	TABLET	ORAL	05/06/2022	0.37051
ISOSORBIDE MONONITRATE	60 MG	TAB ER 24H	ORAL	12/07/2021	0.18492
ISOSORBIDE MONONITRATE	120 MG	TAB ER 24H	ORAL	05/06/2022	0.64253
ISOSORBIDE MONONITRATE	30 MG	TAB ER 24H	ORAL	06/30/2022	0.13697
ISOSULFAN BLUE	1 %	VIAL	SUBCUT	05/06/2022	108.78461
ISRADIPINE	2.5 MG	CAPSULE	ORAL	05/06/2022	0.91448
ISRADIPINE	5 MG	CAPSULE	ORAL	03/01/2022	1.33725
ITRACONAZOLE	100 MG	CAPSULE	ORAL	05/06/2022	1.12783
ITRACONAZOLE	10 MG/ML	SOLUTION	ORAL	05/06/2022	1.43764
IVERMECTIN	3 MG	TABLET	ORAL	07/21/2022	4.75926
IVERMECTIN	1 %	CREAM (G)	TOPICAL	05/06/2022	6.27747
KELP	150 MCG	TABLET	ORAL	07/27/2022	0.02844
KETOCONAZOLE	200 MG	TABLET	ORAL	09/08/2022	0.98249
KETOCONAZOLE	2 %	FOAM	TOPICAL	09/08/2022	4.11287
KETOCONAZOLE	2 %	CREAM (G)	TOPICAL	08/11/2022	0.31937
KETOCONAZOLE	2 %	SHAMPOO	TOPICAL	05/06/2022	0.18995
KETOPROFEN	50 MG	CAPSULE	ORAL	05/06/2022	1.52989
KETOPROFEN	75 MG	CAPSULE	ORAL	05/06/2022	1.69984

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
KETOROLAC TROMETHAMINE	10 MG	TABLET	ORAL	08/25/2022	1.18402
KETOROLAC TROMETHAMINE	15 MG/ML	VIAL	INJECTION	07/14/2022	0.89780
KETOROLAC TROMETHAMINE	30MG/ML(1)	VIAL	INJECTION	05/06/2022	1.10751
KETOROLAC TROMETHAMINE	0.5 %	DROPS	OPHTHALMIC	07/21/2022	2.32356
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	05/06/2022	0.65560
KETOTIFEN FUMARATE	0.025 %	DROPS	OPHTHALMIC	05/06/2022	2.68092
KIT FOR PREP TC-99M/MEBROFENIN	45 MG	VIAL	INTRAVEN	05/06/2022	73.80000
KIT FOR TC 99M/SESTAMIBI NO.1		VIAL	INTRAVEN	11/21/2019	278.80000
KRILL/OM-3/DHA/EPA/PHOSPHO/AST	1000-170MG	CAPSULE	ORAL	05/06/2022	0.53198
L-MEFOL/A-CYST/MEB12/ALGAL OIL	6-600-2 MG	TABLET	ORAL	05/06/2022	3.83519
L-NORGEST/E.ESTRADIOL-E.ESTRAD	150-30(84)	TBDSPK 3MO	ORAL	07/07/2022	0.54955
L-NORGEST/E.ESTRADIOL-E.ESTRAD	100-20(84)	TBDSPK 3MO	ORAL	10/25/2021	0.55735
L-NORGEST/E.ESTRADIOL-E.ESTRAD	0.15MG(84)	TBDSPK 3MO	ORAL	05/06/2022	3.97197
L. ACIDOPHILUS/BIFID. ANIMALIS	31B CELL	CAPSULE	ORAL	05/06/2022	27.33333
L. ACIDOPHILUS/L.BULGARICUS	100MM CELL	GRAN PACK	ORAL	05/06/2022	1.84585
L. ACIDOPHILUS/L.BULGARICUS	1MM CELL	TABLET	ORAL	09/01/2022	0.20877
L. RHAMNOSUS GG/INULIN	20B-200 MG	CAPSULE	ORAL	09/08/2022	1.17317
L.ACID,PARA/B.BIFIDUM/S.THERM	8B CELL	CAPSULE	ORAL	07/27/2022	0.81963
L.ACIDOPH/L.BULG/B.BIF/S.THERM	1B-250 MG	TABLET	ORAL	05/06/2022	0.33989

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LABETALOL HCL	100 MG	TABLET	ORAL	09/08/2022	0.13872
LABETALOL HCL	200 MG	TABLET	ORAL	06/23/2022	0.17541
LABETALOL HCL	300 MG	TABLET	ORAL	08/18/2022	0.22968
LABETALOL HCL	20 MG/4 ML	SYRINGE	INTRAVEN	11/08/2018	2.04853
LABETALOL HCL	5 MG/ML	VIAL	INTRAVEN	09/08/2022	0.18268
LACOSAMIDE	10 MG/ML	SOLUTION	ORAL	06/16/2022	1.14758
LACOSAMIDE	50 MG	TABLET	ORAL	08/25/2022	0.27448
LACOSAMIDE	100 MG	TABLET	ORAL	08/25/2022	0.48352
LACOSAMIDE	200MG/20ML	VIAL	INTRAVEN	08/11/2022	5.26845
LACTASE	3000 UNIT	TABLET	ORAL	05/06/2022	0.11055
LACTASE	9000 UNIT	TABLET	ORAL	06/02/2022	0.31937
LACTOBACIL 2/BIFIDO 1/S.THERMO	112.5B	CAPSULE	ORAL	08/25/2022	1.17250
LACTOBACIL 2/BIFIDO 1/S.THERMO	450B CELL	PACKET	ORAL	10/26/2021	2.14176
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	05/06/2022	0.45694
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	100MM CELL	TAB CHEW	ORAL	05/06/2022	0.61613
LACTOBACILLUS REUTERI/VIT D3	100 MM-10	DROPS	ORAL	05/06/2022	3.53892
LACTULOSE	10 G	PACKET	ORAL	01/28/2021	9.35218

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	06/02/2022	0.01843
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	05/06/2022	0.01416
LACTULOSE	20 G/30 ML	SOLUTION	ORAL	05/06/2022	0.02083
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	05/06/2022	0.05009
LAMIVUDINE	10 MG/ML	SOLUTION	ORAL	08/25/2022	0.40200
LAMIVUDINE	150 MG	TABLET	ORAL	10/19/2021	1.18210
LAMIVUDINE	100 MG	TABLET	ORAL	05/06/2022	9.56570
LAMIVUDINE	300 MG	TABLET	ORAL	05/06/2022	2.36421
LAMIVUDINE/ZIDOVUDINE	150-300 MG	TABLET	ORAL	05/06/2022	3.35478
LAMOTRIGINE	25 MG	TAB ER 24	ORAL	10/19/2021	1.29310
LAMOTRIGINE	50 MG	TAB ER 24	ORAL	10/19/2021	1.65000
LAMOTRIGINE	100 MG	TAB ER 24	ORAL	05/06/2022	1.78577
LAMOTRIGINE	200 MG	TAB ER 24	ORAL	05/06/2022	3.86848
LAMOTRIGINE	300 MG	TAB ER 24	ORAL	05/06/2022	9.52480
LAMOTRIGINE	250 MG	TAB ER 24	ORAL	07/21/2022	7.06247
LAMOTRIGINE	100 MG	TABLET	ORAL	06/16/2022	0.06177
LAMOTRIGINE	25 MG	TABLET	ORAL	08/25/2022	0.04382
LAMOTRIGINE	150 MG	TABLET	ORAL	02/04/2020	0.06723
LAMOTRIGINE	200 MG	TABLET	ORAL	05/06/2022	0.08437
LAMOTRIGINE	25MG (35)	TAB DS PK	ORAL	05/19/2022	15.51930
LAMOTRIGINE	25(84)-100	TAB DS PK	ORAL	05/19/2022	15.83389

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LAMOTRIGINE	50 MG	TAB RAPDIS	ORAL	07/21/2022	5.14580
LAMOTRIGINE	25 MG	TAB RAPDIS	ORAL	07/21/2022	4.76080
LAMOTRIGINE	100 MG	TAB RAPDIS	ORAL	07/21/2022	6.61628
LAMOTRIGINE	200 MG	TAB RAPDIS	ORAL	07/21/2022	5.90254
LAMOTRIGINE	25 MG	TB CHW DSP	ORAL	10/25/2021	0.29507
LAMOTRIGINE	5 MG	TB CHW DSP	ORAL	12/14/2021	0.28523
LANOLIN ALCOHOL/MO/W.PET/CERES		CREAM (G)	TOPICAL	05/06/2022	0.02501
LANOLIN,ANHYDROUS		OINT. (G)	TOPICAL	05/06/2022	0.12518
LANOLIN/MINERAL OIL		LOTION	TOPICAL	05/06/2022	0.01061
LANSOPRAZOLE	15 MG	CAPSULE DR	ORAL	07/07/2022	0.43907
LANSOPRAZOLE	30 MG	CAPSULE DR	ORAL	08/25/2022	0.16777
LANSOPRAZOLE	15 MG	TAB RAP DR	ORAL	10/19/2021	7.64844
LANSOPRAZOLE	30 MG	TAB RAP DR	ORAL	05/06/2022	8.94444
LANTHANUM CARBONATE	500 MG	TAB CHEW	ORAL	06/27/2022	7.40000
LANTHANUM CARBONATE	1000 MG	TAB CHEW	ORAL	09/08/2022	7.87720
LANTHANUM CARBONATE	750 MG	TAB CHEW	ORAL	09/08/2022	7.52235
LATANOPROST	0.005 %	DROPS	OPHTHALMIC	10/19/2021	2.78000
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	08/18/2022	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
LEFLUNOMIDE	20 MG	TABLET	ORAL	08/18/2022	0.93800
LEMON EUCALYPTUS OIL	30 %	SPRAY	TOPICAL	05/06/2022	0.02821
LEMON FLAVOR EXTRACT		LIQUID	ORAL	05/06/2022	0.41540
LEMON OIL		OIL	MISCELL	05/06/2022	1.84250
LENALIDOMIDE	5 MG	CAPSULE	ORAL	05/06/2022	745.28226
LENALIDOMIDE	10 MG	CAPSULE	ORAL	05/06/2022	745.28226
LENALIDOMIDE	15 MG	CAPSULE	ORAL	05/06/2022	745.28336
LENALIDOMIDE	25 MG	CAPSULE	ORAL	05/06/2022	745.28336
LETROZOLE	2.5 MG	TABLET	ORAL	05/06/2022	0.14070
LEUCOVORIN CALCIUM	10 MG	TABLET	ORAL	05/06/2022	6.72571
LEUCOVORIN CALCIUM	15 MG	TABLET	ORAL	07/21/2022	7.93450
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	05/06/2022	9.61400
LEUCOVORIN CALCIUM	350 MG	VIAL	INJECTION	05/06/2022	17.55600
LEUCOVORIN CALCIUM	50 MG	VIAL	INJECTION	05/06/2022	6.37032
LEUCOVORIN CALCIUM	200 MG	VIAL	INJECTION	10/19/2021	12.35000
LEUCOVORIN CALCIUM	500 MG	VIAL	INJECTION	07/14/2022	54.20200
LEUPROLIDE ACETATE	1 MG/0.2ML	KIT	SUBCUT	07/07/2022	440.49375
LEVALBUTEROL HCL	0.63MG/3ML	VIAL-NEB	INHALATION	10/25/2021	0.44430
LEVALBUTEROL HCL	1.25MG/3ML	VIAL-NEB	INHALATION	05/06/2022	0.43922

*NH MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis. You are to keep the NH MAC Pricing Information confidential and not disclose it to any third party and you are not to use the NH MAC Pricing Information for any other purpose. Any disclosure, reproduction, distribution, or other use of the NH MAC Pricing Information is strictly prohibited.*

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LEVALBUTEROL HCL	0.31MG/3ML	VIAL-NEB	INHALATION	05/06/2022	0.44613
LEVALBUTEROL HCL	1.25MG/0.5	VIAL-NEB	INHALATION	05/26/2022	5.38438
LEVETIRACETAM	100 MG/ML	SOLUTION	ORAL	07/14/2022	0.04489
LEVETIRACETAM	500 MG/5ML	SOLUTION	ORAL	07/14/2022	0.67466
LEVETIRACETAM	250 MG	TABLET	ORAL	09/01/2022	0.05504
LEVETIRACETAM	500 MG	TABLET	ORAL	09/01/2022	0.08816
LEVETIRACETAM	750 MG	TABLET	ORAL	09/01/2022	0.11929
LEVETIRACETAM	1000 MG	TABLET	ORAL	05/06/2022	0.19732
LEVETIRACETAM	500 MG	TAB ER 24H	ORAL	07/21/2022	0.26867
LEVETIRACETAM	750 MG	TAB ER 24H	ORAL	06/23/2022	0.57129
LEVETIRACETAM	500 MG/5ML	VIAL	INTRAVEN	07/21/2022	0.45560
LEVETIRACETAM IN NACL (ISO-OS)	500MG/0.1L	PIGGYBACK	INTRAVEN	06/30/2022	0.12730
LEVETIRACETAM IN NACL (ISO-OS)	1000MG/100	PIGGYBACK	INTRAVEN	12/28/2021	0.24120
LEVETIRACETAM IN NACL (ISO-OS)	1500MG/100	PIGGYBACK	INTRAVEN	06/09/2022	0.30284
LEVOCARNITINE	100 MG/ML	SOLUTION	ORAL	05/19/2022	0.43550
LEVOCARNITINE	500 MG	TABLET	ORAL	05/06/2022	0.31273
LEVOCARNITINE	330 MG	TABLET	ORAL	05/06/2022	1.18918
LEVOCARNITINE (WITH SUGAR)	100 MG/ML	SOLUTION	ORAL	05/06/2022	0.30184
LEVOCARNITINE TARTRATE	500 MG	CAPSULE	ORAL	09/08/2022	0.26405
LEVOCETIRIZINE DIHYDROCHLORIDE	2.5 MG/5ML	SOLUTION	ORAL	05/06/2022	0.34885
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	ORAL	05/26/2022	0.10750

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LEVOFLOXACIN	250MG/10ML	SOLUTION	ORAL	08/04/2022	1.11448
LEVOFLOXACIN	250 MG	TABLET	ORAL	06/09/2022	0.25621
LEVOFLOXACIN	500 MG	TABLET	ORAL	08/11/2022	0.28060
LEVOFLOXACIN	750 MG	TABLET	ORAL	07/21/2022	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
LEVOLEUCOVORIN CALCIUM	10 MG/ML	VIAL	INTRAVEN	10/19/2021	3.31000
LEVOMEFOLATE CALCIUM	7.5 MG	TABLET	ORAL	05/06/2022	2.19626
LEVOMEFOLATE CALCIUM	15 MG	TABLET	ORAL	08/18/2022	1.84414
LEVOMEFOLATE/ALGAL OIL	7.5-90.314	CAPSULE	ORAL	05/06/2022	3.54625
LEVOMEFOLATE/ALGAL OIL	15-90.314	CAPSULE	ORAL	05/06/2022	2.98144
LEVOMEFOLATE/B6/B12/ALGAL OIL	3-35-2 MG	CAPSULE	ORAL	08/18/2022	2.20817
LEVONORGESTREL	1.5 MG	TABLET	ORAL	06/27/2022	18.50000
LEVONORGESTREL/ETHIN. ESTRADIOL	0.15-0.03	TABLET	ORAL	07/21/2022	0.24551
LEVONORGESTREL/ETHIN. ESTRADIOL	6-5-10	TABLET	ORAL	05/06/2022	0.72599
LEVONORGESTREL/ETHIN. ESTRADIOL	0.1-0.02MG	TABLET	ORAL	09/01/2022	0.18664
LEVONORGESTREL/ETHIN. ESTRADIOL	90-20 MCG	TABLET	ORAL	08/18/2022	1.52569
LEVONORGESTREL/ETHIN. ESTRADIOL	0.15-0.03	TBDSPK 3MO	ORAL	05/06/2022	0.30167
LEVORPHANOL TARTRATE	2 MG	TABLET	ORAL	05/06/2022	26.07486

## 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	150 MCG	CAPSULE	ORAL	10/26/2021	3.34906
LEVOTHYROXINE SODIUM	112 MCG	CAPSULE	ORAL	05/19/2022	5.63880
LEVOTHYROXINE SODIUM	88 MCG	CAPSULE	ORAL	10/26/2021	3.34906
LEVOTHYROXINE SODIUM	75 MCG	CAPSULE	ORAL	05/06/2022	5.26724
LEVOTHYROXINE SODIUM	25 MCG	TABLET	ORAL	05/06/2022	0.12835
LEVOTHYROXINE SODIUM	50 MCG	TABLET	ORAL	07/07/2022	0.14024
LEVOTHYROXINE SODIUM	75 MCG	TABLET	ORAL	05/26/2022	0.14120
LEVOTHYROXINE SODIUM	100 MCG	TABLET	ORAL	05/26/2022	0.14120
LEVOTHYROXINE SODIUM	112 MCG	TABLET	ORAL	05/06/2022	0.12959
LEVOTHYROXINE SODIUM	125 MCG	TABLET	ORAL	05/06/2022	0.17114
LEVOTHYROXINE SODIUM	150 MCG	TABLET	ORAL	05/06/2022	0.19604
LEVOTHYROXINE SODIUM	175 MCG	TABLET	ORAL	05/06/2022	0.23607
LEVOTHYROXINE SODIUM	200 MCG	TABLET	ORAL	06/16/2022	0.24925
LEVOTHYROXINE SODIUM	300 MCG	TABLET	ORAL	05/06/2022	0.28522
LEVOTHYROXINE SODIUM	88 MCG	TABLET	ORAL	05/06/2022	0.12095
LEVOTHYROXINE SODIUM	137 MCG	TABLET	ORAL	08/18/2022	0.15761
LEVOTHYROXINE SODIUM	200 MCG	VIAL	INTRAVEN	08/01/2022	183.24580
LEVOTHYROXINE SODIUM	500 MCG	VIAL	INTRAVEN	05/19/2022	541.10775
LEVOTHYROXINE SODIUM	100 MCG	VIAL	INTRAVEN	08/01/2022	98.25879
LIDOCAINE	5 %	CREAM (G)	TOPICAL	08/18/2022	0.98266
LIDOCAINE	4 %	CREAM (G)	TOPICAL	06/30/2022	0.72360

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LIDOCAINE	5 %	OINT. (G)	TOPICAL	05/06/2022	0.23021
LIDOCAINE	4 %	ADH. PATCH	TOPICAL	09/01/2022	0.79060
LIDOCAINE	5 %	ADH. PATCH	TOPICAL	05/06/2022	2.29140
LIDOCAINE HCL	5 MG/ML	VIAL	INJECTION	05/06/2022	0.14079
LIDOCAINE HCL	10 MG/ML	VIAL	INJECTION	07/27/2022	0.07137
LIDOCAINE HCL	20 MG/ML	VIAL	INJECTION	05/06/2022	0.09412
LIDOCAINE HCL	40 MG/ML	SOLUTION	MUCOUS MEM	07/21/2022	0.84527
LIDOCAINE HCL	2 %	SOLUTION	MUCOUS MEM	05/06/2022	0.09058
LIDOCAINE HCL	4 %	GEL (ML)	TOPICAL	06/02/2022	0.11729
LIDOCAINE HCL	3 %	CREAM (G)	TOPICAL	05/06/2022	1.22138
LIDOCAINE HCL	4 %	CREAM (G)	TOPICAL	08/18/2022	0.08319
LIDOCAINE HCL	4 %	SOLUTION	TOPICAL	09/13/2021	7.86600
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/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	05/06/2022	0.05420
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	07/14/2022	0.16452
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

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LIDOCAINE HCL/EPINEPHRINE/PF	1.5-1:200K	AMPUL	INJECTION	12/21/2021	0.61613
LIDOCAINE HCL/EPINEPHRINE/PF	1.5-1:200K	VIAL	INJECTION	05/06/2022	0.43264
LIDOCAINE HCL/EPINEPHRINE/PF	2%-1:200K	VIAL	INJECTION	05/19/2022	0.37788
LIDOCAINE HCL/ME SAL/CAP/MENTH	4 %-27.5 %	OINT/APPL	TOPICAL	08/11/2022	2.65080
LIDOCAINE HCL/MENTHOL	4 %-1 %	GEL (ML)	TOPICAL	05/06/2022	2.74901
LIDOCAINE HCL/MENTHOL	4 %-1 %	CREAM (G)	TOPICAL	06/16/2022	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	06/30/2022	0.75871
LIDOCAINE HCL/PF	10 MG/ML	AMPUL	INJECTION	09/08/2022	0.38485
LIDOCAINE HCL/PF	20 MG/ML	AMPUL	INJECTION	05/06/2022	1.08406
LIDOCAINE HCL/PF	20 MG/ML	VIAL	INJECTION	08/18/2022	0.28770
LIDOCAINE HCL/PF	10 MG/ML	VIAL	INJECTION	08/18/2022	0.08755
LIDOCAINE HCL/PF	100 MG/5ML	SYRINGE	INTRAVEN	08/04/2022	1.09344
LIDOCAINE/ME-SALICYLAT/CAMPHOR	2.5%-4%-2%	ADH. PATCH	TOPICAL	05/06/2022	23.97500
LIDOCAINE/MENTHOL	4 %-1 %	ADH. PATCH	TOPICAL	05/06/2022	2.24048
LIDOCAINE/MENTHOL	4 %-4 %	ADH. PATCH	TOPICAL	05/06/2022	25.46250
LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	TOPICAL	06/13/2022	0.26932
LIDOCAINE/PRILOCAINE	2.5 %-2.5%	KIT	TOPICAL	05/26/2022	2.54439
LIDOCAINE/TRANSPARENT DRESSING	4 %	KIT	TOPICAL	08/25/2020	15.75000
LINCOMYCIN HCL	300 MG/ML	VIAL	INJECTION	05/19/2022	13.39800



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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LINEZOLID	100 MG/5ML	SUSP RECON	ORAL	05/06/2022	4.84343
LINEZOLID	600 MG	TABLET	ORAL	05/06/2022	2.56677
LINEZOLID IN DEXTROSE 5%	600MG/300	PIGGYBACK	INTRAVEN	07/14/2022	0.03575
LIOthyRONINE SODIUM	25 MCG	TABLET	ORAL	05/06/2022	0.67469
LIOthyRONINE SODIUM	5 MCG	TABLET	ORAL	05/06/2022	0.36502
LIOthyRONINE SODIUM	50 MCG	TABLET	ORAL	05/06/2022	0.97190
LIOthyRONINE SODIUM	10 MCG/ML	VIAL	INTRAVEN	07/06/2021	333.12500
LISINOPRIL	10 MG	TABLET	ORAL	08/04/2022	0.02281
LISINOPRIL	20 MG	TABLET	ORAL	08/04/2022	0.03190
LISINOPRIL	40 MG	TABLET	ORAL	08/04/2022	0.06043
LISINOPRIL	5 MG	TABLET	ORAL	08/04/2022	0.02017
LISINOPRIL	2.5 MG	TABLET	ORAL	08/04/2022	0.01624
LISINOPRIL	30 MG	TABLET	ORAL	08/04/2022	0.05041
LISINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	07/27/2022	0.04342
LISINOPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	08/04/2022	0.05266
LISINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	ORAL	05/06/2022	0.03283
LITHIUM CARBONATE	150 MG	CAPSULE	ORAL	05/06/2022	0.10680
LITHIUM CARBONATE	300 MG	CAPSULE	ORAL	08/18/2022	0.05829
LITHIUM CARBONATE	600 MG	CAPSULE	ORAL	05/06/2022	0.28743
LITHIUM CARBONATE	300 MG	TABLET	ORAL	05/06/2022	0.16495
LITHIUM CARBONATE	300 MG	TABLET ER	ORAL	07/21/2022	0.19979

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LITHIUM CARBONATE	450 MG	TABLET ER	ORAL	05/06/2022	0.42424
LOPERAMIDE HCL	2 MG	CAPSULE	ORAL	07/21/2022	0.39442
LOPERAMIDE HCL	1MG/7.5ML	LIQUID	ORAL	06/09/2022	0.03876
LOPERAMIDE HCL	2 MG	TABLET	ORAL	05/06/2022	0.07903
LOPERAMIDE HCL/SIMETHICONE	2-125MG	TABLET	ORAL	05/06/2022	0.31378
LOPINA VIR/RITONAVIR	200MG-50MG	TABLET	ORAL	07/21/2022	8.10660
LOPINA VIR/RITONAVIR	100MG-25MG	TABLET	ORAL	07/21/2022	4.54982
LORATADINE	5 MG/5 ML	SOLUTION	ORAL	08/11/2022	0.07515
LORATADINE	10 MG	TABLET	ORAL	07/21/2022	0.05119
LORATADINE	5 MG	TAB CHEW	ORAL	09/01/2022	0.45560
LORATADINE	10 MG	TAB RAPDIS	ORAL	08/18/2022	0.45850
LORATADINE/PSEUDOEPHEDRINE	10MG-240MG	TAB ER 24H	ORAL	05/06/2022	0.84688
LORATADINE/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	08/04/2022	0.83192
LORAZEPAM	2 MG/ML	ORAL CONC	ORAL	06/19/2018	0.62489
LORAZEPAM	0.5 MG	TABLET	ORAL	09/08/2022	0.04724
LORAZEPAM	1 MG	TABLET	ORAL	09/08/2022	0.06499
LORAZEPAM	2 MG	TABLET	ORAL	05/06/2022	0.05633
LORAZEPAM	2 MG/ML	VIAL	INJECTION	07/07/2022	0.95475
LORAZEPAM	4 MG/ML	VIAL	INJECTION	04/11/2019	1.52586
LOSARTAN POTASSIUM	25 MG	TABLET	ORAL	07/21/2022	0.03130
LOSARTAN POTASSIUM	50 MG	TABLET	ORAL	06/13/2022	0.04910

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
LOSARTAN POTASSIUM	100 MG	TABLET	ORAL	08/04/2022	0.09782
LOSARTAN/HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET	ORAL	07/07/2022	0.04243
LOSARTAN/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	07/27/2022	0.05954
LOSARTAN/HYDROCHLOROTHIAZIDE	100-12.5MG	TABLET	ORAL	04/22/2022	0.18649
LOTEPREDNOL ETABONATE	0.5 %	DROPS GEL	OPHTHALMIC	05/06/2022	22.92570
LOTEPREDNOL ETABONATE	0.5 %	DROPS SUSP	OPHTHALMIC	10/19/2021	32.78000
LOVASTATIN	20 MG	TABLET	ORAL	05/06/2022	0.05863
LOVASTATIN	40 MG	TABLET	ORAL	08/04/2022	0.07212
LOVASTATIN	10 MG	TABLET	ORAL	05/06/2022	0.07611
LOXAPINE SUCCINATE	10 MG	CAPSULE	ORAL	05/06/2022	0.78993
LOXAPINE SUCCINATE	25 MG	CAPSULE	ORAL	05/06/2022	0.94805
LOXAPINE SUCCINATE	5 MG	CAPSULE	ORAL	05/26/2022	0.66276
LOXAPINE SUCCINATE	50 MG	CAPSULE	ORAL	05/06/2022	1.29953
LUBIPROSTONE	24MCG	CAPSULE	ORAL	05/19/2022	7.42200
LUBIPROSTONE	8 MCG	CAPSULE	ORAL	05/19/2022	7.42200
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	05/06/2022	3.67884
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	07/21/2022	0.00978
MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40	ORAL SUSP	ORAL	08/25/2022	0.00964
MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-25	TAB CHEW	ORAL	05/06/2022	0.03844
MAGNESIUM	200 MG	TABLET	ORAL	09/08/2022	0.04013
MAGNESIUM CARB/ALUMINUM HYDROX	105-160MG	TAB CHEW	ORAL	08/11/2022	0.09267
MAGNESIUM CHLORIDE	64 MG	TABLET DR	ORAL	05/06/2022	0.13780
MAGNESIUM CHLORIDE	71.5 MG	TABLET DR	ORAL	05/06/2022	0.20234
MAGNESIUM CITRATE		SOLUTION	ORAL	08/04/2022	0.00251
MAGNESIUM GLUCONATE	27 MG(500)	TABLET	ORAL	05/06/2022	0.08502
MAGNESIUM HYDROXIDE	400 MG/5ML	ORAL SUSP	ORAL	08/25/2022	0.00609
MAGNESIUM HYDROXIDE	2400 MG/10	ORAL SUSP	ORAL	06/16/2022	0.23272
MAGNESIUM L-LACTATE	84 MG	TABLET ER	ORAL	05/06/2022	0.29167
MAGNESIUM OXIDE	400 MG	CAPSULE	ORAL	06/16/2022	0.08368
MAGNESIUM OXIDE	250 MG	TABLET	ORAL	06/16/2022	0.03337
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	07/21/2022	0.01004
MAGNESIUM OXIDE	420 MG	TABLET	ORAL	05/19/2022	0.05347
MAGNESIUM OXIDE	500 MG	TABLET	ORAL	05/06/2022	0.07625
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	09/08/2022	0.03350
MAGNESIUM STEARATE		POWDER	MISCELL	05/06/2022	0.09574
MAGNESIUM SULFATE	4 MEQ/ML	VIAL	INJECTION	06/30/2022	0.25192
MAGNESIUM SULFATE IN WATER	20 G/500ML	IV SOLN	INTRAVEN	05/06/2022	0.01523

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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
MAGNESIUM SULFATE IN WATER	40G/1000ML	IV SOLN	INTRAVEN	05/06/2022	0.01129
MAGNESIUM SULFATE IN WATER	2 G/50 ML	PIGGYBACK	INTRAVEN	07/14/2022	0.09300
MAGNESIUM SULFATE IN WATER	4 G/100 ML	PIGGYBACK	INTRAVEN	07/14/2022	0.04950
MAGNESIUM SULFATE IN WATER	4 G/50 ML	PIGGYBACK	INTRAVEN	05/12/2022	0.12118
MAGNESIUM SULFATE/D5W	1 G/100 ML	PIGGYBACK	INTRAVEN	07/14/2022	0.02961
MANNITOL	10 %	IV SOLN	INTRAVEN	05/12/2022	0.12885
MANNITOL	20 %	IV SOLN	INTRAVEN	09/08/2022	0.12339
MANNITOL	5 %	IV SOLN	INTRAVEN	05/12/2022	0.06607
MANNITOL	25 %	VIAL	INTRAVEN	05/06/2022	0.06336
MARAVIROC	150 MG	TABLET	ORAL	05/06/2022	20.48760
MARAVIROC	300 MG	TABLET	ORAL	05/06/2022	20.48760
MECLIZINE HCL	12.5 MG	TABLET	ORAL	08/25/2022	0.07946
MECLIZINE HCL	25 MG	TABLET	ORAL	08/25/2022	0.08187
MECLIZINE HCL	25 MG	TAB CHEW	ORAL	06/07/2022	0.03400
MECOBAL/LEVOMEFOLAT CA/B6 PHOS	2-3-35 MG	TABLET	ORAL	05/06/2022	1.16863
MECOBALAMIN	5000 MCG	TAB RAPDIS	ORAL	08/04/2022	0.71020
MECOBALAMIN	1000 MCG	TAB RAPDIS	SUBLINGUAL	05/06/2022	0.07811
MEDIUM CHAIN TRIGLYCERIDES	7.7KCAL/ML	OIL	ORAL	05/06/2022	0.07592
MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	ORAL	05/06/2022	0.17353
MEDROXYPROGESTERONE ACETATE	2.5 MG	TABLET	ORAL	05/06/2022	0.14526
MEDROXYPROGESTERONE ACETATE	5 MG	TABLET	ORAL	05/06/2022	0.16214

## 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	150 MG/ML	SYRINGE	INTRAMUSC	03/01/2021	44.93600
MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL	INTRAMUSC	07/02/2019	30.82544
MEFENAMIC ACID	250 MG	CAPSULE	ORAL	09/08/2022	3.39416
MEFLOQUINE HCL	250 MG	TABLET	ORAL	05/06/2022	7.90800
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	07/27/2022	0.12228
MEGESTROL ACETATE	625MG/5ML	ORAL SUSP	ORAL	07/07/2022	3.95366
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	08/25/2022	0.27286
MEGESTROL ACETATE	20 MG	TABLET	ORAL	05/06/2022	0.28622
MEGESTROL ACETATE	40 MG	TABLET	ORAL	09/01/2022	0.21317
MELATONIN	10 MG	CAPSULE	ORAL	05/06/2022	0.21053
MELATONIN	1 MG/ML	LIQUID	ORAL	06/09/2022	0.34036
MELATONIN	3 MG	TABLET	ORAL	05/06/2022	0.02653
MELATONIN	1 MG	TABLET	ORAL	05/06/2022	0.01898
MELATONIN	5 MG	TABLET	ORAL	05/06/2022	0.03454
MELATONIN	2.5 MG	TAB CHEW	ORAL	06/30/2022	0.05873
MELATONIN	5 MG	TAB CHEW	ORAL	09/01/2022	0.15782
MELATONIN	1 MG	TAB CHEW	ORAL	09/01/2022	0.14271
MELATONIN	3 MG	TABLET ER	ORAL	05/06/2022	0.09592
MELATONIN	5 MG	TAB RAPDIS	ORAL	09/01/2022	0.09350
MELATONIN	3 MG	TAB RAPDIS	ORAL	09/01/2022	0.04366
MELATONIN	10 MG	TAB RAPDIS	ORAL	09/01/2022	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 SUBL	SUBLINGUAL	05/12/2022	0.22043
MELATONIN/PYRIDOXAL PHOSPHATE	2.5 MG-338	TAB SUBL	SUBLINGUAL	09/08/2022	0.05684
MELATONIN/PYRIDOXINE HCL (B6)	5 MG-10 MG	TAB IR ER	ORAL	05/06/2022	0.28345
MELATONIN/PYRIDOXINE HCL (B6)	5 MG-10 MG	TABLET	ORAL	08/25/2022	0.12764
MELATONIN/TRYPHOPHAN	3 MG-100MG	CAPSULE	ORAL	05/06/2022	4.90380
MELOXICAM	7.5 MG	TABLET	ORAL	08/04/2022	0.02964
MELOXICAM	15 MG	TABLET	ORAL	08/04/2022	0.03071
MELOXICAM, SUBMICRONIZED	5 MG	CAPSULE	ORAL	05/06/2022	16.30230
MELPHALAN	2 MG	TABLET	ORAL	05/06/2022	9.57283
MELPHALAN HCL	50 MG	VIAL	INTRAVEN	06/16/2022	152.67375
MEMANTINE HCL	7 MG	CAP SPR 24	ORAL	05/06/2022	1.31007
MEMANTINE HCL	14 MG	CAP SPR 24	ORAL	05/06/2022	1.17905
MEMANTINE HCL	21 MG	CAP SPR 24	ORAL	05/06/2022	1.31007
MEMANTINE HCL	28 MG	CAP SPR 24	ORAL	06/23/2022	1.17905
MEMANTINE HCL	2 MG/ML	SOLUTION	ORAL	05/17/2022	0.79352
MEMANTINE HCL	10 MG	TABLET	ORAL	07/27/2022	0.12253
MEMANTINE HCL	5 MG	TABLET	ORAL	05/06/2022	0.09648
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	3.2 MG	LOZENGE	MUCOUS MEM	07/27/2022	0.06611
MENTHOL	2 %	GEL (GRAM)	TOPICAL	05/06/2022	0.01932

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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
MENTHOL	2.5 %	GEL (GRAM)	TOPICAL	08/04/2022	0.07334
MENTHOL	5 %	ADH. PATCH	TOPICAL	08/11/2022	0.95586
MENTHOL	7.5 %	ADH. PATCH	TOPICAL	05/06/2022	1.14704
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. (G)	TOPICAL	05/06/2022	0.02647
MEPIVACAINE HCL	10 MG/ML	VIAL	INJECTION	05/06/2022	0.26631
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	06/29/2021	4.53750
MEPROBAMATE	400 MG	TABLET	ORAL	06/29/2021	5.23875
MERCAPTOPURINE	50 MG	TABLET	ORAL	05/12/2022	0.97338
MEROPENEM	500 MG	VIAL	INTRAVEN	06/02/2022	3.82800
MEROPENEM	1 G	VIAL	INTRAVEN	06/02/2022	7.36600
MESALAMINE	0.375G	CAP ER 24H	ORAL	08/03/2022	2.46862
MESALAMINE	500 MG	CAPSULE ER	ORAL	05/26/2022	5.74442
MESALAMINE	400 MG	CAP(DRTAB)	ORAL	05/06/2022	2.37999
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	09/08/2022	4.63672



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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MESALAMINE	4 G/60 ML	ENEMA	RECTAL	07/27/2022	0.25922
MESNA	100 MG/ML	VIAL	INTRAVEN	05/19/2022	1.13230
METAXALONE	400 MG	TABLET	ORAL	05/06/2022	4.19100
METAXALONE	800 MG	TABLET	ORAL	09/01/2022	0.76380
METFORMIN HCL	1000 MG	TAB ER 24	ORAL	07/21/2022	3.39944
METFORMIN HCL	500 MG	TAB ER 24	ORAL	07/07/2022	0.95944
METFORMIN HCL	500 MG	TABERGR24H	ORAL	07/27/2022	2.22507
METFORMIN HCL	1000 MG	TABERGR24H	ORAL	07/21/2022	6.89074
METFORMIN HCL	500 MG/5ML	SOLUTION	ORAL	05/06/2022	0.90427
METFORMIN HCL	500 MG	TABLET	ORAL	05/06/2022	0.01801
METFORMIN HCL	850 MG	TABLET	ORAL	06/23/2022	0.03110
METFORMIN HCL	1000 MG	TABLET	ORAL	06/02/2022	0.03166
METFORMIN HCL	500 MG	TAB ER 24H	ORAL	09/01/2022	0.04682
METFORMIN HCL	750 MG	TAB ER 24H	ORAL	06/02/2022	0.09621
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	05/06/2022	0.10102
METHADONE HCL	10 MG	TABLET	ORAL	09/08/2022	0.13614
METHADONE HCL	5 MG	TABLET	ORAL	09/08/2022	0.21413
METHADONE HCL	40 MG	TABLET SOL	ORAL	05/06/2022	0.32716
METHADONE HCL	10 MG/ML	VIAL	INJECTION	08/01/2022	11.75849

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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
METHAMPHETAMINE HCL	5 MG	TABLET	ORAL	05/06/2022	5.08679
METHAZOLAMIDE	25 MG	TABLET	ORAL	05/06/2022	2.21489
METHAZOLAMIDE	50 MG	TABLET	ORAL	10/19/2021	4.50000
METHENAMINE HIPPURATE	1 G	TABLET	ORAL	08/04/2022	1.17505
METHIMAZOLE	10 MG	TABLET	ORAL	10/25/2021	0.22485
METHIMAZOLE	5 MG	TABLET	ORAL	05/06/2022	0.12274
METHOCARBAMOL	500 MG	TABLET	ORAL	06/23/2022	0.06352
METHOCARBAMOL	750 MG	TABLET	ORAL	08/04/2022	0.07893
METHOCARBAMOL	100 MG/ML	VIAL	INJECTION	05/12/2022	0.91860
METHOTREXATE SODIUM	2.5 MG	TABLET	ORAL	06/02/2022	0.27001
METHOTREXATE SODIUM	25 MG/ML	VIAL	INJECTION	05/06/2022	2.82150
METHOTREXATE SODIUM/PF	1 G	VIAL	INJECTION	05/06/2022	64.10350
METHOTREXATE SODIUM/PF	25 MG/ML	VIAL	INJECTION	07/07/2022	0.80400
METHOXY PEG-EPOETIN BETA	200MCG/0.3	SYRINGE	INJECTION	05/06/2022	591.37375
METHSCOPOLAMINE BROMIDE	2.5 MG	TABLET	ORAL	05/06/2022	1.33692
METHSCOPOLAMINE BROMIDE	5 MG	TABLET	ORAL	05/06/2022	2.43590
METHYL SALICYLATE		LIQUID	TOPICAL	05/06/2022	0.15700
METHYL SALICYLATE		OIL	MISCELL	05/06/2022	0.50920
METHYL SALICYLATE/MENTH/CAMP	10-6-3.1 %	ADH. PATCH	TOPICAL	05/06/2022	0.48016
METHYL SALICYLATE/MENTH/CAMP	30%-10%-4%	KIT	TOPICAL	08/04/2022	867.53438
METHYL SALICYLATE/MENTHOL	15%-10%	CREAM (G)	TOPICAL	07/21/2022	0.03350

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METHYL SALICYLATE/MENTHOL	25 %-4 %	CREAM (G)	TOPICAL	05/06/2022	0.05084
METHYL SALICYLATE/MENTHOL	15 %-1 %	CREAM (G)	TOPICAL	05/06/2022	0.03812
METHYLDOPA	250 MG	TABLET	ORAL	05/06/2022	0.24101
METHYLDOPA	500 MG	TABLET	ORAL	07/27/2020	0.25822
METHYLERGONOVINE MALEATE	0.2 MG	TABLET	ORAL	02/01/2022	16.67925
METHYLERGONOVINE MALEATE	.2MG/ML(1)	AMPUL	INJECTION	08/01/2022	12.94578
METHYLPHENIDATE	10MG/9HR	PATCH TD24	TRANSDERM	07/07/2022	12.83695
METHYLPHENIDATE	15MG/9HR	PATCH TD24	TRANSDERM	07/07/2022	12.83695
METHYLPHENIDATE	20 MG/9 HR	PATCH TD24	TRANSDERM	07/07/2022	12.83695
METHYLPHENIDATE	30MG/9HR	PATCH TD24	TRANSDERM	07/07/2022	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	05/06/2022	1.85362
METHYLPHENIDATE HCL	40 MG	CPBP 30-70	ORAL	06/30/2022	2.44309
METHYLPHENIDATE HCL	50 MG	CPBP 30-70	ORAL	05/06/2022	2.21824
METHYLPHENIDATE HCL	60 MG	CPBP 30-70	ORAL	05/06/2022	2.21824
METHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	05/06/2022	3.10081
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	05/06/2022	8.08116
METHYLPHENIDATE HCL	60 MG	CPBP 50-50	ORAL	05/06/2022	13.78895

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	50 MG	CSBP 40-60	ORAL	10/14/2021	5.39975
METHYLPHENIDATE HCL	60 MG	CSBP 40-60	ORAL	10/14/2021	5.39975
METHYLPHENIDATE HCL	18 MG	TAB ER 24	ORAL	08/11/2022	0.85157
METHYLPHENIDATE HCL	36 MG	TAB ER 24	ORAL	08/11/2022	0.88455
METHYLPHENIDATE HCL	54 MG	TAB ER 24	ORAL	08/11/2022	1.00500
METHYLPHENIDATE HCL	27 MG	TAB ER 24	ORAL	08/11/2022	0.83147
METHYLPHENIDATE HCL	72 MG	TAB ER 24	ORAL	09/08/2022	22.19385
METHYLPHENIDATE HCL	5 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.19218
METHYLPHENIDATE HCL	10 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.27097
METHYLPHENIDATE HCL	10 MG	TABLET	ORAL	05/06/2022	0.17889
METHYLPHENIDATE HCL	20 MG	TABLET	ORAL	07/21/2022	0.22338
METHYLPHENIDATE HCL	5 MG	TABLET	ORAL	07/21/2022	0.13976
METHYLPHENIDATE HCL	2.5 MG	TAB CHEW	ORAL	08/17/2021	2.03553
METHYLPHENIDATE HCL	5 MG	TAB CHEW	ORAL	08/17/2021	2.95007
METHYLPHENIDATE HCL	10 MG	TAB CHEW	ORAL	05/06/2022	3.93347
METHYLPHENIDATE HCL	20 MG	TABLET ER	ORAL	10/19/2021	1.87000
METHYLPHENIDATE HCL	10 MG	TABLET ER	ORAL	08/04/2022	1.36412
METHYLPREDNISOLONE	16 MG	TABLET	ORAL	05/06/2022	2.27398

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METHYLPREDNISOLONE	32 MG	TABLET	ORAL	05/06/2022	4.71398
METHYLPREDNISOLONE	4 MG	TABLET	ORAL	07/14/2022	0.21132
METHYLPREDNISOLONE	8 MG	TABLET	ORAL	09/08/2022	1.28426
METHYLPREDNISOLONE	4 MG	TAB DS PK	ORAL	05/06/2022	0.23035
METHYLPREDNISOLONE ACETATE	40 MG/ML	VIAL	INJECTION	08/25/2022	8.84544
METHYLPREDNISOLONE ACETATE	80 MG/ML	VIAL	INJECTION	08/15/2022	16.90500
METHYLPREDNISOLONE SOD SUCC	125 MG	VIAL	INJECTION	08/04/2022	4.33488
METHYLPREDNISOLONE SOD SUCC	40 MG	VIAL	INJECTION	10/19/2021	3.64000
METHYLPREDNISOLONE SOD SUCC	1000 MG	VIAL	INTRAVEN	05/26/2022	18.21750
METHYLPREDNISOLONE SOD SUCC	500 MG	VIAL	INTRAVEN	05/19/2022	22.21800
METHYLTESTOSTERONE	10 MG	CAPSULE	ORAL	07/27/2022	63.69176
METOCLOPRAMIDE HCL	5 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.03894
METOCLOPRAMIDE HCL	10 MG/10ML	SOLUTION	ORAL	05/06/2022	0.53621
METOCLOPRAMIDE HCL	10 MG	TABLET	ORAL	05/06/2022	0.05403
METOCLOPRAMIDE HCL	5 MG	TABLET	ORAL	05/06/2022	0.05936
METOCLOPRAMIDE HCL	5 MG/ML	VIAL	INJECTION	05/06/2022	1.06396
METOLAZONE	10 MG	TABLET	ORAL	05/06/2022	1.40325
METOLAZONE	2.5 MG	TABLET	ORAL	05/26/2022	1.25397
METOLAZONE	5 MG	TABLET	ORAL	05/06/2022	1.31561
METOPROLOL SUCCINATE	50 MG	TAB ER 24H	ORAL	07/21/2022	0.05628
METOPROLOL SUCCINATE	100 MG	TAB ER 24H	ORAL	09/08/2022	0.06713

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METOPROLOL SUCCINATE	200 MG	TAB ER 24H	ORAL	07/21/2022	0.10452
METOPROLOL SUCCINATE	25 MG	TAB ER 24H	ORAL	07/21/2022	0.09460
METOPROLOL TARTRATE	100 MG	TABLET	ORAL	08/25/2022	0.03162
METOPROLOL TARTRATE	50 MG	TABLET	ORAL	07/27/2022	0.02608
METOPROLOL TARTRATE	25 MG	TABLET	ORAL	05/06/2022	0.01753
METOPROLOL TARTRATE	37.5 MG	TABLET	ORAL	09/16/2021	0.07595
METOPROLOL TARTRATE	75 MG	TABLET	ORAL	08/25/2022	0.60273
METOPROLOL TARTRATE	5 MG/5 ML	VIAL	INTRAVEN	08/04/2022	0.20623
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	05/06/2022	2.49950
METOPROLOL/HYDROCHLOROTHIAZIDE	50 MG-25MG	TABLET	ORAL	10/25/2021	0.90410
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-50MG	TABLET	ORAL	08/01/2022	1.25112
METRONIDAZOLE	375 MG	CAPSULE	ORAL	05/06/2022	9.38975
METRONIDAZOLE	250 MG	TABLET	ORAL	09/01/2022	0.13384
METRONIDAZOLE	500 MG	TABLET	ORAL	09/01/2022	0.13762
METRONIDAZOLE	0.75 %	GEL (GRAM)	TOPICAL	05/06/2022	1.19111
METRONIDAZOLE	1 %	GEL (GRAM)	TOPICAL	05/06/2022	2.48950
METRONIDAZOLE	0.75 %	CREAM (G)	TOPICAL	07/21/2022	1.38080
METRONIDAZOLE	1 %	GEL W/PUMP	TOPICAL	08/04/2022	1.61994
METRONIDAZOLE	0.75 %	LOTION	TOPICAL	05/06/2022	3.71272
METRONIDAZOLE	0.75 %	GEL W/APPL	VAGINAL	12/21/2021	1.12847
METRONIDAZOLE/SODIUM CHLORIDE	500MG/0.1L	PIGGYBACK	INTRAVEN	05/06/2022	0.01452

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
METYROSINE	250 MG	CAPSULE	ORAL	08/04/2022	224.25329
MEXILETINE HCL	150 MG	CAPSULE	ORAL	07/27/2022	0.84326
MEXILETINE HCL	200 MG	CAPSULE	ORAL	07/27/2022	1.81637
MEXILETINE HCL	250 MG	CAPSULE	ORAL	08/04/2022	1.89637
MICAFUNGIN SODIUM	50 MG	VIAL	INTRAVEN	08/01/2022	71.25634
MICAFUNGIN SODIUM	100 MG	VIAL	INTRAVEN	03/22/2022	38.95000
MICONAZOLE NITRATE	2 %	AERO POWD	TOPICAL	09/01/2022	0.05809
MICONAZOLE NITRATE	2 %	CREAM (G)	TOPICAL	05/06/2022	0.04943
MICONAZOLE NITRATE	2 %	OINT. (G)	TOPICAL	05/06/2022	0.11050
MICONAZOLE NITRATE	2 %	POWDER	TOPICAL	09/01/2022	0.07281
MICONAZOLE NITRATE	2 %	TINCTURE	TOPICAL	05/06/2022	0.35663
MICONAZOLE NITRATE	2 %	CREAM/APPL	VAGINAL	06/09/2022	0.15812
MICONAZOLE NITRATE	200 MG-2 %	KIT	VAGINAL	06/23/2022	11.97350
MIDAZOLAM HCL	2 MG/ML	SYRUP	ORAL	05/06/2022	1.18959
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	05/06/2022	0.28948
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

*NH MAC Pricing Information contained in this document is confidential and proprietary and is available to you solely for the purpose of assisting with claim processing and program reimbursement analysis. You are to keep the NH MAC Pricing Information confidential and not disclose it to any third party and you are not to use the NH MAC Pricing Information for any other purpose. Any disclosure, reproduction, distribution, or other use of the NH MAC Pricing Information is strictly prohibited.*

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	07/14/2022	0.54337
MIDODRINE HCL	2.5 MG	TABLET	ORAL	05/06/2022	0.26304
MIDODRINE HCL	10 MG	TABLET	ORAL	05/06/2022	0.65245
MIFEPRISTONE	200 MG	TABLET	ORAL	05/06/2022	41.00000
MIGLITOL	25 MG	TABLET	ORAL	05/06/2022	2.95548
MIGLITOL	50 MG	TABLET	ORAL	05/06/2022	3.24971
MIGLITOL	100 MG	TABLET	ORAL	05/06/2022	3.83407
MIGLUSTAT	100 MG	CAPSULE	ORAL	03/01/2021	259.13025
MILRINONE LACTATE	1 MG/ML	VIAL	INTRAVEN	05/06/2022	0.33098
MILRINONE LACTATE/D5W	20MG/100ML	PIGGYBACK	INTRAVEN	05/06/2022	0.21475
MILRINONE LACTATE/D5W	40MG/200ML	PIGGYBACK	INTRAVEN	05/06/2022	0.19828
MINERAL OIL		OIL	ORAL	05/06/2022	0.00618
MINERAL OIL		ENEMA	RECTAL	05/12/2022	0.01293
MINERAL OIL		OIL	TOPICAL	05/06/2022	0.03353
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



## 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	100 MG	CAPSULE	ORAL	07/07/2022	0.52823
MINOCYCLINE HCL	50 MG	CAPSULE	ORAL	07/21/2022	0.22579
MINOCYCLINE HCL	75 MG	CAPSULE	ORAL	05/06/2022	0.52247
MINOCYCLINE HCL	100 MG	TABLET	ORAL	08/04/2022	2.17777
MINOCYCLINE HCL	50 MG	TABLET	ORAL	08/04/2022	1.08888
MINOCYCLINE HCL	75 MG	TABLET	ORAL	08/04/2022	1.73342
MINOCYCLINE HCL	45 MG	TAB ER 24H	ORAL	03/22/2022	3.73637
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	80 MG	TAB ER 24H	ORAL	02/09/2021	4.80832
MINOCYCLINE HCL	105 MG	TAB ER 24H	ORAL	02/09/2021	4.80832
MINOXIDIL	10 MG	TABLET	ORAL	06/23/2022	0.29266
MINOXIDIL	2.5 MG	TABLET	ORAL	05/06/2022	0.23383
MINOXIDIL	5 %	FOAM	TOPICAL	06/30/2022	0.53243
MINOXIDIL	5 %	SOLUTION	TOPICAL	06/16/2022	0.38592
MIRTAZAPINE	15 MG	TABLET	ORAL	05/26/2022	0.10050
MIRTAZAPINE	30 MG	TABLET	ORAL	05/06/2022	0.14097
MIRTAZAPINE	45 MG	TABLET	ORAL	05/06/2022	0.20100
MIRTAZAPINE	7.5 MG	TABLET	ORAL	08/18/2022	1.63927

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MIRTAZAPINE	15 MG	TAB RAPDIS	ORAL	05/06/2022	0.82321
MIRTAZAPINE	30 MG	TAB RAPDIS	ORAL	10/25/2021	0.90271
MIRTAZAPINE	45 MG	TAB RAPDIS	ORAL	05/06/2022	0.86743
MISOPROSTOL	200 MCG	TABLET	ORAL	07/27/2022	1.00500
MISOPROSTOL	100 MCG	TABLET	ORAL	06/23/2022	0.55610
MITOMYCIN	20 MG	VIAL	INTRAVEN	11/16/2021	152.99150
MITOMYCIN	40 MG	VIAL	INTRAVEN	08/01/2022	229.25461
MITOMYCIN	5 MG	VIAL	INTRAVEN	06/13/2022	128.67400
MITOXANTRONE HCL	2 MG/ML	VIAL	INTRAVEN	10/26/2021	9.87237
MODAFINIL	100 MG	TABLET	ORAL	08/04/2022	0.31222
MODAFINIL	200 MG	TABLET	ORAL	08/04/2022	0.40155
MOEXIPRIL HCL	7.5 MG	TABLET	ORAL	05/06/2022	1.02376
MOEXIPRIL HCL	15 MG	TABLET	ORAL	05/06/2022	1.03877
MOMETASONE FUROATE	0.1 %	CREAM (G)	TOPICAL	06/16/2022	0.48180
MOMETASONE FUROATE	0.1 %	OINT. (G)	TOPICAL	07/27/2022	0.24418
MOMETASONE FUROATE	0.1 %	SOLUTION	TOPICAL	05/06/2022	0.33589
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	10/19/2021	3.39162
MONTELUKAST SODIUM	4 MG	GRAN PACK	ORAL	10/19/2021	1.59000
MONTELUKAST SODIUM	10 MG	TABLET	ORAL	06/23/2022	0.06943
MONTELUKAST SODIUM	5 MG	TAB CHEW	ORAL	09/08/2022	0.06700
MONTELUKAST SODIUM	4 MG	TAB CHEW	ORAL	05/06/2022	0.13415

## 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	10 MG	CAP ER PEL	ORAL	05/02/2017	3.12320
MORPHINE SULFATE	20 MG	CAP ER PEL	ORAL	05/06/2022	3.45107
MORPHINE SULFATE	50 MG	CAP ER PEL	ORAL	05/06/2022	6.03491
MORPHINE SULFATE	80 MG	CAP ER PEL	ORAL	05/06/2022	9.09150
MORPHINE SULFATE	30 MG	CAP ER PEL	ORAL	05/06/2022	3.75342
MORPHINE SULFATE	60 MG	CAP ER PEL	ORAL	05/06/2022	7.22236
MORPHINE SULFATE	10 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.05684
MORPHINE SULFATE	20 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.09585
MORPHINE SULFATE	100 MG/5ML	SOLUTION	ORAL	08/18/2022	0.33846
MORPHINE SULFATE	15 MG	TABLET	ORAL	05/06/2022	0.39476
MORPHINE SULFATE	30 MG	TABLET	ORAL	05/06/2022	0.73325
MORPHINE SULFATE	30 MG	TABLET ER	ORAL	09/08/2022	0.46873
MORPHINE SULFATE	60 MG	TABLET ER	ORAL	05/06/2022	0.80789
MORPHINE SULFATE	100 MG	TABLET ER	ORAL	05/06/2022	1.19622
MORPHINE SULFATE	15 MG	TABLET ER	ORAL	09/08/2022	0.26076
MORPHINE SULFATE	200 MG	TABLET ER	ORAL	05/06/2022	2.81701
MORPHINE SULFATE	4 MG/ML	VIAL	INTRAVEN	06/30/2022	2.96683
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	400 MG	TABLET	ORAL	05/06/2022	3.53716

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
MOXIFLOXACIN HCL	0.5 %	DROPS	OPHTHALMIC	09/08/2022	7.28133
MOXIFLOXACIN-SOD.CHLORIDE(ISO)	400MG/.25L	PIGGYBACK	INTRAVEN	05/06/2022	0.30754
MULTIVIT WITH MINERALS/LUTEIN		TABLET	ORAL	05/06/2022	0.05379
MULTIVIT,CALC,MINS/IRON/FOLIC	9MG-400MCG	TABLET	ORAL	05/12/2022	0.03762
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	05/06/2022	0.04409
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	08/11/2022	0.03786
MULTIVIT-MIN/FOLIC/VIT K/LYCOP	400-300MCG	TABLET	ORAL	05/06/2022	0.07797
MULTIVIT-MIN/FOLIC/VIT K/LYCOP	400-20-370	TABLET	ORAL	05/06/2022	0.05913
MULTIVIT-MIN/IRON/FOLIC ACID/K	18-400-25	TABLET	ORAL	05/06/2022	0.12958
MULTIVIT-MIN/IRON/FOLIC/LUTEIN	8-400-300	TABLET	ORAL	05/06/2022	0.11903
MULTIVIT-MINERALS/FOLIC ACID	0.4 MG	TABLET	ORAL	05/06/2022	0.17152
MULTIVIT-MINERALS/FOLIC ACID	200 MCG	TAB CHEW	ORAL	05/06/2022	0.10396
MULTIVITAMIN		TABLET	ORAL	06/09/2022	0.01386
MULTIVITAMIN		TAB CHEW	ORAL	05/06/2022	0.04965
MULTIVITAMIN WITH FOLIC ACID	400 MCG	TABLET	ORAL	07/27/2021	0.01616
MULTIVITAMIN WITH IRON		TABLET	ORAL	05/06/2022	0.03679
MULTIVITAMIN WITH IRON		TAB CHEW	ORAL	05/06/2022	0.04238

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	05/06/2022	0.12752
MULTIVITAMIN/IRON/FOLIC ACID	18MG-0.4MG	TABLET	ORAL	07/21/2022	0.01089
MUPIROCIN	2 %	OINT. (G)	TOPICAL	05/12/2022	0.27247
MUPIROCIN CALCIUM	2 %	CREAM (G)	TOPICAL	08/18/2022	1.21136
MYCOPHENOLATE MOFETIL	250 MG	CAPSULE	ORAL	08/04/2022	0.19001
MYCOPHENOLATE MOFETIL	200 MG/ML	SUSP RECON	ORAL	08/11/2022	4.30584
MYCOPHENOLATE MOFETIL	500 MG	TABLET	ORAL	09/01/2022	0.40331
MYCOPHENOLATE MOFETIL HCL	500 MG	VIAL	INTRAVEN	07/14/2022	29.98125
MYCOPHENOLATE SODIUM	180 MG	TABLET DR	ORAL	08/25/2022	0.56392
MYCOPHENOLATE SODIUM	360 MG	TABLET DR	ORAL	08/25/2022	0.85124
NABUMETONE	500 MG	TABLET	ORAL	07/21/2022	0.31825
NABUMETONE	750 MG	TABLET	ORAL	05/06/2022	0.36084
NADOLOL	20 MG	TABLET	ORAL	05/06/2022	0.19430
NADOLOL	40 MG	TABLET	ORAL	09/08/2022	0.39679
NADOLOL	80 MG	TABLET	ORAL	11/16/2021	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	05/06/2022	7.80000
NAFTIFINE HCL	1 %	CREAM (G)	TOPICAL	10/26/2021	2.75278

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NAFTIFINE HCL	2 %	CREAM (G)	TOPICAL	05/06/2022	2.97645
NALBUPHINE HCL	10 MG/ML	AMPUL	INJECTION	05/26/2022	5.42544
NALOXONE HCL	1 MG/ML	SYRINGE	INJECTION	05/06/2022	16.27500
NALOXONE HCL	0.4 MG/ML	VIAL	INJECTION	10/19/2021	5.30000
NALOXONE HCL	4 MG	SPRAY	NASAL	08/19/2022	44.82609
NALTREXONE HCL	50 MG	TABLET	ORAL	07/21/2022	0.98669
NAPROXEN	125 MG/5ML	ORAL SUSP	ORAL	05/06/2022	0.94325
NAPROXEN	250 MG	TABLET	ORAL	05/19/2022	0.05601
NAPROXEN	375 MG	TABLET	ORAL	08/04/2022	0.07571
NAPROXEN	500 MG	TABLET	ORAL	07/27/2022	0.07458
NAPROXEN	375 MG	TABLET DR	ORAL	05/06/2022	0.23262
NAPROXEN	500 MG	TABLET DR	ORAL	04/11/2022	2.98540
NAPROXEN SODIUM	220 MG	CAPSULE	ORAL	05/06/2022	0.16750
NAPROXEN SODIUM	275 MG	TABLET	ORAL	05/06/2022	0.80333
NAPROXEN SODIUM	220 MG	TABLET	ORAL	09/08/2022	0.04536
NAPROXEN SODIUM	500 MG	TBMP 24HR	ORAL	02/15/2022	11.85030
NAPROXEN SODIUM	375 MG	TBMP 24HR	ORAL	05/06/2022	11.78100
NAPROXEN SODIUM	750 MG	TBMP 24HR	ORAL	05/06/2022	17.80170
NAPROXEN SODIUM/PSEUDOEPHEDRIN	220-120MG	TAB ER 12H	ORAL	05/06/2022	0.53466
NAPROXEN/ESOMEPRAZOLE MAG	500MG-20MG	TAB IR DR	ORAL	05/26/2022	12.83333
NAPROXEN/ESOMEPRAZOLE MAG	375MG-20MG	TAB IR DR	ORAL	05/06/2022	12.83333

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NARATRIPTAN HCL	2.5 MG	TABLET	ORAL	06/16/2022	2.26013
NARATRIPTAN HCL	1 MG	TABLET	ORAL	10/19/2021	4.80627
NATEGLINIDE	120 MG	TABLET	ORAL	07/21/2022	0.41897
NATEGLINIDE	60 MG	TABLET	ORAL	07/21/2022	0.41734
NEBIVOLOL HCL	5 MG	TABLET	ORAL	08/04/2022	0.68921
NEBIVOLOL HCL	2.5 MG	TABLET	ORAL	07/21/2022	0.66017
NEBIVOLOL HCL	10 MG	TABLET	ORAL	08/04/2022	0.64097
NEBIVOLOL HCL	20 MG	TABLET	ORAL	07/07/2022	0.74057
NEEDLE CLIP AND STORAGE DEVICE		EACH	MISCELL	05/12/2022	10.63750
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	05/19/2022	0.04683
NEEDLES, DISPOSABLE	16GX1.5"	DIS NEEDLE	MISCELL	06/09/2022	0.23946
NEEDLES, DISPOSABLE	18GX1"	DIS NEEDLE	MISCELL	05/06/2022	0.05293
NEEDLES, DISPOSABLE	18GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.02285
NEEDLES, DISPOSABLE	19GX1"	DIS NEEDLE	MISCELL	05/06/2022	0.03343
NEEDLES, DISPOSABLE	21 G X 1"	DIS NEEDLE	MISCELL	06/09/2022	0.08784
NEEDLES, DISPOSABLE	21GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.04998
NEEDLES, DISPOSABLE	21GX2"	DIS NEEDLE	MISCELL	05/06/2022	0.22494

## 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	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	05/06/2022	0.05454
NEEDLES, DISPOSABLE	23GX3/4"	DIS NEEDLE	MISCELL	05/06/2022	0.08707
NEEDLES, DISPOSABLE	23GX1"	DIS NEEDLE	MISCELL	05/06/2022	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	05/06/2022	0.02285
NEEDLES, DISPOSABLE	25GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.02285
NEEDLES, DISPOSABLE	26GX1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.08707
NEEDLES, DISPOSABLE	26 G X5/8"	DIS NEEDLE	MISCELL	05/06/2022	0.03343
NEEDLES, DISPOSABLE	26GX1.5"	DIS NEEDLE	MISCELL	05/06/2022	0.09715
NEEDLES, DISPOSABLE	27GX1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.06325
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	06/09/2022	0.30994
NEEDLES, FILTER	18GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.31698
NEEDLES, SAFETY	25GX5/8"	DIS NEEDLE	MISCELL	05/06/2022	0.14445



## 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	23GX1"	DIS NEEDLE	MISCELL	05/19/2022	0.17407
NEEDLES, SAFETY	27GX1/2"	DIS NEEDLE	MISCELL	05/19/2022	0.17407
NEEDLES, SAFETY	26GX1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.20341
NEEDLES, SAFETY	25GX1"	DIS NEEDLE	MISCELL	07/21/2022	0.26036
NEEDLES, SAFETY	25GX1 1/2"	DIS NEEDLE	MISCELL	05/06/2022	0.29199
NEEDLES, SAFETY	18GX1"	DIS NEEDLE	MISCELL	06/16/2022	0.70752
NEEDLES, SAFETY	18GX1 1/2"	DIS NEEDLE	MISCELL	06/09/2022	0.38721
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
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	05/19/2022	0.17407
NEEDLES, SAFETY	30GX1/2"	DIS NEEDLE	MISCELL	05/19/2022	0.17407
NEEDLES, SAFETY	23GX5/8"	DIS NEEDLE	MISCELL	05/19/2022	0.17407
NELARABINE	250MG/50ML	VIAL	INTRAVEN	07/21/2022	12.98000
NEOMYCIN SULFATE	500 MG	TABLET	ORAL	05/06/2022	1.43460
NEOMYCIN/BACIT/P-MYX/HYDROCORT	3.5-10K-1	OINT. (G)	OPHTHALMIC	01/04/2018	3.36600

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT PACK	TOPICAL	08/18/2022	0.05583
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT. (G)	TOPICAL	05/06/2022	0.17976
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5MG-400	OINT. (G)	OPHTHALMIC	07/14/2022	10.03950
NEOMYCIN/POLYMYXIN B/DEXAMETHA	3.5-10K-.1	OINT. (G)	OPHTHALMIC	10/26/2021	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)	05/06/2022	7.38505
NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	DROPS SUSP	OTIC (EAR)	05/06/2022	6.23443
NEOMYCN/BACITRC/POLYMYX/PRAMOX	3.5-10K-10	OINT. (G)	TOPICAL	05/06/2022	0.42076
NEOSTIGMINE METHYLSULFATE	3 MG/3 ML	SYRINGE	INTRAVEN	08/11/2022	5.35517
NEOSTIGMINE METHYLSULFATE	0.5 MG/ML	VIAL	INTRAVEN	08/25/2022	0.99656
NEOSTIGMINE METHYLSULFATE	1 MG/ML	VIAL	INTRAVEN	05/19/2022	0.76762
NEVIRAPINE	200 MG	TABLET	ORAL	05/06/2022	0.21261
NEVIRAPINE	400 MG	TAB ER 24H	ORAL	07/27/2022	5.92878
NIACIN	250 MG	CAPSULE ER	ORAL	05/06/2022	0.06164
NIACIN	500 MG	CAPSULE ER	ORAL	07/14/2022	0.08147
NIACIN	100 MG	TABLET	ORAL	05/06/2022	0.01096
NIACIN	250 MG	TABLET	ORAL	05/06/2022	0.02874
NIACIN	500 MG	TABLET	ORAL	06/09/2022	0.01974
NIACIN	500 MG	TAB ER 24H	ORAL	07/07/2022	0.45098
NIACIN	1000 MG	TAB ER 24H	ORAL	07/07/2022	0.75010
NIACIN	250 MG	TABLET ER	ORAL	05/06/2022	0.03209

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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
NIACIN	500 MG	TABLET ER	ORAL	07/21/2022	0.02814
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	20 MG	CAPSULE	ORAL	08/11/2022	1.45960
NICARDIPINE HCL	30 MG	CAPSULE	ORAL	08/11/2022	2.08980
NICARDIPINE HCL	25 MG/10ML	AMPUL	INTRAVEN	05/06/2022	2.22775
NICARDIPINE HCL	25 MG/10ML	VIAL	INTRAVEN	08/04/2022	2.64528
NICOTINE	7MG/24HR	PATCH TD24	TRANSDERM	05/06/2022	1.60225
NICOTINE	14MG/24HR	PATCH TD24	TRANSDERM	05/06/2022	1.60225
NICOTINE	21 MG/24HR	PATCH TD24	TRANSDERM	05/06/2022	1.43523
NICOTINE POLACRILEX	4 MG	LOZNG MINI	BUCCAL	05/06/2022	0.46371
NICOTINE POLACRILEX	2 MG	LOZNG MINI	BUCCAL	05/06/2022	0.46371
NICOTINE POLACRILEX	2 MG	GUM	BUCCAL	08/18/2022	0.10148
NICOTINE POLACRILEX	4 MG	GUM	BUCCAL	08/18/2022	0.30138
NICOTINE POLACRILEX	4 MG	LOZENGE	BUCCAL	07/08/2022	0.34871
NICOTINE POLACRILEX	2 MG	LOZENGE	BUCCAL	07/21/2022	0.49275
NIFEDIPINE	10 MG	CAPSULE	ORAL	05/06/2022	0.51054
NIFEDIPINE	20 MG	CAPSULE	ORAL	05/06/2022	1.33183
NIFEDIPINE	30 MG	TAB ER 24	ORAL	06/02/2022	0.21118
NIFEDIPINE	60 MG	TAB ER 24	ORAL	06/02/2022	0.24522

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NIFEDIPINE	90 MG	TAB ER 24	ORAL	08/18/2022	0.51630
NIFEDIPINE	30 MG	TABLET ER	ORAL	06/09/2022	0.34197
NIFEDIPINE	60 MG	TABLET ER	ORAL	09/08/2022	0.33822
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	05/06/2022	3.00062
NISOLDIPINE	8.5 MG	TAB ER 24H	ORAL	05/06/2022	5.17321
NISOLDIPINE	17 MG	TAB ER 24H	ORAL	07/27/2022	6.44220
NISOLDIPINE	34 MG	TAB ER 24H	ORAL	05/06/2022	6.80314
NITAZOXANIDE	500 MG	TABLET	ORAL	10/26/2021	88.91875
NITISINONE	2 MG	CAPSULE	ORAL	08/11/2022	79.74893
NITROFURANTOIN MACROCRYSTAL	100 MG	CAPSULE	ORAL	07/21/2022	1.38516
NITROFURANTOIN MACROCRYSTAL	25 MG	CAPSULE	ORAL	10/19/2021	3.60000
NITROFURANTOIN MACROCRYSTAL	50 MG	CAPSULE	ORAL	05/06/2022	1.03756
NITROFURANTOIN MONOHD/M-CRYST	100 MG	CAPSULE	ORAL	08/25/2022	0.45332
NITROGLYCERIN	400MCG/SPR	SPRAY	TRANSLING	07/21/2022	17.30820
NITROGLYCERIN	0.3 MG	TAB SUBL	SUBLINGUAL	05/06/2022	0.29560
NITROGLYCERIN	0.4 MG	TAB SUBL	SUBLINGUAL	05/06/2022	0.29319
NITROGLYCERIN	0.6 MG	TAB SUBL	SUBLINGUAL	05/06/2022	0.29560
NITROGLYCERIN	0.4MG/HR	PATCH TD24	TRANSDERM	05/06/2022	1.03919
NITROGLYCERIN	0.6MG/HR	PATCH TD24	TRANSDERM	05/06/2022	1.19959

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NITROGLYCERIN	0.1MG/HR	PATCH TD24	TRANSDERM	08/01/2022	16.75000
NITROGLYCERIN	0.2MG/HR	PATCH TD24	TRANSDERM	07/14/2022	0.89916
NITROGLYCERIN IN 5 % DEXTROSE	50MG/250ML	INFUS. BTL	INTRAVEN	05/06/2022	0.03244
NITROGLYCERIN IN 5 % DEXTROSE	25MG/250ML	INFUS. BTL	INTRAVEN	05/06/2022	0.03463
NITROGLYCERIN IN 5 % DEXTROSE	100MG/250	INFUS. BTL	INTRAVEN	05/06/2022	0.04700
NITROPRUSSIDE SODIUM	25 MG/ML	VIAL	INTRAVEN	05/19/2022	7.80000
NORELGESTROMIN/ETHIN. ESTRADIOL	150-35/24H	PATCH TDWK	TRANSDERM	08/04/2022	41.65942
NOREPINEPHRINE BITARTRATE	1 MG/ML	AMPUL	INTRAVEN	11/05/2020	5.95662
NOREPINEPHRINE BITARTRATE	1 MG/ML	VIAL	INTRAVEN	07/07/2022	1.46261
NORETH-ETHINYL ESTRADIOL/IRON	0.8-25(24)	TAB CHEW	ORAL	05/06/2022	3.90044
NORETHINDRONE	0.35 MG	TABLET	ORAL	10/25/2021	0.10672
NORETHINDRONE AC-ETH ESTRADIOL	1.5-0.03MG	TABLET	ORAL	05/06/2022	0.91056
NORETHINDRONE AC-ETH ESTRADIOL	1MG-20MCG	TABLET	ORAL	11/05/2019	0.36797
NORETHINDRONE AC-ETH ESTRADIOL	1MG-5MCG	TABLET	ORAL	05/06/2022	1.43678
NORETHINDRONE AC-ETH ESTRADIOL	0.5MG-2.5	TABLET	ORAL	05/06/2022	2.34356
NORETHINDRONE ACETATE	5 MG	TABLET	ORAL	05/06/2022	0.93880
NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(24)	CAPSULE	ORAL	07/21/2022	3.24013
NORETHINDRONE-E. ESTRADIOL-IRON	1.5-30(21)	TABLET	ORAL	05/06/2022	0.22254
NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(21)	TABLET	ORAL	05/06/2022	0.14612
NORETHINDRONE-E. ESTRADIOL-IRON	5-7-9-7	TABLET	ORAL	08/04/2022	1.38728
NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(24)	TABLET	ORAL	05/06/2022	1.32325

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NORETHINDRONE-ETHIN. ESTRADIOL	0.4-0.035	TABLET	ORAL	05/06/2022	0.79730
NORETHINDRONE-ETHIN. ESTRADIOL	0.5-0.035	TABLET	ORAL	05/06/2022	1.10805
NORETHINDRONE-ETHIN. ESTRADIOL	7 DAYS X 3	TABLET	ORAL	05/06/2022	0.40296
NORETHINDRONE-ETHIN. ESTRADIOL	7-9-5	TABLET	ORAL	05/06/2022	1.20002
NORETHINDRONE-ETHIN. ESTRADIOL	1 MG-35MCG	TABLET	ORAL	07/26/2018	0.52164
NORGESTIMATE-ETHINYL ESTRADIOL	0.25-0.035	TABLET	ORAL	05/06/2022	0.12443
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	ORAL	05/06/2022	0.15554
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 LO	TABLET	ORAL	05/06/2022	0.39131
NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	ORAL	05/06/2022	0.58808
NORTRIPTYLINE HCL	10 MG	CAPSULE	ORAL	05/06/2022	0.11310
NORTRIPTYLINE HCL	25 MG	CAPSULE	ORAL	07/07/2022	0.16469
NORTRIPTYLINE HCL	50 MG	CAPSULE	ORAL	05/06/2022	0.19082
NORTRIPTYLINE HCL	75 MG	CAPSULE	ORAL	05/06/2022	0.22631
NUT.TX FOR PKU WITH IRON NO.60	50 G-325	POWD PACK	ORAL	05/06/2022	4.56368
NUTRITIONAL TX FOR PKU NO.56	0.92 G-5	TABLET	ORAL	05/06/2022	0.72089
NYSTATIN	100000/ML	ORAL SUSP	ORAL	07/14/2022	0.07484
NYSTATIN	500K UNIT	TABLET	ORAL	05/06/2022	0.62337
NYSTATIN	100000/G	CREAM (G)	TOPICAL	09/08/2022	0.33589
NYSTATIN	100000/G	OINT. (G)	TOPICAL	05/06/2022	0.39128
NYSTATIN	100000/G	POWDER	TOPICAL	07/27/2022	0.34617
NYSTATIN/TRIAMCIN	100000-0.1	CREAM (G)	TOPICAL	05/06/2022	0.25862

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
NYSTATIN/TRIAMCIN	100000-0.1	OINT. (G)	TOPICAL	09/01/2022	0.21038
OCTREOTIDE ACETATE	50 MCG/ML	AMPUL	INJECTION	05/19/2022	14.53095
OCTREOTIDE ACETATE	100 MCG/ML	AMPUL	INJECTION	05/19/2022	27.51613
OCTREOTIDE ACETATE	500 MCG/ML	AMPUL	INJECTION	05/19/2022	132.71495
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	05/06/2022	4.91700
OCTREOTIDE ACETATE	500 MCG/ML	VIAL	INJECTION	05/06/2022	16.06500
OCTREOTIDE ACETATE	100 MCG/ML	VIAL	INJECTION	05/06/2022	5.23240
OFLOXACIN	400 MG	TABLET	ORAL	05/26/2022	14.86854
OFLOXACIN	0.3 %	DROPS	OPHTHALMIC	02/22/2022	1.70396
OFLOXACIN	0.3 %	DROPS	OTIC (EAR)	08/17/2021	2.01000
OLANZAPINE	7.5 MG	TABLET	ORAL	05/06/2022	0.13154
OLANZAPINE	10 MG	TABLET	ORAL	05/06/2022	0.16082
OLANZAPINE	5 MG	TABLET	ORAL	05/06/2022	0.09548
OLANZAPINE	2.5 MG	TABLET	ORAL	05/06/2022	0.09250
OLANZAPINE	15 MG	TABLET	ORAL	05/06/2022	0.19387
OLANZAPINE	20 MG	TABLET	ORAL	05/06/2022	0.24652
OLANZAPINE	5 MG	TAB RAPDIS	ORAL	06/16/2022	0.39441
OLANZAPINE	10 MG	TAB RAPDIS	ORAL	06/16/2022	0.57129
OLANZAPINE	15 MG	TAB RAPDIS	ORAL	06/16/2022	0.96391

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
OLANZAPINE	20 MG	TAB RAPDIS	ORAL	06/16/2022	0.87368
OLANZAPINE	10 MG	VIAL	INTRAMUSC	10/19/2021	19.92900
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	3 MG-25 MG	CAPSULE	ORAL	05/06/2022	6.72761
OLIVE OIL		OIL	MISCELL	05/06/2022	0.02461
OLMESARTAN MEDOXOMIL	5 MG	TABLET	ORAL	09/01/2022	0.11479
OLMESARTAN/AMLODIPIN/HCTHIAZID	20-5-12.5	TABLET	ORAL	08/04/2022	1.66711
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-12.5	TABLET	ORAL	09/08/2022	2.21100
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-25 MG	TABLET	ORAL	09/08/2022	2.32758
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-12.5	TABLET	ORAL	09/08/2022	2.24778
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-25MG	TABLET	ORAL	09/08/2022	1.90518
OLMESARTAN/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	07/27/2022	0.29986
OLMESARTAN/HYDROCHLOROTHIAZIDE	40-12.5 MG	TABLET	ORAL	09/08/2022	0.43654
OLMESARTAN/HYDROCHLOROTHIAZIDE	40 MG-25MG	TABLET	ORAL	09/08/2022	0.35555
OLOPATADINE HCL	0.1 %	DROPS	OPHTHALMIC	08/03/2021	3.27360
OLOPATADINE HCL	0.6 %	SPRAY/PUMP	NASAL	06/23/2022	1.52001
OMEGA-3 ACID ETHYL ESTERS	1 G	CAPSULE	ORAL	07/07/2022	0.24645
OMEGA-3 FATTY ACIDS	1000 MG	CAPSULE	ORAL	05/06/2022	0.07794
OMEGA-3 FATTY ACIDS/FISH OIL	300-1000MG	CAPSULE	ORAL	05/06/2022	0.06606
OMEGA-3 FATTY ACIDS/FISH OIL	360-1200MG	CAPSULE	ORAL	05/06/2022	0.03733

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OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE	ORAL	05/06/2022	0.06187
OMEGA-3/DHA/EPA/FISH OIL	1200 MG	CAPSULE	ORAL	07/21/2022	0.10720
OMEGA-3/DHA/EPA/FISH OIL	1000 MG	CAPSULE	ORAL	05/06/2022	0.06325
OMEGA-3/DHA/EPA/FISH OIL	60 MG-90MG	CAPSULE	ORAL	06/09/2022	0.08143
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE	ORAL	07/27/2022	0.10677
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE DR	ORAL	05/06/2022	0.09045
OMEGA-3S/DHA/EPA/FISH OIL/D3	360MG-1000	CAPSULE	ORAL	05/06/2022	0.17107
OMEPRAZOLE	20 MG	CAPSULE DR	ORAL	08/11/2022	0.04154
OMEPRAZOLE	10 MG	CAPSULE DR	ORAL	05/06/2022	0.10077
OMEPRAZOLE	40 MG	CAPSULE DR	ORAL	07/21/2022	0.06070
OMEPRAZOLE	20 MG	TABLET DR	ORAL	05/26/2022	0.48080
OMEPRAZOLE MAGNESIUM	20 MG	TABLET DR	ORAL	06/09/2022	0.84994
OMEPRAZOLE/SODIUM BICARBONATE	20MG-1.1G	CAPSULE	ORAL	05/06/2022	1.27300
OMEPRAZOLE/SODIUM BICARBONATE	40MG-1.1G	CAPSULE	ORAL	10/19/2021	1.26000
OMEPRAZOLE/SODIUM BICARBONATE	20-1680MG	PACKET	ORAL	08/04/2022	53.72845
OMEPRAZOLE/SODIUM BICARBONATE	40-1680MG	PACKET	ORAL	08/04/2022	53.72845
ONDANSETRON	4 MG	TAB RAPDIS	ORAL	08/11/2022	0.30820
ONDANSETRON	8 MG	TAB RAPDIS	ORAL	08/11/2022	0.33768
ONDANSETRON HCL	4 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.39798
ONDANSETRON HCL	4 MG	TABLET	ORAL	09/08/2022	0.08531
ONDANSETRON HCL	8 MG	TABLET	ORAL	09/08/2022	0.16661

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ONDANSETRON HCL	2 MG/ML	VIAL	INTRAVEN	05/06/2022	0.31624
ONDANSETRON HCL/PF	4 MG/2 ML	VIAL	INJECTION	07/27/2022	0.35376
ORANGE OIL		OIL	MISCELL	05/06/2022	0.48240
ORPHENADRINE CITRATE	100 MG	TABLET ER	ORAL	09/08/2022	0.40160
ORPHENADRINE CITRATE	30 MG/ML	VIAL	INJECTION	05/06/2022	7.27200
ORPHENADRINE/ASPIRIN/CAFFEINE	50-770-60	TABLET	ORAL	05/06/2022	20.47500
OSELTAMIVIR PHOSPHATE	75 MG	CAPSULE	ORAL	05/06/2022	1.56780
OSELTAMIVIR PHOSPHATE	30 MG	CAPSULE	ORAL	09/01/2022	2.16410
OSELTAMIVIR PHOSPHATE	45 MG	CAPSULE	ORAL	05/06/2022	2.33696
OSELTAMIVIR PHOSPHATE	6 MG/ML	SUSP RECON	ORAL	10/26/2021	0.53677
OSTOMY SUPPLY		LIQUID	TOPICAL	07/27/2022	0.04561
OXACILLIN SODIUM	1 G	VIAL	INJECTION	05/06/2022	8.22000
OXACILLIN SODIUM	10 G	VIAL	INJECTION	05/06/2022	50.73750
OXACILLIN SODIUM	2 G	VIAL	INJECTION	07/14/2022	11.38500
OXALIPLATIN	50 MG/10ML	VIAL	INTRAVEN	05/06/2022	1.21940
OXALIPLATIN	100MG/20ML	VIAL	INTRAVEN	05/06/2022	1.22543
OXANDROLONE	2.5 MG	TABLET	ORAL	05/06/2022	5.57924
OXANDROLONE	10 MG	TABLET	ORAL	05/06/2022	9.22380
OXAPROZIN	600 MG	TABLET	ORAL	05/26/2022	1.03542
OXAZEPAM	10 MG	CAPSULE	ORAL	06/11/2019	0.79085
OXAZEPAM	15 MG	CAPSULE	ORAL	05/06/2022	1.27099

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
OXAZEPAM	30 MG	CAPSULE	ORAL	06/11/2019	1.35103
OXCARBAZEPINE	300 MG/5ML	ORAL SUSP	ORAL	02/11/2020	0.42451
OXCARBAZEPINE	300 MG	TABLET	ORAL	08/18/2022	0.31865
OXCARBAZEPINE	150 MG	TABLET	ORAL	08/11/2022	0.21025
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	08/11/2022	0.12851
OXYBUTYNIN CHLORIDE	10 MG	TAB ER 24	ORAL	05/19/2022	0.15678
OXYBUTYNIN CHLORIDE	15 MG	TAB ER 24	ORAL	07/07/2022	0.25286
OXYBUTYNIN CHLORIDE	5 MG/5 ML	SYRUP	ORAL	06/02/2022	0.05382
OXYBUTYNIN CHLORIDE	5 MG	TABLET	ORAL	09/01/2022	0.07399
OXYCODONE HCL	5 MG	CAPSULE	ORAL	08/25/2022	1.57718
OXYCODONE HCL	5 MG/5 ML	SOLUTION	ORAL	06/09/2022	0.07011
OXYCODONE HCL	20 MG/ML	ORAL CONC	ORAL	02/19/2019	2.20743
OXYCODONE HCL	5 MG	TABLET	ORAL	05/06/2022	0.12282
OXYCODONE HCL	10 MG	TABLET	ORAL	08/18/2022	0.18653
OXYCODONE HCL	20 MG	TABLET	ORAL	07/21/2022	0.32267
OXYCODONE HCL	15 MG	TABLET	ORAL	05/12/2022	0.12562
OXYCODONE HCL	30 MG	TABLET	ORAL	05/06/2022	0.19031
OXYCODONE HCL/ACETAMINOPHEN	10-300MG/5	SOLUTION	ORAL	05/06/2022	7.87500
OXYCODONE HCL/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	08/11/2022	0.08844

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
OXYCODONE HCL/ACETAMINOPHEN	2.5-325 MG	TABLET	ORAL	05/06/2022	1.38184
OXYCODONE HCL/ACETAMINOPHEN	7.5-325 MG	TABLET	ORAL	08/18/2022	0.20279
OXYMETAZOLINE HCL	0.05 %	MIST	NASAL	05/06/2022	0.47865
OXYMETAZOLINE HCL	0.05 %	SPRAY	NASAL	06/30/2022	0.07415
OXYMORPHONE HCL	5 MG	TABLET	ORAL	05/06/2022	0.44979
OXYMORPHONE HCL	10 MG	TABLET	ORAL	05/06/2022	0.91847
OXYMORPHONE HCL	10 MG	TAB ER 12H	ORAL	06/14/2016	2.72804
OXYMORPHONE HCL	20 MG	TAB ER 12H	ORAL	09/13/2016	4.79239
OXYTOCIN	10 UNIT/ML	VIAL	INJECTION	02/08/2022	0.87502
PACLITAXEL	6 MG/ML	VIAL	INTRAVEN	07/14/2022	0.63087
PACLITAXEL PROTEIN-BOUND	100 MG	VIAL	INTRAVEN	08/18/2022	1364.50050
PALIPERIDONE	3 MG	TAB ER 24	ORAL	05/06/2022	5.47920
PALIPERIDONE	6 MG	TAB ER 24	ORAL	05/06/2022	4.57292
PALIPERIDONE	9 MG	TAB ER 24	ORAL	07/21/2022	7.08745
PALIPERIDONE	1.5 MG	TAB ER 24	ORAL	07/21/2022	4.15400
PALONOSETRON HCL	0.25MG/5ML	SYRINGE	INTRAVEN	05/06/2022	12.81000
PALONOSETRON HCL	0.25MG/5ML	VIAL	INTRAVEN	07/21/2022	7.98240
PAMIDRONATE DISODIUM	30MG/10ML	VIAL	INTRAVEN	05/06/2022	2.82612
PAMIDRONATE DISODIUM	90 MG/10ML	VIAL	INTRAVEN	05/06/2022	4.80348
PANTOPRAZOLE SODIUM	40 MG	GRANPKT DR	ORAL	05/06/2022	11.25447
PANTOPRAZOLE SODIUM	40 MG	TABLET DR	ORAL	08/18/2022	0.06365

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PANTOPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	07/07/2022	0.06894
PANTOPRAZOLE SODIUM	40 MG	VIAL	INTRAVEN	09/08/2022	2.71788
PAPAVERINE HCL	30 MG/ML	VIAL	INJECTION	05/06/2022	19.25532
PAPAYA		TABLET	ORAL	07/27/2022	0.07625
PARAFFIN		WAX	MISCELL	05/06/2022	0.16574
PARICALCITOL	1 MCG	CAPSULE	ORAL	09/08/2022	1.46194
PARICALCITOL	2 MCG	CAPSULE	ORAL	08/04/2022	4.50384
PARICALCITOL	4 MCG	CAPSULE	ORAL	05/06/2022	23.28953
PARICALCITOL	5 MCG/ML	VIAL	INJECTION	08/01/2022	2.51600
PARICALCITOL	2 MCG/ML	VIAL	INJECTION	06/02/2022	5.14403
PARICALCITOL	5 MCG/ML	VIAL	INTRAVEN	05/19/2022	11.38500
PAROMOMYCIN SULFATE	250 MG	CAPSULE	ORAL	05/06/2022	3.74220
PAROXETINE HCL	10 MG/5 ML	ORAL SUSP	ORAL	05/06/2022	1.74524
PAROXETINE HCL	10 MG	TABLET	ORAL	08/11/2022	0.04784
PAROXETINE HCL	20 MG	TABLET	ORAL	05/06/2022	0.07380
PAROXETINE HCL	30 MG	TABLET	ORAL	06/30/2022	0.09399
PAROXETINE HCL	40 MG	TABLET	ORAL	05/06/2022	0.10423
PAROXETINE HCL	25 MG	TAB ER 24H	ORAL	05/06/2022	1.09835
PAROXETINE HCL	12.5 MG	TAB ER 24H	ORAL	05/06/2022	1.14257
PAROXETINE HCL	37.5 MG	TAB ER 24H	ORAL	09/08/2022	1.70269
PAROXETINE MESYLATE	7.5 MG	CAPSULE	ORAL	08/01/2022	4.35102

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PEANUT OIL		OIL	MISCELL	05/06/2022	0.06045
PEDI MULTIVIT NO.17 W-FLUORIDE	0.25 MG	TAB CHEW	ORAL	06/30/2022	0.16524
PEDI MULTIVIT NO.25/FOLIC ACID	300 MCG	TAB CHEW	ORAL	05/06/2022	0.03209
PEDIATRIC MULTIVITAMIN NO.17		TAB CHEW	ORAL	05/06/2022	0.03698
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
PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G	SOLN RECON	ORAL	09/21/2020	0.00263
PEMETREXED DISODIUM	500 MG	VIAL	INTRAVEN	08/25/2022	112.75000
PEMETREXED DISODIUM	100 MG	VIAL	INTRAVEN	08/25/2022	27.67500
PEMETREXED DISODIUM	1000 MG	VIAL	INTRAVEN	08/11/2022	272.43475
PEMETREXED DISODIUM	750 MG	VIAL	INTRAVEN	06/09/2022	3290.85475
PEN NEEDLE, DIABETIC	29 G X1/2"	DIS NEEDLE	MISCELL	09/01/2022	0.06231
PEN NEEDLE, DIABETIC	30 GX5/16"	DIS NEEDLE	MISCELL	05/06/2022	0.22753
PEN NEEDLE, DIABETIC	31 GX5/16"	DIS NEEDLE	MISCELL	09/01/2022	0.11377
PEN NEEDLE, DIABETIC	31 G X1/4"	DIS NEEDLE	MISCELL	09/01/2022	0.10881
PEN NEEDLE, DIABETIC	31 GX3/16"	DIS NEEDLE	MISCELL	09/01/2022	0.11377
PEN NEEDLE, DIABETIC	32 GX 1/4"	DIS NEEDLE	MISCELL	09/01/2022	0.12944
PEN NEEDLE, DIABETIC	32 GX5/16"	DIS NEEDLE	MISCELL	07/07/2022	0.15544
PEN NEEDLE, DIABETIC	32GX 5/32"	DIS NEEDLE	MISCELL	09/08/2022	0.12944
PEN NEEDLE, DIABETIC	32 GX3/16"	DIS NEEDLE	MISCELL	07/07/2022	0.12770
PEN NEEDLE, DIABETIC	33 GX5/32"	DIS NEEDLE	MISCELL	07/27/2022	0.32817

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PEN NEEDLE, DIABETIC	33 GX3/16"	DIS NEEDLE	MISCELL	07/27/2022	0.38773
PEN NEEDLE, DIABETIC	33 G X1/4"	DIS NEEDLE	MISCELL	07/27/2022	0.38773
PEN NEEDLE, DIABETIC	29G X 3/8"	DIS NEEDLE	MISCELL	05/06/2022	0.15544
PEN NEEDLE, DIABETIC, SAFETY	29GX 5/16"	DIS NEEDLE	MISCELL	05/06/2022	0.49131
PEN NEEDLE, DIABETIC, SAFETY	29GX3/16"	DIS NEEDLE	MISCELL	05/06/2022	0.49131
PEN NEEDLE, DIABETIC, SAFETY	31 GX3/16"	DIS NEEDLE	MISCELL	07/07/2022	0.42210
PEN NEEDLE, DIABETIC, SAFETY	30 GX3/16"	DIS NEEDLE	MISCELL	05/06/2022	0.42210
PEN NEEDLE, DIABETIC, SAFETY	30 GX5/16"	DIS NEEDLE	MISCELL	05/06/2022	0.26968
PEN NEEDLE, DIABETIC, SAFETY	31 G X1/4"	DIS NEEDLE	MISCELL	05/06/2022	0.61814
PEN NEEDLE,DUAL SAFETY,DIABETC	30 GX3/16"	DIS NEEDLE	MISCELL	05/06/2022	0.45225
PENICILLAMINE	250 MG	TABLET	ORAL	05/06/2022	44.67206
PENICILLIN G POTASSIUM	20MM UNIT	VIAL	INJECTION	10/19/2021	33.36375
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	09/08/2022	0.08920
PENTAMIDINE ISETHIONATE	300 MG	VIAL	INJECTION	06/15/2021	105.07993
PENTAMIDINE ISETHIONATE	300 MG	VIAL-NEB	INHALATION	10/26/2021	92.50625
PENTAZOCINE HCL/NALOXONE HCL	50MG-0.5MG	TABLET	ORAL	09/08/2022	2.21033
PENTOBARBITAL SODIUM	50 MG/ML	VIAL	INJECTION	05/06/2022	43.95508
PEPPERMINT OIL		OIL	MISCELL	07/27/2022	0.88172
PERINDOPRIL ERBUMINE	4 MG	TABLET	ORAL	05/06/2022	1.48251

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PERINDOPRIL ERBUMINE	2 MG	TABLET	ORAL	05/06/2022	1.27146
PERIT. DIALYSIS NO.6-1.5 % DEX	2.5MEQ(CA)	IP SOLN	INTRAPERIT	05/06/2022	0.00395
PERITON.DIALYSIS 7-2.5 % DEXTR	2.5MEQ(CA)	IP SOLN	INTRAPERIT	09/08/2022	0.00416
PERITON.DIALYSIS 8-4.25 % DEXT	2.5MEQ(CA)	IP SOLN	INTRAPERIT	09/08/2022	0.00426
PERMETHRIN	5 %	CREAM (G)	TOPICAL	10/19/2021	0.56000
PERMETHRIN	1 %	LIQUID	TOPICAL	05/06/2022	0.08630
PERPHENAZINE	16 MG	TABLET	ORAL	05/06/2022	0.81512
PERPHENAZINE	2 MG	TABLET	ORAL	05/06/2022	0.36488
PERPHENAZINE	4 MG	TABLET	ORAL	05/06/2022	0.46136
PERPHENAZINE	8 MG	TABLET	ORAL	05/06/2022	0.57191
PETROLATUM, YELLOW	100 %	JELLY (G)	MISCELL	05/06/2022	0.05540
PETROLATUM,WHITE		JELLY (G)	TOPICAL	08/18/2022	0.00943
PETROLATUM,WHITE		OINT PACK	TOPICAL	08/18/2022	0.01329
PETROLATUM,WHITE		OINT. (G)	TOPICAL	05/06/2022	0.00711
PETROLATUM,WHITE	44 %	OINT. (G)	TOPICAL	05/06/2022	0.02212
PETROLATUM,WHITE	42 %	OINT. (G)	TOPICAL	05/06/2022	0.02360
PHARMACY COMPOUNDING ACCESSORY		EACH	MISCELL	05/06/2022	1.18590
PHENAZOPYRIDINE HCL	100 MG	TABLET	ORAL	10/25/2021	0.34304
PHENAZOPYRIDINE HCL	200 MG	TABLET	ORAL	12/14/2021	0.37554
PHENAZOPYRIDINE HCL	95 MG	TABLET	ORAL	03/22/2021	0.06811
PHENAZOPYRIDINE HCL	99.5 MG	TABLET	ORAL	09/01/2022	0.41261



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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PHENAZOPYRIDINE/URINE UTI STRP	99.5 MG	CMBTABSTRP	MISCELL	06/30/2022	0.39698
PHENDIMETRAZINE TARTRATE	35 MG	TABLET	ORAL	07/27/2022	0.14641
PHENELZINE SULFATE	15 MG	TABLET	ORAL	05/06/2022	0.55945
PHENOBARBITAL	32.4 MG	TABLET	ORAL	01/16/2017	0.53360
PHENOL	1.4 %	SPRAY	MUCOUS MEM	05/06/2022	0.01995
PHENOL	1.5 %	LIQUID	TOPICAL	05/06/2022	0.55172
PENTERMINE HCL	15 MG	CAPSULE	ORAL	09/08/2022	0.41123
PENTERMINE HCL	30 MG	CAPSULE	ORAL	05/06/2022	0.21274
PENTERMINE HCL	37.5 MG	CAPSULE	ORAL	09/08/2022	0.23236
PENTERMINE HCL	37.5 MG	TABLET	ORAL	07/14/2022	0.06700
PENTOLAMINE MESYLATE	5 MG	VIAL	INJECTION	10/19/2021	351.66000
PHENYLEPH/MINERAL OIL/PETROLAT	0.25 %-14%	OINT/APPL	RECTAL	05/06/2022	0.04534
PHENYLEPHRINE HCL	10 MG	TABLET	ORAL	05/06/2022	0.06607
PHENYLEPHRINE HCL	10 MG/ML	VIAL	INJECTION	07/07/2022	1.69724
PHENYLEPHRINE HCL	10 %	DROPS	OPHTHALMIC	09/08/2022	9.58800
PHENYLEPHRINE HCL	2.5 %	DROPS	OPHTHALMIC	09/08/2022	7.23900
PHENYLEPHRINE HCL	1 %	SPRAY	NASAL	09/08/2022	0.40915
PHENYLEPHRINE HCL/ACETAMINOPHN	5 MG-325MG	TABLET	ORAL	06/09/2022	0.30234
PHENYLEPHRINE HCL/ACETAMINOPHN	5 MG-500MG	TABLET	ORAL	05/06/2022	0.08104
PHENYLEPHRINE HCL/WITCH HAZEL	0.25%-50%	GEL (GRAM)	TOPICAL	05/06/2022	0.16737
PHENYLEPHRINE/ACETAMINOPHN/CPM	5-325-2MG	TABLET	ORAL	05/06/2022	0.11846

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PHENYLEPHRINE/DIPHENHYDRAMINE	5-12.5MG/5	SOLUTION	ORAL	06/30/2022	0.06577
PHENYLEPHRINE/DIPHENHYDRAMINE	2.5-6.25/5	LIQUID	ORAL	05/06/2022	0.05339
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-325MG/15	LIQUID	ORAL	09/08/2022	0.03023
PHENYLEPHRINE/DM/ACETAMINOP/GG	10-650/20	LIQUID	ORAL	03/22/2021	0.02824
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-325-200	TABLET	ORAL	09/01/2022	0.30552
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-10-325MG	TABLET	ORAL	05/06/2022	0.31758
PHENYTOIN	125 MG/5ML	ORAL SUSP	ORAL	07/27/2022	0.11435
PHENYTOIN	50 MG	TAB CHEW	ORAL	06/16/2022	0.51858
PHENYTOIN SODIUM	50 MG/ML	VIAL	INTRAVEN	05/06/2022	0.51188
PHENYTOIN SODIUM EXTENDED	100 MG	CAPSULE	ORAL	07/21/2022	0.19752
PHENYTOIN SODIUM EXTENDED	300 MG	CAPSULE	ORAL	05/06/2022	2.32981
PHENYTOIN SODIUM EXTENDED	200 MG	CAPSULE	ORAL	05/06/2022	1.55574
PHYSIOLOGICAL IRRIG SOLN NO.1	140-5-3-98	IRRIG SOLN	IRRIGATION	09/08/2022	0.01062
PHYTONADIONE (VIT K1)	5 MG	TABLET	ORAL	05/26/2022	33.05451
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	09/08/2022	0.29065
PILOCARPINE HCL	7.5 MG	TABLET	ORAL	05/06/2022	1.20868
PILOCARPINE HCL	1 %	DROPS	OPHTHALMIC	05/06/2022	4.19584
PILOCARPINE HCL	2 %	DROPS	OPHTHALMIC	05/06/2022	4.26800
PILOCARPINE HCL	4 %	DROPS	OPHTHALMIC	05/06/2022	4.47920

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PIMECROLIMUS	1 %	CREAM (G)	TOPICAL	08/11/2022	4.99620
PINDOLOL	10 MG	TABLET	ORAL	08/11/2022	1.85670
PINDOLOL	5 MG	TABLET	ORAL	08/11/2022	1.70676
PIOGLITAZONE HCL	15 MG	TABLET	ORAL	05/06/2022	0.07086
PIOGLITAZONE HCL	30 MG	TABLET	ORAL	05/06/2022	0.10777
PIOGLITAZONE HCL	45 MG	TABLET	ORAL	05/06/2022	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
PIOGLITAZONE HCL/METFORMIN HCL	15MG-500MG	TABLET	ORAL	10/25/2021	0.69315
PIOGLITAZONE HCL/METFORMIN HCL	15MG-850MG	TABLET	ORAL	08/04/2022	0.59340
PIPERACILLIN SODIUM/TAZOBACTAM	2.25 G	VIAL	INTRAVEN	05/06/2022	3.24984
PIPERACILLIN SODIUM/TAZOBACTAM	3.375 G	VIAL	INTRAVEN	08/25/2022	3.36864
PIPERACILLIN SODIUM/TAZOBACTAM	4.5 G	VIAL	INTRAVEN	07/12/2022	5.00280
PIPERACILLIN SODIUM/TAZOBACTAM	40.5 G	VIAL	INTRAVEN	07/07/2022	51.25000
PIPERONYL BUTOXIDE/PYRETHRINS	4%-0.33%	SHAMPOO	TOPICAL	05/06/2022	0.04916
PIRFENIDONE	267 MG	TABLET	ORAL	08/25/2022	12.14331
PIRFENIDONE	801 MG	TABLET	ORAL	08/25/2022	33.94606
PIROXICAM	10 MG	CAPSULE	ORAL	05/06/2022	0.40669
PIROXICAM	20 MG	CAPSULE	ORAL	05/06/2022	0.61519
PNV 119/IRON FUM/FOLIC ACID	29 MG-1 MG	TABLET	ORAL	08/18/2022	0.56267
PNV NO.95/FERROUS FUM/FOLIC AC	28MG-0.8MG	TABLET	ORAL	05/06/2022	0.03704

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
PNV,CALCIUM 72/IRON/FOLIC ACID	27 MG-1 MG	TABLET	ORAL	05/06/2022	0.08033
PODOFILOX	0.5 %	SOLUTION	TOPICAL	05/06/2022	12.37500
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	08/18/2022	1.23471
POLYETHYLENE GLYCOL 3350	17 G/DOSE	POWDER	ORAL	12/01/2020	0.01772
POLYMYXIN B SULF/TRIMETHOPRIM	10000-1/ML	DROPS	OPHTHALMIC	09/08/2022	0.67670
POLYMYXIN B SULFATE	500K UNIT	VIAL	INJECTION	06/16/2022	6.57543
POLYSORBATE 80		SOLUTION	MISCELL	09/08/2022	0.03739
POLYVINYL ALCOHOL	1.4 %	DROPS	OPHTHALMIC	07/07/2022	0.33098
POSACONAZOLE	100 MG	TABLET DR	ORAL	08/18/2022	14.82390
POTASSIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	05/06/2022	0.21967
POTASSIUM CHLORIDE	10 MEQ	CAPSULE ER	ORAL	09/01/2022	0.16093
POTASSIUM CHLORIDE	8 MEQ	CAPSULE ER	ORAL	05/06/2022	0.35309
POTASSIUM CHLORIDE	20 MEQ	PACKET	ORAL	06/28/2022	2.00864
POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	ORAL	09/08/2022	0.30753
POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID	ORAL	08/01/2022	0.51733
POTASSIUM CHLORIDE	10 MEQ	TAB ER PRT	ORAL	05/06/2022	0.15582
POTASSIUM CHLORIDE	20 MEQ	TAB ER PRT	ORAL	07/14/2022	0.19344
POTASSIUM CHLORIDE	15 MEQ	TAB ER PRT	ORAL	05/06/2022	0.16791
POTASSIUM CHLORIDE	10 MEQ	TABLET ER	ORAL	05/06/2022	0.11464

## 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	20 MEQ	TABLET ER	ORAL	09/08/2022	0.53533
POTASSIUM CHLORIDE	8 MEQ	TABLET ER	ORAL	05/06/2022	0.13266
POTASSIUM CHLORIDE	2 MEQ/ML	VIAL	INTRAVEN	05/06/2022	0.12730
POTASSIUM CHLORIDE IN 0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.01467
POTASSIUM CHLORIDE IN 0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.01654
POTASSIUM CHLORIDE IN D5W	20 MEQ/L	IV SOLN	INTRAVEN	09/08/2022	0.01396
POTASSIUM CHLORIDE IN LR-D5	20 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.01714
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	05/06/2022	0.01087
POTASSIUM CHLORIDE/D5-0.2%NACL	20 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.01403
POTASSIUM CHLORIDE/D5-0.45NACL	10 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.01023
POTASSIUM CHLORIDE/D5-0.45NACL	20 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.00888
POTASSIUM CHLORIDE/D5-0.45NACL	30 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.01049
POTASSIUM CHLORIDE/D5-0.45NACL	40 MEQ/L	IV SOLN	INTRAVEN	09/08/2022	0.01257
POTASSIUM CHLORIDE/D5-0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.01029
POTASSIUM CHLORIDE/D5-0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN	05/06/2022	0.01036
POTASSIUM CITRATE	5 MEQ	TABLET ER	ORAL	05/06/2022	0.32843
POTASSIUM CITRATE	10 MEQ	TABLET ER	ORAL	05/06/2022	0.33326

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
POTASSIUM CITRATE	15 MEQ	TABLET ER	ORAL	06/16/2022	1.20600
POTASSIUM CITRATE/CITRIC ACID	1100-334/5	SOLUTION	ORAL	09/08/2022	0.10589
POTASSIUM GLUCONATE	595(99)MG	TABLET	ORAL	05/06/2022	0.05387
POTASSIUM GLUCONATE	550(90)MG	TABLET	ORAL	05/06/2022	0.02275
POTASSIUM PHOS,M-BASIC-D-BASIC	3MMOL/ML	VIAL	INTRAVEN	05/06/2022	1.25510
POVIDONE-IODINE	10 %	MED. SWAB	TOPICAL	06/16/2022	0.24951
POVIDONE-IODINE	10 %	OINT. (G)	TOPICAL	05/19/2022	0.15792
POVIDONE-IODINE	10 %	SOLUTION	TOPICAL	05/06/2022	0.00405
POVIDONE-IODINE	7.5 %	SOLUTION	TOPICAL	05/06/2022	0.00510
PRAMIPEXOLE DI-HCL	1 MG	TABLET	ORAL	05/06/2022	0.08442
PRAMIPEXOLE DI-HCL	1.5 MG	TABLET	ORAL	05/06/2022	0.09261
PRAMIPEXOLE DI-HCL	0.125 MG	TABLET	ORAL	05/06/2022	0.07787
PRAMIPEXOLE DI-HCL	0.25 MG	TABLET	ORAL	05/06/2022	0.07787
PRAMIPEXOLE DI-HCL	0.5 MG	TABLET	ORAL	05/06/2022	0.07787
PRAMIPEXOLE DI-HCL	0.75 MG	TABLET	ORAL	05/06/2022	0.14978
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	07/27/2022	7.96920
PRAMIPEXOLE DI-HCL	1.5 MG	TAB ER 24H	ORAL	07/27/2022	9.59160
PRAMIPEXOLE DI-HCL	3 MG	TAB ER 24H	ORAL	08/25/2022	9.27915
PRAMIPEXOLE DI-HCL	4.5 MG	TAB ER 24H	ORAL	07/27/2022	9.76427
PRAMOXINE HCL	1 %	FOAM	TOPICAL	10/26/2021	4.28472

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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
PRAMOXINE HCL	1 %	LOTION	TOPICAL	05/06/2022	0.05908
PRAMOXINE HCL	1 %	TOWELETTE	TOPICAL	05/06/2022	0.52260
PRAMOXINE HCL/CALAMINE	1 %-8 %	LOTION	TOPICAL	05/06/2022	0.02790
PRAMOXINE HCL/ZINC ACETATE	1 %-0.1 %	LOTION	TOPICAL	05/06/2022	0.02790
PRASTERONE (DHEA)	25 MG	CAPSULE	ORAL	05/06/2022	0.04824
PRASUGREL HCL	5 MG	TABLET	ORAL	07/07/2022	0.82767
PRASUGREL HCL	10 MG	TABLET	ORAL	07/07/2022	0.53198
PRAVASTATIN SODIUM	10 MG	TABLET	ORAL	05/06/2022	0.04958
PRAVASTATIN SODIUM	20 MG	TABLET	ORAL	05/06/2022	0.06655
PRAVASTATIN SODIUM	40 MG	TABLET	ORAL	09/08/2022	0.10104
PRAVASTATIN SODIUM	80 MG	TABLET	ORAL	09/08/2022	0.15037
PRAZIQUANTEL	600 MG	TABLET	ORAL	05/06/2022	53.81421
PRAZOSIN HCL	1 MG	CAPSULE	ORAL	07/21/2022	0.24686
PRAZOSIN HCL	2 MG	CAPSULE	ORAL	07/21/2022	0.46619
PRAZOSIN HCL	5 MG	CAPSULE	ORAL	05/06/2022	0.71154
PREDNISOLONE	15 MG/5 ML	SOLUTION	ORAL	10/09/2018	0.04746
PREDNISOLONE ACETATE	1 %	DROPS SUSP	OPHTHALMIC	05/06/2022	6.46853
PREDNISOLONE SODIUM PHOSPHATE	5 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.71098
PREDNISOLONE SODIUM PHOSPHATE	15 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.21061
PREDNISOLONE SODIUM PHOSPHATE	10 MG/5 ML	SOLUTION	ORAL	05/06/2022	2.99238
PREDNISOLONE SODIUM PHOSPHATE	20 MG/5 ML	SOLUTION	ORAL	10/26/2021	2.80104

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
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	08/04/2022	0.09077
PREDNISON	10 MG	TABLET	ORAL	08/11/2022	0.09424
PREDNISON	2.5 MG	TABLET	ORAL	05/06/2022	0.14472
PREDNISON	20 MG	TABLET	ORAL	09/08/2022	0.10831
PREDNISON	5 MG	TABLET	ORAL	08/25/2022	0.05414
PREDNISON	50 MG	TABLET	ORAL	06/07/2022	0.27000
PREDNISON	5 MG	TAB DS PK	ORAL	05/06/2022	0.51111
PREDNISON	10 MG	TAB DS PK	ORAL	05/06/2022	0.88217
PREGABALIN	25 MG	CAPSULE	ORAL	06/09/2022	0.05649
PREGABALIN	50 MG	CAPSULE	ORAL	06/24/2022	0.06124
PREGABALIN	75 MG	CAPSULE	ORAL	08/25/2022	0.08338
PREGABALIN	100 MG	CAPSULE	ORAL	08/25/2022	0.08338
PREGABALIN	150 MG	CAPSULE	ORAL	08/25/2022	0.09052
PREGABALIN	200 MG	CAPSULE	ORAL	06/09/2022	0.09605
PREGABALIN	225 MG	CAPSULE	ORAL	06/09/2022	0.10350
PREGABALIN	20 MG/ML	SOLUTION	ORAL	08/04/2022	0.24148
PREGABALIN	82.5 MG	TAB ER 24H	ORAL	05/06/2022	10.19743
PREGABALIN	165 MG	TAB ER 24H	ORAL	05/06/2022	10.19743

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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	330 MG	TAB ER 24H	ORAL	05/12/2022	3.34840
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	08/25/2022	0.28673
PRIMIDONE	50 MG	TABLET	ORAL	08/25/2022	0.19234
PROBENECID	500 MG	TABLET	ORAL	05/06/2022	0.69696
PROBENECID/COLCHICINE	500-0.5 MG	TABLET	ORAL	06/11/2019	0.73700
PROCAINAMIDE HCL	100 MG/ML	VIAL	INJECTION	10/18/2021	9.48430
PROCHLORPERAZINE	25 MG	SUPP.RECT	RECTAL	11/22/2021	6.82116
PROCHLORPERAZINE EDISYLATE	5 MG/ML	VIAL	INJECTION	05/06/2022	9.25290
PROCHLORPERAZINE EDISYLATE	10 MG/2 ML	VIAL	INJECTION	09/01/2022	2.05556
PROCHLORPERAZINE MALEATE	10 MG	TABLET	ORAL	08/25/2022	0.47905
PROCHLORPERAZINE MALEATE	5 MG	TABLET	ORAL	08/25/2022	0.34760
PROGESTERONE	50 MG/ML	VIAL	INTRAMUSC	05/12/2022	3.93228
PROGESTERONE, MICRONIZED	100 MG	CAPSULE	ORAL	08/25/2022	0.46779
PROGESTERONE, MICRONIZED	200 MG	CAPSULE	ORAL	08/25/2022	0.69037
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	ORAL	08/18/2020	0.06390
PROMETHAZINE HCL	12.5 MG	TABLET	ORAL	08/18/2022	0.12569
PROMETHAZINE HCL	25 MG	TABLET	ORAL	11/19/2019	0.04158
PROMETHAZINE HCL	50 MG	TABLET	ORAL	05/06/2022	0.22298
PROMETHAZINE HCL	25 MG/ML	AMPUL	INJECTION	05/06/2022	2.07432

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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
PROMETHAZINE HCL	50 MG/ML	AMPUL	INJECTION	05/06/2022	3.15456
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	12/07/2021	5.67267
PROMETHAZINE HCL	25 MG	SUPP.RECT	RECTAL	06/16/2022	4.03480
PROMETHAZINE HCL	50 MG	SUPP.RECT	RECTAL	06/11/2019	25.47637
PROMETHAZINE HCL/CODEINE	6.25-10/5	SYRUP	ORAL	09/01/2022	0.06142
PROMETHAZINE/DEXTROMETHORPHAN	6.25-15/5	SYRUP	ORAL	08/25/2022	0.07018
PROPAFENONE HCL	225 MG	CAP ER 12H	ORAL	09/08/2022	0.48716
PROPAFENONE HCL	325 MG	CAP ER 12H	ORAL	05/06/2022	3.02500
PROPAFENONE HCL	425 MG	CAP ER 12H	ORAL	09/08/2022	3.04480
PROPAFENONE HCL	150 MG	TABLET	ORAL	08/11/2022	0.22298
PROPAFENONE HCL	300 MG	TABLET	ORAL	09/08/2022	0.81686
PROPAFENONE HCL	225 MG	TABLET	ORAL	08/04/2022	0.31959
PROPARACAINE HCL	0.5 %	DROPS	OPHTHALMIC	05/06/2022	2.81160
PROPRANOLOL HCL	120 MG	CAP SA 24H	ORAL	06/23/2022	0.97190
PROPRANOLOL HCL	160 MG	CAP SA 24H	ORAL	07/15/2022	1.12457
PROPRANOLOL HCL	60 MG	CAP SA 24H	ORAL	05/26/2022	0.87355
PROPRANOLOL HCL	80 MG	CAP SA 24H	ORAL	05/26/2022	1.01706
PROPRANOLOL HCL	10 MG	TABLET	ORAL	08/11/2022	0.09952
PROPRANOLOL HCL	40 MG	TABLET	ORAL	05/06/2022	0.25496

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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
PROPRANOLOL HCL	60 MG	TABLET	ORAL	05/06/2022	0.73151
PROPRANOLOL HCL	80 MG	TABLET	ORAL	08/04/2022	0.30758
PROPRANOLOL HCL	1 MG/ML	VIAL	INTRAVEN	10/19/2021	2.84000
PROPYLENE GLYCOL	0.6 %	DROPS	OPHTHALMIC	09/08/2022	1.14972
PROPYLENE GLYCOL/PEG 400	0.3 %-0.4%	DROPS	OPHTHALMIC	05/06/2022	0.66553
PROPYLTHIOURACIL	50 MG	TABLET	ORAL	01/30/2020	2.81600
PROTECTIVES, O.U.		MED. SWAB	TOPICAL	05/06/2022	1.77011
PROTRIPTYLINE HCL	10 MG	TABLET	ORAL	08/17/2021	2.21234
PSEUDOEPHED/CODEINE/GUAIFEN	30-10-100	SYRUP	ORAL	05/06/2022	0.18591
PSEUDOEPHEDRINE HCL	30 MG	TABLET	ORAL	05/06/2022	0.30653
PSEUDOEPHEDRINE HCL	15 MG/5 ML	LIQUID	ORAL	05/06/2022	0.01306
PSEUDOEPHEDRINE HCL	30 MG	TABLET	ORAL	05/06/2022	0.01332
PSEUDOEPHEDRINE HCL	120 MG	TABLET ER	ORAL	05/06/2022	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	05/06/2022	0.01642
PSYLLIUM HUSK (WITH SUGAR)	3 G/7 G	POWDER	ORAL	06/09/2022	0.02482
PSYLLIUM HUSK (WITH SUGAR)	3 G/12 G	POWDER	ORAL	05/12/2022	0.01786
PSYLLIUM HUSK/ASPARTAME	3.4G/5.8G	POWDER	ORAL	05/06/2022	0.03059

## 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/ASPARTAME	3 G/5.8 G	POWDER	ORAL	06/16/2022	0.03995
PSYLLIUM HUSK/SWEETLEAF	3.5 G	POWD PACK	ORAL	05/06/2022	0.49111
PYRAZINAMIDE	500 MG	TABLET	ORAL	08/04/2022	4.47084
PYRIDOSTIGMINE BROMIDE	60 MG/5 ML	SOLUTION	ORAL	01/11/2022	2.34379
PYRIDOSTIGMINE BROMIDE	60 MG	TABLET	ORAL	10/25/2021	0.61211
PYRIDOSTIGMINE BROMIDE	180 MG	TABLET ER	ORAL	05/06/2022	7.16365
PYRIDOXINE HCL (VITAMIN B6)	100 MG	TABLET	ORAL	09/01/2022	0.02439
PYRIDOXINE HCL (VITAMIN B6)	25 MG	TABLET	ORAL	05/06/2022	0.01474
PYRIDOXINE HCL (VITAMIN B6)	250 MG	TABLET	ORAL	05/06/2022	0.18380
PYRIDOXINE HCL (VITAMIN B6)	50 MG	TABLET	ORAL	05/06/2022	0.01715
PYRITHIONE ZINC	2 %	BAR	TOPICAL	06/09/2022	0.08716
PYRITHIONE ZINC	2 %	SHAMPOO	TOPICAL	05/06/2022	0.02737
QUETIAPINE FUMARATE	25 MG	TABLET	ORAL	07/21/2022	0.04114
QUETIAPINE FUMARATE	100 MG	TABLET	ORAL	07/21/2022	0.06870
QUETIAPINE FUMARATE	200 MG	TABLET	ORAL	08/18/2022	0.12810
QUETIAPINE FUMARATE	300 MG	TABLET	ORAL	09/01/2022	0.15852
QUETIAPINE FUMARATE	50 MG	TABLET	ORAL	08/11/2022	0.03929
QUETIAPINE FUMARATE	400 MG	TABLET	ORAL	06/23/2022	0.33366
QUETIAPINE FUMARATE	200 MG	TAB ER 24H	ORAL	05/06/2022	0.80824
QUETIAPINE FUMARATE	300 MG	TAB ER 24H	ORAL	05/06/2022	0.69300
QUETIAPINE FUMARATE	400 MG	TAB ER 24H	ORAL	05/06/2022	0.75866

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
QUETIAPINE FUMARATE	50 MG	TAB ER 24H	ORAL	05/06/2022	0.48687
QUETIAPINE FUMARATE	150 MG	TAB ER 24H	ORAL	05/06/2022	0.56057
QUINAPRIL HCL	10 MG	TABLET	ORAL	07/14/2022	0.16437
QUINAPRIL HCL	20 MG	TABLET	ORAL	05/06/2022	0.18298
QUINAPRIL HCL	5 MG	TABLET	ORAL	07/14/2022	0.22482
QUINAPRIL HCL	40 MG	TABLET	ORAL	07/14/2022	0.16437
QUINAPRIL/HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	ORAL	04/06/2020	0.56468
QUINAPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	05/06/2022	1.11260
QUINAPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	08/18/2022	1.11260
QUININE SULFATE	324 MG	CAPSULE	ORAL	10/19/2021	2.13000
RABEPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	08/11/2022	0.35823
RALOXIFENE HCL	60 MG	TABLET	ORAL	08/11/2022	0.47912
RAMELTEON	8 MG	TABLET	ORAL	08/18/2022	1.88096
RAMIPRIL	1.25 MG	CAPSULE	ORAL	09/08/2022	0.11122
RAMIPRIL	2.5 MG	CAPSULE	ORAL	06/16/2022	0.08415
RAMIPRIL	5 MG	CAPSULE	ORAL	05/06/2022	0.07008
RAMIPRIL	10 MG	CAPSULE	ORAL	07/21/2022	0.06520
RANOLAZINE	500 MG	TAB ER 12H	ORAL	08/25/2022	0.44667
RANOLAZINE	1000 MG	TAB ER 12H	ORAL	08/25/2022	0.67625
RASAGILINE MESYLATE	1 MG	TABLET	ORAL	07/21/2022	2.38788
RASAGILINE MESYLATE	0.5 MG	TABLET	ORAL	09/08/2022	3.59479

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
RASPBERRY FLAVOR		SYRUP	ORAL	05/06/2022	0.08534
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	05/19/2022	62.82328
REPAGLINIDE	0.5 MG	TABLET	ORAL	09/08/2022	0.24562
REPAGLINIDE	1 MG	TABLET	ORAL	09/08/2022	0.19296
REPAGLINIDE	2 MG	TABLET	ORAL	09/08/2022	0.19296
RIBAVIRIN	6 G	VIAL-NEB	INHALATION	06/30/2022	19752.43419
RIBOFLAVIN (VITAMIN B2)	100 MG	TABLET	ORAL	05/06/2022	0.06070
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	05/06/2022	1.19573
RIFAMPIN	300 MG	CAPSULE	ORAL	07/21/2022	0.68943
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	05/06/2022	0.00537
RINGER'S SOLUTION		IRRIG SOLN	IRRIGATION	05/06/2022	0.00668
RINGER'S SOLUTION,LACTATED		IV SOLN	INTRAVEN	09/08/2022	0.00422

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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
RINGER'S SOLUTION,LACTATED		IRRIG SOLN	IRRIGATION	05/26/2022	0.00578
RISEDRONATE SODIUM	5 MG	TABLET	ORAL	05/06/2022	6.63914
RISEDRONATE SODIUM	35 MG	TABLET	ORAL	10/18/2021	5.08970
RISEDRONATE SODIUM	150 MG	TABLET	ORAL	07/06/2021	24.21300
RISEDRONATE SODIUM	35 MG	TABLET DR	ORAL	05/06/2022	28.44375
RISPERIDONE	1 MG/ML	SOLUTION	ORAL	09/08/2022	0.46632
RISPERIDONE	1 MG	TABLET	ORAL	05/06/2022	0.06432
RISPERIDONE	2 MG	TABLET	ORAL	08/04/2022	0.07590
RISPERIDONE	3 MG	TABLET	ORAL	07/28/2022	1.55057
RISPERIDONE	4 MG	TABLET	ORAL	07/28/2022	1.90663
RISPERIDONE	0.25 MG	TABLET	ORAL	05/06/2022	0.05001
RISPERIDONE	0.5 MG	TABLET	ORAL	05/06/2022	0.05711
RISPERIDONE	2 MG	TAB RAPDIS	ORAL	05/06/2022	3.99677
RISPERIDONE	0.5 MG	TAB RAPDIS	ORAL	07/27/2022	0.69725
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	09/08/2022	4.89588
RIVASTIGMINE	9.5MG/24HR	PATCH TD24	TRANSDERM	10/19/2021	3.96000
RIVASTIGMINE	13.3MG/24H	PATCH TD24	TRANSDERM	09/08/2022	3.00608

## 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	08/11/2022	0.39919
RIVASTIGMINE TARTRATE	3 MG	CAPSULE	ORAL	08/11/2022	0.42867
RIVASTIGMINE TARTRATE	4.5 MG	CAPSULE	ORAL	08/11/2022	0.46887
RIVASTIGMINE TARTRATE	6 MG	CAPSULE	ORAL	08/11/2022	0.50907
RIZATRIPTAN BENZOATE	5 MG	TABLET	ORAL	05/12/2022	0.52260
RIZATRIPTAN BENZOATE	10 MG	TABLET	ORAL	05/26/2022	0.54270
RIZATRIPTAN BENZOATE	5 MG	TAB RAPDIS	ORAL	05/06/2022	1.74796
RIZATRIPTAN BENZOATE	10 MG	TAB RAPDIS	ORAL	05/06/2022	1.44497
ROCURONIUM BROMIDE	10 MG/ML	VIAL	INTRAVEN	05/19/2022	0.63395
ROMIDEPSIN	10 MG/2 ML	VIAL	INTRAVEN	09/10/2019	3114.68544
ROPINIROLE HCL	0.25 MG	TABLET	ORAL	07/07/2022	0.06445
ROPINIROLE HCL	1 MG	TABLET	ORAL	09/08/2022	0.08421
ROPINIROLE HCL	2 MG	TABLET	ORAL	09/08/2022	0.09621
ROPINIROLE HCL	5 MG	TABLET	ORAL	05/06/2022	0.15397
ROPINIROLE HCL	0.5 MG	TABLET	ORAL	09/08/2022	0.06445
ROPINIROLE HCL	3 MG	TABLET	ORAL	05/06/2022	0.12810
ROPINIROLE HCL	4 MG	TABLET	ORAL	05/06/2022	0.12904
ROPINIROLE HCL	2 MG	TAB ER 24H	ORAL	08/11/2022	0.79015
ROPINIROLE HCL	4 MG	TAB ER 24H	ORAL	08/11/2022	1.10624
ROPINIROLE HCL	8 MG	TAB ER 24H	ORAL	10/19/2021	1.79069
ROPINIROLE HCL	12 MG	TAB ER 24H	ORAL	08/11/2022	4.11312



## 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	6 MG	TAB ER 24H	ORAL	10/04/2021	1.79873
ROPIVACAINE HCL/PF	2 MG/ML	INFUS. BTL	INJECTION	08/25/2022	0.47918
ROPIVACAINE HCL/PF	2 MG/ML	VIAL	INJECTION	09/08/2022	0.25125
ROPIVACAINE HCL/PF	5 MG/ML	VIAL	INJECTION	07/14/2022	0.17688
ROPIVACAINE HCL/PF	10 MG/ML	VIAL	INJECTION	09/08/2022	0.46172
ROPIVACAINE HCL/PF	7.5 MG/ML	VIAL	INJECTION	05/06/2022	1.07816
ROPIVACAINE HCL/PF	2 MG/ML	PLAST. BAG	INJECTION	07/14/2022	0.29730
ROSUVASTATIN CALCIUM	10 MG	TABLET	ORAL	07/27/2022	0.06328
ROSUVASTATIN CALCIUM	20 MG	TABLET	ORAL	05/06/2022	0.07413
ROSUVASTATIN CALCIUM	40 MG	TABLET	ORAL	09/01/2022	0.10784
ROSUVASTATIN CALCIUM	5 MG	TABLET	ORAL	05/19/2022	0.04667
RUFINAMIDE	40 MG/ML	ORAL SUSP	ORAL	03/16/2021	3.31095
RUFINAMIDE	200 MG	TABLET	ORAL	05/06/2022	3.47688
RUFINAMIDE	400 MG	TABLET	ORAL	10/04/2021	9.23690
SACCHARIN		POWDER	MISCELL	05/06/2022	0.68963
SACCHAROMYCES BOULARDII	250 MG	CAPSULE	ORAL	08/04/2022	0.78283
SALICYLIC ACID	17 %	GEL (GRAM)	TOPICAL	05/06/2022	1.08540
SALICYLIC ACID	10 %	CREAM (G)	TOPICAL	05/06/2022	0.22682
SALICYLIC ACID	2 %	CLEANSER	TOPICAL	06/02/2022	0.05434
SALICYLIC ACID	40 %	ADH. PATCH	TOPICAL	07/07/2022	0.51192
SALICYLIC ACID	17 %	LIQUID	TOPICAL	07/07/2022	0.84420

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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
SALICYLIC ACID	2 %	SHAMPOO	TOPICAL	08/04/2022	0.05322
SALICYLIC ACID	3 %	SHAMPOO	TOPICAL	06/02/2022	0.03270
SALSALATE	750 MG	TABLET	ORAL	05/06/2022	1.87600
SAPROPTERIN DIHYDROCHLORIDE	100 MG	TABLET SOL	ORAL	05/06/2022	23.22320
SAW PALMETTO	500 MG	CAPSULE	ORAL	07/27/2022	0.08107
SAW PALMETTO	160 MG	CAPSULE	ORAL	07/27/2022	0.19720
SCOPOLAMINE	1 MG/3 DAY	PATCH TD 3	TRANSDERM	06/23/2022	7.49300
SELEGILINE HCL	5 MG	CAPSULE	ORAL	06/02/2022	0.68939
SELEGILINE HCL	5 MG	TABLET	ORAL	05/06/2022	1.21449
SELENIUM	200 MCG	TABLET	ORAL	05/06/2022	0.04344
SELENIUM	50 MCG	TABLET	ORAL	05/06/2022	0.06432
SELENIUM SULFIDE	2.5 %	LOTION	TOPICAL	05/26/2022	0.11242
SELENIUM SULFIDE	1 %	SHAMPOO	TOPICAL	08/04/2022	0.02994
SENNA LEAF EXTRACT	176MG/5ML	SYRUP	ORAL	05/06/2022	0.06036
SENNOSIDES	8.8MG/5ML	SYRUP	ORAL	09/08/2022	0.04813
SENNOSIDES	8.6 MG	TABLET	ORAL	08/11/2022	0.02191
SENNOSIDES/DOCUSATE SODIUM	8.6MG-50MG	TABLET	ORAL	05/19/2022	0.01473
SERTRALINE HCL	20 MG/ML	ORAL CONC	ORAL	05/06/2022	0.45761
SERTRALINE HCL	50 MG	TABLET	ORAL	07/07/2022	0.03779
SERTRALINE HCL	100 MG	TABLET	ORAL	08/11/2022	0.05459
SESAME OIL		OIL	MISCELL	09/08/2022	0.03618

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SEVELAMER CARBONATE	0.8 G	POWD PACK	ORAL	08/25/2022	7.38547
SEVELAMER CARBONATE	2.4 G	POWD PACK	ORAL	08/25/2022	5.15676
SEVELAMER CARBONATE	800 MG	TABLET	ORAL	05/06/2022	0.46071
SEVELAMER HCL	800 MG	TABLET	ORAL	08/11/2022	5.57389
SILDENAFIL CITRATE	25 MG	TABLET	ORAL	07/27/2022	0.31758
SILDENAFIL CITRATE	50 MG	TABLET	ORAL	07/27/2022	0.27175
SILDENAFIL CITRATE	100 MG	TABLET	ORAL	07/27/2022	0.46083
SILDENAFIL CITRATE	20 MG	TABLET	ORAL	08/25/2022	0.16408
SILDENAFIL CITRATE	10 MG/12.5	VIAL	INTRAVEN	10/18/2021	10.58000
SILODOSIN	4 MG	CAPSULE	ORAL	05/06/2022	0.93800
SILODOSIN	8 MG	CAPSULE	ORAL	05/06/2022	0.80981
SILVER		GEL ER(ML)	TOPICAL	05/06/2022	0.36439
SILVER SULFADIAZINE	1 %	CREAM (G)	TOPICAL	09/01/2022	0.12301
SIMETHICONE	125 MG	CAPSULE	ORAL	05/06/2022	0.06287
SIMETHICONE	180 MG	CAPSULE	ORAL	10/25/2021	0.03406
SIMETHICONE	40MG/0.6ML	DROPS SUSP	ORAL	08/04/2022	0.08698
SIMETHICONE	125 MG	TAB CHEW	ORAL	05/06/2022	0.03629
SIMETHICONE	80 MG	TAB CHEW	ORAL	08/11/2022	0.02975
SIMVASTATIN	5 MG	TABLET	ORAL	06/23/2022	0.02602
SIMVASTATIN	10 MG	TABLET	ORAL	06/23/2022	0.02201
SIMVASTATIN	20 MG	TABLET	ORAL	07/21/2022	0.03082

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SIMVASTATIN	40 MG	TABLET	ORAL	07/21/2022	0.04504
SIMVASTATIN	80 MG	TABLET	ORAL	07/07/2022	0.06845
SIROLIMUS	1 MG/ML	SOLUTION	ORAL	08/11/2022	11.43311
SIROLIMUS	1 MG	TABLET	ORAL	08/18/2022	9.48696
SIROLIMUS	2 MG	TABLET	ORAL	06/09/2022	16.60229
SIROLIMUS	0.5 MG	TABLET	ORAL	08/04/2022	4.72204
SKIN CLEANSER		CLEANSER	TOPICAL	05/06/2022	0.00366
SKIN CLEANSER COMB NO.31		SPRAY	TOPICAL	05/06/2022	0.01798
SOAP		BAR	TOPICAL	06/02/2022	3.00960
SOD BORATE/BORIC AC/WATER/NACL		IRRIG SOLN	OPHTHALMIC	05/06/2022	0.03406
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	05/06/2022	1.07200
SOD PHOSPHATE,MONOBASIC-DIBAS	3MMOL/ML	VIAL	INTRAVEN	08/11/2022	3.02214
SOD/POT/K CIT/SOD CIT/CIT ACID	500-550/5	SOLUTION	ORAL	09/08/2022	0.10057
SODIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	05/06/2022	0.10271
SODIUM ACETATE	4 MEQ/ML	VIAL	INTRAVEN	03/05/2020	0.11215
SODIUM BICARBONATE	325 MG	TABLET	ORAL	05/06/2022	0.01138
SODIUM BICARBONATE	650 MG	TABLET	ORAL	05/06/2022	0.01380
SODIUM BICARBONATE	1 MEQ/ML	SYRINGE	INTRAVEN	05/06/2022	0.34752
SODIUM BICARBONATE	0.5MEQ/ML	VIAL	INTRAVEN	05/06/2022	1.97183

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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
SODIUM BICARBONATE	1 MEQ/ML	VIAL	INTRAVEN	08/25/2022	0.23292
SODIUM BISULFITE	100 %	POWDER	MISCELL	05/06/2022	0.14070
SODIUM CHLORIDE	5 %	OINT. (G)	OPHTHALMIC	07/07/2022	2.39094
SODIUM CHLORIDE	5 %	DROPS	OPHTHALMIC	05/06/2022	0.73968
SODIUM CHLORIDE	0.65 %	SPRAY	NASAL	07/14/2022	0.02315
SODIUM CHLORIDE	2.5 MEQ/ML	VIAL	INTRAVEN	05/06/2022	0.17599
SODIUM CHLORIDE	4 MEQ/ML	VIAL	INTRAVEN	05/26/2022	0.17406
SODIUM CHLORIDE	1000 MG	TABLET SOL	MISCELL	07/21/2022	0.08683
SODIUM CHLORIDE 0.45 %	0.45 %	IV SOLN	INTRAVEN	09/08/2022	0.00544
SODIUM CHLORIDE 0.9 % (FLUSH)	0.9 %	SYRINGE	INJECTION	05/06/2022	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	08/12/2022	0.05349
SODIUM CHLORIDE FOR INHALATION	3 %	VIAL-NEB	INHALATION	07/27/2022	0.06700
SODIUM CHLORIDE FOR INHALATION	7 %	VIAL-NEB	INHALATION	07/27/2022	0.06700
SODIUM CHLORIDE/ALOE VERA		SPRAY	NASAL	08/11/2022	0.28871
SODIUM CHLORIDE/SODIUM BICARB		PACKET	NASAL	07/14/2022	0.08618
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	05/06/2022	0.04045
SODIUM HYPOCHLORITE	0.5 %	SOLUTION	MISCELL	05/06/2022	0.04045

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SODIUM HYPOCHLORITE	0.125 %	SOLUTION	MISCELL	05/06/2022	0.04045
SODIUM PHENYLBUTYRATE	500 MG	TABLET	ORAL	08/18/2022	26.54443
SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118	ENEMA	RECTAL	05/06/2022	0.00878
SODIUM POLYSTYRENE SULFONATE		POWDER	ORAL	05/06/2022	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	09/08/2022	0.37842
SOFT LENS RINSE,STORE SOLUTION		SOLUTION	MISCELL	07/27/2022	0.05193
SOLIFENACIN SUCCINATE	5 MG	TABLET	ORAL	05/06/2022	0.13177
SOLIFENACIN SUCCINATE	10 MG	TABLET	ORAL	05/06/2022	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	05/06/2022	0.24455
SOTALOL HCL	80 MG	TABLET	ORAL	07/14/2022	0.13480
SOTALOL HCL	120 MG	TABLET	ORAL	07/14/2022	0.17795
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	05/06/2022	0.86510
SPIRONOLACTONE	100 MG	TABLET	ORAL	07/21/2022	0.18930
SPIRONOLACTONE	25 MG	TABLET	ORAL	07/21/2022	0.06566

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SPIRONOLACTONE	50 MG	TABLET	ORAL	08/18/2022	0.16101
ST. JOHN'S WORT	300 MG	CAPSULE	ORAL	05/06/2022	0.05360
STARCH		POWD PACK	ORAL	05/06/2022	0.38592
STARCH		POWDER	ORAL	05/06/2022	0.02553
STAVUDINE	15 MG	CAPSULE	ORAL	05/06/2022	4.01588
STAVUDINE	20 MG	CAPSULE	ORAL	05/06/2022	4.17604
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
SUCCINYLCOLINE CHLORIDE	20 MG/ML	VIAL	INJECTION	05/06/2022	0.63650
SUCRALFATE	1 G/10 ML	ORAL SUSP	ORAL	09/08/2022	0.51363
SUCRALFATE	1 G	TABLET	ORAL	07/21/2022	0.29024
SUFENTANIL CITRATE	50 MCG/ML	AMPUL	INTRAVEN	05/06/2022	2.67102
SULFACETAMIDE SODIUM	10 %	SUSPENSION	TOPICAL	07/26/2022	0.59351
SULFACETAMIDE SODIUM	10 %	DROPS	OPHTHALMIC	05/06/2022	2.48570
SULFACETAMIDE SODIUM/SULFUR	10 %-4 %	MED. PAD	TOPICAL	05/06/2022	3.76156
SULFACETAMIDE SODIUM/SULFUR	9 %-4.5 %	CLEANSER	TOPICAL	05/06/2022	2.37874
SULFACETAMIDE SODIUM/SULFUR	8 %-4 %	SUSPENSION	TOPICAL	05/06/2022	0.22158
SULFACETAMIDE/SULFUR/CLEANSR23	9 %-4.5 %	KIT	TOPICAL	10/08/2019	692.90103
SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	ORAL	07/14/2022	0.09254

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160/20	ORAL SUSP	ORAL	05/06/2022	0.16549
SULFAMETHOXAZOLE/TRIMETHOPRIM	400MG-80MG	TABLET	ORAL	05/06/2022	0.07708
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160 MG	TABLET	ORAL	07/27/2022	0.08769
SULFAMETHOXAZOLE/TRIMETHOPRIM	80-16MG/ML	VIAL	INTRAVEN	05/06/2022	1.21297
SULFASALAZINE	500 MG	TABLET	ORAL	05/26/2022	0.27497
SULFASALAZINE	500 MG	TABLET DR	ORAL	08/04/2022	0.27296
SULFUR	3 %	BAR	TOPICAL	05/06/2022	4.58700
SULINDAC	150 MG	TABLET	ORAL	05/06/2022	0.19162
SULINDAC	200 MG	TABLET	ORAL	05/06/2022	0.24241
SUMATRIPTAN	5 MG	SPRAY	NASAL	10/19/2021	40.73179
SUMATRIPTAN	20 MG	SPRAY	NASAL	07/21/2022	22.66250
SUMATRIPTAN SUCC/NAPROXEN SOD	85MG-500MG	TABLET	ORAL	05/06/2022	51.28189
SUMATRIPTAN SUCCINATE	100 MG	TABLET	ORAL	07/07/2022	0.70127
SUMATRIPTAN SUCCINATE	50 MG	TABLET	ORAL	09/01/2022	0.59407
SUMATRIPTAN SUCCINATE	25 MG	TABLET	ORAL	06/16/2022	0.57211
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	CARTRIDGE	SUBCUT	08/17/2021	94.53575
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	CARTRIDGE	SUBCUT	05/06/2022	104.22713
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	VIAL	SUBCUT	08/01/2022	13.56489
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	PEN INJCTR	SUBCUT	09/08/2022	66.07150
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	PEN INJCTR	SUBCUT	08/01/2022	110.25315
SUNITINIB MALATE	12.5 MG	CAPSULE	ORAL	10/26/2021	111.85935



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Generic Name	Strength	Form	Route	Effective Date	MAC Price
SUNITINIB MALATE	25 MG	CAPSULE	ORAL	08/01/2022	224.11023
SUNITINIB MALATE	50 MG	CAPSULE	ORAL	08/01/2022	391.22563
SUNITINIB MALATE	37.5 MG	CAPSULE	ORAL	08/01/2022	335.67870
SYRGE-NDL,INS 0.3 ML HALF MARK	31 GX5/16"	DISP SYRIN	MISCELL	05/06/2022	0.29547
SYRGE-NDL,INS 0.3 ML HALF MARK	31GX15/64"	DISP SYRIN	MISCELL	05/06/2022	0.31182
SYRGE-NDL,INS 0.5 ML HALF MARK	30GX1/2"	DISP SYRIN	MISCELL	06/23/2022	0.19886
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	05/06/2022	0.21306
SYRGE-NDL,INS 0.5 ML HALF MARK	31 GX5/16"	DISP SYRIN	MISCELL	05/06/2022	0.19886
SYRING-NEEDL,DISP,INSUL,0.3 ML	29 G X1/2"	DISP SYRIN	MISCELL	05/06/2022	0.18907
SYRING-NEEDL,DISP,INSUL,0.3 ML	30 GX5/16"	DISP SYRIN	MISCELL	05/06/2022	0.17969
SYRING-NEEDL,DISP,INSUL,0.3 ML	30GX1/2"	DISP SYRIN	MISCELL	06/23/2022	0.19269
SYRING-NEEDL,DISP,INSUL,0.3 ML	31 GX5/16"	DISP SYRIN	MISCELL	08/11/2022	0.08429
SYRING-NEEDL,DISP,INSUL,0.3 ML	31GX15/64"	DISP SYRIN	MISCELL	05/06/2022	0.31182
SYRING-NEEDL,DISP,INSUL,0.3 ML	31 G X1/4"	DISP SYRIN	MISCELL	07/21/2022	0.30083
SYRINGE ACCESSORY		EACH	MISCELL	06/09/2022	0.08283
SYRINGE AND NEEDLE,INSULIN,1ML	28GX1/2"	DISP SYRIN	MISCELL	07/07/2022	0.07432
SYRINGE AND NEEDLE,INSULIN,1ML		DISP SYRIN	MISCELL	05/06/2022	0.11776
SYRINGE AND NEEDLE,INSULIN,1ML	30 GX5/16"	DISP SYRIN	MISCELL	09/01/2022	0.08120
SYRINGE AND NEEDLE,INSULIN,1ML	25GX5/8"	DISP SYRIN	MISCELL	05/06/2022	0.14054
SYRINGE AND NEEDLE,INSULIN,1ML	27GX1/2"	DISP SYRIN	MISCELL	05/06/2022	0.08359

## 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	05/12/2022	0.14619
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	09/01/2022	0.08359
SYRINGE AND NEEDLE,INSULIN,1ML	31 GX5/16"	DISP SYRIN	MISCELL	07/21/2022	0.08362
SYRINGE AND NEEDLE,INSULIN,1ML	31GX15/64"	DISP SYRIN	MISCELL	05/06/2022	0.21306
SYRINGE AND NEEDLE,INSULIN,1ML	31 G X1/4"	DISP SYRIN	MISCELL	07/21/2022	0.30083
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	05/06/2022	0.08424
SYRINGE W-NEEDLE,DISPOSAB,3 ML	20GX1 1/2"	DISP SYRIN	MISCELL	06/09/2022	0.13467
SYRINGE W-NEEDLE,DISPOSAB,3 ML	21 G X 1"	DISP SYRIN	MISCELL	05/06/2022	0.12033
SYRINGE W-NEEDLE,DISPOSAB,3 ML	21GX1 1/2"	DISP SYRIN	MISCELL	06/09/2022	0.14311
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	06/09/2022	0.14311
SYRINGE W-NEEDLE,DISPOSAB,3 ML	22GX1 1/2"	DISP SYRIN	MISCELL	07/21/2022	0.11685
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

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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	05/06/2022	0.07605
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	06/09/2022	0.16903
SYRINGE WITH NEEDLE, 1 ML	25GX1"	DISP SYRIN	MISCELL	05/06/2022	0.21768
SYRINGE WITH NEEDLE, 1 ML	26GX3/8"	DISP SYRIN	MISCELL	05/06/2022	0.20414
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	06/09/2022	0.20301
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	06/09/2022	0.22927
SYRINGE WITH NEEDLE, 5 ML	20GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.27548
SYRINGE WITH NEEDLE, 5 ML	21 G X 1"	DISP SYRIN	MISCELL	06/09/2022	0.29319
SYRINGE WITH NEEDLE, 5 ML	21GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.27548
SYRINGE WITH NEEDLE, 5 ML	22GX1"	DISP SYRIN	MISCELL	06/09/2022	0.29319
SYRINGE WITH NEEDLE, 5 ML	22GX1 1/2"	DISP SYRIN	MISCELL	06/09/2022	0.29319
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	06/09/2022	0.13809
SYRINGE, DISPOSABLE, 10 ML		DISP SYRIN	MISCELL	06/09/2022	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	06/09/2022	0.36934
SYRINGE, DISPOSABLE, 3 ML		DISP SYRIN	MISCELL	07/21/2022	0.08824
SYRINGE, DISPOSABLE, 30 ML		DISP SYRIN	MISCELL	05/06/2022	0.30364
SYRINGE, DISPOSABLE, 35 ML		DISP SYRIN	MISCELL	05/06/2022	0.32767
SYRINGE, DISPOSABLE, 5 ML		DISP SYRIN	MISCELL	06/09/2022	0.18578
SYRINGE, DISPOSABLE, 50 ML		DISP SYRIN	MISCELL	06/09/2022	1.01338
SYRINGE, DISPOSABLE, 6 ML		DISP SYRIN	MISCELL	05/06/2022	0.21118
SYRINGE, DISPOSABLE, 60 ML		DISP SYRIN	MISCELL	05/06/2022	1.07870
SYRINGE,ENFIT 60ML,NON-STERILE		DISP SYRIN	MISCELL	05/06/2022	1.69411
SYRINGE,INSULIN,NEEDLESS 1 ML		DISP SYRIN	MISCELL	05/06/2022	0.05621
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	07/07/2022	0.20093
SYRINGE,NEEDLE,INSULN,SAFE,1ML	31GX15/64"	DISP SYRIN	MISCELL	06/09/2022	0.48361
SYRINGE,NEEDLE,INSULN,SF 0.5ML	30 GX5/16"	DISP SYRIN	MISCELL	05/06/2022	0.21768
SYRINGE,NEEDLE,INSULN,SF 0.5ML	29 G X1/2"	DISP SYRIN	MISCELL	09/08/2022	0.21768
SYRINGE,NEEDLE,INSULN,SF 0.5ML	31GX15/64"	DISP SYRIN	MISCELL	06/09/2022	0.48361
SYRINGE,SAFETY NEEDLE,10 ML	21GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.20087
SYRINGE,SAFETY NEEDLE,10 ML	20GX1"	DISP SYRIN	MISCELL	05/06/2022	0.36957
SYRINGE,SAFETY NEEDLE,10 ML	20GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.36957
SYRINGE,SAFETY WITH NEEDLE,1ML	25GX1"	SYRINGE	MISCELL	05/06/2022	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	09/08/2022	0.35242
SYRINGE,SAFETY WITH NEEDLE,3ML	22GX1 1/2"	DISP SYRIN	MISCELL	09/08/2022	0.35242
SYRINGE,SAFETY WITH NEEDLE,3ML	23GX1"	DISP SYRIN	MISCELL	05/06/2022	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	05/06/2022	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	05/06/2022	0.41299
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	05/06/2022	0.36957
SYRINGE,SAFETY WITH NEEDLE,5ML	22GX1 1/2"	DISP SYRIN	MISCELL	05/06/2022	0.41299
SYRINGE-NEEDLE,INSULIN,0.5 ML	28GX1/2"	DISP SYRIN	MISCELL	05/06/2022	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	05/06/2022	0.08362
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	05/12/2022	0.16603

## 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	09/08/2022	0.08362
SYRINGE-NEEDLE,INSULIN,0.5 ML	30GX1/2"	DISP SYRIN	MISCELL	09/01/2022	0.17380
SYRINGE-NEEDLE,INSULIN,0.5 ML	31 GX5/16"	DISP SYRIN	MISCELL	07/21/2022	0.08362
SYRINGE-NEEDLE,INSULIN,0.5 ML	31GX15/64"	DISP SYRIN	MISCELL	05/06/2022	0.23427
SYRINGE-NEEDLE,INSULIN,0.5 ML	31 G X1/4"	DISP SYRIN	MISCELL	07/21/2022	0.30083
TACROLIMUS	1 MG	CAPSULE	ORAL	07/27/2022	0.26800
TACROLIMUS	5 MG	CAPSULE	ORAL	08/18/2022	1.70260
TACROLIMUS	0.5 MG	CAPSULE	ORAL	08/18/2022	0.24080
TACROLIMUS	0.03 %	OINT. (G)	TOPICAL	05/06/2022	2.23177
TACROLIMUS	0.1 %	OINT. (G)	TOPICAL	05/19/2022	2.20921
TADALAFIL	10 MG	TABLET	ORAL	06/30/2022	0.56414
TADALAFIL	20 MG	TABLET	ORAL	06/14/2022	0.33701
TADALAFIL	5 MG	TABLET	ORAL	07/21/2022	0.23673
TADALAFIL	2.5 MG	TABLET	ORAL	06/02/2022	0.08260
TADALAFIL	20 MG	TABLET	ORAL	05/06/2022	0.99808
TAMOXIFEN CITRATE	10 MG	TABLET	ORAL	09/08/2022	0.32115
TAMOXIFEN CITRATE	20 MG	TABLET	ORAL	09/08/2022	0.68295
TAMSULOSIN HCL	0.4 MG	CAPSULE	ORAL	05/06/2022	0.09057
TAVABOROLE	5 %	SOL W/APPL	TOPICAL	09/08/2022	8.87640
TAZAROTENE	0.1 %	CREAM (G)	TOPICAL	05/06/2022	5.21293
TEA TREE OIL	100 %	OIL	TOPICAL	05/06/2022	0.26443

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TECOVIRIMAT	200 MG	CAPSULE	ORAL	08/25/2022	0.01000
TELMISARTAN	40 MG	TABLET	ORAL	09/08/2022	0.32205
TELMISARTAN	80 MG	TABLET	ORAL	09/08/2022	0.33723
TELMISARTAN	20 MG	TABLET	ORAL	05/06/2022	0.32696
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	08/18/2022	1.80677
TELMISARTAN/HYDROCHLOROTHIAZID	40-12.5 MG	TABLET	ORAL	08/18/2022	1.67277
TELMISARTAN/HYDROCHLOROTHIAZID	80 MG-25MG	TABLET	ORAL	08/18/2022	2.00777
TEMAZEPAM	15 MG	CAPSULE	ORAL	08/04/2022	0.05791
TEMAZEPAM	30 MG	CAPSULE	ORAL	05/06/2022	0.09219
TEMAZEPAM	7.5 MG	CAPSULE	ORAL	05/06/2022	3.28152
TEMAZEPAM	22.5 MG	CAPSULE	ORAL	05/06/2022	5.44364
TEMOZOLOMIDE	5 MG	CAPSULE	ORAL	05/06/2022	1.38199
TEMOZOLOMIDE	20 MG	CAPSULE	ORAL	03/01/2021	3.68544
TEMOZOLOMIDE	100 MG	CAPSULE	ORAL	03/01/2021	12.67350
TEMOZOLOMIDE	250 MG	CAPSULE	ORAL	08/01/2022	30.12546
TEMOZOLOMIDE	140 MG	CAPSULE	ORAL	05/06/2022	29.68180
TEMOZOLOMIDE	180 MG	CAPSULE	ORAL	06/16/2022	20.40850

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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
TEMSIROLIMUS	FDN 30MG/3	VIAL	INTRAVEN	05/06/2022	1241.40825
TENOFOVIR DISOPROXIL FUMARATE	300 MG	TABLET	ORAL	08/04/2022	1.07200
TERAZOSIN HCL	1 MG	CAPSULE	ORAL	10/01/2019	0.13216
TERAZOSIN HCL	2 MG	CAPSULE	ORAL	08/04/2022	0.19051
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	09/01/2022	0.18313
TERBINAFINE HCL	1 %	CREAM (G)	TOPICAL	06/16/2022	0.49491
TERBUTALINE SULFATE	2.5 MG	TABLET	ORAL	05/06/2022	3.96673
TERBUTALINE SULFATE	5 MG	TABLET	ORAL	09/08/2022	4.89892
TERBUTALINE SULFATE	1 MG/ML	VIAL	SUBCUT	06/30/2022	2.29140
TERCONAZOLE	0.4 %	CREAM/APPL	VAGINAL	05/06/2022	1.01359
TERCONAZOLE	0.8 %	CREAM/APPL	VAGINAL	06/30/2022	1.61202
TERCONAZOLE	80 MG	SUPP.VAG	VAGINAL	05/06/2022	26.64658
TERIPARATIDE	20MCG/DOSE	PEN INJCTR	SUBCUT	07/13/2021	1160.27950
TESTOSTERONE	30MG/1.5ML	SOL MD PMP	TRANSDERM	08/11/2022	3.07501
TESTOSTERONE	50 MG (1%)	GEL (GRAM)	TRANSDERM	05/06/2022	2.23324
TESTOSTERONE	25MG(1%)	GEL PACKET	TRANSDERM	07/27/2022	2.59853
TESTOSTERONE	1.25G-1.62	GEL PACKET	TRANSDERM	06/30/2022	9.45633
TESTOSTERONE	2.5G-1.62%	GEL PACKET	TRANSDERM	06/30/2022	5.16736
TESTOSTERONE	12.5/1.25G	GEL MD PMP	TRANSDERM	05/06/2022	1.85992

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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
TESTOSTERONE	10 MG (2%)	GEL MD PMP	TRANSDERM	05/06/2022	6.20691
TESTOSTERONE	20.25/1.25	GEL MD PMP	TRANSDERM	05/06/2022	0.68501
TESTOSTERONE CYPIONATE	100 MG/ML	VIAL	INTRAMUSC	10/19/2021	4.93000
TESTOSTERONE ENANTHATE	200 MG/ML	VIAL	INTRAMUSC	10/26/2021	9.76925
TETRABENAZINE	25 MG	TABLET	ORAL	07/07/2022	4.79443
TETRABENAZINE	12.5 MG	TABLET	ORAL	07/07/2022	2.67904
TETRACYCLINE HCL	250 MG	CAPSULE	ORAL	09/08/2022	0.45560
TETRACYCLINE HCL	500 MG	CAPSULE	ORAL	12/14/2021	0.84420
TETRAHYDROZOLINE HCL	0.05 %	DROPS	OPHTHALMIC	08/11/2022	0.13310
THEOPHYLLINE ANHYDROUS	80 MG/15ML	ELIXIR	ORAL	05/06/2022	0.82527
THEOPHYLLINE ANHYDROUS	80 MG/15ML	SOLUTION	ORAL	05/06/2022	0.16340
THEOPHYLLINE ANHYDROUS	400 MG	TAB ER 24H	ORAL	05/06/2022	1.01103
THEOPHYLLINE ANHYDROUS	600 MG	TAB ER 24H	ORAL	09/08/2022	1.49276
THEOPHYLLINE ANHYDROUS	450 MG	TAB ER 12H	ORAL	08/18/2022	5.50990
THIAMINE HCL	100 MG	TABLET	ORAL	06/16/2022	0.03670
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	05/06/2022	4.33884
THIAMINE MONONITRATE (VIT B1)	100 MG	TABLET	ORAL	06/23/2022	0.02446
THIORIDAZINE HCL	10 MG	TABLET	ORAL	05/26/2022	0.53144
THIORIDAZINE HCL	100 MG	TABLET	ORAL	05/06/2022	0.72729

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
THIORIDAZINE HCL	25 MG	TABLET	ORAL	05/06/2022	0.83281
THIORIDAZINE HCL	50 MG	TABLET	ORAL	05/06/2022	0.83683
THIOTHIXENE	1 MG	CAPSULE	ORAL	08/11/2022	0.79596
THIOTHIXENE	10 MG	CAPSULE	ORAL	08/11/2022	2.24946
THIOTHIXENE	2 MG	CAPSULE	ORAL	08/11/2022	1.05217
THIOTHIXENE	5 MG	CAPSULE	ORAL	08/11/2022	1.59561
TIAGABINE HCL	4 MG	TABLET	ORAL	05/06/2022	3.81700
TIAGABINE HCL	12 MG	TABLET	ORAL	05/06/2022	8.20800
TIAGABINE HCL	16 MG	TABLET	ORAL	05/06/2022	10.73410
TIAGABINE HCL	2 MG	TABLET	ORAL	06/16/2022	4.86772
TIGECYCLINE	50 MG	VIAL	INTRAVEN	08/10/2021	68.92510
TIMOLOL MALEATE	10 MG	TABLET	ORAL	08/25/2022	2.59947
TIMOLOL MALEATE	20 MG	TABLET	ORAL	08/25/2022	4.71847
TIMOLOL MALEATE	5 MG	TABLET	ORAL	08/11/2022	1.41544
TIMOLOL MALEATE	0.25 %	SOL-GEL	OPHTHALMIC	10/18/2021	31.90415
TIMOLOL MALEATE	0.5 %	SOL-GEL	OPHTHALMIC	12/14/2021	34.13045
TIMOLOL MALEATE	0.5 %	DROP DAILY	OPHTHALMIC	06/02/2022	27.61692
TIMOLOL MALEATE	0.25 %	DROPS	OPHTHALMIC	05/06/2022	0.79596
TIMOLOL MALEATE	0.5 %	DROPS	OPHTHALMIC	07/21/2022	1.42844
TIMOLOL MALEATE/PF	0.5 %	DROPERETTE	OPHTHALMIC	07/14/2022	5.78000
TINIDAZOLE	500 MG	TABLET	ORAL	07/27/2022	4.40660

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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	08/17/2021	2.64396
TIOPRONIN	100 MG	TABLET	ORAL	08/01/2022	16.93526
TIZANIDINE HCL	2 MG	CAPSULE	ORAL	08/25/2022	0.50071
TIZANIDINE HCL	4 MG	CAPSULE	ORAL	09/08/2022	0.39048
TIZANIDINE HCL	6 MG	CAPSULE	ORAL	08/04/2022	0.53019
TIZANIDINE HCL	2 MG	TABLET	ORAL	08/03/2022	0.05891
TIZANIDINE HCL	4 MG	TABLET	ORAL	08/04/2022	0.05213
TOBRAMYCIN	0.3 %	DROPS	OPHTHALMIC	05/06/2022	2.09308
TOBRAMYCIN	300 MG/4ML	AMPUL-NEB	INHALATION	08/04/2022	16.56778
TOBRAMYCIN IN 0.225% SOD CHLOR	300 MG/5ML	AMPUL-NEB	INHALATION	07/14/2022	1.53143
TOBRAMYCIN SULFATE	1.2 G	VIAL	INJECTION	10/26/2021	77.90000
TOBRAMYCIN SULFATE	40 MG/ML	VIAL	INJECTION	05/06/2022	0.59273
TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	OPHTHALMIC	07/21/2022	6.81990
TOLNAFTATE	1 %	AERO POWD	TOPICAL	05/06/2022	0.04881
TOLNAFTATE	1 %	SPRAY	TOPICAL	05/06/2022	0.03903
TOLNAFTATE	1 %	CREAM (G)	TOPICAL	05/06/2022	0.05328
TOLNAFTATE	1 %	POWDER	TOPICAL	09/01/2022	0.05271
TOLNAFTATE	1 %	SOLUTION	TOPICAL	05/06/2022	0.21791
TOLTERODINE TARTRATE	4 MG	CAP ER 24H	ORAL	05/06/2022	1.02838
TOLTERODINE TARTRATE	2 MG	CAP ER 24H	ORAL	09/08/2022	1.57926
TOLTERODINE TARTRATE	1 MG	TABLET	ORAL	05/19/2022	0.86430

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
TOLTERODINE TARTRATE	2 MG	TABLET	ORAL	09/08/2022	0.60903
TOLVAPTAN	15 MG	TABLET	ORAL	10/26/2021	289.45231
TOLVAPTAN	30 MG	TABLET	ORAL	08/11/2022	267.00123
TOPIRAMATE	25 MG	CAP SPRINK	ORAL	02/08/2022	6.73506
TOPIRAMATE	25 MG	CAP SPR 24	ORAL	05/06/2022	6.46853
TOPIRAMATE	50 MG	CAP SPR 24	ORAL	08/18/2022	9.30388
TOPIRAMATE	100 MG	CAP SPR 24	ORAL	05/19/2022	14.11585
TOPIRAMATE	150 MG	CAP SPR 24	ORAL	05/06/2022	16.97710
TOPIRAMATE	200 MG	CAP SPR 24	ORAL	04/19/2022	24.30273
TOPIRAMATE	50 MG	TABLET	ORAL	09/01/2022	0.07547
TOPIRAMATE	100 MG	TABLET	ORAL	09/01/2022	0.09983
TOPIRAMATE	200 MG	TABLET	ORAL	09/01/2022	0.11202
TOPIRAMATE	25 MG	TABLET	ORAL	05/06/2022	0.03061
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	09/08/2022	0.23128
TORSEMIDE	10 MG	TABLET	ORAL	09/08/2022	0.09822
TORSEMIDE	20 MG	TABLET	ORAL	05/06/2022	0.12288
TORSEMIDE	100 MG	TABLET	ORAL	04/12/2022	0.49406
TRAMADOL HCL	50 MG	TABLET	ORAL	08/25/2022	0.02144

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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
TRAMADOL HCL	200 MG	TAB ER 24H	ORAL	09/08/2022	3.17724
TRAMADOL HCL	300 MG	TAB ER 24H	ORAL	10/19/2021	3.01000
TRAMADOL HCL	100 MG	TAB ER 24H	ORAL	05/26/2022	1.58075
TRAMADOL HCL/ACETAMINOPHEN	37.5-325MG	TABLET	ORAL	07/14/2022	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	05/06/2022	0.49982
TRANDOLAPRIL/VERAPAMIL HCL	1MG-240 MG	TAB BP 24H	ORAL	05/06/2022	3.49160
TRANDOLAPRIL/VERAPAMIL HCL	4MG-240 MG	TAB BP 24H	ORAL	06/29/2021	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	07/07/2022	0.59844
TRANSFER SETS		EACH	MISCELL	05/26/2022	11.61518
TRANLYCYPROMINE SULFATE	10 MG	TABLET	ORAL	06/02/2022	0.69365
TRAVOPROST	0.004 %	DROPS	OPHTHALMIC	08/04/2022	24.77580
TRAZODONE HCL	50 MG	TABLET	ORAL	07/14/2022	0.04303
TRAZODONE HCL	100 MG	TABLET	ORAL	07/27/2022	0.07316
TRAZODONE HCL	150 MG	TABLET	ORAL	05/06/2022	0.10766
TRAZODONE HCL	300 MG	TABLET	ORAL	09/08/2022	1.81650
TRETINOIN	10 MG	CAPSULE	ORAL	07/21/2022	11.30228
TRETINOIN	0.01 %	GEL (GRAM)	TOPICAL	05/06/2022	3.06416

## 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	08/04/2022	3.09056
TRETINOIN	0.05 %	GEL (GRAM)	TOPICAL	08/03/2021	5.22111
TRETINOIN	0.025 %	CREAM (G)	TOPICAL	07/07/2022	1.99660
TRETINOIN	0.05 %	CREAM (G)	TOPICAL	05/12/2022	2.36972
TRETINOIN	0.1 %	CREAM (G)	TOPICAL	05/12/2022	2.72448
TRETINOIN MICROSPHERES	0.1 %	GEL (GRAM)	TOPICAL	05/06/2022	8.78880
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
TRIACETIN	100 %	LIQUID	MISCELL	05/06/2022	0.17420
TRIAMCINOLONE ACETONIDE	40 MG/ML	VIAL	INJECTION	10/19/2021	4.74000
TRIAMCINOLONE ACETONIDE	0.147MG/G	AEROSOL	TOPICAL	05/06/2022	2.58365
TRIAMCINOLONE ACETONIDE	0.025 %	CREAM (G)	TOPICAL	09/01/2022	0.04997
TRIAMCINOLONE ACETONIDE	0.1 %	CREAM (G)	TOPICAL	08/04/2022	0.05416
TRIAMCINOLONE ACETONIDE	0.5 %	CREAM (G)	TOPICAL	06/02/2022	0.54136
TRIAMCINOLONE ACETONIDE	0.025 %	OINT. (G)	TOPICAL	06/02/2022	0.06582
TRIAMCINOLONE ACETONIDE	0.1 %	OINT. (G)	TOPICAL	05/06/2022	0.09014
TRIAMCINOLONE ACETONIDE	0.5 %	OINT. (G)	TOPICAL	06/30/2022	0.59853
TRIAMCINOLONE ACETONIDE	0.05 %	OINT. (G)	TOPICAL	08/11/2022	0.82307
TRIAMCINOLONE ACETONIDE	0.025 %	LOTION	TOPICAL	05/06/2022	0.61761
TRIAMCINOLONE ACETONIDE	0.1 %	LOTION	TOPICAL	07/14/2022	0.51277

## 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	55 MCG	SPRAY	NASAL	05/06/2022	0.77835
TRIAMCINOLONE ACETONIDE	0.1 %	PASTE (G)	DENTAL	05/06/2022	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	08/04/2022	0.14070
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	TABLET	ORAL	06/23/2022	0.05215
TRIAMTERENE/HYDROCHLOROTHIAZID	75 MG-50MG	TABLET	ORAL	08/04/2022	0.17045
TRIAZOLAM	0.125 MG	TABLET	ORAL	05/06/2022	1.79238
TRIAZOLAM	0.25 MG	TABLET	ORAL	05/06/2022	1.25585
TRIENTINE HCL	250 MG	CAPSULE	ORAL	06/30/2022	10.99343
TRIFLUOPERAZINE HCL	1 MG	TABLET	ORAL	05/06/2022	0.78417
TRIFLUOPERAZINE HCL	10 MG	TABLET	ORAL	05/06/2022	2.12176
TRIFLUOPERAZINE HCL	2 MG	TABLET	ORAL	05/06/2022	1.12158
TRIFLUOPERAZINE HCL	5 MG	TABLET	ORAL	05/06/2022	1.32553
TRIFLURIDINE	1 %	DROPS	OPHTHALMIC	05/06/2022	13.07386
TRIHXYPHENIDYL HCL	2 MG/5 ML	SOLUTION	ORAL	05/06/2022	0.08931
TRIHXYPHENIDYL HCL	2 MG	TABLET	ORAL	05/06/2022	0.05816
TRIHXYPHENIDYL HCL	5 MG	TABLET	ORAL	05/26/2022	0.12274
TRIMIPRAMINE MALEATE	100 MG	CAPSULE	ORAL	08/04/2020	5.99313
TRIMIPRAMINE MALEATE	25 MG	CAPSULE	ORAL	09/21/2021	2.70204
TRIMIPRAMINE MALEATE	50 MG	CAPSULE	ORAL	08/04/2020	4.41980

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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
TRIPROLIDINE HCL	0.625MG/ML	DROPS	ORAL	05/06/2022	1.01840
TRIPROLIDINE HCL	0.938MG/ML	DROPS	ORAL	05/06/2022	0.73119
TRIPROLIDINE/PHENYLEPHRINE/DM	2.5-10-20	LIQUID	ORAL	05/06/2022	0.05841
TROLAMINE SALICYLATE	10 %	CREAM (G)	TOPICAL	08/11/2022	0.07236
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	06/30/2022	4.55488
TROSPIUM CHLORIDE	20 MG	TABLET	ORAL	06/23/2022	0.42701
TRYPTOPHAN	500 MG	CAPSULE	ORAL	08/25/2022	0.23059
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
ULIPRISTAL ACETATE	30 MG	TABLET	ORAL	07/06/2021	34.81156
UNDECYLENIC ACID	25 %	SOLUTION	TOPICAL	05/06/2022	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	05/06/2022	0.06700
UREA	45 %	CREAM (G)	TOPICAL	05/06/2022	0.61729
UREA	10 %	LOTION	TOPICAL	05/06/2022	0.05019
URINARY TRACT INFECTION TEST		STICK (EA)	MISCELL	05/06/2022	5.49910



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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
URINE ALBUMIN TEST		STRIP	MISCELL	05/06/2022	3.16580
URSODIOL	300 MG	CAPSULE	ORAL	08/11/2022	0.91723
URSODIOL	250 MG	TABLET	ORAL	05/06/2022	0.76809
URSODIOL	500 MG	TABLET	ORAL	05/06/2022	1.22355
VAGINAL SUPPOSITORY APPLICATOR		EACH	MISCELL	05/06/2022	2.91060
VALACYCLOVIR HCL	500 MG	TABLET	ORAL	08/04/2022	0.24116
VALACYCLOVIR HCL	1000 MG	TABLET	ORAL	07/27/2022	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	05/06/2022	4.28604
VALPROIC ACID	250 MG	CAPSULE	ORAL	05/19/2022	0.25085
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	05/06/2022	0.02898
VALPROIC ACID (AS SODIUM SALT)	500MG/10ML	SOLUTION	ORAL	09/08/2022	0.09902
VALPROIC ACID (AS SODIUM SALT)	500 MG/5ML	VIAL	INTRAVEN	05/06/2022	0.62835
VALRUBICIN	40 MG/ML	VIAL	INTRAVESIC	09/17/2019	270.25355
VALSARTAN	320 MG	TABLET	ORAL	05/06/2022	0.42255
VALSARTAN	160 MG	TABLET	ORAL	05/06/2022	0.34364
VALSARTAN	80 MG	TABLET	ORAL	05/06/2022	0.29420
VALSARTAN	40 MG	TABLET	ORAL	05/06/2022	0.25371
VALSARTAN/HYDROCHLOROTHIAZIDE	80-12.5MG	TABLET	ORAL	05/12/2022	0.64246
VALSARTAN/HYDROCHLOROTHIAZIDE	160-12.5MG	TABLET	ORAL	05/12/2022	0.69933

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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
VALSARTAN/HYDROCHLOROTHIAZIDE	160MG-25MG	TABLET	ORAL	06/27/2022	0.37500
VALSARTAN/HYDROCHLOROTHIAZIDE	320MG-25MG	TABLET	ORAL	10/25/2021	0.60480
VALSARTAN/HYDROCHLOROTHIAZIDE	320-12.5MG	TABLET	ORAL	05/12/2022	0.89373
VANCOMYCIN HCL	125 MG	CAPSULE	ORAL	08/18/2022	2.07030
VANCOMYCIN HCL	250 MG	CAPSULE	ORAL	05/06/2022	4.75200
VANCOMYCIN HCL	1 G	VIAL	INTRAVEN	08/11/2022	2.66640
VANCOMYCIN HCL	10 G	VIAL	INTRAVEN	10/19/2021	28.70000
VANCOMYCIN HCL	5 G	VIAL	INTRAVEN	07/14/2022	17.85000
VANCOMYCIN HCL	500 MG	VIAL	INTRAVEN	07/14/2022	2.54600
VANCOMYCIN HCL	750 MG	VIAL	INTRAVEN	07/14/2022	6.75640
VARDENAFIL HCL	5 MG	TABLET	ORAL	08/25/2022	18.81040
VARDENAFIL HCL	10 MG	TABLET	ORAL	08/25/2022	18.81040
VARDENAFIL HCL	20 MG	TABLET	ORAL	06/30/2022	17.10065
VARDENAFIL HCL	2.5 MG	TABLET	ORAL	08/25/2022	18.81040
VARDENAFIL HCL	10 MG	TAB RAPDIS	ORAL	05/06/2022	18.99581
VARENICLINE TARTRATE	0.5 MG	TABLET	ORAL	05/06/2022	7.03807
VARENICLINE TARTRATE	1 MG	TABLET	ORAL	05/06/2022	7.03807
VARENICLINE TARTRATE	0.5 (11)-1	TAB DS PK	ORAL	08/18/2022	10.18336
VASOPRESSIN	20 UNIT/ML	VIAL	INTRAVEN	09/08/2022	48.68750
VECURONIUM BROMIDE	10 MG	VIAL	INTRAVEN	08/04/2022	3.13632
VECURONIUM BROMIDE	20 MG	VIAL	INTRAVEN	08/04/2022	11.24838

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

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
VENLAFAXINE HCL	37.5 MG	CAP ER 24H	ORAL	08/17/2021	0.08231
VENLAFAXINE HCL	75 MG	CAP ER 24H	ORAL	08/11/2022	0.10735
VENLAFAXINE HCL	150 MG	CAP ER 24H	ORAL	10/04/2021	0.18653
VENLAFAXINE HCL	37.5 MG	TAB ER 24	ORAL	10/18/2021	2.92600
VENLAFAXINE HCL	75 MG	TAB ER 24	ORAL	05/06/2022	1.21910
VENLAFAXINE HCL	150 MG	TAB ER 24	ORAL	07/14/2022	0.45069
VENLAFAXINE HCL	225 MG	TAB ER 24	ORAL	06/30/2022	1.25320
VENLAFAXINE HCL	25 MG	TABLET	ORAL	05/06/2022	0.16777
VENLAFAXINE HCL	37.5 MG	TABLET	ORAL	05/06/2022	0.16857
VENLAFAXINE HCL	50 MG	TABLET	ORAL	09/08/2022	0.34183
VENLAFAXINE HCL	75 MG	TABLET	ORAL	05/06/2022	0.19162
VENLAFAXINE HCL	100 MG	TABLET	ORAL	05/06/2022	0.19966
VERAPAMIL HCL	200 MG	CAP24H PCT	ORAL	05/06/2022	2.44337
VERAPAMIL HCL	120 MG	CAP24H PEL	ORAL	05/06/2022	4.68415
VERAPAMIL HCL	240 MG	CAP24H PEL	ORAL	05/06/2022	8.62570
VERAPAMIL HCL	180 MG	CAP24H PEL	ORAL	05/06/2022	7.64336
VERAPAMIL HCL	360 MG	CAP24H PEL	ORAL	05/06/2022	11.62322
VERAPAMIL HCL	120 MG	TABLET	ORAL	05/06/2022	0.08742
VERAPAMIL HCL	40 MG	TABLET	ORAL	05/06/2022	0.18492
VERAPAMIL HCL	80 MG	TABLET	ORAL	05/06/2022	0.05789
VERAPAMIL HCL	240 MG	TABLET ER	ORAL	09/08/2022	0.22056

## 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	180 MG	TABLET ER	ORAL	07/21/2022	0.25701
VERAPAMIL HCL	120 MG	TABLET ER	ORAL	05/06/2022	1.20077
VERAPAMIL HCL	2.5 MG/ML	VIAL	INTRAVEN	08/04/2022	1.14838
VIGABATRIN	500 MG	TABLET	ORAL	07/14/2022	77.67886
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	05/06/2022	0.12047
VIT A/VIT C/VIT E/ZINC/COPPER	14320-226	CAPSULE	ORAL	05/06/2022	0.27783
VIT A/VIT C/VIT E/ZINC/COPPER	2148-113	TABLET	ORAL	05/06/2022	0.12596
VIT B12/LEVOMEFOLATE/VIT B6/B2	1-6-50-5MG	TABLET	ORAL	04/07/2020	2.28669
VIT C/E/ZN/COPPR/LUTEIN/ZEAXAN	250MG-90MG	CAPSULE	ORAL	05/06/2022	0.21694
VIT C/E/ZN/COPPR/LUTEIN/ZEAXAN	250MG-90MG	CAPSULE	ORAL	05/06/2022	0.21694
VITAMIN A	10000 UNIT	CAPSULE	ORAL	09/08/2022	0.06231
VITAMIN A/VIT C/ZINC/PROPOLIS	15 MG	LOZENGE	ORAL	05/06/2022	0.02673
VITAMIN B COMPLEX		CAPSULE	ORAL	05/06/2022	0.07022
VITAMIN B COMPLEX		TABLET	ORAL	05/29/2018	0.01973
VITAMIN B COMPLEX		TABLET ER	ORAL	05/06/2022	0.18479
VITAMIN B COMPLEX/FOLIC ACID	0.4 MG	TABLET	ORAL	05/06/2022	0.08027
VITAMIN B COMPLEX/FOLIC ACID	0.4 MG	TABLET ER	ORAL	05/06/2022	0.12551

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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
VITAMIN B COMPLEX/LYSINE	790MG/15ML	LIQUID	ORAL	05/06/2022	0.02092
VITAMIN E	268 MG	CAPSULE	ORAL	06/30/2022	0.09038
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	06/30/2022	0.19149
VITAMIN E (DL,TOCOPHERYL ACET)	180 MG	CAPSULE	ORAL	07/21/2022	0.02412
VITAMIN E (DL,TOCOPHERYL ACET)	90 MG	CAPSULE	ORAL	06/30/2022	0.04476
VITAMIN E (DL,TOCOPHERYL ACET)	45 MG	CAPSULE	ORAL	06/30/2022	0.02178
VITAMIN E MIXED	400 UNIT	CAPSULE	ORAL	06/30/2022	0.06961
VITAMINS A AND D		OINT. (G)	TOPICAL	05/06/2022	0.01116
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	08/18/2022	0.00416
VITS A,C,E/LUTEIN/MINERALS	300MCG-200	TABLET	ORAL	06/09/2022	0.11301
VORICONAZOLE	200 MG/5ML	SUSP RECON	ORAL	05/06/2022	8.36992
VORICONAZOLE	50 MG	TABLET	ORAL	05/06/2022	1.92290
VORICONAZOLE	200 MG	TABLET	ORAL	09/08/2022	2.90972
VORICONAZOLE	200 MG	VIAL	INTRAVEN	07/14/2022	17.85000
WARFARIN SODIUM	10 MG	TABLET	ORAL	05/06/2022	0.18479
WARFARIN SODIUM	2.5 MG	TABLET	ORAL	09/08/2022	0.11106
WARFARIN SODIUM	2 MG	TABLET	ORAL	05/06/2022	0.09609
WARFARIN SODIUM	5 MG	TABLET	ORAL	05/06/2022	0.10398

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
WARFARIN SODIUM	7.5 MG	TABLET	ORAL	05/06/2022	0.13199
WARFARIN SODIUM	1 MG	TABLET	ORAL	05/06/2022	0.08576
WARFARIN SODIUM	3 MG	TABLET	ORAL	05/06/2022	0.10398
WARFARIN SODIUM	4 MG	TABLET	ORAL	05/06/2022	0.10398
WARFARIN SODIUM	6 MG	TABLET	ORAL	05/06/2022	0.12408
WATER		LIQUID	ORAL	05/06/2022	0.02202
WATER FOR INJ.,BACTERIOSTATIC		VIAL	INJECTION	05/06/2022	0.00045
WATER FOR INJECTION,STERILE		SYRINGE	INJECTION	05/26/2022	0.32428
WATER FOR INJECTION,STERILE		VIAL	INJECTION	07/14/2022	0.07952
WATER FOR INJECTION,STERILE		IV SOLN	INTRAVEN	05/06/2022	0.00424
WATER FOR IRRIGATION,STERILE		IRRIG SOLN	IRRIGATION	05/06/2022	0.00295
WITCH HAZEL	50 %	MED. PAD	TOPICAL	05/06/2022	0.05398
YOHIMBE BARK	500 MG	CAPSULE	ORAL	07/27/2022	0.04963
ZAFIRLUKAST	20 MG	TABLET	ORAL	09/08/2022	1.11644
ZAFIRLUKAST	10 MG	TABLET	ORAL	08/04/2022	1.49678
ZALEPLON	5 MG	CAPSULE	ORAL	10/19/2021	0.30000
ZALEPLON	10 MG	CAPSULE	ORAL	10/25/2021	0.40629
ZIDOVDINE	100 MG	CAPSULE	ORAL	05/06/2022	2.02608
ZIDOVDINE	10 MG/ML	SYRUP	ORAL	06/11/2019	0.15750
ZIDOVDINE	300 MG	TABLET	ORAL	05/06/2022	0.68474
ZILEUTON	600 MG	TBMP 12HR	ORAL	08/18/2022	11.77046

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ZINC AMINO ACID CHELATE	50 MG	TABLET	ORAL	05/06/2022	0.06298
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	05/06/2022	0.28478
ZINC OXIDE	20 %	OINT. (G)	TOPICAL	03/16/2021	0.01435
ZINC OXIDE	40 %	OINT. (G)	TOPICAL	05/26/2022	0.01735
ZINC OXIDE	10 %	OINT. (G)	TOPICAL	05/06/2022	0.05679
ZINC OXIDE/PETROLATUM,WHITE	15%-49%	OINT. (G)	TOPICAL	07/21/2022	0.08576
ZINC SULFATE	50(220)MG	CAPSULE	ORAL	08/18/2022	0.04443
ZINC SULFATE	50(220)MG	TABLET	ORAL	05/06/2022	0.02948
ZINC SULFATE	5 MG/ML	VIAL	INTRAVEN	08/04/2022	10.61616
ZINC SULFATE	3 MG/ML	VIAL	INTRAVEN	08/04/2022	7.03433
ZIPRASIDONE HCL	20 MG	CAPSULE	ORAL	03/22/2021	0.33790
ZIPRASIDONE HCL	40 MG	CAPSULE	ORAL	05/06/2022	0.35867
ZIPRASIDONE HCL	60 MG	CAPSULE	ORAL	05/06/2022	0.49893
ZIPRASIDONE HCL	80 MG	CAPSULE	ORAL	05/06/2022	0.49893
ZIPRASIDONE MESYLATE	FNL 20MG/1	VIAL	INTRAMUSC	08/04/2022	19.86023
ZOLEDRONIC ACID	4 MG/5 ML	VIAL	INTRAVEN	08/04/2022	4.21608
ZOLEDRONIC ACID/MANNITOL-WATER	5 MG/100ML	PIGGYBACK	INTRAVEN	05/06/2022	1.25960
ZOLEDRONIC ACID/MANNITOL-WATER	5 MG/100ML	PGGYBK BTL	INTRAVEN	05/06/2022	2.40704

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Generic Name	Strength	Form	Route	Effective Date	MAC Price
ZOLMITRIPTAN	2.5 MG	TABLET	ORAL	05/19/2022	2.10827
ZOLMITRIPTAN	5 MG	TABLET	ORAL	05/06/2022	2.10827
ZOLMITRIPTAN	2.5 MG	TAB RAPDIS	ORAL	05/06/2022	7.46600
ZOLMITRIPTAN	5 MG	TAB RAPDIS	ORAL	10/19/2021	7.12047
ZOLMITRIPTAN	5 MG	SPRAY	NASAL	12/14/2021	77.26429
ZOLMITRIPTAN	2.5 MG	SPRAY	NASAL	05/19/2022	100.20571
ZOLPIDEM TARTRATE	5 MG	TABLET	ORAL	05/06/2022	0.02752
ZOLPIDEM TARTRATE	10 MG	TABLET	ORAL	09/08/2022	0.04221
ZOLPIDEM TARTRATE	6.25 MG	TAB MPHASE	ORAL	05/06/2022	0.91897
ZOLPIDEM TARTRATE	1.75 MG	TAB SUBL	SUBLINGUAL	09/07/2021	6.37434
ZOLPIDEM TARTRATE	3.5 MG	TAB SUBL	SUBLINGUAL	05/06/2022	6.37434
ZONISAMIDE	100 MG	CAPSULE	ORAL	05/06/2022	0.15951
ZONISAMIDE	25 MG	CAPSULE	ORAL	09/01/2022	0.17555
ZONISAMIDE	50 MG	CAPSULE	ORAL	05/06/2022	0.20584