

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

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

| Generic Name                | Strength   | Form      | Route     | Effective Date | MAC Price |
|-----------------------------|------------|-----------|-----------|----------------|-----------|
| 0.9 % SODIUM CHLORIDE       | 0.9 %      | SYRINGE   | INJECTION | 04/29/2025     | 0.06766   |
| 0.9 % SODIUM CHLORIDE       | 0.9 %      | VIAL      | INJECTION | 06/10/2025     | 0.08712   |
| 0.9 % SODIUM CHLORIDE       | 0.9 %      | SPRAY     | NASAL     | 06/10/2025     | 0.04441   |
| 0.9 % SODIUM CHLORIDE       | 0.9 %      | IV SOLN   | INTRAVEN  | 06/10/2025     | 0.00241   |
| ABACAVIR SULFATE            | 20 MG/ML   | SOLUTION  | ORAL      | 06/10/2025     | 0.49968   |
| ABACAVIR SULFATE            | 300 MG     | TABLET    | ORAL      | 06/10/2025     | 0.49968   |
| ABACAVIR SULFATE/LAMIVUDINE | 600-300 MG | TABLET    | ORAL      | 06/10/2025     | 1.55359   |
| ABIRATERONE ACETATE         | 250 MG     | TABLET    | ORAL      | 04/22/2025     | 0.84375   |
| ABIRATERONE ACETATE         | 500 MG     | TABLET    | ORAL      | 05/07/2026     | 5.43285   |
| ACAI BERRY EXTRACT          | 500 MG     | CAPSULE   | ORAL      | 06/10/2025     | 0.05659   |
| ACAMPROSATE CALCIUM         | 333 MG     | TABLET DR | ORAL      | 05/04/2026     | 0.56049   |
| ACARBOSE                    | 100 MG     | TABLET    | ORAL      | 06/10/2025     | 0.21450   |
| ACARBOSE                    | 50 MG      | TABLET    | ORAL      | 06/10/2025     | 0.16174   |
| ACARBOSE                    | 25 MG      | TABLET    | ORAL      | 06/10/2025     | 0.16205   |
| ACEBUTOLOL HCL              | 200 MG     | CAPSULE   | ORAL      | 06/10/2025     | 0.40540   |
| ACEBUTOLOL HCL              | 400 MG     | CAPSULE   | ORAL      | 06/10/2025     | 0.47098   |
| ACETAMINOPHEN               | 160 MG/5ML | ORAL SUSP | ORAL      | 08/14/2025     | 0.00973   |
| ACETAMINOPHEN               | 160 MG/5ML | ORAL SUSP | ORAL      | 04/08/2025     | 0.14472   |
| ACETAMINOPHEN               | 325/10.15  | ORAL SUSP | ORAL      | 05/04/2026     | 0.08366   |
| ACETAMINOPHEN               | 650MG/20.3 | ORAL SUSP | ORAL      | 01/23/2024     | 0.07129   |
| ACETAMINOPHEN               | 160 MG/5ML | SOLUTION  | ORAL      | 06/17/2025     | 0.18482   |

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

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

| Generic Name                   | Strength   | Form      | Route    | Effective Date | MAC Price |
|--------------------------------|------------|-----------|----------|----------------|-----------|
| ACETAMINOPHEN                  | 325/10.15  | SOLUTION  | ORAL     | 06/17/2025     | 0.13295   |
| ACETAMINOPHEN                  | 650MG/20.3 | SOLUTION  | ORAL     | 06/17/2025     | 0.08413   |
| ACETAMINOPHEN                  | 160 MG/5ML | LIQUID    | ORAL     | 08/28/2025     | 0.00994   |
| ACETAMINOPHEN                  | 500MG/15ML | LIQUID    | ORAL     | 06/17/2025     | 0.01081   |
| ACETAMINOPHEN                  | 325 MG     | TABLET    | ORAL     | 06/17/2025     | 0.01322   |
| ACETAMINOPHEN                  | 500 MG     | TABLET    | ORAL     | 02/17/2026     | 0.00990   |
| ACETAMINOPHEN                  | 160 MG     | TAB CHEW  | ORAL     | 06/17/2025     | 0.01105   |
| ACETAMINOPHEN                  | 80 MG      | TAB CHEW  | ORAL     | 02/19/2026     | 0.11077   |
| ACETAMINOPHEN                  | 650 MG     | TABLET ER | ORAL     | 04/02/2026     | 0.04543   |
| ACETAMINOPHEN                  | 120 MG     | SUPP.RECT | RECTAL   | 11/21/2023     | 0.18410   |
| ACETAMINOPHEN                  | 325 MG     | SUPP.RECT | RECTAL   | 01/29/2019     | 0.54916   |
| ACETAMINOPHEN                  | 650 MG     | SUPP.RECT | RECTAL   | 06/17/2025     | 0.23219   |
| ACETAMINOPHEN                  | 1000MG/100 | PIGGYBACK | INTRAVEN | 04/16/2026     | 0.05621   |
| ACETAMINOPHEN                  | 1000MG/100 | VIAL      | INTRAVEN | 06/17/2025     | 0.07973   |
| ACETAMINOPHEN WITH CODEINE     | 300MG/12.5 | SOLUTION  | ORAL     | 05/06/2022     | 0.27794   |
| ACETAMINOPHEN WITH CODEINE     | 300MG-15MG | TABLET    | ORAL     | 07/31/2025     | 0.19095   |
| ACETAMINOPHEN WITH CODEINE     | 300MG-30MG | TABLET    | ORAL     | 03/05/2026     | 0.16549   |
| ACETAMINOPHEN WITH CODEINE     | 300MG-60MG | TABLET    | ORAL     | 06/17/2025     | 0.26950   |
| ACETAMINOPHEN/CHLORPHENIRAMINE | 325MG-2MG  | TABLET    | ORAL     | 12/14/2023     | 0.40418   |
| ACETAMINOPHEN/D-BROMPHENIRAMIN | 500MG-1MG  | TABLET    | ORAL     | 10/31/2024     | 0.10747   |
| ACETAMINOPHEN/DEXTROMETHORPHAN | 325-10/10  | LIQUID    | ORAL     | 02/20/2025     | 0.05757   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| ACETAMINOPHEN/DIPHENHYDRAMINE  | 500MG-25MG | TABLET     | ORAL       | 03/22/2021     | 0.01487   |
| ACETAMINOPHEN/PYRILAMINE/CAFF  | 500-15-60  | TABLET     | ORAL       | 06/05/2025     | 0.13383   |
| ACETAZOLAMIDE                  | 500 MG     | CAPSULE ER | ORAL       | 02/04/2025     | 0.26427   |
| ACETAZOLAMIDE                  | 125 MG     | TABLET     | ORAL       | 06/17/2025     | 0.16086   |
| ACETAZOLAMIDE                  | 250 MG     | TABLET     | ORAL       | 02/19/2026     | 0.16067   |
| ACETAZOLAMIDE SODIUM           | 500 MG     | VIAL       | INJECTION  | 04/09/2026     | 32.13375  |
| ACETIC ACID                    | 0.25 %     | IRRIG SOLN | IRRIGATION | 06/17/2025     | 0.00675   |
| ACETONE                        |            | LIQUID     | MISCELL    | 01/13/2026     | 0.02504   |
| ACETYLCARNITINE                | 500 MG     | CAPSULE    | ORAL       | 06/17/2025     | 0.14186   |
| ACETYLCYST/METHYLB12/LEVOMEFOL | 600-2-6 MG | TABLET     | ORAL       | 12/11/2025     | 5.27635   |
| ACETYLCYSTEINE                 | 200 MG/ML  | VIAL       | INTRAVEN   | 04/09/2026     | 1.11778   |
| ACETYLCYSTEINE                 | 100 MG/ML  | VIAL       | MISCELL    | 06/17/2025     | 0.23203   |
| ACETYLCYSTEINE                 | 200 MG/ML  | VIAL       | MISCELL    | 03/19/2026     | 0.82291   |
| ACITRETIN                      | 10 MG      | CAPSULE    | ORAL       | 09/29/2025     | 5.36914   |
| ACITRETIN                      | 25 MG      | CAPSULE    | ORAL       | 06/17/2025     | 3.20832   |
| ACITRETIN                      | 17.5 MG    | CAPSULE    | ORAL       | 10/02/2025     | 12.83333  |
| ACTIVATED CHARCOAL             | 260 MG     | CAPSULE    | ORAL       | 06/17/2025     | 0.04282   |
| ACYCLOVIR                      | 200 MG     | CAPSULE    | ORAL       | 03/19/2026     | 0.11037   |
| ACYCLOVIR                      | 200 MG/5ML | ORAL SUSP  | ORAL       | 02/19/2026     | 0.20565   |
| ACYCLOVIR                      | 800 MG     | TABLET     | ORAL       | 01/08/2026     | 0.25020   |
| ACYCLOVIR                      | 400 MG     | TABLET     | ORAL       | 02/19/2026     | 0.13467   |

*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

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

| Generic Name               | Strength   | Form       | Route      | Effective Date | MAC Price |
|----------------------------|------------|------------|------------|----------------|-----------|
| ACYCLOVIR                  | 5 %        | CREAM (G)  | TOPICAL    | 04/21/2026     | 9.46260   |
| ACYCLOVIR                  | 5 %        | OINT. (G)  | TOPICAL    | 06/17/2025     | 0.33915   |
| ACYCLOVIR SODIUM           | 50 MG/ML   | VIAL       | INTRAVEN   | 08/19/2025     | 0.29930   |
| ADAPALENE                  | 0.1 %      | GEL (GRAM) | TOPICAL    | 03/19/2026     | 0.27693   |
| ADAPALENE                  | 0.3 %      | GEL (GRAM) | TOPICAL    | 12/22/2025     | 1.39926   |
| ADAPALENE                  | 0.1 %      | CREAM (G)  | TOPICAL    | 10/19/2023     | 3.41293   |
| ADAPALENE                  | 0.3 %      | GEL W/PUMP | TOPICAL    | 09/11/2025     | 3.90192   |
| ADAPALENE                  | 0.1 %      | SOLUTION   | TOPICAL    | 05/06/2022     | 15.90732  |
| ADAPALENE/BENZOYL PEROXIDE | 0.1 %-2.5% | GEL W/PUMP | TOPICAL    | 09/11/2025     | 0.79715   |
| ADAPALENE/BENZOYL PEROXIDE | 0.3 %-2.5% | GEL W/PUMP | TOPICAL    | 12/18/2025     | 1.24828   |
| ADEFOVIR DIPIVOXIL         | 10 MG      | TABLET     | ORAL       | 02/05/2026     | 19.89470  |
| ADENOSINE                  | 3 MG/ML    | VIAL       | INTRAVEN   | 07/11/2023     | 1.47266   |
| ADENOSINE                  | 3 MG/ML    | VIAL       | INTRAVEN   | 04/28/2026     | 1.27789   |
| ALBENDAZOLE                | 200 MG     | TABLET     | ORAL       | 02/19/2026     | 10.52250  |
| ALBUTEROL SULFATE          | 2 MG       | TABLET     | ORAL       | 03/19/2026     | 0.53801   |
| ALBUTEROL SULFATE          | 4 MG       | TABLET     | ORAL       | 04/17/2025     | 0.24937   |
| ALBUTEROL SULFATE          | 2.5 MG/3ML | VIAL-NEB   | INHALATION | 04/01/2025     | 0.05881   |
| ALBUTEROL SULFATE          | 0.63MG/3ML | VIAL-NEB   | INHALATION | 12/18/2025     | 0.33125   |
| ALBUTEROL SULFATE          | 1.25MG/3ML | VIAL-NEB   | INHALATION | 12/18/2025     | 0.31821   |
| ALBUTEROL SULFATE          | 2.5 MG/0.5 | VIAL-NEB   | INHALATION | 07/15/2025     | 0.96250   |
| ALBUTEROL SULFATE          | 90 MCG     | HFA AER AD | INHALATION | 02/24/2026     | 1.22000   |

*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

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

| Generic Name               | Strength   | Form       | Route    | Effective Date | MAC Price  |
|----------------------------|------------|------------|----------|----------------|------------|
| ALCLOMETASONE DIPROPIONATE | 0.05 %     | CREAM (G)  | TOPICAL  | 01/16/2025     | 1.26272    |
| ALCOHOL ANTISEPTIC PADS    |            | MED. PAD   | TOPICAL  | 04/23/2026     | 0.00670    |
| ALENDRONATE SODIUM         | 70 MG/75ML | SOLUTION   | ORAL     | 05/25/2023     | 0.77043    |
| ALENDRONATE SODIUM         | 10 MG      | TABLET     | ORAL     | 04/03/2025     | 0.24120    |
| ALENDRONATE SODIUM         | 70 MG      | TABLET     | ORAL     | 05/27/2025     | 0.21966    |
| ALENDRONATE SODIUM         | 35 MG      | TABLET     | ORAL     | 01/22/2026     | 0.40870    |
| ALFUZOSIN HCL              | 10 MG      | TAB ER 24H | ORAL     | 11/28/2023     | 0.12355    |
| ALISKIREN HEMIFUMARATE     | 300 MG     | TABLET     | ORAL     | 08/28/2025     | 8.58480    |
| ALISKIREN HEMIFUMARATE     | 150 MG     | TABLET     | ORAL     | 01/22/2026     | 8.45920    |
| ALLOPURINOL                | 100 MG     | TABLET     | ORAL     | 03/19/2026     | 0.02966    |
| ALLOPURINOL                | 300 MG     | TABLET     | ORAL     | 08/19/2025     | 0.04652    |
| ALLOPURINOL                | 200 MG     | TABLET     | ORAL     | 07/08/2025     | 3.65933    |
| ALLOPURINOL SODIUM         | 500 MG     | VIAL       | INTRAVEN | 12/01/2025     | 2386.80000 |
| ALMOTRIPTAN MALATE         | 12.5 MG    | TABLET     | ORAL     | 01/22/2026     | 23.31612   |
| ALMOTRIPTAN MALATE         | 6.25 MG    | TABLET     | ORAL     | 09/29/2025     | 20.62900   |
| ALOSETRON HCL              | 1 MG       | TABLET     | ORAL     | 11/06/2025     | 9.61017    |
| ALOSETRON HCL              | 0.5 MG     | TABLET     | ORAL     | 12/18/2025     | 5.69680    |
| ALPHA LIPOIC ACID          | 200 MG     | CAPSULE    | ORAL     | 06/12/2025     | 0.25951    |
| ALPHA LIPOIC ACID          | 100 MG     | CAPSULE    | ORAL     | 09/26/2024     | 0.10486    |
| ALPHA LIPOIC ACID          | 600 MG     | CAPSULE    | ORAL     | 01/08/2026     | 0.28720    |
| ALPRAZOLAM                 | 0.25 MG    | TABLET     | ORAL     | 04/02/2026     | 0.02921    |

*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

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

| Generic Name       | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------|------------|------------|-----------|----------------|-----------|
| ALPRAZOLAM         | 0.5 MG     | TABLET     | ORAL      | 04/15/2025     | 0.01667   |
| ALPRAZOLAM         | 1 MG       | TABLET     | ORAL      | 04/02/2026     | 0.04489   |
| ALPRAZOLAM         | 2 MG       | TABLET     | ORAL      | 04/02/2026     | 0.08201   |
| ALPRAZOLAM         | 0.5 MG     | TAB ER 24H | ORAL      | 10/02/2025     | 0.49960   |
| ALPRAZOLAM         | 1 MG       | TAB ER 24H | ORAL      | 10/02/2025     | 0.41942   |
| ALPRAZOLAM         | 2 MG       | TAB ER 24H | ORAL      | 10/02/2025     | 0.65012   |
| ALPRAZOLAM         | 3 MG       | TAB ER 24H | ORAL      | 04/03/2025     | 0.62533   |
| ALPRAZOLAM         | 0.25 MG    | TAB RAPDIS | ORAL      | 10/23/2025     | 1.46033   |
| ALPRAZOLAM         | 0.5 MG     | TAB RAPDIS | ORAL      | 09/18/2025     | 1.81945   |
| ALPRAZOLAM         | 1 MG       | TAB RAPDIS | ORAL      | 12/18/2025     | 2.42754   |
| ALPRAZOLAM         | 2 MG       | TAB RAPDIS | ORAL      | 05/06/2022     | 4.06600   |
| ALUMINUM HYDROXIDE | 0.275 %    | OINT. (G)  | TOPICAL   | 05/06/2022     | 0.23037   |
| ALVIMOPAN          | 12 MG      | CAPSULE    | ORAL      | 08/30/2022     | 101.18048 |
| AMANTADINE HCL     | 100 MG     | CAPSULE    | ORAL      | 03/05/2026     | 0.18471   |
| AMANTADINE HCL     | 50 MG/5 ML | SOLUTION   | ORAL      | 09/29/2025     | 0.07507   |
| AMANTADINE HCL     | 100 MG     | TABLET     | ORAL      | 12/18/2025     | 0.69171   |
| AMBRISENTAN        | 5 MG       | TABLET     | ORAL      | 04/29/2025     | 7.71750   |
| AMBRISENTAN        | 10 MG      | TABLET     | ORAL      | 04/29/2025     | 9.54874   |
| AMIKACIN SULFATE   | 500 MG/2ML | VIAL       | INJECTION | 02/19/2026     | 3.45791   |
| AMIKACIN SULFATE   | 1000MG/4ML | VIAL       | INJECTION | 02/19/2026     | 2.97363   |
| AMILORIDE HCL      | 5 MG       | TABLET     | ORAL      | 11/13/2025     | 0.41232   |

*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

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

| Generic Name                  | Strength   | Form     | Route    | Effective Date | MAC Price |
|-------------------------------|------------|----------|----------|----------------|-----------|
| AMINO ACIDS                   |            | POWDER   | ORAL     | 01/22/2026     | 0.18089   |
| AMINOCAPROIC ACID             | 250 MG/ML  | SOLUTION | ORAL     | 11/18/2025     | 0.85623   |
| AMINOCAPROIC ACID             | 500 MG     | TABLET   | ORAL     | 12/18/2025     | 6.31867   |
| AMINOCAPROIC ACID             | 1000 MG    | TABLET   | ORAL     | 03/19/2026     | 14.74375  |
| AMINOCAPROIC ACID             | 250 MG/ML  | VIAL     | INTRAVEN | 08/14/2025     | 0.59150   |
| AMIODARONE HCL                | 200 MG     | TABLET   | ORAL     | 06/24/2025     | 0.10192   |
| AMIODARONE HCL                | 100 MG     | TABLET   | ORAL     | 10/21/2025     | 0.56139   |
| AMIODARONE HCL                | 400 MG     | TABLET   | ORAL     | 02/12/2026     | 2.08504   |
| AMIODARONE HCL                | 50 MG/ML   | VIAL     | INTRAVEN | 11/19/2024     | 0.49062   |
| AMITRIPTYLINE HCL             | 10 MG      | TABLET   | ORAL     | 02/19/2026     | 0.04009   |
| AMITRIPTYLINE HCL             | 100 MG     | TABLET   | ORAL     | 09/03/2024     | 0.09983   |
| AMITRIPTYLINE HCL             | 150 MG     | TABLET   | ORAL     | 06/17/2025     | 0.18854   |
| AMITRIPTYLINE HCL             | 25 MG      | TABLET   | ORAL     | 03/12/2026     | 0.06932   |
| AMITRIPTYLINE HCL             | 50 MG      | TABLET   | ORAL     | 06/17/2025     | 0.05885   |
| AMITRIPTYLINE HCL             | 75 MG      | TABLET   | ORAL     | 05/27/2025     | 0.06195   |
| AMLODIPINE BES/OLMESARTAN MED | 5 MG-20 MG | TABLET   | ORAL     | 04/02/2024     | 0.24165   |
| AMLODIPINE BES/OLMESARTAN MED | 10 MG-20MG | TABLET   | ORAL     | 04/02/2024     | 0.31028   |
| AMLODIPINE BES/OLMESARTAN MED | 5 MG-40 MG | TABLET   | ORAL     | 04/16/2024     | 0.30597   |
| AMLODIPINE BES/OLMESARTAN MED | 10 MG-40MG | TABLET   | ORAL     | 03/11/2024     | 0.32115   |
| AMLODIPINE BESYLATE           | 2.5 MG     | TABLET   | ORAL     | 05/07/2026     | 0.01384   |
| AMLODIPINE BESYLATE           | 5 MG       | TABLET   | ORAL     | 05/06/2025     | 0.00910   |

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

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

| Generic Name                   | Strength   | Form    | Route | Effective Date | MAC Price |
|--------------------------------|------------|---------|-------|----------------|-----------|
| AMLODIPINE BESYLATE            | 10 MG      | TABLET  | ORAL  | 05/06/2025     | 0.01462   |
| AMLODIPINE BESYLATE/BENAZEPRIL | 5 MG-20 MG | CAPSULE | ORAL  | 02/19/2026     | 0.20692   |
| AMLODIPINE BESYLATE/BENAZEPRIL | 5 MG-10 MG | CAPSULE | ORAL  | 01/29/2026     | 0.09286   |
| AMLODIPINE BESYLATE/BENAZEPRIL | 2.5MG-10MG | CAPSULE | ORAL  | 03/12/2026     | 0.24736   |
| AMLODIPINE BESYLATE/BENAZEPRIL | 10 MG-20MG | CAPSULE | ORAL  | 03/12/2026     | 0.22493   |
| AMLODIPINE BESYLATE/BENAZEPRIL | 5 MG-40 MG | CAPSULE | ORAL  | 03/12/2026     | 0.27095   |
| AMLODIPINE BESYLATE/BENAZEPRIL | 10 MG-40MG | CAPSULE | ORAL  | 01/29/2026     | 0.24227   |
| AMLODIPINE BESYLATE/VALSARTAN  | 5 MG-160MG | TABLET  | ORAL  | 11/13/2025     | 0.65749   |
| AMLODIPINE BESYLATE/VALSARTAN  | 10MG-160MG | TABLET  | ORAL  | 12/18/2025     | 0.70305   |
| AMLODIPINE BESYLATE/VALSARTAN  | 5 MG-320MG | TABLET  | ORAL  | 12/01/2022     | 0.67000   |
| AMLODIPINE BESYLATE/VALSARTAN  | 10MG-320MG | TABLET  | ORAL  | 10/23/2025     | 0.94872   |
| AMLODIPINE/ATORVASTATIN        | 5 MG-10 MG | TABLET  | ORAL  | 04/01/2025     | 3.26392   |
| AMLODIPINE/ATORVASTATIN        | 5 MG-20 MG | TABLET  | ORAL  | 03/05/2026     | 3.47952   |
| AMLODIPINE/ATORVASTATIN        | 5 MG-40 MG | TABLET  | ORAL  | 03/05/2026     | 5.51476   |
| AMLODIPINE/ATORVASTATIN        | 5 MG-80 MG | TABLET  | ORAL  | 04/01/2025     | 4.37360   |
| AMLODIPINE/ATORVASTATIN        | 10 MG-10MG | TABLET  | ORAL  | 04/01/2025     | 3.09452   |
| AMLODIPINE/ATORVASTATIN        | 10 MG-20MG | TABLET  | ORAL  | 04/01/2025     | 4.23280   |
| AMLODIPINE/ATORVASTATIN        | 10 MG-40MG | TABLET  | ORAL  | 03/05/2026     | 4.84044   |
| AMLODIPINE/ATORVASTATIN        | 10 MG-80MG | TABLET  | ORAL  | 04/01/2025     | 4.23280   |
| AMLODIPINE/ATORVASTATIN        | 2.5MG-10MG | TABLET  | ORAL  | 06/12/2025     | 4.52078   |
| AMLODIPINE/ATORVASTATIN        | 2.5MG-20MG | TABLET  | ORAL  | 08/12/2025     | 5.19910   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| AMLODIPINE/ATORVASTATIN        | 2.5MG-40MG | TABLET     | ORAL       | 08/12/2025     | 3.31851   |
| AMLODIPINE/VALSARTAN/HCTHIAZID | 5-160-12.5 | TABLET     | ORAL       | 04/01/2025     | 4.31200   |
| AMLODIPINE/VALSARTAN/HCTHIAZID | 10MG-160MG | TABLET     | ORAL       | 04/08/2025     | 4.89192   |
| AMLODIPINE/VALSARTAN/HCTHIAZID | 5-160-25MG | TABLET     | ORAL       | 04/08/2025     | 4.31200   |
| AMLODIPINE/VALSARTAN/HCTHIAZID | 10-160-25  | TABLET     | ORAL       | 04/08/2025     | 5.45443   |
| AMLODIPINE/VALSARTAN/HCTHIAZID | 10-320-25  | TABLET     | ORAL       | 06/17/2025     | 8.27040   |
| AMMONIA                        | 15 % (W/V) | AMPUL      | INHALATION | 07/10/2025     | 0.32361   |
| AMMONIUM LACTATE               | 12 %       | CREAM (G)  | TOPICAL    | 03/26/2026     | 0.08148   |
| AMMONIUM LACTATE               | 12 %       | LOTION     | TOPICAL    | 12/26/2023     | 0.05384   |
| AMOXAPINE                      | 100 MG     | TABLET     | ORAL       | 04/30/2024     | 1.47780   |
| AMOXAPINE                      | 150 MG     | TABLET     | ORAL       | 06/18/2025     | 4.94648   |
| AMOXAPINE                      | 25 MG      | TABLET     | ORAL       | 08/06/2024     | 0.98155   |
| AMOXAPINE                      | 50 MG      | TABLET     | ORAL       | 04/30/2024     | 1.09570   |
| AMOXICILLIN                    | 250 MG     | CAPSULE    | ORAL       | 12/11/2025     | 0.06767   |
| AMOXICILLIN                    | 500 MG     | CAPSULE    | ORAL       | 02/05/2026     | 0.10050   |
| AMOXICILLIN                    | 125 MG/5ML | SUSP RECON | ORAL       | 03/19/2026     | 0.03618   |
| AMOXICILLIN                    | 250 MG/5ML | SUSP RECON | ORAL       | 05/08/2025     | 0.03877   |
| AMOXICILLIN                    | 400 MG/5ML | SUSP RECON | ORAL       | 02/17/2026     | 0.03362   |
| AMOXICILLIN                    | 200 MG/5ML | SUSP RECON | ORAL       | 03/19/2026     | 0.07236   |
| AMOXICILLIN                    | 500 MG     | TABLET     | ORAL       | 01/29/2026     | 0.16469   |
| AMOXICILLIN                    | 875 MG     | TABLET     | ORAL       | 01/15/2026     | 0.22807   |

*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

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

| Generic Name                 | Strength   | Form       | Route     | Effective Date | MAC Price |
|------------------------------|------------|------------|-----------|----------------|-----------|
| AMOXICILLIN/POTASSIUM CLAV   | 125-31.25/ | SUSP RECON | ORAL      | 04/25/2024     | 6.48462   |
| AMOXICILLIN/POTASSIUM CLAV   | 250-62.5/5 | SUSP RECON | ORAL      | 09/25/2025     | 0.51545   |
| AMOXICILLIN/POTASSIUM CLAV   | 400-57MG/5 | SUSP RECON | ORAL      | 01/22/2026     | 0.06932   |
| AMOXICILLIN/POTASSIUM CLAV   | 200-28.5/5 | SUSP RECON | ORAL      | 11/13/2025     | 0.06244   |
| AMOXICILLIN/POTASSIUM CLAV   | 600-42.9/5 | SUSP RECON | ORAL      | 01/22/2026     | 0.08962   |
| AMOXICILLIN/POTASSIUM CLAV   | 250-125 MG | TABLET     | ORAL      | 11/11/2025     | 2.28381   |
| AMOXICILLIN/POTASSIUM CLAV   | 500-125 MG | TABLET     | ORAL      | 05/07/2026     | 0.45761   |
| AMOXICILLIN/POTASSIUM CLAV   | 875-125 MG | TABLET     | ORAL      | 05/13/2025     | 0.26338   |
| AMOXICILLIN/POTASSIUM CLAV   | 1000-62.5  | TAB ER 12H | ORAL      | 02/26/2026     | 6.66750   |
| AMPHETAMINE SULFATE          | 10 MG      | TABLET     | ORAL      | 03/19/2026     | 1.38047   |
| AMPHETAMINE SULFATE          | 5 MG       | TABLET     | ORAL      | 12/18/2025     | 1.43903   |
| AMPHOTERICIN B LIPOSOME      | 50 MG      | VIAL       | INTRAVEN  | 04/16/2026     | 207.62400 |
| AMPICILLIN SOD/SULBACTAM SOD | 1.5 G      | VIAL       | INJECTION | 11/13/2025     | 2.68620   |
| AMPICILLIN SOD/SULBACTAM SOD | 3 G        | VIAL       | INJECTION | 10/16/2025     | 4.59888   |
| AMPICILLIN SOD/SULBACTAM SOD | 15 G       | VIAL       | INJECTION | 05/29/2025     | 22.82280  |
| AMPICILLIN SODIUM            | 1 G        | VIAL       | INJECTION | 05/22/2025     | 2.13060   |
| AMPICILLIN SODIUM            | 10 G       | VIAL       | INJECTION | 04/30/2026     | 13.06305  |
| AMPICILLIN SODIUM            | 2 G        | VIAL       | INJECTION | 10/02/2025     | 2.92182   |
| AMPICILLIN SODIUM            | 250 MG     | VIAL       | INJECTION | 05/06/2022     | 0.82410   |
| AMPICILLIN SODIUM            | 500 MG     | VIAL       | INJECTION | 02/27/2024     | 1.60800   |
| AMPICILLIN TRIHYDRATE        | 500 MG     | CAPSULE    | ORAL      | 07/30/2024     | 0.42277   |

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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| ANAGRELIDE HCL                | 0.5 MG     | CAPSULE    | ORAL       | 02/11/2025     | 1.20908   |
| ANASTROZOLE                   | 1 MG       | TABLET     | ORAL       | 04/09/2026     | 0.13488   |
| APOMORPHINE HCL               | 10 MG/ML   | CARTRIDGE  | SUBCUT     | 05/06/2022     | 178.95304 |
| APREPITANT                    | 80 MG      | CAPSULE    | ORAL       | 08/28/2025     | 87.60675  |
| APREPITANT                    | 125 MG     | CAPSULE    | ORAL       | 08/28/2025     | 163.17316 |
| APREPITANT                    | 40 MG      | CAPSULE    | ORAL       | 12/18/2025     | 88.60100  |
| APREPITANT                    | 125MG-80MG | CAP DS PK  | ORAL       | 12/18/2025     | 103.34733 |
| ARFORMOTEROL TARTRATE         | 15MCG/2ML  | VIAL-NEB   | INHALATION | 02/12/2026     | 0.40200   |
| ARGATROBAN                    | 100 MG/ML  | VIAL       | INTRAVEN   | 02/19/2026     | 105.82326 |
| ARGATROBAN IN 0.9 % SOD CHLOR | 50 MG/50ML | VIAL       | INTRAVEN   | 01/22/2026     | 2.52054   |
| ARGININE                      | 500 MG     | TABLET     | ORAL       | 05/06/2022     | 0.08821   |
| ARGININE HCL                  | 500 MG     | CAPSULE    | ORAL       | 10/23/2025     | 0.11403   |
| ARGININE HCL                  | 1000 MG    | TABLET     | ORAL       | 08/07/2025     | 0.12924   |
| ARIPIRAZOLE                   | 1 MG/ML    | SOLUTION   | ORAL       | 12/18/2025     | 0.63337   |
| ARIPIRAZOLE                   | 10 MG      | TABLET     | ORAL       | 05/27/2025     | 0.09314   |
| ARIPIRAZOLE                   | 15 MG      | TABLET     | ORAL       | 05/27/2025     | 0.09529   |
| ARIPIRAZOLE                   | 20 MG      | TABLET     | ORAL       | 01/15/2026     | 0.08442   |
| ARIPIRAZOLE                   | 30 MG      | TABLET     | ORAL       | 01/15/2026     | 0.09648   |
| ARIPIRAZOLE                   | 5 MG       | TABLET     | ORAL       | 02/12/2026     | 0.04824   |
| ARIPIRAZOLE                   | 2 MG       | TABLET     | ORAL       | 01/15/2026     | 0.04342   |
| ARIPIRAZOLE                   | 10 MG      | TAB RAPDIS | ORAL       | 07/15/2025     | 3.30000   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| ARIPIPIRAZOLE                  | 15 MG      | TAB RAPDIS | ORAL       | 11/02/2023     | 3.30000   |
| ARM BRACE                      |            | EACH       | MISCELL    | 05/02/2024     | 7.30250   |
| ARMODAFINIL                    | 150 MG     | TABLET     | ORAL       | 11/12/2024     | 1.67187   |
| ARMODAFINIL                    | 50 MG      | TABLET     | ORAL       | 12/17/2024     | 0.49089   |
| ARMODAFINIL                    | 250 MG     | TABLET     | ORAL       | 11/19/2024     | 1.24770   |
| ARMODAFINIL                    | 200 MG     | TABLET     | ORAL       | 11/12/2024     | 1.69421   |
| ARSENIC TRIOXIDE               | 10 MG/10ML | VIAL       | INTRAVEN   | 11/13/2025     | 5.00491   |
| ASCORBIC ACID                  | 500 MG     | CAPSULE    | ORAL       | 04/30/2026     | 0.06955   |
| ASCORBIC ACID                  | 500 MG     | CAPSULE ER | ORAL       | 11/07/2022     | 0.05427   |
| ASCORBIC ACID                  | 1000 MG    | TABLET     | ORAL       | 10/02/2025     | 0.03213   |
| ASCORBIC ACID                  | 250 MG     | TABLET     | ORAL       | 02/19/2026     | 0.02667   |
| ASCORBIC ACID                  | 500 MG     | TABLET     | ORAL       | 07/24/2025     | 0.01702   |
| ASCORBIC ACID                  | 250 MG     | TAB CHEW   | ORAL       | 04/13/2023     | 0.06124   |
| ASCORBIC ACID                  | 500 MG     | TAB CHEW   | ORAL       | 07/17/2025     | 0.03374   |
| ASCORBIC ACID                  | 125 MG     | TAB CHEW   | ORAL       | 04/02/2026     | 0.09090   |
| ASCORBIC ACID                  | 1000 MG    | TABLET ER  | ORAL       | 02/19/2026     | 0.04627   |
| ASCORBIC ACID                  | 500 MG     | TABLET ER  | ORAL       | 02/19/2026     | 0.02923   |
| ASCORBIC ACID/ASCORBATE SODIUM | 500 MG     | TAB CHEW   | ORAL       | 10/12/2021     | 0.08250   |
| ASENAPINE MALEATE              | 5 MG       | TAB SUBL   | SUBLINGUAL | 12/18/2025     | 3.70414   |
| ASENAPINE MALEATE              | 10 MG      | TAB SUBL   | SUBLINGUAL | 10/09/2025     | 5.42290   |
| ASENAPINE MALEATE              | 2.5 MG     | TAB SUBL   | SUBLINGUAL | 12/14/2023     | 4.66906   |

*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

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

| Generic Name                   | Strength   | Form       | Route | Effective Date | MAC Price |
|--------------------------------|------------|------------|-------|----------------|-----------|
| ASPIRIN                        | 325 MG     | TABLET     | ORAL  | 04/22/2025     | 0.01372   |
| ASPIRIN                        | 81 MG      | TAB CHEW   | ORAL  | 03/03/2026     | 0.01497   |
| ASPIRIN                        | 325 MG     | TABLET DR  | ORAL  | 03/03/2026     | 0.01211   |
| ASPIRIN                        | 81 MG      | TABLET DR  | ORAL  | 02/23/2026     | 0.00741   |
| ASPIRIN/ACETAMINOPHEN/CAFFEINE | 250-250-65 | TABLET     | ORAL  | 08/07/2025     | 0.02915   |
| ASPIRIN/CAFFEINE               | 1000-65 MG | POWD PACK  | ORAL  | 05/02/2024     | 0.18034   |
| ASPIRIN/DIPYRIDAMOLE           | 25MG-200MG | CPMP 12HR  | ORAL  | 10/23/2025     | 1.68103   |
| ASPIRIN/SOD BICARB/CITRIC ACID | 325-1916MG | TABLET EFF | ORAL  | 08/07/2025     | 0.05308   |
| ATAZANAVIR SULFATE             | 150 MG     | CAPSULE    | ORAL  | 07/17/2025     | 4.78258   |
| ATAZANAVIR SULFATE             | 200 MG     | CAPSULE    | ORAL  | 03/21/2024     | 3.58028   |
| ATAZANAVIR SULFATE             | 300 MG     | CAPSULE    | ORAL  | 08/21/2025     | 8.69560   |
| ATENOLOL                       | 100 MG     | TABLET     | ORAL  | 05/08/2025     | 0.04181   |
| ATENOLOL                       | 50 MG      | TABLET     | ORAL  | 04/16/2026     | 0.02916   |
| ATENOLOL                       | 25 MG      | TABLET     | ORAL  | 12/22/2025     | 0.02610   |
| ATENOLOL/CHLORTHALIDONE        | 100MG-25MG | TABLET     | ORAL  | 01/22/2026     | 0.57499   |
| ATENOLOL/CHLORTHALIDONE        | 50 MG-25MG | TABLET     | ORAL  | 08/19/2025     | 0.18060   |
| ATOMOXETINE HCL                | 10 MG      | CAPSULE    | ORAL  | 03/03/2026     | 0.50000   |
| ATOMOXETINE HCL                | 18 MG      | CAPSULE    | ORAL  | 04/30/2026     | 0.68027   |
| ATOMOXETINE HCL                | 25 MG      | CAPSULE    | ORAL  | 03/03/2026     | 0.49616   |
| ATOMOXETINE HCL                | 40 MG      | CAPSULE    | ORAL  | 03/03/2026     | 0.48164   |
| ATOMOXETINE HCL                | 60 MG      | CAPSULE    | ORAL  | 04/30/2026     | 0.59630   |

*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

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

| Generic Name             | Strength   | Form      | Route      | Effective Date | MAC Price |
|--------------------------|------------|-----------|------------|----------------|-----------|
| ATOMOXETINE HCL          | 80 MG      | CAPSULE   | ORAL       | 04/30/2026     | 0.94559   |
| ATOMOXETINE HCL          | 100 MG     | CAPSULE   | ORAL       | 04/30/2026     | 0.94336   |
| ATORVASTATIN CALCIUM     | 10 MG      | TABLET    | ORAL       | 04/30/2026     | 0.01924   |
| ATORVASTATIN CALCIUM     | 20 MG      | TABLET    | ORAL       | 04/30/2026     | 0.03026   |
| ATORVASTATIN CALCIUM     | 40 MG      | TABLET    | ORAL       | 04/30/2026     | 0.04021   |
| ATORVASTATIN CALCIUM     | 80 MG      | TABLET    | ORAL       | 04/14/2026     | 0.06189   |
| ATOVAQUONE               | 750 MG/5ML | ORAL SUSP | ORAL       | 02/19/2026     | 1.02095   |
| ATOVAQUONE/PROGUANIL HCL | 62.5-25 MG | TABLET    | ORAL       | 09/29/2025     | 2.18554   |
| ATOVAQUONE/PROGUANIL HCL | 250-100 MG | TABLET    | ORAL       | 10/02/2025     | 2.96459   |
| ATRACURIUM BESYLATE      | 10 MG/ML   | VIAL      | INTRAVEN   | 05/06/2022     | 1.20426   |
| ATROPINE SULFATE         | 0.1 MG/ML  | SYRINGE   | INJECTION  | 02/26/2026     | 1.39641   |
| ATROPINE SULFATE         | 0.4 MG/ML  | VIAL      | INJECTION  | 01/22/2026     | 2.14253   |
| ATROPINE SULFATE         | 1 %        | DROPS     | OPHTHALMIC | 05/07/2026     | 5.28000   |
| ATROPINE SULFATE         | 0.4 MG/ML  | VIAL      | INTRAVEN   | 01/29/2026     | 11.78188  |
| ATROPINE SULFATE         | 1 MG/ML    | VIAL      | INTRAVEN   | 11/20/2025     | 13.02708  |
| AVANAFIL                 | 50 MG      | TABLET    | ORAL       | 03/25/2025     | 25.32060  |
| AVANAFIL                 | 100 MG     | TABLET    | ORAL       | 03/25/2025     | 25.32060  |
| AVANAFIL                 | 200 MG     | TABLET    | ORAL       | 03/25/2025     | 25.32060  |
| AZACITIDINE              | 100 MG     | VIAL      | INJECTION  | 04/23/2026     | 16.80000  |
| AZATHIOPRINE             | 50 MG      | TABLET    | ORAL       | 01/29/2026     | 0.24723   |
| AZATHIOPRINE             | 75 MG      | TABLET    | ORAL       | 02/19/2026     | 13.16942  |

*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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| AZATHIOPRINE                  | 100 MG     | TABLET     | ORAL       | 02/19/2026     | 8.44332   |
| AZELAIC ACID                  | 15 %       | GEL (GRAM) | TOPICAL    | 04/15/2025     | 0.43222   |
| AZELASTINE HCL                | 0.05 %     | DROPS      | OPHTHALMIC | 02/19/2026     | 1.44273   |
| AZELASTINE HCL                | 137 MCG    | SPRAY/PUMP | NASAL      | 11/13/2025     | 0.33813   |
| AZELASTINE HCL                | 205.5 MCG  | SPRAY/PUMP | NASAL      | 03/11/2024     | 0.58915   |
| AZELASTINE/FLUTICASONE        | 137-50 MCG | SPRAY/PUMP | NASAL      | 04/23/2024     | 3.94049   |
| AZITHROMYCIN                  | 200 MG/5ML | SUSP RECON | ORAL       | 02/23/2026     | 0.18198   |
| AZITHROMYCIN                  | 100 MG/5ML | SUSP RECON | ORAL       | 04/23/2026     | 0.55208   |
| AZITHROMYCIN                  | 1 G        | PACKET     | ORAL       | 10/26/2021     | 15.29325  |
| AZITHROMYCIN                  | 500 MG     | TABLET     | ORAL       | 04/23/2026     | 0.29927   |
| AZITHROMYCIN                  | 250 MG     | TABLET     | ORAL       | 04/23/2026     | 0.20100   |
| AZITHROMYCIN                  | 600 MG     | TABLET     | ORAL       | 09/03/2024     | 0.64030   |
| AZITHROMYCIN                  | 500 MG     | VIAL       | INTRAVEN   | 07/24/2025     | 3.66168   |
| AZTREONAM                     | 1 G        | VIAL       | INJECTION  | 03/13/2025     | 25.13700  |
| AZTREONAM                     | 2 G        | VIAL       | INJECTION  | 04/03/2025     | 50.09944  |
| B COMPLEX, C NO.20/FOLIC ACID | 1 MG       | CAPSULE    | ORAL       | 05/06/2022     | 0.12539   |
| B-COMPLEX WITH VITAMIN C      |            | CAPSULE    | ORAL       | 04/30/2026     | 0.09742   |
| B-COMPLEX WITH VITAMIN C      |            | TABLET     | ORAL       | 07/03/2025     | 0.07517   |
| B12/LEVOMEFOLATE CALCIUM/B-6  | 2-1.13-25  | TABLET     | ORAL       | 10/02/2025     | 1.52403   |
| BACILLUS COAGULANS            | 1B CELL    | TAB CHEW   | ORAL       | 12/19/2024     | 0.26655   |
| BACILLUS COAGULANS            | 2.5B CELL  | TAB CHEW   | ORAL       | 05/22/2025     | 0.19642   |

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

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

| Generic Name                   | Strength   | Form      | Route      | Effective Date | MAC Price |
|--------------------------------|------------|-----------|------------|----------------|-----------|
| BACILLUS COAGULANS/INULIN      | 1B-250 MG  | CAPSULE   | ORAL       | 04/16/2026     | 0.39369   |
| BACITRACIN                     | 500 UNIT/G | OINT. (G) | TOPICAL    | 05/07/2026     | 0.16986   |
| BACITRACIN                     | 500 UNIT/G | PACKET    | TOPICAL    | 08/14/2025     | 0.15494   |
| BACITRACIN                     | 50000 UNIT | VIAL      | INTRAMUSC  | 05/06/2022     | 6.23761   |
| BACITRACIN ZINC                | 500 UNIT/G | OINT PACK | TOPICAL    | 04/24/2025     | 0.03513   |
| BACITRACIN ZINC                | 500 UNIT/G | OINT. (G) | TOPICAL    | 05/07/2026     | 0.06230   |
| BACITRACIN ZINC/POLYMYXIN B    | 500-10K/G  | OINT. (G) | TOPICAL    | 02/19/2026     | 0.12761   |
| BACITRACIN/POLYMYXIN B SULFATE | 500-10K/G  | OINT. (G) | OPHTHALMIC | 08/15/2024     | 4.92548   |
| BACLOFEN                       | 25 MG/5 ML | ORAL SUSP | ORAL       | 10/01/2024     | 4.66800   |
| BACLOFEN                       | 10 MG/5 ML | SOLUTION  | ORAL       | 03/25/2025     | 2.30711   |
| BACLOFEN                       | 10 MG      | TABLET    | ORAL       | 04/22/2025     | 0.02659   |
| BACLOFEN                       | 20 MG      | TABLET    | ORAL       | 04/16/2026     | 0.07864   |
| BACLOFEN                       | 5 MG       | TABLET    | ORAL       | 04/09/2026     | 0.08040   |
| BACLOFEN                       | 15 MG      | TABLET    | ORAL       | 09/19/2024     | 1.74200   |
| BACLOFEN                       | 50 MCG/ML  | SYRINGE   | INTRATHEC  | 07/13/2023     | 19.16250  |
| BACLOFEN                       | 10000/20ML | VIAL      | INTRATHEC  | 09/12/2024     | 9.67725   |
| BACLOFEN                       | 40000/20ML | VIAL      | INTRATHEC  | 09/11/2025     | 14.86695  |
| BACLOFEN                       | 20K MCG/20 | VIAL      | INTRATHEC  | 09/12/2024     | 17.67150  |
| BACTERIOSTATIC SODIUM CHLORIDE | 0.9 %      | VIAL      | INJECTION  | 06/05/2025     | 0.10948   |
| BALSALAZIDE DISODIUM           | 750 MG     | CAPSULE   | ORAL       | 12/22/2025     | 0.47221   |
| BEESWAX                        | 100 %      | WAX       | MISCELL    | 07/25/2024     | 0.31490   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| BENAZEPRIL HCL                 | 5 MG       | TABLET     | ORAL       | 02/19/2026     | 0.07450   |
| BENAZEPRIL HCL                 | 10 MG      | TABLET     | ORAL       | 07/03/2025     | 0.10814   |
| BENAZEPRIL HCL                 | 20 MG      | TABLET     | ORAL       | 04/03/2025     | 0.09857   |
| BENAZEPRIL HCL                 | 40 MG      | TABLET     | ORAL       | 12/11/2025     | 0.12449   |
| BENAZEPRIL/HYDROCHLOROTHIAZIDE | 5-6.25MG   | TABLET     | ORAL       | 10/23/2025     | 1.01894   |
| BENAZEPRIL/HYDROCHLOROTHIAZIDE | 10-12.5 MG | TABLET     | ORAL       | 11/25/2025     | 0.55020   |
| BENAZEPRIL/HYDROCHLOROTHIAZIDE | 20-12.5 MG | TABLET     | ORAL       | 11/25/2025     | 0.49272   |
| BENAZEPRIL/HYDROCHLOROTHIAZIDE | 20 MG-25MG | TABLET     | ORAL       | 11/25/2025     | 0.51858   |
| BENDAMUSTINE HCL               | 25 MG      | VIAL       | INTRAVEN   | 10/23/2025     | 102.97150 |
| BENDAMUSTINE HCL               | 100 MG     | VIAL       | INTRAVEN   | 10/02/2025     | 479.29000 |
| BENDAMUSTINE HCL               | 25 MG/ML   | VIAL       | INTRAVEN   | 08/28/2025     | 457.58819 |
| BENTONITE                      |            | POWDER     | MISCELL    | 05/06/2022     | 0.16080   |
| BENZALKONIUM CHLORIDE          | 0.1 %      | GEL (ML)   | TOPICAL    | 04/24/2025     | 24.65513  |
| BENZETHONIUM CHLORIDE          | 0.1 %      | CLEANSER   | TOPICAL    | 05/06/2022     | 0.01554   |
| BENZETHONIUM CHLORIDE          | 0.13 %     | CLEANSER   | TOPICAL    | 12/26/2024     | 0.00957   |
| BENZOCAINE                     | 10 %       | GEL (GRAM) | MUCOUS MEM | 05/06/2022     | 1.27874   |
| BENZOCAINE                     | 20 %       | GEL (GRAM) | MUCOUS MEM | 02/08/2024     | 0.06520   |
| BENZOCAINE                     | 20 %       | GEL PACKET | MUCOUS MEM | 01/16/2025     | 0.64744   |
| BENZOCAINE                     | 20 %       | LIQUID     | MUCOUS MEM | 08/01/2024     | 0.39586   |
| BENZOCAINE                     | 15 MG      | LOZENGE    | MUCOUS MEM | 07/21/2022     | 0.22445   |
| BENZOCAINE/MENTH/CETYLPYRD CL  | 2-0.5-0.1% | SPRAY      | MUCOUS MEM | 10/16/2025     | 0.16616   |

*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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| BENZOCAINE/MENTH/CETYLPYRD CL | 2-0.5-0.1% | SOLUTION   | MUCOUS MEM | 10/16/2025     | 0.16616   |
| BENZOCAINE/MENTHOL            | 15MG-3.6MG | LOZENGE    | MUCOUS MEM | 05/09/2023     | 0.10906   |
| BENZOCAINE/MENTHOL            | 20 %-1 %   | MED. SWAB  | TOPICAL    | 04/23/2026     | 0.42143   |
| BENZOIN                       |            | TINCTURE   | TOPICAL    | 04/30/2026     | 0.28685   |
| BENZOIN                       |            | TINCTURE   | TOPICAL    | 12/23/2024     | 0.14331   |
| BENZONATATE                   | 100 MG     | CAPSULE    | ORAL       | 05/07/2026     | 0.08102   |
| BENZONATATE                   | 200 MG     | CAPSULE    | ORAL       | 03/17/2026     | 0.13253   |
| BENZOYL PEROXIDE              | 9.8 %      | FOAM       | TOPICAL    | 06/01/2020     | 1.52700   |
| BENZOYL PEROXIDE              | 10 %       | GEL (GRAM) | TOPICAL    | 03/05/2026     | 0.07370   |
| BENZOYL PEROXIDE              | 5 %        | GEL (GRAM) | TOPICAL    | 03/05/2026     | 0.06526   |
| BENZOYL PEROXIDE              | 10 %       | CLEANSER   | TOPICAL    | 04/23/2026     | 0.06174   |
| BENZOYL PEROXIDE              | 5 %        | CLEANSER   | TOPICAL    | 08/07/2025     | 0.03103   |
| BENZOYL PEROXIDE              | 7 %        | CLEANSER   | TOPICAL    | 05/06/2022     | 0.26655   |
| BENZOYL PEROXIDE              | 6 %        | TOWELETTE  | TOPICAL    | 05/06/2022     | 6.18765   |
| BENZPHETAMINE HCL             | 50 MG      | TABLET     | ORAL       | 12/04/2025     | 0.49191   |
| BENZTROPINE MESYLATE          | 0.5 MG     | TABLET     | ORAL       | 02/26/2026     | 0.13400   |
| BENZTROPINE MESYLATE          | 1 MG       | TABLET     | ORAL       | 04/22/2025     | 0.05968   |
| BENZTROPINE MESYLATE          | 2 MG       | TABLET     | ORAL       | 03/19/2026     | 0.15255   |
| BENZTROPINE MESYLATE          | 2 MG/2 ML  | AMPUL      | INJECTION  | 01/16/2020     | 27.67500  |
| BENZTROPINE MESYLATE          | 2 MG/2 ML  | VIAL       | INJECTION  | 05/06/2022     | 23.62500  |
| BEPOTASTINE BESILATE          | 1.5 %      | DROPS      | OPHTHALMIC | 02/13/2025     | 10.35000  |

*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

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

| Generic Name                   | Strength | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|----------|------------|-----------|----------------|-----------|
| BETA-CAROTENE                  | 7500 MCG | CAPSULE    | ORAL      | 08/14/2025     | 0.06023   |
| BETAINE                        | 1G/SCOOP | POWDER     | ORAL      | 05/02/2024     | 6.95872   |
| BETAMETHASONE ACETATE,SOD PHOS | 6 MG/ML  | VIAL       | INJECTION | 05/07/2026     | 9.17700   |
| BETAMETHASONE DIPROPIONATE     | 0.05 %   | CREAM (G)  | TOPICAL   | 04/22/2025     | 0.37754   |
| BETAMETHASONE DIPROPIONATE     | 0.05 %   | OINT. (G)  | TOPICAL   | 11/13/2025     | 0.65362   |
| BETAMETHASONE DIPROPIONATE     | 0.05 %   | LOTION     | TOPICAL   | 04/03/2025     | 0.66665   |
| BETAMETHASONE VALERATE         | 0.12 %   | FOAM       | TOPICAL   | 06/26/2025     | 0.74839   |
| BETAMETHASONE VALERATE         | 0.1 %    | CREAM (G)  | TOPICAL   | 10/02/2025     | 0.70573   |
| BETAMETHASONE VALERATE         | 0.1 %    | OINT. (G)  | TOPICAL   | 10/02/2025     | 0.75040   |
| BETAMETHASONE VALERATE         | 0.1 %    | LOTION     | TOPICAL   | 03/19/2025     | 0.80679   |
| BETAMETHASONE/PROPYLENE GLYC   | 0.05 %   | CREAM (G)  | TOPICAL   | 04/24/2025     | 0.24549   |
| BETAMETHASONE/PROPYLENE GLYC   | 0.05 %   | OINT. (G)  | TOPICAL   | 12/18/2025     | 0.96292   |
| BETAMETHASONE/PROPYLENE GLYC   | 0.05 %   | LOTION     | TOPICAL   | 02/26/2026     | 0.47391   |
| BETAXOLOL HCL                  | 10 MG    | TABLET     | ORAL      | 04/09/2026     | 0.85512   |
| BETAXOLOL HCL                  | 20 MG    | TABLET     | ORAL      | 07/14/2022     | 1.31119   |
| BETHANECHOL CHLORIDE           | 10 MG    | TABLET     | ORAL      | 12/18/2025     | 0.46096   |
| BETHANECHOL CHLORIDE           | 25 MG    | TABLET     | ORAL      | 11/06/2025     | 0.60675   |
| BETHANECHOL CHLORIDE           | 5 MG     | TABLET     | ORAL      | 11/06/2025     | 0.46391   |
| BETHANECHOL CHLORIDE           | 50 MG    | TABLET     | ORAL      | 11/06/2025     | 1.00862   |
| BEXAROTENE                     | 75 MG    | CAPSULE    | ORAL      | 02/19/2026     | 11.50000  |
| BEXAROTENE                     | 1 %      | GEL (GRAM) | TOPICAL   | 02/19/2026     | 323.17037 |

*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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| BICALUTAMIDE                  | 50 MG      | TABLET     | ORAL       | 09/03/2024     | 0.44577   |
| BIMATOPROST                   | 0.03 %     | DROP W/APP | TOPICAL    | 03/02/2023     | 29.42160  |
| BIMATOPROST                   | 0.03 %     | DROPS      | OPHTHALMIC | 02/19/2026     | 19.40820  |
| BIOFLAV,LEMON/VIT BCOMP,C     | 200-100 MG | TABLET     | ORAL       | 05/25/2023     | 0.22341   |
| BIOTIN                        | 10000 MCG  | CAPSULE    | ORAL       | 03/27/2025     | 0.30632   |
| BIOTIN                        | 5 MG       | CAPSULE    | ORAL       | 09/26/2024     | 0.03350   |
| BIOTIN                        | 2500 MCG   | CAPSULE    | ORAL       | 05/06/2022     | 0.09986   |
| BIOTIN                        | 10 MG      | TABLET     | ORAL       | 08/21/2025     | 0.13735   |
| BIOTIN                        | 1 MG       | TABLET     | ORAL       | 02/23/2023     | 0.06980   |
| BIOTIN                        | 2500 MCG   | TAB CHEW   | ORAL       | 08/21/2025     | 0.11202   |
| BIOTIN                        | 10000 MCG  | TAB RAPDIS | ORAL       | 06/12/2025     | 0.18380   |
| BIOTIN                        | 5000 MCG   | TAB RAPDIS | ORAL       | 07/03/2025     | 0.10876   |
| BISACODYL                     | 5 MG       | TABLET DR  | ORAL       | 01/29/2026     | 0.01310   |
| BISACODYL                     | 10 MG      | SUPP.RECT  | RECTAL     | 09/18/2025     | 0.10519   |
| BISMUTH SUBSALICYLATE         | 262MG/15ML | ORAL SUSP  | ORAL       | 04/15/2025     | 0.00846   |
| BISMUTH SUBSALICYLATE         | 525MG/15ML | ORAL SUSP  | ORAL       | 08/12/2022     | 0.00894   |
| BISMUTH SUBSALICYLATE         | 262 MG     | TABLET     | ORAL       | 01/22/2026     | 0.22437   |
| BISMUTH SUBSALICYLATE         | 262 MG     | TAB CHEW   | ORAL       | 09/29/2025     | 0.13904   |
| BISMUTH/METRONID/TETRACYCLINE | 125-125 MG | CAPSULE    | ORAL       | 03/19/2026     | 3.17795   |
| BISOPROLOL FUMARATE           | 10 MG      | TABLET     | ORAL       | 09/25/2025     | 0.35229   |
| BISOPROLOL FUMARATE           | 5 MG       | TABLET     | ORAL       | 09/25/2025     | 0.33098   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| BISOPROLOL/HYDROCHLOROTHIAZIDE | 2.5-6.25MG | TABLET     | ORAL       | 11/14/2024     | 0.15531   |
| BISOPROLOL/HYDROCHLOROTHIAZIDE | 5-6.25MG   | TABLET     | ORAL       | 03/13/2025     | 0.15531   |
| BISOPROLOL/HYDROCHLOROTHIAZIDE | 10-6.25 MG | TABLET     | ORAL       | 11/14/2024     | 0.15499   |
| BIVALIRUDIN                    | 250 MG     | VIAL       | INTRAVEN   | 09/18/2025     | 35.30100  |
| BIVALIRUDIN                    | 250MG/50ML | VIAL       | INTRAVEN   | 02/06/2025     | 4.40154   |
| 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    | 04/16/2026     | 0.12959   |
| 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  |
| BORIC ACID                     | 600 MG     | SUPP.VAG   | VAGINAL    | 03/19/2025     | 0.46006   |
| BORTEZOMIB                     | 3.5 MG     | VIAL       | INJECTION  | 04/16/2026     | 16.74750  |
| BRIMONIDINE TARTRATE           | 0.33 %     | GEL W/PUMP | TOPICAL    | 10/10/2024     | 16.78810  |
| BRIMONIDINE TARTRATE           | 0.2 %      | DROPS      | OPHTHALMIC | 03/05/2026     | 0.66866   |
| BRIMONIDINE TARTRATE           | 0.15 %     | DROPS      | OPHTHALMIC | 02/17/2026     | 9.68010   |
| BRIMONIDINE TARTRATE           | 0.1 %      | DROPS      | OPHTHALMIC | 06/18/2025     | 6.35000   |
| BRIMONIDINE TARTRATE/TIMOLOL   | 0.2%-0.5%  | DROPS      | OPHTHALMIC | 07/22/2025     | 2.41200   |
| BRINZOLAMIDE                   | 1 %        | DROPS SUSP | OPHTHALMIC | 11/07/2023     | 5.45677   |
| BRIVARACETAM                   | 10 MG/ML   | SOLUTION   | ORAL       | 05/04/2026     | 0.29040   |
| BRIVARACETAM                   | 10 MG      | TABLET     | ORAL       | 05/04/2026     | 1.69371   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| BRIVARACETAM                   | 25 MG      | TABLET     | ORAL       | 05/04/2026     | 0.50491   |
| BRIVARACETAM                   | 50 MG      | TABLET     | ORAL       | 05/04/2026     | 0.57714   |
| BRIVARACETAM                   | 75 MG      | TABLET     | ORAL       | 05/04/2026     | 1.69371   |
| BRIVARACETAM                   | 100 MG     | TABLET     | ORAL       | 05/04/2026     | 0.68528   |
| BROMELAINS                     | 500 MG     | TABLET     | ORAL       | 12/08/2022     | 0.20558   |
| BROMFENAC SODIUM               | 0.09 %     | DROPS      | OPHTHALMIC | 05/30/2024     | 78.61750  |
| BROMFENAC SODIUM               | 0.07 %     | DROPS      | OPHTHALMIC | 03/12/2026     | 50.77850  |
| BROMFENAC SODIUM               | 0.075 %    | DROPS      | OPHTHALMIC | 02/22/2024     | 47.17460  |
| BROMOCRIPTINE MESYLATE         | 5 MG       | CAPSULE    | ORAL       | 04/23/2026     | 6.44483   |
| BROMOCRIPTINE MESYLATE         | 2.5 MG     | TABLET     | ORAL       | 12/18/2025     | 2.13373   |
| BROMPHENIR MAL/DEXTROMETH HBR  | 2-10MG/10  | LIQUID     | ORAL       | 01/22/2026     | 0.05631   |
| 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       | 04/09/2026     | 0.13207   |
| BUDESONIDE                     | 3 MG       | CAPDR - ER | ORAL       | 02/19/2026     | 0.81606   |
| BUDESONIDE                     | 9 MG       | TABDR - ER | ORAL       | 05/07/2026     | 61.25503  |
| BUDESONIDE                     | 2 MG       | FOAM/APPL  | RECTAL     | 01/22/2026     | 14.95024  |
| BUDESONIDE                     | 32 MCG     | SPRAY/PUMP | NASAL      | 04/16/2026     | 2.18088   |
| BUDESONIDE                     | 1 MG/2 ML  | AMPUL-NEB  | INHALATION | 04/30/2026     | 4.59954   |
| BUDESONIDE                     | 0.25MG/2ML | AMPUL-NEB  | INHALATION | 02/12/2026     | 1.12672   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| BUDESONIDE                     | 0.5 MG/2ML | AMPUL-NEB  | INHALATION | 02/12/2026     | 0.78144   |
| BUDESONIDE/FORMOTEROL FUMARATE | 80-4.5 MCG | HFA AER AD | INHALATION | 08/07/2025     | 18.54382  |
| BUDESONIDE/FORMOTEROL FUMARATE | 160-4.5MCG | HFA AER AD | INHALATION | 01/22/2026     | 21.83176  |
| BUMETANIDE                     | 0.5 MG     | TABLET     | ORAL       | 03/26/2026     | 0.15691   |
| BUMETANIDE                     | 1 MG       | TABLET     | ORAL       | 03/05/2026     | 0.07269   |
| BUMETANIDE                     | 2 MG       | TABLET     | ORAL       | 03/05/2026     | 0.11011   |
| BUMETANIDE                     | 0.25 MG/ML | VIAL       | INJECTION  | 02/23/2026     | 0.24388   |
| BUPIVACAINE HCL                | 2.5 MG/ML  | VIAL       | INJECTION  | 06/03/2024     | 0.06620   |
| BUPIVACAINE HCL                | 5 MG/ML    | VIAL       | INJECTION  | 05/07/2026     | 0.05012   |
| BUPIVACAINE HCL IN DEXTROSE/PF | 0.75 %     | AMPUL      | INJECTION  | 04/03/2025     | 2.22909   |
| BUPIVACAINE HCL/EPINEPHRINE    | 0.25-.0005 | VIAL       | INJECTION  | 05/22/2025     | 0.30043   |
| BUPIVACAINE HCL/EPINEPHRINE    | 0.5-1:200K | VIAL       | INJECTION  | 01/08/2026     | 0.32133   |
| BUPIVACAINE HCL/EPINEPHRINE/PF | 0.25-.0005 | VIAL       | INJECTION  | 05/22/2025     | 0.31267   |
| BUPIVACAINE HCL/EPINEPHRINE/PF | 0.5-1:200K | VIAL       | INJECTION  | 09/25/2025     | 0.21521   |
| BUPIVACAINE HCL/PF             | 2.5 MG/ML  | VIAL       | INJECTION  | 02/05/2026     | 0.08978   |
| BUPIVACAINE HCL/PF             | 5 MG/ML    | VIAL       | INJECTION  | 02/05/2026     | 0.08933   |
| BUPIVACAINE HCL/PF             | 7.5 MG/ML  | VIAL       | INJECTION  | 11/13/2025     | 0.15794   |
| BUPRENORPHINE                  | 5 MCG/HR   | PATCH TDWK | TRANSDERM  | 04/03/2025     | 23.46488  |
| BUPRENORPHINE                  | 10 MCG/HR  | PATCH TDWK | TRANSDERM  | 08/26/2025     | 27.07560  |
| BUPRENORPHINE                  | 20 MCG/HR  | PATCH TDWK | TRANSDERM  | 01/21/2025     | 50.79312  |
| BUPRENORPHINE                  | 15 MCG/HR  | PATCH TDWK | TRANSDERM  | 04/16/2026     | 63.15538  |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| BUPRENORPHINE                  | 7.5 MCG/HR | PATCH TDWK | TRANSDERM  | 04/16/2026     | 58.99644  |
| BUPRENORPHINE HCL              | 2 MG       | TAB SUBL   | SUBLINGUAL | 04/16/2026     | 0.62846   |
| BUPRENORPHINE HCL              | 8 MG       | TAB SUBL   | SUBLINGUAL | 04/16/2026     | 0.73834   |
| BUPRENORPHINE HCL/NALOXONE HCL | 2 MG-0.5MG | FILM       | SUBLINGUAL | 02/17/2026     | 1.12955   |
| BUPRENORPHINE HCL/NALOXONE HCL | 8 MG-2 MG  | FILM       | SUBLINGUAL | 12/30/2025     | 1.84900   |
| BUPRENORPHINE HCL/NALOXONE HCL | 4MG-1MG    | FILM       | SUBLINGUAL | 02/17/2026     | 3.50773   |
| BUPRENORPHINE HCL/NALOXONE HCL | 12 MG-3 MG | FILM       | SUBLINGUAL | 02/17/2026     | 5.94226   |
| BUPRENORPHINE HCL/NALOXONE HCL | 2 MG-0.5MG | TAB SUBL   | SUBLINGUAL | 04/30/2026     | 1.23057   |
| BUPRENORPHINE HCL/NALOXONE HCL | 8 MG-2 MG  | TAB SUBL   | SUBLINGUAL | 04/30/2026     | 1.23503   |
| BUPROPION HCL                  | 75 MG      | TABLET     | ORAL       | 12/18/2025     | 0.10465   |
| BUPROPION HCL                  | 100 MG     | TABLET     | ORAL       | 06/03/2025     | 0.11808   |
| BUPROPION HCL                  | 150 MG     | TAB ER 24H | ORAL       | 02/26/2026     | 0.06872   |
| BUPROPION HCL                  | 300 MG     | TAB ER 24H | ORAL       | 05/27/2025     | 0.06898   |
| BUPROPION HCL                  | 150 MG     | TAB ER 12H | ORAL       | 10/02/2025     | 0.43662   |
| BUPROPION HCL                  | 150 MG     | TAB SR 12H | ORAL       | 05/27/2025     | 0.04967   |
| BUPROPION HCL                  | 100 MG     | TAB SR 12H | ORAL       | 05/27/2025     | 0.04809   |
| BUPROPION HCL                  | 200 MG     | TAB SR 12H | ORAL       | 01/29/2026     | 0.13829   |
| BUSPIRONE HCL                  | 10 MG      | TABLET     | ORAL       | 03/03/2026     | 0.02803   |
| BUSPIRONE HCL                  | 5 MG       | TABLET     | ORAL       | 04/15/2025     | 0.02132   |
| BUSPIRONE HCL                  | 15 MG      | TABLET     | ORAL       | 05/07/2026     | 0.06142   |
| BUSPIRONE HCL                  | 30 MG      | TABLET     | ORAL       | 04/16/2026     | 0.15879   |

*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

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

| Generic Name                   | Strength   | Form      | Route     | Effective Date | MAC Price |
|--------------------------------|------------|-----------|-----------|----------------|-----------|
| BUSPIRONE HCL                  | 7.5 MG     | TABLET    | ORAL      | 05/27/2025     | 0.03874   |
| BUSULFAN                       | 60 MG/10ML | VIAL      | INTRAVEN  | 10/26/2021     | 7.42500   |
| BUTALB/ACETAMINOPHEN/CAFFEINE  | 50-325-40  | CAPSULE   | ORAL      | 03/04/2025     | 3.17731   |
| BUTALB/ACETAMINOPHEN/CAFFEINE  | 50-300-40  | CAPSULE   | ORAL      | 02/19/2026     | 0.50826   |
| BUTALB/ACETAMINOPHEN/CAFFEINE  | 50-325-40  | TABLET    | ORAL      | 01/29/2026     | 0.20113   |
| BUTALBIT/ACETAMIN/CAFF/CODEINE | 50-325-30  | CAPSULE   | ORAL      | 04/07/2020     | 1.08590   |
| BUTALBIT/ACETAMIN/CAFF/CODEINE | 50-300-30  | CAPSULE   | ORAL      | 07/17/2025     | 9.29868   |
| BUTALBITAL/ACETAMINOPHEN       | 50MG-300MG | CAPSULE   | ORAL      | 10/03/2024     | 8.72988   |
| BUTALBITAL/ACETAMINOPHEN       | 50MG-325MG | TABLET    | ORAL      | 07/28/2025     | 1.07200   |
| BUTALBITAL/ACETAMINOPHEN       | 50MG-300MG | TABLET    | ORAL      | 04/15/2025     | 1.28385   |
| BUTALBITAL/ASPIRIN/CAFFEINE    | 50-325-40  | CAPSULE   | ORAL      | 08/05/2025     | 0.62310   |
| BUTENAFINE HCL                 | 1 %        | CREAM (G) | TOPICAL   | 04/24/2025     | 0.45403   |
| BUTORPHANOL TARTRATE           | 1 MG/ML    | VIAL      | INJECTION | 06/10/2025     | 12.00980  |
| BUTORPHANOL TARTRATE           | 2 MG/ML    | VIAL      | INJECTION | 05/06/2022     | 4.13820   |
| BUTORPHANOL TARTRATE           | 10 MG/ML   | SPRAY     | NASAL     | 01/22/2026     | 25.47720  |
| BUTYLATED HYDROXYTOLUENE       |            | GRANULES  | MISCELL   | 07/27/2023     | 0.21370   |
| CABERGOLINE                    | 0.5 MG     | TABLET    | ORAL      | 11/13/2025     | 4.24380   |
| CAFFEINE CITRATE               | 60 MG/3 ML | SOLUTION  | ORAL      | 05/22/2024     | 7.56200   |
| CAFFEINE CITRATE               | 60 MG/3 ML | VIAL      | INTRAVEN  | 10/14/2025     | 2.36733   |
| CALAMINE/ZINC OXIDE            | 8 %-8 %    | LOTION    | TOPICAL   | 10/07/2025     | 0.00810   |
| CALCIPOTRIENE                  | 0.005 %    | CREAM (G) | TOPICAL   | 07/17/2025     | 1.21114   |

*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

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

| Generic Name                  | Strength   | Form       | Route     | Effective Date | MAC Price |
|-------------------------------|------------|------------|-----------|----------------|-----------|
| CALCIPOTRIENE                 | 0.005 %    | OINT. (G)  | TOPICAL   | 11/13/2025     | 2.50089   |
| CALCIPOTRIENE/BETAMETHASONE   | 0.005-.064 | SUSPENSION | TOPICAL   | 09/26/2023     | 1.49120   |
| CALCIPOTRIENE/BETAMETHASONE   | 0.005-.064 | OINT. (G)  | TOPICAL   | 10/02/2025     | 2.71458   |
| CALCITONIN,SALMON,SYNTHETIC   | 200/ML     | VIAL       | INJECTION | 12/31/2025     | 225.50000 |
| CALCITONIN,SALMON,SYNTHETIC   | 200/SPRAY  | SPRAY/PUMP | NASAL     | 05/07/2026     | 18.03446  |
| CALCITRIOL                    | 0.25 MCG   | CAPSULE    | ORAL      | 06/10/2025     | 0.14517   |
| CALCITRIOL                    | 0.5 MCG    | CAPSULE    | ORAL      | 08/19/2025     | 0.20500   |
| CALCITRIOL                    | 1 MCG/ML   | SOLUTION   | ORAL      | 05/13/2025     | 7.57766   |
| CALCIUM ACETATE               | 667 MG     | CAPSULE    | ORAL      | 11/13/2025     | 0.29145   |
| CALCIUM ACETATE               | 667 MG     | TABLET     | ORAL      | 10/02/2025     | 0.22713   |
| CALCIUM ACETATE               | 667 MG     | TABLET     | ORAL      | 06/25/2024     | 0.35235   |
| CALCIUM ACETATE/ALUMINUM SULF | 952-1347MG | POWD PACK  | TOPICAL   | 04/11/2024     | 0.84760   |
| CALCIUM CARB, CITRATE/VIT D3  | 600MG-12.5 | TABLET ER  | ORAL      | 04/30/2026     | 0.16264   |
| CALCIUM CARBONATE             | 500(1250)  | TABLET     | ORAL      | 01/16/2025     | 0.02412   |
| CALCIUM CARBONATE             | 600 MG     | TABLET     | ORAL      | 04/30/2026     | 0.05963   |
| CALCIUM CARBONATE             | 500(1250)  | TAB CHEW   | ORAL      | 04/13/2023     | 0.09702   |
| CALCIUM CARBONATE             | 200(500)MG | TAB CHEW   | ORAL      | 04/02/2026     | 0.01545   |
| CALCIUM CARBONATE             | 300MG(750) | TAB CHEW   | ORAL      | 01/08/2026     | 0.04301   |
| CALCIUM CARBONATE/SIMETHICONE | 750MG-80MG | TAB CHEW   | ORAL      | 08/28/2025     | 0.12541   |
| CALCIUM CARBONATE/VITAMIN D3  | 600MG-5MCG | CAPSULE    | ORAL      | 05/22/2025     | 0.09146   |
| CALCIUM CARBONATE/VITAMIN D3  | 600MG-12.5 | CAPSULE    | ORAL      | 04/30/2026     | 0.12786   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| CALCIUM CARBONATE/VITAMIN D3   | 600MG-5MCG | TABLET     | ORAL     | 10/16/2025     | 0.03283   |
| CALCIUM CARBONATE/VITAMIN D3   | 250-3.125  | TABLET     | ORAL     | 02/27/2025     | 0.02788   |
| CALCIUM CARBONATE/VITAMIN D3   | 500 MG-10  | TABLET     | ORAL     | 02/08/2024     | 0.05941   |
| CALCIUM CARBONATE/VITAMIN D3   | 600 MG-10  | TABLET     | ORAL     | 10/23/2025     | 0.02568   |
| CALCIUM CARBONATE/VITAMIN D3   | 500MG-5MCG | TABLET     | ORAL     | 01/29/2026     | 0.02412   |
| CALCIUM CARBONATE/VITAMIN D3   | 600 MG-20  | TABLET     | ORAL     | 07/17/2025     | 0.01359   |
| CALCIUM CARBONATE/VITAMIN D3   | 500 MG-10  | TAB CHEW   | ORAL     | 09/14/2023     | 0.06640   |
| CALCIUM CHLORIDE               | 100 MG/ML  | SYRINGE    | INTRAVEN | 01/22/2026     | 1.73318   |
| CALCIUM CHLORIDE               | 100 MG/ML  | VIAL       | INTRAVEN | 09/10/2024     | 0.94839   |
| CALCIUM CITRATE                | 200(950)MG | TABLET     | ORAL     | 10/02/2025     | 0.07826   |
| CALCIUM CITRATE                | 250 MG     | TABLET     | ORAL     | 05/06/2022     | 0.05333   |
| CALCIUM CITRATE/VITAMIN D3     | 315MG-5MCG | TABLET     | ORAL     | 10/30/2025     | 0.06281   |
| CALCIUM CITRATE/VITAMIN D3     | 315MG-6.25 | TABLET     | ORAL     | 01/08/2026     | 0.05273   |
| CALCIUM CITRATE/VITAMIN D3     | 200MG-6.25 | TABLET     | ORAL     | 04/30/2026     | 0.06754   |
| CALCIUM GLUC IN NACL, ISO-OSM  | 1 G/50 ML  | PLAST. BAG | INTRAVEN | 11/13/2025     | 0.50284   |
| CALCIUM GLUC IN NACL, ISO-OSM  | 2 G/100 ML | PLAST. BAG | INTRAVEN | 11/25/2025     | 0.50284   |
| CALCIUM GLUCONATE              | 100 MG/ML  | VIAL       | INTRAVEN | 11/24/2025     | 0.43300   |
| CALCIUM PHOSPHATE DIBAS/VIT D3 | 100MG-3MCG | TABLET     | ORAL     | 11/04/2025     | 0.13387   |
| CALCIUM PHOSPHATE TRIB/VIT D3  | 250MG-12.5 | TAB CHEW   | ORAL     | 02/04/2025     | 0.12433   |
| CALCIUM POLYCARBOPHIL          | 625 MG     | TABLET     | ORAL     | 04/15/2025     | 0.02411   |
| CALCIUM/MAGNESIUM/ZINC         | 333-133-5  | TABLET     | ORAL     | 04/13/2023     | 0.07343   |

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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| CAMPBOR/PHENOL                 | 10.8-4.7%  | GEL (GRAM) | TOPICAL | 05/06/2022     | 0.33452   |
| CAMPBOR/PHENOL                 | 10.8-4.7%  | SOLUTION   | TOPICAL | 10/06/2022     | 0.09960   |
| CANDESARTAN CILEXETIL          | 4 MG       | TABLET     | ORAL    | 08/21/2025     | 0.88098   |
| CANDESARTAN CILEXETIL          | 8 MG       | TABLET     | ORAL    | 12/26/2024     | 0.79179   |
| CANDESARTAN CILEXETIL          | 16 MG      | TABLET     | ORAL    | 02/06/2025     | 0.71660   |
| CANDESARTAN CILEXETIL          | 32 MG      | TABLET     | ORAL    | 10/02/2025     | 1.15061   |
| CANDESARTAN/HYDROCHLOROTHIAZID | 16-12.5MG  | TABLET     | ORAL    | 12/18/2025     | 1.39434   |
| CANDESARTAN/HYDROCHLOROTHIAZID | 32-12.5MG  | TABLET     | ORAL    | 12/18/2025     | 2.09293   |
| CANDESARTAN/HYDROCHLOROTHIAZID | 32MG-25MG  | TABLET     | ORAL    | 08/28/2025     | 2.48853   |
| CAPECITABINE                   | 150 MG     | TABLET     | ORAL    | 05/07/2026     | 0.58781   |
| CAPECITABINE                   | 500 MG     | TABLET     | ORAL    | 06/17/2025     | 0.42210   |
| CAPSAICIN                      | 0.025 %    | CREAM (G)  | TOPICAL | 09/18/2023     | 0.06298   |
| CAPSAICIN                      | 0.075 %    | CREAM (G)  | TOPICAL | 08/14/2025     | 0.06159   |
| CAPSAICIN                      | 0.1 %      | CREAM (G)  | TOPICAL | 04/30/2026     | 0.29921   |
| CAPSAICIN                      | 0.035 %    | ADH. PATCH | TOPICAL | 09/29/2025     | 32.90250  |
| CAPSAICIN/ME-SALICYLATE/MENTH  | 0.025%-25% | LOTION     | TOPICAL | 05/06/2022     | 2.51250   |
| 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  |
| CAPTOPRIL                      | 100 MG     | TABLET     | ORAL    | 06/24/2025     | 0.46651   |
| CAPTOPRIL                      | 12.5 MG    | TABLET     | ORAL    | 06/24/2025     | 0.46336   |
| CAPTOPRIL                      | 25 MG      | TABLET     | ORAL    | 01/15/2026     | 0.51630   |

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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| CAPTOPRIL                     | 50 MG      | TABLET     | ORAL       | 06/24/2025     | 0.54295   |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE | 25 MG-15MG | TABLET     | ORAL       | 06/24/2025     | 0.46651   |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE | 25 MG-25MG | TABLET     | ORAL       | 06/24/2025     | 0.46651   |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE | 50 MG-15MG | TABLET     | ORAL       | 06/24/2025     | 0.46651   |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE | 50 MG-25MG | TABLET     | ORAL       | 06/24/2025     | 0.46651   |
| CARBAMAZEPINE                 | 200 MG     | CPMP 12HR  | ORAL       | 04/30/2024     | 1.35474   |
| CARBAMAZEPINE                 | 300 MG     | CPMP 12HR  | ORAL       | 06/03/2024     | 1.43447   |
| CARBAMAZEPINE                 | 100 MG     | CPMP 12HR  | ORAL       | 04/23/2026     | 2.37560   |
| CARBAMAZEPINE                 | 100 MG/5ML | ORAL SUSP  | ORAL       | 01/27/2026     | 0.09126   |
| CARBAMAZEPINE                 | 200 MG     | TABLET     | ORAL       | 01/22/2026     | 0.07973   |
| CARBAMAZEPINE                 | 100 MG     | TAB CHEW   | ORAL       | 02/12/2026     | 0.40369   |
| CARBAMAZEPINE                 | 200 MG     | TAB ER 12H | ORAL       | 04/30/2026     | 0.51536   |
| CARBAMAZEPINE                 | 400 MG     | TAB ER 12H | ORAL       | 05/06/2025     | 0.73547   |
| CARBAMAZEPINE                 | 100 MG     | TAB ER 12H | ORAL       | 05/13/2025     | 0.21514   |
| CARBAMIDE PEROXIDE            | 6.5 %      | DROPS      | OTIC (EAR) | 02/19/2026     | 0.14003   |
| CARBIDOPA                     | 25 MG      | TABLET     | ORAL       | 10/02/2025     | 1.19903   |
| CARBIDOPA/LEVODOPA            | 10MG-100MG | TABLET     | ORAL       | 06/03/2025     | 0.06587   |
| CARBIDOPA/LEVODOPA            | 25MG-100MG | TABLET     | ORAL       | 10/02/2025     | 0.09873   |
| CARBIDOPA/LEVODOPA            | 25MG-250MG | TABLET     | ORAL       | 07/24/2025     | 0.14432   |
| CARBIDOPA/LEVODOPA            | 50MG-200MG | TABLET ER  | ORAL       | 08/26/2025     | 0.40455   |
| CARBIDOPA/LEVODOPA            | 25MG-100MG | TABLET ER  | ORAL       | 03/03/2026     | 0.31356   |

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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| CARBIDOPA/LEVODOPA            | 10MG-100MG | TAB RAPDIS | ORAL       | 10/16/2025     | 0.81392   |
| CARBIDOPA/LEVODOPA            | 25MG-100MG | TAB RAPDIS | ORAL       | 10/16/2025     | 0.91911   |
| CARBIDOPA/LEVODOPA            | 25MG-250MG | TAB RAPDIS | ORAL       | 10/16/2025     | 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       | 03/26/2026     | 1.40807   |
| CARBIDOPA/LEVODOPA/ENTACAPONE | 18.75-75MG | TABLET     | ORAL       | 07/05/2018     | 1.72900   |
| CARBIDOPA/LEVODOPA/ENTACAPONE | 31.25-125  | TABLET     | ORAL       | 07/05/2018     | 1.72900   |
| CARBINOXAMINE MALEATE         | 4 MG/5 ML  | LIQUID     | ORAL       | 09/02/2025     | 0.11708   |
| CARBINOXAMINE MALEATE         | 4 MG       | TABLET     | ORAL       | 07/17/2025     | 0.82745   |
| CARBINOXAMINE MALEATE         | 6 MG       | TABLET     | ORAL       | 02/02/2026     | 5.23283   |
| CARBOMER 934                  | 56% TO 68% | POWDER     | MISCELL    | 07/03/2019     | 0.63690   |
| CARBOPLATIN                   | 10 MG/ML   | VIAL       | INTRAVEN   | 04/09/2026     | 0.56637   |
| CARBOPROST TROMETHAMINE       | 250 MCG/ML | AMPUL      | INTRAMUSC  | 11/06/2025     | 196.17885 |
| CARBOPROST TROMETHAMINE       | 250 MCG/ML | VIAL       | INTRAMUSC  | 04/16/2026     | 25.77568  |
| CARBOXYMETHYLCELLULOSE SODIUM | 1 %        | DROPER GEL | OPHTHALMIC | 04/07/2026     | 0.10670   |
| CARBOXYMETHYLCELLULOSE SODIUM | 1 %        | DRP LQ GEL | OPHTHALMIC | 05/06/2022     | 0.42299   |
| CARBOXYMETHYLCELLULOSE SODIUM | 0.5 %      | DROPERETTE | OPHTHALMIC | 04/30/2026     | 0.37922   |
| CARBOXYMETHYLCELLULOSE SODIUM | 0.5 %      | DROPS      | OPHTHALMIC | 08/21/2025     | 0.57441   |
| CARDIOPLEGIC SOLUTION NO.1    | K+=16MEQ/L | PLST BG PR | PERFUSION  | 05/14/2025     | 0.08094   |

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

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

| Generic Name         | Strength   | Form       | Route    | Effective Date | MAC Price |
|----------------------|------------|------------|----------|----------------|-----------|
| CARGLUMIC ACID       | 200 MG     | TAB DISPER | ORAL     | 06/06/2024     | 128.86710 |
| CARISOPRODOL         | 350 MG     | TABLET     | ORAL     | 03/05/2026     | 0.05615   |
| CARISOPRODOL         | 250 MG     | TABLET     | ORAL     | 11/28/2023     | 1.79500   |
| CARMUSTINE           | 100 MG     | VIAL       | INTRAVEN | 01/22/2026     | 276.61675 |
| CARVEDILOL           | 25 MG      | TABLET     | ORAL     | 04/09/2026     | 0.03481   |
| CARVEDILOL           | 12.5 MG    | TABLET     | ORAL     | 05/13/2025     | 0.02036   |
| CARVEDILOL           | 3.125 MG   | TABLET     | ORAL     | 04/09/2026     | 0.02235   |
| CARVEDILOL           | 6.25 MG    | TABLET     | ORAL     | 05/13/2025     | 0.01538   |
| CARVEDILOL PHOSPHATE | 10 MG      | CPMP 24HR  | ORAL     | 06/03/2024     | 6.29242   |
| CARVEDILOL PHOSPHATE | 20 MG      | CPMP 24HR  | ORAL     | 06/11/2024     | 6.10501   |
| CARVEDILOL PHOSPHATE | 40 MG      | CPMP 24HR  | ORAL     | 06/11/2024     | 6.10501   |
| CARVEDILOL PHOSPHATE | 80 MG      | CPMP 24HR  | ORAL     | 06/03/2024     | 6.29242   |
| CASPOFUNGIN ACETATE  | 50 MG      | VIAL       | INTRAVEN | 04/23/2026     | 76.49575  |
| CASPOFUNGIN ACETATE  | 70 MG      | VIAL       | INTRAVEN | 09/26/2024     | 68.16250  |
| CASTOR OIL           | 100 %      | OIL        | ORAL     | 03/12/2026     | 0.02626   |
| CASTOR OIL           |            | OIL        | MISCELL  | 05/06/2022     | 0.05143   |
| CEFACTOR             | 250 MG/5ML | SUSP RECON | ORAL     | 11/02/2023     | 1.30605   |
| CEFACTOR             | 375 MG/5ML | SUSP RECON | ORAL     | 05/06/2022     | 1.95908   |
| CEFADROXIL           | 500 MG     | CAPSULE    | ORAL     | 03/12/2026     | 0.32937   |
| CEFADROXIL           | 250 MG/5ML | SUSP RECON | ORAL     | 12/18/2025     | 0.27256   |
| CEFADROXIL           | 500 MG/5ML | SUSP RECON | ORAL     | 03/19/2026     | 0.33107   |

*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

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

| Generic Name         | Strength   | Form       | Route     | Effective Date | MAC Price |
|----------------------|------------|------------|-----------|----------------|-----------|
| CEFAZOLIN SODIUM     | 1 G        | VIAL       | INJECTION | 02/26/2026     | 0.99345   |
| CEFAZOLIN SODIUM     | 500 MG     | VIAL       | INJECTION | 04/03/2025     | 1.06932   |
| CEFAZOLIN SODIUM     | 10 G       | VIAL       | INTRAVEN  | 04/23/2026     | 6.10730   |
| CEFAZOLIN SODIUM     | 3 G        | VIAL       | INTRAVEN  | 04/04/2024     | 6.96595   |
| CEFDINIR             | 300 MG     | CAPSULE    | ORAL      | 03/12/2026     | 0.45113   |
| CEFDINIR             | 125 MG/5ML | SUSP RECON | ORAL      | 03/26/2026     | 0.18144   |
| CEFDINIR             | 250 MG/5ML | SUSP RECON | ORAL      | 12/18/2025     | 0.20569   |
| CEFEPIME HCL         | 1 G        | VIAL       | INJECTION | 01/17/2023     | 2.07432   |
| CEFEPIME HCL         | 2 G        | VIAL       | INJECTION | 10/09/2025     | 7.17550   |
| CEFIXIME             | 400 MG     | CAPSULE    | ORAL      | 05/07/2024     | 11.08880  |
| CEFIXIME             | 100 MG/5ML | SUSP RECON | ORAL      | 02/19/2026     | 2.39056   |
| CEFIXIME             | 200 MG/5ML | SUSP RECON | ORAL      | 05/06/2022     | 1.92960   |
| CEFOTETAN DISODIUM   | 2 G        | VIAL       | INJECTION | 08/01/2022     | 24.56123  |
| CEFOXITIN SODIUM     | 10 G       | VIAL       | INTRAVEN  | 02/10/2026     | 46.51860  |
| CEFOXITIN SODIUM     | 1 G        | VIAL       | INTRAVEN  | 08/28/2025     | 4.55400   |
| CEFOXITIN SODIUM     | 2 G        | VIAL       | INTRAVEN  | 07/20/2023     | 8.52000   |
| CEFPODOXIME PROXETIL | 50 MG/5 ML | SUSP RECON | ORAL      | 07/14/2022     | 0.57741   |
| CEFPODOXIME PROXETIL | 100 MG/5ML | SUSP RECON | ORAL      | 05/06/2022     | 1.09853   |
| CEFPODOXIME PROXETIL | 100 MG     | TABLET     | ORAL      | 11/13/2025     | 3.14688   |
| CEFPODOXIME PROXETIL | 200 MG     | TABLET     | ORAL      | 10/02/2025     | 2.96142   |
| CEFPROZIL            | 125 MG/5ML | SUSP RECON | ORAL      | 01/22/2026     | 0.27979   |

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

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

| Generic Name       | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------|------------|------------|-----------|----------------|-----------|
| CEFPROZIL          | 250 MG/5ML | SUSP RECON | ORAL      | 02/19/2026     | 0.37449   |
| CEFPROZIL          | 250 MG     | TABLET     | ORAL      | 10/02/2025     | 1.45685   |
| CEFPROZIL          | 500 MG     | TABLET     | ORAL      | 10/02/2025     | 1.40807   |
| CEFTAZIDIME        | 1 G        | VIAL       | INJECTION | 07/22/2025     | 3.06600   |
| CEFTAZIDIME        | 2 G        | VIAL       | INJECTION | 09/26/2024     | 7.24503   |
| CEFTAZIDIME        | 6 G        | VIAL       | INJECTION | 09/26/2024     | 21.63411  |
| CEFTAZIDIME        | 1 G        | VIAL PORT  | INTRAVEN  | 09/12/2019     | 6.90677   |
| CEFTAZIDIME        | 2 G        | VIAL PORT  | INTRAVEN  | 09/12/2019     | 12.67310  |
| CEFTRIAXONE SODIUM | 1 G        | VIAL       | INJECTION | 12/18/2025     | 1.34000   |
| CEFTRIAXONE SODIUM | 10 G       | VIAL       | INJECTION | 07/12/2022     | 12.76000  |
| CEFTRIAXONE SODIUM | 2 G        | VIAL       | INJECTION | 10/28/2025     | 2.54600   |
| CEFTRIAXONE SODIUM | 250 MG     | VIAL       | INJECTION | 10/31/2024     | 1.26027   |
| CEFTRIAXONE SODIUM | 500 MG     | VIAL       | INJECTION | 05/22/2025     | 1.27300   |
| CEFUROXIME AXETIL  | 250 MG     | TABLET     | ORAL      | 03/05/2026     | 0.31825   |
| CEFUROXIME AXETIL  | 500 MG     | TABLET     | ORAL      | 01/15/2026     | 0.40178   |
| CEFUROXIME SODIUM  | 750 MG     | VIAL       | INJECTION | 05/06/2022     | 2.82150   |
| CEFUROXIME SODIUM  | 1.5 G      | VIAL       | INTRAVEN  | 11/16/2023     | 6.68122   |
| CEFUROXIME SODIUM  | 7.5 G      | VIAL       | INTRAVEN  | 07/07/2016     | 19.95000  |
| CELECOXIB          | 100 MG     | CAPSULE    | ORAL      | 05/07/2026     | 0.07819   |
| CELECOXIB          | 200 MG     | CAPSULE    | ORAL      | 04/30/2026     | 0.11480   |
| CELECOXIB          | 400 MG     | CAPSULE    | ORAL      | 02/19/2026     | 0.45337   |

*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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| CELECOXIB                      | 50 MG      | CAPSULE    | ORAL    | 12/11/2025     | 0.11814   |
| CELLULOSE                      |            | POWDER     | MISCELL | 01/08/2026     | 0.06392   |
| CEPHALEXIN                     | 250 MG     | CAPSULE    | ORAL    | 05/07/2026     | 0.11017   |
| CEPHALEXIN                     | 500 MG     | CAPSULE    | ORAL    | 09/29/2025     | 0.17326   |
| CEPHALEXIN                     | 750 MG     | CAPSULE    | ORAL    | 09/04/2025     | 6.35000   |
| CEPHALEXIN                     | 125 MG/5ML | SUSP RECON | ORAL    | 08/21/2025     | 0.11202   |
| CEPHALEXIN                     | 250 MG/5ML | SUSP RECON | ORAL    | 02/26/2026     | 0.05434   |
| CEPHALEXIN                     | 250 MG     | TABLET     | ORAL    | 10/21/2024     | 1.10770   |
| CEPHALEXIN                     | 500 MG     | TABLET     | ORAL    | 03/03/2026     | 1.98000   |
| CETIRIZINE HCL                 | 10 MG      | CAPSULE    | ORAL    | 12/12/2024     | 0.37788   |
| CETIRIZINE HCL                 | 1 MG/ML    | SOLUTION   | ORAL    | 01/08/2026     | 0.02109   |
| CETIRIZINE HCL                 | 10 MG      | TABLET     | ORAL    | 03/11/2026     | 0.01858   |
| CETIRIZINE HCL                 | 5 MG       | TABLET     | ORAL    | 05/13/2025     | 0.04174   |
| CETIRIZINE HCL                 | 5 MG       | TAB CHEW   | ORAL    | 11/30/2023     | 1.65467   |
| CETIRIZINE HCL                 | 10 MG      | TAB CHEW   | ORAL    | 01/02/2025     | 1.21047   |
| CETIRIZINE HCL/PSEUDOEPHEDRINE | 5 MG-120MG | TAB ER 12H | ORAL    | 01/22/2026     | 0.96201   |
| CETYL ALC/STEARYL ALC/PG/SLS   |            | CREAM (G)  | TOPICAL | 05/06/2022     | 0.03596   |
| CEVIMELINE HCL                 | 30 MG      | CAPSULE    | ORAL    | 03/19/2026     | 1.25370   |
| CHLORDIAZEPOXIDE HCL           | 10 MG      | CAPSULE    | ORAL    | 12/04/2025     | 0.22405   |
| CHLORDIAZEPOXIDE HCL           | 25 MG      | CAPSULE    | ORAL    | 12/11/2025     | 0.36247   |
| CHLORDIAZEPOXIDE HCL           | 5 MG       | CAPSULE    | ORAL    | 07/10/2025     | 0.35966   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| CHLORDIAZEPOXIDE/CLIDINIUM BR  | 5 MG-2.5MG | CAPSULE    | ORAL       | 02/26/2026     | 0.89204   |
| CHLORHEXIDINE GLUCONATE        | 0.12 %     | MOUTHWASH  | MUCOUS MEM | 03/30/2026     | 0.00756   |
| CHLORHEXIDINE GLUCONATE        | 4 %        | LIQUID     | TOPICAL    | 03/19/2026     | 0.02839   |
| CHLORHEXIDINE GLUCONATE        | 2 %        | LIQUID     | TOPICAL    | 03/04/2025     | 0.01987   |
| CHLOROPROCAINE HCL/PF          | 30 MG/ML   | VIAL       | INJECTION  | 05/19/2022     | 1.34938   |
| CHLOROPROCAINE HCL/PF          | 20 MG/ML   | VIAL       | INJECTION  | 05/19/2022     | 1.28506   |
| CHLOROQUINE PHOSPHATE          | 250 MG     | TABLET     | ORAL       | 02/19/2026     | 4.71662   |
| CHLOROQUINE PHOSPHATE          | 500 MG     | TABLET     | ORAL       | 10/02/2025     | 10.05100  |
| CHLOROTHIAZIDE SODIUM          | 500 MG     | VIAL       | INTRAVEN   | 07/14/2022     | 30.84840  |
| CHLOROXYLENOL                  | 0.43 %     | CLEANSER   | TOPICAL    | 05/06/2022     | 0.00333   |
| CHLORPHENIR/PHENYLEPH/ASPIRIN  | 2-7.8-325  | TABLET EFF | ORAL       | 07/17/2025     | 0.20332   |
| CHLORPHENIRAMINE MALEATE       | 4 MG       | TABLET     | ORAL       | 02/19/2026     | 0.00804   |
| CHLORPHENIRAMINE/DEXTROMETHORP | 2-15MG/5ML | LIQUID     | ORAL       | 01/19/2023     | 0.06343   |
| CHLORPHENIRAMINE/DEXTROMETHORP | 4 MG-30 MG | TABLET     | ORAL       | 07/22/2025     | 0.08599   |
| CHLORPHENIRAMINE/PHENYLEPH/DM  | 2-5-10MG/5 | LIQUID     | ORAL       | 10/30/2025     | 0.02224   |
| CHLORPHENIRAMINE/PHENYLEPH/DM  | 4-10-15/5  | LIQUID     | ORAL       | 04/30/2026     | 0.09856   |
| CHLORPHENIRAMINE/PHENYLEPHRINE | 1-2.5 MG/5 | LIQUID     | ORAL       | 12/04/2025     | 0.06643   |
| CHLORPROMAZINE HCL             | 10 MG      | TABLET     | ORAL       | 11/13/2025     | 0.54846   |
| CHLORPROMAZINE HCL             | 100 MG     | TABLET     | ORAL       | 12/26/2023     | 1.37913   |
| CHLORPROMAZINE HCL             | 200 MG     | TABLET     | ORAL       | 11/25/2025     | 0.93117   |
| CHLORPROMAZINE HCL             | 25 MG      | TABLET     | ORAL       | 05/07/2026     | 0.36896   |

*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

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

| Generic Name                 | Strength   | Form    | Route     | Effective Date | MAC Price |
|------------------------------|------------|---------|-----------|----------------|-----------|
| CHLORPROMAZINE HCL           | 50 MG      | TABLET  | ORAL      | 01/29/2026     | 1.01746   |
| CHLORPROMAZINE HCL           | 25 MG/ML   | AMPUL   | INJECTION | 04/09/2026     | 15.64080  |
| CHLORPROMAZINE HCL           | 25 MG/ML   | VIAL    | INJECTION | 03/19/2026     | 9.40272   |
| CHLORTHALIDONE               | 25 MG      | TABLET  | ORAL      | 02/26/2026     | 0.05085   |
| CHLORTHALIDONE               | 50 MG      | TABLET  | ORAL      | 02/26/2026     | 0.07584   |
| CHLORZOAZONE                 | 250 MG     | TABLET  | ORAL      | 10/09/2025     | 13.06375  |
| CHLORZOAZONE                 | 500 MG     | TABLET  | ORAL      | 12/18/2025     | 0.46954   |
| CHLORZOAZONE                 | 375 MG     | TABLET  | ORAL      | 09/12/2024     | 1.46408   |
| CHLORZOAZONE                 | 750 MG     | TABLET  | ORAL      | 09/05/2024     | 2.14025   |
| CHOLECALCIFEROL (VITAMIN D3) | 25 MCG     | CAPSULE | ORAL      | 02/23/2026     | 0.01904   |
| CHOLECALCIFEROL (VITAMIN D3) | 10 MCG     | CAPSULE | ORAL      | 12/26/2023     | 0.02000   |
| CHOLECALCIFEROL (VITAMIN D3) | 125 MCG    | CAPSULE | ORAL      | 04/30/2025     | 0.02293   |
| CHOLECALCIFEROL (VITAMIN D3) | 250 MCG    | CAPSULE | ORAL      | 07/03/2025     | 0.15038   |
| CHOLECALCIFEROL (VITAMIN D3) | 1250 MCG   | CAPSULE | ORAL      | 05/27/2025     | 0.16360   |
| CHOLECALCIFEROL (VITAMIN D3) | 50 MCG     | CAPSULE | ORAL      | 05/27/2025     | 0.02533   |
| CHOLECALCIFEROL (VITAMIN D3) | 10(400)/ML | DROPS   | ORAL      | 11/07/2024     | 0.04837   |
| CHOLECALCIFEROL (VITAMIN D3) | 50MCG/DROP | DROPS   | ORAL      | 12/20/2023     | 2.04773   |
| CHOLECALCIFEROL (VITAMIN D3) | 10MCG/DROP | DROPS   | ORAL      | 04/11/2024     | 1.45058   |
| CHOLECALCIFEROL (VITAMIN D3) | 25MCG/DROP | DROPS   | ORAL      | 01/22/2026     | 0.33904   |
| CHOLECALCIFEROL (VITAMIN D3) | 250 MCG    | TABLET  | ORAL      | 08/21/2025     | 0.81070   |
| CHOLECALCIFEROL (VITAMIN D3) | 10 MCG     | TABLET  | ORAL      | 05/06/2025     | 0.01227   |

*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

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

| Generic Name                   | Strength | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|----------|------------|----------|----------------|-----------|
| CHOLECALCIFEROL (VITAMIN D3)   | 25 MCG   | TABLET     | ORAL     | 02/17/2026     | 0.00791   |
| CHOLECALCIFEROL (VITAMIN D3)   | 50 MCG   | TABLET     | ORAL     | 02/17/2026     | 0.01760   |
| CHOLECALCIFEROL (VITAMIN D3)   | 125 MCG  | TABLET     | ORAL     | 04/03/2025     | 0.05025   |
| CHOLECALCIFEROL (VITAMIN D3)   | 1250 MCG | TABLET     | ORAL     | 08/28/2025     | 0.73700   |
| CHOLECALCIFEROL (VITAMIN D3)   | 10 MCG   | TAB CHEW   | ORAL     | 05/06/2022     | 0.05052   |
| CHOLECALCIFEROL (VITAMIN D3)   | 25 MCG   | TAB CHEW   | ORAL     | 01/08/2026     | 0.08008   |
| CHOLECALCIFEROL (VITAMIN D3)   | 50 MCG   | TAB CHEW   | ORAL     | 11/05/2024     | 0.06040   |
| CHOLECALCIFEROL (VITAMIN D3)   | 62.5 MCG | TAB CHEW   | ORAL     | 08/22/2024     | 0.25594   |
| CHOLESTEROL-BLOOD GLUCOSE METR |          | EACH       | MISCELL  | 10/26/2023     | 185.11500 |
| CHOLESTYRAMINE                 | 4 G      | POWD PACK  | ORAL     | 04/30/2025     | 0.46700   |
| CHOLESTYRAMINE                 | 4 G      | POWDER     | ORAL     | 03/26/2026     | 0.17872   |
| CHOLESTYRAMINE (WITH SUGAR)    | 4 G      | POWD PACK  | ORAL     | 03/26/2026     | 0.91410   |
| CHOLESTYRAMINE (WITH SUGAR)    | 4 G      | POWDER     | ORAL     | 03/26/2026     | 0.12648   |
| CHROMIC CHLORIDE               | 4 MCG/ML | VIAL       | INTRAVEN | 06/24/2025     | 1.76484   |
| CHROMIUM PICOLINATE            | 200 MCG  | TABLET     | ORAL     | 06/26/2025     | 0.04683   |
| CICLOPIROX                     | 0.77 %   | GEL (GRAM) | TOPICAL  | 04/28/2026     | 0.93934   |
| CICLOPIROX                     | 8 %      | SOLUTION   | TOPICAL  | 12/11/2025     | 3.24400   |
| CICLOPIROX                     | 1 %      | SHAMPOO    | TOPICAL  | 02/26/2026     | 0.43796   |
| CICLOPIROX OLAMINE             | 0.77 %   | CREAM (G)  | TOPICAL  | 12/18/2025     | 0.16571   |
| CICLOPIROX OLAMINE             | 0.77 %   | SUSPENSION | TOPICAL  | 01/22/2026     | 1.02108   |
| CICLOPIROX/UREA/CAMPH/MEN/EUC  | 8 %      | SOLUTION   | TOPICAL  | 12/20/2023     | 14.74340  |

*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

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

| Generic Name               | Strength   | Form       | Route      | Effective Date | MAC Price |
|----------------------------|------------|------------|------------|----------------|-----------|
| CIDOFOVIR                  | 75 MG/ML   | VIAL       | INTRAVEN   | 10/26/2021     | 121.61215 |
| CILOSTAZOL                 | 100 MG     | TABLET     | ORAL       | 05/07/2026     | 0.28028   |
| CILOSTAZOL                 | 50 MG      | TABLET     | ORAL       | 09/25/2025     | 0.14137   |
| CIMETIDINE                 | 200 MG     | TABLET     | ORAL       | 10/02/2025     | 0.49138   |
| CIMETIDINE                 | 300 MG     | TABLET     | ORAL       | 04/01/2025     | 0.22890   |
| CIMETIDINE                 | 400 MG     | TABLET     | ORAL       | 12/22/2025     | 0.66933   |
| CIMETIDINE                 | 800 MG     | TABLET     | ORAL       | 11/13/2025     | 1.57718   |
| CIMETIDINE HCL             | 300 MG/5ML | SOLUTION   | ORAL       | 10/02/2025     | 1.29324   |
| CINACALCET HCL             | 30 MG      | TABLET     | ORAL       | 02/25/2025     | 0.31825   |
| CINACALCET HCL             | 60 MG      | TABLET     | ORAL       | 04/29/2025     | 0.84420   |
| CINACALCET HCL             | 90 MG      | TABLET     | ORAL       | 04/29/2025     | 1.35876   |
| CINNAMON                   |            | OIL        | MISCELL    | 01/06/2026     | 0.23852   |
| CINNAMON BARK              | 500 MG     | CAPSULE    | ORAL       | 07/27/2022     | 0.05583   |
| CIPROFLOXACIN              | 250 MG/5ML | SUS MC REC | ORAL       | 06/22/2023     | 2.01000   |
| CIPROFLOXACIN              | 500 MG/5ML | SUS MC REC | ORAL       | 04/13/2023     | 2.04042   |
| CIPROFLOXACIN HCL          | 250 MG     | TABLET     | ORAL       | 01/15/2026     | 0.19323   |
| CIPROFLOXACIN HCL          | 500 MG     | TABLET     | ORAL       | 04/30/2025     | 0.11931   |
| CIPROFLOXACIN HCL          | 750 MG     | TABLET     | ORAL       | 04/22/2025     | 0.19537   |
| CIPROFLOXACIN HCL          | 0.3 %      | DROPS      | OPHTHALMIC | 05/06/2025     | 1.63651   |
| CIPROFLOXACIN HCL          | 0.2 %      | DROPERETTE | OTIC (EAR) | 05/05/2025     | 7.57006   |
| CIPROFLOXACIN HCL/DEXAMETH | 0.3 %-0.1% | DROPS SUSP | OTIC (EAR) | 02/24/2026     | 8.61000   |

*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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price  |
|-------------------------------|------------|------------|------------|----------------|------------|
| CIPROFLOXACIN IN 5 % DEXTROSE | 200MG/0.1L | PIGGYBACK  | INTRAVEN   | 11/13/2025     | 0.03819    |
| CIPROFLOXACIN IN 5 % DEXTROSE | 400MG/0.2L | PIGGYBACK  | INTRAVEN   | 06/10/2025     | 0.04141    |
| CIPROFLOXACIN/HYDROCORTISONE  | 0.2 %-1 %  | DROPS SUSP | OTIC (EAR) | 12/04/2025     | 20.66453   |
| CISATRACURIUM BESYLATE        | 10 MG/ML   | VIAL       | INTRAVEN   | 09/11/2025     | 3.69479    |
| CISATRACURIUM BESYLATE        | 2 MG/ML    | VIAL       | INTRAVEN   | 05/19/2025     | 0.81574    |
| CISPLATIN                     | 1 MG/ML    | VIAL       | INTRAVEN   | 08/15/2024     | 0.15075    |
| CITALOPRAM HYDROBROMIDE       | 10 MG/5 ML | SOLUTION   | ORAL       | 03/19/2026     | 0.31334    |
| CITALOPRAM HYDROBROMIDE       | 20 MG      | TABLET     | ORAL       | 02/12/2026     | 0.04004    |
| CITALOPRAM HYDROBROMIDE       | 40 MG      | TABLET     | ORAL       | 12/31/2025     | 0.07169    |
| CITALOPRAM HYDROBROMIDE       | 10 MG      | TABLET     | ORAL       | 05/27/2025     | 0.01911    |
| CITRIC ACID/SODIUM CITRATE    | 334-500MG  | SOLUTION   | ORAL       | 11/25/2024     | 0.06092    |
| CITRULLINE                    |            | POWDER     | ORAL       | 10/23/2025     | 0.09554    |
| CLADRIBINE                    | 10 MG      | TABLET     | ORAL       | 05/07/2026     | 9623.07754 |
| CLADRIBINE                    | 10 MG/10ML | VIAL       | INTRAVEN   | 10/02/2025     | 34.28318   |
| CLARITHROMYCIN                | 500 MG     | TABLET     | ORAL       | 05/07/2026     | 0.63985    |
| CLARITHROMYCIN                | 250 MG     | TABLET     | ORAL       | 05/07/2026     | 1.24129    |
| CLARITHROMYCIN                | 500 MG     | TAB ER 24H | ORAL       | 04/23/2024     | 5.94127    |
| CLINDAMYCIN HCL               | 150 MG     | CAPSULE    | ORAL       | 12/18/2025     | 0.09434    |
| CLINDAMYCIN HCL               | 300 MG     | CAPSULE    | ORAL       | 01/29/2026     | 0.24107    |
| CLINDAMYCIN HCL               | 75 MG      | CAPSULE    | ORAL       | 03/14/2024     | 0.29922    |
| CLINDAMYCIN PALMITATE HCL     | 75 MG/5 ML | SOLN RECON | ORAL       | 11/20/2025     | 0.39048    |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| CLINDAMYCIN PHOS/BENZOYL PEROX | 1 %-5 %    | GEL (GRAM) | TOPICAL   | 01/15/2026     | 0.71878   |
| CLINDAMYCIN PHOS/BENZOYL PEROX | 1.2(1)%-5% | GEL (GRAM) | TOPICAL   | 01/22/2026     | 0.87160   |
| CLINDAMYCIN PHOS/BENZOYL PEROX | 1 %-5 %    | GEL W/PUMP | TOPICAL   | 10/17/2024     | 0.64052   |
| CLINDAMYCIN PHOS/BENZOYL PEROX | 1.2%-2.5%  | GEL W/PUMP | TOPICAL   | 08/28/2025     | 5.66699   |
| CLINDAMYCIN PHOS/BENZOYL PEROX | 1.2%-3.75% | GEL W/PUMP | TOPICAL   | 10/09/2025     | 8.60448   |
| CLINDAMYCIN PHOSPHATE          | 150 MG/ML  | VIAL       | INJECTION | 09/11/2025     | 0.49774   |
| CLINDAMYCIN PHOSPHATE          | 1 %        | FOAM       | TOPICAL   | 04/23/2026     | 2.44657   |
| CLINDAMYCIN PHOSPHATE          | 1 %        | MED. SWAB  | TOPICAL   | 05/13/2025     | 0.25323   |
| CLINDAMYCIN PHOSPHATE          | 1 %        | GEL (GRAM) | TOPICAL   | 01/22/2026     | 0.23204   |
| CLINDAMYCIN PHOSPHATE          | 1 %        | SOLUTION   | TOPICAL   | 12/22/2025     | 0.17867   |
| CLINDAMYCIN PHOSPHATE          | 1 %        | LOTION     | TOPICAL   | 03/03/2026     | 0.14598   |
| CLINDAMYCIN PHOSPHATE          | 1 %        | GEL DAILY  | TOPICAL   | 04/30/2026     | 8.53088   |
| CLINDAMYCIN PHOSPHATE          | 2 %        | CREAM/APPL | VAGINAL   | 01/08/2026     | 2.51518   |
| CLINDAMYCIN PHOSPHATE/D5W      | 300MG/50ML | PIGGYBACK  | INTRAVEN  | 01/21/2025     | 0.21673   |
| CLINDAMYCIN PHOSPHATE/D5W      | 600MG/50ML | PIGGYBACK  | INTRAVEN  | 11/10/2022     | 0.10184   |
| CLINDAMYCIN PHOSPHATE/D5W      | 900MG/50ML | PIGGYBACK  | INTRAVEN  | 11/10/2022     | 0.12730   |
| CLINDAMYCIN/TRETINOIN          | 1.2-0.025% | GEL (GRAM) | TOPICAL   | 10/02/2025     | 6.91769   |
| CLOBAZAM                       | 2.5 MG/ML  | ORAL SUSP  | ORAL      | 02/24/2026     | 0.17353   |
| CLOBAZAM                       | 10 MG      | TABLET     | ORAL      | 12/18/2025     | 0.47181   |
| CLOBAZAM                       | 20 MG      | TABLET     | ORAL      | 10/02/2025     | 0.89874   |
| CLOBETASOL PROPIONATE          | 0.05 %     | FOAM       | TOPICAL   | 03/26/2026     | 0.29105   |

*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

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

| Generic Name                | Strength   | Form       | Route    | Effective Date | MAC Price |
|-----------------------------|------------|------------|----------|----------------|-----------|
| CLOBETASOL PROPIONATE       | 0.05 %     | SPRAY      | TOPICAL  | 11/13/2025     | 0.55144   |
| CLOBETASOL PROPIONATE       | 0.05 %     | GEL (GRAM) | TOPICAL  | 01/17/2023     | 0.52930   |
| CLOBETASOL PROPIONATE       | 0.05 %     | CREAM (G)  | TOPICAL  | 04/23/2026     | 0.18700   |
| CLOBETASOL PROPIONATE       | 0.05 %     | OINT. (G)  | TOPICAL  | 02/26/2026     | 0.20100   |
| CLOBETASOL PROPIONATE       | 0.05 %     | SOLUTION   | TOPICAL  | 03/26/2026     | 0.17447   |
| CLOBETASOL PROPIONATE       | 0.05 %     | LOTION     | TOPICAL  | 04/03/2025     | 0.59142   |
| CLOBETASOL PROPIONATE       | 0.05 %     | SHAMPOO    | TOPICAL  | 11/13/2025     | 0.63434   |
| CLOBETASOL PROPIONATE/EMOLL | 0.05 %     | FOAM       | TOPICAL  | 05/09/2024     | 2.19921   |
| CLOBETASOL PROPIONATE/EMOLL | 0.05 %     | CREAM (G)  | TOPICAL  | 05/07/2026     | 0.72851   |
| CLOCORTOLONE PIVALATE       | 0.1 %      | CREAM (G)  | TOPICAL  | 12/22/2025     | 4.85100   |
| CLOFARABINE                 | 20 MG/20ML | VIAL       | INTRAVEN | 10/02/2025     | 26.23846  |
| CLOMIPHENE CITRATE          | 50 MG      | TABLET     | ORAL     | 05/07/2026     | 14.31150  |
| CLOMIPRAMINE HCL            | 25 MG      | CAPSULE    | ORAL     | 06/26/2025     | 0.32441   |
| CLOMIPRAMINE HCL            | 50 MG      | CAPSULE    | ORAL     | 05/07/2026     | 0.43791   |
| CLOMIPRAMINE HCL            | 75 MG      | CAPSULE    | ORAL     | 06/26/2025     | 0.38979   |
| CLONAZEPAM                  | 0.5 MG     | TABLET     | ORAL     | 04/22/2025     | 0.01623   |
| CLONAZEPAM                  | 1 MG       | TABLET     | ORAL     | 08/26/2025     | 0.02788   |
| CLONAZEPAM                  | 2 MG       | TABLET     | ORAL     | 08/26/2025     | 0.03277   |
| CLONAZEPAM                  | 0.125 MG   | TAB RAPDIS | ORAL     | 10/23/2025     | 1.39047   |
| CLONAZEPAM                  | 0.25 MG    | TAB RAPDIS | ORAL     | 10/09/2025     | 0.79909   |
| CLONAZEPAM                  | 0.5 MG     | TAB RAPDIS | ORAL     | 10/16/2025     | 0.86876   |

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

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

| Generic Name            | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------|------------|------------|------------|----------------|-----------|
| CLONAZEPAM              | 1 MG       | TAB RAPDIS | ORAL       | 12/11/2025     | 1.64507   |
| CLONAZEPAM              | 2 MG       | TAB RAPDIS | ORAL       | 11/06/2025     | 1.72279   |
| CLONIDINE               | 0.1MG/24HR | PATCH TDWK | TRANSDERM  | 04/15/2025     | 5.45302   |
| CLONIDINE               | 0.2MG/24HR | PATCH TDWK | TRANSDERM  | 06/24/2025     | 7.67280   |
| CLONIDINE               | 0.3MG/24HR | PATCH TDWK | TRANSDERM  | 02/09/2026     | 12.06937  |
| CLONIDINE HCL           | 0.1 MG     | TABLET     | ORAL       | 04/15/2025     | 0.02116   |
| CLONIDINE HCL           | 0.2 MG     | TABLET     | ORAL       | 05/07/2026     | 0.04543   |
| CLONIDINE HCL           | 0.3 MG     | TABLET     | ORAL       | 11/18/2025     | 0.04328   |
| CLONIDINE HCL           | 0.17 MG    | TAB ER 24H | ORAL       | 10/23/2025     | 21.99260  |
| CLONIDINE HCL           | 0.1 MG     | TAB ER 12H | ORAL       | 10/07/2025     | 0.23678   |
| CLONIDINE HCL/PF        | 1000MCG/10 | VIAL       | EPIDURAL   | 09/28/2023     | 2.54600   |
| CLONIDINE HCL/PF        | 5000MCG/10 | VIAL       | EPIDURAL   | 04/30/2026     | 10.92500  |
| CLOPIDOGREL BISULFATE   | 75 MG      | TABLET     | ORAL       | 05/27/2025     | 0.05379   |
| CLOPIDOGREL BISULFATE   | 300 MG     | TABLET     | ORAL       | 03/27/2025     | 5.88606   |
| CLORAZEPATE DIPOTASSIUM | 15 MG      | TABLET     | ORAL       | 04/16/2026     | 4.46028   |
| CLORAZEPATE DIPOTASSIUM | 3.75 MG    | TABLET     | ORAL       | 02/12/2026     | 1.84920   |
| CLORAZEPATE DIPOTASSIUM | 7.5 MG     | TABLET     | ORAL       | 07/18/2022     | 1.30000   |
| CLOTRIMAZOLE            | 10 MG      | TROCHE     | MUCOUS MEM | 01/22/2026     | 0.50288   |
| CLOTRIMAZOLE            | 1 %        | CREAM (G)  | TOPICAL    | 03/19/2026     | 0.15053   |
| CLOTRIMAZOLE            | 1 %        | SOLUTION   | TOPICAL    | 04/09/2026     | 1.16178   |
| CLOTRIMAZOLE            | 1 %        | CREAM/APPL | VAGINAL    | 04/22/2025     | 0.04050   |

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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| CLOTRIMAZOLE                   | 2 %        | CREAM/APPL | VAGINAL | 10/23/2025     | 0.39817   |
| CLOTRIMAZOLE/BETAMETHASONE DIP | 1 %-0.05 % | CREAM (G)  | TOPICAL | 12/11/2025     | 0.32160   |
| CLOZAPINE                      | 25 MG      | TABLET     | ORAL    | 03/03/2026     | 0.36729   |
| CLOZAPINE                      | 100 MG     | TABLET     | ORAL    | 09/29/2025     | 0.60514   |
| CLOZAPINE                      | 50 MG      | TABLET     | ORAL    | 04/01/2025     | 0.46638   |
| CLOZAPINE                      | 200 MG     | TABLET     | ORAL    | 05/27/2025     | 0.92767   |
| CLOZAPINE                      | 25 MG      | TAB RAPDIS | ORAL    | 02/05/2026     | 2.67678   |
| CLOZAPINE                      | 100 MG     | TAB RAPDIS | ORAL    | 03/03/2026     | 5.15887   |
| CLOZAPINE                      | 150 MG     | TAB RAPDIS | ORAL    | 03/24/2025     | 11.39369  |
| CLOZAPINE                      | 200 MG     | TAB RAPDIS | ORAL    | 04/01/2025     | 14.50113  |
| COAL TAR                       | 2 %        | FOAM       | TOPICAL | 05/06/2022     | 0.20100   |
| COAL TAR                       | 0.5 %      | SHAMPOO    | TOPICAL | 07/24/2025     | 0.06238   |
| COAL TAR                       | 2 %        | SHAMPOO    | TOPICAL | 05/06/2022     | 0.06796   |
| COCOA BUTTER                   |            | CREAM (G)  | MISCELL | 05/06/2022     | 0.21105   |
| CODEINE PHOSPHATE/GUAIFENESIN  | 10-100MG/5 | LIQUID     | ORAL    | 10/02/2025     | 0.04904   |
| CODEINE PHOSPHATE/GUAIFENESIN  | 20-200/10  | LIQUID     | ORAL    | 03/09/2023     | 0.05461   |
| CODEINE SULFATE                | 30 MG      | TABLET     | ORAL    | 04/03/2025     | 0.99589   |
| CODEINE/BUTALBITAL/ASA/CAFFEIN | 30-50-325  | CAPSULE    | ORAL    | 12/18/2025     | 2.73266   |
| COLCHICINE                     | 0.6 MG     | CAPSULE    | ORAL    | 10/02/2025     | 4.10080   |
| COLCHICINE                     | 0.6 MG     | TABLET     | ORAL    | 04/09/2026     | 0.22726   |
| COLESEVELAM HCL                | 3.75 G     | POWD PACK  | ORAL    | 10/02/2025     | 6.07272   |

*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

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

| Generic Name                   | Strength | Form      | Route     | Effective Date | MAC Price |
|--------------------------------|----------|-----------|-----------|----------------|-----------|
| COLESEVELAM HCL                | 625 MG   | TABLET    | ORAL      | 02/19/2026     | 0.42433   |
| COLESTIPOL HCL                 | 5 G      | GRANULES  | ORAL      | 11/18/2025     | 0.31356   |
| COLESTIPOL HCL                 | 5 G      | PACKET    | ORAL      | 11/22/2023     | 2.63280   |
| COLESTIPOL HCL                 | 1 G      | TABLET    | ORAL      | 11/20/2025     | 0.90740   |
| COLISTIN (COLISTIMETHATE NA)   | 150 MG   | VIAL      | INJECTION | 09/12/2023     | 12.65000  |
| COLLAGEN,BOVINE                | 100 %    | POWDER    | TOPICAL   | 05/06/2022     | 10.63750  |
| COLLOIDAL OATMEAL              | 1 %      | CREAM (G) | TOPICAL   | 04/16/2026     | 0.06587   |
| COMPOUND VEH.SUSP SUGAR-FREE 1 |          | ORAL SUSP | ORAL      | 05/06/2022     | 0.06700   |
| COMPOUND VEHICLE SUGAR-FREE 9  |          | LIQUID    | ORAL      | 01/29/2026     | 0.03751   |
| COMPOUND VEHICLE SUSP SF NO.20 |          | ORAL SUSP | ORAL      | 10/02/2025     | 0.05745   |
| COMPOUND VEHICLE SUSP SF NO.24 |          | ORAL SUSP | ORAL      | 05/06/2022     | 0.08835   |
| COMPOUNDING VEHICLE SUSP NO.19 |          | ORAL SUSP | ORAL      | 03/19/2026     | 0.06493   |
| COMPOUNDING VEHICLE SYRUP NO23 |          | SYRUP     | ORAL      | 01/29/2026     | 0.04238   |
| CONNECTOR LUER LOCK,CLOSD SYST |          | EACH      | MISCELL   | 06/07/2023     | 6.00075   |
| COSYNTROPIN                    | 0.25 MG  | VIAL      | INJECTION | 05/07/2026     | 95.04210  |
| COVID-19 ANTIGEN TEST          |          | KIT       | MISCELL   | 04/14/2022     | 12.00000  |
| CPD VEHICLE SOL.SUGARFREE NO.1 |          | SOLUTION  | ORAL      | 12/11/2025     | 0.02398   |
| 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   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| CROMOLYN SODIUM                | 20 MG/ML   | ORAL CONC  | ORAL       | 07/16/2024     | 0.48514   |
| CROMOLYN SODIUM                | 5.2 MG     | SPRAY/PUMP | NASAL      | 06/30/2022     | 0.68082   |
| CROMOLYN SODIUM                | 20 MG/2 ML | AMPUL-NEB  | INHALATION | 02/04/2025     | 1.67500   |
| CROTAMITON                     | 10 %       | LOTION     | TOPICAL    | 06/12/2025     | 3.61252   |
| CUPRIC CHLORIDE                | 0.4 MG/ML  | VIAL       | INTRAVEN   | 04/30/2026     | 2.17785   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 100 MCG    | TABLET     | ORAL       | 11/22/2022     | 0.02915   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 1000 MCG   | TABLET     | ORAL       | 04/09/2026     | 0.02575   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 250 MCG    | TABLET     | ORAL       | 07/17/2025     | 0.02659   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 500 MCG    | TABLET     | ORAL       | 03/12/2026     | 0.01870   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 1000 MCG   | TABLET ER  | ORAL       | 01/13/2026     | 0.03936   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 1000MCG/ML | VIAL       | INJECTION  | 01/14/2025     | 0.37122   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 500MCG/SPR | SPRAY      | NASAL      | 08/12/2025     | 90.33837  |
| CYANOCOBALAMIN (VITAMIN B-12)  | 5000MCG/ML | DROPS      | SUBLINGUAL | 10/03/2024     | 0.27254   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 1000 MCG   | TAB SUBL   | SUBLINGUAL | 08/19/2025     | 0.03105   |
| CYANOCOBALAMIN (VITAMIN B-12)  | 2500 MCG   | TAB SUBL   | SUBLINGUAL | 09/26/2024     | 0.12690   |
| CYANOCOBALAMIN/COBAMAMIDE      | 5K-100 MCG | TAB SUBL   | SUBLINGUAL | 06/15/2023     | 0.33031   |
| CYANOCOBALAMIN/FOLIC AC/VIT B6 | 1-2.5-25MG | TABLET     | ORAL       | 04/24/2025     | 0.20591   |
| CYANOCOBALAMIN/FOLIC AC/VIT B6 | 2-2.5-25MG | TABLET     | ORAL       | 11/13/2025     | 0.25936   |
| 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       | 02/26/2026     | 3.03358   |

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

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

| Generic Name           | Strength   | Form       | Route      | Effective Date | MAC Price |
|------------------------|------------|------------|------------|----------------|-----------|
| CYCLOBENZAPRINE HCL    | 30 MG      | CAP ER 24H | ORAL       | 02/23/2026     | 3.60778   |
| CYCLOBENZAPRINE HCL    | 10 MG      | TABLET     | ORAL       | 02/26/2026     | 0.02111   |
| CYCLOBENZAPRINE HCL    | 5 MG       | TABLET     | ORAL       | 02/19/2026     | 0.03350   |
| CYCLOBENZAPRINE HCL    | 7.5 MG     | TABLET     | ORAL       | 11/13/2025     | 0.64320   |
| CYCLOPENTOLATE HCL     | 1 %        | DROPS      | OPHTHALMIC | 04/30/2025     | 1.75537   |
| CYCLOPHOSPHAMIDE       | 25 MG      | CAPSULE    | ORAL       | 10/02/2025     | 2.50459   |
| CYCLOPHOSPHAMIDE       | 50 MG      | CAPSULE    | ORAL       | 02/19/2026     | 3.74101   |
| CYCLOPHOSPHAMIDE       | 1 G        | VIAL       | INTRAVEN   | 03/19/2026     | 87.12500  |
| CYCLOPHOSPHAMIDE       | 2 G        | VIAL       | INTRAVEN   | 02/23/2026     | 205.00000 |
| CYCLOPHOSPHAMIDE       | 500 MG     | VIAL       | INTRAVEN   | 03/05/2026     | 35.87500  |
| CYCLOPHOSPHAMIDE       | 200 MG/ML  | VIAL       | INTRAVEN   | 05/07/2026     | 38.89875  |
| CYCLOSERINE            | 250 MG     | CAPSULE    | ORAL       | 03/21/2024     | 79.26564  |
| CYCLOSPORINE           | 100 MG     | CAPSULE    | ORAL       | 07/11/2024     | 17.18693  |
| CYCLOSPORINE           | 25 MG      | CAPSULE    | ORAL       | 07/11/2024     | 5.26034   |
| CYCLOSPORINE           | 0.05 %     | DROPERETTE | OPHTHALMIC | 02/17/2026     | 2.01010   |
| CYCLOSPORINE           | 250 MG/5ML | AMPUL      | INTRAVEN   | 08/12/2025     | 5.95973   |
| CYCLOSPORINE, MODIFIED | 100 MG     | CAPSULE    | ORAL       | 04/03/2025     | 2.26817   |
| CYCLOSPORINE, MODIFIED | 25 MG      | CAPSULE    | ORAL       | 06/20/2023     | 0.55000   |
| CYCLOSPORINE, MODIFIED | 50 MG      | CAPSULE    | ORAL       | 10/23/2025     | 1.96176   |
| CYCLOSPORINE, MODIFIED | 100 MG/ML  | SOLUTION   | ORAL       | 03/19/2026     | 13.72875  |
| CYPROHEPTADINE HCL     | 2 MG/5 ML  | SYRUP      | ORAL       | 03/19/2026     | 0.06669   |

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

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

| Generic Name                  | Strength   | Form       | Route     | Effective Date | MAC Price  |
|-------------------------------|------------|------------|-----------|----------------|------------|
| CYPROHEPTADINE HCL            | 4 MG       | TABLET     | ORAL      | 03/05/2026     | 0.04590    |
| CYTARABINE/PF                 | 2 G/20 ML  | VIAL       | INJECTION | 04/17/2025     | 1.09076    |
| CYTARABINE/PF                 | 100 MG/5ML | VIAL       | INJECTION | 02/29/2024     | 0.76380    |
| D-MANNOSE                     |            | POWDER     | ORAL      | 01/20/2026     | 0.45225    |
| D-METHORPHAN/PE/ACETAMINOPHEN | 10-5-325MG | CAPSULE    | ORAL      | 05/31/2023     | 0.26485    |
| D-METHORPHAN/PE/ACETAMINOPHEN | 5-325MG/15 | LIQUID     | ORAL      | 08/15/2024     | 0.03398    |
| D-METHORPHAN/PE/ACETAMINOPHEN | 10-5-325MG | TABLET     | ORAL      | 11/07/2024     | 0.32525    |
| D-METHORPHAN/PE/DEXBROMPHENIR | 15-7.5-2/5 | LIQUID     | ORAL      | 02/19/2026     | 0.05583    |
| DABIGATRAN ETEXILATE MESYLATE | 75 MG      | CAPSULE    | ORAL      | 02/17/2026     | 1.37963    |
| DABIGATRAN ETEXILATE MESYLATE | 110 MG     | CAPSULE    | ORAL      | 11/11/2025     | 1.12612    |
| DABIGATRAN ETEXILATE MESYLATE | 150 MG     | CAPSULE    | ORAL      | 09/02/2025     | 1.11513    |
| DACARBAZINE                   | 200 MG     | VIAL       | INTRAVEN  | 05/28/2024     | 4.09530    |
| DACTINOMYCIN                  | 0.5 MG     | VIAL       | INTRAVEN  | 04/30/2026     | 564.61100  |
| DALBAVANCIN HCL               | 500 MG     | VIAL       | INTRAVEN  | 11/06/2025     | 1575.59925 |
| DALFAMPRIDINE                 | 10 MG      | TAB ER 12H | ORAL      | 05/07/2026     | 0.44287    |
| DANAZOL                       | 100 MG     | CAPSULE    | ORAL      | 10/02/2025     | 4.68679    |
| DANAZOL                       | 200 MG     | CAPSULE    | ORAL      | 04/03/2025     | 6.07301    |
| DANAZOL                       | 50 MG      | CAPSULE    | ORAL      | 04/03/2025     | 3.03692    |
| DANTROLENE SODIUM             | 100 MG     | CAPSULE    | ORAL      | 01/22/2026     | 1.66937    |
| DANTROLENE SODIUM             | 25 MG      | CAPSULE    | ORAL      | 12/18/2025     | 0.77814    |
| DANTROLENE SODIUM             | 50 MG      | CAPSULE    | ORAL      | 11/13/2025     | 1.37149    |

*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

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

| Generic Name             | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------|------------|------------|----------|----------------|-----------|
| DANTROLENE SODIUM        | 20 MG      | VIAL       | INTRAVEN | 10/18/2021     | 69.04861  |
| DAPAGLIFLOZIN            | 5 MG       | TABLET     | ORAL     | 05/07/2026     | 0.23182   |
| DAPAGLIFLOZIN/METFORMIN  | 5MG-1000MG | TAB BP 24H | ORAL     | 03/25/2025     | 5.82033   |
| DAPAGLIFLOZIN/METFORMIN  | 10-1000 MG | TAB BP 24H | ORAL     | 03/25/2025     | 5.67689   |
| DAPSONE                  | 100 MG     | TABLET     | ORAL     | 03/30/2026     | 0.94202   |
| DAPSONE                  | 25 MG      | TABLET     | ORAL     | 04/02/2026     | 0.77130   |
| DAPSONE                  | 5 %        | GEL (GRAM) | TOPICAL  | 01/29/2026     | 1.56936   |
| DAPSONE                  | 7.5 %      | GEL W/PUMP | TOPICAL  | 02/20/2025     | 2.01000   |
| DAPTOMYCIN               | 500 MG     | VIAL       | INTRAVEN | 02/05/2026     | 16.27500  |
| DAPTOMYCIN               | 350 MG     | VIAL       | INTRAVEN | 03/05/2026     | 9.85435   |
| DARIFENACIN HYDROBROMIDE | 7.5 MG     | TAB ER 24H | ORAL     | 10/07/2025     | 1.33926   |
| DARIFENACIN HYDROBROMIDE | 15 MG      | TAB ER 24H | ORAL     | 02/12/2026     | 1.13900   |
| DARUNAVIR                | 600 MG     | TABLET     | ORAL     | 03/19/2026     | 1.28685   |
| DARUNAVIR                | 800 MG     | TABLET     | ORAL     | 03/19/2026     | 4.36392   |
| DASATINIB                | 20 MG      | TABLET     | ORAL     | 04/23/2026     | 18.14750  |
| DASATINIB                | 50 MG      | TABLET     | ORAL     | 01/22/2026     | 30.01473  |
| DASATINIB                | 70 MG      | TABLET     | ORAL     | 01/22/2026     | 19.13730  |
| DASATINIB                | 100 MG     | TABLET     | ORAL     | 01/22/2026     | 52.81757  |
| DASATINIB                | 80 MG      | TABLET     | ORAL     | 01/22/2026     | 54.94137  |
| DASATINIB                | 140 MG     | TABLET     | ORAL     | 01/22/2026     | 32.08455  |
| DAUNORUBICIN HCL         | 5 MG/ML    | VIAL       | INTRAVEN | 04/16/2026     | 14.99558  |

*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

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

| Generic Name          | Strength | Form       | Route     | Effective Date | MAC Price |
|-----------------------|----------|------------|-----------|----------------|-----------|
| DECITABINE            | 50 MG    | VIAL       | INTRAVEN  | 02/19/2026     | 39.84175  |
| DEFERASIROX           | 90 MG    | GRAN PACK  | ORAL      | 03/19/2026     | 15.62680  |
| DEFERASIROX           | 180 MG   | GRAN PACK  | ORAL      | 03/19/2026     | 19.41170  |
| DEFERASIROX           | 360 MG   | GRAN PACK  | ORAL      | 03/19/2026     | 31.16171  |
| DEFERASIROX           | 90 MG    | TABLET     | ORAL      | 11/13/2025     | 0.78837   |
| DEFERASIROX           | 180 MG   | TABLET     | ORAL      | 12/22/2025     | 2.22217   |
| DEFERASIROX           | 360 MG   | TABLET     | ORAL      | 01/29/2026     | 2.62863   |
| DEFERASIROX           | 125 MG   | TAB DISPER | ORAL      | 02/19/2026     | 3.47468   |
| DEFERASIROX           | 250 MG   | TAB DISPER | ORAL      | 04/02/2024     | 9.50000   |
| DEFERASIROX           | 500 MG   | TAB DISPER | ORAL      | 09/18/2023     | 7.33340   |
| DEFERIPRONE           | 500 MG   | TABLET     | ORAL      | 12/22/2025     | 63.70519  |
| DEFERIPRONE           | 1000 MG  | TABLET     | ORAL      | 12/22/2025     | 85.79968  |
| DEFEROXAMINE MESYLATE | 500 MG   | VIAL       | INJECTION | 07/10/2025     | 12.91763  |
| DEFEROXAMINE MESYLATE | 2 G      | VIAL       | INJECTION | 10/23/2025     | 25.95600  |
| DEFLAZACORT           | 6 MG     | TABLET     | ORAL      | 04/30/2026     | 68.16578  |
| DEFLAZACORT           | 30 MG    | TABLET     | ORAL      | 04/01/2025     | 283.18854 |
| DEFLAZACORT           | 18 MG    | TABLET     | ORAL      | 04/01/2025     | 169.90434 |
| DEFLAZACORT           | 36 MG    | TABLET     | ORAL      | 04/01/2025     | 327.82250 |
| DEMECLOCYCLINE HCL    | 150 MG   | TABLET     | ORAL      | 02/19/2026     | 5.57657   |
| DEMECLOCYCLINE HCL    | 300 MG   | TABLET     | ORAL      | 04/03/2025     | 9.47825   |
| DESIPRAMINE HCL       | 10 MG    | TABLET     | ORAL      | 12/18/2025     | 0.41888   |

*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

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

| Generic Name                    | Strength   | Form       | Route     | Effective Date | MAC Price |
|---------------------------------|------------|------------|-----------|----------------|-----------|
| DESIPRAMINE HCL                 | 100 MG     | TABLET     | ORAL      | 11/13/2025     | 1.72351   |
| DESIPRAMINE HCL                 | 150 MG     | TABLET     | ORAL      | 11/13/2025     | 3.18912   |
| DESIPRAMINE HCL                 | 25 MG      | TABLET     | ORAL      | 12/18/2025     | 0.45185   |
| DESIPRAMINE HCL                 | 50 MG      | TABLET     | ORAL      | 07/31/2025     | 0.52742   |
| DESIPRAMINE HCL                 | 75 MG      | TABLET     | ORAL      | 12/18/2025     | 1.64619   |
| DESLORATADINE                   | 5 MG       | TABLET     | ORAL      | 12/18/2025     | 0.55449   |
| DESMOPRESSIN (NONREFRIGERATED)  | 10/SPRAY   | SPRAY/PUMP | NASAL     | 03/25/2025     | 6.73875   |
| DESMOPRESSIN ACETATE            | 0.1 MG     | TABLET     | ORAL      | 04/03/2025     | 0.57419   |
| DESMOPRESSIN ACETATE            | 0.2 MG     | TABLET     | ORAL      | 01/22/2026     | 0.48856   |
| DESMOPRESSIN ACETATE            | 4 MCG/ML   | AMPUL      | INJECTION | 10/16/2025     | 30.91462  |
| DESMOPRESSIN ACETATE            | 4 MCG/ML   | VIAL       | INJECTION | 08/21/2025     | 14.01750  |
| DESOG-E. ESTRADIOL/E. ESTRADIOL | 21-5 (28)  | TABLET     | ORAL      | 12/30/2024     | 0.34330   |
| DESOGESTREL-ETHINYL ESTRADIOL   | 0.15-0.03  | TABLET     | ORAL      | 12/04/2025     | 0.13703   |
| DESOGESTREL-ETHINYL ESTRADIOL   | 7 DAYS X 3 | TABLET     | ORAL      | 05/06/2022     | 1.48843   |
| DESONIDE                        | 0.05 %     | CREAM (G)  | TOPICAL   | 06/26/2025     | 0.41093   |
| DESONIDE                        | 0.05 %     | OINT. (G)  | TOPICAL   | 08/07/2025     | 0.36984   |
| DESONIDE                        | 0.05 %     | LOTION     | TOPICAL   | 07/31/2025     | 0.36021   |
| DESOXIMETASONE                  | 0.25 %     | SPRAY      | TOPICAL   | 05/08/2025     | 1.53283   |
| DESOXIMETASONE                  | 0.05 %     | CREAM (G)  | TOPICAL   | 04/30/2026     | 3.22674   |
| DESOXIMETASONE                  | 0.25 %     | CREAM (G)  | TOPICAL   | 01/02/2025     | 0.40200   |
| DESOXIMETASONE                  | 0.25 %     | OINT. (G)  | TOPICAL   | 01/22/2026     | 0.59027   |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| DESOXIMETASONE                 | 0.05 %     | OINT. (G)  | TOPICAL   | 05/07/2026     | 3.20078   |
| DESVENLAFAXINE SUCCINATE       | 50 MG      | TAB ER 24H | ORAL      | 12/18/2025     | 0.52915   |
| DESVENLAFAXINE SUCCINATE       | 100 MG     | TAB ER 24H | ORAL      | 04/23/2026     | 0.49774   |
| DESVENLAFAXINE SUCCINATE       | 25 MG      | TAB ER 24H | ORAL      | 11/13/2025     | 0.84331   |
| DEXAMETHASONE                  | 0.5 MG/5ML | ELIXIR     | ORAL      | 04/02/2026     | 0.18002   |
| DEXAMETHASONE                  | 0.5 MG     | TABLET     | ORAL      | 11/06/2025     | 0.09253   |
| DEXAMETHASONE                  | 0.75 MG    | TABLET     | ORAL      | 11/06/2025     | 0.16589   |
| DEXAMETHASONE                  | 1.5 MG     | TABLET     | ORAL      | 04/30/2024     | 0.31959   |
| DEXAMETHASONE                  | 1 MG       | TABLET     | ORAL      | 11/11/2025     | 0.16195   |
| DEXAMETHASONE                  | 2 MG       | TABLET     | ORAL      | 12/22/2025     | 0.33582   |
| DEXAMETHASONE                  | 4 MG       | TABLET     | ORAL      | 04/23/2026     | 0.64106   |
| DEXAMETHASONE                  | 6 MG       | TABLET     | ORAL      | 11/06/2025     | 1.19541   |
| DEXAMETHASONE SODIUM PHOSP/PF  | 10 MG/ML   | SYRINGE    | INJECTION | 05/20/2025     | 3.17900   |
| DEXAMETHASONE SODIUM PHOSP/PF  | 10 MG/ML   | VIAL       | INJECTION | 03/19/2026     | 1.79078   |
| DEXAMETHASONE SODIUM PHOSPHATE | 10 MG/ML   | VIAL       | INJECTION | 04/01/2025     | 0.11016   |
| DEXAMETHASONE SODIUM PHOSPHATE | 4 MG/ML    | VIAL       | INJECTION | 03/19/2026     | 0.32919   |
| DEXBROMPHENIRAMINE/PSEUDOEPHED | 1MG-30MG/5 | SOLUTION   | ORAL      | 08/28/2025     | 0.02287   |
| DEXBROMPHENIRAMINE/PSEUDOEPHED | 2MG-60MG/5 | SOLUTION   | ORAL      | 10/16/2025     | 0.03314   |
| DEXBROMPHENIRAMINE/PSEUDOEPHED | 2 MG-60 MG | TABLET     | ORAL      | 10/16/2025     | 0.29480   |
| DEXCHLORPHENIR/PSEUDOEPHED/DM  | 1-30-15/5  | LIQUID     | ORAL      | 05/06/2022     | 0.07472   |
| DEXCHLORPHENIRAMINE MALEATE    | 2 MG/5 ML  | SOLUTION   | ORAL      | 04/16/2026     | 3.95933   |

*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

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

| Generic Name                  | Strength   | Form       | Route    | Effective Date | MAC Price |
|-------------------------------|------------|------------|----------|----------------|-----------|
| DEXLANSOPRAZOLE               | 30 MG      | CAP DR BP  | ORAL     | 01/22/2026     | 6.35000   |
| DEXLANSOPRAZOLE               | 60 MG      | CAP DR BP  | ORAL     | 01/29/2026     | 5.49007   |
| DEXMEDETOMIDINE HCL           | 200MCG/2ML | VIAL       | INTRAVEN | 10/23/2025     | 1.75647   |
| DEXMEDETOMIDINE HCL           | 400MCG/4ML | VIAL       | INTRAVEN | 02/20/2025     | 4.29000   |
| DEXMEDETOMIDINE HCL           | 1000MCG/10 | VIAL       | INTRAVEN | 04/01/2025     | 8.24730   |
| DEXMEDETOMIDINE IN 0.9 % NACL | 200 MCG/50 | INFUS. BTL | INTRAVEN | 04/16/2026     | 0.27336   |
| DEXMEDETOMIDINE IN 0.9 % NACL | 400MCG/100 | INFUS. BTL | INTRAVEN | 10/16/2025     | 0.21565   |
| DEXMEDETOMIDINE IN 0.9 % NACL | 80MCG/20ML | VIAL       | INTRAVEN | 08/31/2023     | 0.58826   |
| DEXMEDETOMIDINE IN 0.9 % NACL | 200 MCG/50 | PLAST. BAG | INTRAVEN | 07/17/2025     | 0.32798   |
| DEXMEDETOMIDINE IN 0.9 % NACL | 400MCG/100 | PLAST. BAG | INTRAVEN | 02/26/2026     | 0.17420   |
| DEXMETHYLPHENIDATE HCL        | 5 MG       | CPBP 50-50 | ORAL     | 05/05/2025     | 1.93737   |
| DEXMETHYLPHENIDATE HCL        | 10 MG      | CPBP 50-50 | ORAL     | 02/24/2026     | 1.42000   |
| DEXMETHYLPHENIDATE HCL        | 20 MG      | CPBP 50-50 | ORAL     | 04/16/2026     | 3.09751   |
| DEXMETHYLPHENIDATE HCL        | 15 MG      | CPBP 50-50 | ORAL     | 12/18/2025     | 2.32008   |
| DEXMETHYLPHENIDATE HCL        | 30 MG      | CPBP 50-50 | ORAL     | 12/02/2025     | 3.69442   |
| DEXMETHYLPHENIDATE HCL        | 40 MG      | CPBP 50-50 | ORAL     | 03/03/2026     | 2.14155   |
| DEXMETHYLPHENIDATE HCL        | 25 MG      | CPBP 50-50 | ORAL     | 04/16/2026     | 3.37366   |
| DEXMETHYLPHENIDATE HCL        | 35 MG      | CPBP 50-50 | ORAL     | 11/13/2025     | 3.38712   |
| DEXMETHYLPHENIDATE HCL        | 2.5 MG     | TABLET     | ORAL     | 02/25/2025     | 0.21922   |
| DEXMETHYLPHENIDATE HCL        | 5 MG       | TABLET     | ORAL     | 03/03/2026     | 0.28665   |
| DEXMETHYLPHENIDATE HCL        | 10 MG      | TABLET     | ORAL     | 04/29/2025     | 0.31758   |

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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| DEXRAZOXANE HCL               | 500 MG     | VIAL       | INTRAVEN   | 03/05/2026     | 164.00000 |
| DEXRAZOXANE HCL               | 250 MG     | VIAL       | INTRAVEN   | 10/02/2025     | 100.78825 |
| DEXTRAN/HYPROMELLOSE/GLYCERIN | 0.1-.3-.2% | DROPS      | OPHTHALMIC | 07/11/2024     | 0.35420   |
| DEXTROAMPHETAMINE SULFATE     | 10 MG      | CAPSULE ER | ORAL       | 11/13/2025     | 2.34396   |
| DEXTROAMPHETAMINE SULFATE     | 15 MG      | CAPSULE ER | ORAL       | 04/25/2023     | 1.81000   |
| DEXTROAMPHETAMINE SULFATE     | 5 MG       | CAPSULE ER | ORAL       | 11/13/2025     | 2.97264   |
| DEXTROAMPHETAMINE SULFATE     | 5 MG/5 ML  | SOLUTION   | ORAL       | 08/26/2025     | 1.08824   |
| DEXTROAMPHETAMINE SULFATE     | 10 MG      | TABLET     | ORAL       | 09/25/2025     | 0.80279   |
| DEXTROAMPHETAMINE SULFATE     | 15 MG      | TABLET     | ORAL       | 10/23/2025     | 8.38680   |
| DEXTROAMPHETAMINE SULFATE     | 5 MG       | TABLET     | ORAL       | 03/24/2026     | 0.93890   |
| DEXTROAMPHETAMINE SULFATE     | 2.5 MG     | TABLET     | ORAL       | 04/01/2025     | 7.97520   |
| DEXTROAMPHETAMINE SULFATE     | 7.5 MG     | TABLET     | ORAL       | 04/01/2025     | 7.97520   |
| DEXTROAMPHETAMINE SULFATE     | 20 MG      | TABLET     | ORAL       | 02/17/2026     | 5.04812   |
| DEXTROAMPHETAMINE SULFATE     | 30 MG      | TABLET     | ORAL       | 05/07/2026     | 8.90340   |
| DEXTROAMPHETAMINE/AMPHETAMINE | 5 MG       | CAP ER 24H | ORAL       | 06/17/2025     | 0.46552   |
| DEXTROAMPHETAMINE/AMPHETAMINE | 15 MG      | CAP ER 24H | ORAL       | 01/08/2026     | 1.02751   |
| DEXTROAMPHETAMINE/AMPHETAMINE | 25 MG      | CAP ER 24H | ORAL       | 12/16/2025     | 0.48240   |
| DEXTROAMPHETAMINE/AMPHETAMINE | 12.5 MG    | CPTP 24HR  | ORAL       | 03/19/2026     | 12.83557  |
| DEXTROAMPHETAMINE/AMPHETAMINE | 25 MG      | CPTP 24HR  | ORAL       | 05/04/2026     | 7.72518   |
| DEXTROAMPHETAMINE/AMPHETAMINE | 37.5 MG    | CPTP 24HR  | ORAL       | 03/10/2026     | 11.57635  |
| DEXTROAMPHETAMINE/AMPHETAMINE | 50 MG      | CPTP 24HR  | ORAL       | 04/29/2025     | 8.11426   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| DEXTROAMPHETAMINE/AMPHETAMINE  | 5 MG       | TABLET     | ORAL     | 05/04/2026     | 0.16109   |
| DEXTROAMPHETAMINE/AMPHETAMINE  | 10 MG      | TABLET     | ORAL     | 05/04/2026     | 0.25661   |
| DEXTROAMPHETAMINE/AMPHETAMINE  | 20 MG      | TABLET     | ORAL     | 05/04/2026     | 0.28823   |
| DEXTROAMPHETAMINE/AMPHETAMINE  | 30 MG      | TABLET     | ORAL     | 05/04/2026     | 0.29614   |
| DEXTROAMPHETAMINE/AMPHETAMINE  | 7.5 MG     | TABLET     | ORAL     | 04/30/2026     | 0.76139   |
| DEXTROAMPHETAMINE/AMPHETAMINE  | 12.5 MG    | TABLET     | ORAL     | 04/30/2026     | 0.67348   |
| DEXTROMETHORPHAN HB/DOXYLAMINE | 7.5-3.125  | LIQUID     | ORAL     | 05/01/2025     | 0.03968   |
| DEXTROMETHORPHAN HBR           | 10 MG/5 ML | LIQUID     | ORAL     | 01/08/2026     | 0.06666   |
| DEXTROMETHORPHAN POLISTIREX    | 30 MG/5 ML | SUS ER 12H | ORAL     | 03/05/2026     | 0.08600   |
| DEXTROMETHORPHAN/PHENYLEPHRINE | 5-2.5 MG/5 | LIQUID     | ORAL     | 07/31/2025     | 0.06192   |
| DEXTROSE                       | 40 %       | GEL (GRAM) | ORAL     | 05/07/2026     | 0.07057   |
| DEXTROSE 10 % IN WATER         | 10 %       | DEHP FR BG | INTRAVEN | 02/06/2025     | 0.00873   |
| DEXTROSE 10 % IN WATER         | 10 %       | IV SOLN    | INTRAVEN | 06/12/2025     | 0.01194   |
| 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 | 06/05/2025     | 0.00549   |
| DEXTROSE 5 % IN WATER          | 5 %        | IV SOLN    | INTRAVEN | 04/14/2026     | 0.00539   |
| DEXTROSE 5 %-0.2 % SOD CHLORID | 5 %-0.2 %  | IV SOLN    | INTRAVEN | 02/09/2023     | 0.00585   |
| DEXTROSE 5 %-0.45 % SOD CHLORD | 5 %-0.45 % | IV SOLN    | INTRAVEN | 10/23/2025     | 0.00443   |
| DEXTROSE 5%-LACTATED RINGERS   | 5 %        | IV SOLN    | INTRAVEN | 10/23/2025     | 0.01129   |
| DEXTROSE 50 % IN WATER         | 50 %       | SYRINGE    | INTRAVEN | 02/19/2026     | 0.46676   |

*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

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

| Generic Name                  | Strength   | Form       | Route     | Effective Date | MAC Price |
|-------------------------------|------------|------------|-----------|----------------|-----------|
| DEXTROSE 70 % IN WATER        | 70 %       | IV SOLN    | INTRAVEN  | 02/26/2026     | 0.00821   |
| DIABETIC SUPPLIES,MISCELL     |            | EACH       | MISCELL   | 05/12/2022     | 1.12560   |
| DIABETIC SUPPLIES,MISCELL     |            | MISCELL    | MISCELL   | 01/29/2026     | 1.83413   |
| DIATRIZOATE MEGLUMINE, SODIUM | 66 %-10 %  | SOLUTION   | ORAL      | 10/03/2024     | 0.33150   |
| DIAZEPAM                      | 5 MG/5 ML  | SOLUTION   | ORAL      | 08/26/2025     | 0.08652   |
| DIAZEPAM                      | 5 MG/5 ML  | SOLUTION   | ORAL      | 08/13/2024     | 4.54730   |
| DIAZEPAM                      | 10 MG      | TABLET     | ORAL      | 04/15/2025     | 0.02748   |
| DIAZEPAM                      | 2 MG       | TABLET     | ORAL      | 09/29/2025     | 0.03966   |
| DIAZEPAM                      | 5 MG       | TABLET     | ORAL      | 09/29/2025     | 0.03270   |
| DIAZEPAM                      | 5 MG/ML    | CARTRIDGE  | INJECTION | 11/21/2018     | 12.03345  |
| DIAZEPAM                      | 5 MG/ML    | VIAL       | INJECTION | 04/20/2023     | 3.16048   |
| DIAZEPAM                      | 5-7.5-10MG | KIT        | RECTAL    | 08/05/2025     | 212.37692 |
| DIAZEPAM                      | 12.5-15-20 | KIT        | RECTAL    | 03/17/2026     | 186.58075 |
| DIAZOXIDE                     | 50 MG/ML   | ORAL SUSP  | ORAL      | 02/09/2026     | 5.99696   |
| DIBUCAINE                     | 1 %        | OINT. (G)  | TOPICAL   | 03/27/2025     | 0.12658   |
| DICHLORPHENAMIDE              | 50 MG      | TABLET     | ORAL      | 02/19/2026     | 360.10331 |
| DICLOFENAC EPOLAMINE          | 1.3 %      | PATCH TD12 | TRANSDERM | 12/30/2025     | 5.68816   |
| DICLOFENAC POTASSIUM          | 25 MG      | CAPSULE    | ORAL      | 04/30/2026     | 10.29250  |
| DICLOFENAC POTASSIUM          | 50 MG      | POWD PACK  | ORAL      | 04/30/2026     | 16.33333  |
| DICLOFENAC POTASSIUM          | 50 MG      | TABLET     | ORAL      | 02/26/2026     | 0.24742   |
| DICLOFENAC POTASSIUM          | 25 MG      | TABLET     | ORAL      | 11/24/2025     | 10.40606  |

*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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| DICLOFENAC SODIUM             | 25 MG      | TABLET DR  | ORAL       | 06/25/2024     | 0.95261   |
| DICLOFENAC SODIUM             | 50 MG      | TABLET DR  | ORAL       | 04/30/2026     | 0.08911   |
| DICLOFENAC SODIUM             | 75 MG      | TABLET DR  | ORAL       | 04/30/2026     | 0.10318   |
| DICLOFENAC SODIUM             | 100 MG     | TAB ER 24H | ORAL       | 04/09/2026     | 1.09880   |
| DICLOFENAC SODIUM             | 3 %        | GEL (GRAM) | TOPICAL    | 12/22/2025     | 0.43121   |
| DICLOFENAC SODIUM             | 20MG/G(2%) | SOL MD PMP | TOPICAL    | 12/30/2025     | 1.25800   |
| DICLOFENAC SODIUM             | 1.5 %      | DROPS      | TOPICAL    | 01/15/2026     | 0.27202   |
| DICLOFENAC SODIUM             | 0.1 %      | DROPS      | OPHTHALMIC | 09/29/2025     | 3.70392   |
| DICLOFENAC SODIUM/MISOPROSTOL | 50 MG-200  | TAB IR DR  | ORAL       | 12/18/2025     | 1.50973   |
| DICLOFENAC SODIUM/MISOPROSTOL | 75 MG-200  | TAB IR DR  | ORAL       | 10/09/2025     | 1.82061   |
| DICLOXACILLIN SODIUM          | 250 MG     | CAPSULE    | ORAL       | 09/04/2025     | 1.25612   |
| DICLOXACILLIN SODIUM          | 500 MG     | CAPSULE    | ORAL       | 12/18/2025     | 1.90803   |
| DICYCLOMINE HCL               | 10 MG      | CAPSULE    | ORAL       | 05/07/2026     | 0.10419   |
| DICYCLOMINE HCL               | 10 MG/5 ML | SOLUTION   | ORAL       | 12/18/2025     | 0.29409   |
| DICYCLOMINE HCL               | 20 MG      | TABLET     | ORAL       | 05/07/2026     | 0.09635   |
| DICYCLOMINE HCL               | 10 MG/ML   | VIAL       | INTRAMUSC  | 03/19/2026     | 9.60940   |
| DIETHYLPROPION HCL            | 25 MG      | TABLET     | ORAL       | 07/17/2025     | 0.34585   |
| DIETHYLPROPION HCL            | 75 MG      | TABLET ER  | ORAL       | 11/20/2025     | 3.96000   |
| 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   |

*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

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

| Generic Name               | Strength   | Form       | Route      | Effective Date | MAC Price |
|----------------------------|------------|------------|------------|----------------|-----------|
| 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    | 08/28/2024     | 0.02113   |
| DIFLORASONE DIACETATE      | 0.05 %     | CREAM (G)  | TOPICAL    | 05/30/2024     | 6.45033   |
| DIFLORASONE DIACETATE      | 0.05 %     | OINT. (G)  | TOPICAL    | 10/02/2025     | 2.92160   |
| DIFLUNISAL                 | 500 MG     | TABLET     | ORAL       | 10/23/2025     | 1.99571   |
| DIFLUPREDNATE              | 0.05 %     | DROPS      | OPHTHALMIC | 02/26/2026     | 15.39720  |
| DIGOXIN                    | 50 MCG/ML  | SOLUTION   | ORAL       | 06/24/2025     | 1.13693   |
| DIGOXIN                    | 125 MCG    | TABLET     | ORAL       | 02/19/2026     | 0.10240   |
| DIGOXIN                    | 250 MCG    | TABLET     | ORAL       | 06/24/2025     | 0.11347   |
| DIGOXIN                    | 62.5 MCG   | TABLET     | ORAL       | 01/15/2026     | 13.68738  |
| DIGOXIN                    | 250 MCG/ML | AMPUL      | INJECTION  | 06/24/2025     | 0.60500   |
| DIHYDROERGOTAMINE MESYLATE | 1 MG/ML    | AMPUL      | INJECTION  | 05/07/2026     | 72.68890  |
| DIHYDROERGOTAMINE MESYLATE | 0.5MG/SPRY | SPRAY/PUMP | NASAL      | 04/16/2026     | 53.55016  |
| DILTIAZEM HCL              | 120 MG     | CAP ER 12H | ORAL       | 08/11/2025     | 3.65610   |
| DILTIAZEM HCL              | 60 MG      | CAP ER 12H | ORAL       | 10/02/2025     | 2.89331   |
| DILTIAZEM HCL              | 90 MG      | CAP ER 12H | ORAL       | 04/28/2026     | 2.67511   |
| DILTIAZEM HCL              | 180 MG     | CAP ER 24H | ORAL       | 04/03/2025     | 0.28110   |
| DILTIAZEM HCL              | 240 MG     | CAP ER 24H | ORAL       | 02/12/2026     | 0.39393   |
| DILTIAZEM HCL              | 300 MG     | CAP ER 24H | ORAL       | 04/03/2025     | 0.41486   |

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

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

| Generic Name  | Strength | Form       | Route | Effective Date | MAC Price |
|---------------|----------|------------|-------|----------------|-----------|
| DILTIAZEM HCL | 120 MG   | CAP ER 24H | ORAL  | 04/30/2026     | 0.21038   |
| DILTIAZEM HCL | 360 MG   | CAP ER 24H | ORAL  | 01/22/2026     | 0.67328   |
| DILTIAZEM HCL | 360 MG   | CAP SA 24H | ORAL  | 07/03/2023     | 0.29670   |
| DILTIAZEM HCL | 120 MG   | CAP SA 24H | ORAL  | 06/12/2025     | 0.69464   |
| DILTIAZEM HCL | 180 MG   | CAP SA 24H | ORAL  | 07/06/2023     | 0.21142   |
| DILTIAZEM HCL | 240 MG   | CAP SA 24H | ORAL  | 10/16/2025     | 1.18962   |
| DILTIAZEM HCL | 300 MG   | CAP SA 24H | ORAL  | 05/13/2024     | 0.38756   |
| DILTIAZEM HCL | 420 MG   | CAP SA 24H | ORAL  | 05/03/2023     | 1.64634   |
| DILTIAZEM HCL | 180 MG   | CAP ER DEG | ORAL  | 05/07/2026     | 0.59992   |
| DILTIAZEM HCL | 240 MG   | CAP ER DEG | ORAL  | 10/02/2025     | 0.54819   |
| DILTIAZEM HCL | 120 MG   | CAP ER DEG | ORAL  | 02/19/2026     | 0.54618   |
| DILTIAZEM HCL | 120 MG   | TABLET     | ORAL  | 02/09/2026     | 0.08994   |
| DILTIAZEM HCL | 30 MG    | TABLET     | ORAL  | 08/19/2025     | 0.04675   |
| DILTIAZEM HCL | 60 MG    | TABLET     | ORAL  | 01/22/2026     | 0.13172   |
| DILTIAZEM HCL | 90 MG    | TABLET     | ORAL  | 01/22/2026     | 0.17372   |
| DILTIAZEM HCL | 120 MG   | TAB ER 24H | ORAL  | 01/22/2026     | 2.25477   |
| DILTIAZEM HCL | 180 MG   | TAB ER 24H | ORAL  | 02/12/2026     | 1.25067   |
| DILTIAZEM HCL | 240 MG   | TAB ER 24H | ORAL  | 04/21/2026     | 1.66561   |
| DILTIAZEM HCL | 300 MG   | TAB ER 24H | ORAL  | 04/21/2026     | 1.92115   |
| DILTIAZEM HCL | 360 MG   | TAB ER 24H | ORAL  | 04/21/2026     | 1.93140   |
| DILTIAZEM HCL | 420 MG   | TAB ER 24H | ORAL  | 02/12/2026     | 2.83668   |

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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| DILTIAZEM HCL                  | 5 MG/ML    | VIAL       | INTRAVEN  | 04/10/2025     | 0.37108   |
| DILUENT FOR TREPROSTINIL (GLY) | 50 ML      | VIAL       | INTRAVEN  | 05/08/2025     | 0.30284   |
| DILUENT,CAPLACIZUMAB-YHDP      | 1 ML       | SYRINGE    | INJECTION | 10/01/2020     | 0.14003   |
| DIMENHYDRINATE                 | 50 MG      | TABLET     | ORAL      | 11/26/2024     | 0.01491   |
| DIMETHICONE                    | 1 %        | CREAM (G)  | TOPICAL   | 05/06/2022     | 0.05877   |
| DIMETHICONE                    | 5 %        | CREAM(ML)  | TOPICAL   | 04/27/2023     | 0.04021   |
| DIMETHICONE                    | 1 %        | OINT. (G)  | TOPICAL   | 06/18/2025     | 0.05769   |
| DIMETHYL FUMARATE              | 120-240 MG | CAPSULE DR | ORAL      | 11/22/2023     | 3.66190   |
| DIMETHYL FUMARATE              | 120 MG     | CAPSULE DR | ORAL      | 08/21/2025     | 3.30000   |
| DIMETHYL FUMARATE              | 240 MG     | CAPSULE DR | ORAL      | 04/02/2026     | 0.89892   |
| DIPHENHYD/PHENYLEPH/ACETAMINOP | 5-325MG/10 | LIQUID     | ORAL      | 09/12/2024     | 0.04705   |
| DIPHENHYDRAMINE HCL            | 25 MG      | CAPSULE    | ORAL      | 04/30/2025     | 0.01260   |
| DIPHENHYDRAMINE HCL            | 50 MG      | CAPSULE    | ORAL      | 02/12/2026     | 0.05792   |
| DIPHENHYDRAMINE HCL            | 12.5MG/5ML | ELIXIR     | ORAL      | 03/14/2017     | 0.45059   |
| DIPHENHYDRAMINE HCL            | 12.5MG/5ML | LIQUID     | ORAL      | 03/19/2026     | 0.33822   |
| DIPHENHYDRAMINE HCL            | 25 MG      | TABLET     | ORAL      | 02/12/2026     | 0.01273   |
| DIPHENHYDRAMINE HCL            | 12.5 MG    | TAB CHEW   | ORAL      | 03/19/2025     | 0.37044   |
| DIPHENHYDRAMINE HCL            | 50 MG/ML   | VIAL       | INJECTION | 03/12/2026     | 0.80400   |
| DIPHENHYDRAMINE HCL/ZINC ACET  | 2 %-0.1 %  | CREAM (G)  | TOPICAL   | 08/14/2025     | 0.01665   |
| DIPHENOXYLATE HCL/ATROPINE     | 2.5-.025MG | TABLET     | ORAL      | 01/15/2026     | 0.17609   |
| DIPYRIDAMOLE                   | 25 MG      | TABLET     | ORAL      | 10/05/2023     | 0.17554   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| DIPYRIDAMOLE                   | 50 MG      | TABLET     | ORAL     | 10/05/2023     | 0.31798   |
| DIPYRIDAMOLE                   | 75 MG      | TABLET     | ORAL     | 08/31/2023     | 0.41741   |
| DISOPYRAMIDE PHOSPHATE         | 100 MG     | CAPSULE    | ORAL     | 06/24/2025     | 0.63598   |
| DISOPYRAMIDE PHOSPHATE         | 150 MG     | CAPSULE    | ORAL     | 06/24/2025     | 0.90328   |
| DISULFIRAM                     | 250 MG     | TABLET     | ORAL     | 10/19/2023     | 2.28090   |
| DISULFIRAM                     | 500 MG     | TABLET     | ORAL     | 05/22/2025     | 9.58660   |
| DIVALPROEX SODIUM              | 125 MG     | CAP DR SPR | ORAL     | 01/29/2026     | 0.20663   |
| DIVALPROEX SODIUM              | 125 MG     | TABLET DR  | ORAL     | 08/26/2025     | 0.04417   |
| DIVALPROEX SODIUM              | 250 MG     | TABLET DR  | ORAL     | 08/26/2025     | 0.07300   |
| DIVALPROEX SODIUM              | 500 MG     | TABLET DR  | ORAL     | 04/09/2026     | 0.23597   |
| DIVALPROEX SODIUM              | 500 MG     | TAB ER 24H | ORAL     | 04/16/2026     | 0.24294   |
| DIVALPROEX SODIUM              | 250 MG     | TAB ER 24H | ORAL     | 02/19/2026     | 0.15209   |
| DM/ACETAMINOPHEN/DOXYLAMINE    | 15MG-325MG | CAPSULE    | ORAL     | 04/30/2026     | 0.26503   |
| DM/ACETAMINOPHEN/DOXYLAMINE    | 15-325/15  | LIQUID     | ORAL     | 02/19/2026     | 0.02290   |
| DM/PE/ACETAMINOPHEN/DOXYLAMINE | 10-5-325MG | CAP SEQ    | ORAL     | 06/29/2023     | 0.43885   |
| DM/PE/ACETAMINOPHEN/DOXYLAMINE | 5-325MG/15 | LIQUID     | ORAL     | 10/19/2023     | 0.03092   |
| DOBUTAMINE HCL                 | 250MG/20ML | VIAL       | INTRAVEN | 05/22/2025     | 0.32347   |
| DOBUTAMINE HCL IN DEXTROSE 5 % | 500MG/250  | IV SOLN    | INTRAVEN | 06/06/2023     | 0.19025   |
| DOBUTAMINE HCL IN DEXTROSE 5 % | 1000MG/250 | IV SOLN    | INTRAVEN | 03/26/2026     | 0.14767   |
| DOBUTAMINE HCL IN DEXTROSE 5 % | 250 MG/250 | IV SOLN    | INTRAVEN | 05/07/2026     | 0.13147   |
| DOCETAXEL                      | 20MG/ML(1) | VIAL       | INTRAVEN | 12/22/2025     | 20.84250  |

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

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

| Generic Name         | Strength   | Form       | Route    | Effective Date | MAC Price |
|----------------------|------------|------------|----------|----------------|-----------|
| DOCETAXEL            | 80 MG/4 ML | VIAL       | INTRAVEN | 05/14/2025     | 12.94388  |
| DOCETAXEL            | 160 MG/8ML | VIAL       | INTRAVEN | 11/13/2025     | 9.80806   |
| DOCETAXEL            | 80 MG/8 ML | VIAL       | INTRAVEN | 03/26/2026     | 9.07500   |
| DOCETAXEL            | 20 MG/2 ML | VIAL       | INTRAVEN | 03/30/2026     | 13.06250  |
| DOCETAXEL            | 160MG/16ML | VIAL       | INTRAVEN | 01/22/2026     | 7.50649   |
| DOCOSAHEXAENOIC ACID | 200 MG     | CAPSULE    | ORAL     | 03/23/2023     | 0.17393   |
| DOCOSANOL            | 10 %       | CREAM (G)  | TOPICAL  | 10/02/2025     | 9.59675   |
| DOCUSATE CALCIUM     | 240 MG     | CAPSULE    | ORAL     | 11/06/2025     | 0.06037   |
| DOCUSATE SODIUM      | 100 MG     | CAPSULE    | ORAL     | 02/23/2026     | 0.01284   |
| DOCUSATE SODIUM      | 250 MG     | CAPSULE    | ORAL     | 02/19/2026     | 0.05980   |
| DOCUSATE SODIUM      | 50 MG/5 ML | LIQUID     | ORAL     | 02/05/2026     | 0.01948   |
| DOCUSATE SODIUM      | 100 MG     | TABLET     | ORAL     | 01/25/2024     | 0.01357   |
| DOCUSATE SODIUM      | 283 MG/5ML | ENEMA      | RECTAL   | 02/24/2026     | 0.20430   |
| DOFETILIDE           | 125 MCG    | CAPSULE    | ORAL     | 01/15/2026     | 0.16740   |
| DOFETILIDE           | 250 MCG    | CAPSULE    | ORAL     | 01/15/2026     | 0.18077   |
| DOFETILIDE           | 500 MCG    | CAPSULE    | ORAL     | 01/15/2026     | 0.17142   |
| DONEPEZIL HCL        | 10 MG      | TABLET     | ORAL     | 12/31/2025     | 0.04422   |
| DONEPEZIL HCL        | 5 MG       | TABLET     | ORAL     | 10/09/2025     | 0.04269   |
| DONEPEZIL HCL        | 23 MG      | TABLET     | ORAL     | 05/07/2026     | 0.96346   |
| DONEPEZIL HCL        | 5 MG       | TAB RAPDIS | ORAL     | 05/06/2022     | 4.95000   |
| DONEPEZIL HCL        | 10 MG      | TAB RAPDIS | ORAL     | 10/19/2021     | 1.93000   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| DOPAMINE HCL                   | 200 MG/5ML | VIAL       | INTRAVEN   | 10/23/2025     | 1.36766   |
| DOPAMINE HCL                   | 400MG/10ML | VIAL       | INTRAVEN   | 08/21/2025     | 1.33850   |
| DOPAMINE HCL IN DEXTROSE 5 %   | 800MG/.25L | PLAST. BAG | INTRAVEN   | 12/18/2025     | 0.15003   |
| DOPAMINE HCL IN DEXTROSE 5 %   | 400MG/.25L | PLAST. BAG | INTRAVEN   | 11/13/2025     | 0.10816   |
| DOPAMINE HCL IN DEXTROSE 5 %   | 800MG/0.5L | PLAST. BAG | INTRAVEN   | 10/23/2025     | 0.08114   |
| DORZOLAMIDE HCL                | 2 %        | DROPS      | OPHTHALMIC | 02/25/2025     | 0.98490   |
| DORZOLAMIDE HCL/TIMOLOL MALEAT | 22.3-6.8/1 | DROPS      | OPHTHALMIC | 11/06/2025     | 1.27970   |
| DORZOLAMIDE/TIMOLOL/PF         | 2 %-0.5 %  | DROPERETTE | OPHTHALMIC | 03/19/2024     | 1.87600   |
| DOXAZOSIN MESYLATE             | 1 MG       | TABLET     | ORAL       | 04/09/2024     | 0.04958   |
| DOXAZOSIN MESYLATE             | 2 MG       | TABLET     | ORAL       | 04/09/2024     | 0.04985   |
| DOXAZOSIN MESYLATE             | 4 MG       | TABLET     | ORAL       | 04/09/2024     | 0.05534   |
| DOXAZOSIN MESYLATE             | 8 MG       | TABLET     | ORAL       | 04/09/2024     | 0.06057   |
| DOXEPIN HCL                    | 10 MG      | CAPSULE    | ORAL       | 10/14/2025     | 0.08938   |
| DOXEPIN HCL                    | 100 MG     | CAPSULE    | ORAL       | 10/21/2025     | 0.19877   |
| DOXEPIN HCL                    | 150 MG     | CAPSULE    | ORAL       | 03/05/2026     | 0.80266   |
| DOXEPIN HCL                    | 25 MG      | CAPSULE    | ORAL       | 03/26/2026     | 0.10800   |
| DOXEPIN HCL                    | 50 MG      | CAPSULE    | ORAL       | 10/21/2025     | 0.10198   |
| DOXEPIN HCL                    | 75 MG      | CAPSULE    | ORAL       | 11/13/2025     | 0.36006   |
| DOXEPIN HCL                    | 3 MG       | TABLET     | ORAL       | 09/24/2024     | 2.75000   |
| DOXEPIN HCL                    | 6 MG       | TABLET     | ORAL       | 09/24/2024     | 2.75000   |
| DOXEPIN HCL                    | 5 %        | CREAM (G)  | TOPICAL    | 01/15/2026     | 12.37109  |

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

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

| Generic Name                  | Strength   | Form      | Route    | Effective Date | MAC Price |
|-------------------------------|------------|-----------|----------|----------------|-----------|
| DOXERCALCIFEROL               | 2.5 MCG    | CAPSULE   | ORAL     | 03/13/2025     | 13.13400  |
| DOXERCALCIFEROL               | 0.5 MCG    | CAPSULE   | ORAL     | 11/06/2025     | 7.62000   |
| DOXERCALCIFEROL               | 1 MCG      | CAPSULE   | ORAL     | 03/13/2025     | 11.22000  |
| DOXORUBICIN HCL               | 50 MG      | VIAL      | INTRAVEN | 12/04/2025     | 161.76550 |
| DOXORUBICIN HCL               | 2 MG/ML    | VIAL      | INTRAVEN | 05/22/2025     | 0.46121   |
| DOXORUBICIN HCL               | 10 MG/5 ML | VIAL      | INTRAVEN | 04/10/2025     | 1.52760   |
| DOXORUBICIN HCL               | 50 MG/25ML | VIAL      | INTRAVEN | 11/21/2024     | 0.70323   |
| DOXORUBICIN HCL               | 20 MG/10ML | VIAL      | INTRAVEN | 11/13/2025     | 1.40030   |
| DOXORUBICIN HCL PEG-LIPOSOMAL | 2 MG/ML    | VIAL      | INTRAVEN | 04/09/2026     | 11.44000  |
| DOXYCYCLINE HYCLATE           | 100 MG     | CAPSULE   | ORAL     | 04/30/2025     | 0.09443   |
| DOXYCYCLINE HYCLATE           | 50 MG      | CAPSULE   | ORAL     | 12/18/2025     | 0.20100   |
| DOXYCYCLINE HYCLATE           | 100 MG     | TABLET    | ORAL     | 02/23/2026     | 0.09428   |
| DOXYCYCLINE HYCLATE           | 50 MG      | TABLET    | ORAL     | 04/23/2026     | 7.45723   |
| DOXYCYCLINE HYCLATE           | 20 MG      | TABLET    | ORAL     | 04/03/2025     | 0.48160   |
| DOXYCYCLINE HYCLATE           | 75 MG      | TABLET    | ORAL     | 12/18/2025     | 1.78622   |
| DOXYCYCLINE HYCLATE           | 150 MG     | TABLET    | ORAL     | 11/13/2025     | 1.62408   |
| DOXYCYCLINE HYCLATE           | 75 MG      | TABLET DR | ORAL     | 01/26/2023     | 3.26612   |
| DOXYCYCLINE HYCLATE           | 100 MG     | TABLET DR | ORAL     | 02/19/2026     | 5.37312   |
| DOXYCYCLINE HYCLATE           | 150 MG     | TABLET DR | ORAL     | 04/23/2026     | 5.16173   |
| DOXYCYCLINE HYCLATE           | 200 MG     | TABLET DR | ORAL     | 10/02/2025     | 11.78375  |
| DOXYCYCLINE HYCLATE           | 50 MG      | TABLET DR | ORAL     | 10/02/2025     | 6.75153   |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| DOXYCYCLINE HYCLATE            | 100 MG     | VIAL       | INTRAVEN  | 04/28/2026     | 13.06250  |
| DOXYCYCLINE MONOHYDRATE        | 100 MG     | CAPSULE    | ORAL      | 05/06/2025     | 0.18050   |
| DOXYCYCLINE MONOHYDRATE        | 50 MG      | CAPSULE    | ORAL      | 12/22/2025     | 0.19551   |
| DOXYCYCLINE MONOHYDRATE        | 75 MG      | CAPSULE    | ORAL      | 10/19/2021     | 6.34000   |
| DOXYCYCLINE MONOHYDRATE        | 150 MG     | CAPSULE    | ORAL      | 12/22/2025     | 12.94133  |
| DOXYCYCLINE MONOHYDRATE        | 40 MG      | CAP IR DR  | ORAL      | 02/26/2026     | 16.02020  |
| DOXYCYCLINE MONOHYDRATE        | 25 MG/5 ML | SUSP RECON | ORAL      | 04/10/2025     | 0.29591   |
| DOXYCYCLINE MONOHYDRATE        | 100 MG     | TABLET     | ORAL      | 11/13/2025     | 0.36555   |
| DOXYCYCLINE MONOHYDRATE        | 50 MG      | TABLET     | ORAL      | 04/03/2025     | 0.46739   |
| DOXYCYCLINE MONOHYDRATE        | 75 MG      | TABLET     | ORAL      | 11/13/2025     | 0.91522   |
| DOXYCYCLINE MONOHYDRATE        | 150 MG     | TABLET     | ORAL      | 04/03/2025     | 1.41013   |
| DOXYLAMINE SUCCINATE           | 25 MG      | TABLET     | ORAL      | 04/23/2026     | 0.30708   |
| DOXYLAMINE SUCCINATE/VIT B6    | 10 MG-10MG | TABLET DR  | ORAL      | 12/18/2025     | 2.79286   |
| DRONABINOL                     | 5 MG       | CAPSULE    | ORAL      | 02/09/2026     | 3.25624   |
| DROPERIDOL                     | 2.5 MG/ML  | VIAL       | INJECTION | 04/01/2025     | 3.96780   |
| DROSPIR/ETH ESTRA/LEVOMEFOL CA | 3-0.02(24) | TABLET     | ORAL      | 04/03/2025     | 4.79081   |
| DROSPIR/ETH ESTRA/LEVOMEFOL CA | 3-0.03(21) | TABLET     | ORAL      | 06/20/2024     | 5.08962   |
| DROXIDOPA                      | 100 MG     | CAPSULE    | ORAL      | 03/30/2026     | 0.39306   |
| DROXIDOPA                      | 200 MG     | CAPSULE    | ORAL      | 03/30/2026     | 0.78613   |
| DROXIDOPA                      | 300 MG     | CAPSULE    | ORAL      | 03/30/2026     | 1.17920   |
| DULOXETINE HCL                 | 20 MG      | CAPSULE DR | ORAL      | 04/23/2026     | 0.10340   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| DULOXETINE HCL                 | 30 MG      | CAPSULE DR | ORAL     | 05/27/2025     | 0.06898   |
| DULOXETINE HCL                 | 60 MG      | CAPSULE DR | ORAL     | 05/27/2025     | 0.07802   |
| DULOXETINE HCL                 | 40 MG      | CAPSULE DR | ORAL     | 07/31/2025     | 1.73664   |
| DUTASTERIDE                    | 0.5 MG     | CAPSULE    | ORAL     | 02/26/2026     | 0.09603   |
| DUTASTERIDE/TAMSULOSIN HCL     | 0.5-0.4 MG | CPMP 24HR  | ORAL     | 01/22/2026     | 3.39900   |
| ECHINACEA                      | 400 MG     | CAPSULE    | ORAL     | 07/27/2022     | 0.05065   |
| ECONAZOLE NITRATE              | 1 %        | CREAM (G)  | TOPICAL  | 01/22/2026     | 0.27115   |
| EDARAVONE                      | 30MG/100ML | PIGGYBACK  | INTRAVEN | 08/14/2025     | 4.75708   |
| EFAVIRENZ                      | 600 MG     | TABLET     | ORAL     | 10/02/2025     | 4.02204   |
| EFAVIRENZ/EMTRICIT/TENOFOVR DF | 600-200MG  | TABLET     | ORAL     | 12/11/2025     | 4.22400   |
| EFAVIRENZ/LAMIVU/TENOFOV DISOP | 600-300 MG | TABLET     | ORAL     | 02/09/2023     | 60.95641  |
| ELECTROLYTE-148 SOLUTION       |            | IV SOLN    | INTRAVEN | 07/20/2023     | 0.01769   |
| ELECTROLYTE-A SOLUTION         |            | IV SOLN    | INTRAVEN | 10/23/2025     | 0.03477   |
| ELECTROLYTES/DEXTROSE          |            | PACKET     | ORAL     | 04/30/2026     | 0.12576   |
| ELECTROLYTES/DEXTROSE          |            | SOLUTION   | ORAL     | 04/16/2026     | 0.00568   |
| ELETRIPTAN HYDROBROMIDE        | 20 MG      | TABLET     | ORAL     | 02/17/2026     | 3.24074   |
| ELETRIPTAN HYDROBROMIDE        | 40 MG      | TABLET     | ORAL     | 01/22/2026     | 2.70600   |
| ELTROMBOPAG OLAMINE            | 25 MG      | POWD PACK  | ORAL     | 05/29/2025     | 254.03190 |
| ELTROMBOPAG OLAMINE            | 12.5 MG    | POWD PACK  | ORAL     | 05/29/2025     | 254.03093 |
| ELTROMBOPAG OLAMINE            | 25 MG      | TABLET     | ORAL     | 05/07/2026     | 8.57240   |
| ELTROMBOPAG OLAMINE            | 50 MG      | TABLET     | ORAL     | 05/07/2026     | 13.54185  |

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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| ELTROMBOPAG OLAMINE            | 75 MG      | TABLET     | ORAL     | 02/23/2026     | 20.36300  |
| ELTROMBOPAG OLAMINE            | 12.5 MG    | TABLET     | ORAL     | 05/07/2026     | 8.57240   |
| EMOLLIENT BASE                 |            | CREAM (G)  | TOPICAL  | 04/30/2026     | 0.03248   |
| EMOLLIENT COMBINATION NO.92    |            | LOTION     | TOPICAL  | 04/30/2026     | 0.01231   |
| EMOLLIENT NO56/HYALURONIC ACID |            | GEL (GRAM) | TOPICAL  | 10/03/2024     | 0.10416   |
| EMTRICITA/RILPIVIRINE/TENOF DF | 200-25-300 | TABLET     | ORAL     | 04/14/2026     | 74.72489  |
| EMTRICITABINE                  | 200 MG     | CAPSULE    | ORAL     | 05/22/2024     | 18.77750  |
| EMTRICITABINE/TENOFOVIR (TDF)  | 200-300 MG | TABLET     | ORAL     | 12/11/2025     | 0.84867   |
| EMTRICITABINE/TENOFOVIR (TDF)  | 100-150 MG | TABLET     | ORAL     | 03/19/2026     | 15.10810  |
| EMTRICITABINE/TENOFOVIR (TDF)  | 133-200 MG | TABLET     | ORAL     | 11/13/2025     | 16.30615  |
| EMTRICITABINE/TENOFOVIR (TDF)  | 167-250 MG | TABLET     | ORAL     | 09/18/2025     | 20.41165  |
| ENALAPRIL MALEATE              | 1 MG/ML    | SOLUTION   | ORAL     | 03/05/2026     | 1.26112   |
| ENALAPRIL MALEATE              | 10 MG      | TABLET     | ORAL     | 08/19/2025     | 0.06150   |
| ENALAPRIL MALEATE              | 2.5 MG     | TABLET     | ORAL     | 10/30/2025     | 0.05092   |
| ENALAPRIL MALEATE              | 20 MG      | TABLET     | ORAL     | 11/25/2025     | 0.08040   |
| ENALAPRIL MALEATE              | 5 MG       | TABLET     | ORAL     | 08/19/2025     | 0.05125   |
| ENALAPRIL/HYDROCHLOROTHIAZIDE  | 10 MG-25MG | TABLET     | ORAL     | 02/09/2026     | 0.16584   |
| ENALAPRILAT DIHYDRATE          | 1.25 MG/ML | VIAL       | INTRAVEN | 06/17/2025     | 1.60800   |
| ENOXAPARIN SODIUM              | 30MG/0.3ML | SYRINGE    | SUBCUT   | 01/02/2025     | 8.47400   |
| ENOXAPARIN SODIUM              | 60MG/0.6ML | SYRINGE    | SUBCUT   | 02/27/2024     | 7.73300   |
| ENOXAPARIN SODIUM              | 80MG/0.8ML | SYRINGE    | SUBCUT   | 02/27/2024     | 7.99425   |

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

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

| Generic Name       | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------|------------|------------|------------|----------------|-----------|
| ENOXAPARIN SODIUM  | 100 MG/ML  | SYRINGE    | SUBCUT     | 02/27/2024     | 7.99140   |
| ENOXAPARIN SODIUM  | 40MG/0.4ML | SYRINGE    | SUBCUT     | 05/27/2025     | 6.40726   |
| ENOXAPARIN SODIUM  | 150 MG/ML  | SYRINGE    | SUBCUT     | 01/02/2025     | 12.51250  |
| ENOXAPARIN SODIUM  | 120MG/.8ML | SYRINGE    | SUBCUT     | 01/02/2025     | 12.53313  |
| ENOXAPARIN SODIUM  | 300 MG/3ML | VIAL       | SUBCUT     | 01/16/2025     | 10.95183  |
| ENTACAPONE         | 200 MG     | TABLET     | ORAL       | 07/21/2022     | 0.16832   |
| ENTECAVIR          | 0.5 MG     | TABLET     | ORAL       | 08/21/2025     | 0.40289   |
| ENTECAVIR          | 1 MG       | TABLET     | ORAL       | 11/13/2025     | 0.67447   |
| ENZYMES,DIGESTIVE  |            | CAPSULE    | ORAL       | 04/22/2025     | 0.00810   |
| EPHEDRINE SULFATE  | 25 MG/5 ML | SYRINGE    | INTRAVEN   | 09/23/2025     | 7.68750   |
| EPHEDRINE SULFATE  | 50MG/ML(1) | VIAL       | INTRAVEN   | 03/19/2026     | 4.91568   |
| EPHEDRINE SULFATE  | 50 MG/10ML | VIAL       | INTRAVEN   | 05/07/2026     | 1.57450   |
| EPINASTINE HCL     | 0.05 %     | DROPS      | OPHTHALMIC | 02/15/2024     | 11.76450  |
| EPINEPHRINE        | 1 MG/ML    | VIAL       | INJECTION  | 05/07/2026     | 6.35254   |
| EPINEPHRINE        | 1 MG/ML(1) | VIAL       | INJECTION  | 03/11/2025     | 11.58105  |
| EPINEPHRINE        | 0.15MG/0.3 | AUTO INJCT | INJECTION  | 02/13/2025     | 146.06250 |
| EPINEPHRINE        | 0.3MG/0.3  | AUTO INJCT | INJECTION  | 02/23/2026     | 129.20790 |
| EPINEPHRINE HCL/PF | 1 MG/ML(1) | AMPUL      | INJECTION  | 04/30/2026     | 13.77390  |
| EPIRUBICIN HCL     | 50 MG/25ML | VIAL       | INTRAVEN   | 04/03/2025     | 2.92583   |
| EPIRUBICIN HCL     | 200MG/0.1L | VIAL       | INTRAVEN   | 06/30/2025     | 2.56833   |
| EPLERENONE         | 25 MG      | TABLET     | ORAL       | 05/27/2025     | 0.28213   |

*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

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

| Generic Name                 | Strength   | Form       | Route      | Effective Date | MAC Price |
|------------------------------|------------|------------|------------|----------------|-----------|
| EPLERENONE                   | 50 MG      | TABLET     | ORAL       | 05/27/2025     | 0.37800   |
| EPOPROSTENOL SODIUM          | 1.5 MG     | VIAL       | INTRAVEN   | 04/25/2023     | 29.10000  |
| EPOPROSTENOL SODIUM          | 0.5 MG     | VIAL       | INTRAVEN   | 08/01/2022     | 14.85620  |
| EPTIFIBATIDE                 | 75MG/100ML | VIAL       | INTRAVEN   | 05/07/2026     | 0.89592   |
| EPTIFIBATIDE                 | 2 MG/ML    | VIAL       | INTRAVEN   | 04/16/2026     | 2.85252   |
| ERGOCALCIFEROL (VITAMIN D2)  | 1250 MCG   | CAPSULE    | ORAL       | 04/15/2025     | 0.05503   |
| ERGOCALCIFEROL (VITAMIN D2)  | 200 MCG/ML | DROPS      | ORAL       | 04/03/2025     | 0.73611   |
| ERIBULIN MESYLATE            | 1 MG/2 ML  | VIAL       | INTRAVEN   | 04/16/2026     | 164.00000 |
| ERLOTINIB HCL                | 150 MG     | TABLET     | ORAL       | 04/10/2025     | 4.31684   |
| ERLOTINIB HCL                | 100 MG     | TABLET     | ORAL       | 04/10/2025     | 3.73736   |
| ERLOTINIB HCL                | 25 MG      | TABLET     | ORAL       | 05/07/2026     | 6.84742   |
| ERTAPENEM SODIUM             | 1 G        | VIAL       | INJECTION  | 02/26/2026     | 12.87000  |
| ERYTHROMYCIN BASE            | 250 MG     | TABLET     | ORAL       | 01/22/2026     | 4.04593   |
| ERYTHROMYCIN BASE            | 500 MG     | TABLET     | ORAL       | 01/13/2026     | 2.08413   |
| ERYTHROMYCIN BASE            | 250 MG     | TABLET DR  | ORAL       | 01/23/2025     | 5.22690   |
| ERYTHROMYCIN BASE            | 333 MG     | TABLET DR  | ORAL       | 03/19/2025     | 9.12560   |
| ERYTHROMYCIN BASE            | 500 MG     | TABLET DR  | ORAL       | 09/26/2023     | 7.08258   |
| ERYTHROMYCIN BASE            | 5 MG/GRAM  | OINT. (G)  | OPHTHALMIC | 01/22/2026     | 4.75577   |
| ERYTHROMYCIN BASE IN ETHANOL | 2 %        | GEL (GRAM) | TOPICAL    | 01/22/2026     | 0.88395   |
| ERYTHROMYCIN BASE IN ETHANOL | 2 %        | SOLUTION   | TOPICAL    | 05/07/2026     | 0.52305   |
| ERYTHROMYCIN ETHYLSUCCINATE  | 200 MG/5ML | SUSP RECON | ORAL       | 10/02/2025     | 1.84277   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| ERYTHROMYCIN ETHYLSUCCINATE    | 400 MG/5ML | SUSP RECON | ORAL     | 02/19/2026     | 3.74722   |
| ERYTHROMYCIN LACTOBIONATE      | 500 MG     | VIAL       | INTRAVEN | 03/15/2022     | 66.62600  |
| ERYTHROMYCIN/BENZOYL PEROXIDE  | 3 %-5 %    | GEL (GRAM) | TOPICAL  | 04/22/2025     | 1.25100   |
| ESCITALOPRAM OXALATE           | 5 MG/5 ML  | SOLUTION   | ORAL     | 07/24/2025     | 0.25628   |
| ESCITALOPRAM OXALATE           | 10 MG      | TABLET     | ORAL     | 05/27/2025     | 0.02940   |
| ESCITALOPRAM OXALATE           | 20 MG      | TABLET     | ORAL     | 12/11/2025     | 0.08321   |
| ESCITALOPRAM OXALATE           | 5 MG       | TABLET     | ORAL     | 10/07/2024     | 0.03011   |
| ESLICARBAZEPINE ACETATE        | 800 MG     | TABLET     | ORAL     | 11/17/2025     | 3.93190   |
| ESLICARBAZEPINE ACETATE        | 200 MG     | TABLET     | ORAL     | 11/17/2025     | 3.00789   |
| ESLICARBAZEPINE ACETATE        | 400 MG     | TABLET     | ORAL     | 11/17/2025     | 3.90610   |
| ESLICARBAZEPINE ACETATE        | 600 MG     | TABLET     | ORAL     | 12/31/2025     | 7.00955   |
| ESMOLOL HCL                    | 100MG/10ML | VIAL       | INTRAVEN | 01/22/2026     | 0.43775   |
| ESMOLOL IN SODIUM CHLORIDE,ISO | 2500MG/250 | IV SOLN    | INTRAVEN | 02/26/2026     | 0.43862   |
| ESMOLOL IN SODIUM CHLORIDE,ISO | 2000MG/100 | IV SOLN    | INTRAVEN | 03/26/2026     | 1.32274   |
| ESOMEPRAZOLE MAGNESIUM         | 20 MG      | SUSPDR PKT | ORAL     | 02/24/2026     | 6.41000   |
| ESOMEPRAZOLE MAGNESIUM         | 40 MG      | SUSPDR PKT | ORAL     | 10/26/2021     | 6.19484   |
| ESOMEPRAZOLE MAGNESIUM         | 10 MG      | SUSPDR PKT | ORAL     | 05/27/2025     | 6.19484   |
| ESOMEPRAZOLE MAGNESIUM         | 2.5 MG     | SUSPDR PKT | ORAL     | 01/21/2025     | 6.19484   |
| ESOMEPRAZOLE MAGNESIUM         | 5 MG       | SUSPDR PKT | ORAL     | 01/21/2025     | 6.19484   |
| ESOMEPRAZOLE MAGNESIUM         | 20 MG      | CAPSULE DR | ORAL     | 04/16/2026     | 0.15544   |
| ESOMEPRAZOLE MAGNESIUM         | 40 MG      | CAPSULE DR | ORAL     | 04/30/2026     | 0.14472   |

*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

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

| Generic Name        | Strength   | Form       | Route     | Effective Date | MAC Price |
|---------------------|------------|------------|-----------|----------------|-----------|
| ESOMEPRAZOLE SODIUM | 40 MG      | VIAL       | INTRAVEN  | 06/06/2024     | 21.98700  |
| ESTAZOLAM           | 1 MG       | TABLET     | ORAL      | 02/19/2026     | 1.81918   |
| ESTAZOLAM           | 2 MG       | TABLET     | ORAL      | 07/18/2023     | 1.63453   |
| ESTRADIOL           | 1 MG       | TABLET     | ORAL      | 08/19/2025     | 0.06328   |
| ESTRADIOL           | 2 MG       | TABLET     | ORAL      | 08/19/2025     | 0.07519   |
| ESTRADIOL           | 0.5 MG     | TABLET     | ORAL      | 10/02/2025     | 0.09661   |
| ESTRADIOL           | 1 MG/GRAM  | GEL PACKET | TRANSDERM | 02/19/2026     | 2.23289   |
| ESTRADIOL           | 1.25/1.25G | GEL PACKET | TRANSDERM | 03/10/2026     | 1.07287   |
| ESTRADIOL           | 1.25 G     | GEL MD PMP | TRANSDERM | 05/07/2024     | 2.82980   |
| ESTRADIOL           | 0.5MG/0.5G | GEL PACKET | TRANSDERM | 03/10/2026     | 1.36212   |
| ESTRADIOL           | 0.25/0.25G | GEL PACKET | TRANSDERM | 03/10/2026     | 1.38420   |
| ESTRADIOL           | 0.75/0.75G | GEL PACKET | TRANSDERM | 03/10/2026     | 1.34110   |
| ESTRADIOL           | 0.1MG/24HR | PATCH TDWK | TRANSDERM | 10/26/2021     | 12.15000  |
| ESTRADIOL           | 0.05MG/24H | PATCH TDWK | TRANSDERM | 04/01/2025     | 13.13950  |
| ESTRADIOL           | .025MG/24H | PATCH TDWK | TRANSDERM | 05/06/2022     | 11.95150  |
| ESTRADIOL           | .075MG/24H | PATCH TDWK | TRANSDERM | 04/03/2025     | 17.62688  |
| ESTRADIOL           | 0.06MG/24H | PATCH TDWK | TRANSDERM | 10/19/2023     | 13.58175  |
| ESTRADIOL           | .0375MG/24 | PATCH TDWK | TRANSDERM | 02/13/2025     | 14.13825  |
| ESTRADIOL           | 0.05MG/24H | PATCH TDSW | TRANSDERM | 02/10/2026     | 5.12522   |
| ESTRADIOL           | 0.1MG/24HR | PATCH TDSW | TRANSDERM | 02/19/2026     | 8.71200   |
| ESTRADIOL           | .025MG/24H | PATCH TDSW | TRANSDERM | 03/19/2026     | 9.75631   |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price  |
|--------------------------------|------------|------------|-----------|----------------|------------|
| ESTRADIOL                      | .075MG/24H | PATCH TDSW | TRANSDERM | 03/19/2026     | 9.72038    |
| ESTRADIOL                      | .0375MG/24 | PATCH TDSW | TRANSDERM | 03/19/2026     | 9.21438    |
| ESTRADIOL                      | 0.01 %     | CREAM/APPL | VAGINAL   | 04/09/2026     | 0.69428    |
| ESTRADIOL                      | 10 MCG     | TABLET     | VAGINAL   | 03/12/2026     | 7.07073    |
| ESTRADIOL VALERATE             | 10 MG/ML   | VIAL       | INTRAMUSC | 02/09/2026     | 24.12000   |
| ESTRADIOL VALERATE             | 20 MG/ML   | VIAL       | INTRAMUSC | 08/19/2025     | 16.41933   |
| ESTRADIOL VALERATE             | 40 MG/ML   | VIAL       | INTRAMUSC | 12/18/2025     | 37.82865   |
| ESTRADIOL/NORETHINDRONE ACET   | 1 MG-0.5MG | TABLET     | ORAL      | 01/22/2026     | 1.48054    |
| ESTRADIOL/NORETHINDRONE ACET   | 0.5-0.1 MG | TABLET     | ORAL      | 12/18/2025     | 1.45725    |
| ESZOPICLONE                    | 3 MG       | TABLET     | ORAL      | 01/29/2026     | 0.17420    |
| ESZOPICLONE                    | 2 MG       | TABLET     | ORAL      | 12/18/2025     | 0.13400    |
| ESZOPICLONE                    | 1 MG       | TABLET     | ORAL      | 03/12/2026     | 0.20368    |
| ETHACRYNATE SODIUM             | 50 MG      | VIAL       | INTRAVEN  | 07/17/2025     | 1405.80800 |
| ETHACRYNIC ACID                | 25 MG      | TABLET     | ORAL      | 12/18/2025     | 2.31740    |
| ETHAMBUTOL HCL                 | 100 MG     | TABLET     | ORAL      | 04/16/2026     | 0.25145    |
| ETHAMBUTOL HCL                 | 400 MG     | TABLET     | ORAL      | 02/05/2026     | 0.35195    |
| ETHINYL ESTRADIOL/DROSPIRENONE | 0.03MG-3MG | TABLET     | ORAL      | 04/09/2026     | 0.21615    |
| ETHINYL ESTRADIOL/DROSPIRENONE | 0.02-3(28) | TABLET     | ORAL      | 11/20/2025     | 0.18090    |
| ETHOSUXIMIDE                   | 250 MG     | CAPSULE    | ORAL      | 08/21/2025     | 0.48481    |
| ETHOSUXIMIDE                   | 250 MG/5ML | SOLUTION   | ORAL      | 10/23/2025     | 0.22169    |
| ETHYL ALCOHOL                  | 62 %       | GEL (ML)   | TOPICAL   | 05/06/2022     | 0.00425    |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| ETHYL ALCOHOL                  | 70 %       | GEL (ML)   | TOPICAL    | 03/06/2025     | 0.22278   |
| ETHYL ALCOHOL                  | 70 %       | TOWELETTE  | TOPICAL    | 05/31/2023     | 0.03196   |
| ETHYL ALCOHOL                  | 99 %       | AMPUL      | INTRAARTER | 01/22/2026     | 134.81907 |
| ETHYL ALCOHOL                  | 99 %       | VIAL       | INTRAARTER | 05/07/2026     | 90.01509  |
| ETHYNODIOL D-ETHINYL ESTRADIOL | 1 MG-35MCG | TABLET     | ORAL       | 10/23/2025     | 0.82370   |
| ETHYNODIOL D-ETHINYL ESTRADIOL | 1 MG-50MCG | TABLET     | ORAL       | 04/03/2025     | 0.71610   |
| ETODOLAC                       | 200 MG     | CAPSULE    | ORAL       | 03/19/2026     | 0.64508   |
| ETODOLAC                       | 300 MG     | CAPSULE    | ORAL       | 03/19/2026     | 0.86644   |
| ETODOLAC                       | 400 MG     | TABLET     | ORAL       | 04/23/2026     | 0.47503   |
| ETODOLAC                       | 500 MG     | TABLET     | ORAL       | 04/23/2026     | 0.49325   |
| ETODOLAC                       | 600 MG     | TAB ER 24H | ORAL       | 12/22/2025     | 2.22922   |
| ETODOLAC                       | 400 MG     | TAB ER 24H | ORAL       | 12/18/2025     | 1.27019   |
| ETODOLAC                       | 500 MG     | TAB ER 24H | ORAL       | 04/15/2025     | 1.28385   |
| ETONOGESTREL/ETHINYL ESTRADIOL | .12-.015MG | VAG RING   | VAGINAL    | 11/13/2025     | 69.70000  |
| ETOPOSIDE                      | 20 MG/ML   | VIAL       | INTRAVEN   | 01/22/2026     | 1.40432   |
| ETRAVIRINE                     | 100 MG     | TABLET     | ORAL       | 06/20/2022     | 10.07755  |
| ETRAVIRINE                     | 200 MG     | TABLET     | ORAL       | 03/05/2026     | 16.80000  |
| EUCALYPTOL                     |            | LIQUID     | MISCELL    | 05/02/2024     | 3.27202   |
| EUCALYPTUS OIL                 |            | OIL        | MISCELL    | 05/06/2022     | 0.14041   |
| EUCALYPTUS OIL                 | 100 %      | OIL        | MISCELL    | 05/06/2022     | 0.50920   |
| EUCALYPTUS OIL/MENTHOL/CAMPHOR | 1.2%-4.8%  | OINT. (G)  | TOPICAL    | 10/31/2024     | 0.00764   |

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

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

| Generic Name          | Strength   | Form     | Route | Effective Date | MAC Price |
|-----------------------|------------|----------|-------|----------------|-----------|
| EVENING PRIMROSE OIL  | 500 MG     | CAPSULE  | ORAL  | 07/27/2022     | 0.07028   |
| EVEROLIMUS            | 0.25 MG    | TABLET   | ORAL  | 02/26/2026     | 2.51250   |
| EVEROLIMUS            | 0.5 MG     | TABLET   | ORAL  | 02/26/2026     | 4.95000   |
| EVEROLIMUS            | 0.75 MG    | TABLET   | ORAL  | 02/26/2026     | 7.14375   |
| EVEROLIMUS            | 5 MG       | TABLET   | ORAL  | 04/30/2025     | 12.88730  |
| EVEROLIMUS            | 10 MG      | TABLET   | ORAL  | 04/16/2026     | 34.79143  |
| EVEROLIMUS            | 1 MG       | TABLET   | ORAL  | 02/03/2026     | 12.82233  |
| EVEROLIMUS            | 2.5 MG     | TABLET   | ORAL  | 04/16/2026     | 33.26193  |
| EVEROLIMUS            | 7.5 MG     | TABLET   | ORAL  | 04/16/2026     | 34.79143  |
| EVEROLIMUS            | 2 MG       | TAB SUSP | ORAL  | 02/23/2026     | 262.23966 |
| EVEROLIMUS            | 3 MG       | TAB SUSP | ORAL  | 02/23/2026     | 264.86549 |
| EVEROLIMUS            | 5 MG       | TAB SUSP | ORAL  | 03/12/2026     | 275.67412 |
| EXEMESTANE            | 25 MG      | TABLET   | ORAL  | 02/20/2025     | 0.62578   |
| EZETIMIBE             | 10 MG      | TABLET   | ORAL  | 10/07/2025     | 0.05047   |
| EZETIMIBE/SIMVASTATIN | 10 MG-10MG | TABLET   | ORAL  | 12/18/2025     | 0.67983   |
| EZETIMIBE/SIMVASTATIN | 10 MG-20MG | TABLET   | ORAL  | 12/18/2025     | 0.36642   |
| EZETIMIBE/SIMVASTATIN | 10 MG-80MG | TABLET   | ORAL  | 12/18/2025     | 0.35644   |
| EZETIMIBE/SIMVASTATIN | 10 MG-40MG | TABLET   | ORAL  | 12/30/2025     | 0.64856   |
| FAMCICLOVIR           | 250 MG     | TABLET   | ORAL  | 01/22/2026     | 0.80936   |
| FAMCICLOVIR           | 500 MG     | TABLET   | ORAL  | 01/22/2026     | 1.18009   |
| FAMCICLOVIR           | 125 MG     | TABLET   | ORAL  | 06/22/2021     | 0.41987   |

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

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

| Generic Name                  | Strength   | Form       | Route    | Effective Date | MAC Price |
|-------------------------------|------------|------------|----------|----------------|-----------|
| FAMOTIDINE                    | 40MG/5ML   | SUSP RECON | ORAL     | 02/23/2026     | 0.18090   |
| FAMOTIDINE                    | 20 MG      | TABLET     | ORAL     | 04/16/2026     | 0.01804   |
| FAMOTIDINE                    | 40 MG      | TABLET     | ORAL     | 02/12/2026     | 0.04689   |
| FAMOTIDINE                    | 10 MG      | TABLET     | ORAL     | 04/23/2026     | 0.08871   |
| FAMOTIDINE                    | 10 MG/ML   | VIAL       | INTRAVEN | 02/15/2024     | 0.41473   |
| FAMOTIDINE/CA CARB/MAG HYDROX | 10-800-165 | TAB CHEW   | ORAL     | 12/12/2024     | 0.34116   |
| FAMOTIDINE/PF                 | 20 MG/2 ML | VIAL       | INTRAVEN | 02/13/2025     | 0.40200   |
| FAT EMULSIONS                 | 20 %       | EMULSION   | INTRAVEN | 11/13/2025     | 0.05839   |
| FAT EMULSIONS                 | 30 %       | EMULSION   | INTRAVEN | 06/27/2023     | 0.05270   |
| FEBUXOSTAT                    | 40 MG      | TABLET     | ORAL     | 10/23/2025     | 0.23852   |
| FEBUXOSTAT                    | 80 MG      | TABLET     | ORAL     | 01/22/2026     | 0.33813   |
| FELBAMATE                     | 600 MG/5ML | ORAL SUSP  | ORAL     | 02/23/2026     | 0.37786   |
| FELBAMATE                     | 400 MG     | TABLET     | ORAL     | 06/26/2025     | 1.12225   |
| FELBAMATE                     | 600 MG     | TABLET     | ORAL     | 02/17/2026     | 1.16600   |
| FELODIPINE                    | 5 MG       | TAB ER 24H | ORAL     | 05/06/2025     | 0.11918   |
| FELODIPINE                    | 10 MG      | TAB ER 24H | ORAL     | 02/06/2025     | 0.15946   |
| FELODIPINE                    | 2.5 MG     | TAB ER 24H | ORAL     | 02/12/2026     | 0.22418   |
| FENOFIBRATE                   | 160 MG     | TABLET     | ORAL     | 03/26/2026     | 0.14517   |
| FENOFIBRATE                   | 40 MG      | TABLET     | ORAL     | 03/05/2024     | 6.63222   |
| FENOFIBRATE                   | 120 MG     | TABLET     | ORAL     | 03/05/2024     | 16.45000  |
| FENOFIBRATE                   | 54 MG      | TABLET     | ORAL     | 01/22/2026     | 0.09008   |

*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

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

| Generic Name                 | Strength   | Form       | Route     | Effective Date | MAC Price |
|------------------------------|------------|------------|-----------|----------------|-----------|
| FENOFIBRATE NANOCRYSTALLIZED | 48 MG      | TABLET     | ORAL      | 03/05/2026     | 0.12298   |
| FENOFIBRATE NANOCRYSTALLIZED | 145 MG     | TABLET     | ORAL      | 05/27/2025     | 0.12883   |
| FENOFIBRATE,MICRONIZED       | 200 MG     | CAPSULE    | ORAL      | 04/03/2025     | 0.21922   |
| FENOFIBRATE,MICRONIZED       | 67 MG      | CAPSULE    | ORAL      | 05/13/2025     | 0.07245   |
| FENOFIBRATE,MICRONIZED       | 134 MG     | CAPSULE    | ORAL      | 01/22/2026     | 0.14928   |
| FENOFIBRATE,MICRONIZED       | 43 MG      | CAPSULE    | ORAL      | 12/18/2025     | 0.62846   |
| FENOFIBRATE,MICRONIZED       | 130 MG     | CAPSULE    | ORAL      | 01/22/2026     | 1.21389   |
| FENOFIBRIC ACID (CHOLINE)    | 45 MG      | CAPSULE DR | ORAL      | 11/13/2025     | 0.23926   |
| FENOFIBRIC ACID (CHOLINE)    | 135 MG     | CAPSULE DR | ORAL      | 02/19/2026     | 0.34632   |
| FENOPROFEN CALCIUM           | 200 MG     | CAPSULE    | ORAL      | 06/22/2023     | 10.10850  |
| FENOPROFEN CALCIUM           | 400 MG     | CAPSULE    | ORAL      | 01/15/2026     | 13.08203  |
| FENTANYL                     | 25 MCG/HR  | PATCH TD72 | TRANSDERM | 08/20/2024     | 4.69392   |
| FENTANYL                     | 50MCG/HR   | PATCH TD72 | TRANSDERM | 01/05/2026     | 8.38245   |
| FENTANYL                     | 75MCG/HR   | PATCH TD72 | TRANSDERM | 10/02/2025     | 12.65670  |
| FENTANYL                     | 100 MCG/HR | PATCH TD72 | TRANSDERM | 10/02/2025     | 16.60260  |
| FENTANYL                     | 12 MCG/HR  | PATCH TD72 | TRANSDERM | 03/05/2026     | 11.49770  |
| FENTANYL                     | 62.5MCG/HR | PATCH TD72 | TRANSDERM | 04/08/2025     | 54.73296  |
| FENTANYL                     | 87.5MCG/HR | PATCH TD72 | TRANSDERM | 04/15/2025     | 66.22320  |
| FENTANYL                     | 37.5MCG/HR | PATCH TD72 | TRANSDERM | 04/08/2025     | 36.80447  |
| FENTANYL CITRATE/PF          | 50 MCG/ML  | AMPUL      | INJECTION | 01/05/2023     | 0.55172   |
| FENTANYL CITRATE/PF          | 50 MCG/ML  | VIAL       | INJECTION | 05/22/2025     | 0.54103   |

*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

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

| Generic Name                 | Strength   | Form       | Route    | Effective Date | MAC Price |
|------------------------------|------------|------------|----------|----------------|-----------|
| FERROUS FUMARATE             | 324(106)MG | TABLET     | ORAL     | 03/03/2026     | 0.14479   |
| FERROUS GLUCONATE            | 240(27)MG  | TABLET     | ORAL     | 02/24/2026     | 0.01554   |
| FERROUS GLUCONATE            | 324(38)MG  | TABLET     | ORAL     | 09/23/2025     | 0.04141   |
| FERROUS GLUCONATE            | 324(37.5)  | TABLET     | ORAL     | 02/24/2026     | 0.04686   |
| FERROUS SULFATE              | 220 (44)/5 | ELIXIR     | ORAL     | 11/13/2025     | 0.04734   |
| FERROUS SULFATE              | 220 (44)/5 | SOLUTION   | ORAL     | 10/21/2025     | 0.00813   |
| FERROUS SULFATE              | 300 MG/5ML | LIQUID     | ORAL     | 04/23/2026     | 0.58829   |
| FERROUS SULFATE              | 15 MG/ML   | DROPS      | ORAL     | 05/27/2025     | 0.06820   |
| FERROUS SULFATE              | 325(65) MG | TABLET     | ORAL     | 02/23/2026     | 0.00552   |
| FERROUS SULFATE              | 325(65) MG | TABLET DR  | ORAL     | 01/22/2026     | 0.03337   |
| FERROUS SULFATE              | 324(65)MG  | TABLET DR  | ORAL     | 06/10/2025     | 0.04040   |
| FERUMOXYTOL                  | 510MG/17ML | VIAL       | INTRAVEN | 07/17/2025     | 13.10091  |
| FESOTERODINE FUMARATE        | 4 MG       | TAB ER 24H | ORAL     | 10/02/2025     | 1.45524   |
| FESOTERODINE FUMARATE        | 8 MG       | TAB ER 24H | ORAL     | 12/18/2025     | 1.23905   |
| FEXOFENADINE HCL             | 30 MG/5 ML | ORAL SUSP  | ORAL     | 04/30/2026     | 0.11033   |
| FEXOFENADINE HCL             | 60 MG      | TABLET     | ORAL     | 04/16/2026     | 0.10780   |
| FEXOFENADINE HCL             | 180 MG     | TABLET     | ORAL     | 02/24/2026     | 0.16573   |
| FEXOFENADINE/PSEUDOEPHEDRINE | 180-240MG  | TAB ER 24H | ORAL     | 06/18/2025     | 1.20044   |
| FEXOFENADINE/PSEUDOEPHEDRINE | 60MG-120MG | TAB ER 12H | ORAL     | 03/26/2026     | 0.76125   |
| FINASTERIDE                  | 1 MG       | TABLET     | ORAL     | 12/18/2025     | 0.08458   |
| FINASTERIDE                  | 5 MG       | TABLET     | ORAL     | 01/29/2026     | 0.08472   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| FINGOLIMOD HCL                 | 0.5 MG     | CAPSULE    | ORAL     | 02/19/2026     | 5.23706   |
| FISH OIL/BORAGE/FLAX/OM3,6,9 1 | 400-400 MG | CAPSULE    | ORAL     | 11/06/2025     | 0.12496   |
| FLAVOXATE HCL                  | 100 MG     | TABLET     | ORAL     | 10/23/2025     | 0.89311   |
| FLAXSEED OIL                   | 1000 MG    | CAPSULE    | ORAL     | 07/27/2022     | 0.07436   |
| FLECAINIDE ACETATE             | 100 MG     | TABLET     | ORAL     | 06/24/2025     | 0.13510   |
| FLECAINIDE ACETATE             | 150 MG     | TABLET     | ORAL     | 06/24/2025     | 0.18398   |
| FLECAINIDE ACETATE             | 50 MG      | TABLET     | ORAL     | 06/24/2025     | 0.10280   |
| FLUCONAZOLE                    | 40 MG/ML   | SUSP RECON | ORAL     | 02/19/2026     | 0.69489   |
| FLUCONAZOLE                    | 10 MG/ML   | SUSP RECON | ORAL     | 10/02/2025     | 0.44565   |
| FLUCONAZOLE                    | 100 MG     | TABLET     | ORAL     | 02/12/2026     | 0.14901   |
| FLUCONAZOLE                    | 200 MG     | TABLET     | ORAL     | 02/12/2026     | 0.44850   |
| FLUCONAZOLE                    | 50 MG      | TABLET     | ORAL     | 03/05/2026     | 0.12373   |
| FLUCONAZOLE                    | 150 MG     | TABLET     | ORAL     | 05/13/2025     | 0.53496   |
| FLUCONAZOLE IN NACL,ISO-OSM    | 200MG/0.1L | PIGGYBACK  | INTRAVEN | 04/24/2025     | 0.05101   |
| FLUCONAZOLE IN NACL,ISO-OSM    | 400MG/0.2L | PIGGYBACK  | INTRAVEN | 02/20/2025     | 0.03819   |
| FLUCYTOSINE                    | 250 MG     | CAPSULE    | ORAL     | 03/12/2026     | 9.60000   |
| FLUCYTOSINE                    | 500 MG     | CAPSULE    | ORAL     | 10/09/2025     | 28.11821  |
| FLUDARABINE PHOSPHATE          | 50 MG      | VIAL       | INTRAVEN | 03/05/2026     | 107.11250 |
| FLUDARABINE PHOSPHATE          | 50 MG/2 ML | VIAL       | INTRAVEN | 07/03/2024     | 89.99500  |
| FLUDROCORTISONE ACETATE        | 0.1 MG     | TABLET     | ORAL     | 10/07/2024     | 0.39490   |
| FLUMAZENIL                     | 0.1 MG/ML  | VIAL       | INTRAVEN | 03/06/2025     | 1.40030   |

*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

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

| Generic Name                | Strength   | Form       | Route      | Effective Date | MAC Price |
|-----------------------------|------------|------------|------------|----------------|-----------|
| FLUNISOLIDE                 | 25 MCG     | SPRAY      | NASAL      | 02/29/2024     | 1.70636   |
| FLUOCINOLONE ACETONIDE      | 0.01 %     | CREAM (G)  | TOPICAL    | 10/28/2025     | 1.49008   |
| FLUOCINOLONE ACETONIDE      | 0.025 %    | CREAM (G)  | TOPICAL    | 09/17/2024     | 1.13565   |
| FLUOCINOLONE ACETONIDE      | 0.025 %    | OINT. (G)  | TOPICAL    | 02/01/2024     | 1.32660   |
| FLUOCINOLONE ACETONIDE      | 0.01 %     | SOLUTION   | TOPICAL    | 12/22/2025     | 0.04846   |
| FLUOCINOLONE ACETONIDE      | 0.01 %     | OIL        | TOPICAL    | 02/26/2026     | 0.27530   |
| FLUOCINOLONE ACETONIDE OIL  | 0.01 %     | DROPS      | OTIC (EAR) | 04/16/2026     | 1.87667   |
| FLUOCINOLONE/SHOWER CAP     | 0.01 %     | OIL        | TOPICAL    | 04/23/2026     | 0.32423   |
| FLUOCINONIDE                | 0.05 %     | GEL (GRAM) | TOPICAL    | 05/29/2025     | 1.43782   |
| FLUOCINONIDE                | 0.05 %     | CREAM (G)  | TOPICAL    | 09/29/2025     | 0.47123   |
| FLUOCINONIDE                | 0.1 %      | CREAM (G)  | TOPICAL    | 11/28/2023     | 0.22601   |
| FLUOCINONIDE                | 0.05 %     | OINT. (G)  | TOPICAL    | 03/19/2026     | 0.31713   |
| FLUOCINONIDE                | 0.05 %     | SOLUTION   | TOPICAL    | 09/25/2025     | 0.27336   |
| FLUOCINONIDE/EMOLLIENT BASE | 0.05 %     | CREAM (G)  | TOPICAL    | 04/03/2025     | 0.73767   |
| FLUORESCHEIN SODIUM         | 500 MG/5ML | VIAL       | INTRAVEN   | 04/08/2025     | 9.93600   |
| FLUORIDE (SODIUM)           | 0.5 MG/ML  | DROPS      | ORAL       | 04/16/2026     | 0.40414   |
| FLUOROMETHOLONE             | 0.1 %      | DROPS SUSP | OPHTHALMIC | 07/24/2025     | 21.14700  |
| FLUOROURACIL                | 5 %        | CREAM (G)  | TOPICAL    | 05/07/2026     | 1.21940   |
| FLUOROURACIL                | 0.5 %      | CREAM (G)  | TOPICAL    | 09/18/2025     | 61.90488  |
| FLUOROURACIL                | 5 %        | SOLUTION   | TOPICAL    | 06/26/2025     | 9.24000   |
| FLUOROURACIL                | 500MG/10ML | VIAL       | INTRAVEN   | 08/10/2023     | 0.35008   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| FLUOROURACIL                   | 1 G/20 ML  | VIAL       | INTRAVEN   | 09/14/2023     | 0.40133   |
| FLUOROURACIL                   | 2.5 G/50ML | VIAL       | INTRAVEN   | 08/21/2025     | 0.30297   |
| FLUOROURACIL                   | 5 G/100 ML | VIAL       | INTRAVEN   | 03/13/2025     | 0.23517   |
| FLUOXETINE HCL                 | 10 MG      | CAPSULE    | ORAL       | 05/27/2025     | 0.02047   |
| FLUOXETINE HCL                 | 20 MG      | CAPSULE    | ORAL       | 02/24/2026     | 0.02292   |
| FLUOXETINE HCL                 | 40 MG      | CAPSULE    | ORAL       | 05/07/2026     | 0.07464   |
| FLUOXETINE HCL                 | 20 MG/5 ML | SOLUTION   | ORAL       | 06/25/2024     | 0.20833   |
| FLUOXETINE HCL                 | 10 MG      | TABLET     | ORAL       | 01/22/2026     | 0.15097   |
| FLUOXETINE HCL                 | 20 MG      | TABLET     | ORAL       | 10/02/2025     | 0.13623   |
| FLUOXETINE HCL                 | 60 MG      | TABLET     | ORAL       | 10/21/2025     | 0.26065   |
| FLUPHENAZINE DECANOATE         | 25 MG/ML   | VIAL       | INJECTION  | 09/25/2025     | 9.03360   |
| FLUPHENAZINE HCL               | 1 MG       | TABLET     | ORAL       | 10/16/2025     | 0.30807   |
| FLUPHENAZINE HCL               | 10 MG      | TABLET     | ORAL       | 02/26/2026     | 0.62417   |
| FLUPHENAZINE HCL               | 2.5 MG     | TABLET     | ORAL       | 04/15/2025     | 0.29452   |
| FLUPHENAZINE HCL               | 5 MG       | TABLET     | ORAL       | 02/12/2026     | 0.45198   |
| FLURANDRENOLIDE                | 0.05 %     | CREAM (G)  | TOPICAL    | 05/06/2022     | 5.24066   |
| FLURANDRENOLIDE                | 0.05 %     | LOTION     | TOPICAL    | 10/18/2021     | 1.70839   |
| FLUTICASONE FUROATE            | 100 MCG    | BLST W/DEV | INHALATION | 02/09/2026     | 5.83774   |
| FLUTICASONE FUROATE            | 200 MCG    | BLST W/DEV | INHALATION | 02/09/2026     | 5.70840   |
| FLUTICASONE FUROATE            | 50 MCG     | BLST W/DEV | INHALATION | 02/09/2026     | 4.26924   |
| FLUTICASONE PROPION/SALMETEROL | 45-21 MCG  | HFA AER AD | INHALATION | 02/24/2026     | 16.20000  |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| FLUTICASONE PROPION/SALMETEROL | 115-21MCG  | HFA AER AD | INHALATION | 02/24/2026     | 17.60287  |
| FLUTICASONE PROPION/SALMETEROL | 230-21MCG  | HFA AER AD | INHALATION | 03/03/2026     | 27.85350  |
| FLUTICASONE PROPION/SALMETEROL | 100-50 MCG | BLST W/DEV | INHALATION | 02/12/2026     | 1.67500   |
| FLUTICASONE PROPION/SALMETEROL | 250-50 MCG | BLST W/DEV | INHALATION | 02/19/2026     | 1.82017   |
| FLUTICASONE PROPION/SALMETEROL | 500-50 MCG | BLST W/DEV | INHALATION | 09/17/2024     | 2.31950   |
| FLUTICASONE PROPIONATE         | 0.05 %     | CREAM (G)  | TOPICAL    | 01/02/2024     | 0.22333   |
| FLUTICASONE PROPIONATE         | 0.005 %    | OINT. (G)  | TOPICAL    | 04/03/2025     | 0.82946   |
| FLUTICASONE PROPIONATE         | 0.05 %     | LOTION     | TOPICAL    | 01/21/2025     | 2.72516   |
| FLUTICASONE PROPIONATE         | 50 MCG     | SPRAY SUSP | NASAL      | 05/06/2025     | 0.40969   |
| FLUTICASONE PROPIONATE         | 50 MCG     | SPRAY SUSP | NASAL      | 04/16/2026     | 0.89305   |
| FLUTICASONE PROPIONATE         | 44 MCG     | AER W/ADAP | INHALATION | 04/14/2026     | 12.09896  |
| FLUTICASONE/VILANTEROL         | 100-25MCG  | BLST W/DEV | INHALATION | 09/17/2024     | 3.90870   |
| FLUTICASONE/VILANTEROL         | 200-25 MCG | BLST W/DEV | INHALATION | 05/22/2024     | 5.94805   |
| FLUVASTATIN SODIUM             | 20 MG      | CAPSULE    | ORAL       | 11/14/2024     | 3.39781   |
| FLUVASTATIN SODIUM             | 40 MG      | CAPSULE    | ORAL       | 04/23/2026     | 3.39781   |
| FLUVASTATIN SODIUM             | 80 MG      | TAB ER 24H | ORAL       | 12/18/2025     | 3.92581   |
| FLUVOXAMINE MALEATE            | 100 MG     | CAP ER 24H | ORAL       | 05/28/2024     | 5.64443   |
| FLUVOXAMINE MALEATE            | 150 MG     | CAP ER 24H | ORAL       | 07/22/2025     | 5.07044   |
| FLUVOXAMINE MALEATE            | 25 MG      | TABLET     | ORAL       | 06/12/2025     | 0.34090   |
| FLUVOXAMINE MALEATE            | 50 MG      | TABLET     | ORAL       | 12/18/2025     | 0.30887   |
| FLUVOXAMINE MALEATE            | 100 MG     | TABLET     | ORAL       | 12/18/2025     | 0.31624   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| FOLIC ACID                     | 0.8 MG     | CAPSULE    | ORAL       | 05/06/2022     | 0.05561   |
| FOLIC ACID                     | 0.4 MG     | TABLET     | ORAL       | 01/08/2026     | 0.00884   |
| FOLIC ACID                     | 0.8 MG     | TABLET     | ORAL       | 07/17/2025     | 0.00925   |
| FOLIC ACID                     | 1 MG       | TABLET     | ORAL       | 02/23/2026     | 0.00746   |
| FOLIC ACID                     | 5 MG/ML    | VIAL       | INJECTION  | 09/14/2023     | 3.34818   |
| FOLIC ACID/VIT B COMPLEX AND C | 0.8 MG     | TABLET     | ORAL       | 04/30/2026     | 0.03946   |
| FOLIC ACID/VIT B COMPLEX AND C | 400 MCG    | TABLET     | ORAL       | 02/19/2026     | 0.09340   |
| FOMEPIZOLE                     | 1 G/ML     | VIAL       | INTRAVEN   | 05/04/2026     | 292.84000 |
| FONDAPARINUX SODIUM            | 2.5 MG/0.5 | SYRINGE    | SUBCUT     | 05/27/2025     | 10.92000  |
| FONDAPARINUX SODIUM            | 10MG/0.8ML | SYRINGE    | SUBCUT     | 04/27/2023     | 35.99288  |
| FONDAPARINUX SODIUM            | 5MG/0.4ML  | SYRINGE    | SUBCUT     | 01/25/2024     | 85.44656  |
| FONDAPARINUX SODIUM            | 7.5 MG/0.6 | SYRINGE    | SUBCUT     | 01/02/2025     | 36.52246  |
| FORMOTEROL FUMARATE            | 20 MCG/2ML | VIAL-NEB   | INHALATION | 04/23/2026     | 0.80735   |
| FOSAMPRENAVIR CALCIUM          | 700 MG     | TABLET     | ORAL       | 02/06/2025     | 16.91725  |
| FOSAPREPITANT DIMEGLUMINE      | 150 MG     | VIAL       | INTRAVEN   | 04/02/2026     | 15.77100  |
| FOSCARNET SODIUM               | 24 MG/ML   | INFUS. BTL | INTRAVEN   | 07/31/2025     | 0.99160   |
| FOSCARNET SODIUM               | 24 MG/ML   | PLAST. BAG | INTRAVEN   | 02/26/2026     | 2.44360   |
| FOSFOMYCIN TROMETHAMINE        | 3 G        | PACKET     | ORAL       | 04/23/2026     | 52.87975  |
| FOSINOPRIL SODIUM              | 10 MG      | TABLET     | ORAL       | 10/23/2025     | 0.30894   |
| FOSINOPRIL SODIUM              | 20 MG      | TABLET     | ORAL       | 03/19/2026     | 0.18775   |
| FOSINOPRIL SODIUM              | 40 MG      | TABLET     | ORAL       | 04/03/2025     | 0.30507   |

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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| FOSINOPRIL/HYDROCHLOROTHIAZIDE | 20-12.5 MG | TABLET     | ORAL      | 10/09/2025     | 1.03441   |
| FOSINOPRIL/HYDROCHLOROTHIAZIDE | 10-12.5 MG | TABLET     | ORAL      | 05/28/2024     | 0.87000   |
| FOSPHENYTOIN SODIUM            | 100MG PE/2 | VIAL       | INJECTION | 09/09/2025     | 1.94591   |
| FOSPHENYTOIN SODIUM            | 500 PE/10  | VIAL       | INJECTION | 09/09/2025     | 1.38918   |
| FROVATRIPTAN SUCCINATE         | 2.5 MG     | TABLET     | ORAL      | 02/12/2026     | 13.99417  |
| FRUCTOOLIGOSACCHARIDES/POLYDEX | 15 G/30 ML | LIQUID     | ORAL      | 10/23/2025     | 0.01374   |
| FULVESTRANT                    | 250 MG/5ML | SYRINGE    | INTRAMUSC | 02/26/2026     | 13.72875  |
| FUROSEMIDE                     | 20 MG      | TABLET     | ORAL      | 03/19/2026     | 0.03477   |
| FUROSEMIDE                     | 40 MG      | TABLET     | ORAL      | 03/19/2026     | 0.04876   |
| FUROSEMIDE                     | 80 MG      | TABLET     | ORAL      | 03/28/2024     | 0.06000   |
| FUROSEMIDE                     | 10 MG/ML   | VIAL       | INJECTION | 02/05/2026     | 0.13266   |
| GABAPENTIN                     | 100 MG     | CAPSULE    | ORAL      | 03/05/2026     | 0.00954   |
| GABAPENTIN                     | 300 MG     | CAPSULE    | ORAL      | 04/30/2026     | 0.01490   |
| GABAPENTIN                     | 400 MG     | CAPSULE    | ORAL      | 04/23/2026     | 0.01762   |
| GABAPENTIN                     | 250 MG/5ML | SOLUTION   | ORAL      | 01/22/2026     | 0.07413   |
| GABAPENTIN                     | 250 MG/5ML | SOLUTION   | ORAL      | 12/18/2025     | 1.27146   |
| GABAPENTIN                     | 300 MG/6ML | SOLUTION   | ORAL      | 03/24/2026     | 0.31401   |
| GABAPENTIN                     | 600 MG     | TABLET     | ORAL      | 05/27/2025     | 0.05353   |
| GABAPENTIN                     | 800 MG     | TABLET     | ORAL      | 05/27/2025     | 0.06592   |
| GABAPENTIN                     | 300 MG     | TAB ER 24H | ORAL      | 03/05/2026     | 2.27800   |
| GABAPENTIN                     | 600 MG     | TAB ER 24H | ORAL      | 03/05/2026     | 2.69280   |

*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

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

| Generic Name         | Strength   | Form       | Route    | Effective Date | MAC Price |
|----------------------|------------|------------|----------|----------------|-----------|
| GADOBUTROL           | 1 MMOL/ML  | VIAL       | INTRAVEN | 02/20/2025     | 2.68000   |
| GADOBUTROL           | 15 MMOL/15 | VIAL       | INTRAVEN | 06/12/2025     | 6.32816   |
| GADOBUTROL           | 7.5/7.5 ML | VIAL       | INTRAVEN | 05/07/2026     | 6.49800   |
| GADOBUTROL           | 10 MMOL/10 | VIAL       | INTRAVEN | 03/19/2025     | 2.68000   |
| GADOBUTROL           | 2 MMOL/2ML | VIAL       | INTRAVEN | 03/19/2025     | 2.68000   |
| GADOTERATE MEGLUMINE | 5MMOL/10ML | SYRINGE    | INTRAVEN | 05/06/2022     | 6.98513   |
| 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 | 03/10/2026     | 1.65182   |
| GADOTERATE MEGLUMINE | 10MMOL/20  | VIAL       | INTRAVEN | 03/10/2026     | 1.54100   |
| GADOTERATE MEGLUMINE | 7.5MMOL/15 | VIAL       | INTRAVEN | 03/10/2026     | 1.54100   |
| GADOTERATE MEGLUMINE | 50MMOL/100 | VIAL       | INTRAVEN | 03/05/2026     | 2.30197   |
| GADOTERATE MEGLUMINE | 2.5MMOL/5  | VIAL       | INTRAVEN | 04/30/2026     | 4.38900   |
| GADOTERIDOL          | 279.3MG/ML | VIAL       | INTRAVEN | 11/25/2025     | 3.25433   |
| GALANTAMINE HBR      | 8 MG       | CAP24H PEL | ORAL     | 04/03/2025     | 1.82017   |
| GALANTAMINE HBR      | 16 MG      | CAP24H PEL | ORAL     | 04/24/2025     | 1.81168   |
| GALANTAMINE HBR      | 24 MG      | CAP24H PEL | ORAL     | 04/17/2025     | 2.00955   |
| GALANTAMINE HBR      | 12 MG      | TABLET     | ORAL     | 05/07/2026     | 0.95832   |
| GALANTAMINE HBR      | 4 MG       | TABLET     | ORAL     | 05/07/2026     | 0.60613   |
| GALANTAMINE HBR      | 8 MG       | TABLET     | ORAL     | 05/07/2026     | 0.78301   |
| GANCICLOVIR SODIUM   | 500 MG     | VIAL       | INTRAVEN | 05/07/2026     | 58.65255  |

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

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

| Generic Name             | Strength   | Form      | Route      | Effective Date | MAC Price |
|--------------------------|------------|-----------|------------|----------------|-----------|
| GANIRELIX ACETATE        | 250MCG/0.5 | SYRINGE   | SUBCUT     | 02/26/2026     | 96.51400  |
| 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 | 10/16/2025     | 18.86073  |
| GEFITINIB                | 250 MG     | TABLET    | ORAL       | 05/07/2026     | 143.79828 |
| GELATIN                  |            | POWDER    | MISCELL    | 05/06/2022     | 0.39195   |
| GELATIN CAPSULES (EMPTY) |            | CAPSULE   | ORAL       | 01/08/2026     | 0.01363   |
| GEMCITABINE HCL          | 200 MG     | VIAL      | INTRAVEN   | 05/06/2022     | 7.22400   |
| GEMCITABINE HCL          | 1 G        | VIAL      | INTRAVEN   | 05/07/2026     | 41.07688  |
| GEMCITABINE HCL          | 2 G        | VIAL      | INTRAVEN   | 07/29/2025     | 82.50000  |
| GEMCITABINE HCL          | 1 G/26.3ML | VIAL      | INTRAVEN   | 07/29/2025     | 0.77634   |
| GEMCITABINE HCL          | 2 G/52.6ML | VIAL      | INTRAVEN   | 10/30/2025     | 0.73598   |
| GEMCITABINE HCL          | 200MG/5.26 | VIAL      | INTRAVEN   | 05/19/2025     | 0.76426   |
| GEMFIBROZIL              | 600 MG     | TABLET    | ORAL       | 02/12/2026     | 0.14095   |
| GENTAMICIN SULFATE       | 40 MG/ML   | VIAL      | INJECTION  | 06/13/2024     | 1.15779   |
| GENTAMICIN SULFATE       | 0.1 %      | CREAM (G) | TOPICAL    | 05/04/2026     | 0.43224   |
| GENTAMICIN SULFATE       | 0.1 %      | OINT. (G) | TOPICAL    | 01/22/2026     | 0.92326   |
| GENTAMICIN SULFATE       | 0.3 %      | DROPS     | OPHTHALMIC | 07/29/2025     | 0.53300   |
| GENTAMICIN SULFATE/PF    | 20 MG/2 ML | VIAL      | INJECTION  | 03/28/2024     | 1.39360   |
| GENTIAN VIOLET           | 2 %        | SOLUTION  | TOPICAL    | 07/29/2025     | 0.02713   |
| GINGER                   | 500 MG     | CAPSULE   | ORAL       | 07/27/2022     | 0.08085   |

*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

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

| Generic Name                   | Strength   | Form      | Route     | Effective Date | MAC Price |
|--------------------------------|------------|-----------|-----------|----------------|-----------|
| 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    | 07/29/2025     | 39.65628  |
| GLATIRAMER ACETATE             | 40 MG/ML   | SYRINGE   | SUBCUT    | 04/30/2026     | 97.76535  |
| GLIMEPIRIDE                    | 1 MG       | TABLET    | ORAL      | 07/29/2025     | 0.01793   |
| GLIMEPIRIDE                    | 2 MG       | TABLET    | ORAL      | 07/29/2025     | 0.02202   |
| GLIMEPIRIDE                    | 4 MG       | TABLET    | ORAL      | 07/29/2025     | 0.03843   |
| GLIPIZIDE                      | 10 MG      | TAB ER 24 | ORAL      | 05/13/2025     | 0.10514   |
| GLIPIZIDE                      | 5 MG       | TAB ER 24 | ORAL      | 01/29/2026     | 0.10197   |
| GLIPIZIDE                      | 2.5 MG     | TAB ER 24 | ORAL      | 01/29/2026     | 0.17599   |
| GLIPIZIDE                      | 10 MG      | TABLET    | ORAL      | 03/05/2026     | 0.04677   |
| GLIPIZIDE                      | 5 MG       | TABLET    | ORAL      | 04/30/2026     | 0.03154   |
| GLIPIZIDE/METFORMIN HCL        | 2.5-250 MG | TABLET    | ORAL      | 04/03/2025     | 0.49861   |
| GLIPIZIDE/METFORMIN HCL        | 2.5-500 MG | TABLET    | ORAL      | 12/18/2025     | 0.42063   |
| GLIPIZIDE/METFORMIN HCL        | 5 MG-500MG | TABLET    | ORAL      | 01/15/2026     | 0.44716   |
| 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      | 07/29/2025     | 0.13304   |
| GLUCOSAMINE SULFATE            | 500 MG     | CAPSULE   | ORAL      | 01/23/2025     | 0.04243   |
| GLUCOSAMINE SULFATE            | 750 MG     | TABLET    | ORAL      | 07/29/2025     | 0.03125   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| GLUCOSAMINE/CHONDRO SU A       | 500-400 MG | TABLET     | ORAL       | 07/29/2025     | 0.06380   |
| GLUCOSAMINE/CHONDROITIN/C/MANG | 500-400 MG | CAPSULE    | ORAL       | 03/24/2016     | 0.12049   |
| GLUTAMINE                      | 100 %      | POWDER     | ORAL       | 07/29/2025     | 0.03960   |
| GLY/DIMETH/PETROLAT,WHT/WATER  |            | CREAM (G)  | TOPICAL    | 11/07/2024     | 0.05690   |
| GLYBURIDE                      | 1.25 MG    | TABLET     | ORAL       | 03/19/2026     | 0.12730   |
| GLYBURIDE                      | 2.5 MG     | TABLET     | ORAL       | 01/29/2026     | 0.05499   |
| GLYBURIDE                      | 5 MG       | TABLET     | ORAL       | 02/26/2026     | 0.04591   |
| GLYBURIDE/METFORMIN HCL        | 2.5-500 MG | TABLET     | ORAL       | 01/13/2026     | 0.18911   |
| GLYBURIDE/METFORMIN HCL        | 1.25-250MG | TABLET     | ORAL       | 12/22/2025     | 0.28300   |
| GLYBURIDE/METFORMIN HCL        | 5 MG-500MG | TABLET     | ORAL       | 07/29/2025     | 0.32230   |
| GLYCERIN                       | ADULT      | SUPP.RECT  | RECTAL     | 04/15/2025     | 0.02754   |
| GLYCERIN                       | PEDIATRIC  | SUPP.RECT  | RECTAL     | 07/29/2025     | 0.02464   |
| GLYCERIN                       | 99.5 %     | SOLUTION   | TOPICAL    | 07/29/2025     | 0.02288   |
| GLYCERIN/MIN OIL/POLYCARBOPHIL |            | GEL W/APPL | VAGINAL    | 06/26/2025     | 0.21237   |
| GLYCERYL MONOSTEARATE          |            | POWDER     | MISCELL    | 05/06/2022     | 0.50920   |
| GLYCINE                        |            | POWDER     | ORAL       | 05/06/2022     | 0.36810   |
| GLYCINE UROLOGIC SOLUTION      | 1.5 %      | IRRIG SOLN | IRRIGATION | 04/03/2025     | 0.00919   |
| GLYCOPYRROLATE                 | 1 MG/5 ML  | SOLUTION   | ORAL       | 02/26/2026     | 0.42495   |
| GLYCOPYRROLATE                 | 1 MG       | TABLET     | ORAL       | 02/26/2026     | 0.14204   |
| GLYCOPYRROLATE                 | 2 MG       | TABLET     | ORAL       | 02/26/2026     | 0.25505   |
| GLYCOPYRROLATE                 | 1.5 MG     | TABLET     | ORAL       | 11/17/2022     | 11.44250  |

*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

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

| Generic Name                 | Strength   | Form      | Route     | Effective Date | MAC Price |
|------------------------------|------------|-----------|-----------|----------------|-----------|
| GLYCOPYRROLATE               | 0.2 MG/ML  | VIAL      | INJECTION | 02/27/2024     | 0.25728   |
| GLYCOPYRROLATE IN WATER/PF   | 0.2 MG/ML  | SYRINGE   | INJECTION | 11/06/2025     | 7.95720   |
| GLYCOPYRROLATE IN WATER/PF   | 0.4MG/2ML  | SYRINGE   | INTRAVEN  | 04/03/2025     | 6.72719   |
| GLYCOPYRROLATE/PF            | 0.4MG/2ML  | SYRINGE   | INJECTION | 03/03/2026     | 4.67280   |
| GRANISETRON HCL              | 1 MG       | TABLET    | ORAL      | 05/13/2025     | 0.47250   |
| GRANISETRON HCL              | 1 MG/ML    | VIAL      | INTRAVEN  | 05/07/2026     | 9.44380   |
| GRANISETRON HCL              | 1 MG/ML(1) | VIAL      | INTRAVEN  | 03/09/2023     | 12.96900  |
| GRANISETRON HCL/PF           | 1 MG/ML(1) | VIAL      | INTRAVEN  | 10/18/2021     | 5.93090   |
| GRAPE SEED EXTRACT           | 50 MG      | CAPSULE   | ORAL      | 07/27/2022     | 0.12037   |
| GREEN SOAP                   |            | TINCTURE  | TOPICAL   | 03/26/2026     | 0.00312   |
| GREEN TEA LEAF EXTRACT       |            | CAPSULE   | ORAL      | 07/27/2022     | 0.16722   |
| GRISEOFULVIN ULTRAMICROSIZED | 125 MG     | TABLET    | ORAL      | 11/08/2023     | 4.53460   |
| GRISEOFULVIN, MICROSIZED     | 125 MG/5ML | ORAL SUSP | ORAL      | 11/13/2025     | 0.71031   |
| GRISEOFULVIN, MICROSIZED     | 500 MG     | TABLET    | ORAL      | 11/06/2025     | 5.58622   |
| GUAIFEN/DEXTROMETHORPHAN/PE  | 100-10-5MG | LIQUID    | ORAL      | 04/03/2025     | 0.01760   |
| GUAIFEN/DEXTROMETHORPHAN/PE  | 200-30-10  | LIQUID    | ORAL      | 11/22/2022     | 0.03747   |
| GUAIFEN/DEXTROMETHORPHAN/PE  | 300-15-10  | LIQUID    | ORAL      | 05/17/2023     | 0.04161   |
| GUAIFEN/DEXTROMETHORPHAN/PE  | 75-5-2.5/5 | LIQUID    | ORAL      | 04/09/2026     | 0.00959   |
| GUAIFEN/DEXTROMETHORPHAN/PE  | 200-10-5/5 | LIQUID    | ORAL      | 06/18/2025     | 0.00957   |
| GUAIFEN/DEXTROMETHORPHAN/PE  | 388-28-10  | LIQUID    | ORAL      | 06/26/2025     | 0.01069   |
| GUAIFEN/DEXTROMETHORPHAN/PE  | 400-20-10  | LIQUID    | ORAL      | 07/03/2025     | 0.01554   |

*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

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

| Generic Name                   | Strength   | Form       | Route | Effective Date | MAC Price |
|--------------------------------|------------|------------|-------|----------------|-----------|
| GUAIFEN/DEXTROMETHORPHAN/PE    | 18-10MG/15 | LIQUID     | ORAL  | 08/13/2024     | 0.08199   |
| GUAIFEN/DEXTROMETHORPHAN/PE    | 50-5-2.5/1 | DROPS      | ORAL  | 05/06/2022     | 0.16057   |
| GUAIFEN/PHENYLEPH/ACETAMINOPHN | 200-5-325  | TABLET     | ORAL  | 01/30/2025     | 0.43215   |
| GUAIFENESIN                    | 1200 MG    | TAB ER 12H | ORAL  | 09/11/2025     | 0.47522   |
| GUAIFENESIN                    | 600 MG     | TAB ER 12H | ORAL  | 03/05/2026     | 0.18747   |
| GUAIFENESIN                    | 200 MG/5ML | LIQUID     | ORAL  | 06/23/2022     | 0.00817   |
| GUAIFENESIN                    | 100 MG/5ML | LIQUID     | ORAL  | 02/17/2026     | 0.00742   |
| GUAIFENESIN                    | 200 MG     | TABLET     | ORAL  | 04/17/2025     | 0.02010   |
| GUAIFENESIN                    | 400 MG     | TABLET     | ORAL  | 02/19/2026     | 0.03238   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 200MG-10MG | CAPSULE    | ORAL  | 08/13/2024     | 0.53131   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 100-10MG/5 | LIQUID     | ORAL  | 01/15/2026     | 0.01071   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 100-5 MG/5 | LIQUID     | ORAL  | 07/31/2024     | 0.04110   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 200-10MG/5 | LIQUID     | ORAL  | 02/04/2025     | 0.03463   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 200-15MG/5 | LIQUID     | ORAL  | 01/19/2023     | 0.06343   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 187-10MG/5 | LIQUID     | ORAL  | 05/06/2022     | 0.07251   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 50-5MG/5ML | LIQUID     | ORAL  | 04/23/2026     | 0.02250   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 100-10MG/5 | SYRUP      | ORAL  | 02/27/2025     | 0.01554   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 400MG-20MG | TABLET     | ORAL  | 03/05/2026     | 0.04824   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 600MG-30MG | TAB ER 12H | ORAL  | 09/11/2025     | 0.59362   |
| GUAIFENESIN/DEXTROMETHORPHAN   | 1200-60MG  | TAB ER 12H | ORAL  | 04/30/2026     | 0.75295   |
| GUAIFENESIN/DM/ACETAMINOPHEN   | 20-650/20  | LIQUID     | ORAL  | 05/07/2026     | 0.05730   |

*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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| GUAIFENESIN/DM/PSEUDOEPHEDRINE | 200-15-30  | SOLUTION   | ORAL    | 04/25/2024     | 0.02294   |
| GUAIFENESIN/DM/PSEUDOEPHEDRINE | 50-5-15/5  | LIQUID     | ORAL    | 10/16/2025     | 0.03841   |
| GUAIFENESIN/DM/PSEUDOEPHEDRINE | 187-10-30  | LIQUID     | ORAL    | 08/28/2025     | 0.04525   |
| GUAIFENESIN/DM/PSEUDOEPHEDRINE | 200-10-30  | TABLET     | ORAL    | 05/06/2022     | 0.14499   |
| GUAIFENESIN/PHENYLEPHRINE HCL  | 100-5 MG/5 | LIQUID     | ORAL    | 01/21/2025     | 0.03316   |
| GUAIFENESIN/PHENYLEPHRINE HCL  | 400MG-10MG | TABLET     | ORAL    | 07/27/2023     | 0.05641   |
| GUAIFENESIN/PSEUDOEPHEDRNE HCL | 375MG-60MG | TABLET     | ORAL    | 05/06/2022     | 0.61091   |
| GUAIFENESIN/PSEUDOEPHEDRNE HCL | 600MG-60MG | TAB ER 12H | ORAL    | 01/22/2026     | 0.60184   |
| GUAIFENESIN/PSEUDOEPHEDRNE HCL | 1200-120MG | TAB ER 12H | ORAL    | 07/29/2025     | 0.41737   |
| GUANFACINE HCL                 | 1 MG       | TABLET     | ORAL    | 06/24/2025     | 0.10867   |
| GUANFACINE HCL                 | 2 MG       | TABLET     | ORAL    | 07/29/2025     | 0.30030   |
| GUANFACINE HCL                 | 1 MG       | TAB ER 24H | ORAL    | 03/12/2026     | 0.14780   |
| GUANFACINE HCL                 | 2 MG       | TAB ER 24H | ORAL    | 03/12/2026     | 0.14780   |
| GUANFACINE HCL                 | 3 MG       | TAB ER 24H | ORAL    | 03/12/2026     | 0.14780   |
| GUANFACINE HCL                 | 4 MG       | TAB ER 24H | ORAL    | 03/12/2026     | 0.14914   |
| HALCINONIDE                    | 0.1 %      | CREAM (G)  | TOPICAL | 04/30/2026     | 11.59180  |
| HALOBETASOL PROPIONATE         | 0.05 %     | CREAM (G)  | TOPICAL | 07/29/2025     | 0.51943   |
| HALOBETASOL PROPIONATE         | 0.05 %     | OINT. (G)  | TOPICAL | 10/02/2025     | 1.05619   |
| HALOPERIDOL                    | 0.5 MG     | TABLET     | ORAL    | 05/07/2026     | 0.09420   |
| HALOPERIDOL                    | 1 MG       | TABLET     | ORAL    | 05/07/2026     | 0.10050   |
| HALOPERIDOL                    | 10 MG      | TABLET     | ORAL    | 05/07/2026     | 0.18090   |

*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

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

| Generic Name                   | Strength   | Form      | Route     | Effective Date | MAC Price |
|--------------------------------|------------|-----------|-----------|----------------|-----------|
| HALOPERIDOL                    | 2 MG       | TABLET    | ORAL      | 05/07/2026     | 0.15812   |
| HALOPERIDOL                    | 20 MG      | TABLET    | ORAL      | 05/07/2026     | 0.22110   |
| HALOPERIDOL                    | 5 MG       | TABLET    | ORAL      | 05/07/2026     | 0.12261   |
| HALOPERIDOL DECANOATE          | 50 MG/ML   | AMPUL     | INTRAMUSC | 02/12/2026     | 16.40625  |
| HALOPERIDOL DECANOATE          | 100 MG/ML  | AMPUL     | INTRAMUSC | 02/12/2026     | 31.39063  |
| HALOPERIDOL DECANOATE          | 50 MG/ML   | VIAL      | INTRAMUSC | 01/22/2026     | 7.58571   |
| HALOPERIDOL DECANOATE          | 100 MG/ML  | VIAL      | INTRAMUSC | 01/22/2026     | 7.80000   |
| HALOPERIDOL LACTATE            | 2 MG/ML    | ORAL CONC | ORAL      | 07/29/2025     | 0.13057   |
| HALOPERIDOL LACTATE            | 5 MG/ML    | VIAL      | INJECTION | 12/22/2025     | 1.52626   |
| HALOPERIDOL LACTATE            | 5 MG/ML    | SYRINGE   | INTRAMUSC | 08/27/2020     | 9.29948   |
| HEPARIN SOD,PORK IN 0.45% NACL | 25000/250  | IV SOLN   | INTRAVEN  | 01/15/2026     | 0.11232   |
| HEPARIN SOD,PORK IN 0.45% NACL | 25000/500  | IV SOLN   | INTRAVEN  | 02/23/2026     | 0.03434   |
| HEPARIN SODIUM,PORCINE         | 5000/ML    | SYRINGE   | INJECTION | 05/31/2023     | 3.94680   |
| HEPARIN SODIUM,PORCINE         | 1000/ML    | VIAL      | INJECTION | 10/23/2025     | 0.18760   |
| HEPARIN SODIUM,PORCINE         | 10000/ML   | VIAL      | INJECTION | 09/11/2025     | 2.10680   |
| HEPARIN SODIUM,PORCINE         | 20000/ML   | VIAL      | INJECTION | 10/19/2021     | 8.23000   |
| HEPARIN SODIUM,PORCINE         | 5000/ML    | VIAL      | INJECTION | 09/11/2025     | 0.97488   |
| HEPARIN SODIUM,PORCINE/D5W     | 25000/250  | IV SOLN   | INTRAVEN  | 02/19/2026     | 0.08388   |
| HEPARIN SODIUM,PORCINE/D5W     | 25000/500  | IV SOLN   | INTRAVEN  | 02/06/2025     | 0.04401   |
| HEPARIN SODIUM,PORCINE/NS/PF   | 1000/500ML | IV SOLN   | INTRAVEN  | 02/06/2025     | 0.01193   |
| HEPARIN SODIUM,PORCINE/NS/PF   | 2K/1000ML  | IV SOLN   | INTRAVEN  | 11/20/2025     | 0.00811   |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| HEPARIN SODIUM,PORCINE/PF      | 5000/0.5ML | SYRINGE    | INJECTION | 04/16/2026     | 4.49516   |
| HEPARIN SODIUM,PORCINE/PF      | 1000/ML    | VIAL       | INJECTION | 10/23/2025     | 2.01027   |
| HEPARIN SODIUM,PORCINE/PF      | 5000/0.5ML | VIAL       | INJECTION | 12/20/2023     | 11.48400  |
| HETASTARCH IN 0.9 % NACL       | 6 %-0.9 %  | PLAST. BAG | INTRAVEN  | 03/21/2024     | 0.06884   |
| HORSE CHESTNUT SEED            | 300 MG     | CAPSULE    | ORAL      | 07/27/2022     | 0.11167   |
| HYDRALAZINE HCL                | 10 MG      | TABLET     | ORAL      | 06/24/2025     | 0.02100   |
| HYDRALAZINE HCL                | 100 MG     | TABLET     | ORAL      | 06/24/2025     | 0.06300   |
| HYDRALAZINE HCL                | 25 MG      | TABLET     | ORAL      | 02/09/2026     | 0.03919   |
| HYDRALAZINE HCL                | 50 MG      | TABLET     | ORAL      | 06/24/2025     | 0.04063   |
| HYDRALAZINE HCL                | 20 MG/ML   | VIAL       | INJECTION | 02/12/2026     | 4.38900   |
| HYDROCHLOROTHIAZIDE            | 12.5 MG    | CAPSULE    | ORAL      | 02/23/2026     | 0.02562   |
| HYDROCHLOROTHIAZIDE            | 25 MG      | TABLET     | ORAL      | 04/02/2026     | 0.01548   |
| HYDROCHLOROTHIAZIDE            | 50 MG      | TABLET     | ORAL      | 01/15/2026     | 0.04233   |
| HYDROCHLOROTHIAZIDE            | 12.5 MG    | TABLET     | ORAL      | 11/18/2025     | 0.04102   |
| HYDROCODONE BIT/HOMATROP ME-BR | 5-1.5 MG/5 | SOLUTION   | ORAL      | 10/02/2025     | 0.18647   |
| HYDROCODONE BIT/HOMATROP ME-BR | 5 MG-1.5MG | TABLET     | ORAL      | 08/01/2022     | 0.66000   |
| HYDROCODONE BITARTRATE         | 20 MG      | TAB ER 24H | ORAL      | 01/08/2026     | 14.59203  |
| HYDROCODONE BITARTRATE         | 80 MG      | TAB ER 24H | ORAL      | 03/21/2024     | 29.68366  |
| HYDROCODONE BITARTRATE         | 100 MG     | TAB ER 24H | ORAL      | 01/08/2026     | 66.53975  |
| HYDROCODONE/ACETAMINOPHEN      | 7.5-325/15 | SOLUTION   | ORAL      | 09/17/2024     | 0.41226   |
| HYDROCODONE/ACETAMINOPHEN      | 7.5-325/15 | SOLUTION   | ORAL      | 10/19/2023     | 0.23781   |

*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

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

| Generic Name              | Strength   | Form       | Route   | Effective Date | MAC Price |
|---------------------------|------------|------------|---------|----------------|-----------|
| 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 | 2.5-325 MG | TABLET     | ORAL    | 02/23/2026     | 0.21900   |
| HYDROCODONE/ACETAMINOPHEN | 10MG-325MG | TABLET     | ORAL    | 04/02/2026     | 0.06533   |
| HYDROCODONE/ACETAMINOPHEN | 5 MG-325MG | TABLET     | ORAL    | 04/02/2026     | 0.06057   |
| HYDROCODONE/ACETAMINOPHEN | 7.5-325 MG | TABLET     | ORAL    | 04/02/2026     | 0.07404   |
| HYDROCODONE/ACETAMINOPHEN | 10MG-300MG | TABLET     | ORAL    | 04/01/2025     | 0.22477   |
| HYDROCODONE/ACETAMINOPHEN | 5 MG-300MG | TABLET     | ORAL    | 08/26/2025     | 0.16543   |
| HYDROCODONE/ACETAMINOPHEN | 7.5-300 MG | TABLET     | ORAL    | 08/26/2025     | 0.20985   |
| HYDROCODONE/IBUPROFEN     | 7.5-200 MG | TABLET     | ORAL    | 06/12/2025     | 0.76816   |
| HYDROCOLLOID DRESSING     | 2"X2.75"   | BANDAGE    | TOPICAL | 12/17/2024     | 2.65716   |
| HYDROCORTISONE            | 10 MG      | TABLET     | ORAL    | 07/29/2025     | 0.23274   |
| HYDROCORTISONE            | 20 MG      | TABLET     | ORAL    | 07/29/2025     | 0.27268   |
| HYDROCORTISONE            | 5 MG       | TABLET     | ORAL    | 07/29/2025     | 0.12255   |
| HYDROCORTISONE            | 100MG/60ML | ENEMA      | RECTAL  | 07/29/2025     | 0.12878   |
| HYDROCORTISONE            | 1 %        | CREAM (G)  | TOPICAL | 07/29/2025     | 0.03727   |
| HYDROCORTISONE            | 2.5 %      | CREAM (G)  | TOPICAL | 01/15/2026     | 0.17314   |
| HYDROCORTISONE            | 1 %        | CREAM PACK | TOPICAL | 07/29/2025     | 0.03727   |
| HYDROCORTISONE            | 2.5 %      | CRM/PE APP | TOPICAL | 07/29/2025     | 0.19635   |
| HYDROCORTISONE            | 1 %        | OINT. (G)  | TOPICAL | 07/29/2025     | 0.06153   |
| HYDROCORTISONE            | 2.5 %      | OINT. (G)  | TOPICAL | 07/29/2025     | 0.06982   |

*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

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

| Generic Name                 | Strength | Form       | Route      | Effective Date | MAC Price |
|------------------------------|----------|------------|------------|----------------|-----------|
| HYDROCORTISONE               | 1 %      | SOLUTION   | TOPICAL    | 07/29/2025     | 0.12547   |
| HYDROCORTISONE               | 1 %      | LOTION     | TOPICAL    | 07/29/2025     | 0.02947   |
| HYDROCORTISONE               | 1 %      | LOTION     | TOPICAL    | 07/29/2025     | 0.03269   |
| HYDROCORTISONE ACETATE       | 1 %      | CREAM (G)  | TOPICAL    | 05/05/2025     | 0.04912   |
| HYDROCORTISONE BUTYRATE      | 0.1 %    | LOTION     | TOPICAL    | 04/23/2024     | 2.53805   |
| HYDROCORTISONE SOD SUCCINATE | 100 MG   | VIAL       | INJECTION  | 03/03/2026     | 14.55500  |
| HYDROCORTISONE VALERATE      | 0.2 %    | CREAM (G)  | TOPICAL    | 04/18/2023     | 0.24857   |
| HYDROCORTISONE VALERATE      | 0.2 %    | OINT. (G)  | TOPICAL    | 02/19/2026     | 2.75909   |
| HYDROCORTISONE/ACETIC ACID   | 1 %-2 %  | DROPS      | OTIC (EAR) | 12/22/2025     | 12.04060  |
| HYDROCORTISONE/ALOE VERA     | 1 %      | CREAM (G)  | TOPICAL    | 05/07/2026     | 0.08279   |
| HYDROGEN PEROXIDE            | 3 %      | SOLUTION   | MISCELL    | 08/07/2025     | 0.00098   |
| HYDROMORPHONE HCL            | 1 MG/ML  | LIQUID     | ORAL       | 06/26/2025     | 0.78026   |
| HYDROMORPHONE HCL            | 2 MG     | TABLET     | ORAL       | 05/04/2026     | 0.09002   |
| HYDROMORPHONE HCL            | 4 MG     | TABLET     | ORAL       | 08/07/2025     | 0.26385   |
| HYDROMORPHONE HCL            | 8 MG     | TABLET     | ORAL       | 12/22/2025     | 1.55802   |
| HYDROMORPHONE HCL            | 12 MG    | TAB ER 24H | ORAL       | 04/03/2025     | 8.28438   |
| HYDROMORPHONE HCL            | 32 MG    | TAB ER 24H | ORAL       | 04/03/2025     | 12.78270  |
| HYDROMORPHONE HCL            | 16 MG    | TAB ER 24H | ORAL       | 09/04/2025     | 7.70538   |
| HYDROMORPHONE HCL            | 8 MG     | TAB ER 24H | ORAL       | 09/04/2025     | 4.25337   |
| HYDROMORPHONE HCL            | 1 MG/ML  | CARTRIDGE  | INJECTION  | 08/31/2017     | 3.05976   |
| HYDROMORPHONE HCL            | 2 MG/ML  | CARTRIDGE  | INJECTION  | 08/31/2017     | 3.28020   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| HYDROMORPHONE HCL              | 4 MG/ML    | CARTRIDGE  | INJECTION  | 01/04/2018     | 4.28868   |
| HYDROMORPHONE HCL              | 2 MG/ML    | VIAL       | INJECTION  | 04/25/2023     | 1.43800   |
| HYDROMORPHONE HCL/PF           | 0.2 MG/ML  | SYRINGE    | INJECTION  | 10/17/2024     | 3.76200   |
| HYDROMORPHONE HCL/PF           | 10 MG/ML   | VIAL       | INJECTION  | 05/06/2022     | 1.57785   |
| HYDROMORPHONE HCL/PF           | 2 MG/ML    | VIAL       | INJECTION  | 04/20/2023     | 5.21208   |
| HYDROXYCHLOROQUINE SULFATE     | 200 MG     | TABLET     | ORAL       | 12/18/2025     | 0.21882   |
| HYDROXYCHLOROQUINE SULFATE     | 300 MG     | TABLET     | ORAL       | 12/26/2023     | 0.67938   |
| HYDROXYPROPYL CELLULOSE        |            | POWDER     | MISCELL    | 05/06/2022     | 0.73700   |
| HYDROXYUREA                    | 500 MG     | CAPSULE    | ORAL       | 09/25/2025     | 0.36850   |
| HYDROXYZINE HCL                | 10 MG/5 ML | SOLUTION   | ORAL       | 08/19/2025     | 0.14618   |
| HYDROXYZINE HCL                | 10 MG      | TABLET     | ORAL       | 08/19/2025     | 0.02585   |
| HYDROXYZINE HCL                | 25 MG      | TABLET     | ORAL       | 04/15/2025     | 0.02883   |
| HYDROXYZINE HCL                | 50 MG      | TABLET     | ORAL       | 08/19/2025     | 0.05541   |
| HYDROXYZINE PAMOATE            | 25 MG      | CAPSULE    | ORAL       | 09/21/2021     | 0.06135   |
| HYDROXYZINE PAMOATE            | 50 MG      | CAPSULE    | ORAL       | 04/15/2025     | 0.06466   |
| HYPOCHLOROUS ACID/SODIUM CHLOR | 0.01 %     | SPRAY      | TOPICAL    | 07/31/2025     | 0.31698   |
| HYPROMELLOSE                   | 2.5 %      | DROPS      | OPHTHALMIC | 11/30/2023     | 1.08093   |
| HYPROMELLOSE                   |            | POWDER     | MISCELL    | 05/06/2022     | 0.08971   |
| HYPROMELLOSE CAPSULES (EMPTY)  |            | CAPSULE    | ORAL       | 03/12/2026     | 0.02653   |
| HYPROMELLOSE DR CAP (EMPTY)    |            | CAPSULE DR | ORAL       | 05/06/2022     | 0.18090   |
| IBANDRONATE SODIUM             | 150 MG     | TABLET     | ORAL       | 10/09/2025     | 3.88520   |

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

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

| Generic Name                  | Strength   | Form       | Route    | Effective Date | MAC Price |
|-------------------------------|------------|------------|----------|----------------|-----------|
| IBANDRONATE SODIUM            | 3 MG/3 ML  | SYRINGE    | INTRAVEN | 04/16/2026     | 76.86133  |
| IBUPROFEN                     | 200 MG     | CAPSULE    | ORAL     | 07/24/2025     | 0.06784   |
| IBUPROFEN                     | 100 MG/5ML | ORAL SUSP  | ORAL     | 02/17/2026     | 0.02403   |
| IBUPROFEN                     | 50 MG/1.25 | DROPS SUSP | ORAL     | 12/19/2024     | 0.20323   |
| IBUPROFEN                     | 200 MG     | TABLET     | ORAL     | 04/30/2025     | 0.00542   |
| IBUPROFEN                     | 400 MG     | TABLET     | ORAL     | 04/23/2026     | 0.03997   |
| IBUPROFEN                     | 600 MG     | TABLET     | ORAL     | 02/17/2026     | 0.03848   |
| IBUPROFEN                     | 800 MG     | TABLET     | ORAL     | 04/30/2025     | 0.04983   |
| IBUPROFEN                     | 100 MG     | TAB CHEW   | ORAL     | 08/03/2021     | 0.16499   |
| IBUPROFEN LYSINE/PF           | 20 MG/2 ML | VIAL       | INTRAVEN | 08/17/2023     | 209.79529 |
| IBUPROFEN/DIPHENHYDRAMINE CIT | 200MG-38MG | TABLET     | ORAL     | 07/10/2025     | 0.18156   |
| IBUPROFEN/FAMOTIDINE          | 800-26.6MG | TABLET     | ORAL     | 04/23/2026     | 0.54285   |
| IBUPROFEN/PHENYLEPHRINE HCL   | 200MG-10MG | TABLET     | ORAL     | 04/10/2025     | 0.39798   |
| IBUTILIDE FUMARATE            | 0.1 MG/ML  | VIAL       | INTRAVEN | 04/02/2026     | 16.76430  |
| ICARIDIN                      | 20 %       | SPRAY/PUMP | TOPICAL  | 08/18/2022     | 0.03015   |
| ICATIBANT ACETATE             | 30 MG/3 ML | SYRINGE    | SUBCUT   | 10/02/2025     | 338.25000 |
| ICOSAPENT ETHYL               | 1 G        | CAPSULE    | ORAL     | 02/19/2026     | 0.71601   |
| ICOSAPENT ETHYL               | 0.5 GRAM   | CAPSULE    | ORAL     | 01/27/2026     | 0.48575   |
| IDARUBICIN HCL                | 1 MG/ML    | VIAL       | INTRAVEN | 09/04/2025     | 7.23900   |
| IFOSFAMIDE                    | 1 G        | VIAL       | INTRAVEN | 02/26/2026     | 33.10750  |
| IFOSFAMIDE                    | 1 G/20 ML  | VIAL       | INTRAVEN | 05/06/2022     | 3.63974   |

*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

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

| Generic Name               | Strength   | Form       | Route     | Effective Date | MAC Price |
|----------------------------|------------|------------|-----------|----------------|-----------|
| IFOSFAMIDE                 | 3 G/60 ML  | VIAL       | INTRAVEN  | 06/03/2024     | 1.64220   |
| IMATINIB MESYLATE          | 400 MG     | TABLET     | ORAL      | 10/23/2025     | 5.44153   |
| IMATINIB MESYLATE          | 100 MG     | TABLET     | ORAL      | 02/19/2026     | 1.59341   |
| IMIPENEM/CILASTATIN SODIUM | 500 MG     | VIAL       | INTRAVEN  | 03/13/2025     | 11.71863  |
| IMIPRAMINE HCL             | 10 MG      | TABLET     | ORAL      | 06/17/2025     | 0.04824   |
| IMIPRAMINE HCL             | 25 MG      | TABLET     | ORAL      | 06/17/2025     | 0.05655   |
| IMIPRAMINE HCL             | 50 MG      | TABLET     | ORAL      | 04/16/2024     | 0.04188   |
| IMIPRAMINE PAMOATE         | 100 MG     | CAPSULE    | ORAL      | 07/05/2018     | 8.24760   |
| IMIPRAMINE PAMOATE         | 125 MG     | CAPSULE    | ORAL      | 07/05/2018     | 8.24760   |
| IMIPRAMINE PAMOATE         | 150 MG     | CAPSULE    | ORAL      | 10/21/2025     | 2.75000   |
| IMIPRAMINE PAMOATE         | 75 MG      | CAPSULE    | ORAL      | 07/05/2018     | 7.70040   |
| IMIQUIMOD                  | 3.75 %     | CRM MD PMP | TOPICAL   | 07/22/2025     | 71.75000  |
| IMIQUIMOD                  | 5 %        | CREAM PACK | TOPICAL   | 01/27/2026     | 0.93828   |
| IMIQUIMOD                  | 3.75 %     | CREAM PACK | TOPICAL   | 12/22/2025     | 16.75509  |
| INDAPAMIDE                 | 2.5 MG     | TABLET     | ORAL      | 02/12/2026     | 0.34505   |
| INDAPAMIDE                 | 1.25 MG    | TABLET     | ORAL      | 02/12/2026     | 0.40696   |
| INDOCYANINE GREEN          | 25 MG      | VIAL       | INJECTION | 08/22/2023     | 50.71614  |
| INDOMETHACIN               | 25 MG      | CAPSULE    | ORAL      | 12/22/2025     | 0.15665   |
| INDOMETHACIN               | 50 MG      | CAPSULE    | ORAL      | 03/19/2026     | 0.23584   |
| INDOMETHACIN               | 75 MG      | CAPSULE ER | ORAL      | 02/08/2024     | 0.14829   |
| INDOMETHACIN               | 25 MG/5 ML | ORAL SUSP  | ORAL      | 10/02/2025     | 9.18435   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| INDOMETHACIN                   | 50 MG      | SUPP.RECT  | RECTAL     | 02/12/2026     | 280.90979 |
| INSULIN ASPART                 | 100/ML (3) | INSULN PEN | SUBCUT     | 05/27/2025     | 6.08424   |
| INSULIN NPH HUM/REG INSULIN HM | 70-30/ML   | VIAL       | SUBCUT     | 05/04/2026     | 2.48090   |
| INSULIN NPH HUM/REG INSULIN HM | 70-30/ML   | INSULN PEN | SUBCUT     | 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     | 01/28/2025     | 5.74000   |
| INSULIN REGULAR, HUMAN         | 100/ML     | VIAL       | INJECTION  | 05/12/2022     | 15.93795  |
| INTRAVENOUS ADMINISTRATION SET |            | INFUS.SET  | MISCELL    | 08/10/2023     | 0.21775   |
| INTRAVENOUS EXTENSION SET      |            | INFUS.SET  | MISCELL    | 05/06/2022     | 2.01536   |
| INULIN                         | 2 G        | TAB CHEW   | ORAL       | 04/22/2025     | 0.10519   |
| IODINE/POTASSIUM IODIDE        | 5 %-10 %   | SOLUTION   | TOPICAL    | 05/06/2022     | 0.20100   |
| IODINE/SODIUM IODIDE           | 2 %        | TINCTURE   | TOPICAL    | 12/11/2025     | 0.07278   |
| IODIXANOL                      | 320 MG/ML  | INFUS. BTL | INTRAVEN   | 01/18/2024     | 0.40200   |
| IODIXANOL                      | 270 MG/ML  | INFUS. BTL | INTRAVEN   | 01/18/2024     | 0.40200   |
| IOPAMIDOL                      | 300 MG/ML  | VIAL       | INTRAVEN   | 04/03/2025     | 0.59668   |
| IOPAMIDOL                      | 250 MG/ML  | VIAL       | INTRAVEN   | 10/16/2025     | 0.65775   |
| IOPAMIDOL                      | 200 MG/ML  | VIAL       | INTRATHEC  | 08/07/2025     | 3.34607   |
| IOPAMIDOL                      | 300 MG/ML  | VIAL       | INTRATHEC  | 09/07/2023     | 6.90673   |
| IPRATROPIUM BROMIDE            | 42 MCG     | SPRAY      | NASAL      | 08/28/2025     | 1.11667   |
| IPRATROPIUM BROMIDE            | 21 MCG     | SPRAY      | NASAL      | 08/28/2025     | 0.55833   |
| IPRATROPIUM BROMIDE            | 0.2 MG/ML  | SOLUTION   | INHALATION | 05/13/2025     | 0.03204   |

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

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

| Generic Name                   | Strength   | Form      | Route      | Effective Date | MAC Price |
|--------------------------------|------------|-----------|------------|----------------|-----------|
| IPRATROPIUM/ALBUTEROL SULFATE  | 0.5-3MG/3  | AMPUL-NEB | INHALATION | 05/27/2025     | 0.07602   |
| IRBESARTAN                     | 150 MG     | TABLET    | ORAL       | 04/30/2026     | 0.10348   |
| IRBESARTAN                     | 300 MG     | TABLET    | ORAL       | 06/25/2024     | 0.17122   |
| IRBESARTAN                     | 75 MG      | TABLET    | ORAL       | 03/11/2024     | 0.15730   |
| IRBESARTAN/HYDROCHLOROTHIAZIDE | 150-12.5MG | TABLET    | ORAL       | 02/18/2025     | 0.19981   |
| IRBESARTAN/HYDROCHLOROTHIAZIDE | 300-12.5MG | TABLET    | ORAL       | 02/26/2026     | 0.27827   |
| IRINOTECAN HCL                 | 40 MG/2 ML | VIAL      | INTRAVEN   | 09/09/2025     | 4.29000   |
| IRINOTECAN HCL                 | 100 MG/5ML | VIAL      | INTRAVEN   | 10/16/2025     | 2.85120   |
| IRINOTECAN HCL                 | 300MG/15ML | VIAL      | INTRAVEN   | 10/19/2021     | 4.33300   |
| IRON FUMARATE/VIT C/VIT B12/FA | 460-60MG   | CAPSULE   | ORAL       | 10/26/2022     | 0.44213   |
| IRON POLYSACCHARIDE COMPLEX    | 150 MG     | CAPSULE   | ORAL       | 04/15/2025     | 0.08225   |
| IRON PS COMPLEX/B12/FOLIC ACID | 150-25-1   | CAPSULE   | ORAL       | 11/06/2025     | 1.84250   |
| IRON SUCROSE COMPLEX           | 100 MG/5ML | VIAL      | INTRAVEN   | 12/16/2025     | 9.25536   |
| IRON SUCROSE COMPLEX           | 200MG/10ML | VIAL      | INTRAVEN   | 04/09/2026     | 9.29821   |
| IRON,CARB/VIT C/VIT B12/FOLIC  | 100-250-1  | TABLET    | ORAL       | 05/06/2022     | 0.31825   |
| IRON,CARBONYL                  | 15MG/1.25  | ORAL SUSP | ORAL       | 05/31/2023     | 0.35907   |
| IRON,CARBONYL/ASCORBIC ACID    | 100-250 MG | TABLET    | ORAL       | 11/13/2025     | 0.11055   |
| ISONIAZID                      | 50 MG/5 ML | SOLUTION  | ORAL       | 01/22/2026     | 0.93707   |
| ISONIAZID                      | 100 MG     | TABLET    | ORAL       | 12/11/2025     | 3.18833   |
| ISONIAZID                      | 300 MG     | TABLET    | ORAL       | 12/22/2025     | 0.41875   |
| ISOPROPYL ALCOHOL              | 70 %       | SOLUTION  | MISCELL    | 07/17/2025     | 0.00475   |

*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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| ISOPROPYL ALCOHOL             | 99 %       | SOLUTION   | MISCELL    | 01/08/2026     | 0.00870   |
| ISOPROPYL ALCOHOL IN GLYCERIN | 95 %-5 %   | DROPS      | OTIC (EAR) | 09/25/2025     | 0.07560   |
| ISOPROTERENOL HCL             | 0.2 MG/ML  | VIAL       | INJECTION  | 04/16/2026     | 15.70800  |
| ISOSORBIDE DINIT/HYDRALAZINE  | 20-37.5 MG | TABLET     | ORAL       | 10/24/2024     | 0.95244   |
| ISOSORBIDE DINITRATE          | 10 MG      | TABLET     | ORAL       | 08/19/2025     | 0.16002   |
| ISOSORBIDE DINITRATE          | 20 MG      | TABLET     | ORAL       | 11/13/2025     | 0.42934   |
| ISOSORBIDE DINITRATE          | 30 MG      | TABLET     | ORAL       | 12/18/2025     | 0.47972   |
| ISOSORBIDE DINITRATE          | 40 MG      | TABLET     | ORAL       | 08/11/2025     | 9.05782   |
| ISOSORBIDE DINITRATE          | 5 MG       | TABLET     | ORAL       | 01/22/2026     | 0.35322   |
| ISOSORBIDE MONONITRATE        | 60 MG      | TAB ER 24H | ORAL       | 04/03/2025     | 0.09045   |
| ISOSORBIDE MONONITRATE        | 120 MG     | TAB ER 24H | ORAL       | 10/02/2025     | 0.43751   |
| ISOSORBIDE MONONITRATE        | 30 MG      | TAB ER 24H | ORAL       | 01/22/2026     | 0.10010   |
| ISOSULFAN BLUE                | 1 %        | VIAL       | SUBCUT     | 05/06/2022     | 108.78461 |
| ISOTRETINOIN                  | 35 MG      | CAPSULE    | ORAL       | 05/09/2024     | 23.96205  |
| ISRADIPINE                    | 2.5 MG     | CAPSULE    | ORAL       | 10/02/2025     | 3.67198   |
| ISRADIPINE                    | 5 MG       | CAPSULE    | ORAL       | 10/23/2025     | 4.00580   |
| ITRACONAZOLE                  | 100 MG     | CAPSULE    | ORAL       | 07/17/2025     | 0.69457   |
| ITRACONAZOLE                  | 10 MG/ML   | SOLUTION   | ORAL       | 11/13/2025     | 1.65311   |
| IVABRADINE HCL                | 5 MG       | TABLET     | ORAL       | 11/04/2025     | 1.67478   |
| IVABRADINE HCL                | 7.5 MG     | TABLET     | ORAL       | 11/04/2025     | 1.67478   |
| IVERMECTIN                    | 3 MG       | TABLET     | ORAL       | 11/25/2024     | 3.27954   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| IVERMECTIN                     | 1 %        | CREAM (G)  | TOPICAL    | 12/18/2025     | 5.24832   |
| IVERMECTIN                     | 0.5 %      | LOTION     | TOPICAL    | 03/07/2024     | 1.86913   |
| KETOCONAZOLE                   | 200 MG     | TABLET     | ORAL       | 11/13/2025     | 0.88936   |
| KETOCONAZOLE                   | 2 %        | FOAM       | TOPICAL    | 12/22/2025     | 4.72652   |
| KETOCONAZOLE                   | 2 %        | CREAM (G)  | TOPICAL    | 11/13/2025     | 0.28185   |
| KETOCONAZOLE                   | 2 %        | SHAMPOO    | TOPICAL    | 12/22/2025     | 0.11803   |
| KETOPROFEN                     | 50 MG      | CAPSULE    | ORAL       | 09/29/2025     | 1.52989   |
| KETOROLAC TROMETHAMINE         | 10 MG      | TABLET     | ORAL       | 04/16/2026     | 0.42786   |
| KETOROLAC TROMETHAMINE         | 15 MG/ML   | VIAL       | INJECTION  | 05/07/2026     | 0.89780   |
| KETOROLAC TROMETHAMINE         | 30MG/ML(1) | VIAL       | INJECTION  | 01/22/2026     | 0.89110   |
| KETOROLAC TROMETHAMINE         | 0.5 %      | DROPS      | OPHTHALMIC | 06/12/2025     | 2.60764   |
| KETOROLAC TROMETHAMINE         | 0.4 %      | DROPS      | OPHTHALMIC | 08/01/2022     | 11.95464  |
| KETOROLAC TROMETHAMINE         | 60 MG/2 ML | VIAL       | INTRAMUSC  | 01/15/2026     | 0.45131   |
| KETOTIFEN FUMARATE             | 0.025 %    | DROPS      | OPHTHALMIC | 10/16/2025     | 2.85648   |
| KIT FOR PREP TC-99M/MEBROFENIN | 45 MG      | VIAL       | INTRAVEN   | 05/06/2022     | 73.80000  |
| L-MEFOL/A-CYST/MEB12/ALGAL OIL | 6-600-2 MG | TABLET     | ORAL       | 02/06/2025     | 2.54466   |
| L-NORGEST/E.ESTRADIOL-E.ESTRAD | 150-30(84) | TBDSPK 3MO | ORAL       | 12/18/2025     | 0.32477   |
| L-NORGEST/E.ESTRADIOL-E.ESTRAD | 100-20(84) | TBDSPK 3MO | ORAL       | 04/09/2024     | 0.47889   |
| L-NORGEST/E.ESTRADIOL-E.ESTRAD | 0.15MG(84) | TBDSPK 3MO | ORAL       | 02/26/2026     | 3.48429   |
| L. ACIDOPH/L. PLANTAR/L. RHAMN | 15B CELL   | CAPSULE    | ORAL       | 07/10/2025     | 0.42880   |
| L. ACIDOPHILUS/BIFID. ANIMALIS | 31B CELL   | CAPSULE    | ORAL       | 07/11/2023     | 27.33330  |

*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

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

| Generic Name                   | Strength   | Form      | Route    | Effective Date | MAC Price |
|--------------------------------|------------|-----------|----------|----------------|-----------|
| L. ACIDOPHILUS/BIFID. ANIMALIS | 15.5B CELL | CAPSULE   | ORAL     | 04/30/2026     | 52.74479  |
| L. ACIDOPHILUS/BIFID. ANIMALIS | 32B CELL   | CAPSULE   | ORAL     | 09/29/2022     | 31.98000  |
| L. ACIDOPHILUS/BIFID. ANIMALIS | 33B CELL   | CAPSULE   | ORAL     | 12/04/2025     | 20.26412  |
| L. ACIDOPHILUS/L.BULGARICUS    | 100MM CELL | GRAN PACK | ORAL     | 04/03/2025     | 2.41200   |
| L. ACIDOPHILUS/L.BULGARICUS    | 1MM CELL   | TABLET    | ORAL     | 05/07/2026     | 0.26666   |
| L. REUTERI/L. RHAMNOSUS        | 5B CELL    | CAPSULE   | ORAL     | 06/26/2025     | 0.46006   |
| L. RHAMNOSUS GG/INULIN         | 20B-200 MG | CAPSULE   | ORAL     | 03/02/2023     | 1.17317   |
| L.ACIDOPH/L.BULG/B.BIF/S.THERM | 1B-250 MG  | TABLET    | ORAL     | 02/19/2026     | 0.27229   |
| LABETALOL HCL                  | 100 MG     | TABLET    | ORAL     | 09/29/2025     | 0.12971   |
| LABETALOL HCL                  | 200 MG     | TABLET    | ORAL     | 04/02/2026     | 0.16233   |
| LABETALOL HCL                  | 300 MG     | TABLET    | ORAL     | 09/29/2025     | 0.24388   |
| LABETALOL HCL                  | 5 MG/ML    | VIAL      | INTRAVEN | 03/19/2026     | 0.18268   |
| LACOSAMIDE                     | 10 MG/ML   | SOLUTION  | ORAL     | 03/05/2026     | 0.12388   |
| LACOSAMIDE                     | 50 MG      | TABLET    | ORAL     | 03/03/2026     | 0.10091   |
| LACOSAMIDE                     | 100 MG     | TABLET    | ORAL     | 11/13/2025     | 0.25773   |
| LACOSAMIDE                     | 150 MG     | TABLET    | ORAL     | 03/03/2026     | 0.18652   |
| LACOSAMIDE                     | 200 MG     | TABLET    | ORAL     | 03/10/2026     | 0.26803   |
| LACOSAMIDE                     | 200MG/20ML | VIAL      | INTRAVEN | 04/02/2026     | 0.93076   |
| LACTASE                        | 3000 UNIT  | TABLET    | ORAL     | 03/19/2026     | 0.06884   |
| LACTASE                        | 9000 UNIT  | TABLET    | ORAL     | 03/17/2026     | 0.14300   |
| LACTOBACIL 2/BIFIDO 1/S.THERMO | 112.5B     | CAPSULE   | ORAL     | 06/24/2025     | 0.71444   |

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

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

| Generic Name                   | Strength   | Form      | Route | Effective Date | MAC Price |
|--------------------------------|------------|-----------|-------|----------------|-----------|
| LACTOBACIL 2/BIFIDO 1/S.THERMO | 450B CELL  | PACKET    | ORAL  | 06/18/2025     | 4.96980   |
| LACTOBACIL 2/BIFIDO 1/S.THERMO | 900B CELL  | PACKET    | ORAL  | 01/07/2025     | 4.98597   |
| LACTOBACILLUS ACIDOPHILUS      | 680 MG     | CAPSULE   | ORAL  | 05/22/2025     | 0.33768   |
| LACTOBACILLUS ACIDOPHILUS      | 500MM CELL | CAPSULE   | ORAL  | 09/04/2025     | 0.04074   |
| LACTOBACILLUS ACIDOPHILUS/PECT | 75 MM-100  | CAPSULE   | ORAL  | 02/13/2025     | 0.02472   |
| LACTOBACILLUS PLANTARUM        | 10B CELL   | CAPSULE   | ORAL  | 01/23/2025     | 16.40625  |
| LACTULOSE                      | 10 G       | PACKET    | ORAL  | 01/15/2026     | 11.43138  |
| LACTULOSE                      | 20 G       | PACKET    | ORAL  | 01/15/2026     | 11.29223  |
| LACTULOSE                      | 10 G/15 ML | SOLUTION  | ORAL  | 11/05/2024     | 0.01240   |
| LACTULOSE                      | 10 G/15 ML | SOLUTION  | ORAL  | 10/28/2025     | 0.01883   |
| LAMIVUDINE                     | 10 MG/ML   | SOLUTION  | ORAL  | 01/29/2026     | 0.41378   |
| LAMIVUDINE                     | 150 MG     | TABLET    | ORAL  | 10/28/2025     | 0.33380   |
| LAMIVUDINE                     | 100 MG     | TABLET    | ORAL  | 09/04/2025     | 9.25366   |
| LAMIVUDINE                     | 300 MG     | TABLET    | ORAL  | 09/10/2024     | 2.36421   |
| LAMIVUDINE/ZIDOVUDINE          | 150-300 MG | TABLET    | ORAL  | 11/13/2025     | 0.82656   |
| LAMOTRIGINE                    | 25 MG      | TAB ER 24 | ORAL  | 08/21/2025     | 0.70037   |
| LAMOTRIGINE                    | 50 MG      | TAB ER 24 | ORAL  | 04/03/2025     | 1.19305   |
| LAMOTRIGINE                    | 100 MG     | TAB ER 24 | ORAL  | 04/03/2025     | 1.37797   |
| LAMOTRIGINE                    | 200 MG     | TAB ER 24 | ORAL  | 04/03/2025     | 1.46909   |
| LAMOTRIGINE                    | 300 MG     | TAB ER 24 | ORAL  | 01/28/2025     | 1.74268   |
| LAMOTRIGINE                    | 250 MG     | TAB ER 24 | ORAL  | 09/29/2025     | 2.69984   |

*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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| LAMOTRIGINE                    | 100 MG     | TABLET     | ORAL    | 05/07/2026     | 0.06827   |
| LAMOTRIGINE                    | 25 MG      | TABLET     | ORAL    | 05/07/2026     | 0.03095   |
| LAMOTRIGINE                    | 150 MG     | TABLET     | ORAL    | 12/11/2025     | 0.10224   |
| LAMOTRIGINE                    | 200 MG     | TABLET     | ORAL    | 05/13/2025     | 0.06384   |
| LAMOTRIGINE                    | 25MG (35)  | TAB DS PK  | ORAL    | 01/11/2024     | 14.84700  |
| LAMOTRIGINE                    | 25(84)-100 | TAB DS PK  | ORAL    | 01/11/2024     | 14.84700  |
| LAMOTRIGINE                    | 25(42)-100 | TAB DS PK  | ORAL    | 08/08/2024     | 15.43500  |
| LAMOTRIGINE                    | 50 MG      | TAB RAPDIS | ORAL    | 09/29/2025     | 4.01764   |
| LAMOTRIGINE                    | 25 MG      | TAB RAPDIS | ORAL    | 04/30/2026     | 2.89212   |
| LAMOTRIGINE                    | 100 MG     | TAB RAPDIS | ORAL    | 04/09/2026     | 3.87904   |
| LAMOTRIGINE                    | 200 MG     | TAB RAPDIS | ORAL    | 04/30/2026     | 4.76256   |
| LAMOTRIGINE                    | 25-50-100  | TB RD DSPK | ORAL    | 12/19/2024     | 20.08380  |
| LAMOTRIGINE                    | 25(21)-50  | TB RD DSPK | ORAL    | 12/11/2025     | 17.57475  |
| LAMOTRIGINE                    | 50(42)-100 | TB RD DSPK | ORAL    | 05/17/2023     | 23.84880  |
| LAMOTRIGINE                    | 25 MG      | TB CHW DSP | ORAL    | 01/15/2026     | 0.21896   |
| LAMOTRIGINE                    | 5 MG       | TB CHW DSP | ORAL    | 12/18/2025     | 0.39624   |
| LANCETS                        |            | EACH       | MISCELL | 04/30/2025     | 0.05396   |
| LANOLIN                        | 50 %       | OINT. (G)  | TOPICAL | 06/07/2023     | 0.02007   |
| LANOLIN                        |            | WAX        | MISCELL | 05/06/2022     | 0.12518   |
| LANOLIN ALCOHOL/MO/W.PET/CERES |            | CREAM (G)  | TOPICAL | 02/19/2026     | 0.03202   |
| LANOLIN/MINERAL OIL            |            | LOTION     | TOPICAL | 02/19/2026     | 0.01493   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price   |
|--------------------------------|------------|------------|------------|----------------|-------------|
| LANREOTIDE ACETATE             | 120MG/0.5  | SYRINGE    | SUBCUT     | 06/20/2024     | 13035.39650 |
| LANSOPRAZOLE                   | 15 MG      | CAPSULE DR | ORAL       | 05/07/2026     | 0.20383     |
| LANSOPRAZOLE                   | 30 MG      | CAPSULE DR | ORAL       | 02/05/2026     | 0.14858     |
| LANSOPRAZOLE                   | 15 MG      | TAB RAP DR | ORAL       | 02/12/2026     | 4.25238     |
| LANSOPRAZOLE                   | 30 MG      | TAB RAP DR | ORAL       | 02/24/2026     | 1.91593     |
| LANSOPRAZOLE/AMOXICILN/CLARITH | 30-500-500 | COMBO. PKG | ORAL       | 02/01/2024     | 4.68417     |
| LANTHANUM CARBONATE            | 500 MG     | TAB CHEW   | ORAL       | 02/12/2026     | 4.14293     |
| LANTHANUM CARBONATE            | 1000 MG    | TAB CHEW   | ORAL       | 02/12/2026     | 4.24730     |
| LANTHANUM CARBONATE            | 750 MG     | TAB CHEW   | ORAL       | 11/25/2024     | 4.70305     |
| LAPATINIB DITOSYLATE           | 250 MG     | TABLET     | ORAL       | 03/19/2026     | 41.15983    |
| LATANOPROST                    | 0.005 %    | DROPS      | OPHTHALMIC | 03/12/2026     | 2.57280     |
| LAVENDER OIL                   |            | OIL        | MISCELL    | 07/27/2022     | 1.50750     |
| LECITHIN                       | 1200 MG    | CAPSULE    | ORAL       | 06/06/2024     | 0.05554     |
| LEFLUNOMIDE                    | 10 MG      | TABLET     | ORAL       | 04/18/2023     | 0.27961     |
| LEFLUNOMIDE                    | 20 MG      | TABLET     | ORAL       | 12/18/2025     | 0.37207     |
| LEMON EUCALYPTUS OIL           | 30 %       | SPRAY      | TOPICAL    | 05/06/2022     | 0.02821     |
| LEMON OIL                      |            | OIL        | MISCELL    | 05/06/2022     | 1.84250     |
| LENALIDOMIDE                   | 5 MG       | CAPSULE    | ORAL       | 02/02/2026     | 622.05000   |
| LENALIDOMIDE                   | 10 MG      | CAPSULE    | ORAL       | 02/02/2026     | 622.05000   |
| LENALIDOMIDE                   | 15 MG      | CAPSULE    | ORAL       | 02/02/2026     | 622.05000   |
| LENALIDOMIDE                   | 25 MG      | CAPSULE    | ORAL       | 02/19/2026     | 470.73149   |

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

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

| Generic Name       | Strength   | Form     | Route      | Effective Date | MAC Price |
|--------------------|------------|----------|------------|----------------|-----------|
| LENALIDOMIDE       | 2.5 MG     | CAPSULE  | ORAL       | 02/02/2026     | 622.05000 |
| LENALIDOMIDE       | 20 MG      | CAPSULE  | ORAL       | 02/19/2026     | 913.83937 |
| LETROZOLE          | 2.5 MG     | TABLET   | ORAL       | 10/02/2025     | 0.19506   |
| LEUCOVORIN CALCIUM | 10 MG      | TABLET   | ORAL       | 10/02/2025     | 6.03197   |
| LEUCOVORIN CALCIUM | 15 MG      | TABLET   | ORAL       | 10/02/2025     | 7.38823   |
| LEUCOVORIN CALCIUM | 5 MG       | TABLET   | ORAL       | 03/03/2026     | 0.71626   |
| LEUCOVORIN CALCIUM | 100 MG     | VIAL     | INJECTION  | 06/12/2025     | 9.61400   |
| LEUCOVORIN CALCIUM | 350 MG     | VIAL     | INJECTION  | 12/31/2025     | 17.55600  |
| LEUCOVORIN CALCIUM | 50 MG      | VIAL     | INJECTION  | 04/03/2025     | 6.37032   |
| LEUCOVORIN CALCIUM | 200 MG     | VIAL     | INJECTION  | 06/12/2025     | 10.92500  |
| LEUCOVORIN CALCIUM | 500 MG     | VIAL     | INJECTION  | 04/03/2025     | 64.13425  |
| LEUPROLIDE ACETATE | 1 MG/0.2ML | KIT      | SUBCUT     | 01/06/2026     | 237.63600 |
| LEVALBUTEROL HCL   | 0.63MG/3ML | VIAL-NEB | INHALATION | 04/16/2026     | 0.49208   |
| LEVALBUTEROL HCL   | 1.25MG/3ML | VIAL-NEB | INHALATION | 04/03/2025     | 0.46096   |
| LEVALBUTEROL HCL   | 0.31MG/3ML | VIAL-NEB | INHALATION | 04/03/2025     | 0.53511   |
| LEVALBUTEROL HCL   | 1.25MG/0.5 | VIAL-NEB | INHALATION | 11/07/2024     | 4.42200   |
| LEVETIRACETAM      | 100 MG/ML  | SOLUTION | ORAL       | 11/25/2025     | 0.02966   |
| LEVETIRACETAM      | 500 MG/5ML | SOLUTION | ORAL       | 04/16/2026     | 0.69580   |
| LEVETIRACETAM      | 250 MG     | TABLET   | ORAL       | 11/18/2025     | 0.04336   |
| LEVETIRACETAM      | 500 MG     | TABLET   | ORAL       | 05/27/2025     | 0.06730   |
| LEVETIRACETAM      | 750 MG     | TABLET   | ORAL       | 11/18/2025     | 0.10188   |

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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| LEVETIRACETAM                  | 1000 MG    | TABLET     | ORAL     | 02/19/2026     | 0.18269   |
| LEVETIRACETAM                  | 500 MG     | TAB ER 24H | ORAL     | 05/07/2026     | 0.32942   |
| LEVETIRACETAM                  | 750 MG     | TAB ER 24H | ORAL     | 09/25/2025     | 0.57062   |
| LEVETIRACETAM                  | 500 MG/5ML | VIAL       | INTRAVEN | 02/05/2026     | 0.34371   |
| LEVETIRACETAM IN NACL (ISO-OS) | 500MG/0.1L | PIGGYBACK  | INTRAVEN | 04/09/2026     | 0.07129   |
| LEVETIRACETAM IN NACL (ISO-OS) | 1000MG/100 | PIGGYBACK  | INTRAVEN | 04/09/2026     | 0.08529   |
| LEVETIRACETAM IN NACL (ISO-OS) | 1500MG/100 | PIGGYBACK  | INTRAVEN | 04/09/2026     | 0.12221   |
| LEVOCARNITINE                  | 100 MG/ML  | SOLUTION   | ORAL     | 03/03/2026     | 0.27928   |
| LEVOCARNITINE                  | 330 MG     | TABLET     | ORAL     | 02/24/2026     | 0.70391   |
| LEVOCARNITINE                  | 200 MG/ML  | VIAL       | INTRAVEN | 01/22/2026     | 8.13276   |
| LEVOCARNITINE (WITH SUGAR)     | 100 MG/ML  | SOLUTION   | ORAL     | 02/24/2026     | 0.13255   |
| LEVOCARNITINE TARTRATE         | 500 MG     | CAPSULE    | ORAL     | 12/08/2022     | 0.28254   |
| LEVOCETIRIZINE DIHYDROCHLORIDE | 2.5 MG/5ML | SOLUTION   | ORAL     | 05/27/2025     | 0.28380   |
| LEVOCETIRIZINE DIHYDROCHLORIDE | 5 MG       | TABLET     | ORAL     | 02/19/2026     | 0.12060   |
| LEVOFLOXACIN                   | 250MG/10ML | SOLUTION   | ORAL     | 04/02/2024     | 1.11449   |
| LEVOFLOXACIN                   | 250 MG     | TABLET     | ORAL     | 01/30/2024     | 0.27604   |
| LEVOFLOXACIN                   | 500 MG     | TABLET     | ORAL     | 11/18/2025     | 0.14350   |
| LEVOFLOXACIN                   | 750 MG     | TABLET     | ORAL     | 02/19/2026     | 0.33500   |
| LEVOFLOXACIN IN DEXTROSE 5 %   | 250MG/50ML | PIGGYBACK  | INTRAVEN | 07/17/2025     | 0.07048   |
| LEVOFLOXACIN IN DEXTROSE 5 %   | 500MG/0.1L | PIGGYBACK  | INTRAVEN | 07/25/2024     | 0.04569   |
| LEVOFLOXACIN IN DEXTROSE 5 %   | 750MG/.15L | PIGGYBACK  | INTRAVEN | 07/17/2025     | 0.03564   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| LEVOLEUCOVORIN CALCIUM         | 10 MG/ML   | VIAL       | INTRAVEN | 07/15/2025     | 3.03675   |
| LEVOMEFOLATE CALCIUM           | 7.5 MG     | TABLET     | ORAL     | 10/02/2025     | 2.44371   |
| LEVOMEFOLATE CALCIUM           | 15 MG      | TABLET     | ORAL     | 09/05/2024     | 2.06568   |
| LEVOMEFOLATE/ALGAL OIL         | 7.5-90.314 | CAPSULE    | ORAL     | 12/26/2024     | 2.71568   |
| LEVOMEFOLATE/ALGAL OIL         | 15-90.314  | CAPSULE    | ORAL     | 12/18/2025     | 5.98805   |
| LEVOMEFOLATE/B6/B12/ALGAL OIL  | 3-35-2 MG  | CAPSULE    | ORAL     | 10/02/2025     | 2.96956   |
| LEVONORGEST/ETH.ESTRADIOL/IRON | 0.1-0.02MG | TABLET     | ORAL     | 10/03/2023     | 6.81325   |
| LEVONORGESTREL                 | 1.5 MG     | TABLET     | ORAL     | 03/11/2025     | 5.05741   |
| LEVONORGESTREL/ETHIN.ESTRADIOL | 0.15-0.03  | TABLET     | ORAL     | 04/30/2026     | 0.20052   |
| LEVONORGESTREL/ETHIN.ESTRADIOL | 6-5-10     | TABLET     | ORAL     | 05/06/2022     | 0.72599   |
| LEVONORGESTREL/ETHIN.ESTRADIOL | 0.1-0.02MG | TABLET     | ORAL     | 08/21/2025     | 0.34282   |
| LEVONORGESTREL/ETHIN.ESTRADIOL | 90-20 MCG  | TABLET     | ORAL     | 03/19/2026     | 0.99623   |
| LEVONORGESTREL/ETHIN.ESTRADIOL | 0.15-0.03  | TBDSPK 3MO | ORAL     | 10/02/2025     | 0.35449   |
| LEVORPHANOL TARTRATE           | 2 MG       | TABLET     | ORAL     | 03/19/2026     | 34.05214  |
| LEVOTHYROXINE SODIUM           | 150 MCG    | CAPSULE    | ORAL     | 07/15/2025     | 3.34906   |
| LEVOTHYROXINE SODIUM           | 137 MCG    | CAPSULE    | ORAL     | 05/16/2023     | 3.97470   |
| LEVOTHYROXINE SODIUM           | 125 MCG    | CAPSULE    | ORAL     | 09/17/2024     | 3.55500   |
| LEVOTHYROXINE SODIUM           | 112 MCG    | CAPSULE    | ORAL     | 04/01/2025     | 3.97470   |
| LEVOTHYROXINE SODIUM           | 100 MCG    | CAPSULE    | ORAL     | 07/09/2024     | 3.97470   |
| LEVOTHYROXINE SODIUM           | 88 MCG     | CAPSULE    | ORAL     | 12/18/2025     | 5.50672   |
| LEVOTHYROXINE SODIUM           | 75 MCG     | CAPSULE    | ORAL     | 02/19/2026     | 4.89324   |

*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

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

| Generic Name         | Strength | Form      | Route    | Effective Date | MAC Price |
|----------------------|----------|-----------|----------|----------------|-----------|
| LEVOTHYROXINE SODIUM | 50 MCG   | CAPSULE   | ORAL     | 07/09/2024     | 3.97470   |
| LEVOTHYROXINE SODIUM | 25 MCG   | CAPSULE   | ORAL     | 04/01/2025     | 3.97470   |
| LEVOTHYROXINE SODIUM | 13 MCG   | CAPSULE   | ORAL     | 07/09/2024     | 3.97470   |
| LEVOTHYROXINE SODIUM | 175 MCG  | CAPSULE   | ORAL     | 05/16/2023     | 3.97470   |
| LEVOTHYROXINE SODIUM | 200 MCG  | CAPSULE   | ORAL     | 07/09/2024     | 3.97470   |
| LEVOTHYROXINE SODIUM | 25 MCG   | TABLET    | ORAL     | 03/05/2026     | 0.06449   |
| LEVOTHYROXINE SODIUM | 50 MCG   | TABLET    | ORAL     | 05/07/2026     | 0.07156   |
| LEVOTHYROXINE SODIUM | 75 MCG   | TABLET    | ORAL     | 04/23/2026     | 0.07590   |
| LEVOTHYROXINE SODIUM | 100 MCG  | TABLET    | ORAL     | 03/05/2026     | 0.07915   |
| LEVOTHYROXINE SODIUM | 112 MCG  | TABLET    | ORAL     | 04/23/2026     | 0.09292   |
| LEVOTHYROXINE SODIUM | 125 MCG  | TABLET    | ORAL     | 05/07/2026     | 0.09219   |
| LEVOTHYROXINE SODIUM | 150 MCG  | TABLET    | ORAL     | 04/01/2025     | 0.05052   |
| LEVOTHYROXINE SODIUM | 175 MCG  | TABLET    | ORAL     | 11/18/2025     | 0.05314   |
| LEVOTHYROXINE SODIUM | 200 MCG  | TABLET    | ORAL     | 04/01/2025     | 0.07258   |
| LEVOTHYROXINE SODIUM | 300 MCG  | TABLET    | ORAL     | 04/16/2026     | 0.07753   |
| LEVOTHYROXINE SODIUM | 88 MCG   | TABLET    | ORAL     | 04/23/2026     | 0.08212   |
| LEVOTHYROXINE SODIUM | 137 MCG  | TABLET    | ORAL     | 05/07/2026     | 0.09367   |
| LEVOTHYROXINE SODIUM | 200 MCG  | VIAL      | INTRAVEN | 04/03/2025     | 174.33200 |
| LEVOTHYROXINE SODIUM | 500 MCG  | VIAL      | INTRAVEN | 04/03/2025     | 463.16419 |
| LEVOTHYROXINE SODIUM | 100 MCG  | VIAL      | INTRAVEN | 02/19/2026     | 65.54875  |
| LIDOCAINE            | 5 %      | CREAM (G) | TOPICAL  | 11/06/2025     | 0.34706   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| LIDOCAINE                      | 4 %        | CREAM (G)  | TOPICAL    | 03/26/2026     | 0.30820   |
| LIDOCAINE                      | 5 %        | OINT. (G)  | TOPICAL    | 03/26/2026     | 0.19055   |
| LIDOCAINE                      | 4 %        | ADH. PATCH | TOPICAL    | 11/01/2022     | 0.79060   |
| LIDOCAINE                      | 5 %        | ADH. PATCH | TOPICAL    | 03/05/2026     | 3.09760   |
| LIDOCAINE HCL                  | 5 MG/ML    | VIAL       | INJECTION  | 04/03/2025     | 0.15242   |
| LIDOCAINE HCL                  | 10 MG/ML   | VIAL       | INJECTION  | 03/26/2026     | 0.09332   |
| LIDOCAINE HCL                  | 20 MG/ML   | VIAL       | INJECTION  | 02/19/2026     | 0.09996   |
| LIDOCAINE HCL                  | 2 %        | JEL/PF APP | MUCOUS MEM | 01/22/2026     | 0.87542   |
| LIDOCAINE HCL                  | 40 MG/ML   | SOLUTION   | MUCOUS MEM | 05/07/2026     | 0.71208   |
| LIDOCAINE HCL                  | 2 %        | SOLUTION   | MUCOUS MEM | 02/27/2024     | 0.09710   |
| LIDOCAINE HCL                  | 2.8 %      | GEL (GRAM) | TOPICAL    | 08/22/2024     | 10.03728  |
| LIDOCAINE HCL                  | 3 %        | CREAM (G)  | TOPICAL    | 09/02/2025     | 5.60294   |
| LIDOCAINE HCL                  | 4 %        | CREAM (G)  | TOPICAL    | 03/03/2026     | 0.10821   |
| LIDOCAINE HCL                  | 4 %        | LOTION     | TOPICAL    | 05/06/2022     | 0.83742   |
| LIDOCAINE HCL                  | 4 %        | LIQD ROLON | TOPICAL    | 03/11/2025     | 0.06834   |
| LIDOCAINE HCL/BENZALKONIUM CHL | 2.5%-0.13% | SPRAY      | TOPICAL    | 05/06/2022     | 4.47920   |
| LIDOCAINE HCL/BENZALKONIUM CHL | 4%-0.13%   | SPRAY      | TOPICAL    | 11/13/2025     | 0.08658   |
| LIDOCAINE HCL/BENZALKONIUM CHL | 0.5%-0.13% | CREAM PACK | TOPICAL    | 08/08/2024     | 0.03308   |
| LIDOCAINE HCL/DEXTROSE 5 %/PF  | 4 MG/ML    | IV SOLN    | INTRAVEN   | 06/12/2025     | 0.02773   |
| LIDOCAINE HCL/DEXTROSE 5 %/PF  | 8 MG/ML    | IV SOLN    | INTRAVEN   | 04/16/2026     | 0.06233   |
| LIDOCAINE HCL/EPINEPHRINE      | 0.5-1:200K | VIAL       | INJECTION  | 07/14/2022     | 0.12274   |

*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

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

| Generic Name                  | Strength   | Form       | Route     | Effective Date | MAC Price |
|-------------------------------|------------|------------|-----------|----------------|-----------|
| LIDOCAINE HCL/EPINEPHRINE     | 1%-1:100K  | VIAL       | INJECTION | 01/15/2026     | 0.29078   |
| LIDOCAINE HCL/EPINEPHRINE     | 2 %-1:100K | VIAL       | INJECTION | 06/05/2025     | 0.23664   |
| 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   |
| LIDOCAINE HCL/EPINEPHRINE/PF  | 1.5-1:200K | AMPUL      | INJECTION | 06/25/2024     | 0.59560   |
| LIDOCAINE HCL/EPINEPHRINE/PF  | 1.5-1:200K | VIAL       | INJECTION | 06/05/2025     | 0.84688   |
| LIDOCAINE HCL/EPINEPHRINE/PF  | 2 %-1:200K | VIAL       | INJECTION | 10/24/2024     | 0.63851   |
| LIDOCAINE HCL/MENTHOL         | 4 %-1 %    | GEL (ML)   | TOPICAL   | 09/29/2025     | 2.66480   |
| LIDOCAINE HCL/MENTHOL         | 4 %-1 %    | CREAM (G)  | TOPICAL   | 04/09/2026     | 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              | 40 MG/ML   | AMPUL      | INJECTION | 05/13/2024     | 0.46900   |
| LIDOCAINE HCL/PF              | 15 MG/ML   | AMPUL      | INJECTION | 01/12/2023     | 0.87264   |
| LIDOCAINE HCL/PF              | 10 MG/ML   | AMPUL      | INJECTION | 06/17/2025     | 0.14231   |
| LIDOCAINE HCL/PF              | 20 MG/ML   | AMPUL      | INJECTION | 06/17/2025     | 0.16361   |
| LIDOCAINE HCL/PF              | 20 MG/ML   | VIAL       | INJECTION | 10/23/2025     | 0.30391   |
| LIDOCAINE HCL/PF              | 10 MG/ML   | VIAL       | INJECTION | 03/12/2026     | 0.10943   |
| LIDOCAINE HCL/PF              | 5 MG/ML    | VIAL       | INJECTION | 08/24/2023     | 0.36877   |
| LIDOCAINE HCL/PF              | 100 MG/5ML | SYRINGE    | INTRAVEN  | 01/30/2024     | 1.65356   |
| LIDOCAINE/MENTHOL             | 4 %-1 %    | ADH. PATCH | TOPICAL   | 05/07/2026     | 1.00768   |
| LIDOCAINE/MENTHOL             | 4 %-4 %    | ADH. PATCH | TOPICAL   | 11/03/2022     | 25.46250  |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| LIDOCAINE/METHYL SAL/MENTHOL   | 4 %-2 %-1% | ADH. PATCH | TOPICAL   | 07/20/2023     | 29.53025  |
| LIDOCAINE/PRILOCAINE           | 2.5 %-2.5% | CREAM (G)  | TOPICAL   | 03/19/2026     | 0.31937   |
| LIDOCAINE/PRILOCAINE           | 2.5 %-2.5% | KIT        | TOPICAL   | 01/08/2026     | 2.78150   |
| LIDOCAINE/TRANSPARENT DRESSING | 4 %        | KIT        | TOPICAL   | 10/24/2024     | 22.05000  |
| LINCOMYCIN HCL                 | 300 MG/ML  | VIAL       | INJECTION | 10/23/2025     | 5.00940   |
| LINEZOLID                      | 100 MG/5ML | SUSP RECON | ORAL      | 06/25/2025     | 1.73545   |
| LINEZOLID                      | 600 MG     | TABLET     | ORAL      | 04/03/2025     | 2.97990   |
| LINEZOLID IN DEXTROSE 5%       | 600MG/300  | PIGGYBACK  | INTRAVEN  | 04/09/2026     | 0.03566   |
| LIOTHYRONINE SODIUM            | 25 MCG     | TABLET     | ORAL      | 11/13/2025     | 0.44207   |
| LIOTHYRONINE SODIUM            | 5 MCG      | TABLET     | ORAL      | 09/04/2025     | 0.31825   |
| LIOTHYRONINE SODIUM            | 50 MCG     | TABLET     | ORAL      | 04/16/2026     | 0.63154   |
| LIRAGLUTIDE                    | 0.6 MG/0.1 | PEN INJCTR | SUBCUT    | 04/09/2026     | 26.25000  |
| LIRAGLUTIDE                    | 3 MG/0.5ML | PEN INJCTR | SUBCUT    | 03/10/2026     | 52.54355  |
| LISDEXAMFETAMINE DIMESYLATE    | 30 MG      | CAPSULE    | ORAL      | 02/17/2026     | 3.17644   |
| LISDEXAMFETAMINE DIMESYLATE    | 50 MG      | CAPSULE    | ORAL      | 02/19/2026     | 3.34030   |
| LISDEXAMFETAMINE DIMESYLATE    | 70 MG      | CAPSULE    | ORAL      | 02/19/2026     | 3.34030   |
| LISDEXAMFETAMINE DIMESYLATE    | 20 MG      | CAPSULE    | ORAL      | 02/17/2026     | 3.34030   |
| LISDEXAMFETAMINE DIMESYLATE    | 40 MG      | CAPSULE    | ORAL      | 02/17/2026     | 3.34030   |
| LISDEXAMFETAMINE DIMESYLATE    | 60 MG      | CAPSULE    | ORAL      | 02/19/2026     | 3.34030   |
| LISDEXAMFETAMINE DIMESYLATE    | 10 MG      | CAPSULE    | ORAL      | 12/18/2025     | 5.29158   |
| LISDEXAMFETAMINE DIMESYLATE    | 10 MG      | TAB CHEW   | ORAL      | 01/06/2026     | 6.06300   |

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

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

| Generic Name                   | Strength   | Form      | Route | Effective Date | MAC Price |
|--------------------------------|------------|-----------|-------|----------------|-----------|
| LISDEXAMFETAMINE DIMESYLATE    | 20 MG      | TAB CHEW  | ORAL  | 02/17/2026     | 4.50000   |
| LISDEXAMFETAMINE DIMESYLATE    | 30 MG      | TAB CHEW  | ORAL  | 01/06/2026     | 6.06300   |
| LISDEXAMFETAMINE DIMESYLATE    | 40 MG      | TAB CHEW  | ORAL  | 01/06/2026     | 6.06300   |
| LISDEXAMFETAMINE DIMESYLATE    | 50 MG      | TAB CHEW  | ORAL  | 01/06/2026     | 6.06300   |
| LISDEXAMFETAMINE DIMESYLATE    | 60 MG      | TAB CHEW  | ORAL  | 01/06/2026     | 6.06300   |
| LISINOPRIL                     | 10 MG      | TABLET    | ORAL  | 12/18/2025     | 0.01699   |
| LISINOPRIL                     | 20 MG      | TABLET    | ORAL  | 12/18/2025     | 0.02079   |
| LISINOPRIL                     | 40 MG      | TABLET    | ORAL  | 04/15/2025     | 0.03574   |
| LISINOPRIL                     | 5 MG       | TABLET    | ORAL  | 04/15/2025     | 0.01070   |
| LISINOPRIL                     | 2.5 MG     | TABLET    | ORAL  | 03/19/2026     | 0.01420   |
| LISINOPRIL                     | 30 MG      | TABLET    | ORAL  | 05/07/2026     | 0.04499   |
| LISINOPRIL/HYDROCHLOROTHIAZIDE | 20-12.5 MG | TABLET    | ORAL  | 01/15/2026     | 0.05931   |
| LISINOPRIL/HYDROCHLOROTHIAZIDE | 20 MG-25MG | TABLET    | ORAL  | 08/19/2025     | 0.04205   |
| LISINOPRIL/HYDROCHLOROTHIAZIDE | 10-12.5 MG | TABLET    | ORAL  | 04/02/2026     | 0.05695   |
| LITHIUM CARBONATE              | 150 MG     | CAPSULE   | ORAL  | 08/12/2025     | 0.07400   |
| LITHIUM CARBONATE              | 300 MG     | CAPSULE   | ORAL  | 09/05/2023     | 0.07300   |
| LITHIUM CARBONATE              | 600 MG     | CAPSULE   | ORAL  | 08/26/2025     | 0.19956   |
| LITHIUM CARBONATE              | 300 MG     | TABLET    | ORAL  | 12/31/2025     | 0.13903   |
| LITHIUM CARBONATE              | 300 MG     | TABLET ER | ORAL  | 08/26/2025     | 0.15375   |
| LITHIUM CARBONATE              | 450 MG     | TABLET ER | ORAL  | 12/11/2025     | 0.53198   |
| LITHIUM CITRATE                | 8 MEQ/5 ML | SOLUTION  | ORAL  | 04/23/2026     | 0.85787   |

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

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

| Generic Name               | Strength   | Form       | Route     | Effective Date | MAC Price  |
|----------------------------|------------|------------|-----------|----------------|------------|
| LOFEXIDINE HCL             | 0.18 MG    | TABLET     | ORAL      | 04/02/2026     | 11.18056   |
| LOMUSTINE                  | 10 MG      | CAPSULE    | ORAL      | 02/03/2026     | 93.47327   |
| LOMUSTINE                  | 100 MG     | CAPSULE    | ORAL      | 02/03/2026     | 1035.45126 |
| LOMUSTINE                  | 40 MG      | CAPSULE    | ORAL      | 02/03/2026     | 373.88509  |
| LOPERAMIDE HCL             | 2 MG       | CAPSULE    | ORAL      | 04/16/2026     | 0.06700    |
| LOPERAMIDE HCL             | 1MG/7.5ML  | LIQUID     | ORAL      | 04/03/2025     | 0.04052    |
| LOPERAMIDE HCL             | 2 MG       | TABLET     | ORAL      | 01/29/2026     | 0.05751    |
| LOPERAMIDE HCL/SIMETHICONE | 2-125MG    | TABLET     | ORAL      | 11/13/2025     | 0.43662    |
| LOPINA VIR/RITONAVIR       | 200MG-50MG | TABLET     | ORAL      | 04/03/2025     | 7.40833    |
| LOPINA VIR/RITONAVIR       | 100MG-25MG | TABLET     | ORAL      | 10/02/2025     | 3.85000    |
| LORATADINE                 | 5 MG/5 ML  | SOLUTION   | ORAL      | 04/03/2025     | 0.07002    |
| LORATADINE                 | 10 MG      | TABLET     | ORAL      | 02/23/2026     | 0.01482    |
| LORATADINE                 | 5 MG       | TAB CHEW   | ORAL      | 01/16/2025     | 0.45560    |
| LORATADINE                 | 10 MG      | TAB RAPDIS | ORAL      | 09/25/2025     | 0.35225    |
| LORATADINE/PSEUDOEPHEDRINE | 10MG-240MG | TAB ER 24H | ORAL      | 12/22/2025     | 0.64186    |
| LORATADINE/PSEUDOEPHEDRINE | 5 MG-120MG | TAB ER 12H | ORAL      | 12/22/2025     | 0.47430    |
| LORAZEPAM                  | 2 MG/ML    | ORAL CONC  | ORAL      | 11/21/2023     | 0.70900    |
| LORAZEPAM                  | 0.5 MG     | TABLET     | ORAL      | 01/29/2026     | 0.05607    |
| LORAZEPAM                  | 1 MG       | TABLET     | ORAL      | 04/15/2025     | 0.03621    |
| LORAZEPAM                  | 2 MG       | TABLET     | ORAL      | 04/15/2025     | 0.05410    |
| LORAZEPAM                  | 2 MG/ML    | VIAL       | INJECTION | 11/13/2025     | 1.63467    |

*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

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

| Generic Name                 | Strength   | Form       | Route      | Effective Date | MAC Price |
|------------------------------|------------|------------|------------|----------------|-----------|
| LORAZEPAM                    | 4 MG/ML    | VIAL       | INJECTION  | 04/11/2019     | 1.52586   |
| LOSARTAN POTASSIUM           | 25 MG      | TABLET     | ORAL       | 09/27/2023     | 0.02239   |
| LOSARTAN POTASSIUM           | 50 MG      | TABLET     | ORAL       | 09/09/2025     | 0.02397   |
| LOSARTAN POTASSIUM           | 100 MG     | TABLET     | ORAL       | 09/23/2025     | 0.03514   |
| LOSARTAN/HYDROCHLOROTHIAZIDE | 50-12.5 MG | TABLET     | ORAL       | 05/04/2026     | 0.05585   |
| LOSARTAN/HYDROCHLOROTHIAZIDE | 100MG-25MG | TABLET     | ORAL       | 05/04/2026     | 0.08085   |
| LOSARTAN/HYDROCHLOROTHIAZIDE | 100-12.5MG | TABLET     | ORAL       | 05/04/2026     | 0.09124   |
| LOTEPREDNOL ETABONATE        | 0.5 %      | DROPS GEL  | OPHTHALMIC | 08/27/2024     | 18.46950  |
| LOTEPREDNOL ETABONATE        | 0.2 %      | DROPS SUSP | OPHTHALMIC | 04/09/2024     | 23.71500  |
| LOTEPREDNOL ETABONATE        | 0.5 %      | DROPS SUSP | OPHTHALMIC | 06/11/2024     | 19.72000  |
| LOVASTATIN                   | 20 MG      | TABLET     | ORAL       | 03/05/2026     | 0.06459   |
| LOVASTATIN                   | 40 MG      | TABLET     | ORAL       | 03/19/2026     | 0.08584   |
| LOVASTATIN                   | 10 MG      | TABLET     | ORAL       | 12/22/2025     | 0.04256   |
| LOXAPINE SUCCINATE           | 10 MG      | CAPSULE    | ORAL       | 12/11/2025     | 0.82949   |
| LOXAPINE SUCCINATE           | 25 MG      | CAPSULE    | ORAL       | 01/22/2026     | 1.12882   |
| LOXAPINE SUCCINATE           | 5 MG       | CAPSULE    | ORAL       | 05/07/2026     | 0.80306   |
| LOXAPINE SUCCINATE           | 50 MG      | CAPSULE    | ORAL       | 05/07/2026     | 1.68920   |
| LUBIPROSTONE                 | 24MCG      | CAPSULE    | ORAL       | 04/23/2026     | 1.10952   |
| LUBIPROSTONE                 | 8 MCG      | CAPSULE    | ORAL       | 03/12/2026     | 1.41169   |
| LURASIDONE HCL               | 40 MG      | TABLET     | ORAL       | 12/18/2025     | 0.34527   |
| LURASIDONE HCL               | 80 MG      | TABLET     | ORAL       | 03/19/2026     | 0.42433   |

*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

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

| Generic Name                   | Strength   | Form      | Route   | Effective Date | MAC Price |
|--------------------------------|------------|-----------|---------|----------------|-----------|
| LURASIDONE HCL                 | 20 MG      | TABLET    | ORAL    | 09/04/2025     | 0.25058   |
| LURASIDONE HCL                 | 120 MG     | TABLET    | ORAL    | 03/19/2026     | 0.70931   |
| LURASIDONE HCL                 | 60 MG      | TABLET    | ORAL    | 03/19/2026     | 0.42433   |
| LUTEIN                         | 6 MG       | CAPSULE   | ORAL    | 01/08/2026     | 0.13259   |
| LUTEIN                         | 20 MG      | CAPSULE   | ORAL    | 12/20/2023     | 0.10050   |
| LYSINE                         | 500 MG     | TABLET    | ORAL    | 05/06/2022     | 0.03075   |
| LYSINE HCL                     | 500 MG     | CAPSULE   | ORAL    | 01/22/2026     | 0.16959   |
| MAFENIDE ACETATE               | 50 G       | PACKET    | TOPICAL | 06/07/2023     | 3.60772   |
| MAG CARB/ALUMINUM HYDROX/ALGIN | 237.5-254  | ORAL SUSP | ORAL    | 11/13/2025     | 0.03171   |
| MAG HYDROX/ALUMINUM HYD/SIMETH | 200-200-20 | ORAL SUSP | ORAL    | 01/29/2026     | 0.01091   |
| MAG HYDROX/ALUMINUM HYD/SIMETH | 400-400-40 | ORAL SUSP | ORAL    | 01/29/2026     | 0.01573   |
| MAG HYDROX/ALUMINUM HYD/SIMETH | 200-200-25 | TAB CHEW  | ORAL    | 12/05/2024     | 0.07571   |
| MAGNESIUM                      | 200 MG     | TABLET    | ORAL    | 05/04/2023     | 0.04013   |
| MAGNESIUM CARB/ALUMINUM HYDROX | 105-160MG  | TAB CHEW  | ORAL    | 11/13/2025     | 0.11256   |
| MAGNESIUM CHLORIDE             | 64 MG      | TABLET DR | ORAL    | 02/19/2026     | 0.12730   |
| MAGNESIUM CITRATE              | 125 MG     | CAPSULE   | ORAL    | 07/17/2025     | 0.19653   |
| MAGNESIUM CITRATE              |            | SOLUTION  | ORAL    | 03/27/2025     | 0.00251   |
| MAGNESIUM GLUCONATE            | 27 MG(500) | TABLET    | ORAL    | 01/12/2023     | 0.07430   |
| MAGNESIUM GLYCINATE            | 100 MG     | CAPSULE   | ORAL    | 04/09/2026     | 0.12268   |
| MAGNESIUM HYDROXIDE            | 400 MG/5ML | ORAL SUSP | ORAL    | 03/26/2026     | 0.00592   |
| MAGNESIUM HYDROXIDE            | 2400 MG/10 | ORAL SUSP | ORAL    | 06/16/2022     | 0.23272   |

*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

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

| Generic Name               | Strength   | Form      | Route     | Effective Date | MAC Price |
|----------------------------|------------|-----------|-----------|----------------|-----------|
| MAGNESIUM HYDROXIDE        | 1200 MG    | TAB CHEW  | ORAL      | 04/30/2026     | 0.49848   |
| MAGNESIUM L-LACTATE        | 84 MG      | TABLET ER | ORAL      | 06/17/2025     | 0.17504   |
| MAGNESIUM OXIDE            | 400 MG     | CAPSULE   | ORAL      | 02/23/2023     | 0.16973   |
| MAGNESIUM OXIDE            | 250 MG     | TABLET    | ORAL      | 01/08/2026     | 0.02157   |
| MAGNESIUM OXIDE            | 400 MG     | TABLET    | ORAL      | 04/09/2026     | 0.01004   |
| MAGNESIUM OXIDE            | 420 MG     | TABLET    | ORAL      | 05/02/2024     | 0.05414   |
| MAGNESIUM OXIDE            | 500 MG     | TABLET    | ORAL      | 01/30/2025     | 0.07243   |
| MAGNESIUM OXIDE            | 400 MG     | TABLET    | ORAL      | 02/17/2026     | 0.00900   |
| MAGNESIUM SALICYLATE       | 580(467)MG | TABLET    | ORAL      | 12/20/2023     | 0.31378   |
| MAGNESIUM STEARATE         |            | POWDER    | MISCELL   | 05/06/2022     | 0.09574   |
| MAGNESIUM SULFATE          | 500 MG/ML  | VIAL      | INJECTION | 01/22/2026     | 0.22023   |
| MAGNESIUM SULFATE IN WATER | 20 G/500ML | IV SOLN   | INTRAVEN  | 01/20/2026     | 0.01410   |
| MAGNESIUM SULFATE IN WATER | 2 G/50 ML  | PIGGYBACK | INTRAVEN  | 04/30/2026     | 0.09300   |
| MAGNESIUM SULFATE IN WATER | 4 G/100 ML | PIGGYBACK | INTRAVEN  | 03/05/2026     | 0.03363   |
| MAGNESIUM SULFATE IN WATER | 4 G/50 ML  | PIGGYBACK | INTRAVEN  | 10/23/2025     | 0.09049   |
| MAGNESIUM SULFATE/D5W      | 1 G/100 ML | PIGGYBACK | INTRAVEN  | 01/05/2023     | 0.02961   |
| MANGANESE CHLORIDE         | 0.1 MG/ML  | VIAL      | INTRAVEN  | 11/11/2025     | 2.49240   |
| MANNITOL                   | 20 %       | IV SOLN   | INTRAVEN  | 02/06/2025     | 0.13456   |
| MANNITOL                   | 25 %       | VIAL      | INTRAVEN  | 06/10/2025     | 0.12207   |
| MARAVIROC                  | 150 MG     | TABLET    | ORAL      | 08/07/2025     | 9.48000   |
| MARAVIROC                  | 300 MG     | TABLET    | ORAL      | 08/07/2025     | 9.48000   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| MECLIZINE HCL                  | 12.5 MG    | TABLET     | ORAL       | 04/01/2025     | 0.01734   |
| MECLIZINE HCL                  | 25 MG      | TABLET     | ORAL       | 02/12/2026     | 0.10050   |
| MECLIZINE HCL                  | 50 MG      | TABLET     | ORAL       | 05/01/2025     | 2.84559   |
| MECLIZINE HCL                  | 25 MG      | TAB CHEW   | ORAL       | 06/07/2022     | 0.03400   |
| MECOBAL/LEVOMEFOLAT CA/B6 PHOS | 2-3-35 MG  | TABLET     | ORAL       | 12/18/2025     | 1.71282   |
| MECOBALAMIN                    | 1000 MCG   | TAB CHEW   | ORAL       | 10/13/2022     | 0.12841   |
| MECOBALAMIN                    | 5000 MCG   | TAB RAPDIS | ORAL       | 01/22/2026     | 0.50909   |
| MECOBALAMIN                    | 1000 MCG   | TAB RAPDIS | SUBLINGUAL | 04/23/2026     | 0.09486   |
| MEDIUM CHAIN TRIGLYCERIDES     | 14G-130/15 | OIL        | ORAL       | 04/30/2026     | 0.02883   |
| MEDROXYPROGESTERONE ACETATE    | 10 MG      | TABLET     | ORAL       | 08/19/2025     | 0.13499   |
| MEDROXYPROGESTERONE ACETATE    | 2.5 MG     | TABLET     | ORAL       | 10/09/2025     | 0.17693   |
| MEDROXYPROGESTERONE ACETATE    | 5 MG       | TABLET     | ORAL       | 01/22/2026     | 0.23504   |
| MEDROXYPROGESTERONE ACETATE    | 150 MG/ML  | SYRINGE    | INTRAMUSC  | 01/15/2026     | 39.06275  |
| MEDROXYPROGESTERONE ACETATE    | 150 MG/ML  | VIAL       | INTRAMUSC  | 12/18/2025     | 23.16300  |
| MEFENAMIC ACID                 | 250 MG     | CAPSULE    | ORAL       | 12/18/2025     | 2.21681   |
| MEFLOQUINE HCL                 | 250 MG     | TABLET     | ORAL       | 12/05/2024     | 8.12856   |
| MEGESTROL ACETATE              | 400MG/10ML | ORAL SUSP  | ORAL       | 12/18/2025     | 0.18713   |
| MEGESTROL ACETATE              | 400MG/10ML | ORAL SUSP  | ORAL       | 04/16/2026     | 0.51981   |
| MEGESTROL ACETATE              | 20 MG      | TABLET     | ORAL       | 01/22/2026     | 0.31745   |
| MEGESTROL ACETATE              | 40 MG      | TABLET     | ORAL       | 12/31/2025     | 0.32803   |
| MELATONIN                      | 10 MG      | CAPSULE    | ORAL       | 02/06/2025     | 0.24924   |

*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

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

| Generic Name                  | Strength   | Form       | Route    | Effective Date | MAC Price |
|-------------------------------|------------|------------|----------|----------------|-----------|
| MELATONIN                     | 1 MG/ML    | LIQUID     | ORAL     | 07/03/2024     | 0.13712   |
| MELATONIN                     | 2.5MG/10ML | LIQUID     | ORAL     | 06/18/2025     | 0.05151   |
| MELATONIN                     | 3 MG       | TABLET     | ORAL     | 12/09/2025     | 0.01898   |
| MELATONIN                     | 1 MG       | TABLET     | ORAL     | 04/24/2025     | 0.01988   |
| MELATONIN                     | 5 MG       | TABLET     | ORAL     | 02/06/2025     | 0.02597   |
| MELATONIN                     | 2.5 MG     | TAB CHEW   | ORAL     | 04/02/2026     | 0.08688   |
| MELATONIN                     | 5 MG       | TAB CHEW   | ORAL     | 06/18/2025     | 0.12921   |
| MELATONIN                     | 1 MG       | TAB CHEW   | ORAL     | 08/28/2025     | 0.15499   |
| MELATONIN                     | 10 MG      | TABLET ER  | ORAL     | 07/09/2024     | 0.13380   |
| MELATONIN                     | 5 MG       | TAB RAPDIS | ORAL     | 06/05/2025     | 0.08911   |
| MELATONIN                     | 3 MG       | TAB RAPDIS | ORAL     | 10/13/2022     | 0.04243   |
| MELATONIN                     | 10 MG      | TAB RAPDIS | ORAL     | 07/31/2025     | 0.04243   |
| MELATONIN/PYRIDOXINE HCL (B6) | 5 MG-10 MG | TAB IR ER  | ORAL     | 01/22/2026     | 0.17673   |
| MELOXICAM                     | 7.5 MG     | TABLET     | ORAL     | 05/07/2026     | 0.03586   |
| MELOXICAM                     | 15 MG      | TABLET     | ORAL     | 02/26/2026     | 0.03089   |
| MELOXICAM, SUBMICRONIZED      | 5 MG       | CAPSULE    | ORAL     | 02/11/2025     | 18.25970  |
| MELOXICAM, SUBMICRONIZED      | 10 MG      | CAPSULE    | ORAL     | 04/17/2025     | 24.57210  |
| MELPHALAN HCL                 | 50 MG      | VIAL       | INTRAVEN | 03/19/2026     | 84.74700  |
| MEMANTINE HCL                 | 7 MG       | CAP SPR 24 | ORAL     | 11/25/2025     | 0.51679   |
| MEMANTINE HCL                 | 14 MG      | CAP SPR 24 | ORAL     | 11/25/2025     | 0.37222   |
| MEMANTINE HCL                 | 21 MG      | CAP SPR 24 | ORAL     | 10/02/2025     | 0.75621   |

*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

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

| Generic Name                | Strength   | Form       | Route      | Effective Date | MAC Price |
|-----------------------------|------------|------------|------------|----------------|-----------|
| MEMANTINE HCL               | 28 MG      | CAP SPR 24 | ORAL       | 11/25/2025     | 0.37014   |
| MEMANTINE HCL               | 2 MG/ML    | SOLUTION   | ORAL       | 05/07/2026     | 1.70275   |
| MEMANTINE HCL               | 10 MG      | TABLET     | ORAL       | 07/31/2025     | 0.08217   |
| MEMANTINE HCL               | 5 MG       | TABLET     | ORAL       | 03/05/2026     | 0.09000   |
| MEMANTINE HCL/DONEPEZIL HCL | 14MG-10MG  | CAP SPR 24 | ORAL       | 08/26/2025     | 10.36658  |
| MEMANTINE HCL/DONEPEZIL HCL | 28 MG-10MG | CAP SPR 24 | ORAL       | 04/23/2026     | 12.90300  |
| MENTHOL                     | 8 MG       | LOZENGE    | MUCOUS MEM | 09/23/2025     | 0.05360   |
| MENTHOL                     | 5.8 MG     | LOZENGE    | MUCOUS MEM | 07/02/2024     | 0.03870   |
| MENTHOL                     | 4 %        | GEL (ML)   | TOPICAL    | 07/17/2025     | 0.02737   |
| MENTHOL                     | 2.5 %      | GEL (GRAM) | TOPICAL    | 10/09/2025     | 0.11566   |
| MENTHOL                     | 5 %        | ADH. PATCH | TOPICAL    | 01/22/2026     | 0.97954   |
| MENTHOL/CAMPHOR             | 3.5%-0.2%  | GEL (GRAM) | TOPICAL    | 05/07/2026     | 0.07732   |
| MENTHOL/CAMPHOR             | 0.5 %-0.5% | LOTION     | TOPICAL    | 02/19/2026     | 0.03229   |
| MENTHOL/ZINC OXIDE          | 0.44-20.6% | OINT PACK  | TOPICAL    | 06/07/2023     | 0.08561   |
| MENTHOL/ZINC OXIDE          | 0.44-20.6% | OINT. (G)  | TOPICAL    | 03/30/2023     | 0.02638   |
| MEPERIDINE HCL              | 50 MG      | TABLET     | ORAL       | 06/27/2025     | 0.70068   |
| 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   |
| MEPROMAMATE                 | 200 MG     | TABLET     | ORAL       | 11/13/2025     | 6.52475   |
| MEPROMAMATE                 | 400 MG     | TABLET     | ORAL       | 04/25/2023     | 5.35100   |

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

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

| Generic Name                 | Strength  | Form       | Route    | Effective Date | MAC Price |
|------------------------------|-----------|------------|----------|----------------|-----------|
| MERCAPTOPURINE               | 20 MG/ML  | ORAL SUSP  | ORAL     | 12/18/2025     | 13.86105  |
| MERCAPTOPURINE               | 50 MG     | TABLET     | ORAL     | 04/16/2026     | 1.43005   |
| MEROPENEM                    | 500 MG    | VIAL       | INTRAVEN | 02/26/2026     | 2.77200   |
| MEROPENEM                    | 1 G       | VIAL       | INTRAVEN | 03/17/2026     | 4.20250   |
| MEROPENEM                    | 2 G       | VIAL       | INTRAVEN | 07/24/2025     | 32.01929  |
| MESALAMINE                   | 0.375G    | CAP ER 24H | ORAL     | 03/19/2026     | 1.12783   |
| MESALAMINE                   | 500 MG    | CAPSULE ER | ORAL     | 03/28/2024     | 7.28690   |
| MESALAMINE                   | 400 MG    | CAP(DRTAB) | ORAL     | 03/06/2025     | 2.52687   |
| MESALAMINE                   | 800 MG    | TABLET DR  | ORAL     | 11/05/2024     | 6.57684   |
| MESALAMINE                   | 1.2 G     | TABLET DR  | ORAL     | 04/03/2025     | 1.74691   |
| MESALAMINE                   | 1000 MG   | SUPP.RECT  | RECTAL   | 05/08/2025     | 2.90180   |
| MESALAMINE                   | 4 G/60 ML | ENEMA      | RECTAL   | 10/23/2025     | 0.16929   |
| MESALAMINE W/CLEANSING WIPES | 4 G/60 ML | ENEMA KIT  | RECTAL   | 03/19/2025     | 65.41038  |
| MESNA                        | 400 MG    | TABLET     | ORAL     | 04/01/2025     | 59.51458  |
| MESNA                        | 100 MG/ML | VIAL       | INTRAVEN | 06/29/2023     | 0.88440   |
| METAXALONE                   | 400 MG    | TABLET     | ORAL     | 02/17/2026     | 2.56250   |
| METAXALONE                   | 800 MG    | TABLET     | ORAL     | 11/11/2025     | 0.72816   |
| METFORMIN HCL                | 1000 MG   | TAB ER 24  | ORAL     | 11/20/2025     | 0.73298   |
| METFORMIN HCL                | 500 MG    | TAB ER 24  | ORAL     | 12/18/2025     | 0.48999   |
| METFORMIN HCL                | 500 MG    | TABERGR24H | ORAL     | 04/03/2025     | 0.80400   |
| METFORMIN HCL                | 1000 MG   | TABERGR24H | ORAL     | 11/06/2025     | 1.26481   |

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

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

| Generic Name                  | Strength   | Form       | Route     | Effective Date | MAC Price |
|-------------------------------|------------|------------|-----------|----------------|-----------|
| METFORMIN HCL                 | 500 MG/5ML | SOLUTION   | ORAL      | 02/05/2024     | 0.87265   |
| METFORMIN HCL                 | 500 MG     | TABLET     | ORAL      | 04/30/2026     | 0.01507   |
| METFORMIN HCL                 | 850 MG     | TABLET     | ORAL      | 01/15/2026     | 0.02412   |
| METFORMIN HCL                 | 1000 MG    | TABLET     | ORAL      | 05/27/2025     | 0.01917   |
| METFORMIN HCL                 | 625 MG     | TABLET     | ORAL      | 02/19/2026     | 19.45685  |
| METFORMIN HCL                 | 750 MG     | TABLET     | ORAL      | 02/19/2026     | 19.85970  |
| METFORMIN HCL                 | 500 MG     | TAB ER 24H | ORAL      | 08/12/2025     | 0.02260   |
| METFORMIN HCL                 | 750 MG     | TAB ER 24H | ORAL      | 03/26/2026     | 0.06365   |
| METHADONE HCL                 | 10 MG/5 ML | SOLUTION   | ORAL      | 11/13/2025     | 0.20802   |
| METHADONE HCL                 | 5 MG/5 ML  | SOLUTION   | ORAL      | 03/19/2026     | 0.21105   |
| METHADONE HCL                 | 10 MG/ML   | ORAL CONC  | ORAL      | 12/11/2025     | 0.06097   |
| METHADONE HCL                 | 10 MG      | TABLET     | ORAL      | 10/23/2025     | 0.10017   |
| METHADONE HCL                 | 5 MG       | TABLET     | ORAL      | 10/23/2025     | 0.21413   |
| METHADONE HCL                 | 40 MG      | TABLET SOL | ORAL      | 05/06/2022     | 0.32716   |
| METHADONE HCL                 | 10 MG/ML   | VIAL       | INJECTION | 11/25/2025     | 17.27880  |
| METHAZOLAMIDE                 | 25 MG      | TABLET     | ORAL      | 11/13/2025     | 2.00464   |
| METHAZOLAMIDE                 | 50 MG      | TABLET     | ORAL      | 10/02/2025     | 2.57856   |
| METHENAMINE HIPPURATE         | 1 G        | TABLET     | ORAL      | 10/16/2025     | 0.63650   |
| METHENAMINE/SODIUM SALICYLATE | 162-162.5  | TABLET     | ORAL      | 04/01/2025     | 0.15117   |
| METHIMAZOLE                   | 10 MG      | TABLET     | ORAL      | 03/26/2026     | 0.34331   |
| METHIMAZOLE                   | 5 MG       | TABLET     | ORAL      | 04/09/2026     | 0.15008   |

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

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

| Generic Name                  | Strength   | Form       | Route     | Effective Date | MAC Price |
|-------------------------------|------------|------------|-----------|----------------|-----------|
| METHOCARBAMOL                 | 500 MG     | TABLET     | ORAL      | 04/09/2026     | 0.02278   |
| METHOCARBAMOL                 | 750 MG     | TABLET     | ORAL      | 04/22/2025     | 0.02798   |
| METHOCARBAMOL                 | 100 MG/ML  | VIAL       | INJECTION | 09/25/2025     | 1.01840   |
| METHOTREXATE SODIUM           | 2.5 MG     | TABLET     | ORAL      | 04/16/2026     | 0.21855   |
| METHOTREXATE SODIUM           | 25 MG/ML   | VIAL       | INJECTION | 12/12/2024     | 2.67300   |
| METHOTREXATE SODIUM/PF        | 1 G        | VIAL       | INJECTION | 10/06/2022     | 64.53400  |
| METHOTREXATE SODIUM/PF        | 25 MG/ML   | VIAL       | INJECTION | 06/12/2025     | 0.40290   |
| METHOXY PEG-EPOETIN BETA      | 200MCG/0.3 | SYRINGE    | INJECTION | 05/06/2022     | 591.37375 |
| METHSCOPOLAMINE BROMIDE       | 2.5 MG     | TABLET     | ORAL      | 10/23/2025     | 1.66321   |
| METHSCOPOLAMINE BROMIDE       | 5 MG       | TABLET     | ORAL      | 10/02/2025     | 2.52322   |
| METHSUXIMIDE                  | 300 MG     | CAPSULE    | ORAL      | 05/25/2023     | 5.10642   |
| METHYL SALICYLATE             | 10 %       | CREAM (G)  | TOPICAL   | 10/02/2025     | 11.50000  |
| METHYL SALICYLATE             | 25 %       | CREAM (G)  | TOPICAL   | 04/22/2025     | 2.48179   |
| METHYL SALICYLATE             | 10 %       | ADH. PATCH | TOPICAL   | 02/12/2026     | 27.98250  |
| METHYL SALICYLATE             |            | OIL        | MISCELL   | 05/06/2022     | 0.50920   |
| METHYL SALICYLATE/MENTH/CAMPH | 30%-10%-4% | GEL (GRAM) | TOPICAL   | 06/26/2025     | 6.31825   |
| METHYL SALICYLATE/MENTH/CAMPH | 30%-10%-4% | CREAM (G)  | TOPICAL   | 10/07/2025     | 0.09558   |
| METHYL SALICYLATE/MENTH/CAMPH | 10 %-6 %   | ADH. PATCH | TOPICAL   | 11/06/2025     | 0.97597   |
| METHYL SALICYLATE/MENTH/CAMPH | 30%-10%-4% | KIT        | TOPICAL   | 06/30/2022     | 867.53438 |
| METHYL SALICYLATE/MENTHOL     | 15%-10%    | CREAM (G)  | TOPICAL   | 10/31/2024     | 0.01497   |
| METHYL SALICYLATE/MENTHOL     | 15 %-1 %   | CREAM (G)  | TOPICAL   | 10/16/2025     | 0.04256   |

*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

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

| Generic Name             | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------|------------|------------|-----------|----------------|-----------|
| METHYLDOPA               | 250 MG     | TABLET     | ORAL      | 05/07/2026     | 5.71500   |
| METHYLENE BLUE           | 50 MG/10ML | AMPUL      | INTRAVEN  | 06/24/2025     | 10.01880  |
| METHYLENE BLUE           | 50 MG/10ML | VIAL       | INTRAVEN  | 04/16/2026     | 11.08492  |
| METHYLERGONOVINE MALEATE | 0.2 MG     | TABLET     | ORAL      | 03/19/2026     | 13.57125  |
| METHYLERGONOVINE MALEATE | .2MG/ML(1) | AMPUL      | INJECTION | 08/28/2024     | 10.35000  |
| METHYLPHENIDATE          | 10MG/9HR   | PATCH TD24 | TRANSDERM | 04/14/2026     | 18.32705  |
| METHYLPHENIDATE          | 30MG/9HR   | PATCH TD24 | TRANSDERM | 05/07/2026     | 17.17240  |
| METHYLPHENIDATE HCL      | 10 MG      | CPBP 30-70 | ORAL      | 10/01/2024     | 1.79010   |
| METHYLPHENIDATE HCL      | 20 MG      | CPBP 30-70 | ORAL      | 04/03/2025     | 2.76223   |
| METHYLPHENIDATE HCL      | 30 MG      | CPBP 30-70 | ORAL      | 08/07/2025     | 2.67300   |
| METHYLPHENIDATE HCL      | 60 MG      | CPBP 30-70 | ORAL      | 10/03/2024     | 3.51054   |
| METHYLPHENIDATE HCL      | 20 MG      | CPBP 50-50 | ORAL      | 05/28/2024     | 2.44620   |
| METHYLPHENIDATE HCL      | 30 MG      | CPBP 50-50 | ORAL      | 03/17/2026     | 2.06631   |
| METHYLPHENIDATE HCL      | 10 MG      | CPBP 50-50 | ORAL      | 02/24/2026     | 3.97950   |
| METHYLPHENIDATE HCL      | 60 MG      | CPBP 50-50 | ORAL      | 04/28/2026     | 7.42220   |
| METHYLPHENIDATE HCL      | 10 MG      | CSBP 40-60 | ORAL      | 10/07/2025     | 5.39975   |
| METHYLPHENIDATE HCL      | 15 MG      | CSBP 40-60 | ORAL      | 04/29/2025     | 1.44950   |
| METHYLPHENIDATE HCL      | 20 MG      | CSBP 40-60 | ORAL      | 05/07/2026     | 9.58742   |
| METHYLPHENIDATE HCL      | 30 MG      | CSBP 40-60 | ORAL      | 02/20/2024     | 5.39975   |
| METHYLPHENIDATE HCL      | 50 MG      | CSBP 40-60 | ORAL      | 04/09/2026     | 9.58717   |
| METHYLPHENIDATE HCL      | 54 MG      | TAB ER 24  | ORAL      | 01/29/2026     | 1.80431   |

*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

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

| Generic Name                | Strength   | Form      | Route     | Effective Date | MAC Price |
|-----------------------------|------------|-----------|-----------|----------------|-----------|
| METHYLPHENIDATE HCL         | 27 MG      | TAB ER 24 | ORAL      | 04/01/2025     | 0.63331   |
| METHYLPHENIDATE HCL         | 10 MG/5 ML | SOLUTION  | ORAL      | 08/28/2025     | 0.35974   |
| METHYLPHENIDATE HCL         | 10 MG      | TABLET    | ORAL      | 02/26/2026     | 0.23584   |
| METHYLPHENIDATE HCL         | 5 MG       | TABLET    | ORAL      | 08/26/2025     | 0.10926   |
| METHYLPHENIDATE HCL         | 2.5 MG     | TAB CHEW  | ORAL      | 10/02/2025     | 3.20272   |
| METHYLPHENIDATE HCL         | 5 MG       | TAB CHEW  | ORAL      | 01/21/2025     | 2.55100   |
| METHYLPHENIDATE HCL         | 10 MG      | TAB CHEW  | ORAL      | 04/03/2025     | 5.12041   |
| METHYLPHENIDATE HCL         | 20 MG      | TABLET ER | ORAL      | 04/03/2025     | 1.15521   |
| METHYLPHENIDATE HCL         | 10 MG      | TABLET ER | ORAL      | 11/06/2025     | 0.95046   |
| METHYLPREDNISOLONE          | 16 MG      | TABLET    | ORAL      | 11/13/2025     | 2.82770   |
| METHYLPREDNISOLONE          | 32 MG      | TABLET    | ORAL      | 04/03/2025     | 3.05237   |
| METHYLPREDNISOLONE          | 4 MG       | TABLET    | ORAL      | 02/26/2026     | 0.40816   |
| METHYLPREDNISOLONE          | 8 MG       | TABLET    | ORAL      | 10/23/2025     | 1.71413   |
| METHYLPREDNISOLONE          | 4 MG       | TAB DS PK | ORAL      | 12/11/2025     | 0.18569   |
| METHYLPREDNISOLONE ACETATE  | 40 MG/ML   | VIAL      | INJECTION | 10/16/2025     | 5.00346   |
| METHYLPREDNISOLONE ACETATE  | 80 MG/ML   | VIAL      | INJECTION | 06/20/2024     | 7.57200   |
| METHYLPREDNISOLONE SOD SUCC | 125 MG     | VIAL      | INJECTION | 02/12/2026     | 3.90720   |
| METHYLPREDNISOLONE SOD SUCC | 40 MG      | VIAL      | INJECTION | 02/12/2026     | 3.37920   |
| METHYLPREDNISOLONE SOD SUCC | 1000 MG    | VIAL      | INTRAVEN  | 10/16/2025     | 25.17900  |
| METHYLPREDNISOLONE SOD SUCC | 500 MG     | VIAL      | INTRAVEN  | 04/03/2025     | 26.12400  |
| METHYLTESTOSTERONE          | 10 MG      | CAPSULE   | ORAL      | 02/19/2026     | 64.60339  |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| METHYLTETRAHYDROFOLATE GLUCOSA | 1700MCGDFE | CAPSULE    | ORAL      | 01/22/2026     | 0.36046   |
| METOCLOPRAMIDE HCL             | 5 MG/5 ML  | SOLUTION   | ORAL      | 12/22/2025     | 0.06769   |
| METOCLOPRAMIDE HCL             | 10 MG/10ML | SOLUTION   | ORAL      | 04/29/2026     | 0.31290   |
| METOCLOPRAMIDE HCL             | 10 MG      | TABLET     | ORAL      | 05/07/2026     | 0.07533   |
| METOCLOPRAMIDE HCL             | 5 MG       | TABLET     | ORAL      | 08/21/2025     | 0.08841   |
| METOCLOPRAMIDE HCL             | 5 MG/ML    | VIAL       | INJECTION | 04/02/2026     | 0.58151   |
| METOLAZONE                     | 10 MG      | TABLET     | ORAL      | 04/08/2025     | 0.38002   |
| METOLAZONE                     | 2.5 MG     | TABLET     | ORAL      | 04/23/2024     | 0.48140   |
| METOLAZONE                     | 5 MG       | TABLET     | ORAL      | 04/16/2026     | 0.83294   |
| METOPROLOL SUCCINATE           | 50 MG      | TAB ER 24H | ORAL      | 04/23/2026     | 0.05293   |
| METOPROLOL SUCCINATE           | 100 MG     | TAB ER 24H | ORAL      | 01/29/2026     | 0.08556   |
| METOPROLOL SUCCINATE           | 200 MG     | TAB ER 24H | ORAL      | 01/29/2026     | 0.15209   |
| METOPROLOL SUCCINATE           | 25 MG      | TAB ER 24H | ORAL      | 04/23/2026     | 0.05132   |
| METOPROLOL TARTRATE            | 100 MG     | TABLET     | ORAL      | 03/05/2026     | 0.02661   |
| METOPROLOL TARTRATE            | 50 MG      | TABLET     | ORAL      | 04/16/2026     | 0.02074   |
| METOPROLOL TARTRATE            | 25 MG      | TABLET     | ORAL      | 04/16/2026     | 0.01621   |
| METOPROLOL TARTRATE            | 37.5 MG    | TABLET     | ORAL      | 09/16/2021     | 0.07595   |
| METOPROLOL TARTRATE            | 75 MG      | TABLET     | ORAL      | 12/31/2025     | 0.43108   |
| METOPROLOL TARTRATE            | 5 MG/5 ML  | VIAL       | INTRAVEN  | 09/25/2025     | 0.16422   |
| METOPROLOL/HYDROCHLOROTHIAZIDE | 100MG-25MG | TABLET     | ORAL      | 04/08/2025     | 1.18758   |
| METOPROLOL/HYDROCHLOROTHIAZIDE | 50 MG-25MG | TABLET     | ORAL      | 10/07/2025     | 0.93901   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| METOPROLOL/HYDROCHLOROTHIAZIDE | 100MG-50MG | TABLET     | ORAL     | 08/01/2022     | 1.25112   |
| METRONIDAZOLE                  | 375 MG     | CAPSULE    | ORAL     | 03/03/2026     | 7.37424   |
| METRONIDAZOLE                  | 250 MG     | TABLET     | ORAL     | 09/29/2025     | 0.07826   |
| METRONIDAZOLE                  | 500 MG     | TABLET     | ORAL     | 03/12/2026     | 0.09367   |
| METRONIDAZOLE                  | 0.75 %     | GEL (GRAM) | TOPICAL  | 03/12/2026     | 0.44607   |
| METRONIDAZOLE                  | 1 %        | GEL (GRAM) | TOPICAL  | 01/27/2026     | 0.67360   |
| METRONIDAZOLE                  | 0.75 %     | CREAM (G)  | TOPICAL  | 04/21/2026     | 0.89333   |
| METRONIDAZOLE                  | 1 %        | GEL W/PUMP | TOPICAL  | 04/18/2024     | 1.30370   |
| METRONIDAZOLE                  | 0.75 %     | LOTION     | TOPICAL  | 02/20/2025     | 3.20021   |
| METRONIDAZOLE                  | 0.75 %     | GEL W/APPL | VAGINAL  | 01/15/2026     | 0.33060   |
| METRONIDAZOLE/SODIUM CHLORIDE  | 500MG/0.1L | PIGGYBACK  | INTRAVEN | 03/26/2026     | 0.02699   |
| METYROSINE                     | 250 MG     | CAPSULE    | ORAL     | 11/13/2025     | 227.32792 |
| MEXILETINE HCL                 | 150 MG     | CAPSULE    | ORAL     | 06/24/2025     | 0.22853   |
| MEXILETINE HCL                 | 200 MG     | CAPSULE    | ORAL     | 06/24/2025     | 0.22102   |
| MEXILETINE HCL                 | 250 MG     | CAPSULE    | ORAL     | 06/24/2025     | 0.37994   |
| MICAFUNGIN SODIUM              | 50 MG      | VIAL       | INTRAVEN | 04/02/2026     | 19.21500  |
| MICAFUNGIN SODIUM              | 100 MG     | VIAL       | INTRAVEN | 04/02/2026     | 23.94000  |
| MICONAZOLE NITRATE             | 2 %        | CREAM (G)  | TOPICAL  | 04/02/2026     | 0.06747   |
| MICONAZOLE NITRATE             | 2 %        | OINT. (G)  | TOPICAL  | 05/15/2024     | 0.15594   |
| MICONAZOLE NITRATE             | 2 %        | POWDER     | TOPICAL  | 05/08/2025     | 0.03743   |
| MICONAZOLE NITRATE             | 2 %        | TINCTURE   | TOPICAL  | 05/06/2022     | 0.35663   |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| MICONAZOLE NITRATE             | 2 %        | CREAM/APPL | VAGINAL   | 01/22/2026     | 0.16824   |
| MICONAZOLE NITRATE             | 200 MG-2 % | KIT        | VAGINAL   | 07/08/2025     | 13.15650  |
| MICONAZOLE NITRATE             | 200 MG-2 % | CMB PF CRM | VAGINAL   | 02/03/2026     | 8.26589   |
| MIDAZOLAM HCL                  | 2 MG/ML    | SYRUP      | ORAL      | 07/24/2025     | 1.62515   |
| MIDAZOLAM HCL                  | 5 MG/ML    | VIAL       | INJECTION | 02/15/2024     | 0.38190   |
| MIDAZOLAM HCL                  | 2 MG/2 ML  | VIAL       | INJECTION | 10/31/2024     | 0.19732   |
| MIDAZOLAM HCL                  | 5 MG/5 ML  | VIAL       | INJECTION | 05/06/2022     | 0.35389   |
| MIDAZOLAM HCL                  | 10 MG/10ML | VIAL       | INJECTION | 11/07/2024     | 0.38190   |
| MIDAZOLAM HCL                  | 10 MG/2 ML | VIAL       | INJECTION | 03/14/2024     | 4.03161   |
| MIDAZOLAM HCL                  | 5 MG/ML(1) | VIAL       | INJECTION | 02/01/2022     | 1.52760   |
| MIDAZOLAM HCL IN 0.9 % NACL/PF | 1 MG/ML    | PLAST. BAG | INTRAVEN  | 05/22/2025     | 0.38177   |
| MIDAZOLAM HCL/PF               | 2 MG/2 ML  | SYRINGE    | INJECTION | 06/18/2025     | 1.99861   |
| MIDAZOLAM HCL/PF               | 10 MG/2 ML | SYRINGE    | INJECTION | 04/18/2024     | 2.42507   |
| MIDAZOLAM HCL/PF               | 5 MG/ML(1) | VIAL       | INJECTION | 01/04/2024     | 1.47795   |
| MIDAZOLAM HCL/PF               | 10 MG/2 ML | VIAL       | INJECTION | 01/04/2024     | 0.86309   |
| MIDAZOLAM HCL/PF               | 2 MG/2 ML  | VIAL       | INJECTION | 01/22/2026     | 0.75082   |
| MIDAZOLAM HCL/PF               | 5 MG/5 ML  | VIAL       | INJECTION | 03/28/2024     | 0.28923   |
| MIDODRINE HCL                  | 5 MG       | TABLET     | ORAL      | 06/03/2024     | 0.12085   |
| MIDODRINE HCL                  | 2.5 MG     | TABLET     | ORAL      | 06/03/2024     | 0.07885   |
| MIDODRINE HCL                  | 10 MG      | TABLET     | ORAL      | 12/18/2025     | 0.27215   |
| MIFEPRISTONE                   | 200 MG     | TABLET     | ORAL      | 04/02/2026     | 41.00000  |

*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

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

| Generic Name                   | Strength   | Form      | Route      | Effective Date | MAC Price |
|--------------------------------|------------|-----------|------------|----------------|-----------|
| MIFEPRISTONE                   | 300 MG     | TABLET    | ORAL       | 03/25/2025     | 334.78280 |
| MIGLITOL                       | 25 MG      | TABLET    | ORAL       | 10/02/2025     | 3.31610   |
| MIGLITOL                       | 50 MG      | TABLET    | ORAL       | 12/29/2022     | 1.52157   |
| MIGLITOL                       | 100 MG     | TABLET    | ORAL       | 05/07/2026     | 4.92017   |
| MIGLUSTAT                      | 100 MG     | CAPSULE   | ORAL       | 04/23/2026     | 135.99381 |
| MILNACIPRAN HCL                | 12.5 MG    | TABLET    | ORAL       | 03/26/2026     | 4.30694   |
| MILNACIPRAN HCL                | 25 MG      | TABLET    | ORAL       | 03/26/2026     | 4.30694   |
| MILNACIPRAN HCL                | 50 MG      | TABLET    | ORAL       | 03/26/2026     | 4.30694   |
| MILNACIPRAN HCL                | 100 MG     | TABLET    | ORAL       | 03/26/2026     | 4.30694   |
| MILRINONE LACTATE              | 1 MG/ML    | VIAL      | INTRAVEN   | 11/06/2025     | 0.33098   |
| MILRINONE LACTATE/D5W          | 20MG/100ML | PIGGYBACK | INTRAVEN   | 04/30/2026     | 0.15276   |
| MILRINONE LACTATE/D5W          | 40MG/200ML | PIGGYBACK | INTRAVEN   | 02/22/2024     | 0.13065   |
| MINERAL OIL                    |            | OIL       | ORAL       | 10/09/2025     | 0.00750   |
| MINERAL OIL                    |            | ENEMA     | RECTAL     | 07/03/2025     | 0.01098   |
| MINERAL OIL                    |            | OIL       | TOPICAL    | 04/24/2025     | 0.02644   |
| MINERAL OIL/HYDROPHIL PETROLAT |            | OINT. (G) | TOPICAL    | 12/11/2025     | 0.02173   |
| MINERAL OIL/PETROLATUM,WHITE   | 15 %-83 %  | OINT. (G) | OPHTHALMIC | 08/26/2025     | 1.24237   |
| MINERAL OIL/PETROLATUM,WHITE   | 20%-80%    | OINT. (G) | OPHTHALMIC | 05/06/2022     | 1.44720   |
| MINERAL OIL/PETROLATUM,WHITE   | 42.5-57.3% | OINT. (G) | OPHTHALMIC | 11/20/2025     | 3.77708   |
| MINOCYCLINE HCL                | 100 MG     | CAPSULE   | ORAL       | 02/12/2026     | 0.57030   |
| MINOCYCLINE HCL                | 50 MG      | CAPSULE   | ORAL       | 04/30/2026     | 0.30820   |

*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

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

| Generic Name    | Strength | Form       | Route   | Effective Date | MAC Price |
|-----------------|----------|------------|---------|----------------|-----------|
| MINOCYCLINE HCL | 75 MG    | CAPSULE    | ORAL    | 10/02/2025     | 0.71422   |
| MINOCYCLINE HCL | 100 MG   | TABLET     | ORAL    | 12/18/2025     | 2.50714   |
| MINOCYCLINE HCL | 50 MG    | TABLET     | ORAL    | 09/05/2023     | 1.08888   |
| MINOCYCLINE HCL | 75 MG    | TABLET     | ORAL    | 02/25/2025     | 1.76920   |
| MINOCYCLINE HCL | 90 MG    | TAB ER 24H | ORAL    | 10/26/2021     | 11.30067  |
| MINOCYCLINE HCL | 135 MG   | TAB ER 24H | ORAL    | 02/11/2020     | 3.73637   |
| MINOCYCLINE HCL | 65 MG    | TAB ER 24H | ORAL    | 10/18/2021     | 8.47680   |
| MINOCYCLINE HCL | 115MG    | TAB ER 24H | ORAL    | 10/19/2021     | 7.68880   |
| MINOCYCLINE HCL | 55 MG    | TAB ER 24H | ORAL    | 09/25/2025     | 23.04102  |
| MINOCYCLINE HCL | 80 MG    | TAB ER 24H | ORAL    | 09/25/2025     | 23.04102  |
| MINOCYCLINE HCL | 105 MG   | TAB ER 24H | ORAL    | 12/22/2025     | 23.04102  |
| MINOXIDIL       | 10 MG    | TABLET     | ORAL    | 06/24/2025     | 0.22039   |
| MINOXIDIL       | 2.5 MG   | TABLET     | ORAL    | 06/24/2025     | 0.10006   |
| MINOXIDIL       | 5 %      | FOAM       | TOPICAL | 03/19/2025     | 0.25973   |
| MINOXIDIL       | 5 %      | SOLUTION   | TOPICAL | 04/30/2026     | 0.41629   |
| MIRABEGRON      | 25 MG    | TAB ER 24H | ORAL    | 02/17/2026     | 9.74980   |
| MIRABEGRON      | 50 MG    | TAB ER 24H | ORAL    | 02/17/2026     | 9.74980   |
| MIRTAZAPINE     | 15 MG    | TABLET     | ORAL    | 05/27/2025     | 0.07245   |
| MIRTAZAPINE     | 30 MG    | TABLET     | ORAL    | 03/26/2026     | 0.08442   |
| MIRTAZAPINE     | 45 MG    | TABLET     | ORAL    | 04/16/2026     | 0.08890   |
| MIRTAZAPINE     | 7.5 MG   | TABLET     | ORAL    | 05/27/2025     | 0.35101   |

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

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

| Generic Name       | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------|------------|------------|----------|----------------|-----------|
| MIRTAZAPINE        | 15 MG      | TAB RAPDIS | ORAL     | 10/01/2024     | 0.42570   |
| MIRTAZAPINE        | 30 MG      | TAB RAPDIS | ORAL     | 01/22/2026     | 0.97195   |
| MIRTAZAPINE        | 45 MG      | TAB RAPDIS | ORAL     | 12/18/2025     | 0.96569   |
| MISOPROSTOL        | 200 MCG    | TABLET     | ORAL     | 02/06/2025     | 0.51121   |
| MISOPROSTOL        | 100 MCG    | TABLET     | ORAL     | 04/01/2025     | 0.33757   |
| MITOMYCIN          | 20 MG      | VIAL       | INTRAVEN | 04/16/2026     | 63.01700  |
| MITOMYCIN          | 40 MG      | VIAL       | INTRAVEN | 04/03/2025     | 188.44625 |
| MITOMYCIN          | 5 MG       | VIAL       | INTRAVEN | 01/22/2026     | 78.19725  |
| MODAFINIL          | 100 MG     | TABLET     | ORAL     | 02/19/2026     | 0.34170   |
| MODAFINIL          | 200 MG     | TABLET     | ORAL     | 04/02/2026     | 0.40155   |
| MOEXIPRIL HCL      | 15 MG      | TABLET     | ORAL     | 03/27/2025     | 1.94715   |
| MOMETASONE FUROATE | 0.1 %      | CREAM (G)  | TOPICAL  | 12/18/2025     | 0.41510   |
| MOMETASONE FUROATE | 0.1 %      | OINT. (G)  | TOPICAL  | 09/29/2025     | 0.24984   |
| MOMETASONE FUROATE | 0.1 %      | SOLUTION   | TOPICAL  | 10/23/2025     | 0.61193   |
| MOMETASONE FUROATE | 50 MCG     | SPRAY/PUMP | NASAL    | 02/19/2026     | 1.63716   |
| MOMETASONE FUROATE | 50 MCG     | SPRAY/PUMP | NASAL    | 04/08/2025     | 1.20163   |
| MONTELUKAST SODIUM | 4 MG       | GRAN PACK  | ORAL     | 06/18/2025     | 1.38467   |
| MONTELUKAST SODIUM | 10 MG      | TABLET     | ORAL     | 03/05/2026     | 0.03305   |
| MONTELUKAST SODIUM | 5 MG       | TAB CHEW   | ORAL     | 04/03/2025     | 0.06700   |
| MONTELUKAST SODIUM | 4 MG       | TAB CHEW   | ORAL     | 03/26/2026     | 0.11762   |
| MORPHINE SULFATE   | 10 MG/5 ML | SOLUTION   | ORAL     | 10/28/2025     | 0.07129   |

*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

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

| Generic Name                  | Strength   | Form      | Route      | Effective Date | MAC Price |
|-------------------------------|------------|-----------|------------|----------------|-----------|
| MORPHINE SULFATE              | 20 MG/5 ML | SOLUTION  | ORAL       | 03/21/2024     | 0.10057   |
| MORPHINE SULFATE              | 100 MG/5ML | SOLUTION  | ORAL       | 11/13/2025     | 0.40814   |
| MORPHINE SULFATE              | 15 MG      | TABLET    | ORAL       | 04/22/2025     | 0.26597   |
| MORPHINE SULFATE              | 30 MG      | TABLET    | ORAL       | 01/11/2024     | 0.71020   |
| MORPHINE SULFATE              | 30 MG      | TABLET ER | ORAL       | 08/26/2025     | 0.39739   |
| MORPHINE SULFATE              | 60 MG      | TABLET ER | ORAL       | 12/18/2025     | 0.92648   |
| MORPHINE SULFATE              | 100 MG     | TABLET ER | ORAL       | 07/17/2025     | 1.59782   |
| MORPHINE SULFATE              | 15 MG      | TABLET ER | ORAL       | 07/17/2025     | 0.40294   |
| MORPHINE SULFATE              | 200 MG     | TABLET ER | ORAL       | 10/02/2025     | 2.89146   |
| MORPHINE SULFATE              | 2 MG/ML    | SYRINGE   | INTRAVEN   | 01/15/2026     | 9.38285   |
| MORPHINE SULFATE              | 4 MG/ML    | SYRINGE   | INTRAVEN   | 07/10/2025     | 8.07600   |
| MORPHINE SULFATE              | 50 MG/ML   | VIAL      | INTRAVEN   | 07/10/2025     | 0.84120   |
| 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       | 04/23/2026     | 3.68852   |
| MOXIFLOXACIN HCL              | 0.5 %      | DROPS     | OPHTHALMIC | 12/22/2025     | 1.68000   |
| MULTIVIT WITH MINERALS/LUTEIN |            | TABLET    | ORAL       | 09/04/2025     | 0.07028   |
| MULTIVIT,CALC,MINS/IRON/FOLIC | 9MG-400MCG | TABLET    | ORAL       | 06/17/2025     | 0.02671   |
| MULTIVIT,CALC,MINS/IRON/FOLIC | 500-18-0.4 | TABLET    | ORAL       | 05/06/2022     | 0.06027   |

*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

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

| Generic Name                   | Strength   | Form     | Route | Effective Date | MAC Price |
|--------------------------------|------------|----------|-------|----------------|-----------|
| MULTIVIT,STRESS FORMULA/ZINC   |            | TABLET   | ORAL  | 04/30/2026     | 0.14517   |
| MULTIVIT-MIN/FA/LYCOPEN/LUTEIN | .4-300-250 | TABLET   | ORAL  | 01/08/2026     | 0.05970   |
| MULTIVIT-MIN/FA/LYCOPEN/LUTEIN | 800-250MCG | TABLET   | ORAL  | 05/06/2022     | 0.26733   |
| MULTIVIT-MIN/FERROUS GLUCONATE | 9 MG/15 ML | LIQUID   | ORAL  | 09/11/2025     | 0.02552   |
| MULTIVIT-MIN/FERROUS GLUCONATE | 9 MG/15 ML | LIQUID   | ORAL  | 10/23/2025     | 0.24329   |
| MULTIVIT-MIN/FOLIC AC/COLLAGEN | 0.2MG-25MG | TAB CHEW | ORAL  | 03/19/2025     | 0.10414   |
| MULTIVIT-MIN/FOLIC/VIT K/LYCOP | 400-300MCG | TABLET   | ORAL  | 07/24/2025     | 0.06224   |
| MULTIVIT-MIN/IRON/FOLIC ACID/K | 18-400-25  | TABLET   | ORAL  | 01/08/2026     | 0.08263   |
| MULTIVIT-MINERALS/FOLIC ACID   | 0.4 MG     | TABLET   | ORAL  | 11/25/2025     | 0.09796   |
| MULTIVIT-MINERALS/FOLIC ACID   | 200 MCG    | TAB CHEW | ORAL  | 09/11/2025     | 0.11648   |
| MULTIVIT-MINERALS/FOLIC ACID   | 120 MCG    | TAB CHEW | ORAL  | 04/24/2025     | 0.18097   |
| MULTIVIT-MINS/IRON/FOLIC/LYCOP | 8-200-600  | TABLET   | ORAL  | 05/29/2025     | 0.06694   |
| MULTIVITAMIN                   |            | TABLET   | ORAL  | 12/09/2025     | 0.01349   |
| MULTIVITAMIN                   |            | TAB CHEW | ORAL  | 05/06/2022     | 0.04965   |
| MULTIVITAMIN WITH FOLIC ACID   | 400 MCG    | TABLET   | ORAL  | 04/30/2025     | 0.01080   |
| MULTIVITAMIN WITH IRON         |            | TABLET   | ORAL  | 05/06/2022     | 0.03679   |
| 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  | 04/30/2026     | 0.13780   |
| MULTIVITAMIN,THERAPEUTIC       |            | TABLET   | ORAL  | 03/19/2025     | 0.03002   |
| MULTIVITAMIN/IRON/FOLIC ACID   | 18MG-0.4MG | TABLET   | ORAL  | 08/19/2025     | 0.01089   |

*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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| MUPIROCIN                      | 2 %        | OINT. (G)  | TOPICAL   | 04/22/2025     | 0.15723   |
| MUPIROCIN CALCIUM              | 2 %        | CREAM (G)  | TOPICAL   | 01/29/2026     | 1.17920   |
| MV-MIN/FA/VIT K/LUTEIN/ZEAXANT | 200MCG-5MG | CAPSULE    | ORAL      | 03/26/2026     | 0.18995   |
| MV-MIN/FOLIC/K1/LYCOPEN/LUTEIN | 300-60 MCG | TABLET     | ORAL      | 08/28/2025     | 0.06697   |
| MYCOPHENOLATE MOFETIL          | 250 MG     | CAPSULE    | ORAL      | 02/26/2026     | 0.19269   |
| MYCOPHENOLATE MOFETIL          | 200 MG/ML  | SUSP RECON | ORAL      | 02/17/2026     | 0.87557   |
| MYCOPHENOLATE MOFETIL          | 500 MG     | TABLET     | ORAL      | 04/02/2026     | 0.28314   |
| MYCOPHENOLATE MOFETIL HCL      | 500 MG     | VIAL       | INTRAVEN  | 04/03/2025     | 29.98125  |
| MYCOPHENOLATE SODIUM           | 180 MG     | TABLET DR  | ORAL      | 02/26/2026     | 0.23729   |
| MYCOPHENOLATE SODIUM           | 360 MG     | TABLET DR  | ORAL      | 02/26/2026     | 0.38916   |
| NABUMETONE                     | 500 MG     | TABLET     | ORAL      | 01/29/2026     | 0.26133   |
| NABUMETONE                     | 750 MG     | TABLET     | ORAL      | 02/12/2026     | 0.25082   |
| NADOLOL                        | 20 MG      | TABLET     | ORAL      | 03/05/2026     | 0.30056   |
| NADOLOL                        | 40 MG      | TABLET     | ORAL      | 03/05/2026     | 0.41500   |
| NADOLOL                        | 80 MG      | TABLET     | ORAL      | 06/10/2025     | 0.28006   |
| NAFCILLIN SODIUM               | 1 G        | VIAL       | INJECTION | 10/26/2021     | 4.62000   |
| NAFCILLIN SODIUM               | 10 G       | VIAL       | INJECTION | 10/09/2025     | 48.16475  |
| NAFCILLIN SODIUM               | 2 G        | VIAL       | INJECTION | 06/05/2025     | 8.40000   |
| NAFTIFINE HCL                  | 2 %        | GEL (GRAM) | TOPICAL   | 05/03/2023     | 4.57800   |
| NAFTIFINE HCL                  | 1 %        | CREAM (G)  | TOPICAL   | 10/26/2021     | 2.75278   |
| NAFTIFINE HCL                  | 2 %        | CREAM (G)  | TOPICAL   | 11/13/2025     | 3.01195   |

*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

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

| Generic Name    | Strength   | Form      | Route     | Effective Date | MAC Price |
|-----------------|------------|-----------|-----------|----------------|-----------|
| NALBUPHINE HCL  | 10 MG/ML   | AMPUL     | INJECTION | 06/12/2025     | 7.67160   |
| NALBUPHINE HCL  | 10 MG/ML   | VIAL      | INJECTION | 10/01/2024     | 1.69250   |
| NALBUPHINE HCL  | 20 MG/ML   | VIAL      | INJECTION | 03/11/2025     | 1.69322   |
| NALOXONE HCL    | 0.4 MG/ML  | SYRINGE   | INJECTION | 10/14/2025     | 7.87800   |
| NALOXONE HCL    | 1 MG/ML    | SYRINGE   | INJECTION | 02/12/2026     | 6.49605   |
| NALOXONE HCL    | 0.4 MG/ML  | VIAL      | INJECTION | 02/09/2026     | 3.71666   |
| NALOXONE HCL    | 4 MG       | SPRAY     | NASAL     | 04/30/2025     | 20.00000  |
| NALTREXONE HCL  | 50 MG      | TABLET    | ORAL      | 04/30/2026     | 0.90427   |
| NAPROXEN        | 125 MG/5ML | ORAL SUSP | ORAL      | 12/18/2025     | 0.39983   |
| NAPROXEN        | 250 MG     | TABLET    | ORAL      | 02/19/2026     | 0.07075   |
| NAPROXEN        | 375 MG     | TABLET    | ORAL      | 02/23/2026     | 0.04105   |
| NAPROXEN        | 500 MG     | TABLET    | ORAL      | 02/12/2026     | 0.07107   |
| NAPROXEN        | 375 MG     | TABLET DR | ORAL      | 09/11/2025     | 3.78655   |
| NAPROXEN        | 500 MG     | TABLET DR | ORAL      | 09/16/2025     | 1.30550   |
| NAPROXEN SODIUM | 220 MG     | CAPSULE   | ORAL      | 11/14/2024     | 0.16750   |
| NAPROXEN SODIUM | 275 MG     | TABLET    | ORAL      | 11/13/2025     | 0.35564   |
| NAPROXEN SODIUM | 550 MG     | TABLET    | ORAL      | 04/09/2026     | 0.28998   |
| NAPROXEN SODIUM | 220 MG     | TABLET    | ORAL      | 02/19/2026     | 0.04536   |
| NAPROXEN SODIUM | 500 MG     | TBMP 24HR | ORAL      | 10/28/2025     | 8.17240   |
| NAPROXEN SODIUM | 375 MG     | TBMP 24HR | ORAL      | 11/13/2025     | 10.80805  |
| NAPROXEN SODIUM | 750 MG     | TBMP 24HR | ORAL      | 02/19/2026     | 20.52365  |

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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| NAPROXEN SODIUM/PSEUDOEPHEDRIN | 220-120MG  | TAB ER 12H | ORAL    | 05/22/2024     | 0.53466   |
| NAPROXEN/ESOMEPRAZOLE MAG      | 500MG-20MG | TAB IR DR  | ORAL    | 01/30/2024     | 8.36200   |
| NAPROXEN/ESOMEPRAZOLE MAG      | 375MG-20MG | TAB IR DR  | ORAL    | 04/23/2026     | 11.45400  |
| NARATRIPTAN HCL                | 2.5 MG     | TABLET     | ORAL    | 04/03/2025     | 1.19111   |
| NARATRIPTAN HCL                | 1 MG       | TABLET     | ORAL    | 06/12/2025     | 6.52780   |
| NATEGLINIDE                    | 120 MG     | TABLET     | ORAL    | 08/14/2025     | 0.37431   |
| NATEGLINIDE                    | 60 MG      | TABLET     | ORAL    | 11/13/2025     | 0.30981   |
| NEBIVOLOL HCL                  | 5 MG       | TABLET     | ORAL    | 01/22/2026     | 0.15886   |
| NEBIVOLOL HCL                  | 2.5 MG     | TABLET     | ORAL    | 01/22/2026     | 0.29490   |
| NEBIVOLOL HCL                  | 10 MG      | TABLET     | ORAL    | 01/22/2026     | 0.20562   |
| NEBIVOLOL HCL                  | 20 MG      | TABLET     | ORAL    | 02/26/2026     | 0.28217   |
| NEEDLELESS DISPENSING PIN      |            | EACH       | MISCELL | 03/19/2025     | 1.87131   |
| 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      | 22 G X 1"  | DIS NEEDLE | MISCELL | 05/06/2022     | 0.07437   |
| NEEDLES, DISPOSABLE            | 16 G X 1"  | DIS NEEDLE | MISCELL | 12/08/2022     | 0.09484   |
| NEEDLES, DISPOSABLE            | 16GX1.5"   | DIS NEEDLE | MISCELL | 06/05/2025     | 0.16174   |
| NEEDLES, DISPOSABLE            | 18GX1"     | DIS NEEDLE | MISCELL | 06/05/2025     | 0.06807   |
| NEEDLES, DISPOSABLE            | 18GX1 1/2" | DIS NEEDLE | MISCELL | 02/12/2026     | 0.02285   |
| NEEDLES, DISPOSABLE            | 19GX1"     | DIS NEEDLE | MISCELL | 02/02/2023     | 0.08784   |
| NEEDLES, DISPOSABLE            | 19GX1 1/2" | DIS NEEDLE | MISCELL | 08/17/2023     | 0.08784   |

*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

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

| Generic Name        | Strength   | Form       | Route   | Effective Date | MAC Price |
|---------------------|------------|------------|---------|----------------|-----------|
| NEEDLES, DISPOSABLE | 20GX1"     | DIS NEEDLE | MISCELL | 03/27/2025     | 0.08784   |
| NEEDLES, DISPOSABLE | 20GX1 1/2" | DIS NEEDLE | MISCELL | 08/17/2023     | 0.04683   |
| NEEDLES, DISPOSABLE | 21 G X 1"  | DIS NEEDLE | MISCELL | 06/05/2025     | 0.08784   |
| NEEDLES, DISPOSABLE | 21GX1 1/2" | DIS NEEDLE | MISCELL | 12/08/2022     | 0.08784   |
| NEEDLES, DISPOSABLE | 21GX2"     | DIS NEEDLE | MISCELL | 02/02/2023     | 0.13574   |
| NEEDLES, DISPOSABLE | 22 G X 1"  | DIS NEEDLE | MISCELL | 05/06/2022     | 0.02285   |
| NEEDLES, DISPOSABLE | 22GX1 1/2" | DIS NEEDLE | MISCELL | 03/06/2025     | 0.06807   |
| NEEDLES, DISPOSABLE | 23GX3/4"   | DIS NEEDLE | MISCELL | 02/02/2023     | 0.05762   |
| NEEDLES, DISPOSABLE | 23GX1"     | DIS NEEDLE | MISCELL | 09/07/2023     | 0.02285   |
| NEEDLES, DISPOSABLE | 23GX1.25"  | DIS NEEDLE | MISCELL | 05/06/2022     | 0.03343   |
| NEEDLES, DISPOSABLE | 23GX1 1/2" | DIS NEEDLE | MISCELL | 05/06/2022     | 0.02285   |
| NEEDLES, DISPOSABLE | 25GX5/8"   | DIS NEEDLE | MISCELL | 05/06/2022     | 0.02285   |
| NEEDLES, DISPOSABLE | 25GX1"     | DIS NEEDLE | MISCELL | 08/31/2023     | 0.02285   |
| NEEDLES, DISPOSABLE | 25GX1 1/2" | DIS NEEDLE | MISCELL | 05/06/2022     | 0.02285   |
| NEEDLES, DISPOSABLE | 26GX3/8"   | DIS NEEDLE | MISCELL | 05/25/2023     | 0.08707   |
| NEEDLES, DISPOSABLE | 26GX1/2"   | DIS NEEDLE | MISCELL | 02/02/2023     | 0.05762   |
| NEEDLES, DISPOSABLE | 26 G X5/8" | DIS NEEDLE | MISCELL | 05/06/2022     | 0.03343   |
| NEEDLES, DISPOSABLE | 26GX1.5"   | DIS NEEDLE | MISCELL | 05/06/2022     | 0.09715   |
| NEEDLES, DISPOSABLE | 27GX1/2"   | DIS NEEDLE | MISCELL | 01/15/2026     | 0.06807   |
| NEEDLES, DISPOSABLE | 27GX1.25"  | DIS NEEDLE | MISCELL | 04/09/2026     | 0.04683   |
| NEEDLES, DISPOSABLE | 27GX1.5"   | DIS NEEDLE | MISCELL | 01/15/2026     | 0.05069   |

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

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

| Generic Name        | Strength   | Form       | Route   | Effective Date | MAC Price |
|---------------------|------------|------------|---------|----------------|-----------|
| NEEDLES, DISPOSABLE | 30 G X1/2" | 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 | 06/05/2025     | 0.29400   |
| NEEDLES, FILTER     | 18GX1 1/2" | DIS NEEDLE | MISCELL | 05/06/2022     | 0.31698   |
| NEEDLES, SAFETY     | 25GX5/8"   | DIS NEEDLE | MISCELL | 04/30/2026     | 0.14445   |
| NEEDLES, SAFETY     | 23GX1"     | DIS NEEDLE | MISCELL | 06/05/2025     | 0.16357   |
| NEEDLES, SAFETY     | 27GX1/2"   | DIS NEEDLE | MISCELL | 05/19/2022     | 0.17407   |
| NEEDLES, SAFETY     | 26GX1/2"   | DIS NEEDLE | MISCELL | 08/10/2023     | 0.09903   |
| NEEDLES, SAFETY     | 25GX1"     | DIS NEEDLE | MISCELL | 04/30/2026     | 0.11980   |
| NEEDLES, SAFETY     | 25GX1 1/2" | DIS NEEDLE | MISCELL | 09/28/2023     | 0.17447   |
| NEEDLES, SAFETY     | 18GX1"     | DIS NEEDLE | MISCELL | 06/16/2022     | 0.70752   |
| NEEDLES, SAFETY     | 18GX1 1/2" | DIS NEEDLE | MISCELL | 06/05/2025     | 0.17407   |
| 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     | 22 G X 1"  | DIS NEEDLE | MISCELL | 06/16/2022     | 0.70752   |
| NEEDLES, SAFETY     | 22GX1 1/2" | DIS NEEDLE | MISCELL | 01/04/2024     | 0.70752   |
| NEEDLES, SAFETY     | 23GX1 1/2" | DIS NEEDLE | MISCELL | 10/10/2024     | 0.17407   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| NEEDLES, SAFETY                | 30 G X1/2" | DIS NEEDLE | MISCELL    | 03/16/2023     | 0.17407   |
| NEEDLES, SAFETY                | 23GX5/8"   | DIS NEEDLE | MISCELL    | 05/19/2022     | 0.17407   |
| NELARABINE                     | 250MG/50ML | VIAL       | INTRAVEN   | 04/16/2026     | 6.27304   |
| NEOMYCIN SULFATE               | 500 MG     | TABLET     | ORAL       | 05/01/2025     | 1.13632   |
| NEOMYCIN/BACIT/P-MYX/HYDROCORT | 3.5-10K-1  | OINT. (G)  | OPHTHALMIC | 01/04/2018     | 3.36600   |
| NEOMYCIN/BACITRACIN/POLYMYXINB | 3.5-400-5K | OINT PACK  | TOPICAL    | 04/24/2025     | 0.04071   |
| NEOMYCIN/BACITRACIN/POLYMYXINB | 3.5-400-5K | OINT. (G)  | TOPICAL    | 11/06/2025     | 0.17976   |
| NEOMYCIN/BACITRACIN/POLYMYXINB | 3.5MG-400  | OINT. (G)  | OPHTHALMIC | 04/08/2025     | 4.50000   |
| NEOMYCIN/POLYMYXIN B/DEXAMETHA | 3.5-10K-.1 | OINT. (G)  | OPHTHALMIC | 09/29/2025     | 2.85686   |
| NEOMYCIN/POLYMYXIN B/DEXAMETHA | 0.1 %      | DROPS SUSP | OPHTHALMIC | 10/26/2021     | 2.66124   |
| NEOMYCIN/POLYMYXIN B/HYDROCORT | 3.5-10K-1  | DROPS SUSP | OTIC (EAR) | 05/27/2025     | 4.50177   |
| NEOMYCN/BACITRC/POLYMYX/PRAMOX | 3.5-10K-10 | OINT. (G)  | TOPICAL    | 11/06/2025     | 0.42076   |
| NEOSTIGMINE METHYLSULFATE      | 5 MG/5 ML  | SYRINGE    | INTRAVEN   | 08/21/2025     | 1.98320   |
| NEOSTIGMINE METHYLSULFATE      | 3 MG/3 ML  | SYRINGE    | INTRAVEN   | 11/25/2025     | 6.13156   |
| NEOSTIGMINE METHYLSULFATE      | 0.5 MG/ML  | VIAL       | INTRAVEN   | 05/07/2026     | 0.36167   |
| NEOSTIGMINE METHYLSULFATE      | 1 MG/ML    | VIAL       | INTRAVEN   | 03/19/2025     | 0.28006   |
| NEVIRAPINE                     | 200 MG     | TABLET     | ORAL       | 08/28/2025     | 0.17197   |
| NEVIRAPINE                     | 400 MG     | TAB ER 24H | ORAL       | 04/03/2025     | 9.42962   |
| NIACIN                         | 250 MG     | CAPSULE ER | ORAL       | 05/06/2022     | 0.06164   |
| NIACIN                         | 100 MG     | TABLET     | ORAL       | 10/23/2025     | 0.01827   |
| NIACIN                         | 250 MG     | TABLET     | ORAL       | 02/19/2026     | 0.05112   |

*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

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

| Generic Name                 | Strength   | Form       | Route     | Effective Date | MAC Price |
|------------------------------|------------|------------|-----------|----------------|-----------|
| NIACIN                       | 500 MG     | TABLET     | ORAL      | 04/03/2025     | 0.01974   |
| NIACIN                       | 500 MG     | TAB ER 24H | ORAL      | 11/13/2025     | 0.28304   |
| NIACIN                       | 750 MG     | TAB ER 24H | ORAL      | 04/08/2025     | 0.26129   |
| NIACIN                       | 1000 MG    | TAB ER 24H | ORAL      | 10/02/2025     | 0.59288   |
| NIACIN                       | 250 MG     | TABLET ER  | ORAL      | 03/26/2026     | 0.03652   |
| NIACIN                       | 500 MG     | TABLET ER  | ORAL      | 10/23/2025     | 0.03618   |
| NIACIN                       | 750 MG     | TABLET ER  | ORAL      | 02/19/2026     | 0.07672   |
| NIACIN (INOSITOL NIACINATE)  | 400(500MG) | CAPSULE    | ORAL      | 11/14/2024     | 0.06700   |
| NIACINAMIDE                  | 500 MG     | TABLET     | ORAL      | 05/06/2022     | 0.02673   |
| NIACINAMIDE                  | 500 MG     | TABLET ER  | ORAL      | 01/09/2025     | 0.08673   |
| NICARDIPINE HCL              | 20 MG      | CAPSULE    | ORAL      | 01/22/2026     | 2.23318   |
| NICARDIPINE HCL              | 30 MG      | CAPSULE    | ORAL      | 06/10/2025     | 2.08980   |
| NICARDIPINE HCL              | 25 MG/10ML | AMPUL      | INTRAVEN  | 05/06/2022     | 2.22775   |
| NICARDIPINE HCL              | 25 MG/10ML | VIAL       | INTRAVEN  | 04/02/2026     | 1.56271   |
| NICARDIPINE IN NACL, ISO-OSM | 20MG/200ML | PIGGYBACK  | INTRAVEN  | 04/16/2026     | 0.45560   |
| NICARDIPINE IN NACL, ISO-OSM | 40MG/200ML | PIGGYBACK  | INTRAVEN  | 05/07/2026     | 0.34944   |
| NICOTINE                     | 7MG/24HR   | PATCH TD24 | TRANSDERM | 04/16/2026     | 1.43523   |
| NICOTINE                     | 14MG/24HR  | PATCH TD24 | TRANSDERM | 04/16/2026     | 1.53095   |
| NICOTINE                     | 21 MG/24HR | PATCH TD24 | TRANSDERM | 04/30/2026     | 1.43523   |
| NICOTINE POLACRILEX          | 4 MG       | LOZNG MINI | BUCCAL    | 03/03/2026     | 0.31969   |
| NICOTINE POLACRILEX          | 2 MG       | LOZNG MINI | BUCCAL    | 12/22/2025     | 0.48845   |

*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

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

| Generic Name        | Strength | Form       | Route  | Effective Date | MAC Price |
|---------------------|----------|------------|--------|----------------|-----------|
| NICOTINE POLACRILEX | 2 MG     | GUM        | BUCCAL | 12/22/2025     | 0.10148   |
| NICOTINE POLACRILEX | 4 MG     | GUM        | BUCCAL | 03/05/2026     | 0.28324   |
| NICOTINE POLACRILEX | 4 MG     | LOZENGE    | BUCCAL | 12/22/2025     | 0.49275   |
| NICOTINE POLACRILEX | 2 MG     | LOZENGE    | BUCCAL | 09/11/2025     | 0.49275   |
| NIFEDIPINE          | 10 MG    | CAPSULE    | ORAL   | 03/19/2026     | 0.56829   |
| NIFEDIPINE          | 20 MG    | CAPSULE    | ORAL   | 02/26/2026     | 1.51809   |
| NIFEDIPINE          | 30 MG    | TAB ER 24  | ORAL   | 12/22/2025     | 0.17206   |
| NIFEDIPINE          | 60 MG    | TAB ER 24  | ORAL   | 01/29/2026     | 0.22811   |
| NIFEDIPINE          | 90 MG    | TAB ER 24  | ORAL   | 01/22/2026     | 0.37172   |
| NIFEDIPINE          | 30 MG    | TABLET ER  | ORAL   | 04/01/2025     | 0.33125   |
| NIFEDIPINE          | 60 MG    | TABLET ER  | ORAL   | 10/02/2025     | 0.26800   |
| NIFEDIPINE          | 90 MG    | TABLET ER  | ORAL   | 03/19/2026     | 0.48200   |
| NILOTINIB HCL       | 200 MG   | CAPSULE    | ORAL   | 02/06/2026     | 9.29000   |
| NILOTINIB HCL       | 150 MG   | CAPSULE    | ORAL   | 02/06/2026     | 7.53000   |
| NIMODIPINE          | 30 MG    | CAPSULE    | ORAL   | 03/19/2026     | 1.79614   |
| NINTEDANIB ESYLATE  | 100 MG   | CAPSULE    | ORAL   | 05/07/2026     | 18.59603  |
| NINTEDANIB ESYLATE  | 150 MG   | CAPSULE    | ORAL   | 05/07/2026     | 18.59603  |
| NISOLDIPINE         | 8.5 MG   | TAB ER 24H | ORAL   | 11/20/2025     | 4.05359   |
| NISOLDIPINE         | 17 MG    | TAB ER 24H | ORAL   | 09/29/2025     | 5.08042   |
| NISOLDIPINE         | 34 MG    | TAB ER 24H | ORAL   | 10/09/2025     | 5.33070   |
| NITAZOXANIDE        | 500 MG   | TABLET     | ORAL   | 03/13/2025     | 78.65953  |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| NITISINONE                     | 2 MG       | CAPSULE    | ORAL       | 04/24/2025     | 60.50319  |
| NITISINONE                     | 5 MG       | CAPSULE    | ORAL       | 04/24/2025     | 151.25840 |
| NITISINONE                     | 10 MG      | CAPSULE    | ORAL       | 04/24/2025     | 302.51713 |
| NITISINONE                     | 20 MG      | CAPSULE    | ORAL       | 01/18/2024     | 502.69331 |
| NITROFURANTOIN                 | 25 MG/5 ML | ORAL SUSP  | ORAL       | 05/01/2025     | 2.12769   |
| NITROFURANTOIN MACROCRYSTAL    | 100 MG     | CAPSULE    | ORAL       | 03/19/2026     | 0.38833   |
| NITROFURANTOIN MACROCRYSTAL    | 25 MG      | CAPSULE    | ORAL       | 12/18/2025     | 2.33307   |
| NITROFURANTOIN MACROCRYSTAL    | 50 MG      | CAPSULE    | ORAL       | 08/21/2025     | 0.25420   |
| NITROFURANTOIN MONOHYD/M-CRYST | 100 MG     | CAPSULE    | ORAL       | 05/06/2025     | 0.23132   |
| NITROGLYCERIN                  | 0.4% (W/W) | OINT. (G)  | RECTAL     | 02/11/2025     | 12.68520  |
| NITROGLYCERIN                  | 400MCG/SPR | SPRAY      | TRANSLING  | 03/05/2026     | 21.22575  |
| NITROGLYCERIN                  | 0.3 MG     | TAB SUBL   | SUBLINGUAL | 10/09/2025     | 0.13333   |
| NITROGLYCERIN                  | 0.4 MG     | TAB SUBL   | SUBLINGUAL | 04/15/2025     | 0.09245   |
| NITROGLYCERIN                  | 0.6 MG     | TAB SUBL   | SUBLINGUAL | 01/22/2026     | 0.15397   |
| NITROGLYCERIN                  | 0.4MG/HR   | PATCH TD24 | TRANSDERM  | 04/03/2025     | 1.03919   |
| NITROGLYCERIN                  | 0.6MG/HR   | PATCH TD24 | TRANSDERM  | 11/13/2025     | 1.33553   |
| NITROGLYCERIN                  | 0.1MG/HR   | PATCH TD24 | TRANSDERM  | 02/09/2026     | 0.68675   |
| NITROGLYCERIN                  | 0.2MG/HR   | PATCH TD24 | TRANSDERM  | 02/09/2026     | 0.64267   |
| NITROPRUSSIDE IN 0.9% NACL     | 50MG/100ML | VIAL       | INTRAVEN   | 04/24/2025     | 0.67817   |
| NITROPRUSSIDE IN 0.9% NACL     | 20MG/100ML | VIAL       | INTRAVEN   | 04/24/2025     | 0.52876   |
| NITROPRUSSIDE SODIUM           | 25 MG/ML   | VIAL       | INTRAVEN   | 11/25/2025     | 8.25000   |

*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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| NIZATIDINE                     | 150 MG     | CAPSULE    | ORAL     | 11/13/2025     | 1.53353   |
| NOREPINEPHRINE BIT/0.9 % NACL  | 4MG/250ML  | PLAST. BAG | INTRAVEN | 09/26/2024     | 0.18760   |
| NOREPINEPHRINE BIT/0.9 % NACL  | 8 MG/250ML | PLAST. BAG | INTRAVEN | 09/26/2024     | 0.24120   |
| NOREPINEPHRINE BIT/0.9 % NACL  | 16MG/250ML | PLAST. BAG | INTRAVEN | 07/18/2024     | 0.33098   |
| NOREPINEPHRINE BITARTRATE      | 1 MG/ML    | VIAL       | INTRAVEN | 07/31/2025     | 0.92293   |
| NOREPINEPHRINE BITARTRATE/D5W  | 16MG/250ML | PLAST. BAG | INTRAVEN | 02/26/2026     | 0.32160   |
| NORETH-ETHINYL ESTRADIOL/IRON  | 0.4-35(21) | TAB CHEW   | ORAL     | 10/02/2025     | 1.55328   |
| NORETH-ETHINYL ESTRADIOL/IRON  | 0.8-25(24) | TAB CHEW   | ORAL     | 01/07/2025     | 2.22217   |
| NORETHINDRONE                  | 0.35 MG    | TABLET     | ORAL     | 06/17/2025     | 0.07339   |
| NORETHINDRONE AC/ETH ESTRADIOL | 1.5-0.03MG | TABLET     | ORAL     | 12/18/2025     | 0.48602   |
| NORETHINDRONE AC/ETH ESTRADIOL | 1MG-20MCG  | TABLET     | ORAL     | 12/11/2025     | 0.37775   |
| NORETHINDRONE AC/ETH ESTRADIOL | 1MG-5MCG   | TABLET     | ORAL     | 05/06/2022     | 1.43678   |
| NORETHINDRONE AC/ETH ESTRADIOL | 0.5MG-2.5  | TABLET     | ORAL     | 12/18/2025     | 2.30808   |
| NORETHINDRONE ACETATE          | 5 MG       | TABLET     | ORAL     | 04/15/2025     | 0.22548   |
| NORETHINDRONE-E.ESTRADIOL-IRON | 1MG-20(24) | CAPSULE    | ORAL     | 03/19/2026     | 1.25609   |
| NORETHINDRONE-E.ESTRADIOL-IRON | 1.5-30(21) | TABLET     | ORAL     | 10/30/2025     | 0.13575   |
| NORETHINDRONE-E.ESTRADIOL-IRON | 1MG-20(21) | TABLET     | ORAL     | 02/27/2025     | 0.13623   |
| NORETHINDRONE-E.ESTRADIOL-IRON | 5-7-9-7    | TABLET     | ORAL     | 04/03/2025     | 1.92785   |
| NORETHINDRONE-E.ESTRADIOL-IRON | 1MG-20(24) | TABLET     | ORAL     | 08/21/2025     | 0.42226   |
| NORETHINDRONE-E.ESTRADIOL-IRON | 1MG-20(24) | TAB CHEW   | ORAL     | 11/13/2025     | 1.11874   |
| NORETHINDRONE-ETHIN. ESTRADIOL | 0.4-0.035  | TABLET     | ORAL     | 04/23/2026     | 0.24662   |

*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

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

| Generic Name                   | Strength   | Form      | Route   | Effective Date | MAC Price |
|--------------------------------|------------|-----------|---------|----------------|-----------|
| NORETHINDRONE-ETHIN. ESTRADIOL | 0.5-0.035  | TABLET    | ORAL    | 04/23/2026     | 1.06083   |
| NORETHINDRONE-ETHIN. ESTRADIOL | 1 MG-35MCG | TABLET    | ORAL    | 08/21/2025     | 0.52723   |
| NORETHINDRONE-ETHIN. ESTRADIOL | 7 DAYS X 3 | TABLET    | ORAL    | 11/13/2025     | 0.62741   |
| NORETHINDRONE-ETHIN. ESTRADIOL | 7-9-5      | TABLET    | ORAL    | 05/31/2023     | 1.74918   |
| NORETHINDRONE-ETHIN. ESTRADIOL | 1 MG-35MCG | TABLET    | ORAL    | 07/26/2018     | 0.52164   |
| NORGESTIMATE-ETHINYL ESTRADIOL | 0.25-0.035 | TABLET    | ORAL    | 04/03/2025     | 0.14580   |
| NORGESTIMATE-ETHINYL ESTRADIOL | 7DAYSX3 28 | TABLET    | ORAL    | 02/19/2026     | 0.23450   |
| NORGESTIMATE-ETHINYL ESTRADIOL | 7DAYSX3 LO | TABLET    | ORAL    | 04/23/2026     | 0.36866   |
| NORGESTREL-ETHINYL ESTRADIOL   | 0.3-0.03MG | TABLET    | ORAL    | 04/01/2025     | 0.57891   |
| NORTRIPTYLINE HCL              | 10 MG      | CAPSULE   | ORAL    | 11/11/2025     | 0.08375   |
| NORTRIPTYLINE HCL              | 25 MG      | CAPSULE   | ORAL    | 02/05/2026     | 0.11725   |
| NORTRIPTYLINE HCL              | 50 MG      | CAPSULE   | ORAL    | 04/03/2025     | 0.14360   |
| NORTRIPTYLINE HCL              | 75 MG      | CAPSULE   | ORAL    | 04/03/2025     | 0.19891   |
| NORTRIPTYLINE HCL              | 10 MG/5 ML | SOLUTION  | ORAL    | 07/23/2024     | 0.30180   |
| NYSTATIN                       | 100000/ML  | ORAL SUSP | ORAL    | 04/30/2025     | 0.05791   |
| NYSTATIN                       | 500K UNIT  | TABLET    | ORAL    | 04/03/2025     | 0.60474   |
| NYSTATIN                       | 100000/G   | CREAM (G) | TOPICAL | 04/22/2025     | 0.12947   |
| NYSTATIN                       | 100000/G   | OINT. (G) | TOPICAL | 01/22/2026     | 0.29569   |
| NYSTATIN                       | 100000/G   | POWDER    | TOPICAL | 02/12/2026     | 0.22333   |
| NYSTATIN/TRIAMCINOLONE ACET    | 100000-0.1 | CREAM (G) | TOPICAL | 12/18/2025     | 0.25862   |
| NYSTATIN/TRIAMCINOLONE ACET    | 100000-0.1 | OINT. (G) | TOPICAL | 12/11/2025     | 0.18983   |

*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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price  |
|-------------------------------|------------|------------|------------|----------------|------------|
| OCTREOTIDE ACETATE            | 50 MCG/ML  | AMPUL      | INJECTION  | 10/17/2024     | 14.08071   |
| OCTREOTIDE ACETATE            | 500 MCG/ML | AMPUL      | INJECTION  | 10/30/2025     | 128.60122  |
| OCTREOTIDE ACETATE            | 200 MCG/ML | VIAL       | INJECTION  | 12/22/2025     | 8.31360    |
| OCTREOTIDE ACETATE            | 1000MCG/ML | VIAL       | INJECTION  | 03/21/2023     | 28.70000   |
| OCTREOTIDE ACETATE            | 50 MCG/ML  | VIAL       | INJECTION  | 12/04/2025     | 4.12236    |
| OCTREOTIDE ACETATE            | 500 MCG/ML | VIAL       | INJECTION  | 06/03/2024     | 11.79420   |
| OCTREOTIDE ACETATE            | 100 MCG/ML | VIAL       | INJECTION  | 12/04/2025     | 3.30554    |
| OCTREOTIDE ACETATE,MI-SPHERES | 10 MG      | VIAL       | INTRAMUSC  | 02/09/2026     | 2954.31810 |
| OCTREOTIDE ACETATE,MI-SPHERES | 20 MG      | VIAL       | INTRAMUSC  | 02/23/2026     | 3965.55075 |
| OCTREOTIDE ACETATE,MI-SPHERES | 30 MG      | VIAL       | INTRAMUSC  | 02/02/2026     | 4129.06900 |
| OFLOXACIN                     | 0.3 %      | DROPS      | OPHTHALMIC | 01/29/2026     | 1.71520    |
| OFLOXACIN                     | 0.3 %      | DROPS      | OTIC (EAR) | 02/05/2026     | 1.19930    |
| OLANZAPINE                    | 7.5 MG     | TABLET     | ORAL       | 04/23/2026     | 0.08329    |
| OLANZAPINE                    | 10 MG      | TABLET     | ORAL       | 05/07/2026     | 0.11469    |
| OLANZAPINE                    | 5 MG       | TABLET     | ORAL       | 05/13/2025     | 0.05076    |
| OLANZAPINE                    | 2.5 MG     | TABLET     | ORAL       | 05/13/2025     | 0.05826    |
| OLANZAPINE                    | 15 MG      | TABLET     | ORAL       | 03/17/2026     | 0.13277    |
| OLANZAPINE                    | 20 MG      | TABLET     | ORAL       | 04/23/2026     | 0.16675    |
| OLANZAPINE                    | 5 MG       | TAB RAPDIS | ORAL       | 04/02/2026     | 0.38592    |
| OLANZAPINE                    | 10 MG      | TAB RAPDIS | ORAL       | 04/02/2026     | 0.63784    |
| OLANZAPINE                    | 15 MG      | TAB RAPDIS | ORAL       | 04/02/2026     | 0.76246    |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| OLANZAPINE                     | 20 MG      | TAB RAPDIS | ORAL       | 05/07/2026     | 0.99517   |
| OLANZAPINE                     | 10 MG      | VIAL       | INTRAMUSC  | 04/09/2026     | 15.81300  |
| OLANZAPINE/FLUOXETINE HCL      | 6MG-25MG   | CAPSULE    | ORAL       | 04/03/2025     | 11.86643  |
| OLANZAPINE/FLUOXETINE HCL      | 6MG-50MG   | CAPSULE    | ORAL       | 11/25/2025     | 11.16170  |
| OLANZAPINE/FLUOXETINE HCL      | 12MG-25MG  | CAPSULE    | ORAL       | 04/20/2023     | 22.91800  |
| OLANZAPINE/FLUOXETINE HCL      | 12MG-50MG  | CAPSULE    | ORAL       | 03/11/2024     | 9.99200   |
| OLANZAPINE/FLUOXETINE HCL      | 3 MG-25 MG | CAPSULE    | ORAL       | 04/20/2023     | 6.50790   |
| OLIVE OIL                      |            | OIL        | MISCELL    | 11/26/2024     | 0.02363   |
| OLMESARTAN MEDOXOMIL           | 5 MG       | TABLET     | ORAL       | 04/30/2026     | 0.11747   |
| OLMESARTAN MEDOXOMIL           | 20 MG      | TABLET     | ORAL       | 05/07/2026     | 0.07213   |
| OLMESARTAN MEDOXOMIL           | 40 MG      | TABLET     | ORAL       | 05/07/2026     | 0.10967   |
| OLMESARTAN/AMLODIPIN/HCTHIAZID | 20-5-12.5  | TABLET     | ORAL       | 02/12/2026     | 0.76514   |
| OLMESARTAN/AMLODIPIN/HCTHIAZID | 40-5-12.5  | TABLET     | ORAL       | 02/12/2026     | 2.05318   |
| OLMESARTAN/AMLODIPIN/HCTHIAZID | 40-5-25 MG | TABLET     | ORAL       | 04/16/2024     | 1.92781   |
| OLMESARTAN/AMLODIPIN/HCTHIAZID | 40-10-12.5 | TABLET     | ORAL       | 12/11/2025     | 1.56333   |
| OLMESARTAN/AMLODIPIN/HCTHIAZID | 40-10-25MG | TABLET     | ORAL       | 02/12/2026     | 1.86662   |
| OLMESARTAN/HYDROCHLOROTHIAZIDE | 20-12.5 MG | TABLET     | ORAL       | 05/27/2025     | 0.10836   |
| OLMESARTAN/HYDROCHLOROTHIAZIDE | 40-12.5 MG | TABLET     | ORAL       | 03/26/2026     | 0.29659   |
| OLMESARTAN/HYDROCHLOROTHIAZIDE | 40 MG-25MG | TABLET     | ORAL       | 03/26/2026     | 0.29659   |
| OLOPATADINE HCL                | 0.1 %      | DROPS      | OPHTHALMIC | 01/28/2025     | 1.00776   |
| OLOPATADINE HCL                | 0.2 %      | DROPS      | OPHTHALMIC | 01/20/2026     | 2.84616   |

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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| OLOPATADINE HCL               | 0.7 %      | DROPS      | OPHTHALMIC | 04/23/2026     | 5.33433   |
| OLOPATADINE HCL               | 0.6 %      | SPRAY/PUMP | NASAL      | 04/03/2025     | 1.32902   |
| OMEGA-3 ACID ETHYL ESTERS     | 1 G        | CAPSULE    | ORAL       | 01/15/2026     | 0.14416   |
| OMEGA-3 FATTY ACIDS           | 1000 MG    | CAPSULE    | ORAL       | 09/03/2024     | 0.12308   |
| OMEGA-3 FATTY ACIDS/FISH OIL  | 300-1000MG | CAPSULE    | ORAL       | 06/17/2025     | 0.03601   |
| OMEGA-3 FATTY ACIDS/FISH OIL  | 360-1200MG | CAPSULE    | ORAL       | 10/23/2025     | 0.04020   |
| OMEGA-3/DHA/EPA/FISH OIL      | 300-1000MG | CAPSULE    | ORAL       | 01/08/2026     | 0.06266   |
| OMEGA-3/DHA/EPA/FISH OIL      | 1200 MG    | CAPSULE    | ORAL       | 08/03/2023     | 0.12831   |
| OMEGA-3/DHA/EPA/FISH OIL      | 1000 MG    | CAPSULE    | ORAL       | 10/21/2025     | 0.04040   |
| OMEGA-3/DHA/EPA/FISH OIL      | 60 MG-90MG | CAPSULE    | ORAL       | 10/21/2025     | 0.02834   |
| OMEGA-3/DHA/EPA/FISH OIL      | 200-300 MG | CAPSULE    | ORAL       | 07/18/2024     | 0.08275   |
| OMEGA-3/DHA/EPA/FISH OIL      | 300-1000MG | CAPSULE    | ORAL       | 07/03/2024     | 0.11556   |
| OMEGA-3/DHA/EPA/FISH OIL      | 300-1000MG | CAPSULE DR | ORAL       | 02/20/2025     | 0.13052   |
| OMEGA-3S/DHA/EPA/FISH OIL/D3  | 360MG-1000 | CAPSULE    | ORAL       | 09/26/2024     | 0.10563   |
| OMEPRAZOLE                    | 20 MG      | CAPSULE DR | ORAL       | 05/27/2025     | 0.02879   |
| OMEPRAZOLE                    | 10 MG      | CAPSULE DR | ORAL       | 04/16/2026     | 0.11837   |
| OMEPRAZOLE                    | 40 MG      | CAPSULE DR | ORAL       | 03/19/2026     | 0.06561   |
| OMEPRAZOLE                    | 20 MG      | TABLET DR  | ORAL       | 02/19/2026     | 0.48080   |
| OMEPRAZOLE MAGNESIUM          | 20 MG      | CAPSULE DR | ORAL       | 02/06/2025     | 0.41380   |
| OMEPRAZOLE MAGNESIUM          | 20 MG      | TABLET DR  | ORAL       | 04/16/2026     | 1.16931   |
| OMEPRAZOLE/SODIUM BICARBONATE | 20MG-1.1G  | CAPSULE    | ORAL       | 06/03/2024     | 0.53525   |

*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

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

| Generic Name                  | Strength  | Form       | Route     | Effective Date | MAC Price |
|-------------------------------|-----------|------------|-----------|----------------|-----------|
| OMEPRAZOLE/SODIUM BICARBONATE | 40MG-1.1G | CAPSULE    | ORAL      | 10/02/2025     | 1.16714   |
| OMEPRAZOLE/SODIUM BICARBONATE | 20-1680MG | PACKET     | ORAL      | 06/03/2025     | 10.60920  |
| OMEPRAZOLE/SODIUM BICARBONATE | 40-1680MG | PACKET     | ORAL      | 08/19/2025     | 13.77777  |
| ONDANSETRON                   | 4 MG      | TAB RAPDIS | ORAL      | 05/27/2025     | 0.14634   |
| ONDANSETRON                   | 8 MG      | TAB RAPDIS | ORAL      | 02/05/2026     | 0.27470   |
| ONDANSETRON HCL               | 4 MG/5 ML | SOLUTION   | ORAL      | 12/26/2023     | 0.28488   |
| ONDANSETRON HCL               | 4 MG      | TABLET     | ORAL      | 03/05/2026     | 0.06253   |
| ONDANSETRON HCL               | 8 MG      | TABLET     | ORAL      | 02/05/2026     | 0.09380   |
| ONDANSETRON HCL               | 2 MG/ML   | VIAL       | INTRAVEN  | 04/10/2025     | 0.12060   |
| ONDANSETRON HCL/PF            | 4 MG/2 ML | VIAL       | INJECTION | 12/11/2025     | 0.16040   |
| ORANGE OIL                    |           | OIL        | MISCELL   | 05/06/2022     | 0.48240   |
| ORPHENADRINE CITRATE          | 100 MG    | TABLET ER  | ORAL      | 02/26/2026     | 0.63127   |
| ORPHENADRINE CITRATE          | 30 MG/ML  | VIAL       | INJECTION | 08/22/2024     | 8.89200   |
| ORPHENADRINE/ASPIRIN/CAFFEINE | 50-770-60 | TABLET     | ORAL      | 05/06/2022     | 20.47500  |
| OSELTAMIVIR PHOSPHATE         | 75 MG     | CAPSULE    | ORAL      | 02/12/2026     | 1.41504   |
| OSELTAMIVIR PHOSPHATE         | 30 MG     | CAPSULE    | ORAL      | 08/21/2025     | 1.29042   |
| OSELTAMIVIR PHOSPHATE         | 45 MG     | CAPSULE    | ORAL      | 08/21/2025     | 1.29042   |
| OSELTAMIVIR PHOSPHATE         | 6 MG/ML   | SUSP RECON | ORAL      | 04/16/2026     | 0.15231   |
| OSTOMY SUPPLY                 |           | LIQUID     | TOPICAL   | 07/27/2022     | 0.04561   |
| OVULATION, PREGNANCY TEST KIT |           | COMBO. PKG | MISCELL   | 07/16/2024     | 1.37360   |
| OXACILLIN SODIUM              | 1 G       | VIAL       | INJECTION | 03/19/2026     | 7.23120   |

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

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

| Generic Name        | Strength   | Form       | Route     | Effective Date | MAC Price |
|---------------------|------------|------------|-----------|----------------|-----------|
| OXACILLIN SODIUM    | 10 G       | VIAL       | INJECTION | 05/31/2023     | 47.15000  |
| OXACILLIN SODIUM    | 2 G        | VIAL       | INJECTION | 04/03/2025     | 9.83250   |
| OXALIPLATIN         | 50 MG      | VIAL       | INTRAVEN  | 04/01/2025     | 578.40750 |
| OXALIPLATIN         | 50 MG/10ML | VIAL       | INTRAVEN  | 09/11/2025     | 0.91656   |
| OXALIPLATIN         | 100MG/20ML | VIAL       | INTRAVEN  | 03/19/2025     | 0.78608   |
| OXAPROZIN           | 600 MG     | TABLET     | ORAL      | 02/19/2026     | 0.95488   |
| OXAZEPAM            | 10 MG      | CAPSULE    | ORAL      | 06/17/2025     | 0.77177   |
| OXAZEPAM            | 15 MG      | CAPSULE    | ORAL      | 09/04/2025     | 0.97452   |
| OXAZEPAM            | 30 MG      | CAPSULE    | ORAL      | 10/02/2025     | 2.18286   |
| OXCARBAZEPINE       | 300 MG/5ML | ORAL SUSP  | ORAL      | 02/24/2026     | 0.14491   |
| OXCARBAZEPINE       | 300 MG     | TABLET     | ORAL      | 04/01/2025     | 0.11308   |
| OXCARBAZEPINE       | 600 MG     | TABLET     | ORAL      | 02/05/2026     | 0.34224   |
| OXCARBAZEPINE       | 150 MG     | TABLET     | ORAL      | 02/12/2026     | 0.06713   |
| OXCARBAZEPINE       | 150 MG     | TAB ER 24H | ORAL      | 02/17/2026     | 3.62416   |
| OXCARBAZEPINE       | 300 MG     | TAB ER 24H | ORAL      | 08/28/2025     | 9.31092   |
| OXCARBAZEPINE       | 600 MG     | TAB ER 24H | ORAL      | 08/28/2025     | 14.91651  |
| OXICONAZOLE NITRATE | 1 %        | CREAM (G)  | TOPICAL   | 12/30/2025     | 2.79520   |
| OXYBUTYNIN          | 3.9MG/24HR | PATCH TD 4 | TRANSDERM | 02/19/2026     | 3.44850   |
| OXYBUTYNIN CHLORIDE | 5 MG       | TAB ER 24  | ORAL      | 05/07/2026     | 0.15504   |
| OXYBUTYNIN CHLORIDE | 10 MG      | TAB ER 24  | ORAL      | 10/02/2025     | 0.19025   |
| OXYBUTYNIN CHLORIDE | 15 MG      | TAB ER 24  | ORAL      | 11/13/2025     | 0.18747   |

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

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

| Generic Name                | Strength   | Form       | Route | Effective Date | MAC Price |
|-----------------------------|------------|------------|-------|----------------|-----------|
| OXYBUTYNIN CHLORIDE         | 5 MG       | TABLET     | ORAL  | 04/09/2026     | 0.04355   |
| OXYCODONE HCL               | 5 MG       | CAPSULE    | ORAL  | 04/03/2025     | 1.10014   |
| OXYCODONE HCL               | 5 MG       | TABLET ORL | ORAL  | 02/13/2025     | 16.16087  |
| OXYCODONE HCL               | 30 MG      | TABLET ORL | ORAL  | 10/17/2024     | 24.44085  |
| OXYCODONE HCL               | 20 MG      | TAB ER 12H | ORAL  | 03/26/2026     | 5.19750   |
| OXYCODONE HCL               | 5 MG/5 ML  | SOLUTION   | ORAL  | 08/26/2025     | 0.04100   |
| OXYCODONE HCL               | 20 MG/ML   | ORAL CONC  | ORAL  | 09/25/2025     | 5.26500   |
| OXYCODONE HCL               | 5 MG       | TABLET     | ORAL  | 04/22/2025     | 0.07693   |
| OXYCODONE HCL               | 10 MG      | TABLET     | ORAL  | 04/09/2026     | 0.23522   |
| OXYCODONE HCL               | 20 MG      | TABLET     | ORAL  | 04/09/2026     | 0.52413   |
| OXYCODONE HCL               | 15 MG      | TABLET     | ORAL  | 04/09/2026     | 0.06612   |
| OXYCODONE HCL               | 30 MG      | TABLET     | ORAL  | 04/24/2025     | 0.10017   |
| OXYCODONE HCL/ACETAMINOPHEN | 10-300MG/5 | SOLUTION   | ORAL  | 03/28/2024     | 8.19000   |
| OXYCODONE HCL/ACETAMINOPHEN | 5 MG-325MG | TABLET     | ORAL  | 04/02/2026     | 0.05012   |
| OXYCODONE HCL/ACETAMINOPHEN | 2.5-325 MG | TABLET     | ORAL  | 10/23/2025     | 0.72729   |
| OXYCODONE HCL/ACETAMINOPHEN | 7.5-325 MG | TABLET     | ORAL  | 04/02/2026     | 0.10673   |
| OXYCODONE HCL/ACETAMINOPHEN | 10MG-325MG | TABLET     | ORAL  | 04/02/2026     | 0.14372   |
| OXYMETAZOLINE HCL           | 0.05 %     | MIST       | NASAL | 06/26/2025     | 0.31167   |
| OXYMETAZOLINE HCL           | 0.05 %     | SPRAY      | NASAL | 02/19/2026     | 0.14383   |
| OXYMORPHONE HCL             | 5 MG       | TABLET     | ORAL  | 04/03/2025     | 0.52952   |
| OXYMORPHONE HCL             | 10 MG      | TABLET     | ORAL  | 08/05/2025     | 0.65415   |

*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

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

| Generic Name             | Strength   | Form       | Route     | Effective Date | MAC Price  |
|--------------------------|------------|------------|-----------|----------------|------------|
| OXYTOCIN                 | 10 UNIT/ML | VIAL       | INJECTION | 01/15/2026     | 0.81472    |
| PACLITAXEL               | 6 MG/ML    | VIAL       | INTRAVEN  | 04/02/2026     | 0.91388    |
| PACLITAXEL PROTEIN-BOUND | 100 MG     | VIAL       | INTRAVEN  | 02/19/2026     | 852.58475  |
| PALIPERIDONE             | 3 MG       | TAB ER 24  | ORAL      | 09/26/2023     | 1.65240    |
| PALIPERIDONE             | 6 MG       | TAB ER 24  | ORAL      | 05/28/2024     | 1.74436    |
| PALIPERIDONE             | 9 MG       | TAB ER 24  | ORAL      | 01/22/2026     | 2.46381    |
| PALIPERIDONE             | 1.5 MG     | TAB ER 24  | ORAL      | 01/22/2026     | 2.21904    |
| PALIPERIDONE PALMITATE   | 39MG/0.25  | SYRINGE    | INTRAMUSC | 02/09/2026     | 2437.49100 |
| PALIPERIDONE PALMITATE   | 78MG/0.5ML | SYRINGE    | INTRAMUSC | 02/09/2026     | 2437.63500 |
| PALIPERIDONE PALMITATE   | 117MG/0.75 | SYRINGE    | INTRAMUSC | 02/09/2026     | 2437.66900 |
| PALIPERIDONE PALMITATE   | 156 MG/ML  | SYRINGE    | INTRAMUSC | 02/09/2026     | 2437.75800 |
| PALIPERIDONE PALMITATE   | 234MG/1.5  | SYRINGE    | INTRAMUSC | 02/09/2026     | 2437.70300 |
| PALONOSETRON HCL         | 0.25MG/5ML | SYRINGE    | INTRAVEN  | 12/08/2022     | 10.92500   |
| PALONOSETRON HCL         | 0.25MG/5ML | VIAL       | INTRAVEN  | 02/19/2026     | 1.04788    |
| PAMIDRONATE DISODIUM     | 30MG/10ML  | VIAL       | INTRAVEN  | 04/11/2024     | 3.56268    |
| PAMIDRONATE DISODIUM     | 90 MG/10ML | VIAL       | INTRAVEN  | 03/21/2024     | 5.24040    |
| PANTOPRAZOLE SODIUM      | 40 MG      | GRANPKT DR | ORAL      | 04/16/2026     | 8.76000    |
| PANTOPRAZOLE SODIUM      | 40 MG      | TABLET DR  | ORAL      | 05/13/2025     | 0.02692    |
| PANTOPRAZOLE SODIUM      | 20 MG      | TABLET DR  | ORAL      | 04/01/2025     | 0.03461    |
| PANTOPRAZOLE SODIUM      | 40 MG      | VIAL       | INTRAVEN  | 02/05/2026     | 1.74200    |
| PAPAVERINE HCL           | 30 MG/ML   | VIAL       | INJECTION | 01/30/2025     | 12.37500   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| PAPAYA                         |            | TABLET     | ORAL       | 07/27/2022     | 0.07625   |
| PARAFFIN                       |            | WAX        | MISCELL    | 05/06/2022     | 0.16574   |
| PARICALCITOL                   | 1 MCG      | CAPSULE    | ORAL       | 01/06/2026     | 1.25870   |
| PARICALCITOL                   | 2 MCG      | CAPSULE    | ORAL       | 12/31/2025     | 4.62792   |
| PARICALCITOL                   | 4 MCG      | CAPSULE    | ORAL       | 05/06/2022     | 23.28953  |
| PARICALCITOL                   | 5 MCG/ML   | VIAL       | INTRAVEN   | 04/04/2024     | 3.26726   |
| PARICALCITOL                   | 2 MCG/ML   | VIAL       | INTRAVEN   | 04/20/2023     | 5.01600   |
| PAROXETINE HCL                 | 10 MG/5 ML | ORAL SUSP  | ORAL       | 03/24/2025     | 1.24782   |
| PAROXETINE HCL                 | 10 MG      | TABLET     | ORAL       | 05/27/2025     | 0.03675   |
| PAROXETINE HCL                 | 20 MG      | TABLET     | ORAL       | 12/22/2025     | 0.07519   |
| PAROXETINE HCL                 | 30 MG      | TABLET     | ORAL       | 12/18/2025     | 0.09399   |
| PAROXETINE HCL                 | 40 MG      | TABLET     | ORAL       | 05/27/2025     | 0.06961   |
| PAROXETINE HCL                 | 25 MG      | TAB ER 24H | ORAL       | 10/23/2025     | 0.71601   |
| PAROXETINE HCL                 | 12.5 MG    | TAB ER 24H | ORAL       | 11/13/2025     | 0.86743   |
| PAROXETINE HCL                 | 37.5 MG    | TAB ER 24H | ORAL       | 04/03/2025     | 0.97597   |
| PAROXETINE MESYLATE            | 7.5 MG     | CAPSULE    | ORAL       | 08/01/2022     | 4.35102   |
| PAZOPANIB HCL                  | 200 MG     | TABLET     | ORAL       | 05/07/2026     | 46.07144  |
| PEANUT OIL                     |            | OIL        | MISCELL    | 05/06/2022     | 0.06045   |
| PECTIN                         | 2.8 MG     | LOZENGE    | MUCOUS MEM | 07/08/2025     | 0.05539   |
| PED MVIT A,C,D3 NO.21/FLUORIDE | 0.25 MG/ML | DROPS      | ORAL       | 04/24/2025     | 0.26733   |
| PEDI MULTIVIT NO.25/FOLIC ACID | 300 MCG    | TAB CHEW   | ORAL       | 05/06/2022     | 0.03209   |

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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price  |
|--------------------------------|------------|------------|----------|----------------|------------|
| PEDI MV NO.207/FERROUS SULFATE | 11 MG/ML   | DROPS      | ORAL     | 03/26/2026     | 0.29426    |
| PEDIATRIC MULTIVITAMIN NO.17   |            | TAB CHEW   | ORAL     | 10/02/2025     | 0.04328    |
| PEDIATRIC MULTIVITAMIN NO.192  | 250-50/ML  | DROPS      | ORAL     | 11/13/2025     | 0.36528    |
| 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     | 05/07/2026     | 0.00990    |
| PEMETREXED DISODIUM            | 500 MG     | VIAL       | INTRAVEN | 05/22/2025     | 51.23873   |
| PEMETREXED DISODIUM            | 100 MG     | VIAL       | INTRAVEN | 03/19/2026     | 12.74900   |
| PEMETREXED DISODIUM            | 1000 MG    | VIAL       | INTRAVEN | 10/10/2024     | 153.39125  |
| PEMETREXED DISODIUM            | 750 MG     | VIAL       | INTRAVEN | 03/09/2023     | 3290.85475 |
| PEMETREXED DISODIUM            | 25 MG/ML   | VIAL       | INTRAVEN | 05/22/2025     | 4.20905    |
| PEN NEEDLE, DIABETIC           | 29 G X1/2" | DIS NEEDLE | MISCELL  | 04/23/2026     | 0.12770    |
| PEN NEEDLE, DIABETIC           | 30 GX5/16" | DIS NEEDLE | MISCELL  | 03/23/2023     | 0.07283    |
| PEN NEEDLE, DIABETIC           | 31 GX5/16" | DIS NEEDLE | MISCELL  | 04/16/2026     | 0.05293    |
| PEN NEEDLE, DIABETIC           | 31 G X1/4" | DIS NEEDLE | MISCELL  | 04/16/2026     | 0.10559    |
| PEN NEEDLE, DIABETIC           | 31 GX3/16" | DIS NEEDLE | MISCELL  | 04/16/2026     | 0.05293    |
| PEN NEEDLE, DIABETIC           | 32 GX 1/4" | DIS NEEDLE | MISCELL  | 04/16/2026     | 0.16871    |
| PEN NEEDLE, DIABETIC           | 32 GX5/16" | DIS NEEDLE | MISCELL  | 01/21/2025     | 0.05293    |
| PEN NEEDLE, DIABETIC           | 32GX 5/32" | DIS NEEDLE | MISCELL  | 04/16/2026     | 0.05199    |
| PEN NEEDLE, DIABETIC           | 32 GX3/16" | DIS NEEDLE | MISCELL  | 04/16/2026     | 0.12770    |
| PEN NEEDLE, DIABETIC           | 33 GX5/32" | DIS NEEDLE | MISCELL  | 04/16/2026     | 0.27323    |
| PEN NEEDLE, DIABETIC           | 33 GX3/16" | DIS NEEDLE | MISCELL  | 04/16/2026     | 0.39188    |

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

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

| Generic Name                    | Strength   | Form       | Route     | Effective Date | MAC Price |
|---------------------------------|------------|------------|-----------|----------------|-----------|
| PEN NEEDLE, DIABETIC            | 33 G X1/4" | DIS NEEDLE | MISCELL   | 04/16/2026     | 0.39188   |
| PEN NEEDLE, DIABETIC            | 30 GX3/16" | DIS NEEDLE | MISCELL   | 03/09/2023     | 0.07283   |
| PEN NEEDLE, DIABETIC            | 31G X5/32" | DIS NEEDLE | MISCELL   | 04/16/2026     | 0.80849   |
| PEN NEEDLE, DIABETIC, SAFETY    | 29GX 5/16" | DIS NEEDLE | MISCELL   | 09/22/2022     | 0.62143   |
| PEN NEEDLE, DIABETIC, SAFETY    | 29G X3/16" | DIS NEEDLE | MISCELL   | 09/22/2022     | 0.62143   |
| PEN NEEDLE, DIABETIC, SAFETY    | 31 GX3/16" | DIS NEEDLE | MISCELL   | 05/05/2025     | 0.05293   |
| PEN NEEDLE, DIABETIC, SAFETY    | 30 GX3/16" | DIS NEEDLE | MISCELL   | 06/26/2025     | 0.40146   |
| PEN NEEDLE, DIABETIC, SAFETY    | 30 GX5/16" | DIS NEEDLE | MISCELL   | 03/05/2026     | 0.28046   |
| PEN NEEDLE, DIABETIC, SAFETY    | 31 GX5/16" | DIS NEEDLE | MISCELL   | 01/29/2026     | 0.66357   |
| PEN NEEDLE, DIABETIC, SAFETY    | 31 G X1/4" | DIS NEEDLE | MISCELL   | 05/01/2025     | 0.56950   |
| PEN NEEDLE, DIABETIC, SAFETY    | 32GX 5/32" | DIS NEEDLE | MISCELL   | 06/26/2025     | 0.78330   |
| PEN NEEDLE, DIABETIC, SAFETY    | 31G X5/32" | DIS NEEDLE | MISCELL   | 04/16/2026     | 0.62176   |
| PEN NEEDLE, DIABETIC, DISP UNIT | 32GX 5/32" | DIS NEEDLE | MISCELL   | 07/16/2024     | 0.05431   |
| PENCICLOVIR                     | 1 %        | CREAM (G)  | TOPICAL   | 02/17/2026     | 88.91055  |
| PENICILLAMINE                   | 250 MG     | CAPSULE    | ORAL      | 04/01/2025     | 4.18112   |
| PENICILLAMINE                   | 250 MG     | TABLET     | ORAL      | 09/05/2024     | 40.11563  |
| PENICILLIN G POTASSIUM          | 20MM UNIT  | VIAL       | INJECTION | 05/29/2025     | 25.81411  |
| PENICILLIN G POTASSIUM          | 5MM UNIT   | VIAL       | INJECTION | 10/26/2021     | 3.16800   |
| PENICILLIN V POTASSIUM          | 250 MG     | TABLET     | ORAL      | 05/14/2025     | 0.08174   |
| PENICILLIN V POTASSIUM          | 500 MG     | TABLET     | ORAL      | 04/30/2025     | 0.08230   |
| PENTAMIDINE ISETHIONATE         | 300 MG     | VIAL       | INJECTION | 04/03/2025     | 137.07940 |

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

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

| Generic Name                   | Strength   | Form      | Route      | Effective Date | MAC Price |
|--------------------------------|------------|-----------|------------|----------------|-----------|
| PENTAMIDINE ISETHIONATE        | 300 MG     | VIAL-NEB  | INHALATION | 10/23/2025     | 144.68900 |
| PENTOBARBITAL SODIUM           | 50 MG/ML   | VIAL      | INJECTION  | 10/09/2025     | 40.89750  |
| PENTOXIFYLLINE                 | 400 MG     | TABLET ER | ORAL       | 12/18/2025     | 0.38013   |
| PEPPERMINT OIL                 |            | OIL       | MISCELL    | 07/27/2022     | 0.88172   |
| PERAMPANEL                     | 2 MG       | TABLET    | ORAL       | 02/12/2026     | 15.96210  |
| PERAMPANEL                     | 6 MG       | TABLET    | ORAL       | 01/13/2026     | 27.26807  |
| PERAMPANEL                     | 12 MG      | TABLET    | ORAL       | 02/03/2026     | 26.62000  |
| PERINDOPRIL ERBUMINE           | 4 MG       | TABLET    | ORAL       | 05/06/2022     | 1.48251   |
| PERINDOPRIL ERBUMINE           | 2 MG       | TABLET    | ORAL       | 05/06/2022     | 1.27146   |
| PERIT. DIALYSIS NO.6-DEX 1.5 % | 2.5MEQ(CA) | IP SOLN   | INTRAPERIT | 05/07/2026     | 0.00430   |
| PERITON.DIALYSIS 7-DEXTR 2.5 % | 2.5MEQ(CA) | IP SOLN   | INTRAPERIT | 05/07/2026     | 0.00439   |
| PERITON.DIALYSIS 8-DEXT 4.25 % | 2.5MEQ(CA) | IP SOLN   | INTRAPERIT | 05/07/2026     | 0.00449   |
| PERMETHRIN                     | 5 %        | CREAM (G) | TOPICAL    | 02/19/2026     | 0.39932   |
| PERMETHRIN                     | 1 %        | LIQUID    | TOPICAL    | 10/24/2024     | 0.09436   |
| PERPHENAZINE                   | 16 MG      | TABLET    | ORAL       | 12/18/2025     | 0.79784   |
| PERPHENAZINE                   | 2 MG       | TABLET    | ORAL       | 12/22/2025     | 0.42706   |
| PERPHENAZINE                   | 4 MG       | TABLET    | ORAL       | 01/15/2026     | 0.39490   |
| PERPHENAZINE                   | 8 MG       | TABLET    | ORAL       | 12/31/2025     | 0.47892   |
| PETROLATUM, YELLOW             | 100 %      | JELLY (G) | MISCELL    | 07/30/2024     | 0.05806   |
| PETROLATUM,WHITE               |            | JELLY (G) | TOPICAL    | 06/20/2024     | 0.00468   |
| PETROLATUM,WHITE               |            | OINT PACK | TOPICAL    | 12/04/2025     | 0.00898   |

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

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

| Generic Name                   | Strength   | Form      | Route      | Effective Date | MAC Price |
|--------------------------------|------------|-----------|------------|----------------|-----------|
| PETROLATUM,WHITE               |            | OINT. (G) | TOPICAL    | 12/04/2025     | 0.00467   |
| PETROLATUM,WHITE               | 44 %       | OINT. (G) | TOPICAL    | 05/06/2022     | 0.02212   |
| PETROLATUM,WHITE               | 42 %       | OINT. (G) | TOPICAL    | 02/19/2026     | 0.03601   |
| PHARMACY COMPOUNDING ACCESSORY |            | EACH      | MISCELL    | 05/06/2022     | 1.18590   |
| PHENAZOPYRIDINE HCL            | 200 MG     | TABLET    | ORAL       | 03/04/2025     | 0.16779   |
| PHENAZOPYRIDINE HCL            | 95 MG      | TABLET    | ORAL       | 09/05/2024     | 0.06811   |
| PHENAZOPYRIDINE HCL            | 99.5 MG    | TABLET    | ORAL       | 10/30/2025     | 0.18090   |
| PHENDIMETRAZINE TARTRATE       | 35 MG      | TABLET    | ORAL       | 09/18/2025     | 0.18015   |
| PHENELZINE SULFATE             | 15 MG      | TABLET    | ORAL       | 06/17/2025     | 0.70900   |
| PHENOL                         | 1.4 %      | SPRAY     | MUCOUS MEM | 02/19/2026     | 0.02809   |
| PHENOL                         | 1.5 %      | LIQUID    | TOPICAL    | 04/22/2025     | 0.55172   |
| PHENOXYBENZAMINE HCL           | 10 MG      | CAPSULE   | ORAL       | 12/05/2024     | 19.95000  |
| PHENTERMINE HCL                | 15 MG      | CAPSULE   | ORAL       | 08/20/2024     | 0.10783   |
| PHENTERMINE HCL                | 30 MG      | CAPSULE   | ORAL       | 12/31/2025     | 0.12730   |
| PHENTERMINE HCL                | 37.5 MG    | CAPSULE   | ORAL       | 11/13/2025     | 0.28482   |
| PHENTERMINE HCL                | 37.5 MG    | TABLET    | ORAL       | 04/30/2026     | 0.06700   |
| PHENTOLAMINE MESYLATE          | 5 MG       | VIAL      | INJECTION  | 10/19/2021     | 351.66000 |
| PHENYLEPH/MINERAL OIL/PETROLAT | 0.25 %-14% | OINT/APPL | RECTAL     | 11/13/2025     | 0.06371   |
| PHENYLEPHRINE HCL              | 10 MG      | TABLET    | ORAL       | 05/07/2026     | 0.08351   |
| PHENYLEPHRINE HCL              | 10 MG/ML   | VIAL      | INJECTION  | 04/30/2026     | 0.49607   |
| PHENYLEPHRINE HCL              | 10 %       | DROPS     | OPHTHALMIC | 04/02/2026     | 7.12724   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| PHENYLEPHRINE HCL              | 2.5 %      | DROPS      | OPHTHALMIC | 04/16/2026     | 5.64642   |
| PHENYLEPHRINE HCL              | 1 %        | SPRAY      | NASAL      | 01/30/2025     | 0.43327   |
| PHENYLEPHRINE HCL              | 0.1 MG/ML  | VIAL       | INTRAVEN   | 07/17/2025     | 1.73664   |
| PHENYLEPHRINE HCL/ACETAMINOPHN | 5 MG-325MG | TABLET     | ORAL       | 06/05/2025     | 0.32885   |
| PHENYLEPHRINE HCL/ACETAMINOPHN | 5 MG-500MG | TABLET     | ORAL       | 05/07/2026     | 0.08392   |
| PHENYLEPHRINE HCL/COCOA BUTTER | 0.25-88.44 | SUPP.RECT  | RECTAL     | 10/28/2025     | 0.17866   |
| PHENYLEPHRINE HCL/WITCH HAZEL  | 0.25%-50%  | GEL (GRAM) | TOPICAL    | 09/19/2024     | 0.16737   |
| PHENYLEPHRINE/ACETAMINOPHN/CPM | 5-325-2MG  | TABLET     | ORAL       | 10/23/2025     | 0.10812   |
| PHENYLEPHRINE/DIPHENHYDRAMINE  | 5-12.5MG/5 | SOLUTION   | ORAL       | 10/17/2024     | 0.08256   |
| PHENYLEPHRINE/DIPHENHYDRAMINE  | 2.5-6.25/5 | LIQUID     | ORAL       | 07/31/2025     | 0.06064   |
| PHENYLEPHRINE/DM/ACETAMINOP/GG | 5-325MG/15 | LIQUID     | ORAL       | 02/06/2025     | 0.03092   |
| PHENYLEPHRINE/DM/ACETAMINOP/GG | 10-650/20  | LIQUID     | ORAL       | 05/01/2025     | 0.02824   |
| PHENYLEPHRINE/DM/ACETAMINOP/GG | 5-325-200  | TABLET     | ORAL       | 03/26/2026     | 0.30552   |
| PHENYLEPHRINE/DM/ACETAMINOP/GG | 5-10-325MG | TABLET     | ORAL       | 02/08/2024     | 0.31758   |
| PHENYTOIN                      | 125 MG/5ML | ORAL SUSP  | ORAL       | 10/02/2025     | 0.14610   |
| PHENYTOIN                      | 100 MG/4ML | ORAL SUSP  | ORAL       | 01/18/2024     | 2.16899   |
| PHENYTOIN                      | 50 MG      | TAB CHEW   | ORAL       | 01/27/2026     | 0.15060   |
| PHENYTOIN SODIUM               | 50 MG/ML   | VIAL       | INTRAVEN   | 10/26/2023     | 0.41754   |
| PHENYTOIN SODIUM EXTENDED      | 100 MG     | CAPSULE    | ORAL       | 11/05/2024     | 0.15060   |
| PHENYTOIN SODIUM EXTENDED      | 30 MG      | CAPSULE    | ORAL       | 03/26/2026     | 1.99721   |
| PHENYTOIN SODIUM EXTENDED      | 300 MG     | CAPSULE    | ORAL       | 05/02/2024     | 2.88332   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| PHENYTOIN SODIUM EXTENDED      | 200 MG     | CAPSULE    | ORAL       | 05/02/2024     | 1.95417   |
| PHOSPHORATED CARBO(DEXT-FRUCT) |            | SOLUTION   | ORAL       | 06/26/2025     | 0.06938   |
| PHYSIOLOGICAL IRRIG SOLN NO.1  | 140-5-3-98 | IRRIG SOLN | IRRIGATION | 09/04/2025     | 0.01168   |
| PHYTONADIONE (VIT K1)          | 5 MG       | TABLET     | ORAL       | 02/17/2026     | 6.44189   |
| PHYTONADIONE (VIT K1)          | 100 MCG    | TABLET     | ORAL       | 05/06/2022     | 0.02245   |
| PHYTONADIONE (VIT K1)          | 10 MG/ML   | AMPUL      | INJECTION  | 01/21/2025     | 26.30150  |
| PHYTONADIONE (VIT K1)          | 1 MG/0.5ML | SYRINGE    | INJECTION  | 04/16/2026     | 47.61638  |
| PHYTONADIONE (VIT K1)          | 10 MG/ML   | VIAL       | INJECTION  | 03/26/2026     | 21.77175  |
| PILOCARPINE HCL                | 5 MG       | TABLET     | ORAL       | 12/18/2025     | 0.51965   |
| PILOCARPINE HCL                | 7.5 MG     | TABLET     | ORAL       | 08/01/2024     | 1.17344   |
| PILOCARPINE HCL                | 1 %        | DROPS      | OPHTHALMIC | 12/18/2025     | 4.98520   |
| PILOCARPINE HCL                | 2 %        | DROPS      | OPHTHALMIC | 08/28/2024     | 4.72384   |
| PILOCARPINE HCL                | 4 %        | DROPS      | OPHTHALMIC | 11/14/2024     | 4.67984   |
| PIMECROLIMUS                   | 1 %        | CREAM (G)  | TOPICAL    | 09/29/2025     | 3.96396   |
| PINDOLOL                       | 5 MG       | TABLET     | ORAL       | 01/29/2026     | 1.07776   |
| PIOGLITAZONE HCL               | 15 MG      | TABLET     | ORAL       | 05/27/2025     | 0.04527   |
| PIOGLITAZONE HCL               | 30 MG      | TABLET     | ORAL       | 02/26/2026     | 0.10777   |
| PIOGLITAZONE HCL               | 45 MG      | TABLET     | ORAL       | 01/15/2026     | 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       | 07/22/2025     | 10.47140  |
| PIOGLITAZONE HCL/METFORMIN HCL | 15MG-500MG | TABLET     | ORAL       | 03/19/2026     | 0.55029   |

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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price |
|--------------------------------|------------|------------|----------|----------------|-----------|
| PIOGLITAZONE HCL/METFORMIN HCL | 15MG-850MG | TABLET     | ORAL     | 01/15/2026     | 0.41138   |
| PIPERACILLIN SODIUM/TAZOBACTAM | 2.25 G     | VIAL       | INTRAVEN | 10/30/2025     | 3.76200   |
| PIPERACILLIN SODIUM/TAZOBACTAM | 3.375 G    | VIAL       | INTRAVEN | 10/02/2025     | 3.76200   |
| PIPERACILLIN SODIUM/TAZOBACTAM | 4.5 G      | VIAL       | INTRAVEN | 03/19/2026     | 5.27812   |
| PIPERACILLIN SODIUM/TAZOBACTAM | 40.5 G     | VIAL       | INTRAVEN | 04/30/2026     | 45.39725  |
| PIPERACILLIN SODIUM/TAZOBACTAM | 13.5 G     | VIAL       | INTRAVEN | 05/19/2025     | 14.49000  |
| PIPERONYL BUTOXIDE/PYRETHRINS  | 4%-0.33%   | SHAMPOO    | TOPICAL  | 04/01/2025     | 0.04916   |
| PIRFENIDONE                    | 267 MG     | CAPSULE    | ORAL     | 04/24/2025     | 3.18091   |
| PIRFENIDONE                    | 267 MG     | TABLET     | ORAL     | 02/12/2026     | 2.68202   |
| PIRFENIDONE                    | 801 MG     | TABLET     | ORAL     | 02/12/2026     | 2.82993   |
| PIROXICAM                      | 10 MG      | CAPSULE    | ORAL     | 11/13/2025     | 0.57888   |
| PIROXICAM                      | 20 MG      | CAPSULE    | ORAL     | 03/05/2026     | 0.52756   |
| PITAVASTATIN CALCIUM           | 1 MG       | TABLET     | ORAL     | 08/26/2025     | 1.25583   |
| PITAVASTATIN CALCIUM           | 2 MG       | TABLET     | ORAL     | 08/26/2025     | 1.31665   |
| PITAVASTATIN CALCIUM           | 4 MG       | TABLET     | ORAL     | 08/26/2025     | 1.28646   |
| PLERIXAFOR                     | 24MG/1.2ML | VIAL       | SUBCUT   | 02/26/2026     | 205.00000 |
| PNV 119/IRON FUM/FOLIC ACID    | 29 MG-1 MG | TABLET     | ORAL     | 07/03/2024     | 0.56267   |
| PNV NO.95/FERROUS FUM/FOLIC AC | 28MG-0.8MG | TABLET     | ORAL     | 09/04/2025     | 0.04178   |
| PNV,CALCIUM 72/IRON/FOLIC ACID | 27 MG-1 MG | TABLET     | ORAL     | 04/30/2025     | 0.07000   |
| PODOFILOX                      | 0.5 %      | GEL (GRAM) | TOPICAL  | 08/21/2025     | 198.93493 |
| POLAPREZINC (ZINC CARNOSINE)   | 16 MG      | TAB CHEW   | ORAL     | 01/22/2026     | 0.74236   |

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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| POLYDIMETHYLSILOXANES/SILICON |            | GEL (GRAM) | TOPICAL    | 04/25/2023     | 1.22822   |
| POLYETHYLENE GLYCOL 3350      | 17 G       | POWD PACK  | ORAL       | 05/27/2025     | 1.29349   |
| POLYETHYLENE GLYCOL 3350      | 17 G/DOSE  | POWDER     | ORAL       | 02/17/2026     | 0.01886   |
| POLYMYXIN B SULF/TRIMETHOPRIM | 10000-1/ML | DROPS      | OPHTHALMIC | 12/22/2025     | 0.37500   |
| POLYMYXIN B SULFATE           | 500K UNIT  | VIAL       | INJECTION  | 10/23/2025     | 8.79600   |
| POLYSORBATE 80                |            | SOLUTION   | MISCELL    | 01/08/2026     | 0.04100   |
| POLYVINYL ALCOHOL             | 1.4 %      | DROPS      | OPHTHALMIC | 03/11/2025     | 0.34368   |
| POSACONAZOLE                  | 200 MG/5ML | ORAL SUSP  | ORAL       | 04/06/2023     | 9.37765   |
| POSACONAZOLE                  | 100 MG     | TABLET DR  | ORAL       | 05/07/2026     | 5.22500   |
| POSACONAZOLE                  | 300MG/16.7 | VIAL       | INTRAVEN   | 07/31/2025     | 7.54491   |
| POTASSIUM ACETATE             | 2 MEQ/ML   | VIAL       | INTRAVEN   | 09/11/2025     | 0.27811   |
| POTASSIUM CHLORIDE            | 10 MEQ     | CAPSULE ER | ORAL       | 09/29/2025     | 0.12154   |
| POTASSIUM CHLORIDE            | 8 MEQ      | CAPSULE ER | ORAL       | 10/23/2025     | 0.27189   |
| POTASSIUM CHLORIDE            | 20MEQ/15ML | LIQUID     | ORAL       | 08/19/2025     | 0.02712   |
| POTASSIUM CHLORIDE            | 40MEQ/15ML | LIQUID     | ORAL       | 04/30/2026     | 0.11406   |
| POTASSIUM CHLORIDE            | 10 MEQ     | TAB ER PRT | ORAL       | 05/07/2026     | 0.06633   |
| POTASSIUM CHLORIDE            | 20 MEQ     | TAB ER PRT | ORAL       | 12/04/2025     | 0.15788   |
| POTASSIUM CHLORIDE            | 15 MEQ     | TAB ER PRT | ORAL       | 11/02/2023     | 0.08837   |
| POTASSIUM CHLORIDE            | 20 MEQ     | TABLET ER  | ORAL       | 08/19/2025     | 0.14790   |
| POTASSIUM CHLORIDE            | 8 MEQ      | TABLET ER  | ORAL       | 02/19/2026     | 0.12006   |
| POTASSIUM CHLORIDE            | 2 MEQ/ML   | VIAL       | INTRAVEN   | 01/22/2026     | 0.32184   |

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

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

| Generic Name                   | Strength   | Form      | Route    | Effective Date | MAC Price |
|--------------------------------|------------|-----------|----------|----------------|-----------|
| POTASSIUM CHLORIDE IN 0.9%NACL | 20 MEQ/L   | IV SOLN   | INTRAVEN | 05/07/2026     | 0.01512   |
| POTASSIUM CHLORIDE IN 0.9%NACL | 40 MEQ/L   | IV SOLN   | INTRAVEN | 04/03/2025     | 0.01853   |
| POTASSIUM CHLORIDE IN D5W      | 20 MEQ/L   | IV SOLN   | INTRAVEN | 04/10/2025     | 0.01302   |
| POTASSIUM CHLORIDE IN LR-D5    | 20 MEQ/L   | IV SOLN   | INTRAVEN | 01/22/2026     | 0.02435   |
| POTASSIUM CHLORIDE IN WATER    | 10MEQ/0.1L | PIGGYBACK | INTRAVEN | 03/03/2026     | 0.05904   |
| POTASSIUM CHLORIDE IN WATER    | 20MEQ/0.1L | PIGGYBACK | INTRAVEN | 12/22/2025     | 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 | 06/18/2024     | 0.12016   |
| POTASSIUM CHLORIDE-0.45% NACL  | 20 MEQ/L   | IV SOLN   | INTRAVEN | 10/23/2025     | 0.01470   |
| POTASSIUM CHLORIDE/D5-0.2%NACL | 20 MEQ/L   | IV SOLN   | INTRAVEN | 04/10/2025     | 0.01258   |
| POTASSIUM CHLORIDE/D5-0.45NACL | 10 MEQ/L   | IV SOLN   | INTRAVEN | 04/10/2025     | 0.01416   |
| POTASSIUM CHLORIDE/D5-0.45NACL | 20 MEQ/L   | IV SOLN   | INTRAVEN | 10/23/2025     | 0.01148   |
| POTASSIUM CHLORIDE/D5-0.45NACL | 30 MEQ/L   | IV SOLN   | INTRAVEN | 08/01/2024     | 0.01209   |
| POTASSIUM CHLORIDE/D5-0.45NACL | 40 MEQ/L   | IV SOLN   | INTRAVEN | 10/23/2025     | 0.01520   |
| POTASSIUM CHLORIDE/D5-0.9%NACL | 20 MEQ/L   | IV SOLN   | INTRAVEN | 05/07/2026     | 0.01581   |
| POTASSIUM CHLORIDE/D5-0.9%NACL | 40 MEQ/L   | IV SOLN   | INTRAVEN | 05/07/2026     | 0.01758   |
| POTASSIUM CITRATE              | 5 MEQ      | TABLET ER | ORAL     | 01/22/2026     | 0.27979   |
| POTASSIUM CITRATE              | 10 MEQ     | TABLET ER | ORAL     | 12/16/2025     | 0.21949   |
| POTASSIUM CITRATE              | 15 MEQ     | TABLET ER | ORAL     | 12/11/2025     | 0.36997   |
| POTASSIUM CITRATE/CITRIC ACID  | 1100-334/5 | SOLUTION  | ORAL     | 10/21/2024     | 0.04410   |

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

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

| Generic Name                   | Strength   | Form       | Route    | Effective Date | MAC Price  |
|--------------------------------|------------|------------|----------|----------------|------------|
| POTASSIUM GLUCONATE            | 595(99)MG  | TABLET     | ORAL     | 09/26/2024     | 0.06191    |
| POTASSIUM GLUCONATE            | 550(90)MG  | TABLET     | ORAL     | 11/10/2022     | 0.02807    |
| POTASSIUM IODIDE               | 65 MG      | TABLET     | ORAL     | 02/22/2024     | 1.31789    |
| POTASSIUM NITRATE              |            | GRANULES   | MISCELL  | 10/28/2025     | 0.03989    |
| POTASSIUM PHOS,M-BASIC-D-BASIC | 3MMOL/ML   | VIAL       | INTRAVEN | 04/02/2026     | 1.25510    |
| POVIDONE-IODINE                | 10 %       | MED. SWAB  | TOPICAL  | 08/21/2025     | 0.07119    |
| POVIDONE-IODINE                | 10 %       | MED. PAD   | TOPICAL  | 03/07/2024     | 0.03725    |
| POVIDONE-IODINE                | 10 %       | OINT. (G)  | TOPICAL  | 05/19/2022     | 0.15792    |
| POVIDONE-IODINE                | 10 %       | SOLUTION   | TOPICAL  | 03/27/2025     | 0.00481    |
| POVIDONE-IODINE                | 7.5 %      | SOLUTION   | TOPICAL  | 05/06/2022     | 0.00510    |
| PRALATREXATE                   | 20MG/ML(1) | VIAL       | INTRAVEN | 03/03/2026     | 7304.31400 |
| PRALATREXATE                   | 40 MG/2 ML | VIAL       | INTRAVEN | 03/03/2026     | 7304.30888 |
| PRAMIPEXOLE DI-HCL             | 1 MG       | TABLET     | ORAL     | 11/13/2025     | 0.11792    |
| PRAMIPEXOLE DI-HCL             | 1.5 MG     | TABLET     | ORAL     | 10/09/2025     | 0.16601    |
| PRAMIPEXOLE DI-HCL             | 0.125 MG   | TABLET     | ORAL     | 04/03/2025     | 0.03648    |
| PRAMIPEXOLE DI-HCL             | 0.25 MG    | TABLET     | ORAL     | 04/03/2025     | 0.03648    |
| PRAMIPEXOLE DI-HCL             | 0.5 MG     | TABLET     | ORAL     | 10/09/2025     | 0.04243    |
| PRAMIPEXOLE DI-HCL             | 0.75 MG    | TABLET     | ORAL     | 02/12/2026     | 0.12641    |
| PRAMIPEXOLE DI-HCL             | 0.75 MG    | TAB ER 24H | ORAL     | 04/09/2026     | 3.21552    |
| PRAMIPEXOLE DI-HCL             | 0.375 MG   | TAB ER 24H | ORAL     | 04/09/2026     | 3.21552    |
| PRAMIPEXOLE DI-HCL             | 1.5 MG     | TAB ER 24H | ORAL     | 04/09/2026     | 4.03656    |

*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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| PRAMIPEXOLE DI-HCL            | 3 MG       | TAB ER 24H | ORAL       | 04/09/2026     | 3.27888   |
| PRAMIPEXOLE DI-HCL            | 4.5 MG     | TAB ER 24H | ORAL       | 04/09/2026     | 3.27888   |
| PRAMIPEXOLE DI-HCL            | 2.25 MG    | TAB ER 24H | ORAL       | 04/09/2026     | 4.75420   |
| PRAMIPEXOLE DI-HCL            | 3.75 MG    | TAB ER 24H | ORAL       | 04/09/2026     | 5.26504   |
| PRAMOXINE HCL                 | 1 %        | LOTION     | TOPICAL    | 06/17/2025     | 0.02942   |
| PRASTERONE (DHEA)             | 25 MG      | CAPSULE    | ORAL       | 12/20/2023     | 0.05572   |
| PRASTERONE (DHEA)             | 25 MG      | TABLET     | ORAL       | 11/22/2022     | 0.07522   |
| PRASUGREL HCL                 | 5 MG       | TABLET     | ORAL       | 05/08/2025     | 0.86921   |
| PRASUGREL HCL                 | 10 MG      | TABLET     | ORAL       | 04/01/2025     | 0.59183   |
| PRAVASTATIN SODIUM            | 10 MG      | TABLET     | ORAL       | 02/26/2026     | 0.06164   |
| PRAVASTATIN SODIUM            | 20 MG      | TABLET     | ORAL       | 04/23/2026     | 0.07966   |
| PRAVASTATIN SODIUM            | 40 MG      | TABLET     | ORAL       | 04/23/2026     | 0.11777   |
| PRAVASTATIN SODIUM            | 80 MG      | TABLET     | ORAL       | 10/02/2025     | 0.20955   |
| PRAZIQUANTEL                  | 600 MG     | TABLET     | ORAL       | 05/11/2023     | 61.27666  |
| PRAZOSIN HCL                  | 1 MG       | CAPSULE    | ORAL       | 04/23/2026     | 0.05668   |
| PRAZOSIN HCL                  | 2 MG       | CAPSULE    | ORAL       | 04/15/2025     | 0.05424   |
| PRAZOSIN HCL                  | 5 MG       | CAPSULE    | ORAL       | 02/26/2026     | 0.12531   |
| PREDNISOLONE                  | 15 MG/5 ML | SOLUTION   | ORAL       | 04/01/2025     | 0.49266   |
| PREDNISOLONE                  | 5 MG       | TABLET     | ORAL       | 10/28/2024     | 11.61620  |
| PREDNISOLONE ACETATE          | 1 %        | DROPS SUSP | OPHTHALMIC | 12/30/2025     | 4.27908   |
| PREDNISOLONE SODIUM PHOSPHATE | 5 MG/5 ML  | SOLUTION   | ORAL       | 07/16/2024     | 0.54800   |

*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

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

| Generic Name                  | Strength   | Form       | Route | Effective Date | MAC Price |
|-------------------------------|------------|------------|-------|----------------|-----------|
| PREDNISOLONE SODIUM PHOSPHATE | 25 MG/5 ML | SOLUTION   | ORAL  | 04/23/2026     | 1.13985   |
| PREDNISOLONE SODIUM PHOSPHATE | 15 MG/5 ML | SOLUTION   | ORAL  | 10/02/2025     | 0.28400   |
| PREDNISOLONE SODIUM PHOSPHATE | 10 MG/5 ML | SOLUTION   | ORAL  | 09/19/2024     | 4.10904   |
| PREDNISOLONE SODIUM PHOSPHATE | 20 MG/5 ML | SOLUTION   | ORAL  | 10/26/2021     | 2.80104   |
| PREDNISOLONE SODIUM PHOSPHATE | 10 MG      | TAB RAPDIS | ORAL  | 10/16/2025     | 8.63037   |
| PREDNISOLONE SODIUM PHOSPHATE | 15 MG      | TAB RAPDIS | ORAL  | 10/14/2025     | 13.18533  |
| PREDNISOLONE SODIUM PHOSPHATE | 30 MG      | TAB RAPDIS | ORAL  | 10/16/2025     | 16.18203  |
| PREDNISON                     | 1 MG       | TABLET     | ORAL  | 01/09/2025     | 0.16308   |
| PREDNISON                     | 10 MG      | TABLET     | ORAL  | 04/22/2025     | 0.03930   |
| PREDNISON                     | 2.5 MG     | TABLET     | ORAL  | 02/12/2026     | 0.12717   |
| PREDNISON                     | 20 MG      | TABLET     | ORAL  | 04/30/2026     | 0.10634   |
| PREDNISON                     | 5 MG       | TABLET     | ORAL  | 03/17/2026     | 0.04576   |
| PREDNISON                     | 50 MG      | TABLET     | ORAL  | 06/07/2022     | 0.27000   |
| PREDNISON                     | 5 MG       | TAB DS PK  | ORAL  | 05/07/2026     | 0.59981   |
| PREDNISON                     | 10 MG      | TAB DS PK  | ORAL  | 12/18/2025     | 0.78976   |
| PREGABALIN                    | 25 MG      | CAPSULE    | ORAL  | 04/02/2026     | 0.08338   |
| PREGABALIN                    | 50 MG      | CAPSULE    | ORAL  | 04/30/2026     | 0.05956   |
| PREGABALIN                    | 75 MG      | CAPSULE    | ORAL  | 03/18/2025     | 0.05021   |
| PREGABALIN                    | 100 MG     | CAPSULE    | ORAL  | 04/30/2026     | 0.08338   |
| PREGABALIN                    | 150 MG     | CAPSULE    | ORAL  | 04/30/2026     | 0.09052   |
| PREGABALIN                    | 200 MG     | CAPSULE    | ORAL  | 04/30/2026     | 0.11921   |

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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| PREGABALIN                     | 300 MG     | CAPSULE    | ORAL      | 04/30/2026     | 0.14142   |
| PREGABALIN                     | 225 MG     | CAPSULE    | ORAL      | 04/30/2026     | 0.13022   |
| PREGABALIN                     | 20 MG/ML   | SOLUTION   | ORAL      | 01/22/2026     | 0.32370   |
| PREGABALIN                     | 82.5 MG    | TAB ER 24H | ORAL      | 12/11/2025     | 7.26200   |
| PREGABALIN                     | 165 MG     | TAB ER 24H | ORAL      | 09/29/2025     | 7.72720   |
| PREGABALIN                     | 330 MG     | TAB ER 24H | ORAL      | 04/03/2025     | 3.41704   |
| PRENATAL 168/IRON/FOLIC/OMEGA3 | 27-800-235 | CAPSULE    | ORAL      | 01/29/2026     | 0.46634   |
| 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      | 05/07/2026     | 0.30619   |
| PRIMIDONE                      | 50 MG      | TABLET     | ORAL      | 08/26/2025     | 0.09095   |
| PROBENECID                     | 500 MG     | TABLET     | ORAL      | 04/30/2025     | 0.26748   |
| PROBENECID/COLCHICINE          | 500-0.5 MG | TABLET     | ORAL      | 09/20/2022     | 0.91220   |
| PROCAINAMIDE HCL               | 500 MG/ML  | VIAL       | INJECTION | 04/15/2025     | 243.43750 |
| PROCHLORPERAZINE               | 25 MG      | SUPP.RECT  | RECTAL    | 01/22/2026     | 9.39000   |
| PROCHLORPERAZINE EDISYLATE     | 10 MG/2 ML | VIAL       | INJECTION | 04/03/2025     | 2.24685   |
| PROCHLORPERAZINE MALEATE       | 10 MG      | TABLET     | ORAL      | 04/15/2025     | 0.19116   |
| PROCHLORPERAZINE MALEATE       | 5 MG       | TABLET     | ORAL      | 08/26/2025     | 0.14638   |
| PROGESTERONE                   | 50 MG/ML   | VIAL       | INTRAMUSC | 04/15/2025     | 0.74214   |
| PROGESTERONE, MICRONIZED       | 100 MG     | CAPSULE    | ORAL      | 03/12/2026     | 0.36301   |
| PROGESTERONE, MICRONIZED       | 200 MG     | CAPSULE    | ORAL      | 05/27/2025     | 0.36000   |

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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price |
|-------------------------------|------------|------------|------------|----------------|-----------|
| PROGESTERONE, MICRONIZED      | 100 MG     | INSERT     | VAGINAL    | 10/16/2025     | 14.03250  |
| PROMETHAZINE HCL              | 6.25MG/5ML | SYRUP      | ORAL       | 10/02/2025     | 0.07706   |
| PROMETHAZINE HCL              | 12.5 MG    | TABLET     | ORAL       | 04/16/2026     | 0.09983   |
| PROMETHAZINE HCL              | 25 MG      | TABLET     | ORAL       | 12/31/2025     | 0.07933   |
| PROMETHAZINE HCL              | 50 MG      | TABLET     | ORAL       | 03/19/2026     | 0.18626   |
| PROMETHAZINE HCL              | 25 MG/ML   | AMPUL      | INJECTION  | 02/01/2024     | 2.22440   |
| PROMETHAZINE HCL              | 50 MG/ML   | AMPUL      | INJECTION  | 03/06/2025     | 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     | 10/02/2025     | 5.64303   |
| PROMETHAZINE HCL              | 25 MG      | SUPP.RECT  | RECTAL     | 08/28/2025     | 5.35834   |
| PROMETHAZINE HCL              | 50 MG      | SUPP.RECT  | RECTAL     | 04/25/2023     | 25.90000  |
| PROMETHAZINE HCL/CODEINE      | 6.25-10/5  | SYRUP      | ORAL       | 01/15/2026     | 0.05462   |
| PROMETHAZINE/DEXTROMETHORPHAN | 6.25-15/5  | SOLUTION   | ORAL       | 10/16/2025     | 0.06197   |
| PROPAFENONE HCL               | 225 MG     | CAP ER 12H | ORAL       | 12/18/2025     | 0.44801   |
| PROPAFENONE HCL               | 325 MG     | CAP ER 12H | ORAL       | 12/22/2025     | 0.57188   |
| PROPAFENONE HCL               | 425 MG     | CAP ER 12H | ORAL       | 12/22/2025     | 0.95735   |
| PROPAFENONE HCL               | 150 MG     | TABLET     | ORAL       | 05/07/2026     | 0.23182   |
| PROPAFENONE HCL               | 300 MG     | TABLET     | ORAL       | 05/07/2026     | 0.66839   |
| PROPAFENONE HCL               | 225 MG     | TABLET     | ORAL       | 08/26/2025     | 0.39865   |
| PROPARACAINE HCL              | 0.5 %      | DROPS      | OPHTHALMIC | 03/05/2026     | 3.15920   |

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

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

| Generic Name             | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------|------------|------------|------------|----------------|-----------|
| PROPRANOLOL HCL          | 120 MG     | CAP SA 24H | ORAL       | 12/22/2025     | 0.97190   |
| PROPRANOLOL HCL          | 160 MG     | CAP SA 24H | ORAL       | 09/26/2024     | 1.25062   |
| PROPRANOLOL HCL          | 60 MG      | CAP SA 24H | ORAL       | 06/12/2025     | 0.65928   |
| PROPRANOLOL HCL          | 80 MG      | CAP SA 24H | ORAL       | 01/29/2026     | 0.76983   |
| PROPRANOLOL HCL          | 10 MG      | TABLET     | ORAL       | 05/07/2026     | 0.07814   |
| PROPRANOLOL HCL          | 20 MG      | TABLET     | ORAL       | 03/19/2026     | 0.08347   |
| PROPRANOLOL HCL          | 40 MG      | TABLET     | ORAL       | 09/29/2025     | 0.11068   |
| PROPRANOLOL HCL          | 60 MG      | TABLET     | ORAL       | 01/27/2026     | 0.33835   |
| PROPRANOLOL HCL          | 80 MG      | TABLET     | ORAL       | 09/29/2025     | 0.22606   |
| PROPRANOLOL HCL          | 1 MG/ML    | VIAL       | INTRAVEN   | 05/07/2026     | 11.22285  |
| PROPYLENE GLYCOL         | 0.6 %      | DROPS      | OPHTHALMIC | 08/19/2025     | 0.15950   |
| PROPYLENE GLYCOL/PEG 400 | 0.3 %-0.4% | DROPS      | OPHTHALMIC | 01/22/2026     | 0.71779   |
| PROPYLTHIOURACIL         | 50 MG      | TABLET     | ORAL       | 02/26/2026     | 0.57714   |
| PROTECTIVES, O.U.        |            | MED. SWAB  | TOPICAL    | 05/06/2022     | 1.77011   |
| PROTRIPTYLINE HCL        | 10 MG      | TABLET     | ORAL       | 05/13/2025     | 3.15000   |
| PROTRIPTYLINE HCL        | 5 MG       | TABLET     | ORAL       | 04/16/2026     | 6.41350   |
| PRUCALOPRIDE SUCCINATE   | 1 MG       | TABLET     | ORAL       | 02/17/2026     | 0.95735   |
| PSEUDOEPHEDRINE HCL      | 30 MG      | TABLET     | ORAL       | 05/31/2023     | 0.24734   |
| PSEUDOEPHEDRINE HCL      | 120 MG     | TABLET ER  | ORAL       | 10/30/2025     | 0.16884   |
| PSYLLIUM HUSK            | 0.4 G      | CAPSULE    | ORAL       | 05/05/2025     | 0.03000   |
| PSYLLIUM HUSK            | 6 G        | POWD PACK  | ORAL       | 04/25/2024     | 0.54314   |

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

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

| Generic Name                   | Strength   | Form      | Route   | Effective Date | MAC Price |
|--------------------------------|------------|-----------|---------|----------------|-----------|
| PSYLLIUM HUSK                  | 3 G/5.8 G  | POWDER    | ORAL    | 03/19/2026     | 0.03082   |
| PSYLLIUM HUSK (WITH SUGAR)     | 3.4 G      | POWD PACK | ORAL    | 05/06/2022     | 0.54103   |
| PSYLLIUM HUSK (WITH SUGAR)     | 3.4 G/12 G | POWDER    | ORAL    | 02/22/2024     | 0.01939   |
| PSYLLIUM HUSK (WITH SUGAR)     | 3 G/7 G    | POWDER    | ORAL    | 04/25/2024     | 0.02482   |
| PSYLLIUM HUSK (WITH SUGAR)     | 3 G/12 G   | POWDER    | ORAL    | 04/23/2026     | 0.02086   |
| PYRAZINAMIDE                   | 500 MG     | TABLET    | ORAL    | 02/19/2026     | 4.55928   |
| PYRIDOSTIGMINE BROMIDE         | 60 MG/5 ML | SOLUTION  | ORAL    | 02/19/2026     | 2.03921   |
| PYRIDOSTIGMINE BROMIDE         | 60 MG      | TABLET    | ORAL    | 12/18/2025     | 0.41111   |
| PYRIDOSTIGMINE BROMIDE         | 180 MG     | TABLET ER | ORAL    | 12/18/2025     | 8.02240   |
| PYRIDOXINE HCL (VITAMIN B6)    | 100 MG     | TABLET    | ORAL    | 09/18/2025     | 0.02854   |
| PYRIDOXINE HCL (VITAMIN B6)    | 25 MG      | TABLET    | ORAL    | 05/06/2022     | 0.01474   |
| PYRIDOXINE HCL (VITAMIN B6)    | 250 MG     | TABLET    | ORAL    | 01/12/2023     | 0.08576   |
| PYRIDOXINE HCL (VITAMIN B6)    | 50 MG      | TABLET    | ORAL    | 11/06/2025     | 0.01863   |
| PYRILAMINE/DEXTROMETHORPHAN HB | 7.5-7.5/5  | LIQUID    | ORAL    | 08/22/2024     | 0.04391   |
| PYRIMETHAMINE                  | 25 MG      | TABLET    | ORAL    | 05/29/2025     | 268.03289 |
| PYRITHIONE ZINC                | 0.25 %     | SPRAY     | TOPICAL | 04/30/2026     | 0.21898   |
| PYRITHIONE ZINC                | 2 %        | BAR       | TOPICAL | 08/10/2023     | 3.26700   |
| PYRITHIONE ZINC                | 2 %        | SHAMPOO   | TOPICAL | 10/30/2025     | 0.04726   |
| QUETIAPINE FUMARATE            | 25 MG      | TABLET    | ORAL    | 01/29/2026     | 0.03134   |
| QUETIAPINE FUMARATE            | 100 MG     | TABLET    | ORAL    | 05/27/2025     | 0.03931   |
| QUETIAPINE FUMARATE            | 200 MG     | TABLET    | ORAL    | 12/22/2025     | 0.12757   |

*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

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

| Generic Name                  | Strength   | Form       | Route | Effective Date | MAC Price |
|-------------------------------|------------|------------|-------|----------------|-----------|
| QUETIAPINE FUMARATE           | 300 MG     | TABLET     | ORAL  | 05/07/2026     | 0.15076   |
| QUETIAPINE FUMARATE           | 50 MG      | TABLET     | ORAL  | 05/27/2025     | 0.03370   |
| QUETIAPINE FUMARATE           | 400 MG     | TABLET     | ORAL  | 02/12/2026     | 0.23182   |
| QUETIAPINE FUMARATE           | 200 MG     | TAB ER 24H | ORAL  | 03/05/2026     | 0.64030   |
| QUETIAPINE FUMARATE           | 300 MG     | TAB ER 24H | ORAL  | 03/05/2026     | 0.45806   |
| QUETIAPINE FUMARATE           | 400 MG     | TAB ER 24H | ORAL  | 04/02/2026     | 0.64320   |
| QUETIAPINE FUMARATE           | 50 MG      | TAB ER 24H | ORAL  | 03/05/2026     | 0.38034   |
| QUETIAPINE FUMARATE           | 150 MG     | TAB ER 24H | ORAL  | 02/12/2026     | 0.69501   |
| QUINAPRIL HCL                 | 20 MG      | TABLET     | ORAL  | 04/25/2024     | 0.81941   |
| QUINAPRIL HCL                 | 5 MG       | TABLET     | ORAL  | 04/25/2024     | 0.81941   |
| QUINAPRIL/HYDROCHLOROTHIAZIDE | 10-12.5 MG | TABLET     | ORAL  | 04/06/2020     | 0.56468   |
| QUINAPRIL/HYDROCHLOROTHIAZIDE | 20-12.5 MG | TABLET     | ORAL  | 12/20/2023     | 0.81963   |
| QUINAPRIL/HYDROCHLOROTHIAZIDE | 20 MG-25MG | TABLET     | ORAL  | 05/07/2026     | 0.81963   |
| QUINIDINE GLUCONATE           | 324 MG     | TABLET ER  | ORAL  | 08/11/2025     | 6.46734   |
| QUININE SULFATE               | 324 MG     | CAPSULE    | ORAL  | 12/18/2025     | 2.35751   |
| RABEPRAZOLE SODIUM            | 20 MG      | TABLET DR  | ORAL  | 01/15/2026     | 0.40200   |
| RALOXIFENE HCL                | 60 MG      | TABLET     | ORAL  | 05/07/2026     | 0.32696   |
| RAMELTEON                     | 8 MG       | TABLET     | ORAL  | 02/17/2026     | 0.86028   |
| RAMIPRIL                      | 1.25 MG    | CAPSULE    | ORAL  | 01/15/2026     | 0.11149   |
| RAMIPRIL                      | 2.5 MG     | CAPSULE    | ORAL  | 01/22/2026     | 0.04685   |
| RAMIPRIL                      | 5 MG       | CAPSULE    | ORAL  | 01/22/2026     | 0.06043   |

*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

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

| Generic Name            | Strength   | Form       | Route      | Effective Date | MAC Price   |
|-------------------------|------------|------------|------------|----------------|-------------|
| RAMIPRIL                | 10 MG      | CAPSULE    | ORAL       | 03/05/2026     | 0.07357     |
| RANOLAZINE              | 500 MG     | TAB ER 12H | ORAL       | 02/19/2026     | 0.26309     |
| RANOLAZINE              | 1000 MG    | TAB ER 12H | ORAL       | 11/06/2025     | 0.49133     |
| RASAGILINE MESYLATE     | 1 MG       | TABLET     | ORAL       | 04/23/2026     | 1.57271     |
| RASAGILINE MESYLATE     | 0.5 MG     | TABLET     | ORAL       | 04/23/2026     | 1.11265     |
| RASPBERRY FLAVOR        |            | SYRUP      | ORAL       | 05/06/2022     | 0.08534     |
| RED YEAST RICE          | 600 MG     | CAPSULE    | ORAL       | 07/27/2022     | 0.05572     |
| REGADENOSON             | 0.4 MG/5ML | SYRINGE    | INTRAVEN   | 04/07/2026     | 1.51556     |
| REMIFENTANIL HCL        | 5 MG       | VIAL       | INTRAVEN   | 12/22/2025     | 279.11181   |
| REMIFENTANIL HCL        | 2 MG       | VIAL       | INTRAVEN   | 02/04/2020     | 79.28000    |
| REMIFENTANIL HCL        | 1 MG       | VIAL       | INTRAVEN   | 06/27/2024     | 59.68211    |
| REPAGLINIDE             | 0.5 MG     | TABLET     | ORAL       | 07/10/2025     | 0.17085     |
| REPAGLINIDE             | 1 MG       | TABLET     | ORAL       | 03/03/2026     | 0.15196     |
| REPAGLINIDE             | 2 MG       | TABLET     | ORAL       | 03/03/2026     | 0.15182     |
| RIBAVIRIN               | 6 G        | VIAL-NEB   | INHALATION | 04/23/2026     | 14145.00000 |
| RIBOFLAVIN (VITAMIN B2) | 100 MG     | CAPSULE    | ORAL       | 06/05/2025     | 0.06646     |
| RIBOFLAVIN (VITAMIN B2) | 100 MG     | TABLET     | ORAL       | 08/19/2025     | 0.03938     |
| RIBOFLAVIN (VITAMIN B2) | 25 MG      | TABLET     | ORAL       | 09/26/2024     | 0.04951     |
| RIBOFLAVIN (VITAMIN B2) | 50 MG      | TABLET     | ORAL       | 05/06/2022     | 0.05219     |
| RIFABUTIN               | 150 MG     | CAPSULE    | ORAL       | 05/07/2026     | 7.37000     |
| RIFAMPIN                | 150 MG     | CAPSULE    | ORAL       | 09/18/2023     | 2.09130     |

*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

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

| Generic Name               | Strength | Form       | Route      | Effective Date | MAC Price |
|----------------------------|----------|------------|------------|----------------|-----------|
| RIFAMPIN                   | 300 MG   | CAPSULE    | ORAL       | 11/11/2025     | 0.96882   |
| RIFAMPIN                   | 600 MG   | VIAL       | INTRAVEN   | 10/26/2021     | 69.18750  |
| RILUZOLE                   | 50 MG    | TABLET     | ORAL       | 04/03/2025     | 1.66696   |
| RIMANTADINE HCL            | 100 MG   | TABLET     | ORAL       | 05/06/2022     | 1.75781   |
| RINGER'S SOLUTION          |          | IV SOLN    | INTRAVEN   | 07/03/2025     | 0.01453   |
| RINGER'S SOLUTION,LACTATED |          | IV SOLN    | INTRAVEN   | 11/26/2024     | 0.00431   |
| RINGER'S SOLUTION,LACTATED |          | IRRIG SOLN | IRRIGATION | 04/03/2025     | 0.00778   |
| RISEDRONATE SODIUM         | 5 MG     | TABLET     | ORAL       | 05/06/2022     | 6.63914   |
| RISEDRONATE SODIUM         | 35 MG    | TABLET     | ORAL       | 12/18/2025     | 3.12840   |
| RISEDRONATE SODIUM         | 150 MG   | TABLET     | ORAL       | 01/22/2026     | 18.97000  |
| RISEDRONATE SODIUM         | 35 MG    | TABLET DR  | ORAL       | 05/06/2022     | 28.44375  |
| RISPERIDONE                | 1 MG/ML  | SOLUTION   | ORAL       | 02/26/2026     | 0.67000   |
| RISPERIDONE                | 1 MG     | TABLET     | ORAL       | 05/06/2025     | 0.02668   |
| RISPERIDONE                | 2 MG     | TABLET     | ORAL       | 01/22/2026     | 0.05936   |
| RISPERIDONE                | 3 MG     | TABLET     | ORAL       | 05/06/2025     | 0.03521   |
| RISPERIDONE                | 4 MG     | TABLET     | ORAL       | 05/06/2025     | 0.06360   |
| RISPERIDONE                | 0.25 MG  | TABLET     | ORAL       | 12/18/2025     | 0.06671   |
| RISPERIDONE                | 0.5 MG   | TABLET     | ORAL       | 04/23/2026     | 0.05692   |
| RISPERIDONE                | 1 MG     | TAB RAPDIS | ORAL       | 04/30/2026     | 0.82554   |
| RISPERIDONE                | 2 MG     | TAB RAPDIS | ORAL       | 04/30/2026     | 1.73243   |
| RISPERIDONE                | 0.5 MG   | TAB RAPDIS | ORAL       | 04/30/2026     | 0.73939   |

*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

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

| Generic Name             | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------|------------|------------|-----------|----------------|-----------|
| RISPERIDONE              | 3 MG       | TAB RAPDIS | ORAL      | 04/30/2026     | 1.80039   |
| RISPERIDONE              | 4 MG       | TAB RAPDIS | ORAL      | 04/30/2026     | 2.05307   |
| RISPERIDONE              | 0.25 MG    | TAB RAPDIS | ORAL      | 06/19/2017     | 3.16823   |
| RISPERIDONE MICROSPHERES | 25 MG/2 ML | VIAL       | INTRAMUSC | 12/09/2025     | 492.08592 |
| RISPERIDONE MICROSPHERES | 37.5MG/2ML | VIAL       | INTRAMUSC | 12/09/2025     | 745.27900 |
| RISPERIDONE MICROSPHERES | 50 MG/2 ML | VIAL       | INTRAMUSC | 12/09/2025     | 700.68089 |
| RISPERIDONE MICROSPHERES | 12.5MG/2ML | VIAL       | INTRAMUSC | 04/02/2026     | 340.66900 |
| RITONAVIR                | 100 MG     | TABLET     | ORAL      | 03/01/2021     | 2.85087   |
| RIVAROXABAN              | 2.5 MG     | TABLET     | ORAL      | 01/06/2026     | 0.96442   |
| RIVASTIGMINE             | 4.6MG/24HR | PATCH TD24 | TRANSDERM | 02/17/2026     | 1.53955   |
| RIVASTIGMINE             | 9.5MG/24HR | PATCH TD24 | TRANSDERM | 02/17/2026     | 1.65537   |
| RIVASTIGMINE             | 13.3MG/24H | PATCH TD24 | TRANSDERM | 10/16/2025     | 2.71700   |
| RIVASTIGMINE TARTRATE    | 1.5 MG     | CAPSULE    | ORAL      | 10/02/2025     | 0.28252   |
| RIVASTIGMINE TARTRATE    | 3 MG       | CAPSULE    | ORAL      | 04/03/2025     | 0.35682   |
| RIVASTIGMINE TARTRATE    | 4.5 MG     | CAPSULE    | ORAL      | 04/03/2025     | 0.35845   |
| RIVASTIGMINE TARTRATE    | 6 MG       | CAPSULE    | ORAL      | 01/22/2026     | 0.45649   |
| RIZATRIPTAN BENZOATE     | 5 MG       | TABLET     | ORAL      | 08/14/2025     | 0.47905   |
| RIZATRIPTAN BENZOATE     | 10 MG      | TABLET     | ORAL      | 11/25/2025     | 0.34505   |
| RIZATRIPTAN BENZOATE     | 5 MG       | TAB RAPDIS | ORAL      | 12/18/2025     | 1.45316   |
| RIZATRIPTAN BENZOATE     | 10 MG      | TAB RAPDIS | ORAL      | 09/11/2025     | 0.86876   |
| ROCURONIUM BROMIDE       | 10 MG/ML   | VIAL       | INTRAVEN  | 04/02/2026     | 0.32462   |

*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

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

| Generic Name       | Strength   | Form       | Route     | Effective Date | MAC Price  |
|--------------------|------------|------------|-----------|----------------|------------|
| ROFLUMILAST        | 500 MCG    | TABLET     | ORAL      | 02/19/2026     | 0.39381    |
| ROFLUMILAST        | 250 MCG    | TABLET     | ORAL      | 02/19/2026     | 2.39391    |
| ROMIDEPSIN         | 10 MG/2 ML | VIAL       | INTRAVEN  | 11/13/2025     | 3228.75000 |
| ROPINIROLE HCL     | 0.25 MG    | TABLET     | ORAL      | 07/24/2025     | 0.06660    |
| ROPINIROLE HCL     | 1 MG       | TABLET     | ORAL      | 12/22/2025     | 0.07290    |
| ROPINIROLE HCL     | 2 MG       | TABLET     | ORAL      | 03/19/2026     | 0.08951    |
| ROPINIROLE HCL     | 5 MG       | TABLET     | ORAL      | 01/22/2026     | 0.18358    |
| ROPINIROLE HCL     | 0.5 MG     | TABLET     | ORAL      | 12/18/2025     | 0.06687    |
| ROPINIROLE HCL     | 3 MG       | TABLET     | ORAL      | 04/03/2025     | 0.22780    |
| ROPINIROLE HCL     | 4 MG       | TABLET     | ORAL      | 04/03/2025     | 0.15624    |
| ROPINIROLE HCL     | 2 MG       | TAB ER 24H | ORAL      | 04/30/2026     | 0.91924    |
| ROPINIROLE HCL     | 4 MG       | TAB ER 24H | ORAL      | 04/30/2026     | 0.98803    |
| ROPINIROLE HCL     | 8 MG       | TAB ER 24H | ORAL      | 04/30/2026     | 1.91263    |
| ROPINIROLE HCL     | 12 MG      | TAB ER 24H | ORAL      | 04/30/2026     | 4.73264    |
| ROPINIROLE HCL     | 6 MG       | TAB ER 24H | ORAL      | 04/30/2026     | 1.63569    |
| ROPIVACAINE HCL/PF | 2 MG/ML    | INFUS. BTL | INJECTION | 11/13/2025     | 0.60045    |
| ROPIVACAINE HCL/PF | 2 MG/ML    | VIAL       | INJECTION | 09/26/2023     | 0.25125    |
| ROPIVACAINE HCL/PF | 5 MG/ML    | VIAL       | INJECTION | 03/19/2026     | 0.17077    |
| ROPIVACAINE HCL/PF | 10 MG/ML   | VIAL       | INJECTION | 12/18/2025     | 0.28965    |
| ROPIVACAINE HCL/PF | 7.5 MG/ML  | VIAL       | INJECTION | 12/04/2025     | 0.56741    |
| ROPIVACAINE HCL/PF | 2 MG/ML    | PLAST. BAG | INJECTION | 11/20/2025     | 0.14472    |

*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

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

| Generic Name            | Strength   | Form       | Route     | Effective Date | MAC Price |
|-------------------------|------------|------------|-----------|----------------|-----------|
| ROPIVACAINE HCL/PF      | 5 MG/ML    | PLAST. BAG | INJECTION | 12/04/2025     | 0.36704   |
| ROSUVASTATIN CALCIUM    | 10 MG      | TABLET     | ORAL      | 04/30/2026     | 0.03840   |
| ROSUVASTATIN CALCIUM    | 20 MG      | TABLET     | ORAL      | 04/30/2026     | 0.05475   |
| ROSUVASTATIN CALCIUM    | 40 MG      | TABLET     | ORAL      | 05/27/2025     | 0.06793   |
| ROSUVASTATIN CALCIUM    | 5 MG       | TABLET     | ORAL      | 04/30/2026     | 0.02093   |
| RUFINAMIDE              | 40 MG/ML   | ORAL SUSP  | ORAL      | 12/11/2025     | 1.03777   |
| RUFINAMIDE              | 200 MG     | TABLET     | ORAL      | 12/18/2025     | 2.30234   |
| RUFINAMIDE              | 400 MG     | TABLET     | ORAL      | 02/24/2026     | 1.66250   |
| SACCHARIN               |            | POWDER     | MISCELL   | 07/27/2023     | 0.59839   |
| SACCHAROMYCES BOULARDII | 250 MG     | CAPSULE    | ORAL      | 04/30/2026     | 0.50767   |
| SACUBITRIL/VALSARTAN    | 24 MG-26MG | TABLET     | ORAL      | 03/19/2026     | 0.68094   |
| SACUBITRIL/VALSARTAN    | 49 MG-51MG | TABLET     | ORAL      | 03/19/2026     | 0.68094   |
| SACUBITRIL/VALSARTAN    | 97MG-103MG | TABLET     | ORAL      | 03/19/2026     | 0.68094   |
| SALICYLIC ACID          | 2 %        | MED. PAD   | TOPICAL   | 07/25/2024     | 0.14449   |
| SALICYLIC ACID          | 10 %       | CREAM (G)  | TOPICAL   | 05/06/2022     | 0.22682   |
| SALICYLIC ACID          | 6 %        | CREAM (G)  | TOPICAL   | 04/08/2025     | 10.03728  |
| SALICYLIC ACID          | 2 %        | CLEANSER   | TOPICAL   | 11/13/2025     | 0.02255   |
| SALICYLIC ACID          | 40 %       | ADH. PATCH | TOPICAL   | 10/23/2025     | 0.51192   |
| SALICYLIC ACID          | 17 %       | LIQUID     | TOPICAL   | 06/05/2025     | 0.84420   |
| SALICYLIC ACID          | 2 %        | SHAMPOO    | TOPICAL   | 08/04/2022     | 0.05322   |
| SALICYLIC ACID          | 3 %        | SHAMPOO    | TOPICAL   | 08/28/2024     | 0.02640   |

*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

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

| Generic Name                  | Strength   | Form       | Route     | Effective Date | MAC Price |
|-------------------------------|------------|------------|-----------|----------------|-----------|
| SALICYLIC ACID                | 17 %       | KIT        | TOPICAL   | 06/05/2025     | 7.71600   |
| SALSALATE                     | 750 MG     | TABLET     | ORAL      | 10/03/2023     | 0.58282   |
| SAPROPTERIN DIHYDROCHLORIDE   | 100 MG     | POWD PACK  | ORAL      | 12/18/2025     | 30.11928  |
| SAPROPTERIN DIHYDROCHLORIDE   | 500 MG     | POWD PACK  | ORAL      | 12/18/2025     | 150.56225 |
| SAPROPTERIN DIHYDROCHLORIDE   | 100 MG     | TABLET SOL | ORAL      | 02/17/2026     | 17.95550  |
| SAW PALMETTO                  | 500 MG     | CAPSULE    | ORAL      | 07/27/2022     | 0.08107   |
| SAW PALMETTO FRUIT EXTRACT    | 160 MG     | CAPSULE    | ORAL      | 07/27/2022     | 0.19720   |
| SAXAGLIPTIN HCL               | 2.5 MG     | TABLET     | ORAL      | 11/25/2025     | 3.02001   |
| SAXAGLIPTIN HCL               | 5 MG       | TABLET     | ORAL      | 11/25/2025     | 3.02001   |
| SAXAGLIPTIN HCL/METFORMIN HCL | 5 MG-500MG | TBMP 24HR  | ORAL      | 11/25/2024     | 12.63901  |
| SAXAGLIPTIN HCL/METFORMIN HCL | 5MG-1000MG | TBMP 24HR  | ORAL      | 03/21/2024     | 12.63900  |
| SAXAGLIPTIN HCL/METFORMIN HCL | 2.5-1000MG | TBMP 24HR  | ORAL      | 03/21/2024     | 7.29615   |
| SCOPOLAMINE                   | 1 MG/3 DAY | PATCH TD 3 | TRANSDERM | 03/26/2026     | 5.71500   |
| SELEGILINE HCL                | 5 MG       | CAPSULE    | ORAL      | 06/02/2022     | 0.68939   |
| SELEGILINE HCL                | 5 MG       | TABLET     | ORAL      | 11/13/2025     | 1.49432   |
| SELENIUM                      | 200 MCG    | TABLET     | ORAL      | 04/16/2024     | 0.04344   |
| SELENIUM                      | 50 MCG     | TABLET     | ORAL      | 02/15/2024     | 0.02982   |
| SELENIUM SULFIDE              | 1 %        | SHAMPOO    | TOPICAL   | 03/06/2025     | 0.02994   |
| SENNA LEAF EXTRACT            | 176MG/5ML  | SYRUP      | ORAL      | 02/19/2026     | 0.06587   |
| SENNOSIDES                    | 8.8MG/5ML  | SYRUP      | ORAL      | 04/15/2025     | 0.03605   |
| SENNOSIDES                    | 8.6 MG     | TABLET     | ORAL      | 02/23/2026     | 0.01632   |

*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

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

| Generic Name               | Strength   | Form       | Route    | Effective Date | MAC Price |
|----------------------------|------------|------------|----------|----------------|-----------|
| SENNOSIDES/DOCUSATE SODIUM | 8.6MG-50MG | TABLET     | ORAL     | 03/03/2026     | 0.01481   |
| SERTRALINE HCL             | 150 MG     | CAPSULE    | ORAL     | 04/23/2026     | 4.67104   |
| SERTRALINE HCL             | 200 MG     | CAPSULE    | ORAL     | 04/23/2026     | 4.67104   |
| SERTRALINE HCL             | 20 MG/ML   | ORAL CONC  | ORAL     | 11/13/2025     | 0.83192   |
| SERTRALINE HCL             | 50 MG      | TABLET     | ORAL     | 01/13/2026     | 0.02800   |
| SERTRALINE HCL             | 100 MG     | TABLET     | ORAL     | 02/24/2026     | 0.02850   |
| SESAME OIL                 |            | OIL        | MISCELL  | 09/08/2022     | 0.03618   |
| SEVELAMER CARBONATE        | 0.8 G      | POWD PACK  | ORAL     | 10/02/2025     | 1.79694   |
| SEVELAMER CARBONATE        | 2.4 G      | POWD PACK  | ORAL     | 12/18/2025     | 2.20251   |
| SEVELAMER CARBONATE        | 800 MG     | TABLET     | ORAL     | 02/03/2026     | 0.21688   |
| SEVELAMER HCL              | 400 MG     | TABLET     | ORAL     | 10/02/2025     | 3.09287   |
| SEVELAMER HCL              | 800 MG     | TABLET     | ORAL     | 09/29/2025     | 1.66852   |
| SILDENAFIL CITRATE         | 10 MG/ML   | SUSP RECON | ORAL     | 04/30/2025     | 0.29020   |
| SILDENAFIL CITRATE         | 25 MG      | TABLET     | ORAL     | 05/07/2026     | 0.11202   |
| SILDENAFIL CITRATE         | 50 MG      | TABLET     | ORAL     | 05/07/2026     | 0.09103   |
| SILDENAFIL CITRATE         | 100 MG     | TABLET     | ORAL     | 05/07/2026     | 0.11372   |
| SILDENAFIL CITRATE         | 20 MG      | TABLET     | ORAL     | 02/19/2026     | 0.11792   |
| SILDENAFIL CITRATE         | 10 MG/12.5 | VIAL       | INTRAVEN | 10/18/2021     | 10.58000  |
| SILODOSIN                  | 4 MG       | CAPSULE    | ORAL     | 03/18/2025     | 0.40155   |
| SILODOSIN                  | 8 MG       | CAPSULE    | ORAL     | 03/18/2025     | 0.38190   |
| SILVER SULFADIAZINE        | 1 %        | CREAM (G)  | TOPICAL  | 10/16/2025     | 0.15571   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| SIMETHICONE                    | 125 MG     | CAPSULE    | ORAL       | 04/03/2025     | 0.06075   |
| SIMETHICONE                    | 180 MG     | CAPSULE    | ORAL       | 10/25/2021     | 0.03406   |
| SIMETHICONE                    | 40MG/0.6ML | DROPS SUSP | ORAL       | 10/16/2025     | 0.11202   |
| SIMETHICONE                    | 125 MG     | TAB CHEW   | ORAL       | 08/07/2025     | 0.03629   |
| SIMETHICONE                    | 80 MG      | TAB CHEW   | ORAL       | 12/20/2023     | 0.03042   |
| SIMPLE SYRUP                   |            | SYRUP      | ORAL       | 01/08/2026     | 0.02429   |
| SIMVASTATIN                    | 5 MG       | TABLET     | ORAL       | 03/26/2026     | 0.02602   |
| SIMVASTATIN                    | 10 MG      | TABLET     | ORAL       | 03/26/2026     | 0.02616   |
| SIMVASTATIN                    | 20 MG      | TABLET     | ORAL       | 03/26/2026     | 0.03708   |
| SIMVASTATIN                    | 40 MG      | TABLET     | ORAL       | 03/26/2026     | 0.04965   |
| SIMVASTATIN                    | 80 MG      | TABLET     | ORAL       | 05/04/2026     | 0.06845   |
| SINCALIDE                      | 5 MCG      | VIAL       | INJECTION  | 07/02/2024     | 124.13000 |
| SIROLIMUS                      | 1 MG/ML    | SOLUTION   | ORAL       | 05/05/2025     | 5.03100   |
| SIROLIMUS                      | 1 MG       | TABLET     | ORAL       | 10/02/2025     | 1.26067   |
| SIROLIMUS                      | 2 MG       | TABLET     | ORAL       | 05/14/2025     | 3.35306   |
| SIROLIMUS                      | 0.5 MG     | TABLET     | ORAL       | 05/13/2025     | 1.79305   |
| SKIN CLEANSER                  |            | CLEANSER   | TOPICAL    | 11/25/2025     | 0.00939   |
| SKIN CLEANSER COMB NO.31       |            | SPRAY      | TOPICAL    | 09/09/2025     | 0.01798   |
| SOAP                           |            | BAR        | TOPICAL    | 10/12/2023     | 2.69610   |
| SOD BORATE/BORIC AC/WATER/NACL |            | IRRIG SOLN | OPHTHALMIC | 05/07/2026     | 0.03699   |
| SOD CHLOR,BICARB/SQUEEZ BOTTLE |            | PACK W/DEV | NASAL      | 07/03/2024     | 0.17593   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| 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       | 02/26/2025     | 0.26020   |
| SOD PHOSPHATE,MONOBASIC-DIBAS  | 3MMOL/ML   | VIAL       | INTRAVEN   | 04/16/2026     | 3.44474   |
| SOD/POT/K CIT/SOD CIT/CIT ACID | 500-550/5  | SOLUTION   | ORAL       | 05/05/2025     | 0.03328   |
| SODIUM ACETATE                 | 2 MEQ/ML   | VIAL       | INTRAVEN   | 02/26/2026     | 0.11636   |
| SODIUM ACETATE                 | 4 MEQ/ML   | VIAL       | INTRAVEN   | 01/09/2025     | 0.27561   |
| SODIUM BENZOATE/SOD PHENYLACET | 10 %-10 %  | VIAL       | INTRAVEN   | 08/19/2025     | 66.03125  |
| SODIUM BICARBONATE             | 325 MG     | TABLET     | ORAL       | 05/06/2022     | 0.01138   |
| SODIUM BICARBONATE             | 650 MG     | TABLET     | ORAL       | 08/19/2025     | 0.01260   |
| SODIUM BICARBONATE             | 50MEQ/50ML | SYRINGE    | INTRAVEN   | 02/19/2026     | 0.53718   |
| SODIUM BICARBONATE             | 0.5MEQ/ML  | VIAL       | INTRAVEN   | 08/14/2025     | 1.12279   |
| SODIUM BICARBONATE             | 1 MEQ/ML   | VIAL       | INTRAVEN   | 12/04/2025     | 0.16091   |
| SODIUM BISULFITE               | 100 %      | POWDER     | MISCELL    | 07/25/2024     | 0.14070   |
| SODIUM CHLORIDE                | 234 MG/ML  | SOLUTION   | ORAL       | 10/14/2025     | 0.09030   |
| SODIUM CHLORIDE                | 5 %        | OINT. (G)  | OPHTHALMIC | 10/07/2025     | 2.39094   |
| SODIUM CHLORIDE                | 5 %        | DROPS      | OPHTHALMIC | 03/02/2023     | 0.87370   |
| SODIUM CHLORIDE                | 0.65 %     | SPRAY      | NASAL      | 03/19/2026     | 0.03633   |
| SODIUM CHLORIDE                | 2.5 MEQ/ML | VIAL       | INTRAVEN   | 05/06/2022     | 0.17599   |
| SODIUM CHLORIDE                | 4 MEQ/ML   | VIAL       | INTRAVEN   | 06/05/2025     | 0.26106   |
| SODIUM CHLORIDE                | 1000 MG    | TABLET SOL | MISCELL    | 04/30/2026     | 0.12931   |
| SODIUM CHLORIDE 0.45 %         | 0.45 %     | IV SOLN    | INTRAVEN   | 11/21/2024     | 0.00495   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| SODIUM CHLORIDE 0.9 % (FLUSH)  | 0.9 %      | SYRINGE    | INJECTION  | 02/05/2026     | 0.04165   |
| SODIUM CHLORIDE 3 %            | 3 %        | IV SOLN    | INTRAVEN   | 02/06/2025     | 0.01576   |
| SODIUM CHLORIDE 5 %            | 5 %        | IV SOLN    | INTRAVEN   | 05/22/2025     | 0.02389   |
| SODIUM CHLORIDE FOR INHALATION | 0.9 %      | VIAL-NEB   | INHALATION | 08/01/2024     | 0.03216   |
| SODIUM CHLORIDE IRRIG SOLUTION | 0.9 %      | IRRIG SOLN | IRRIGATION | 05/07/2026     | 0.00751   |
| SODIUM CHLORIDE/ALOE VERA      |            | SPRAY      | NASAL      | 08/11/2022     | 0.28871   |
| SODIUM CHLORIDE/NAHCO3/KCL/PEG | 420G       | SOLN RECON | ORAL       | 04/03/2025     | 0.01076   |
| SODIUM CHLORIDE/SODIUM BICARB  |            | PACKET     | NASAL      | 07/03/2024     | 0.09140   |
| SODIUM CITRATE                 | 230 MG     | TAB CHEW   | ORAL       | 06/26/2025     | 0.17994   |
| SODIUM FERRIC GLUCONAT/SUCROSE | 62.5MG/5ML | VIAL       | INTRAVEN   | 07/14/2022     | 2.22440   |
| SODIUM HYPOCHLORITE            | 0.25 %     | SOLUTION   | MISCELL    | 02/12/2026     | 0.05258   |
| SODIUM HYPOCHLORITE            | 0.5 %      | SOLUTION   | MISCELL    | 01/08/2026     | 0.04578   |
| SODIUM HYPOCHLORITE            | 0.125 %    | SOLUTION   | MISCELL    | 02/12/2026     | 0.05946   |
| SODIUM PHENYLBUTYRATE          | 0.94 G/G   | POWDER     | ORAL       | 03/30/2023     | 11.60278  |
| SODIUM PHENYLBUTYRATE          | 500 MG     | TABLET     | ORAL       | 03/19/2026     | 16.28907  |
| SODIUM PHOSPHATE,MONO-DIBASIC  | 19G-7G/118 | ENEMA      | RECTAL     | 07/24/2025     | 0.01058   |
| SODIUM POLYSTYRENE SULFON/SORB | 15 G/60 ML | ORAL SUSP  | ORAL       | 06/03/2024     | 0.38850   |
| SODIUM POLYSTYRENE SULFONATE   | 15 G       | POWDER     | ORAL       | 02/19/2026     | 0.23019   |
| SODIUM TETRADECYL SULFATE      | 3 %        | VIAL       | INTRAVEN   | 03/08/2022     | 32.80000  |
| SODIUM, POTASSIUM,MAG SULFATES | 17.5-3.13G | SOLN RECON | ORAL       | 12/18/2025     | 0.22466   |
| SODIUM,POTASSIUM PHOSPHATES    | 280-250MG  | POWD PACK  | ORAL       | 02/19/2026     | 0.46056   |

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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| SOFT LENS RINSE,STORE SOLUTION |            | SOLUTION   | MISCELL | 07/27/2022     | 0.05193   |
| SOLIFENACIN SUCCINATE          | 5 MG       | TABLET     | ORAL    | 10/02/2025     | 0.21410   |
| SOLIFENACIN SUCCINATE          | 10 MG      | TABLET     | ORAL    | 12/22/2025     | 0.24686   |
| SORAFENIB TOSYLATE             | 200 MG     | TABLET     | ORAL    | 04/30/2026     | 83.31371  |
| SORBITOL                       |            | POWDER     | MISCELL | 05/06/2022     | 0.09357   |
| SORBITOL SOLUTION              | 70 %       | SOLUTION   | MISCELL | 01/08/2026     | 0.01266   |
| SOTALOL HCL                    | 160 MG     | TABLET     | ORAL    | 02/12/2026     | 0.34961   |
| SOTALOL HCL                    | 240 MG     | TABLET     | ORAL    | 02/12/2026     | 0.34317   |
| SOTALOL HCL                    | 80 MG      | TABLET     | ORAL    | 05/07/2026     | 0.15356   |
| SOTALOL HCL                    | 120 MG     | TABLET     | ORAL    | 02/26/2026     | 0.14820   |
| SPEARMINT OIL                  |            | OIL        | MISCELL | 05/06/2022     | 1.50750   |
| SPINOSAD                       | 0.9 %      | SUSPENSION | TOPICAL | 09/18/2024     | 1.95883   |
| SPIRONOLACT/HYDROCHLOROTHIAZID | 25 MG-25MG | TABLET     | ORAL    | 11/13/2025     | 0.66569   |
| SPIRONOLACTONE                 | 25 MG/5 ML | ORAL SUSP  | ORAL    | 08/26/2025     | 1.73639   |
| SPIRONOLACTONE                 | 100 MG     | TABLET     | ORAL    | 04/22/2025     | 0.13297   |
| SPIRONOLACTONE                 | 25 MG      | TABLET     | ORAL    | 02/19/2026     | 0.04740   |
| SPIRONOLACTONE                 | 50 MG      | TABLET     | ORAL    | 02/17/2026     | 0.07306   |
| ST. JOHN'S WORT                | 300 MG     | CAPSULE    | ORAL    | 12/05/2024     | 0.06979   |
| STARCH                         |            | POWD PACK  | ORAL    | 04/30/2026     | 0.39624   |
| STARCH                         |            | POWDER     | ORAL    | 04/13/2023     | 0.02680   |
| STEARIC ACID                   |            | POWDER     | MISCELL | 01/08/2026     | 0.04824   |

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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| STEARYL ALCOHOL                |            | FLAKES     | MISCELL   | 05/06/2022     | 0.07316   |
| SUCCINYLMCHOLINE CHLORIDE      | 20 MG/ML   | VIAL       | INJECTION | 11/18/2025     | 0.26800   |
| SUCCINYLMCHOLINE/SOD CL,ISO/PF | 100 MG/5ML | SYRINGE    | INTRAVEN  | 07/10/2025     | 2.29140   |
| SUCRALFATE                     | 1 G/10 ML  | ORAL SUSP  | ORAL      | 10/09/2025     | 0.23555   |
| SUCRALFATE                     | 1 G        | TABLET     | ORAL      | 04/16/2026     | 0.27617   |
| SULFACETAMIDE SODIUM           | 10 %       | SUSPENSION | TOPICAL   | 07/26/2022     | 0.59351   |
| SULFACETAMIDE SODIUM/SULFUR    | 10 %-4 %   | MED. PAD   | TOPICAL   | 05/06/2022     | 3.76156   |
| SULFACETAMIDE SODIUM/SULFUR    | 9 %-4 %    | CLEANSER   | TOPICAL   | 01/18/2024     | 0.33228   |
| SULFACETAMIDE SODIUM/SULFUR    | 9 %-4.5 %  | CLEANSER   | TOPICAL   | 03/07/2024     | 2.59744   |
| SULFACETAMIDE SODIUM/SULFUR    | 8 %-4 %    | SUSPENSION | TOPICAL   | 12/09/2025     | 0.06162   |
| SULFADIAZINE                   | 500 MG     | TABLET     | ORAL      | 10/10/2024     | 15.14765  |
| SULFAMETHOXAZOLE/TRIMETHOPRIM  | 200-40MG/5 | ORAL SUSP  | ORAL      | 02/19/2026     | 0.12057   |
| SULFAMETHOXAZOLE/TRIMETHOPRIM  | 800-160/20 | ORAL SUSP  | ORAL      | 10/14/2024     | 0.67870   |
| SULFAMETHOXAZOLE/TRIMETHOPRIM  | 400MG-80MG | TABLET     | ORAL      | 01/15/2026     | 0.09206   |
| SULFAMETHOXAZOLE/TRIMETHOPRIM  | 800-160 MG | TABLET     | ORAL      | 04/30/2025     | 0.03886   |
| SULFAMETHOXAZOLE/TRIMETHOPRIM  | 80-16MG/ML | VIAL       | INTRAVEN  | 04/16/2026     | 1.59634   |
| SULFASALAZINE                  | 500 MG     | TABLET     | ORAL      | 01/15/2026     | 0.32428   |
| SULFASALAZINE                  | 500 MG     | TABLET DR  | ORAL      | 04/24/2025     | 0.44475   |
| SULFUR                         | 3 %        | BAR        | TOPICAL   | 05/06/2022     | 4.58700   |
| SULINDAC                       | 150 MG     | TABLET     | ORAL      | 05/14/2025     | 0.25343   |
| SULINDAC                       | 200 MG     | TABLET     | ORAL      | 04/03/2025     | 0.32160   |

*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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| SUMATRIPTAN                    | 5 MG       | SPRAY      | NASAL   | 12/18/2025     | 24.80975  |
| SUMATRIPTAN                    | 20 MG      | SPRAY      | NASAL   | 10/02/2025     | 22.51550  |
| SUMATRIPTAN SUCC/NAPROXEN SOD  | 85MG-500MG | TABLET     | ORAL    | 05/06/2022     | 51.28189  |
| SUMATRIPTAN SUCCINATE          | 100 MG     | TABLET     | ORAL    | 12/18/2025     | 0.63724   |
| SUMATRIPTAN SUCCINATE          | 50 MG      | TABLET     | ORAL    | 10/02/2025     | 0.42433   |
| SUMATRIPTAN SUCCINATE          | 25 MG      | TABLET     | ORAL    | 10/02/2025     | 0.28289   |
| SUMATRIPTAN SUCCINATE          | 4 MG/0.5ML | CARTRIDGE  | SUBCUT  | 05/06/2022     | 104.22713 |
| SUMATRIPTAN SUCCINATE          | 6 MG/0.5ML | VIAL       | SUBCUT  | 02/07/2023     | 8.04000   |
| SUMATRIPTAN SUCCINATE          | 6 MG/0.5ML | PEN INJCTR | SUBCUT  | 04/23/2026     | 112.86275 |
| SUMATRIPTAN SUCCINATE          | 4 MG/0.5ML | PEN INJCTR | SUBCUT  | 05/13/2025     | 132.43820 |
| SUNITINIB MALATE               | 12.5 MG    | CAPSULE    | ORAL    | 03/05/2026     | 37.50219  |
| SUNITINIB MALATE               | 25 MG      | CAPSULE    | ORAL    | 03/05/2026     | 58.72518  |
| SUNITINIB MALATE               | 50 MG      | CAPSULE    | ORAL    | 02/05/2026     | 173.70089 |
| SUNITINIB MALATE               | 37.5 MG    | CAPSULE    | ORAL    | 04/23/2026     | 56.71398  |
| SYRGE-NDL,INS 0.3 ML HALF MARK | 31 GX5/16" | DISP SYRIN | MISCELL | 08/26/2025     | 0.15008   |
| SYRGE-NDL,INS 0.3 ML HALF MARK | 31GX15/64" | DISP SYRIN | MISCELL | 03/19/2026     | 0.25983   |
| SYRGE-NDL,INS 0.5 ML HALF MARK | 30 G X1/2" | DISP SYRIN | MISCELL | 09/18/2025     | 0.15008   |
| SYRGE-NDL,INS 0.5 ML HALF MARK | 31GX15/64" | DISP SYRIN | MISCELL | 09/18/2025     | 0.15075   |
| SYRGE-NDL,INS 0.5 ML HALF MARK | 31 GX5/16" | DISP SYRIN | MISCELL | 09/18/2025     | 0.15008   |
| SYRING-NEEDL,DISP,INSUL,0.3 ML | 29 G X1/2" | DISP SYRIN | MISCELL | 10/09/2025     | 0.19350   |
| SYRING-NEEDL,DISP,INSUL,0.3 ML | 30 GX5/16" | DISP SYRIN | MISCELL | 05/07/2026     | 0.16321   |

*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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| SYRING-NEEDL,DISP,INSUL,0.3 ML | 30 G X1/2" | DISP SYRIN | MISCELL | 10/09/2025     | 0.19350   |
| SYRING-NEEDL,DISP,INSUL,0.3 ML | 31 GX5/16" | DISP SYRIN | MISCELL | 03/06/2025     | 0.16321   |
| SYRING-NEEDL,DISP,INSUL,0.3 ML | 31GX15/64" | DISP SYRIN | MISCELL | 09/18/2025     | 0.21380   |
| SYRING-NEEDL,DISP,INSUL,0.3 ML | 31 G X1/4" | DISP SYRIN | MISCELL | 03/06/2025     | 0.33467   |
| SYRINGE ACCESSORY              |            | EACH       | MISCELL | 10/17/2024     | 0.03769   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 28GX1/2"   | DISP SYRIN | MISCELL | 03/11/2025     | 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 | 05/07/2026     | 0.08120   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 27GX1/2"   | DISP SYRIN | MISCELL | 03/11/2025     | 0.07598   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 27GX5/8"   | DISP SYRIN | MISCELL | 09/04/2025     | 0.19209   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 29GX 5/16" | DISP SYRIN | MISCELL | 03/27/2025     | 0.72735   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 29 G X1/2" | DISP SYRIN | MISCELL | 05/07/2026     | 0.07263   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 30 G X1/2" | DISP SYRIN | MISCELL | 04/23/2026     | 0.19149   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 31 GX5/16" | DISP SYRIN | MISCELL | 07/28/2025     | 0.08169   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 31GX15/64" | DISP SYRIN | MISCELL | 03/19/2026     | 0.25983   |
| SYRINGE AND NEEDLE,INSULIN,1ML | 31 G X1/4" | DISP SYRIN | MISCELL | 05/07/2026     | 0.26465   |
| SYRINGE DISPOSABLE IRRIGATION  |            | DISP SYRIN | MISCELL | 05/06/2022     | 0.05427   |
| SYRINGE FILTER                 | 25 MM-0.22 | EACH       | MISCELL | 05/06/2022     | 11.19690  |
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 20GX1"     | DISP SYRIN | MISCELL | 02/02/2023     | 0.08898   |
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 20GX1 1/2" | DISP SYRIN | MISCELL | 11/03/2022     | 0.14130   |
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 21 G X 1"  | DISP SYRIN | MISCELL | 04/01/2025     | 0.08424   |

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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 21GX1 1/2" | DISP SYRIN | MISCELL | 02/02/2023     | 0.08424   |
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 22 G X 1"  | DISP SYRIN | MISCELL | 05/11/2023     | 0.07605   |
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 22GX1 1/2" | DISP SYRIN | MISCELL | 02/02/2023     | 0.07605   |
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 23GX1"     | DISP SYRIN | MISCELL | 02/20/2025     | 0.07605   |
| 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   |
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 25GX1 1/2" | DISP SYRIN | MISCELL | 06/05/2025     | 0.17541   |
| SYRINGE W-NEEDLE,DISPOSAB,3 ML | 27GX1.25"  | DISP SYRIN | MISCELL | 05/06/2022     | 0.08208   |
| SYRINGE WITH NEEDLE, 1 ML      | 25GX5/8"   | DISP SYRIN | MISCELL | 02/02/2023     | 0.05558   |
| SYRINGE WITH NEEDLE, 1 ML      | 25GX1"     | DISP SYRIN | MISCELL | 05/06/2022     | 0.21768   |
| SYRINGE WITH NEEDLE, 1 ML      | 26GX3/8"   | DISP SYRIN | MISCELL | 02/02/2023     | 0.12127   |
| SYRINGE WITH NEEDLE, 1 ML      | 27GX0.375" | DISP SYRIN | MISCELL | 11/21/2024     | 0.11390   |
| SYRINGE WITH NEEDLE, 1 ML      | 27GX1/2"   | DISP SYRIN | MISCELL | 12/08/2022     | 0.19866   |
| SYRINGE WITH NEEDLE, 1 ML      | 28GX1/2"   | DISP SYRIN | MISCELL | 05/06/2022     | 0.12655   |
| SYRINGE WITH NEEDLE, 10 ML     | 20GX1"     | DISP SYRIN | MISCELL | 05/01/2025     | 0.22110   |
| SYRINGE WITH NEEDLE, 12 ML     | 18GX1"     | DISP SYRIN | MISCELL | 05/06/2022     | 3.40214   |
| SYRINGE WITH NEEDLE, 5 ML      | 20GX1"     | DISP SYRIN | MISCELL | 02/02/2023     | 0.28924   |
| SYRINGE WITH NEEDLE, 5 ML      | 20GX1 1/2" | DISP SYRIN | MISCELL | 02/02/2023     | 0.20750   |
| SYRINGE WITH NEEDLE, 5 ML      | 21 G X 1"  | DISP SYRIN | MISCELL | 06/05/2025     | 0.28127   |
| SYRINGE WITH NEEDLE, 5 ML      | 21GX1 1/2" | DISP SYRIN | MISCELL | 02/02/2023     | 0.25480   |

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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| SYRINGE WITH NEEDLE, 5 ML      | 22GX1 1/2" | DISP SYRIN | MISCELL | 01/04/2024     | 0.81472   |
| 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 | 06/05/2025     | 0.16450   |
| SYRINGE, DISPOSABLE, 10 ML     |            | DISP SYRIN | MISCELL | 05/01/2025     | 0.19541   |
| SYRINGE, DISPOSABLE, 12 ML     |            | DISP SYRIN | MISCELL | 05/06/2022     | 0.11521   |
| SYRINGE, DISPOSABLE, 20 ML     |            | DISP SYRIN | MISCELL | 03/27/2025     | 0.44360   |
| SYRINGE, DISPOSABLE, 3 ML      |            | DISP SYRIN | MISCELL | 06/05/2025     | 0.09561   |
| SYRINGE, DISPOSABLE, 30 ML     |            | DISP SYRIN | MISCELL | 02/29/2024     | 0.30364   |
| SYRINGE, DISPOSABLE, 35 ML     |            | DISP SYRIN | MISCELL | 05/06/2022     | 0.32767   |
| SYRINGE, DISPOSABLE, 5 ML      |            | DISP SYRIN | MISCELL | 04/01/2025     | 0.10800   |
| SYRINGE, DISPOSABLE, 50 ML     |            | DISP SYRIN | MISCELL | 06/05/2025     | 1.03817   |
| SYRINGE, DISPOSABLE, 6 ML      |            | DISP SYRIN | MISCELL | 02/16/2023     | 0.11474   |
| SYRINGE, DISPOSABLE, 60 ML     |            | DISP SYRIN | MISCELL | 11/04/2025     | 0.89311   |
| SYRINGE,ENFIT 1 ML,NON-STERILE |            | DISP SYRIN | MISCELL | 02/20/2025     | 0.32061   |
| SYRINGE,ENFIT 12ML,NON-STERILE |            | DISP SYRIN | MISCELL | 02/20/2025     | 0.50506   |
| SYRINGE,ENFIT 3 ML,NON-STERILE |            | DISP SYRIN | MISCELL | 03/19/2025     | 0.32061   |
| SYRINGE,ENFIT 35ML,NON-STERILE |            | DISP SYRIN | MISCELL | 03/27/2025     | 1.13517   |
| SYRINGE,ENFIT 6 ML,NON-STERILE |            | DISP SYRIN | MISCELL | 06/18/2025     | 0.32061   |
| SYRINGE,ENFIT 60ML,NON-STERILE |            | DISP SYRIN | MISCELL | 09/02/2025     | 1.69411   |

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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| SYRINGE,NEEDLE,INSULN,SAFE,1ML | 30 GX5/16" | DISP SYRIN | MISCELL | 03/12/2026     | 0.20093   |
| SYRINGE,NEEDLE,INSULN,SAFE,1ML | 29 G X1/2" | DISP SYRIN | MISCELL | 12/04/2025     | 0.20093   |
| SYRINGE,NEEDLE,INSULN,SAFE,1ML | 30 G X1/2" | DISP SYRIN | MISCELL | 08/28/2024     | 0.20093   |
| SYRINGE,NEEDLE,INSULN,SAFE,1ML | 31 GX5/16" | DISP SYRIN | MISCELL | 08/28/2024     | 0.20093   |
| SYRINGE,NEEDLE,INSULN,SF 0.5ML | 30 GX5/16" | DISP SYRIN | MISCELL | 04/30/2026     | 0.44796   |
| SYRINGE,NEEDLE,INSULN,SF 0.5ML | 29 G X1/2" | DISP SYRIN | MISCELL | 12/04/2025     | 0.21143   |
| SYRINGE,NEEDLE,INSULN,SF,0.3ML | 29 G X1/2" | DISP SYRIN | MISCELL | 02/22/2024     | 0.41192   |
| SYRINGE,SAFETY NEEDLE,10 ML    | 21GX1 1/2" | DISP SYRIN | MISCELL | 05/31/2023     | 0.20087   |
| SYRINGE,SAFETY NEEDLE,10 ML    | 20GX1"     | DISP SYRIN | MISCELL | 08/10/2023     | 0.20087   |
| SYRINGE,SAFETY NEEDLE,10 ML    | 20GX1 1/2" | DISP SYRIN | MISCELL | 08/10/2023     | 0.20087   |
| SYRINGE,SAFETY WITH NEEDLE,1ML | 25GX1"     | SYRINGE    | MISCELL | 04/23/2026     | 0.20093   |
| SYRINGE,SAFETY WITH NEEDLE,1ML | 25GX5/8"   | DISP SYRIN | MISCELL | 04/30/2026     | 0.20093   |
| 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 | 22 G X 1"  | DISP SYRIN | MISCELL | 06/07/2023     | 0.20093   |
| SYRINGE,SAFETY WITH NEEDLE,3ML | 22GX1 1/2" | DISP SYRIN | MISCELL | 01/04/2024     | 0.20093   |
| SYRINGE,SAFETY WITH NEEDLE,3ML | 23GX1"     | DISP SYRIN | MISCELL | 04/23/2026     | 0.20093   |
| SYRINGE,SAFETY WITH NEEDLE,3ML | 25GX5/8"   | DISP SYRIN | MISCELL | 04/30/2026     | 0.20093   |
| SYRINGE,SAFETY WITH NEEDLE,3ML | 25GX1"     | DISP SYRIN | MISCELL | 04/30/2026     | 0.20093   |

*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

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

| Generic Name                   | Strength   | Form       | Route   | Effective Date | MAC Price |
|--------------------------------|------------|------------|---------|----------------|-----------|
| 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,3ML | 23GX1 1/2" | DISP SYRIN | MISCELL | 06/18/2025     | 0.20743   |
| SYRINGE,SAFETY WITH NEEDLE,5ML | 21GX1 1/2" | DISP SYRIN | MISCELL | 08/10/2023     | 0.20087   |
| SYRINGE,SAFETY WITH NEEDLE,5ML | 20GX1 1/2" | DISP SYRIN | MISCELL | 05/06/2022     | 0.20087   |
| SYRINGE,SAFETY WITH NEEDLE,5ML | 20GX1"     | DISP SYRIN | MISCELL | 08/10/2023     | 0.20087   |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 28GX1/2"   | DISP SYRIN | MISCELL | 02/27/2025     | 0.08462   |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 27GX1/2"   | DISP SYRIN | MISCELL | 03/05/2026     | 0.17413   |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 29 G X1/2" | DISP SYRIN | MISCELL | 03/19/2026     | 0.07930   |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 30 GX5/16" | DISP SYRIN | MISCELL | 04/23/2026     | 0.08120   |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 30 G X1/2" | DISP SYRIN | MISCELL | 03/19/2026     | 0.19149   |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 31 GX5/16" | DISP SYRIN | MISCELL | 07/28/2025     | 0.08169   |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 31GX15/64" | DISP SYRIN | MISCELL | 03/26/2026     | 0.29453   |
| SYRINGE-NEEDLE,INSULIN,0.5 ML  | 31 G X1/4" | DISP SYRIN | MISCELL | 05/07/2026     | 0.26465   |
| TACROLIMUS                     | 1 MG       | CAPSULE    | ORAL    | 12/22/2025     | 0.30900   |
| TACROLIMUS                     | 5 MG       | CAPSULE    | ORAL    | 03/05/2026     | 1.43903   |
| TACROLIMUS                     | 0.5 MG     | CAPSULE    | ORAL    | 12/22/2025     | 0.18934   |
| TACROLIMUS                     | 0.03 %     | OINT. (G)  | TOPICAL | 11/13/2025     | 0.72548   |
| TACROLIMUS                     | 0.1 %      | OINT. (G)  | TOPICAL | 04/03/2025     | 1.10505   |
| TADALAFIL                      | 10 MG      | TABLET     | ORAL    | 04/30/2026     | 0.18849   |

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

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

| Generic Name                   | Strength  | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|-----------|------------|------------|----------------|-----------|
| TADALAFIL                      | 20 MG     | TABLET     | ORAL       | 04/30/2026     | 0.28587   |
| TADALAFIL                      | 5 MG      | TABLET     | ORAL       | 04/30/2026     | 0.18269   |
| TADALAFIL                      | 2.5 MG    | TABLET     | ORAL       | 04/30/2026     | 0.20993   |
| TADALAFIL                      | 20 MG     | TABLET     | ORAL       | 04/01/2025     | 0.24879   |
| TAFLUPROST/PF                  | 0.0015 %  | DROPERETTE | OPHTHALMIC | 11/13/2025     | 6.12944   |
| TAMOXIFEN CITRATE              | 10 MG     | TABLET     | ORAL       | 07/17/2025     | 0.49491   |
| TAMOXIFEN CITRATE              | 20 MG     | TABLET     | ORAL       | 09/20/2022     | 0.43789   |
| TAMSULOSIN HCL                 | 0.4 MG    | CAPSULE    | ORAL       | 05/13/2025     | 0.03245   |
| TASIMELTEON                    | 20 MG     | CAPSULE    | ORAL       | 02/25/2025     | 463.67993 |
| TAURINE                        | 1000 MG   | CAPSULE    | ORAL       | 09/22/2022     | 0.11082   |
| TAVABOROLE                     | 5 %       | SOL W/APPL | TOPICAL    | 12/18/2025     | 6.13918   |
| TAZAROTENE                     | 0.05 %    | GEL (GRAM) | TOPICAL    | 09/12/2023     | 6.15188   |
| TAZAROTENE                     | 0.1 %     | GEL (GRAM) | TOPICAL    | 08/22/2023     | 6.64422   |
| TAZAROTENE                     | 0.05 %    | CREAM (G)  | TOPICAL    | 01/22/2026     | 15.31898  |
| TAZAROTENE                     | 0.1 %     | CREAM (G)  | TOPICAL    | 07/17/2025     | 3.15568   |
| TEA TREE OIL                   | 100 %     | OIL        | TOPICAL    | 08/10/2023     | 0.15990   |
| TECOVIRIMAT                    | 200 MG    | CAPSULE    | ORAL       | 08/25/2022     | 0.01000   |
| TELMISARTAN                    | 40 MG     | TABLET     | ORAL       | 04/30/2026     | 0.31490   |
| TELMISARTAN                    | 80 MG     | TABLET     | ORAL       | 04/30/2026     | 0.26577   |
| TELMISARTAN                    | 20 MG     | TABLET     | ORAL       | 04/30/2026     | 0.31490   |
| TELMISARTAN/HYDROCHLOROTHIAZID | 80-12.5MG | TABLET     | ORAL       | 03/27/2025     | 0.54181   |

*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

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

| Generic Name                   | Strength   | Form      | Route    | Effective Date | MAC Price |
|--------------------------------|------------|-----------|----------|----------------|-----------|
| TELMISARTAN/HYDROCHLOROTHIAZID | 40-12.5 MG | TABLET    | ORAL     | 10/23/2025     | 0.86609   |
| TELMISARTAN/HYDROCHLOROTHIAZID | 80 MG-25MG | TABLET    | ORAL     | 10/23/2025     | 0.72449   |
| TEMAZEPAM                      | 15 MG      | CAPSULE   | ORAL     | 02/12/2026     | 0.06660   |
| TEMAZEPAM                      | 30 MG      | CAPSULE   | ORAL     | 07/22/2025     | 0.08000   |
| TEMAZEPAM                      | 7.5 MG     | CAPSULE   | ORAL     | 12/18/2025     | 3.73177   |
| TEMAZEPAM                      | 22.5 MG    | CAPSULE   | ORAL     | 11/06/2025     | 5.14604   |
| TEMOZOLOMIDE                   | 5 MG       | CAPSULE   | ORAL     | 10/16/2025     | 1.75004   |
| TEMOZOLOMIDE                   | 20 MG      | CAPSULE   | ORAL     | 10/28/2025     | 1.26228   |
| TEMOZOLOMIDE                   | 100 MG     | CAPSULE   | ORAL     | 10/28/2025     | 3.93096   |
| TEMOZOLOMIDE                   | 250 MG     | CAPSULE   | ORAL     | 12/18/2025     | 22.68000  |
| TEMOZOLOMIDE                   | 140 MG     | CAPSULE   | ORAL     | 04/02/2026     | 10.48340  |
| TEMOZOLOMIDE                   | 180 MG     | CAPSULE   | ORAL     | 01/15/2026     | 7.16534   |
| TEMSIROLIMUS                   | 25 MG/ML   | VIAL      | INTRAVEN | 04/02/2026     | 932.94475 |
| TENOFOVIR DISOPROXIL FUMARATE  | 300 MG     | TABLET    | ORAL     | 12/22/2025     | 0.86564   |
| TERAZOSIN HCL                  | 1 MG       | CAPSULE   | ORAL     | 02/26/2026     | 0.17625   |
| TERAZOSIN HCL                  | 2 MG       | CAPSULE   | ORAL     | 05/13/2025     | 0.08311   |
| 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     | 03/19/2026     | 0.15263   |
| TERBINAFINE HCL                | 1 %        | CREAM (G) | TOPICAL  | 10/02/2025     | 0.58335   |
| TERBUTALINE SULFATE            | 2.5 MG     | TABLET    | ORAL     | 12/18/2025     | 2.87681   |

*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

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

| Generic Name           | Strength   | Form       | Route     | Effective Date | MAC Price |
|------------------------|------------|------------|-----------|----------------|-----------|
| TERBUTALINE SULFATE    | 5 MG       | TABLET     | ORAL      | 12/18/2025     | 3.42593   |
| TERBUTALINE SULFATE    | 1 MG/ML    | VIAL       | SUBCUT    | 01/16/2025     | 2.29140   |
| TERCONAZOLE            | 0.4 %      | CREAM/APPL | VAGINAL   | 10/23/2025     | 1.04639   |
| TERCONAZOLE            | 0.8 %      | CREAM/APPL | VAGINAL   | 01/22/2026     | 1.91352   |
| TERCONAZOLE            | 80 MG      | SUPP.VAG   | VAGINAL   | 10/02/2025     | 27.77408  |
| TERIFLUNOMIDE          | 7 MG       | TABLET     | ORAL      | 02/12/2026     | 1.39405   |
| TERIFLUNOMIDE          | 14 MG      | TABLET     | ORAL      | 03/03/2026     | 1.16163   |
| TERIPARATIDE           | 20MCG/DOSE | PEN INJCTR | SUBCUT    | 04/30/2025     | 434.17080 |
| TESTOSTERONE           | 30MG/1.5ML | SOL MD PMP | TRANSDERM | 05/07/2026     | 2.59052   |
| TESTOSTERONE           | 50 MG (1%) | GEL (GRAM) | TRANSDERM | 10/02/2025     | 1.41441   |
| TESTOSTERONE           | 25MG(1%)   | GEL PACKET | TRANSDERM | 03/05/2026     | 2.65159   |
| TESTOSTERONE           | 50 MG (1%) | GEL PACKET | TRANSDERM | 04/16/2026     | 1.17822   |
| TESTOSTERONE           | 1.25G-1.62 | GEL PACKET | TRANSDERM | 06/26/2025     | 7.52348   |
| TESTOSTERONE           | 2.5G-1.62% | GEL PACKET | TRANSDERM | 03/19/2026     | 3.46139   |
| TESTOSTERONE           | 12.5/1.25G | GEL MD PMP | TRANSDERM | 08/19/2025     | 0.69024   |
| TESTOSTERONE           | 20.25/1.25 | GEL MD PMP | TRANSDERM | 10/02/2025     | 0.68501   |
| TESTOSTERONE CYPIONATE | 100 MG/ML  | VIAL       | INTRAMUSC | 02/11/2025     | 3.84384   |
| TESTOSTERONE CYPIONATE | 200 MG/ML  | VIAL       | INTRAMUSC | 01/15/2026     | 3.64584   |
| TESTOSTERONE ENANTHATE | 200 MG/ML  | VIAL       | INTRAMUSC | 04/15/2025     | 6.80913   |
| TETRABENAZINE          | 25 MG      | TABLET     | ORAL      | 02/12/2026     | 4.56579   |
| TETRABENAZINE          | 12.5 MG    | TABLET     | ORAL      | 08/12/2025     | 0.84265   |

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

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

| Generic Name                  | Strength   | Form       | Route      | Effective Date | MAC Price  |
|-------------------------------|------------|------------|------------|----------------|------------|
| TETRACAINE HCL                | 0.5 %      | DROPS      | OPHTHALMIC | 02/11/2025     | 4.75200    |
| TETRACYCLINE HCL              | 250 MG     | CAPSULE    | ORAL       | 01/10/2025     | 0.44047    |
| TETRACYCLINE HCL              | 500 MG     | CAPSULE    | ORAL       | 12/30/2025     | 0.63963    |
| TETRAHYDROZOLINE HCL          | 0.05 %     | DROPS      | OPHTHALMIC | 10/02/2025     | 0.13409    |
| THEOPHYLLINE ANHYDROUS        | 80 MG/15ML | SOLUTION   | ORAL       | 06/24/2025     | 0.09469    |
| THEOPHYLLINE ANHYDROUS        | 400 MG     | TAB ER 24H | ORAL       | 06/24/2025     | 0.47581    |
| THEOPHYLLINE ANHYDROUS        | 300 MG     | TAB ER 12H | ORAL       | 08/19/2025     | 0.39442    |
| THEOPHYLLINE ANHYDROUS        | 450 MG     | TAB ER 12H | ORAL       | 06/24/2025     | 0.11671    |
| THIAMINE HCL                  | 100 MG     | TABLET     | ORAL       | 01/08/2026     | 0.02647    |
| THIAMINE HCL                  | 250 MG     | TABLET     | ORAL       | 06/06/2024     | 0.06358    |
| THIAMINE HCL                  | 50 MG      | TABLET     | ORAL       | 05/06/2022     | 0.05293    |
| THIAMINE HCL                  | 100 MG/ML  | VIAL       | INJECTION  | 04/30/2026     | 2.24102    |
| THIAMINE MONONITRATE (VIT B1) | 100 MG     | TABLET     | ORAL       | 09/05/2024     | 0.02446    |
| THIORIDAZINE HCL              | 10 MG      | TABLET     | ORAL       | 04/23/2026     | 0.36301    |
| THIORIDAZINE HCL              | 100 MG     | TABLET     | ORAL       | 03/06/2025     | 0.72729    |
| THIORIDAZINE HCL              | 25 MG      | TABLET     | ORAL       | 04/03/2025     | 0.51067    |
| THIORIDAZINE HCL              | 50 MG      | TABLET     | ORAL       | 01/22/2026     | 0.93639    |
| THIOTEPA                      | 15 MG      | VIAL       | INJECTION  | 03/19/2026     | 115.86600  |
| THIOTEPA                      | 100 MG     | VIAL       | INJECTION  | 04/16/2026     | 1091.26625 |
| THIOTHIXENE                   | 1 MG       | CAPSULE    | ORAL       | 11/25/2025     | 0.79596    |
| THIOTHIXENE                   | 10 MG      | CAPSULE    | ORAL       | 10/07/2025     | 2.24946    |

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

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

| Generic Name       | Strength | Form       | Route      | Effective Date | MAC Price |
|--------------------|----------|------------|------------|----------------|-----------|
| THIOTHIXENE        | 2 MG     | CAPSULE    | ORAL       | 04/03/2025     | 1.05217   |
| THIOTHIXENE        | 5 MG     | CAPSULE    | ORAL       | 04/03/2025     | 1.59561   |
| TIAGABINE HCL      | 4 MG     | TABLET     | ORAL       | 04/16/2026     | 3.88828   |
| TIAGABINE HCL      | 16 MG    | TABLET     | ORAL       | 05/06/2022     | 10.73410  |
| TIAGABINE HCL      | 2 MG     | TABLET     | ORAL       | 04/16/2026     | 3.58644   |
| TICAGRELOR         | 90 MG    | TABLET     | ORAL       | 03/19/2026     | 0.26342   |
| TICAGRELOR         | 60 MG    | TABLET     | ORAL       | 02/19/2026     | 0.67000   |
| TIGECYCLINE        | 50 MG    | VIAL       | INTRAVEN   | 02/19/2026     | 23.11365  |
| TIMOLOL            | 0.5 %    | DROPS      | OPHTHALMIC | 11/13/2025     | 25.94970  |
| TIMOLOL MALEATE    | 10 MG    | TABLET     | ORAL       | 01/08/2026     | 1.14101   |
| TIMOLOL MALEATE    | 0.25 %   | SOL-GEL    | OPHTHALMIC | 02/19/2026     | 24.82830  |
| TIMOLOL MALEATE    | 0.5 %    | SOL-GEL    | OPHTHALMIC | 11/19/2024     | 8.19000   |
| TIMOLOL MALEATE    | 0.5 %    | DROP DAILY | OPHTHALMIC | 09/18/2025     | 10.92500  |
| TIMOLOL MALEATE    | 0.25 %   | DROPS      | OPHTHALMIC | 10/23/2025     | 0.73700   |
| TIMOLOL MALEATE    | 0.5 %    | DROPS      | OPHTHALMIC | 02/19/2026     | 0.89512   |
| TIMOLOL MALEATE/PF | 0.25 %   | DROPERETTE | OPHTHALMIC | 09/24/2024     | 10.19193  |
| TIMOLOL MALEATE/PF | 0.5 %    | DROPERETTE | OPHTHALMIC | 10/02/2025     | 3.74462   |
| TINIDAZOLE         | 500 MG   | TABLET     | ORAL       | 11/06/2025     | 1.60599   |
| TINIDAZOLE         | 250 MG   | TABLET     | ORAL       | 12/18/2025     | 2.13127   |
| TIOPRONIN          | 100 MG   | TABLET     | ORAL       | 05/07/2026     | 28.05036  |
| TIOPRONIN          | 100 MG   | TABLET DR  | ORAL       | 03/25/2025     | 21.93623  |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| TIOPRONIN                      | 300 MG     | TABLET DR  | ORAL       | 03/25/2025     | 37.23610  |
| TIOTROPIUM BROMIDE             | 18 MCG     | CAP W/DEV  | INHALATION | 08/29/2023     | 10.59898  |
| TIROFIBAN-0.9% SODIUM CHLORIDE | 12.5MG/250 | PLAST. BAG | INTRAVEN   | 08/07/2025     | 0.74772   |
| TIROFIBAN-0.9% SODIUM CHLORIDE | 5 MG/100ML | PLAST. BAG | INTRAVEN   | 05/07/2026     | 1.51648   |
| TIZANIDINE HCL                 | 2 MG       | CAPSULE    | ORAL       | 04/09/2026     | 0.21976   |
| TIZANIDINE HCL                 | 4 MG       | CAPSULE    | ORAL       | 04/09/2026     | 0.20520   |
| TIZANIDINE HCL                 | 6 MG       | CAPSULE    | ORAL       | 04/09/2026     | 0.31034   |
| TIZANIDINE HCL                 | 2 MG       | TABLET     | ORAL       | 04/30/2026     | 0.04480   |
| TIZANIDINE HCL                 | 4 MG       | TABLET     | ORAL       | 04/28/2026     | 0.03548   |
| TOBRAMYCIN                     | 0.3 %      | DROPS      | OPHTHALMIC | 12/22/2025     | 2.27800   |
| TOBRAMYCIN                     | 300 MG/4ML | AMPUL-NEB  | INHALATION | 02/17/2026     | 11.82760  |
| TOBRAMYCIN IN 0.225% SOD CHLOR | 300 MG/5ML | AMPUL-NEB  | INHALATION | 10/23/2025     | 1.08071   |
| TOBRAMYCIN SULFATE             | 1.2 G      | VIAL       | INJECTION  | 11/25/2025     | 74.21171  |
| TOBRAMYCIN SULFATE             | 40 MG/ML   | VIAL       | INJECTION  | 05/08/2025     | 0.59273   |
| TOBRAMYCIN/DEXAMETHASONE       | 0.3 %-0.1% | DROPS SUSP | OPHTHALMIC | 04/16/2026     | 5.94741   |
| TOBRAMYCIN/LOTEPRED ETAB       | 0.3%-0.5%  | DROPS SUSP | OPHTHALMIC | 01/20/2026     | 58.83398  |
| TOBRAMYCIN/NEBULIZER           | 300 MG/5ML | AMPUL-NEB  | INHALATION | 10/23/2025     | 10.35965  |
| TOLCAPONE                      | 100 MG     | TABLET     | ORAL       | 08/28/2024     | 115.42691 |
| TOLNAFTATE                     | 1 %        | AERO POWD  | TOPICAL    | 02/19/2026     | 0.04756   |
| TOLNAFTATE                     | 1 %        | CREAM (G)  | TOPICAL    | 02/06/2025     | 0.05328   |
| TOLNAFTATE                     | 1 %        | POWDER     | TOPICAL    | 02/15/2024     | 0.05315   |

*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

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

| Generic Name         | Strength | Form       | Route   | Effective Date | MAC Price |
|----------------------|----------|------------|---------|----------------|-----------|
| TOLNAFTATE           | 1 %      | SOLUTION   | TOPICAL | 07/02/2024     | 0.23949   |
| TOLTERODINE TARTRATE | 4 MG     | CAP ER 24H | ORAL    | 03/05/2026     | 0.46498   |
| TOLTERODINE TARTRATE | 2 MG     | CAP ER 24H | ORAL    | 12/18/2025     | 0.40006   |
| TOLTERODINE TARTRATE | 1 MG     | TABLET     | ORAL    | 08/21/2025     | 0.32383   |
| TOLTERODINE TARTRATE | 2 MG     | TABLET     | ORAL    | 04/03/2025     | 0.32607   |
| TOLVAPTAN            | 15 MG    | TABLET     | ORAL    | 02/12/2026     | 35.15443  |
| TOLVAPTAN            | 30 MG    | TABLET     | ORAL    | 08/12/2025     | 55.88300  |
| TOLVAPTAN            | 15 MG    | TABLET     | ORAL    | 05/04/2026     | 38.11290  |
| TOLVAPTAN            | 30 MG    | TABLET     | ORAL    | 05/04/2026     | 57.24600  |
| TOPIRAMATE           | 25 MG    | CAP ER 24H | ORAL    | 03/24/2026     | 5.31021   |
| TOPIRAMATE           | 50 MG    | CAP ER 24H | ORAL    | 02/19/2026     | 12.70850  |
| TOPIRAMATE           | 100 MG   | CAP ER 24H | ORAL    | 02/19/2026     | 19.90380  |
| TOPIRAMATE           | 200 MG   | CAP ER 24H | ORAL    | 02/19/2026     | 20.30070  |
| TOPIRAMATE           | 15 MG    | CAP SPRINK | ORAL    | 03/11/2024     | 0.49424   |
| TOPIRAMATE           | 25 MG    | CAP SPRINK | ORAL    | 03/11/2024     | 0.56133   |
| TOPIRAMATE           | 25 MG    | CAP SPR 24 | ORAL    | 02/17/2026     | 2.90720   |
| TOPIRAMATE           | 50 MG    | CAP SPR 24 | ORAL    | 02/17/2026     | 4.27804   |
| TOPIRAMATE           | 100 MG   | CAP SPR 24 | ORAL    | 02/17/2026     | 7.44426   |
| TOPIRAMATE           | 150 MG   | CAP SPR 24 | ORAL    | 02/17/2026     | 9.87720   |
| TOPIRAMATE           | 200 MG   | CAP SPR 24 | ORAL    | 02/17/2026     | 10.45807  |
| TOPIRAMATE           | 25 MG/ML | SOLUTION   | ORAL    | 03/19/2026     | 2.99541   |

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

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

| Generic Name               | Strength   | Form       | Route    | Effective Date | MAC Price |
|----------------------------|------------|------------|----------|----------------|-----------|
| TOPIRAMATE                 | 50 MG      | TABLET     | ORAL     | 12/18/2025     | 0.05438   |
| TOPIRAMATE                 | 100 MG     | TABLET     | ORAL     | 04/30/2026     | 0.06186   |
| TOPIRAMATE                 | 200 MG     | TABLET     | ORAL     | 12/11/2025     | 0.10162   |
| TOPIRAMATE                 | 25 MG      | TABLET     | ORAL     | 03/05/2026     | 0.02659   |
| 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     | 08/21/2025     | 0.12449   |
| TORSEMIDE                  | 10 MG      | TABLET     | ORAL     | 12/18/2025     | 0.08321   |
| TORSEMIDE                  | 20 MG      | TABLET     | ORAL     | 12/11/2025     | 0.09608   |
| TORSEMIDE                  | 100 MG     | TABLET     | ORAL     | 10/02/2025     | 0.34465   |
| TRAMADOL HCL               | 50 MG      | TABLET     | ORAL     | 05/13/2025     | 0.02417   |
| TRAMADOL HCL               | 100 MG     | TABLET     | ORAL     | 03/11/2025     | 1.11070   |
| TRAMADOL HCL               | 200 MG     | TAB ER 24H | ORAL     | 12/18/2025     | 3.97100   |
| TRAMADOL HCL               | 300 MG     | TAB ER 24H | ORAL     | 11/28/2023     | 3.08660   |
| TRAMADOL HCL               | 100 MG     | TAB ER 24H | ORAL     | 11/28/2023     | 1.62006   |
| TRAMADOL HCL/ACETAMINOPHEN | 37.5-325MG | TABLET     | ORAL     | 05/07/2026     | 0.24696   |
| TRANDOLAPRIL               | 1 MG       | TABLET     | ORAL     | 10/23/2025     | 0.40682   |
| TRANDOLAPRIL               | 2 MG       | TABLET     | ORAL     | 04/03/2025     | 0.34827   |
| TRANDOLAPRIL               | 4 MG       | TABLET     | ORAL     | 02/19/2026     | 0.35899   |
| TRANDOLAPRIL/VERAPAMIL HCL | 1MG-240 MG | TAB BP 24H | ORAL     | 05/06/2022     | 3.49160   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| TRANEXAMIC ACID                | 650 MG     | TABLET     | ORAL       | 11/13/2025     | 1.87511   |
| TRANEXAMIC ACID                | 1000 MG/10 | AMPUL      | INTRAVEN   | 07/17/2025     | 0.69372   |
| TRANEXAMIC ACID                | 1000 MG/10 | VIAL       | INTRAVEN   | 01/22/2026     | 0.21105   |
| TRANEXAMIC ACID IN NACL,ISO-OS | 1000MG/100 | PIGGYBACK  | INTRAVEN   | 09/04/2025     | 0.13445   |
| TRANLYCYPROMINE SULFATE        | 10 MG      | TABLET     | ORAL       | 04/03/2025     | 0.69365   |
| TRAVOPROST                     | 0.004 %    | DROPS      | OPHTHALMIC | 12/11/2025     | 7.80000   |
| TRAZODONE HCL                  | 50 MG      | TABLET     | ORAL       | 02/24/2026     | 0.02223   |
| TRAZODONE HCL                  | 100 MG     | TABLET     | ORAL       | 05/27/2025     | 0.04242   |
| TRAZODONE HCL                  | 150 MG     | TABLET     | ORAL       | 05/27/2025     | 0.06972   |
| TRAZODONE HCL                  | 300 MG     | TABLET     | ORAL       | 02/12/2026     | 1.11863   |
| TREPROSTINIL SODIUM            | 1 MG/ML    | VIAL       | INJECTION  | 04/09/2026     | 37.77125  |
| TREPROSTINIL SODIUM            | 2.5 MG/ML  | VIAL       | INJECTION  | 05/07/2026     | 180.08533 |
| TREPROSTINIL SODIUM            | 5 MG/ML    | VIAL       | INJECTION  | 03/05/2026     | 188.85625 |
| TREPROSTINIL SODIUM            | 10 MG/ML   | VIAL       | INJECTION  | 03/05/2026     | 377.71250 |
| TRETINOIN                      | 10 MG      | CAPSULE    | ORAL       | 04/03/2025     | 11.24850  |
| TRETINOIN                      | 0.01 %     | GEL (GRAM) | TOPICAL    | 01/22/2026     | 1.33851   |
| TRETINOIN                      | 0.025 %    | GEL (GRAM) | TOPICAL    | 02/05/2026     | 1.33851   |
| TRETINOIN                      | 0.05 %     | GEL (GRAM) | TOPICAL    | 08/03/2021     | 5.22111   |
| TRETINOIN                      | 0.025 %    | CREAM (G)  | TOPICAL    | 02/12/2026     | 0.85358   |
| TRETINOIN                      | 0.05 %     | CREAM (G)  | TOPICAL    | 08/28/2025     | 1.10297   |
| TRETINOIN                      | 0.1 %      | CREAM (G)  | TOPICAL    | 12/22/2025     | 1.33851   |

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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| TRETINOIN MICROSPHERES         | 0.1 %      | GEL (GRAM) | TOPICAL   | 10/17/2024     | 7.22786   |
| TRETINOIN MICROSPHERES         | 0.04 %     | GEL (GRAM) | TOPICAL   | 10/26/2021     | 7.22786   |
| TRETINOIN MICROSPHERES         | 0.04 %     | GEL W/PUMP | TOPICAL   | 05/06/2022     | 7.55940   |
| TRETINOIN MICROSPHERES         | 0.1 %      | GEL W/PUMP | TOPICAL   | 05/06/2022     | 7.55940   |
| TRETINOIN MICROSPHERES         | 0.08 %     | GEL W/PUMP | TOPICAL   | 10/17/2024     | 11.30611  |
| TRIAMCINOLONE ACETONIDE        | 40 MG/ML   | VIAL       | INJECTION | 03/19/2026     | 2.72712   |
| TRIAMCINOLONE ACETONIDE        | 0.147MG/G  | AEROSOL    | TOPICAL   | 03/19/2026     | 2.67915   |
| TRIAMCINOLONE ACETONIDE        | 0.025 %    | CREAM (G)  | TOPICAL   | 09/29/2025     | 0.05513   |
| TRIAMCINOLONE ACETONIDE        | 0.1 %      | CREAM (G)  | TOPICAL   | 04/23/2026     | 0.05006   |
| TRIAMCINOLONE ACETONIDE        | 0.5 %      | CREAM (G)  | TOPICAL   | 09/29/2025     | 0.21797   |
| TRIAMCINOLONE ACETONIDE        | 0.025 %    | OINT. (G)  | TOPICAL   | 10/23/2025     | 0.09014   |
| TRIAMCINOLONE ACETONIDE        | 0.1 %      | OINT. (G)  | TOPICAL   | 02/12/2026     | 0.05863   |
| TRIAMCINOLONE ACETONIDE        | 0.5 %      | OINT. (G)  | TOPICAL   | 04/03/2025     | 0.42880   |
| TRIAMCINOLONE ACETONIDE        | 0.05 %     | OINT. (G)  | TOPICAL   | 10/02/2025     | 0.61677   |
| TRIAMCINOLONE ACETONIDE        | 0.1 %      | LOTION     | TOPICAL   | 12/18/2025     | 0.43595   |
| TRIAMCINOLONE ACETONIDE        | 55 MCG     | SPRAY      | NASAL     | 11/11/2025     | 0.66802   |
| TRIAMCINOLONE ACETONIDE        | 0.1 %      | PASTE (G)  | DENTAL    | 12/18/2025     | 5.16648   |
| TRIAMTERENE                    | 100 MG     | CAPSULE    | ORAL      | 04/30/2025     | 5.36406   |
| TRIAMTERENE                    | 50 MG      | CAPSULE    | ORAL      | 04/03/2025     | 7.57301   |
| TRIAMTERENE/HYDROCHLOROTHIAZID | 37.5-25 MG | CAPSULE    | ORAL      | 02/24/2026     | 0.11371   |
| TRIAMTERENE/HYDROCHLOROTHIAZID | 37.5-25 MG | TABLET     | ORAL      | 12/18/2025     | 0.05215   |

*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

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

| Generic Name                   | Strength   | Form      | Route      | Effective Date | MAC Price |
|--------------------------------|------------|-----------|------------|----------------|-----------|
| TRIAMTERENE/HYDROCHLOROTHIAZID | 75 MG-50MG | TABLET    | ORAL       | 01/29/2026     | 0.12221   |
| TRIAZOLAM                      | 0.125 MG   | TABLET    | ORAL       | 10/23/2025     | 1.49075   |
| TRIAZOLAM                      | 0.25 MG    | TABLET    | ORAL       | 12/18/2025     | 1.11081   |
| TRIENTINE HCL                  | 250 MG     | CAPSULE   | ORAL       | 03/19/2026     | 5.83984   |
| TRIFLUOPERAZINE HCL            | 1 MG       | TABLET    | ORAL       | 03/05/2026     | 1.20814   |
| TRIFLUOPERAZINE HCL            | 10 MG      | TABLET    | ORAL       | 10/23/2025     | 2.56329   |
| TRIFLUOPERAZINE HCL            | 2 MG       | TABLET    | ORAL       | 12/11/2025     | 1.51889   |
| TRIFLUOPERAZINE HCL            | 5 MG       | TABLET    | ORAL       | 12/11/2025     | 1.14061   |
| TRIFLURIDINE                   | 1 %        | DROPS     | OPHTHALMIC | 05/06/2022     | 13.07386  |
| TRIHXYPHENIDYL HCL             | 2 MG       | TABLET    | ORAL       | 12/22/2025     | 0.05816   |
| TRIHXYPHENIDYL HCL             | 5 MG       | TABLET    | ORAL       | 12/18/2025     | 0.12368   |
| TRIMETHOBENZAMIDE HCL          | 300 MG     | CAPSULE   | ORAL       | 04/08/2025     | 0.40608   |
| TRIMETHOPRIM                   | 100 MG     | TABLET    | ORAL       | 05/22/2024     | 1.56030   |
| TRIMIPRAMINE MALEATE           | 100 MG     | CAPSULE   | ORAL       | 04/03/2025     | 9.32630   |
| TRIMIPRAMINE MALEATE           | 25 MG      | CAPSULE   | ORAL       | 04/03/2025     | 4.63892   |
| TRIMIPRAMINE MALEATE           | 50 MG      | CAPSULE   | ORAL       | 04/03/2025     | 7.43860   |
| TRIPROLIDINE HCL               | 0.625MG/ML | DROPS     | ORAL       | 02/12/2026     | 0.25031   |
| TRIPROLIDINE HCL               | 0.938MG/ML | DROPS     | ORAL       | 10/02/2025     | 0.40200   |
| TRIPROLIDINE HCL               | 2.5 MG     | TABLET    | ORAL       | 06/26/2025     | 0.42043   |
| TRIPROLIDINE/PHENYLEPHRINE/DM  | 2.5-10-20  | LIQUID    | ORAL       | 05/06/2022     | 0.05841   |
| TROLAMINE SALICYLATE           | 10 %       | CREAM (G) | TOPICAL    | 03/06/2025     | 0.07910   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| TROPICAMIDE                    | 0.5 %      | DROPS      | OPHTHALMIC | 07/09/2019     | 0.68689   |
| TROPICAMIDE                    | 1 %        | DROPS      | OPHTHALMIC | 12/18/2025     | 1.24263   |
| TROSPIUM CHLORIDE              | 60 MG      | CAP ER 24H | ORAL       | 12/18/2025     | 4.70360   |
| TROSPIUM CHLORIDE              | 20 MG      | TABLET     | ORAL       | 12/18/2025     | 0.43863   |
| TURMERIC ROOT EXTRACT          | 500 MG     | CAPSULE    | ORAL       | 01/20/2026     | 0.29179   |
| TURMERIC/TURMERIC ROOT EXTRACT | 450MG-50MG | CAPSULE    | ORAL       | 07/27/2022     | 0.13221   |
| TURPENTINE                     |            | LIQUID     | MISCELL    | 04/01/2025     | 0.03576   |
| TYROSINE                       | 500 MG     | CAPSULE    | ORAL       | 10/23/2025     | 0.09554   |
| UBIDECARENONE                  | 400 MG     | CAPSULE    | ORAL       | 06/03/2025     | 0.81047   |
| UBIDECARENONE                  |            | POWDER     | MISCELL    | 11/21/2018     | 26.71663  |
| UBIQUINOL                      | 100 MG     | CAPSULE    | ORAL       | 10/10/2023     | 0.42863   |
| UMECLIDINIUM BRM/VILANTEROL TR | 62.5-25MCG | BLST W/DEV | INHALATION | 03/12/2026     | 8.00000   |
| UMECLIDINIUM BROMIDE           | 62.5 MCG   | BLST W/DEV | INHALATION | 05/07/2026     | 11.95553  |
| UNDECYLENIC ACID               | 25 %       | SOLUTION   | TOPICAL    | 02/22/2024     | 2.96779   |
| UREA                           | 15 G       | POWD PACK  | ORAL       | 02/05/2026     | 5.29431   |
| 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    | 06/18/2025     | 0.16774   |
| UREA                           | 20 %       | CREAM (G)  | TOPICAL    | 09/29/2025     | 0.06700   |
| UREA                           | 45 %       | CREAM (G)  | TOPICAL    | 05/06/2022     | 0.61729   |
| UREA                           | 10 %       | LOTION     | TOPICAL    | 01/26/2023     | 0.01965   |

*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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| URINARY TRACT INFECTION TEST   |            | STICK (EA) | MISCELL    | 05/06/2022     | 5.49910   |
| URINE ALBUMIN TEST             |            | STRIP      | MISCELL    | 05/06/2022     | 3.16580   |
| URINE LEUKOCYTE TEST STRIPS    |            | STRIP      | MISCELL    | 12/22/2025     | 3.74000   |
| URSODIOL                       | 300 MG     | CAPSULE    | ORAL       | 08/19/2025     | 0.35875   |
| URSODIOL                       | 250 MG     | TABLET     | ORAL       | 04/03/2025     | 0.66464   |
| URSODIOL                       | 500 MG     | TABLET     | ORAL       | 01/22/2026     | 1.18268   |
| VALACYCLOVIR HCL               | 500 MG     | TABLET     | ORAL       | 02/19/2026     | 0.24187   |
| VALACYCLOVIR HCL               | 1000 MG    | TABLET     | ORAL       | 05/27/2025     | 0.37405   |
| VALERIAN ROOT                  | 500 MG     | CAPSULE    | ORAL       | 07/27/2022     | 0.11033   |
| VALGANCICLOVIR HCL             | 50 MG/ML   | SOLN RECON | ORAL       | 03/04/2025     | 2.26092   |
| VALGANCICLOVIR HCL             | 450 MG     | TABLET     | ORAL       | 03/26/2024     | 2.49530   |
| VALPROIC ACID                  | 250 MG     | CAPSULE    | ORAL       | 02/12/2026     | 0.30793   |
| VALPROIC ACID (AS SODIUM SALT) | 250 MG/5ML | SOLUTION   | ORAL       | 08/26/2025     | 0.03228   |
| VALPROIC ACID (AS SODIUM SALT) | 250 MG/5ML | SOLUTION   | ORAL       | 05/20/2025     | 0.13346   |
| VALPROIC ACID (AS SODIUM SALT) | 500MG/10ML | SOLUTION   | ORAL       | 05/04/2026     | 0.09902   |
| VALPROIC ACID (AS SODIUM SALT) | 500 MG/5ML | VIAL       | INTRAVEN   | 12/19/2024     | 0.62835   |
| VALRUBICIN                     | 40 MG/ML   | VIAL       | INTRAVESIC | 07/22/2025     | 262.50000 |
| VALSARTAN                      | 4 MG/ML    | SOLUTION   | ORAL       | 10/28/2025     | 1.87321   |
| VALSARTAN                      | 320 MG     | TABLET     | ORAL       | 10/23/2025     | 0.22616   |
| VALSARTAN                      | 160 MG     | TABLET     | ORAL       | 04/30/2026     | 0.19043   |
| VALSARTAN                      | 80 MG      | TABLET     | ORAL       | 03/05/2026     | 0.10071   |

*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

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

| Generic Name                  | Strength   | Form       | Route    | Effective Date | MAC Price |
|-------------------------------|------------|------------|----------|----------------|-----------|
| VALSARTAN                     | 40 MG      | TABLET     | ORAL     | 04/16/2026     | 0.14651   |
| VALSARTAN/HYDROCHLOROTHIAZIDE | 80-12.5MG  | TABLET     | ORAL     | 04/09/2026     | 0.16643   |
| VALSARTAN/HYDROCHLOROTHIAZIDE | 160-12.5MG | TABLET     | ORAL     | 04/09/2026     | 0.19835   |
| VALSARTAN/HYDROCHLOROTHIAZIDE | 160MG-25MG | TABLET     | ORAL     | 04/09/2026     | 0.23270   |
| VALSARTAN/HYDROCHLOROTHIAZIDE | 320MG-25MG | TABLET     | ORAL     | 06/18/2025     | 0.29772   |
| VALSARTAN/HYDROCHLOROTHIAZIDE | 320-12.5MG | TABLET     | ORAL     | 07/03/2025     | 0.34001   |
| VANCOMYCIN HCL                | 125 MG     | CAPSULE    | ORAL     | 11/11/2025     | 1.63614   |
| VANCOMYCIN HCL                | 250 MG     | CAPSULE    | ORAL     | 06/18/2024     | 2.27130   |
| VANCOMYCIN HCL                | 50 MG/ML   | SOLN RECON | ORAL     | 05/07/2024     | 1.06128   |
| VANCOMYCIN HCL                | 25 MG/ML   | SOLN RECON | ORAL     | 02/12/2026     | 1.09844   |
| VANCOMYCIN HCL                | 1 G        | VIAL       | INTRAVEN | 11/20/2025     | 2.66640   |
| VANCOMYCIN HCL                | 10 G       | VIAL       | INTRAVEN | 11/20/2025     | 26.75250  |
| VANCOMYCIN HCL                | 5 G        | VIAL       | INTRAVEN | 11/20/2025     | 16.38893  |
| VANCOMYCIN HCL                | 500 MG     | VIAL       | INTRAVEN | 10/23/2025     | 2.54600   |
| VANCOMYCIN HCL                | 750 MG     | VIAL       | INTRAVEN | 06/26/2025     | 6.75640   |
| VANCOMYCIN HCL                | 1.25 G     | VIAL       | INTRAVEN | 02/23/2026     | 11.71500  |
| VANCOMYCIN HCL                | 1.5 G      | VIAL       | INTRAVEN | 12/22/2025     | 7.50000   |
| VARDENAFIL HCL                | 5 MG       | TABLET     | ORAL     | 11/21/2024     | 18.76840  |
| VARDENAFIL HCL                | 10 MG      | TABLET     | ORAL     | 12/18/2025     | 23.05940  |
| VARDENAFIL HCL                | 20 MG      | TABLET     | ORAL     | 10/02/2025     | 5.19726   |
| VARDENAFIL HCL                | 2.5 MG     | TABLET     | ORAL     | 11/21/2024     | 16.34605  |

*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

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

| Generic Name         | Strength   | Form       | Route    | Effective Date | MAC Price |
|----------------------|------------|------------|----------|----------------|-----------|
| VARDENAFIL HCL       | 10 MG      | TAB RAPDIS | ORAL     | 05/06/2022     | 18.99581  |
| VARENICLINE TARTRATE | 0.5 MG     | TABLET     | ORAL     | 03/26/2026     | 0.70613   |
| VARENICLINE TARTRATE | 1 MG       | TABLET     | ORAL     | 03/26/2026     | 1.24644   |
| VARENICLINE TARTRATE | 0.5 (11)-1 | TAB DS PK  | ORAL     | 03/26/2026     | 1.01612   |
| VASOPRESSIN          | 20 UNIT/ML | VIAL       | INTRAVEN | 07/02/2024     | 11.58600  |
| VECURONIUM BROMIDE   | 10 MG      | VIAL       | INTRAVEN | 04/16/2026     | 5.30860   |
| VECURONIUM BROMIDE   | 20 MG      | VIAL       | INTRAVEN | 04/16/2026     | 10.20740  |
| VENLAFAXINE HCL      | 37.5 MG    | CAP ER 24H | ORAL     | 04/30/2026     | 0.10445   |
| VENLAFAXINE HCL      | 75 MG      | CAP ER 24H | ORAL     | 04/30/2026     | 0.11943   |
| VENLAFAXINE HCL      | 150 MG     | CAP ER 24H | ORAL     | 05/27/2025     | 0.11750   |
| VENLAFAXINE HCL      | 37.5 MG    | TAB ER 24  | ORAL     | 01/22/2026     | 0.91418   |
| VENLAFAXINE HCL      | 75 MG      | TAB ER 24  | ORAL     | 04/16/2024     | 0.62444   |
| VENLAFAXINE HCL      | 150 MG     | TAB ER 24  | ORAL     | 01/29/2026     | 0.58737   |
| VENLAFAXINE HCL      | 225 MG     | TAB ER 24  | ORAL     | 02/24/2026     | 0.89344   |
| VENLAFAXINE HCL      | 25 MG      | TABLET     | ORAL     | 01/15/2026     | 0.12864   |
| VENLAFAXINE HCL      | 37.5 MG    | TABLET     | ORAL     | 12/18/2025     | 0.12944   |
| VENLAFAXINE HCL      | 50 MG      | TABLET     | ORAL     | 01/15/2026     | 0.13628   |
| VENLAFAXINE HCL      | 75 MG      | TABLET     | ORAL     | 12/22/2025     | 0.11578   |
| VENLAFAXINE HCL      | 100 MG     | TABLET     | ORAL     | 12/22/2025     | 0.17098   |
| VERAPAMIL HCL        | 100 MG     | CAP24H PCT | ORAL     | 11/06/2025     | 3.96000   |
| VERAPAMIL HCL        | 120 MG     | CAP24H PEL | ORAL     | 03/11/2025     | 0.70868   |

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

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

| Generic Name                  | Strength   | Form       | Route    | Effective Date | MAC Price |
|-------------------------------|------------|------------|----------|----------------|-----------|
| VERAPAMIL HCL                 | 240 MG     | CAP24H PEL | ORAL     | 01/29/2026     | 2.93528   |
| VERAPAMIL HCL                 | 180 MG     | CAP24H PEL | ORAL     | 06/17/2025     | 1.71949   |
| VERAPAMIL HCL                 | 120 MG     | TABLET     | ORAL     | 11/25/2025     | 0.08013   |
| VERAPAMIL HCL                 | 40 MG      | TABLET     | ORAL     | 08/19/2025     | 0.08059   |
| VERAPAMIL HCL                 | 240 MG     | TABLET ER  | ORAL     | 12/18/2025     | 0.18811   |
| VERAPAMIL HCL                 | 180 MG     | TABLET ER  | ORAL     | 08/21/2025     | 0.21569   |
| VERAPAMIL HCL                 | 120 MG     | TABLET ER  | ORAL     | 01/22/2026     | 0.24053   |
| VERAPAMIL HCL                 | 2.5 MG/ML  | AMPUL      | INTRAVEN | 02/01/2024     | 12.70830  |
| VERAPAMIL HCL                 | 2.5 MG/ML  | VIAL       | INTRAVEN | 03/19/2026     | 1.34000   |
| VIGABATRIN                    | 500 MG     | POWD PACK  | ORAL     | 04/16/2026     | 5.12250   |
| VIGABATRIN                    | 500 MG     | TABLET     | ORAL     | 04/07/2026     | 5.92500   |
| VILAZODONE HCL                | 10 MG      | TABLET     | ORAL     | 03/05/2026     | 1.00000   |
| VILAZODONE HCL                | 20 MG      | TABLET     | ORAL     | 02/17/2026     | 0.70807   |
| VILAZODONE HCL                | 40 MG      | TABLET     | ORAL     | 02/17/2026     | 0.74833   |
| 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 | 12/20/2023     | 11.88000  |
| VINORELBINE TARTRATE          | 50 MG/5 ML | VIAL       | INTRAVEN | 12/20/2023     | 11.88000  |
| VIT A PALMITATE/VIT C/VIT D3  | 750-35/ML  | DROPS      | ORAL     | 08/24/2023     | 0.23544   |
| VIT A PALMITATE/VIT C/VIT D3  | 250-50/ML  | DROPS      | ORAL     | 10/30/2025     | 0.12717   |
| VIT A/VIT C/VIT E/ZINC/COPPER | 2148-113   | TABLET     | ORAL     | 03/05/2026     | 0.12708   |

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

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

| Generic Name                   | Strength   | Form       | Route     | Effective Date | MAC Price |
|--------------------------------|------------|------------|-----------|----------------|-----------|
| 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      | 04/28/2026     | 0.10888   |
| VITAMIN A                      | 3000 MCG   | CAPSULE    | ORAL      | 05/27/2025     | 0.03544   |
| VITAMIN A PALMITATE            | 3000 MCG   | CAPSULE    | ORAL      | 06/17/2025     | 0.02164   |
| VITAMIN A PALMITATE            | 7500 MCG   | CAPSULE    | ORAL      | 03/05/2026     | 0.09670   |
| VITAMIN A/VIT C/ZINC/PROPOLIS  | 15 MG      | LOZENGE    | ORAL      | 05/06/2022     | 0.02673   |
| VITAMIN B COMPLEX              |            | CAPSULE    | ORAL      | 04/30/2026     | 0.11015   |
| VITAMIN B COMPLEX              |            | TABLET     | ORAL      | 04/30/2026     | 0.03645   |
| VITAMIN B COMPLEX/FOLIC ACID   | 0.4 MG     | TABLET     | ORAL      | 03/12/2026     | 0.04683   |
| VITAMIN B COMPLEX/FOLIC ACID   | 0.4 MG     | TABLET ER  | ORAL      | 04/30/2026     | 0.13891   |
| VITAMIN E                      | 268 MG     | CAPSULE    | ORAL      | 12/17/2024     | 0.09038   |
| VITAMIN E (DL,TOCOPHERYL ACET) | 450 MG     | CAPSULE    | ORAL      | 04/29/2025     | 0.10439   |
| VITAMIN E (DL,TOCOPHERYL ACET) | 180 MG     | CAPSULE    | ORAL      | 03/26/2026     | 0.02894   |
| VITAMIN E (DL,TOCOPHERYL ACET) | 90 MG      | CAPSULE    | ORAL      | 10/23/2025     | 0.02558   |
| VITAMIN E (DL,TOCOPHERYL ACET) | 45 MG      | CAPSULE    | ORAL      | 02/19/2026     | 0.02801   |
| VITAMINS A AND D               |            | OINT. (G)  | TOPICAL   | 01/22/2026     | 0.01049   |
| VITAMINS B1,B2,B3,B5,AND B6    | 100-2MG/ML | VIAL       | INJECTION | 10/26/2021     | 4.87564   |
| VITB,C/CHOLINE/INOSITOL/BIOFLV | 500 MG     | TABLET     | ORAL      | 11/04/2025     | 0.15008   |
| VITS A AND D/WHITE PET/LANOLIN |            | OINT. (G)  | TOPICAL   | 08/21/2025     | 0.00430   |
| VITS A,C,E/LUTEIN/MINERALS     | 300MCG-200 | TABLET     | ORAL      | 04/02/2026     | 0.09201   |
| VORICONAZOLE                   | 200 MG/5ML | SUSP RECON | ORAL      | 03/12/2026     | 8.21584   |

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

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

| Generic Name                 | Strength | Form       | Route      | Effective Date | MAC Price |
|------------------------------|----------|------------|------------|----------------|-----------|
| VORICONAZOLE                 | 50 MG    | TABLET     | ORAL       | 02/09/2023     | 1.69197   |
| VORICONAZOLE                 | 200 MG   | TABLET     | ORAL       | 12/11/2025     | 2.91940   |
| VORICONAZOLE                 | 200 MG   | VIAL       | INTRAVEN   | 12/31/2025     | 15.09900  |
| WARFARIN SODIUM              | 10 MG    | TABLET     | ORAL       | 09/29/2025     | 0.12033   |
| WARFARIN SODIUM              | 2.5 MG   | TABLET     | ORAL       | 09/29/2025     | 0.10157   |
| WARFARIN SODIUM              | 2 MG     | TABLET     | ORAL       | 12/11/2025     | 0.09100   |
| WARFARIN SODIUM              | 5 MG     | TABLET     | ORAL       | 04/22/2025     | 0.07596   |
| WARFARIN SODIUM              | 7.5 MG   | TABLET     | ORAL       | 09/29/2025     | 0.14244   |
| WARFARIN SODIUM              | 1 MG     | TABLET     | ORAL       | 10/07/2025     | 0.06037   |
| WARFARIN SODIUM              | 3 MG     | TABLET     | ORAL       | 02/19/2026     | 0.09152   |
| WARFARIN SODIUM              | 4 MG     | TABLET     | ORAL       | 12/11/2025     | 0.10519   |
| WARFARIN SODIUM              | 6 MG     | TABLET     | ORAL       | 12/11/2025     | 0.12784   |
| WATER                        |          | LIQUID     | ORAL       | 11/07/2024     | 0.02934   |
| WATER FOR INJECTION,STERILE  | 100 %    | SYRINGE    | INJECTION  | 10/23/2025     | 0.33379   |
| WATER FOR INJECTION,STERILE  | 100 %    | VIAL       | INJECTION  | 01/29/2026     | 0.06700   |
| WATER FOR INJECTION,STERILE  | 100 %    | IV SOLN    | INTRAVEN   | 04/03/2025     | 0.00552   |
| WATER FOR IRRIGATION,STERILE |          | IRRIG SOLN | IRRIGATION | 03/06/2025     | 0.00650   |
| WHEAT DEXTRIN                | 3 G/4 G  | POWDER     | ORAL       | 08/21/2025     | 0.05841   |
| WITCH HAZEL                  | 50 %     | MED. PAD   | TOPICAL    | 01/29/2026     | 0.03176   |
| ZAFIRLUKAST                  | 20 MG    | TABLET     | ORAL       | 06/11/2024     | 0.81405   |
| ZAFIRLUKAST                  | 10 MG    | TABLET     | ORAL       | 10/02/2025     | 1.14123   |

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

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

| Generic Name            | Strength  | Form      | Route    | Effective Date | MAC Price |
|-------------------------|-----------|-----------|----------|----------------|-----------|
| ZALEPLON                | 5 MG      | CAPSULE   | ORAL     | 01/22/2026     | 0.33714   |
| ZALEPLON                | 10 MG     | CAPSULE   | ORAL     | 01/22/2026     | 0.49258   |
| ZIDOVUDINE              | 100 MG    | CAPSULE   | ORAL     | 05/06/2022     | 2.02608   |
| ZIDOVUDINE              | 10 MG/ML  | SYRUP     | ORAL     | 07/22/2025     | 0.14836   |
| ZIDOVUDINE              | 300 MG    | TABLET    | ORAL     | 12/18/2025     | 0.73119   |
| ZILEUTON                | 600 MG    | TBMP 12HR | ORAL     | 04/30/2026     | 9.24360   |
| ZINC AMINO ACID CHELATE | 50 MG     | TABLET    | ORAL     | 09/26/2024     | 0.06298   |
| ZINC CHLORIDE           | 1 MG/ML   | VIAL      | INTRAVEN | 05/07/2026     | 4.03281   |
| ZINC GLUCONATE          | 30 MG     | TABLET    | ORAL     | 05/06/2022     | 0.05253   |
| ZINC GLUCONATE          | 50 MG     | TABLET    | ORAL     | 07/17/2025     | 0.02814   |
| ZINC GLUCONATE          | 100 MG    | TABLET    | ORAL     | 07/17/2025     | 0.05755   |
| ZINC OXIDE              | 22 %      | CREAM (G) | TOPICAL  | 08/03/2023     | 0.28478   |
| ZINC OXIDE              | 20 %      | OINT. (G) | TOPICAL  | 05/07/2026     | 0.00789   |
| ZINC OXIDE              | 40 %      | OINT. (G) | TOPICAL  | 03/02/2023     | 0.01735   |
| ZINC SULFATE            | 50(220)MG | CAPSULE   | ORAL     | 08/18/2022     | 0.04443   |
| ZINC SULFATE            | 50(220)MG | TABLET    | ORAL     | 03/19/2025     | 0.01988   |
| ZINC SULFATE            | 1 MG/ML   | VIAL      | INTRAVEN | 03/26/2026     | 1.95983   |
| ZINC SULFATE            | 5 MG/ML   | VIAL      | INTRAVEN | 03/26/2026     | 7.67990   |
| ZINC SULFATE            | 3 MG/ML   | VIAL      | INTRAVEN | 05/07/2026     | 5.11490   |
| ZIPRASIDONE HCL         | 20 MG     | CAPSULE   | ORAL     | 12/18/2025     | 0.35979   |
| ZIPRASIDONE HCL         | 40 MG     | CAPSULE   | ORAL     | 12/18/2025     | 0.41093   |

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

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

| Generic Name                   | Strength   | Form       | Route      | Effective Date | MAC Price |
|--------------------------------|------------|------------|------------|----------------|-----------|
| ZIPRASIDONE HCL                | 60 MG      | CAPSULE    | ORAL       | 01/22/2026     | 0.55476   |
| ZIPRASIDONE HCL                | 80 MG      | CAPSULE    | ORAL       | 04/23/2026     | 0.52550   |
| ZIPRASIDONE MESYLATE           | FNL 20MG/1 | VIAL       | INTRAMUSC  | 09/18/2025     | 19.86023  |
| ZOLEDRONIC ACID                | 4 MG/5 ML  | VIAL       | INTRAVEN   | 12/18/2025     | 1.87600   |
| ZOLEDRONIC ACID/MANNITOL-WATER | 5 MG/100ML | PIGGYBACK  | INTRAVEN   | 05/22/2025     | 1.29819   |
| ZOLEDRONIC ACID/MANNITOL-WATER | 5 MG/100ML | PGGYBK BTL | INTRAVEN   | 11/13/2025     | 1.16044   |
| ZOLMITRIPTAN                   | 2.5 MG     | TABLET     | ORAL       | 01/22/2026     | 2.11720   |
| ZOLMITRIPTAN                   | 5 MG       | TABLET     | ORAL       | 04/03/2025     | 2.21100   |
| ZOLMITRIPTAN                   | 2.5 MG     | TAB RAPDIS | ORAL       | 07/16/2024     | 5.57530   |
| ZOLMITRIPTAN                   | 5 MG       | TAB RAPDIS | ORAL       | 12/18/2025     | 5.99440   |
| ZOLMITRIPTAN                   | 5 MG       | SPRAY      | NASAL      | 12/03/2024     | 77.86670  |
| ZOLPIDEM TARTRATE              | 5 MG       | TABLET     | ORAL       | 03/05/2026     | 0.03819   |
| ZOLPIDEM TARTRATE              | 10 MG      | TABLET     | ORAL       | 01/29/2026     | 0.04615   |
| ZOLPIDEM TARTRATE              | 6.25 MG    | TAB MPHASE | ORAL       | 01/22/2026     | 0.48870   |
| ZOLPIDEM TARTRATE              | 12.5 MG    | TAB MPHASE | ORAL       | 11/25/2025     | 0.48803   |
| ZOLPIDEM TARTRATE              | 1.75 MG    | TAB SUBL   | SUBLINGUAL | 08/19/2021     | 6.37434   |
| ZOLPIDEM TARTRATE              | 3.5 MG     | TAB SUBL   | SUBLINGUAL | 05/06/2022     | 6.37434   |
| ZONISAMIDE                     | 100 MG     | CAPSULE    | ORAL       | 01/29/2026     | 0.16643   |
| ZONISAMIDE                     | 25 MG      | CAPSULE    | ORAL       | 02/12/2026     | 0.17555   |
| ZONISAMIDE                     | 50 MG      | CAPSULE    | ORAL       | 04/03/2025     | 0.20584   |

*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.*