Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	04/02/2026	0.22371
0.9 % SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	01/09/2025	0.10318
0.9 % SODIUM CHLORIDE	0.9 %	SPRAY	NASAL	12/04/2025	0.08497
0.9 % SODIUM CHLORIDE	0.9 %	IV SOLN	INTRAVEN	04/16/2026	0.00395
ABACAVIR SULFATE	20 MG/ML	SOLUTION	ORAL	05/14/2026	0.77809
ABACAVIR SULFATE	300 MG	TABLET	ORAL	06/18/2026	0.73633
ABACAVIR SULFATE/LAMIVUDINE	600-300 MG	TABLET	ORAL	03/19/2026	2.92732
ABIRATERONE ACETATE	250 MG	TABLET	ORAL	05/21/2026	1.50214
ABIRATERONE ACETATE	500 MG	TABLET	ORAL	05/07/2026	5.43285
ACAMPROSATE CALCIUM	333 MG	TABLET DR	ORAL	12/31/2025	0.94165
ACARBOSE	100 MG	TABLET	ORAL	04/09/2026	0.45667
ACARBOSE	50 MG	TABLET	ORAL	03/05/2026	0.24415
ACARBOSE	25 MG	TABLET	ORAL	12/18/2025	0.22244
ACEBUTOLOL HCL	200 MG	CAPSULE	ORAL	10/02/2025	1.25263
ACEBUTOLOL HCL	400 MG	CAPSULE	ORAL	11/13/2025	1.92826
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	07/02/2026	0.00970
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	05/07/2026	0.14472
ACETAMINOPHEN	325/10.15	ORAL SUSP	ORAL	05/07/2026	0.08366
ACETAMINOPHEN	650MG/20.3	ORAL SUSP	ORAL	06/04/2026	0.07393
ACETAMINOPHEN	160 MG/5ML	SOLUTION	ORAL	06/18/2025	0.18482
ACETAMINOPHEN	325/10.15	SOLUTION	ORAL	04/23/2026	0.13796
ACETAMINOPHEN	650MG/20.3	SOLUTION	ORAL	06/18/2025	0.08413
ACETAMINOPHEN	160 MG/5ML	LIQUID	ORAL	02/12/2026	0.00994
ACETAMINOPHEN	500MG/15ML	LIQUID	ORAL	06/18/2025	0.01081
ACETAMINOPHEN	325 MG	TABLET	ORAL	06/18/2025	0.01322
ACETAMINOPHEN	500 MG	TABLET	ORAL	02/19/2026	0.00900
ACETAMINOPHEN	160 MG	TAB CHEW	ORAL	06/18/2025	0.01105
ACETAMINOPHEN	80 MG	TAB CHEW	ORAL	11/14/2024	0.09335
ACETAMINOPHEN	650 MG	TABLET ER	ORAL	06/25/2026	0.04543

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	120 MG	SUPP.RECT	RECTAL	04/10/2025	0.39250
ACETAMINOPHEN	325 MG	SUPP.RECT	RECTAL	01/31/2019	0.43885
ACETAMINOPHEN	650 MG	SUPP.RECT	RECTAL	06/18/2025	0.23219
ACETAMINOPHEN	1000MG/100	PIGGYBACK	INTRAVEN	05/14/2026	0.08710
ACETAMINOPHEN	500MG/50ML	PIGGYBACK	INTRAVEN	06/11/2026	0.20105
ACETAMINOPHEN	1000MG/100	VIAL	INTRAVEN	06/18/2025	0.07973
ACETAMINOPHEN WITH CODEINE	300MG-15MG	TABLET	ORAL	05/05/2022	0.13156
ACETAMINOPHEN WITH CODEINE	300MG-30MG	TABLET	ORAL	06/04/2026	0.16549
ACETAMINOPHEN WITH CODEINE	300MG-60MG	TABLET	ORAL	06/18/2025	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
ACETAMINOPHEN/DIPHENHYDRAMINE	500MG-25MG	TABLET	ORAL	03/26/2026	0.03042
ACETAMINOPHEN/PYRILAMINE/CAFF	500-15-60	TABLET	ORAL	06/05/2025	0.13383
ACETAZOLAMIDE	500 MG	CAPSULE ER	ORAL	10/23/2025	0.70578
ACETAZOLAMIDE	125 MG	TABLET	ORAL	06/18/2025	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	2 %	SOLUTION	OTIC (EAR)	04/02/2026	1.95104
ACETIC ACID	0.25 %	IRRIG SOLN	IRRIGATION	06/18/2025	0.00675
ACETONE		LIQUID	MISCELL	01/15/2026	0.02504
ACETYLCARNITINE	500 MG	CAPSULE	ORAL	06/18/2025	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	02/05/2026	0.88303
ACETYLCYSTEINE	200 MG/ML	VIAL	MISCELL	08/28/2025	0.17606
ACITRETIN	10 MG	CAPSULE	ORAL	09/30/2025	5.36914
ACITRETIN	25 MG	CAPSULE	ORAL	06/18/2025	3.20832
ACITRETIN	17.5 MG	CAPSULE	ORAL	10/02/2025	12.83333

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ACTIVATED CHARCOAL	260 MG	CAPSULE	ORAL	06/18/2025	0.04282
ACTIVATED CHARCOAL/SORBITOL	50G/240ML	ORAL SUSP	ORAL	06/18/2025	0.02348
ACYCLOVIR	200 MG	CAPSULE	ORAL	06/04/2026	0.11037
ACYCLOVIR	200 MG/5ML	ORAL SUSP	ORAL	05/21/2026	0.20565
ACYCLOVIR	800 MG	TABLET	ORAL	05/14/2026	0.25020
ACYCLOVIR	400 MG	TABLET	ORAL	05/14/2026	0.13467
ACYCLOVIR	5 %	CREAM (G)	TOPICAL	04/23/2026	9.46260
ACYCLOVIR	5 %	OINT. (G)	TOPICAL	06/18/2025	0.33915
ACYCLOVIR SODIUM	50 MG/ML	VIAL	INTRAVEN	08/07/2025	0.39128
ADAPALENE	0.1 %	GEL (GRAM)	TOPICAL	05/14/2026	0.27693
ADAPALENE	0.3 %	GEL (GRAM)	TOPICAL	05/21/2026	1.16610
ADAPALENE	0.1 %	CREAM (G)	TOPICAL	11/13/2025	4.12339
ADAPALENE	0.3 %	GEL W/PUMP	TOPICAL	05/21/2026	2.31314
ADAPALENE	0.1 %	SOLUTION	TOPICAL	05/06/2022	15.90732
ADAPALENE/BENZOYL PEROXIDE	0.1 %-2.5%	GEL W/PUMP	TOPICAL	05/21/2026	0.38443
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	SYRINGE	INTRAVEN	07/11/2024	5.12820
ADENOSINE	3 MG/ML	VIAL	INTRAVEN	12/19/2024	1.90950
ADENOSINE	3 MG/ML	VIAL	INTRAVEN	03/26/2026	1.50750
ADHESIVE REMOVER		LIQUID	MISCELL	05/06/2022	0.05265
ALBENDAZOLE	200 MG	TABLET	ORAL	02/19/2026	10.52250
ALBUTEROL SULFATE	2 MG/5 ML	SYRUP	ORAL	10/30/2025	0.16958
ALBUTEROL SULFATE	2 MG	TABLET	ORAL	03/19/2026	0.53801
ALBUTEROL SULFATE	4 MG	TABLET	ORAL	04/03/2025	0.24937
ALBUTEROL SULFATE	2.5 MG/3ML	VIAL-NEB	INHALATION	05/14/2026	0.09953
ALBUTEROL SULFATE	0.63MG/3ML	VIAL-NEB	INHALATION	06/18/2026	0.29819
ALBUTEROL SULFATE	1.25MG/3ML	VIAL-NEB	INHALATION	05/14/2026	0.30230
ALBUTEROL SULFATE	2.5 MG/0.5	VIAL-NEB	INHALATION	07/24/2025	2.56833
ALBUTEROL SULFATE	90 MCG	HFA AER AD	INHALATION	02/26/2026	1.22000

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	12/23/2025	0.30150
ALENDRONATE SODIUM	35 MG	TABLET	ORAL	01/22/2026	0.40870
ALFUZOSIN HCL	10 MG	TAB ER 24H	ORAL	04/03/2025	0.16184
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	05/14/2026	0.07402
ALLOPURINOL	200 MG	TABLET	ORAL	07/10/2025	3.65933
ALLOPURINOL SODIUM	500 MG	VIAL	INTRAVEN	12/28/2023	3882.39968
ALMOTRIPTAN MALATE	12.5 MG	TABLET	ORAL	01/22/2026	23.31612
ALMOTRIPTAN MALATE	6.25 MG	TABLET	ORAL	09/30/2025	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	07/02/2026	0.02921
ALPRAZOLAM	0.5 MG	TABLET	ORAL	04/02/2026	0.03551
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	2 MG	TAB RAPDIS	ORAL	05/06/2022	4.06600
ALPROSTADIL	20 MCG	KIT	INTRACAVER	04/02/2026	761.08300
ALPROSTADIL	10 MCG	KIT	INTRACAVER	04/02/2026	589.23150
ALUMINUM HYDROXIDE	0.275 %	OINT. (G)	TOPICAL	05/06/2022	0.23037
ALVIMOPAN	12 MG	CAPSULE	ORAL	04/03/2025	96.62248
AMANTADINE HCL	100 MG	CAPSULE	ORAL	07/02/2026	0.18471
AMANTADINE HCL	50 MG/5 ML	SOLUTION	ORAL	12/31/2025	0.09329
AMANTADINE HCL	100 MG	TABLET	ORAL	06/11/2026	0.55342
AMBRISENTAN	5 MG	TABLET	ORAL	06/18/2026	21.00805
AMBRISENTAN	10 MG	TABLET	ORAL	07/02/2026	21.00805
AMIKACIN SULFATE	500 MG/2ML	VIAL	INJECTION	06/18/2026	3.43530
AMIKACIN SULFATE	1000MG/4ML	VIAL	INJECTION	10/31/2024	2.21703
AMILORIDE HCL	5 MG	TABLET	ORAL	11/13/2025	0.41232
AMINO ACIDS		POWDER	ORAL	01/22/2026	0.18089
AMINOCAPROIC ACID	250 MG/ML	SOLUTION	ORAL	11/20/2025	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	05/06/2022	0.22231
AMIODARONE HCL	200 MG	TABLET	ORAL	07/02/2026	0.16731
AMIODARONE HCL	100 MG	TABLET	ORAL	05/28/2026	1.16937
AMIODARONE HCL	400 MG	TABLET	ORAL	05/05/2022	1.35273
AMIODARONE HCL	50 MG/ML	VIAL	INTRAVEN	12/18/2025	0.88887
AMITRIPTYLINE HCL	10 MG	TABLET	ORAL	03/19/2026	0.04598
AMITRIPTYLINE HCL	100 MG	TABLET	ORAL	06/11/2026	0.26921
AMITRIPTYLINE HCL	150 MG	TABLET	ORAL	02/26/2026	0.42545
AMITRIPTYLINE HCL	25 MG	TABLET	ORAL	03/12/2026	0.06932
AMITRIPTYLINE HCL	50 MG	TABLET	ORAL	06/11/2026	0.13735
AMITRIPTYLINE HCL	75 MG	TABLET	ORAL	02/26/2026	0.23571
AMLODIPINE BES/OLMESARTAN MED	5 MG-20 MG	TABLET	ORAL	02/26/2026	0.59764
AMLODIPINE BES/OLMESARTAN MED	10 MG-20MG	TABLET	ORAL	10/02/2025	0.50920

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 BES/OLMESARTAN MED	5 MG-40 MG	TABLET	ORAL	01/22/2026	0.95825
AMLODIPINE BES/OLMESARTAN MED	10 MG-40MG	TABLET	ORAL	12/18/2025	0.57218
AMLODIPINE BESYLATE	2.5 MG	TABLET	ORAL	07/02/2026	0.01384
AMLODIPINE BESYLATE	5 MG	TABLET	ORAL	07/02/2026	0.01589
AMLODIPINE BESYLATE	10 MG	TABLET	ORAL	07/02/2026	0.01970
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-20 MG	CAPSULE	ORAL	02/12/2026	0.19234
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-10 MG	CAPSULE	ORAL	06/18/2026	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	05/21/2026	0.65854
AMLODIPINE BESYLATE/VALSARTAN	5 MG-320MG	TABLET	ORAL	10/23/2025	0.83616
AMLODIPINE BESYLATE/VALSARTAN	10MG-320MG	TABLET	ORAL	10/23/2025	0.94872
AMLODIPINE/ATORVASTATIN	5 MG-10 MG	TABLET	ORAL	07/02/2026	4.18088
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	03/05/2026	5.16636
AMLODIPINE/ATORVASTATIN	10 MG-10MG	TABLET	ORAL	12/18/2025	4.10696
AMLODIPINE/ATORVASTATIN	10 MG-20MG	TABLET	ORAL	05/07/2026	0.96012
AMLODIPINE/ATORVASTATIN	10 MG-40MG	TABLET	ORAL	03/05/2026	4.84044
AMLODIPINE/ATORVASTATIN	10 MG-80MG	TABLET	ORAL	03/05/2026	5.49910
AMLODIPINE/ATORVASTATIN	2.5MG-10MG	TABLET	ORAL	06/12/2025	4.52078
AMLODIPINE/ATORVASTATIN	2.5MG-20MG	TABLET	ORAL	12/18/2025	8.23720
AMLODIPINE/ATORVASTATIN	2.5MG-40MG	TABLET	ORAL	11/13/2025	8.86240
AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-12.5	TABLET	ORAL	11/25/2025	8.74840
AMLODIPINE/VALSARTAN/HCTHIAZID	10MG-160MG	TABLET	ORAL	12/18/2025	9.59240
AMLODIPINE/VALSARTAN/HCTHIAZID	5-160-25MG	TABLET	ORAL	12/18/2025	8.68160
AMLODIPINE/VALSARTAN/HCTHIAZID	10-160-25	TABLET	ORAL	11/25/2025	8.10920

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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/VALSARTAN/HCTHIAZID	10-320-25	TABLET	ORAL	11/25/2025	11.90823
AMMONIA	15 % (W/V)	AMPUL	INHALATION	10/03/2024	0.18023
AMMONIUM LACTATE	12 %	CREAM (G)	TOPICAL	03/26/2026	0.08148
AMMONIUM LACTATE	12 %	LOTION	TOPICAL	10/02/2025	0.08749
AMOXAPINE	100 MG	TABLET	ORAL	03/13/2025	10.35000
AMOXAPINE	150 MG	TABLET	ORAL	04/03/2025	4.94648
AMOXAPINE	25 MG	TABLET	ORAL	03/13/2025	9.36000
AMOXAPINE	50 MG	TABLET	ORAL	03/13/2025	9.66000
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	10/02/2025	0.04070
AMOXICILLIN	400 MG/5ML	SUSP RECON	ORAL	02/19/2026	0.03362
AMOXICILLIN	200 MG/5ML	SUSP RECON	ORAL	03/19/2026	0.07236
AMOXICILLIN	500 MG	TABLET	ORAL	06/18/2026	0.17433
AMOXICILLIN	875 MG	TABLET	ORAL	01/15/2026	0.22807
AMOXICILLIN/POTASSIUM CLAV	125-31.25/	SUSP RECON	ORAL	04/25/2024	6.48462
AMOXICILLIN/POTASSIUM CLAV	250-62.5/5	SUSP RECON	ORAL	03/19/2026	0.55896
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	06/18/2026	0.08994
AMOXICILLIN/POTASSIUM CLAV	250-125 MG	TABLET	ORAL	12/11/2025	2.68708
AMOXICILLIN/POTASSIUM CLAV	500-125 MG	TABLET	ORAL	05/07/2026	0.45761
AMOXICILLIN/POTASSIUM CLAV	875-125 MG	TABLET	ORAL	04/16/2026	0.29480
AMOXICILLIN/POTASSIUM CLAV	1000-62.5	TAB ER 12H	ORAL	01/22/2026	4.42294
AMPHETAMINE SULFATE	10 MG	TABLET	ORAL	07/02/2026	1.38047
AMPHETAMINE SULFATE	5 MG	TABLET	ORAL	07/02/2026	1.43903
AMPHOTERICIN B LIPOSOME	50 MG	VIAL	INTRAVEN	06/18/2026	228.39050
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
AMPICILLIN SOD/SULBACTAM SOD	15 G	VIAL	INJECTION	06/18/2026	23.37300
AMPICILLIN SODIUM	1 G	VIAL	INJECTION	06/04/2026	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	10/02/2025	2.10380
AMPICILLIN TRIHYDRATE	500 MG	CAPSULE	ORAL	05/14/2026	1.14447
ANAGRELIDE HCL	0.5 MG	CAPSULE	ORAL	02/13/2025	1.20908
ANAGRELIDE HCL	1 MG	CAPSULE	ORAL	03/12/2026	4.72784
ANASTROZOLE	1 MG	TABLET	ORAL	05/21/2026	0.14105
ANISE OIL		OIL	MISCELL	01/08/2026	0.53622
ANTI-INHIBITOR COAGULANT COMP.	1750-3250	VIAL	INTRAVEN	05/05/2022	1.82600
ANTI-INHIBITOR COAGULANT COMP.	350-650	VIAL	INTRAVEN	05/05/2022	1.82600
ANTI-INHIBITOR COAGULANT COMP.	700-1300	VIAL	INTRAVEN	05/05/2022	1.82600
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	250 (+/-)	VIAL	INTRAVEN	05/05/2022	1.40490
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	500 (+/-)	VIAL	INTRAVEN	05/05/2022	1.40490
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.40490
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.40490
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	3000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.40490
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	1500 (+/-)	VIAL	INTRAVEN	05/05/2022	1.40490
ANTIHEM.FVIII,SIN-CHN,B-DM TRU	2500 (+/-)	VIAL	INTRAVEN	05/05/2022	1.40490
ANTIHEMO.FVIII,FULL LENGTH PEG	250 (+/-)	VIAL	INTRAVEN	05/05/2022	1.70730
ANTIHEMO.FVIII,FULL LENGTH PEG	500 (+/-)	VIAL	INTRAVEN	05/05/2022	1.70730
ANTIHEMO.FVIII,FULL LENGTH PEG	1000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.70730
ANTIHEMO.FVIII,FULL LENGTH PEG	2000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.70730
ANTIHEMO.FVIII,FULL LENGTH PEG	750 (+/-)	VIAL	INTRAVEN	05/05/2022	1.70730
ANTIHEMO.FVIII,FULL LENGTH PEG	1500 (+/-)	VIAL	INTRAVEN	05/05/2022	1.70730
ANTIHEMO.FVIII,FULL LENGTH PEG	3000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.70730
ANTIHEMOPH.FVIII REC,FC FUSION	250 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII REC,FC FUSION	500 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ANTIHEMOPH.FVIII REC,FC FUSION	750 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII REC,FC FUSION	1000 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII REC,FC FUSION	1500 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII REC,FC FUSION	2000 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII REC,FC FUSION	3000 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII REC,FC FUSION	4000 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII REC,FC FUSION	5000 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII REC,FC FUSION	6000 UNIT	VIAL	INTRAVEN	05/05/2022	1.94820
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	250 (+/-)	VIAL	INTRAVEN	01/01/2023	1.13820
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	500 (+/-)	VIAL	INTRAVEN	01/01/2023	1.13820
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1000 (+/-)	VIAL	INTRAVEN	01/01/2023	1.13820
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	1500 (+/-)	VIAL	INTRAVEN	01/01/2023	1.13820
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	2000 (+/-)	VIAL	INTRAVEN	01/01/2023	1.13820
ANTIHEMOPH.FVIII,B-DOM TRUNCAT	3000 (+/-)	VIAL	INTRAVEN	01/01/2023	1.13820
ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	VIAL	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	VIAL	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,B-DOMAIN DEL	1000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,B-DOMAIN DEL	3000 (+/-)	SYRINGE	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,B-DOMAIN DEL	1000 (+/-)	SYRINGE	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,B-DOMAIN DEL	2000 (+/-)	SYRINGE	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,B-DOMAIN DEL	250 (+/-)	SYRINGE	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,B-DOMAIN DEL	500 (+/-)	SYRINGE	INTRAVEN	05/05/2022	1.28310
ANTIHEMOPH.FVIII,HEK B-DELETE	250 (+/-)	VIAL	INTRAVEN	09/25/2025	1.17285
ANTIHEMOPH.FVIII,HEK B-DELETE	500 (+/-)	VIAL	INTRAVEN	09/25/2025	1.17285
ANTIHEMOPH.FVIII,HEK B-DELETE	1000 (+/-)	VIAL	INTRAVEN	09/25/2025	1.17285
ANTIHEMOPH.FVIII,HEK B-DELETE	2000 (+/-)	VIAL	INTRAVEN	09/25/2025	1.17285
ANTIHEMOPH.FVIII,HEK B-DELETE	2500 (+/-)	VIAL	INTRAVEN	09/25/2025	1.17285
ANTIHEMOPH.FVIII,HEK B-DELETE	3000 (+/-)	VIAL	INTRAVEN	09/25/2025	1.17285
ANTIHEMOPH.FVIII,HEK B-DELETE	4000 (+/-)	VIAL	INTRAVEN	09/25/2025	1.17285

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ANTIHEMOPH.FVIII,HEK B-DELETE	1500 (+/-)	VIAL	INTRAVEN	09/25/2025	1.17285
ANTIHEMOPHIL.FVIII,FULL LENGTH	3000 (+/-)	VIAL	INTRAVEN	10/01/2022	1.27500
ANTIHEMOPHIL.FVIII,FULL LENGTH	2000 (+/-)	VIAL	INTRAVEN	10/01/2022	1.27500
ANTIHEMOPHIL.FVIII,FULL LENGTH	1500 (+/-)	VIAL	INTRAVEN	10/01/2022	1.27500
ANTIHEMOPHIL.FVIII,FULL LENGTH	500 (+/-)	VIAL	INTRAVEN	10/01/2022	1.27500
ANTIHEMOPHIL.FVIII,FULL LENGTH	1000 (+/-)	VIAL	INTRAVEN	10/01/2022	1.27500
ANTIHEMOPHIL.FVIII,FULL LENGTH	250 (+/-)	VIAL	INTRAVEN	10/01/2022	1.27500
ANTIHEMOPHIL.FVIII,FULL LENGTH	4000 (+/-)	VIAL	INTRAVEN	10/01/2022	1.27500
ANTIHEMOPHILIC FACTOR, HUMAN	500 (+/-)	VIAL	INTRAVEN	10/04/2023	1.06575
ANTIHEMOPHILIC FACTOR, HUMAN	1000 (+/-)	VIAL	INTRAVEN	03/27/2025	1.06575
ANTIHEMOPHILIC FACTOR, HUMAN	250 (+/-)	VIAL	INTRAVEN	10/01/2022	1.06050
ANTIHEMOPHILIC FACTOR, HUMAN	220-400	VIAL	INTRAVEN	05/05/2022	1.06050
ANTIHEMOPHILIC FACTOR, HUMAN	401-800	VIAL	INTRAVEN	05/05/2022	1.06050
ANTIHEMOPHILIC FACTOR, HUMAN	801-1500	VIAL	INTRAVEN	05/05/2022	1.06050
ANTIHEMOPHILIC FACTOR, HUMAN	1501-2000	VIAL	INTRAVEN	05/05/2022	1.06050
ANTIHEMOPHILIC FACTOR/VWF	250-600	VIAL	INTRAVEN	05/05/2022	1.17915
ANTIHEMOPHILIC FACTOR/VWF	1000-2400	VIAL	INTRAVEN	05/05/2022	1.17915
ANTIHEMOPHILIC FACTOR/VWF	500-1200	VIAL	INTRAVEN	05/05/2022	1.17915
ANTIHEMOPHILIC FACTOR/VWF	250 (100)	VIAL	INTRAVEN	01/01/2023	1.19700
ANTIHEMOPHILIC FACTOR/VWF	500 (200)	VIAL	INTRAVEN	07/01/2022	1.19700
ANTIHEMOPHILIC FACTOR/VWF	1000 (400)	VIAL	INTRAVEN	07/01/2022	1.19700
ANTIHEMOPHILIC FACTOR/VWF	1500 (600)	VIAL	INTRAVEN	07/01/2022	1.19700
ANTIHEMOPHILIC FACTOR/VWF	500-500	VIAL	INTRAVEN	05/05/2022	1.02000
ANTIHEMOPHILIC FACTOR/VWF	1K-1K UNIT	VIAL	INTRAVEN	05/05/2022	1.02000
ANTIHEMOPHILIC FACTOR/VWF	2000 (800)	VIAL	INTRAVEN	07/01/2022	1.19700
ANTIHEMOPHILIC FVIII,REC PORC	500 (+/-)	VIAL	INTRAVEN	04/01/2026	2.80250
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	03/21/2024	2.27800
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
ARIPIPRAZOLE	1 MG/ML	SOLUTION	ORAL	12/18/2025	0.63337
ARIPIPRAZOLE	10 MG	TABLET	ORAL	05/28/2026	0.10943
ARIPIPRAZOLE	15 MG	TABLET	ORAL	03/05/2026	0.07773
ARIPIPRAZOLE	20 MG	TABLET	ORAL	01/15/2026	0.08442
ARIPIPRAZOLE	30 MG	TABLET	ORAL	01/15/2026	0.09648
ARIPIPRAZOLE	5 MG	TABLET	ORAL	02/12/2026	0.04824
ARIPIPRAZOLE	2 MG	TABLET	ORAL	01/15/2026	0.04342
ARIPIPRAZOLE	10 MG	TAB RAPDIS	ORAL	11/13/2025	6.07568
ARIPIPRAZOLE	15 MG	TAB RAPDIS	ORAL	01/25/2024	3.30000
ARMODAFINIL	150 MG	TABLET	ORAL	11/14/2024	1.67187
ARMODAFINIL	50 MG	TABLET	ORAL	12/19/2024	0.49089
ARMODAFINIL	250 MG	TABLET	ORAL	09/18/2025	16.52910
ARMODAFINIL	200 MG	TABLET	ORAL	11/14/2024	1.69421
ARSENIC TRIOXIDE	10 MG/10ML	VIAL	INTRAVEN	06/18/2026	3.79619
ASCORBIC ACID	500 MG	CAPSULE	ORAL	04/30/2026	0.06955
ASCORBIC ACID	500 MG	CAPSULE ER	ORAL	04/23/2026	0.08703
ASCORBIC ACID	500 MG/5ML	SYRUP	ORAL	05/28/2026	0.01506
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	04/30/2026	0.06419
ASCORBIC ACID	500 MG	TAB CHEW	ORAL	07/17/2025	0.03374
ASCORBIC ACID	125 MG	TAB CHEW	ORAL	04/02/2026	0.09090

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	11/27/2024	0.15209
ASENAPINE MALEATE	5 MG	TAB SUBL	SUBLINGUAL	12/18/2025	2.29325
ASENAPINE MALEATE	10 MG	TAB SUBL	SUBLINGUAL	05/30/2024	4.36260
ASENAPINE MALEATE	2.5 MG	TAB SUBL	SUBLINGUAL	12/14/2023	4.66906
ASPIRIN	325 MG	TABLET	ORAL	06/04/2026	0.01387
ASPIRIN	81 MG	TAB CHEW	ORAL	03/05/2026	0.01497
ASPIRIN	325 MG	TABLET DR	ORAL	06/04/2026	0.02191
ASPIRIN	81 MG	TABLET DR	ORAL	02/26/2026	0.00741
ASPIRIN/ACETAMINOPHEN/CAFFEINE	250-250-65	TABLET	ORAL	08/07/2025	0.02915
ASPIRIN/CAFFEINE	1000-65 MG	POWD PACK	ORAL	05/09/2024	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	03/07/2024	3.71800
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	06/18/2026	0.04181
ATENOLOL	50 MG	TABLET	ORAL	04/16/2026	0.02916
ATENOLOL	25 MG	TABLET	ORAL	12/23/2025	0.02610
ATENOLOL/CHLORTHALIDONE	100MG-25MG	TABLET	ORAL	01/22/2026	0.57499
ATENOLOL/CHLORTHALIDONE	50 MG-25MG	TABLET	ORAL	01/22/2026	0.34800
ATOMOXETINE HCL	10 MG	CAPSULE	ORAL	04/30/2026	0.69903
ATOMOXETINE HCL	18 MG	CAPSULE	ORAL	06/18/2026	0.63159
ATOMOXETINE HCL	25 MG	CAPSULE	ORAL	04/30/2026	0.69680
ATOMOXETINE HCL	40 MG	CAPSULE	ORAL	03/05/2026	0.48164
ATOMOXETINE HCL	60 MG	CAPSULE	ORAL	04/30/2026	0.59630
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	06/18/2026	0.01924

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ATORVASTATIN CALCIUM	20 MG	TABLET	ORAL	05/05/2022	0.02353
ATORVASTATIN CALCIUM	40 MG	TABLET	ORAL	07/02/2026	0.04021
ATORVASTATIN CALCIUM	80 MG	TABLET	ORAL	04/16/2026	0.06189
ATOVAQUONE	750 MG/5ML	ORAL SUSP	ORAL	07/02/2026	1.02095
ATOVAQUONE/PROGUANIL HCL	62.5-25 MG	TABLET	ORAL	10/02/2025	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	08/15/2024	9.57600
ATROPINE SULFATE	1 MG/ML	VIAL	INTRAVEN	11/20/2025	13.02708
AVANAFIL	50 MG	TABLET	ORAL	04/16/2026	63.42261
AVANAFIL	100 MG	TABLET	ORAL	04/16/2026	63.42261
AVANAFIL	200 MG	TABLET	ORAL	04/16/2026	63.42261
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
AZATHIOPRINE	100 MG	TABLET	ORAL	02/19/2026	8.44332
AZELAIC ACID	15 %	GEL (GRAM)	TOPICAL	05/14/2026	1.37511
AZELASTINE HCL	0.05 %	DROPS	OPHTHALMIC	11/13/2025	1.31097
AZELASTINE HCL	137 MCG	SPRAY/PUMP	NASAL	11/13/2025	0.33813
AZELASTINE HCL	205.5 MCG	SPRAY/PUMP	NASAL	09/05/2024	0.80400
AZELASTINE/FLUTICASONE	137-50 MCG	SPRAY/PUMP	NASAL	02/12/2026	4.13447
AZITHROMYCIN	200 MG/5ML	SUSP RECON	ORAL	02/26/2026	0.18198
AZITHROMYCIN	100 MG/5ML	SUSP RECON	ORAL	04/23/2026	0.55208
AZITHROMYCIN	500 MG	TABLET	ORAL	04/23/2026	0.29927
AZITHROMYCIN	250 MG	TABLET	ORAL	06/18/2026	0.20100
AZITHROMYCIN	600 MG	TABLET	ORAL	10/23/2025	1.66026
AZITHROMYCIN	500 MG	VIAL	INTRAVEN	07/24/2025	3.66168

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	04/02/2026	0.12539
B-COMPLEX WITH VITAMIN C		CAPSULE	ORAL	04/30/2026	0.09742
B-COMPLEX WITH VITAMIN C		TABLET	ORAL	11/14/2024	0.05092
B12/LEVOMEFOLATE CALCIUM/B-6	2-1.13-25	TABLET	ORAL	04/02/2026	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
BACILLUS COAGULANS/INULIN	1B-250 MG	CAPSULE	ORAL	04/16/2026	0.39369
BACITRACIN	500 UNIT/G	OINT. (G)	TOPICAL	05/21/2026	0.16986
BACITRACIN	500 UNIT/G	PACKET	TOPICAL	06/04/2026	0.15494
BACITRACIN	50000 UNIT	VIAL	INTRAMUSC	05/06/2022	2.69280
BACITRACIN ZINC	500 UNIT/G	OINT PACK	TOPICAL	06/11/2026	0.03513
BACITRACIN ZINC	500 UNIT/G	OINT. (G)	TOPICAL	06/04/2026	0.06467
BACITRACIN ZINC/POLYMYXIN B	500-10K/G	OINT. (G)	TOPICAL	05/14/2026	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	04/18/2024	4.79154
BACLOFEN	10 MG/5 ML	SOLUTION	ORAL	06/11/2026	4.36062
BACLOFEN	10 MG	TABLET	ORAL	05/21/2026	0.04020
BACLOFEN	20 MG	TABLET	ORAL	04/16/2026	0.07864
BACLOFEN	5 MG	TABLET	ORAL	06/04/2026	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	8.46000
BACLOFEN	20K MCG/20	VIAL	INTRATHEC	09/12/2024	17.67150
BACTERIOSTATIC SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	06/05/2025	0.04879
BALSALAZIDE DISODIUM	750 MG	CAPSULE	ORAL	12/23/2025	0.47221
BENAZEPRIL HCL	5 MG	TABLET	ORAL	02/19/2026	0.07450
BENAZEPRIL HCL	10 MG	TABLET	ORAL	07/03/2025	0.10814

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	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	03/19/2026	1.03944
BENAZEPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	07/02/2026	0.45855
BENAZEPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	11/25/2025	0.49272
BENAZEPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	07/02/2026	0.43215
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	02/05/2026	457.58819
BENTONITE		POWDER	MISCELL	05/06/2022	0.16080
BENZALKONIUM CHLORIDE	0.1 %	GEL (ML)	TOPICAL	04/24/2025	24.65513
BENZALKONIUM CHLORIDE	0.13 %	SOLUTION	TOPICAL	05/06/2022	0.07063
BENZETHONIUM CHLORIDE	0.1 %	CLEANSER	TOPICAL	05/06/2022	0.01554
BENZETHONIUM CHLORIDE	0.13 %	CLEANSER	TOPICAL	12/26/2024	0.00957
BENZOCAINE	20 %	SPRAY	MUCOUS MEM	03/19/2026	11.88000
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
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	06/20/2024	0.12269
BENZOCAINE/MENTHOL	20 %-1 %	MED. SWAB	TOPICAL	04/23/2026	0.42143
BENZOIN		TINCTURE	TOPICAL	04/30/2026	0.28685
BENZONATATE	100 MG	CAPSULE	ORAL	05/07/2026	0.08102
BENZONATATE	200 MG	CAPSULE	ORAL	05/07/2026	0.14606
BENZOYL PEROXIDE	9.8 %	FOAM	TOPICAL	04/02/2026	7.85046
BENZOYL PEROXIDE	10 %	BAR	TOPICAL	05/08/2025	5.39306
BENZOYL PEROXIDE	10 %	GEL (GRAM)	TOPICAL	03/05/2026	0.07370

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
BENZOYL PEROXIDE	5 %	GEL (GRAM)	TOPICAL	03/05/2026	0.06526
BENZOYL PEROXIDE	10 %	CLEANSER	TOPICAL	06/18/2026	0.06082
BENZOYL PEROXIDE	5 %	CLEANSER	TOPICAL	08/07/2025	0.03103
BENZOYL PEROXIDE	7 %	CLEANSER	TOPICAL	04/02/2026	0.26655
BENZOYL PEROXIDE	6 %	TOWELETTE	TOPICAL	04/02/2026	6.18765
BENZPHETAMINE HCL	50 MG	TABLET	ORAL	07/02/2026	0.49191
BENZTROPINE MESYLATE	0.5 MG	TABLET	ORAL	02/26/2026	0.13400
BENZTROPINE MESYLATE	1 MG	TABLET	ORAL	05/14/2026	0.14260
BENZTROPINE MESYLATE	2 MG	TABLET	ORAL	03/19/2026	0.15255
BENZTROPINE MESYLATE	2 MG/2 ML	VIAL	INJECTION	12/12/2024	14.17500
BEPOTASTINE BESILATE	1.5 %	DROPS	OPHTHALMIC	02/13/2025	10.35000
BETA-CAROTENE	7500 MCG	CAPSULE	ORAL	08/14/2025	0.06023
BETAMETHASONE ACETATE,SOD PHOS	6 MG/ML	VIAL	INJECTION	05/07/2026	9.17700
BETAMETHASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	08/21/2025	0.76916
BETAMETHASONE DIPROPIONATE	0.05 %	OINT. (G)	TOPICAL	02/19/2026	0.69501
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	03/20/2025	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	08/24/2023	0.82410
BETAXOLOL HCL	20 MG	TABLET	ORAL	04/09/2026	1.78843
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	09/11/2025	0.38592
BETHANECHOL CHLORIDE	50 MG	TABLET	ORAL	05/05/2022	0.52780
BEXAROTENE	75 MG	CAPSULE	ORAL	07/02/2026	11.50000

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
BEXAROTENE	1 %	GEL (GRAM)	TOPICAL	02/19/2026	323.17037
BICALUTAMIDE	50 MG	TABLET	ORAL	04/02/2026	0.55967
BIMATOPROST	0.03 %	DROP W/APP	TOPICAL	02/23/2023	18.90000
BIMATOPROST	0.03 %	DROPS	OPHTHALMIC	08/08/2024	17.46570
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
BISMUTH SUBSALICYLATE	262MG/15ML	ORAL SUSP	ORAL	01/22/2026	0.01534
BISMUTH SUBSALICYLATE	525MG/15ML	ORAL SUSP	ORAL	01/22/2026	0.02093
BISMUTH SUBSALICYLATE	262 MG	TABLET	ORAL	01/22/2026	0.22437
BISMUTH SUBSALICYLATE	262 MG	TAB CHEW	ORAL	05/07/2026	0.15182
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
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	04/02/2026	2.77992
BLEOMYCIN SULFATE	15 UNIT	VIAL	INJECTION	05/05/2022	21.73500
BLEOMYCIN SULFATE	30 UNIT	VIAL	INJECTION	05/05/2022	46.91425
BORIC ACID	600 MG	SUPP.VAG	VAGINAL	03/20/2025	0.46006
BORTEZOMIB	3.5 MG	VIAL	INJECTION	06/25/2026	20.31750

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
BOSENTAN	125 MG	TABLET	ORAL	02/06/2025	107.30153
BOSENTAN	62.5 MG	TABLET	ORAL	09/05/2024	107.30153
BRIMONIDINE TARTRATE	0.33 %	GEL W/PUMP	TOPICAL	02/16/2023	15.07800
BRIMONIDINE TARTRATE	0.2 %	DROPS	OPHTHALMIC	03/26/2026	0.71288
BRIMONIDINE TARTRATE	0.15 %	DROPS	OPHTHALMIC	02/19/2026	9.68010
BRIMONIDINE TARTRATE	0.1 %	DROPS	OPHTHALMIC	06/25/2026	6.35000
BRIMONIDINE TARTRATE/TIMOLOL	0.2%-0.5%	DROPS	OPHTHALMIC	07/24/2025	2.41200
BRINZOLAMIDE	1 %	DROPS SUSP	OPHTHALMIC	11/22/2023	5.45677
BRIVARACETAM	10 MG/ML	SOLUTION	ORAL	05/07/2026	0.29040
BRIVARACETAM	10 MG	TABLET	ORAL	05/07/2026	1.69371
BRIVARACETAM	25 MG	TABLET	ORAL	05/28/2026	0.30061
BRIVARACETAM	75 MG	TABLET	ORAL	05/07/2026	1.69371
BRIVARACETAM	100 MG	TABLET	ORAL	05/28/2026	0.48084
BRIVARACETAM	50 MG/5 ML	VIAL	INTRAVEN	03/19/2026	1.82245
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	07/02/2026	5.91206
BROMOCRIPTINE MESYLATE	2.5 MG	TABLET	ORAL	05/21/2026	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	05/05/2022	0.04110
BROMPHENIRAMINE/PSEUDOEPHED/DM	2-30-10/5	SYRUP	ORAL	07/02/2026	0.12355
BUDESONIDE	3 MG	CAPDR - ER	ORAL	02/19/2026	0.81606
BUDESONIDE	9 MG	TABDR - ER	ORAL	05/14/2026	16.71810
BUDESONIDE	2 MG	FOAM/APPL	RECTAL	08/29/2024	7.88937
BUDESONIDE	32 MCG	SPRAY/PUMP	NASAL	04/16/2026	2.18088
BUDESONIDE	1 MG/2 ML	AMPUL-NEB	INHALATION	06/18/2026	4.96738

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	0.25MG/2ML	AMPUL-NEB	INHALATION	06/11/2026	1.01416
BUDESONIDE	0.5 MG/2ML	AMPUL-NEB	INHALATION	02/12/2026	0.78144
BUDESONIDE	90 MCG	AER POW BA	INHALATION	04/02/2026	192.41300
BUDESONIDE/FORMOTEROL FUMARATE	80-4.5 MCG	HFA AER AD	INHALATION	06/11/2026	20.14456
BUDESONIDE/FORMOTEROL FUMARATE	160-4.5MCG	HFA AER AD	INHALATION	08/07/2025	20.40294
BUMETANIDE	0.5 MG	TABLET	ORAL	06/11/2026	0.15691
BUMETANIDE	1 MG	TABLET	ORAL	08/28/2025	0.21011
BUMETANIDE	2 MG	TABLET	ORAL	06/11/2026	0.11011
BUMETANIDE	0.25 MG/ML	VIAL	INJECTION	06/11/2026	0.27433
BUPIVACAINE HCL	2.5 MG/ML	VIAL	INJECTION	08/21/2025	0.08603
BUPIVACAINE HCL	5 MG/ML	VIAL	INJECTION	05/07/2026	0.05012
BUPIVACAINE HCL IN DEXTROSE/PF	0.75 %	AMPUL	INJECTION	07/03/2025	0.92681
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	0.14584
BUPIVACAINE HCL/EPINEPHRINE/PF	0.5-1:200K	VIAL	INJECTION	09/25/2025	0.10631
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	08/28/2025	27.07560
BUPRENORPHINE	20 MCG/HR	PATCH TDWK	TRANSDERM	06/18/2026	100.37313
BUPRENORPHINE	15 MCG/HR	PATCH TDWK	TRANSDERM	04/16/2026	63.15538
BUPRENORPHINE	7.5 MCG/HR	PATCH TDWK	TRANSDERM	04/16/2026	58.99644
BUPRENORPHINE HCL	0.3 MG/ML	VIAL	INJECTION	07/17/2025	9.39780
BUPRENORPHINE HCL	2 MG	TAB SUBL	SUBLINGUAL	04/16/2026	0.61149
BUPRENORPHINE HCL	8 MG	TAB SUBL	SUBLINGUAL	06/18/2026	0.73834
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	FILM	SUBLINGUAL	02/19/2026	1.12955
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	FILM	SUBLINGUAL	02/19/2026	1.93917
BUPRENORPHINE HCL/NALOXONE HCL	4MG-1MG	FILM	SUBLINGUAL	02/19/2026	3.50773

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 HCL/NALOXONE HCL	12 MG-3 MG	FILM	SUBLINGUAL	02/19/2026	5.94226
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	TAB SUBL	SUBLINGUAL	06/18/2026	1.23057
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	TAB SUBL	SUBLINGUAL	06/18/2026	1.23503
BUPROPION HCL	75 MG	TABLET	ORAL	06/18/2026	0.10465
BUPROPION HCL	100 MG	TABLET	ORAL	06/18/2026	0.16241
BUPROPION HCL	150 MG	TAB ER 24H	ORAL	06/04/2026	0.06872
BUPROPION HCL	300 MG	TAB ER 24H	ORAL	06/04/2026	0.08889
BUPROPION HCL	450 MG	TAB ER 24H	ORAL	09/14/2023	9.20652
BUPROPION HCL	150 MG	TAB ER 12H	ORAL	10/02/2025	0.43662
BUPROPION HCL	150 MG	TAB SR 12H	ORAL	04/02/2026	0.07820
BUPROPION HCL	100 MG	TAB SR 12H	ORAL	06/04/2026	0.08579
BUPROPION HCL	200 MG	TAB SR 12H	ORAL	01/29/2026	0.13829
BUSPIRONE HCL	10 MG	TABLET	ORAL	06/25/2026	0.04261
BUSPIRONE HCL	5 MG	TABLET	ORAL	06/18/2026	0.03586
BUSPIRONE HCL	15 MG	TABLET	ORAL	06/18/2026	0.06142
BUSPIRONE HCL	30 MG	TABLET	ORAL	06/18/2026	0.15879
BUSPIRONE HCL	7.5 MG	TABLET	ORAL	06/18/2026	0.11470
BUSULFAN	60 MG/10ML	VIAL	INTRAVEN	04/03/2025	11.24111
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	CAPSULE	ORAL	03/06/2025	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	05/05/2022	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	04/09/2026	1.53323
BUTALBITAL/ACETAMINOPHEN	50MG-300MG	TABLET	ORAL	04/09/2026	2.18929
BUTALBITAL/ASPIRIN/CAFFEINE	50-325-40	CAPSULE	ORAL	08/07/2025	0.62310
BUTENAFINE HCL	1 %	CREAM (G)	TOPICAL	04/24/2025	0.45403
BUTORPHANOL TARTRATE	10 MG/ML	SPRAY	NASAL	05/05/2022	12.15867
BUTYLATED HYDROXYTOLUENE		GRANULES	MISCELL	07/27/2023	0.21370

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
CABERGOLINE	0.5 MG	TABLET	ORAL	06/11/2026	3.39570
CAFFEINE	200 MG	TABLET	ORAL	04/30/2026	0.07328
CAFFEINE CITRATE	60 MG/3 ML	SOLUTION	ORAL	05/22/2024	7.56200
CAFFEINE CITRATE	60 MG/3 ML	VIAL	INTRAVEN	10/16/2025	2.36733
CALAMINE/ZINC OXIDE	8 %-8 %	LOTION	TOPICAL	10/09/2025	0.00810
CALCIPOTRIENE	0.005 %	CREAM (G)	TOPICAL	12/18/2025	1.36390
CALCIPOTRIENE	0.005 %	OINT. (G)	TOPICAL	11/13/2025	2.50089
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION	TOPICAL	12/18/2025	3.77234
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	05/05/2022	8.69400
CALCITRIOL	0.25 MCG	CAPSULE	ORAL	06/12/2025	0.14517
CALCITRIOL	0.5 MCG	CAPSULE	ORAL	10/02/2025	0.31128
CALCITRIOL	1 MCG/ML	SOLUTION	ORAL	05/21/2026	11.34207
CALCIUM ACETATE	667 MG	CAPSULE	ORAL	06/11/2026	0.26231
CALCIUM ACETATE	667 MG	TABLET	ORAL	10/02/2025	0.22713
CALCIUM ACETATE	667 MG	TABLET	ORAL	05/06/2022	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	05/05/2022	0.04891
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
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	04/30/2026	0.06209

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	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	0.84420
CALCIUM CHLORIDE	100 MG/ML	VIAL	INTRAVEN	05/01/2025	0.59898
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	11/25/2025	0.31758
CALCIUM GLUC IN NACL, ISO-OSM	2 G/100 ML	PLAST. BAG	INTRAVEN	11/25/2025	0.31758
CALCIUM GLUCONATE	100 MG/ML	VIAL	INTRAVEN	04/16/2026	0.50154
CALCIUM PHOSPHATE DIBAS/VIT D3	100MG-3MCG	TABLET	ORAL	12/18/2025	0.11500
CALCIUM PHOSPHATE TRIB/VIT D3	250MG-12.5	TAB CHEW	ORAL	03/26/2026	0.21323
CALCIUM POLYCARBOPHIL	625 MG	TABLET	ORAL	03/12/2026	0.05159
CALCIUM/MAGNESIUM/ZINC	333-133-5	TABLET	ORAL	04/13/2023	0.07343
CAMPHOR/PHENOL	10.8-4.7%	GEL (GRAM)	TOPICAL	05/06/2022	0.33452
CAMPHOR/PHENOL	10.8-4.7%	SOLUTION	TOPICAL	10/06/2022	0.09960
CANDESARTAN CILEXETIL	4 MG	TABLET	ORAL	03/19/2026	0.72334
CANDESARTAN CILEXETIL	8 MG	TABLET	ORAL	04/03/2025	1.17697
CANDESARTAN CILEXETIL	16 MG	TABLET	ORAL	08/28/2025	1.16193
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	02/05/2026	2.09293
CANDESARTAN/HYDROCHLOROTHIAZID	32MG-25MG	TABLET	ORAL	08/28/2025	2.48853
CAPECITABINE	150 MG	TABLET	ORAL	06/18/2026	0.32361
CAPECITABINE	500 MG	TABLET	ORAL	02/19/2026	0.48162

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
CAPSAICIN	0.025 %	CREAM (G)	TOPICAL	09/18/2025	0.09983
CAPSAICIN	0.075 %	CREAM (G)	TOPICAL	08/14/2025	0.06159
CAPSAICIN	0.1 %	CREAM (G)	TOPICAL	05/21/2026	0.26611
CAPSAICIN	0.035 %	CREAM (G)	TOPICAL	02/26/2026	5.13031
CAPSAICIN	0.025 %	ADH. PATCH	TOPICAL	05/05/2022	1.59907
CAPSAICIN	0.035 %	ADH. PATCH	TOPICAL	07/17/2025	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	11/13/2025	1.77550
CAPSAICIN/MENTHOL	0.0375%-5%	ADH. PATCH	TOPICAL	05/06/2022	18.37500
CAPTOPRIL	100 MG	TABLET	ORAL	06/11/2026	1.56311
CAPTOPRIL	12.5 MG	TABLET	ORAL	06/11/2026	0.71690
CAPTOPRIL	25 MG	TABLET	ORAL	06/11/2026	0.51630
CAPTOPRIL	50 MG	TABLET	ORAL	06/11/2026	0.71811
CARBAMAZEPINE	200 MG	CPMP 12HR	ORAL	04/23/2026	2.37560
CARBAMAZEPINE	300 MG	CPMP 12HR	ORAL	04/23/2026	2.37560
CARBAMAZEPINE	100 MG	CPMP 12HR	ORAL	06/06/2024	1.57428
CARBAMAZEPINE	100 MG/5ML	ORAL SUSP	ORAL	01/29/2026	0.09126
CARBAMAZEPINE	200 MG	TABLET	ORAL	05/14/2026	0.12404
CARBAMAZEPINE	100 MG	TAB CHEW	ORAL	02/12/2026	0.40369
CARBAMAZEPINE	200 MG	TAB ER 12H	ORAL	05/28/2026	0.51536
CARBAMAZEPINE	400 MG	TAB ER 12H	ORAL	05/28/2026	0.79234
CARBAMAZEPINE	100 MG	TAB ER 12H	ORAL	04/16/2026	0.35992
CARBAMIDE PEROXIDE	6.5 %	DROPS	OTIC (EAR)	05/14/2026	0.14003
CARBIDOPA	25 MG	TABLET	ORAL	10/02/2025	1.19903
CARBIDOPA/LEVODOPA	10MG-100MG	TABLET	ORAL	06/04/2026	0.04901
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET	ORAL	06/04/2026	0.05538
CARBIDOPA/LEVODOPA	25MG-250MG	TABLET	ORAL	06/04/2026	0.08211
CARBIDOPA/LEVODOPA	50MG-200MG	TABLET ER	ORAL	08/28/2025	0.40455
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET ER	ORAL	03/05/2026	0.31356
CARBIDOPA/LEVODOPA	10MG-100MG	TAB RAPDIS	ORAL	10/16/2025	0.81392

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	25MG-100MG	TAB RAPDIS	ORAL	10/16/2025	0.91911
CARBIDOPA/LEVODOPA	25MG-250MG	TAB RAPDIS	ORAL	12/04/2025	1.83459
CARBIDOPA/LEVODOPA/ENTACAPONE	37.5-150MG	TABLET	ORAL	05/05/2022	1.72900
CARBIDOPA/LEVODOPA/ENTACAPONE	25-100-200	TABLET	ORAL	05/21/2026	3.64399
CARBIDOPA/LEVODOPA/ENTACAPONE	12.5-50 MG	TABLET	ORAL	05/21/2026	3.69468
CARBIDOPA/LEVODOPA/ENTACAPONE	50-200-200	TABLET	ORAL	03/26/2026	1.40807
CARBIDOPA/LEVODOPA/ENTACAPONE	18.75-75MG	TABLET	ORAL	05/21/2026	3.72926
CARBIDOPA/LEVODOPA/ENTACAPONE	31.25-125	TABLET	ORAL	05/21/2026	3.68689
CARBINOXAMINE MALEATE	4 MG/5 ML	LIQUID	ORAL	04/02/2026	1.49421
CARBINOXAMINE MALEATE	4 MG	TABLET	ORAL	07/17/2025	0.82745
CARBOPLATIN	10 MG/ML	VIAL	INTRAVEN	04/09/2026	0.56637
CARBOPROST TROMETHAMINE	250 MCG/ML	VIAL	INTRAMUSC	04/16/2026	25.77568
CARBOXYMETHYLCELLULOSE SODIUM	1 %	DROPER GEL	OPHTHALMIC	04/09/2026	0.10670
CARBOXYMETHYLCELLULOSE SODIUM	1 %	DRP LQ GEL	OPHTHALMIC	05/06/2022	0.42299
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPERETTE	OPHTHALMIC	03/05/2026	0.14773
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPS	OPHTHALMIC	07/02/2026	0.24566
CARDIOPLEGIC SOLUTION NO.1	K+=16MEQ/L	PLST BG PR	PERFUSION	05/15/2025	0.03980
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	06/18/2026	0.03484
CARVEDILOL	12.5 MG	TABLET	ORAL	04/09/2026	0.02771
CARVEDILOL	3.125 MG	TABLET	ORAL	05/28/2026	0.02216
CARVEDILOL	6.25 MG	TABLET	ORAL	06/04/2026	0.02653
CARVEDILOL PHOSPHATE	10 MG	CPMP 24HR	ORAL	06/06/2024	6.29242
CARVEDILOL PHOSPHATE	20 MG	CPMP 24HR	ORAL	04/03/2025	8.31080
CARVEDILOL PHOSPHATE	40 MG	CPMP 24HR	ORAL	04/03/2025	8.31080
CARVEDILOL PHOSPHATE	80 MG	CPMP 24HR	ORAL	06/06/2024	6.29242
CASPOFUNGIN ACETATE	50 MG	VIAL	INTRAVEN	08/01/2024	61.50000

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
CASPOFUNGIN ACETATE	70 MG	VIAL	INTRAVEN	09/26/2024	68.16250
CASTOR OIL	100 %	OIL	ORAL	07/02/2026	0.02626
CASTOR OIL		OIL	MISCELL	06/27/2024	0.15075
CEFACLOR	250 MG/5ML	SUSP RECON	ORAL	04/02/2026	1.30605
CEFACLOR	375 MG/5ML	SUSP RECON	ORAL	04/02/2026	1.95908
CEFADROXIL	500 MG	CAPSULE	ORAL	03/12/2026	0.32937
CEFADROXIL	250 MG/5ML	SUSP RECON	ORAL	02/05/2026	0.27256
CEFADROXIL	500 MG/5ML	SUSP RECON	ORAL	03/19/2026	0.33107
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
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	10/09/2025	2.01000
CEFEPIME HCL	2 G	VIAL	INJECTION	05/21/2026	6.88067
CEFIXIME	400 MG	CAPSULE	ORAL	06/25/2026	17.08308
CEFIXIME	100 MG/5ML	SUSP RECON	ORAL	02/19/2026	2.39056
CEFIXIME	200 MG/5ML	SUSP RECON	ORAL	05/09/2024	1.19296
CEFOTETAN DISODIUM	1 G	VIAL	INJECTION	05/05/2022	10.49950
CEFOTETAN DISODIUM	2 G	VIAL	INJECTION	05/05/2022	25.67172
CEFOXITIN SODIUM	10 G	VIAL	INTRAVEN	10/26/2023	58.15338
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	05/14/2026	2.81886
CEFPROZIL	125 MG/5ML	SUSP RECON	ORAL	01/22/2026	0.27979
CEFPROZIL	250 MG/5ML	SUSP RECON	ORAL	02/19/2026	0.37449

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	TABLET	ORAL	10/02/2025	1.45685
CEFPROZIL	500 MG	TABLET	ORAL	10/02/2025	1.40807
CEFTAZIDIME	1 G	VIAL	INJECTION	07/17/2025	3.06600
CEFTAZIDIME	2 G	VIAL	INJECTION	09/26/2024	7.24503
CEFTAZIDIME	6 G	VIAL	INJECTION	09/26/2024	21.63411
CEFTRIAXONE SODIUM	1 G	VIAL	INJECTION	12/18/2025	1.34000
CEFTRIAXONE SODIUM	10 G	VIAL	INJECTION	05/22/2025	15.01238
CEFTRIAXONE SODIUM	2 G	VIAL	INJECTION	10/30/2025	2.54600
CEFTRIAXONE SODIUM	250 MG	VIAL	INJECTION	05/22/2025	0.46900
CEFTRIAXONE SODIUM	500 MG	VIAL	INJECTION	05/22/2025	0.56950
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	09/14/2023	5.52925
CELECOXIB	100 MG	CAPSULE	ORAL	06/25/2026	0.07819
CELECOXIB	200 MG	CAPSULE	ORAL	06/25/2026	0.11480
CELECOXIB	400 MG	CAPSULE	ORAL	06/25/2026	0.45337
CELECOXIB	50 MG	CAPSULE	ORAL	06/25/2026	0.11814
CELLULOSE		POWDER	MISCELL	01/08/2026	0.06392
CEPHALEXIN	250 MG	CAPSULE	ORAL	05/21/2026	0.11017
CEPHALEXIN	500 MG	CAPSULE	ORAL	05/21/2026	0.18883
CEPHALEXIN	750 MG	CAPSULE	ORAL	09/04/2025	6.35000
CEPHALEXIN	125 MG/5ML	SUSP RECON	ORAL	07/02/2026	0.11899
CEPHALEXIN	250 MG/5ML	SUSP RECON	ORAL	06/25/2026	0.05434
CEPHALEXIN	250 MG	TABLET	ORAL	04/23/2026	2.58942
CEPHALEXIN	500 MG	TABLET	ORAL	01/22/2026	4.95686
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	06/11/2026	0.08911

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
CETIRIZINE HCL	5 MG	TAB CHEW
CETIRIZINE HCL	10 MG	TAB CHEW
CETIRIZINE HCL/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H
CETYL ALC/STEARYL ALC/PG/SLS		CREAM (G)
CEVIMELINE HCL	30 MG	CAPSULE
CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE
CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE
CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE
CHLORDIAZEPOXIDE/CLIDINIUM BR	5 MG-2.5MG	CAPSULE
CHLORHEXIDINE GLUCONATE	0.12 %	MOUTHWASH
CHLORHEXIDINE GLUCONATE	4 %	LIQUID
CHLORHEXIDINE GLUCONATE	2 %	LIQUID
CHLOROPROCAINE HCL/PF	30 MG/ML	VIAL
CHLOROPROCAINE HCL/PF	20 MG/ML	VIAL
CHLOROQUINE PHOSPHATE	250 MG	TABLET
CHLOROQUINE PHOSPHATE	500 MG	TABLET
CHLOROTHIAZIDE SODIUM	500 MG	VIAL
CHLOROXYLENOL	0.43 %	CLEANSER
CHLORPHENIR/PHENYLEPH/ASPIRIN	2-7.8-325	TABLET EFF
CHLORPHENIRAMINE MALEATE	4 MG	TABLET
CHLORPHENIRAMINE/DEXTROMETHORP	2-15MG/5ML	LIQUID
CHLORPHENIRAMINE/DEXTROMETHORP	4 MG-30 MG	TABLET
CHLORPHENIRAMINE/PHENYLEPH/DM	2-5-10MG/5	LIQUID
CHLORPHENIRAMINE/PHENYLEPH/DM	4-10-15/5	LIQUID
CHLORPHENIRAMINE/PHENYLEPHRINE	1-2.5 MG/5	LIQUID
CHLORPROMAZINE HCL	10 MG	TABLET
CHLORPROMAZINE HCL	100 MG	TABLET
CHLORPROMAZINE HCL	200 MG	TABLET
CHLORPROMAZINE HCL	25 MG	TABLET

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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.

Route	Effective Date	MAC Price
ORAL	11/30/2023	1.65467
ORAL	01/02/2025	1.21047
ORAL	01/22/2026	0.96201
TOPICAL	05/06/2022	0.03596
ORAL	05/21/2026	1.25370
ORAL	12/04/2025	0.22405
ORAL	12/11/2025	0.36247
ORAL	10/02/2025	0.38152
ORAL	02/26/2026	0.89204
MUCOUS MEM	06/04/2026	0.01501
TOPICAL	03/19/2026	0.02839
TOPICAL	02/27/2025	0.03214
INJECTION	05/19/2022	1.34938
INJECTION	05/19/2022	1.28506
ORAL	02/19/2026	4.71662
ORAL	10/02/2025	10.05100
INTRAVEN	07/14/2022	30.84840
TOPICAL	05/06/2022	0.00333
ORAL	07/17/2025	0.20332
ORAL	02/19/2026	0.00804
ORAL	01/19/2023	0.06343
ORAL	07/17/2025	0.08599
ORAL	10/30/2025	0.02224
ORAL	04/30/2026	0.09856
ORAL	12/04/2025	0.06643
ORAL	04/03/2025	0.38900
ORAL	06/04/2026	1.43983
ORAL	06/11/2026	0.93117
ORAL	06/04/2026	0.36896

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	06/04/2026	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	07/02/2026	0.05085
CHLORTHALIDONE	50 MG	TABLET	ORAL	07/02/2026	0.07584
CHLORZOXAZONE	250 MG	TABLET	ORAL	10/09/2025	13.06375
CHLORZOXAZONE	500 MG	TABLET	ORAL	02/05/2026	0.46954
CHLORZOXAZONE	375 MG	TABLET	ORAL	09/12/2024	1.46408
CHLORZOXAZONE	750 MG	TABLET	ORAL	09/05/2024	2.14025
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	CAPSULE	ORAL	02/26/2026	0.01904
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	CAPSULE	ORAL	12/28/2023	0.02000
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	CAPSULE	ORAL	04/09/2026	0.03390
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	CAPSULE	ORAL	07/03/2025	0.15038
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	CAPSULE	ORAL	09/04/2025	0.17532
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	CAPSULE	ORAL	04/30/2026	0.06043
CHOLECALCIFEROL (VITAMIN D3)	10(400)/ML	DROPS	ORAL	10/02/2025	0.11846
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	02/19/2026	0.02787
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TABLET	ORAL	02/19/2026	0.00791
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	TABLET	ORAL	02/19/2026	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	09/04/2025	0.07429
CHOLECALCIFEROL (VITAMIN D3)	62.5 MCG	TAB CHEW	ORAL	05/04/2023	0.25594
CHOLESTYRAMINE	4 G	POWD PACK	ORAL	07/03/2024	0.77117

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
CHOLESTYRAMINE	4 G	POWDER	ORAL	02/26/2026	0.12648
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWD PACK	ORAL	03/26/2026	0.91410
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWDER	ORAL	07/02/2026	0.08418
CHORIONIC GONADOTROPIN, HUMAN	10000 UNIT	VIAL	INTRAMUSC	05/05/2022	257.27500
CHROMIC CHLORIDE	4 MCG/ML	VIAL	INTRAVEN	02/26/2026	1.52666
CHROMIUM PICOLINATE	200 MCG	TABLET	ORAL	06/26/2025	0.04683
CICLOPIROX	0.77 %	GEL (GRAM)	TOPICAL	04/30/2026	0.93934
CICLOPIROX	8 %	SOLUTION	TOPICAL	05/21/2026	2.67594
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	04/02/2026	14.74340
CIDOFOVIR	75 MG/ML	VIAL	INTRAVEN	05/05/2022	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	02/20/2025	0.46846
CIMETIDINE	300 MG	TABLET	ORAL	05/05/2022	0.38490
CIMETIDINE	400 MG	TABLET	ORAL	12/23/2025	0.66933
CIMETIDINE	800 MG	TABLET	ORAL	11/13/2025	1.57718
CINACALCET HCL	30 MG	TABLET	ORAL	06/18/2026	0.79105
CINACALCET HCL	60 MG	TABLET	ORAL	10/02/2025	1.28461
CINACALCET HCL	90 MG	TABLET	ORAL	11/13/2025	1.94925
CIPROFLOXACIN	250 MG/5ML	SUS MC REC	ORAL	06/22/2023	2.01000
CIPROFLOXACIN	500 MG/5ML	SUS MC REC	ORAL	06/22/2023	3.96000
CIPROFLOXACIN HCL	250 MG	TABLET	ORAL	06/25/2026	0.19323
CIPROFLOXACIN HCL	500 MG	TABLET	ORAL	06/25/2026	0.27449
CIPROFLOXACIN HCL	750 MG	TABLET	ORAL	04/09/2026	0.64829
CIPROFLOXACIN HCL	0.3 %	DROPS	OPHTHALMIC	12/23/2025	2.51652
CIPROFLOXACIN HCL	0.2 %	DROPERETTE	OTIC (EAR)	08/14/2025	10.72211
CIPROFLOXACIN HCL/DEXAMETH	0.3 %-0.1%	DROPS SUSP	OTIC (EAR)	02/26/2026	8.61000

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	12/31/2025	0.02797
CIPROFLOXACIN/HYDROCORTISONE	0.2 %-1 %	DROPS SUSP	OTIC (EAR)	12/04/2025	20.66453
CISATRACURIUM BESYLATE	10 MG/ML	VIAL	INTRAVEN	05/28/2026	1.78666
CISATRACURIUM BESYLATE	2 MG/ML	VIAL	INTRAVEN	05/28/2026	0.39731
CISPLATIN	1 MG/ML	VIAL	INTRAVEN	02/26/2026	0.20100
CITALOPRAM HYDROBROMIDE	30 MG	CAPSULE	ORAL	04/02/2026	3.85066
CITALOPRAM HYDROBROMIDE	10 MG/5 ML	SOLUTION	ORAL	03/19/2026	0.31334
CITALOPRAM HYDROBROMIDE	20 MG	TABLET	ORAL	05/05/2022	0.02737
CITALOPRAM HYDROBROMIDE	40 MG	TABLET	ORAL	06/18/2026	0.05960
CITALOPRAM HYDROBROMIDE	10 MG	TABLET	ORAL	05/14/2026	0.03551
CITRIC ACID/SODIUM CITRATE	334-500MG	SOLUTION	ORAL	05/28/2026	0.11751
CITRULLINE		POWDER	ORAL	10/23/2025	0.09554
CLADRIBINE	10 MG	TABLET	ORAL	06/18/2026	7769.64350
CLADRIBINE	10 MG/10ML	VIAL	INTRAVEN	10/02/2025	34.28318
CLARITHROMYCIN	500 MG	TABLET	ORAL	05/21/2026	0.63985
CLARITHROMYCIN	250 MG	TABLET	ORAL	04/02/2026	0.32160
CLARITHROMYCIN	500 MG	TAB ER 24H	ORAL	04/25/2024	5.94127
CLINDAMYCIN HCL	150 MG	CAPSULE	ORAL	12/18/2025	0.09434
CLINDAMYCIN HCL	300 MG	CAPSULE	ORAL	04/16/2026	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
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	04/18/2024	2.93515
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	05/28/2026	0.57910

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 PHOSPHATE	1 %	GEL (GRAM)	TOPICAL	01/22/2026	0.23204
CLINDAMYCIN PHOSPHATE	1 %	SOLUTION	TOPICAL	05/21/2026	0.15075
CLINDAMYCIN PHOSPHATE	1 %	LOTION	TOPICAL	05/14/2026	0.45247
CLINDAMYCIN PHOSPHATE	1 %	GEL DAILY	TOPICAL	04/30/2026	8.53088
CLINDAMYCIN PHOSPHATE	2 %	CREAM/APPL	VAGINAL	01/09/2025	2.44919
CLINDAMYCIN PHOSPHATE/D5W	300MG/50ML	PIGGYBACK	INTRAVEN	01/16/2025	0.11385
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	04/03/2025	6.09473
CLOBAZAM	2.5 MG/ML	ORAL SUSP	ORAL	02/26/2026	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
CLOBETASOL PROPIONATE	0.05 %	SPRAY	TOPICAL	11/13/2025	0.55144
CLOBETASOL PROPIONATE	0.05 %	GEL (GRAM)	TOPICAL	01/12/2023	0.52930
CLOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	04/23/2026	0.18700
CLOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	05/21/2026	0.15633
CLOBETASOL PROPIONATE	0.05 %	SOLUTION	TOPICAL	03/26/2026	0.17447
CLOBETASOL PROPIONATE	0.05 %	LOTION	TOPICAL	01/22/2026	0.68215
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	02/19/2026	0.70037
CLOCORTOLONE PIVALATE	0.1 %	CREAM (G)	TOPICAL	06/18/2025	4.72956
CLOFARABINE	20 MG/20ML	VIAL	INTRAVEN	10/02/2025	26.23846
CLOMIPHENE CITRATE	50 MG	TABLET	ORAL	05/21/2026	4.87740
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	02/12/2026	0.03086
CLONAZEPAM	1 MG	TABLET	ORAL	06/04/2026	0.03203

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	2 MG	TABLET	ORAL	01/29/2026	0.05146
CLONAZEPAM	0.125 MG	TAB RAPDIS	ORAL	10/16/2025	0.87022
CLONAZEPAM	0.25 MG	TAB RAPDIS	ORAL	10/16/2025	0.87022
CLONAZEPAM	0.5 MG	TAB RAPDIS	ORAL	10/16/2025	0.86876
CLONAZEPAM	1 MG	TAB RAPDIS	ORAL	12/11/2025	1.64507
CLONAZEPAM	2 MG	TAB RAPDIS	ORAL	10/16/2025	1.37562
CLONIDINE	0.1MG/24HR	PATCH TDWK	TRANSDERM	06/25/2026	10.31263
CLONIDINE	0.2MG/24HR	PATCH TDWK	TRANSDERM	04/03/2025	12.86513
CLONIDINE	0.3MG/24HR	PATCH TDWK	TRANSDERM	06/25/2026	21.00000
CLONIDINE HCL	0.1 MG	TABLET	ORAL	05/14/2026	0.02693
CLONIDINE HCL	0.2 MG	TABLET	ORAL	05/05/2022	0.03444
CLONIDINE HCL	0.3 MG	TABLET	ORAL	11/20/2025	0.04328
CLONIDINE HCL	0.17 MG	TAB ER 24H	ORAL	04/02/2026	21.99260
CLONIDINE HCL	0.1 MG	TAB ER 12H	ORAL	10/09/2025	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	05/07/2026	0.05672
CLOPIDOGREL BISULFATE	300 MG	TABLET	ORAL	07/02/2026	10.65073
CLORAZEPATE DIPOTASSIUM	15 MG	TABLET	ORAL	06/25/2026	3.70920
CLORAZEPATE DIPOTASSIUM	3.75 MG	TABLET	ORAL	02/12/2026	1.84920
CLORAZEPATE DIPOTASSIUM	7.5 MG	TABLET	ORAL	05/05/2022	1.25631
CLOTRIMAZOLE	10 MG	TROCHE	MUCOUS MEM	01/22/2026	0.50288
CLOTRIMAZOLE	1 %	CREAM (G)	TOPICAL	07/02/2026	0.15053
CLOTRIMAZOLE	1 %	SOLUTION	TOPICAL	06/11/2026	0.92951
CLOTRIMAZOLE	1 %	CREAM/APPL	VAGINAL	02/19/2026	0.12388
CLOTRIMAZOLE	2 %	CREAM/APPL	VAGINAL	10/23/2025	0.39817
CLOTRIMAZOLE/BETAMETHASONE DIP	1 %-0.05 %	CREAM (G)	TOPICAL	05/14/2026	0.34304
CLOZAPINE	25 MG	TABLET	ORAL	03/05/2026	0.36729
CLOZAPINE	100 MG	TABLET	ORAL	04/16/2026	0.67710
CLOZAPINE	50 MG	TABLET	ORAL	01/22/2026	0.79516

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
CLOZAPINE	200 MG	TABLET	ORAL	06/18/2026	2.68158
CLOZAPINE	25 MG	TAB RAPDIS	ORAL	03/27/2025	2.00799
CLOZAPINE	100 MG	TAB RAPDIS	ORAL	03/05/2026	5.15887
CLOZAPINE	12.5 MG	TAB RAPDIS	ORAL	01/22/2026	2.40986
CLOZAPINE	150 MG	TAB RAPDIS	ORAL	03/27/2025	11.39369
CLOZAPINE	200 MG	TAB RAPDIS	ORAL	03/27/2025	14.50113
COAGULATION FACTOR VIIA,RECOMB	1 MG	VIAL	INTRAVEN	10/01/2022	1.74828
COAGULATION FACTOR VIIA,RECOMB	2 MG	VIAL	INTRAVEN	05/05/2022	1.74828
COAGULATION FACTOR VIIA,RECOMB	5 MG	VIAL	INTRAVEN	10/01/2022	1.74828
COAGULATION FACTOR VIIA,RECOMB	8 MG	VIAL	INTRAVEN	10/01/2022	1.74828
COAGULATION VIIA,RECOMB-JNCW	5 MG	VIAL	INTRAVEN	04/01/2023	2.00445
COAGULATION VIIA,RECOMB-JNCW	2 MG	VIAL	INTRAVEN	07/01/2025	2.00445
COAL TAR	2 %	FOAM	TOPICAL	05/06/2022	0.20100
COAL TAR	2 %	OINT. (G)	TOPICAL	10/24/2024	0.06493
COAL TAR	0.5 %	SHAMPOO	TOPICAL	07/24/2025	0.06238
COAL TAR	2 %	SHAMPOO	TOPICAL	05/06/2022	0.06796
COCAINE HCL	4 %	SOLUTION	NASAL	06/12/2025	90.87906
CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID	ORAL	05/14/2026	0.04508
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	06/25/2026	2.47319
COLCHICINE	0.6 MG	TABLET	ORAL	06/11/2026	0.22164
COLESEVELAM HCL	3.75 G	POWD PACK	ORAL	04/23/2026	6.19802
COLESEVELAM HCL	625 MG	TABLET	ORAL	05/28/2026	0.55878
COLESTIPOL HCL	5 G	GRANULES	ORAL	10/02/2025	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	09/14/2023	12.65000
COLLOIDAL OATMEAL	1 %	CREAM (G)	TOPICAL	04/16/2026	0.06587
COPPER GLUCONATE	2 MG	TABLET	ORAL	02/19/2026	0.12583

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
COSYNTROPIN	0.25 MG	VIAL	INJECTION	08/10/2023	49.32300
COVID-19 ANTIGEN TEST		KIT	MISCELL	07/14/2022	12.00000
COVID-19 MOLECULAR TEST ASSAY		KIT	MISCELL	07/14/2022	12.00000
COVID-19 TEST SPECIMEN COLLECT		MISCELL	MISCELL	07/14/2022	12.00000
COVID-19,FLU A,B ANTIGEN TEST		KIT	MISCELL	07/14/2022	12.00000
COVID19 TEST ADM.BY PHARMACIST		MISCELL	MISCELL	07/14/2022	12.00000
CROMOLYN SODIUM	20 MG/ML	ORAL CONC	ORAL	09/25/2025	0.59091
CROMOLYN SODIUM	5.2 MG	SPRAY/PUMP	NASAL	06/30/2022	0.68082
CROMOLYN SODIUM	20 MG/2 ML	AMPUL-NEB	INHALATION	04/09/2026	2.57202
CROTAMITON	10 %	LOTION	TOPICAL	06/12/2025	3.61252
CUPRIC CHLORIDE	0.4 MG/ML	VIAL	INTRAVEN	04/30/2026	2.17750
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	02/19/2026	0.02876
CYANOCOBALAMIN (VITAMIN B-12)	500 MCG	TABLET	ORAL	03/12/2026	0.01870
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET ER	ORAL	01/15/2026	0.03936
CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML	VIAL	INJECTION	06/25/2026	0.75978
CYANOCOBALAMIN (VITAMIN B-12)	500MCG/SPR	SPRAY	NASAL	11/13/2025	159.91538
CYANOCOBALAMIN (VITAMIN B-12)	5000MCG/ML	DROPS	SUBLINGUAL	10/03/2024	0.27254
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TAB SUBL	SUBLINGUAL	04/30/2026	0.08027
CYANOCOBALAMIN (VITAMIN B-12)	2500 MCG	TAB SUBL	SUBLINGUAL	04/30/2026	0.13293
CYANOCOBALAMIN/COBAMAMIDE	5K-100 MCG	TAB SUBL	SUBLINGUAL	06/15/2023	0.33031
CYANOCOBALAMIN/FOLIC AC/VIT B6	1-2.5-25MG	TABLET	ORAL	04/02/2026	0.24716
CYANOCOBALAMIN/FOLIC AC/VIT B6	2-2.5-25MG	TABLET	ORAL	04/02/2026	0.25936
CYANOCOBALAMIN/FOLIC ACID	0.5 MG-1MG	TABLET	ORAL	04/02/2026	0.19296
CYANOCOBALAMIN/MECOBALAMIN	600-600MCG	TAB SUBL	SUBLINGUAL	05/06/2022	0.30572
CYCLOBENZAPRINE HCL	15 MG	CAP ER 24H	ORAL	06/18/2026	3.06064
CYCLOBENZAPRINE HCL	30 MG	CAP ER 24H	ORAL	06/18/2026	3.17460
CYCLOBENZAPRINE HCL	10 MG	TABLET	ORAL	06/25/2026	0.02104
CYCLOBENZAPRINE HCL	5 MG	TABLET	ORAL	02/19/2026	0.03350

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	7.5 MG	TABLET	ORAL	11/13/2025	0.64320
CYCLOPENTOLATE HCL	1 %	DROPS	OPHTHALMIC	02/19/2026	2.48570
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	03/05/2026	71.75000
CYCLOPHOSPHAMIDE	2 G	VIAL	INTRAVEN	05/14/2026	205.00000
CYCLOPHOSPHAMIDE	500 MG	VIAL	INTRAVEN	03/05/2026	35.87500
CYCLOPHOSPHAMIDE	200 MG/ML	VIAL	INTRAVEN	07/02/2026	34.74750
CYCLOSERINE	250 MG	CAPSULE	ORAL	04/02/2026	111.18073
CYCLOSPORINE	100 MG	CAPSULE	ORAL	07/11/2024	17.18693
CYCLOSPORINE	25 MG	CAPSULE	ORAL	01/15/2026	5.92709
CYCLOSPORINE	0.05 %	DROPERETTE	OPHTHALMIC	02/19/2026	2.01010
CYCLOSPORINE, MODIFIED	100 MG	CAPSULE	ORAL	04/03/2025	2.26817
CYCLOSPORINE, MODIFIED	25 MG	CAPSULE	ORAL	10/02/2025	0.87323
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	06/18/2026	0.06099
CYPROHEPTADINE HCL	4 MG	TABLET	ORAL	05/14/2026	0.04690
CYTARABINE/PF	2 G/20 ML	VIAL	INJECTION	04/17/2025	1.09076
CYTARABINE/PF	100 MG/5ML	VIAL	INJECTION	05/07/2026	1.05592
D-MANNOSE		POWDER	ORAL	01/22/2026	0.45225
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	CAPSULE	ORAL	07/02/2026	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	02/19/2026	1.37963
DABIGATRAN ETEXILATE MESYLATE	110 MG	CAPSULE	ORAL	11/13/2025	1.12612
DABIGATRAN ETEXILATE MESYLATE	150 MG	CAPSULE	ORAL	09/04/2025	1.11513
DACARBAZINE	200 MG	VIAL	INTRAVEN	04/03/2025	7.62000
DACTINOMYCIN	0.5 MG	VIAL	INTRAVEN	05/21/2026	513.30975

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
DALBAVANCIN HCL	500 MG	VIAL	INTRAVEN	03/26/2026	557.67175
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	05/21/2026	5.84518
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
DANTROLENE SODIUM	20 MG	VIAL	INTRAVEN	07/03/2025	101.74150
DAPAGLIFLOZIN	10 MG	TABLET	ORAL	05/20/2026	0.22476
DAPAGLIFLOZIN	5 MG	TABLET	ORAL	05/20/2026	0.18165
DAPAGLIFLOZIN/METFORMIN	5MG-1000MG	TAB BP 24H	ORAL	07/02/2026	1.68840
DAPAGLIFLOZIN/METFORMIN	10-1000 MG	TAB BP 24H	ORAL	07/02/2026	12.95000
DAPSONE	100 MG	TABLET	ORAL	03/26/2026	0.94202
DAPSONE	25 MG	TABLET	ORAL	03/26/2026	0.45828
DAPSONE	5 %	GEL (GRAM)	TOPICAL	05/21/2026	1.32556
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	10/09/2025	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	12/11/2025	12.78288
DASATINIB	50 MG	TABLET	ORAL	12/11/2025	25.62228
DASATINIB	70 MG	TABLET	ORAL	06/25/2026	9.75737
DASATINIB	100 MG	TABLET	ORAL	06/25/2026	28.59887
DASATINIB	80 MG	TABLET	ORAL	12/11/2025	44.24549
DASATINIB	140 MG	TABLET	ORAL	06/25/2026	32.08455
DAUNORUBICIN HCL	5 MG/ML	VIAL	INTRAVEN	04/16/2026	14.99558

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	06/18/2026	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	12/23/2025	2.22217
DEFERASIROX	360 MG	TABLET	ORAL	01/29/2026	2.62863
DEFERASIROX	125 MG	TAB DISPER	ORAL	06/18/2026	3.47468
DEFERASIROX	250 MG	TAB DISPER	ORAL	06/18/2026	12.37977
DEFERASIROX	500 MG	TAB DISPER	ORAL	06/18/2026	24.15000
DEFERIPRONE	500 MG	TABLET	ORAL	03/20/2025	62.95222
DEFERIPRONE	1000 MG	TABLET	ORAL	12/23/2025	85.79968
DEFEROXAMINE MESYLATE	2 G	VIAL	INJECTION	08/31/2023	25.06350
DEFLAZACORT	22.75MG/ML	ORAL SUSP	ORAL	06/11/2026	298.95584
DEFLAZACORT	6 MG	TABLET	ORAL	05/28/2026	62.64790
DEFLAZACORT	30 MG	TABLET	ORAL	04/03/2025	283.18854
DEFLAZACORT	18 MG	TABLET	ORAL	04/03/2025	169.90434
DEFLAZACORT	36 MG	TABLET	ORAL	04/03/2025	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
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	05/14/2026	0.55449
DESMOPRESSIN (NONREFRIGERATED)	10/SPRAY	SPRAY/PUMP	NASAL	11/30/2023	25.85625
DESMOPRESSIN ACETATE	0.1 MG	TABLET	ORAL	04/03/2025	0.57419
DESMOPRESSIN ACETATE	0.2 MG	TABLET	ORAL	01/22/2026	0.48856

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
DESMOPRESSIN ACETATE	4 MCG/ML	AMPUL	INJECTION	11/13/2025	35.62388
DESMOPRESSIN ACETATE	4 MCG/ML	VIAL	INJECTION	06/18/2026	14.01750
DESOG-E.ESTRADIOL/E.ESTRADIOL	21-5 (28)	TABLET	ORAL	04/03/2025	0.48623
DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	ORAL	12/04/2025	0.13703
DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	ORAL	10/06/2022	0.87746
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	06/26/2025	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	05/21/2026	0.40200
DESOXIMETASONE	0.25 %	OINT. (G)	TOPICAL	03/19/2026	0.60925
DESOXIMETASONE	0.05 %	OINT. (G)	TOPICAL	05/07/2026	3.20078
DESVENLAFAXINE SUCCINATE	50 MG	TAB ER 24H	ORAL	06/18/2026	0.54493
DESVENLAFAXINE SUCCINATE	100 MG	TAB ER 24H	ORAL	04/23/2026	0.49774
DESVENLAFAXINE SUCCINATE	25 MG	TAB ER 24H	ORAL	05/14/2026	0.80087
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	05/02/2024	0.31959
DEXAMETHASONE	1 MG	TABLET	ORAL	11/13/2025	0.16195
DEXAMETHASONE	2 MG	TABLET	ORAL	03/05/2026	0.67107
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	05/21/2026	6.97357
DEXAMETHASONE SODIUM PHOSP/PF	10 MG/ML	VIAL	INJECTION	03/19/2026	1.79078
DEXAMETHASONE SODIUM PHOSPHATE	10 MG/ML	VIAL	INJECTION	12/23/2025	0.50895
DEXAMETHASONE SODIUM PHOSPHATE	4 MG/ML	VIAL	INJECTION	03/19/2026	0.32919
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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
DEXLANSOPRAZOLE	30 MG	CAP DR BP	ORAL	01/22/2026	6.35000
DEXLANSOPRAZOLE	60 MG	CAP DR BP	ORAL	06/11/2026	5.13333
DEXMEDETOMIDINE HCL	400MCG/4ML	VIAL	INTRAVEN	11/21/2024	4.29000
DEXMEDETOMIDINE HCL	1000MCG/10	VIAL	INTRAVEN	02/19/2026	8.36130
DEXMEDETOMIDINE HCL/PF	200MCG/2ML	VIAL	INTRAVEN	06/04/2026	1.59674
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	05/22/2025	0.44287
DEXMEDETOMIDINE IN 0.9 % NACL	200 MCG/50	PLAST. BAG	INTRAVEN	06/04/2026	0.32798
DEXMEDETOMIDINE IN 0.9 % NACL	400MCG/100	PLAST. BAG	INTRAVEN	05/14/2026	0.19095
DEXMETHYLPHENIDATE HCL	5 MG	CPBP 50-50	ORAL	04/16/2026	2.73372
DEXMETHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	02/26/2026	1.42000
DEXMETHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	06/11/2026	3.51344
DEXMETHYLPHENIDATE HCL	15 MG	CPBP 50-50	ORAL	06/11/2026	2.39056
DEXMETHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	06/18/2026	5.32384
DEXMETHYLPHENIDATE HCL	40 MG	CPBP 50-50	ORAL	03/05/2026	2.14155
DEXMETHYLPHENIDATE HCL	25 MG	CPBP 50-50	ORAL	06/18/2026	4.24670
DEXMETHYLPHENIDATE HCL	35 MG	CPBP 50-50	ORAL	11/13/2025	3.38712
DEXMETHYLPHENIDATE HCL	2.5 MG	TABLET	ORAL	06/25/2026	0.41192
DEXMETHYLPHENIDATE HCL	5 MG	TABLET	ORAL	12/18/2025	0.26330
DEXMETHYLPHENIDATE HCL	10 MG	TABLET	ORAL	05/05/2022	0.31758
DEXRAZOXANE HCL	500 MG	VIAL	INTRAVEN	05/21/2026	153.46300
DEXRAZOXANE HCL	250 MG	VIAL	INTRAVEN	05/21/2026	91.62475
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	05/05/2022	1.78063
DEXTROAMPHETAMINE SULFATE	5 MG	CAPSULE ER	ORAL	01/11/2024	1.90667
DEXTROAMPHETAMINE SULFATE	5 MG/5 ML	SOLUTION	ORAL	08/28/2025	1.08824

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 SULFATE	10 MG	TABLET	ORAL	09/25/2025	0.80279
DEXTROAMPHETAMINE SULFATE	15 MG	TABLET	ORAL	03/28/2024	4.03216
DEXTROAMPHETAMINE SULFATE	5 MG	TABLET	ORAL	03/12/2026	0.90093
DEXTROAMPHETAMINE SULFATE	2.5 MG	TABLET	ORAL	03/14/2024	4.03216
DEXTROAMPHETAMINE SULFATE	7.5 MG	TABLET	ORAL	03/14/2024	4.03216
DEXTROAMPHETAMINE SULFATE	20 MG	TABLET	ORAL	03/28/2024	4.03216
DEXTROAMPHETAMINE SULFATE	30 MG	TABLET	ORAL	03/28/2024	4.03216
DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	CAP ER 24H	ORAL	01/08/2026	1.08259
DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	CAP ER 24H	ORAL	01/08/2026	1.02751
DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	CAP ER 24H	ORAL	01/08/2026	1.02751
DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	CAP ER 24H	ORAL	01/08/2026	1.02751
DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CAP ER 24H	ORAL	12/18/2025	0.48240
DEXTROAMPHETAMINE/AMPHETAMINE	12.5 MG	CPTP 24HR	ORAL	10/26/2023	7.72518
DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CPTP 24HR	ORAL	05/07/2026	7.72518
DEXTROAMPHETAMINE/AMPHETAMINE	37.5 MG	CPTP 24HR	ORAL	04/03/2025	12.42340
DEXTROAMPHETAMINE/AMPHETAMINE	50 MG	CPTP 24HR	ORAL	04/03/2025	12.42340
DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	TABLET	ORAL	05/07/2026	0.16109
DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	TABLET	ORAL	05/07/2026	0.25661
DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	TABLET	ORAL	04/30/2026	0.28823
DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	TABLET	ORAL	05/07/2026	0.29614
DEXTROMETHORPHAN HB/DOXYLAMINE	7.5-3.125	LIQUID	ORAL	05/01/2025	0.03968
DEXTROMETHORPHAN HBR	15 MG	CAPSULE	ORAL	03/26/2026	0.34070
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 5 % AND 0.9 % NACL	5 %-0.9 %	IV SOLN	INTRAVEN	06/05/2025	0.00549
DEXTROSE 5 % IN WATER	5 %	IV SOLN	INTRAVEN	04/16/2026	0.00582
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 %	IV SOLN	INTRAVEN	02/26/2026	0.00730
DEXTROSE 50 % IN WATER	50 %	SYRINGE	INTRAVEN	02/26/2026	0.52287
DEXTROSE 70 % IN WATER	70 %	IV SOLN	INTRAVEN	02/26/2026	0.00821
DIATRIZOATE MEGLUMINE, SODIUM	66 %-10 %	SOLUTION	ORAL	10/03/2024	0.33150
DIAZEPAM	5 MG/5 ML	SOLUTION	ORAL	03/12/2026	0.08652
DIAZEPAM	5 MG/ML	ORAL CONC	ORAL	11/20/2025	3.30000
DIAZEPAM	10 MG	TABLET	ORAL	04/30/2026	0.04741
DIAZEPAM	2 MG	TABLET	ORAL	04/30/2026	0.04194
DIAZEPAM	5 MG	TABLET	ORAL	04/23/2026	0.03924
DIAZEPAM	5 MG/ML	SYRINGE	INJECTION	06/04/2026	7.10184
DIAZEPAM	5 MG/ML	VIAL	INJECTION	04/20/2023	3.16048
DIAZEPAM	5-7.5-10MG	KIT	RECTAL	08/07/2025	212.37692
DIAZEPAM	12.5-15-20	KIT	RECTAL	03/19/2026	186.58075
DIAZOXIDE	50 MG/ML	ORAL SUSP	ORAL	02/19/2026	5.99696
DIBUCAINE	1 %	OINT. (G)	TOPICAL	03/27/2025	0.12658
DICHLORPHENAMIDE	50 MG	TABLET	ORAL	05/14/2026	367.30527
DICLOFENAC EPOLAMINE	1.3 %	PATCH TD12	TRANSDERM	04/30/2026	7.34680
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	06/04/2026	0.24742
DICLOFENAC POTASSIUM	25 MG	TABLET	ORAL	04/30/2026	30.83541
DICLOFENAC SODIUM	25 MG	TABLET DR	ORAL	09/11/2025	0.95261
DICLOFENAC SODIUM	50 MG	TABLET DR	ORAL	06/04/2026	0.08911
DICLOFENAC SODIUM	75 MG	TABLET DR	ORAL	02/19/2026	0.09268
DICLOFENAC SODIUM	100 MG	TAB ER 24H	ORAL	04/09/2026	1.09880

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	1 %	GEL (GRAM)	TOPICAL	09/04/2025	0.03997
DICLOFENAC SODIUM	3 %	GEL (GRAM)	TOPICAL	06/11/2026	0.43121
DICLOFENAC SODIUM	20MG/G(2%)	SOL MD PMP	TOPICAL	12/23/2025	1.25800
DICLOFENAC SODIUM	1.5 %	DROPS	TOPICAL	01/15/2026	0.27202
DICLOFENAC SODIUM	0.1 %	DROPS	OPHTHALMIC	09/30/2025	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	07/02/2026	1.25598
DICLOXACILLIN SODIUM	500 MG	CAPSULE	ORAL	07/02/2026	1.59004
DICYCLOMINE HCL	10 MG	CAPSULE	ORAL	05/21/2026	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	03/02/2023	8.72700
DIETHYLPROPION HCL	25 MG	TABLET	ORAL	10/02/2025	0.41500
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	08/10/2022	0.01564
DIETHYLTOLUAMIDE	15 %	SPRAY	TOPICAL	08/18/2022	0.01844
DIETHYLTOLUAMIDE	10 %	SPRAY	TOPICAL	08/10/2022	0.02947
DIETHYLTOLUAMIDE	7 %	SPRAY	TOPICAL	08/10/2022	0.01748
DIETHYLTOLUAMIDE	98.11 %	SPRAY	TOPICAL	08/18/2022	0.06240
DIETHYLTOLUAMIDE	25 %	SPRAY	TOPICAL	08/29/2024	0.02113
DIFLORASONE DIACETATE	0.05 %	CREAM (G)	TOPICAL	04/02/2026	6.82583
DIFLORASONE DIACETATE	0.05 %	OINT. (G)	TOPICAL	11/13/2025	3.04986
DIFLUNISAL	500 MG	TABLET	ORAL	10/23/2025	1.99571
DIFLUPREDNATE	0.05 %	DROPS	OPHTHALMIC	05/14/2026	8.80080
DIGOXIN	50 MCG/ML	SOLUTION	ORAL	11/13/2025	4.59382
DIGOXIN	125 MCG	TABLET	ORAL	02/26/2026	0.10246
DIGOXIN	250 MCG	TABLET	ORAL	03/05/2026	0.22310
DIGOXIN	62.5 MCG	TABLET	ORAL	01/22/2026	6.94137

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
DIGOXIN	250 MCG/ML	AMPUL	INJECTION	09/14/2023	3.44850
DIHYDROERGOTAMINE MESYLATE	1 MG/ML	AMPUL	INJECTION	08/01/2024	57.50250
DIHYDROERGOTAMINE MESYLATE	0.5MG/SPRY	SPRAY/PUMP	NASAL	04/16/2026	53.55016
DILTIAZEM HCL	120 MG	CAP ER 12H	ORAL	10/06/2022	3.77150
DILTIAZEM HCL	60 MG	CAP ER 12H	ORAL	12/31/2025	2.89331
DILTIAZEM HCL	90 MG	CAP ER 12H	ORAL	05/05/2022	2.42842
DILTIAZEM HCL	180 MG	CAP ER 24H	ORAL	04/03/2025	0.28110
DILTIAZEM HCL	240 MG	CAP ER 24H	ORAL	05/14/2026	0.38324
DILTIAZEM HCL	300 MG	CAP ER 24H	ORAL	02/19/2026	0.50470
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	07/06/2023	0.29670
DILTIAZEM HCL	120 MG	CAP SA 24H	ORAL	06/12/2025	0.69464
DILTIAZEM HCL	180 MG	CAP SA 24H	ORAL	06/12/2025	0.83839
DILTIAZEM HCL	240 MG	CAP SA 24H	ORAL	10/16/2025	1.18962
DILTIAZEM HCL	300 MG	CAP SA 24H	ORAL	05/05/2022	1.02793
DILTIAZEM HCL	420 MG	CAP SA 24H	ORAL	05/06/2022	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	07/02/2026	0.24093
DILTIAZEM HCL	30 MG	TABLET	ORAL	01/22/2026	0.08174
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	08/03/2023	1.25082
DILTIAZEM HCL	240 MG	TAB ER 24H	ORAL	04/23/2026	1.66561
DILTIAZEM HCL	300 MG	TAB ER 24H	ORAL	04/23/2026	1.92115
DILTIAZEM HCL	360 MG	TAB ER 24H	ORAL	04/23/2026	1.93140
DILTIAZEM HCL	420 MG	TAB ER 24H	ORAL	08/03/2023	2.83741

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	0.18653
DILUENT FOR TREPROSTINIL (GLY)	50 ML	VIAL	INTRAVEN	05/08/2025	0.30284
DIMENHYDRINATE	50 MG	TABLET	ORAL	12/31/2025	0.01491
DIMETHIC/ZINC OX/VITS A,D/ALOE	1 %-10 %	CREAM (G)	TOPICAL	04/03/2025	0.06649
DIMETHICONE	1 %	CREAM (G)	TOPICAL	05/06/2022	0.05877
DIMETHICONE	5 %	CREAM(ML)	TOPICAL	05/04/2023	0.04021
DIMETHYL FUMARATE	120-240 MG	CAPSULE DR	ORAL	10/23/2025	6.69248
DIMETHYL FUMARATE	120 MG	CAPSULE DR	ORAL	06/18/2026	3.30000
DIMETHYL FUMARATE	240 MG	CAPSULE DR	ORAL	06/25/2026	0.85403
DIPHENHYD/PHENYLEPH/ACETAMINOP	5-325MG/10	LIQUID	ORAL	09/12/2024	0.04705
DIPHENHYDRAMINE HCL	25 MG	CAPSULE	ORAL	06/04/2026	0.02513
DIPHENHYDRAMINE HCL	50 MG	CAPSULE	ORAL	05/05/2022	0.01467
DIPHENHYDRAMINE HCL	12.5MG/5ML	LIQUID	ORAL	05/14/2026	0.33899
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	12/12/2024	0.02634
DIPHENHYDRAMINE HCL	50 MG	TABLET	ORAL	10/05/2023	0.26381
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	02/12/2026	0.01273
DIPHENHYDRAMINE HCL	12.5 MG	TAB CHEW	ORAL	06/25/2026	0.37044
DIPHENHYDRAMINE HCL	50 MG/ML	VIAL	INJECTION	07/02/2026	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
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	09/26/2024	1.73704
DISOPYRAMIDE PHOSPHATE	150 MG	CAPSULE	ORAL	05/21/2026	1.89771
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	03/19/2026	0.21842
DIVALPROEX SODIUM	125 MG	TABLET DR	ORAL	01/29/2026	0.07437
DIVALPROEX SODIUM	250 MG	TABLET DR	ORAL	02/12/2026	0.12722

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
DIVALPROEX SODIUM	500 MG	TABLET DR	ORAL	03/12/2026	0.12730
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	06/18/2026	0.26767
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	05/14/2026	0.12577
DOBUTAMINE HCL IN DEXTROSE 5 %	1000MG/250	IV SOLN	INTRAVEN	05/14/2026	0.09326
DOBUTAMINE HCL IN DEXTROSE 5 %	250 MG/250	IV SOLN	INTRAVEN	05/14/2026	0.07075
DOCETAXEL	20MG/ML(1)	VIAL	INTRAVEN	12/23/2025	20.84250
DOCETAXEL	80 MG/4 ML	VIAL	INTRAVEN	05/15/2025	12.94388
DOCETAXEL	160 MG/8ML	VIAL	INTRAVEN	11/13/2025	9.80806
DOCETAXEL	80 MG/8 ML	VIAL	INTRAVEN	01/22/2026	8.55000
DOCETAXEL	20 MG/2 ML	VIAL	INTRAVEN	06/18/2026	14.73675
DOCETAXEL	160MG/16ML	VIAL	INTRAVEN	05/05/2022	2.93210
DOCOSAHEXAENOIC ACID	200 MG	CAPSULE	ORAL	04/30/2026	0.35063
DOCOSANOL	10 %	CREAM (G)	TOPICAL	03/19/2026	11.04575
DOCUSATE CALCIUM	240 MG	CAPSULE	ORAL	11/06/2025	0.06037
DOCUSATE SODIUM	100 MG	CAPSULE	ORAL	02/26/2026	0.01284
DOCUSATE SODIUM	250 MG	CAPSULE	ORAL	05/21/2026	0.05980
DOCUSATE SODIUM	50 MG/5 ML	LIQUID	ORAL	06/18/2026	0.01948
DOCUSATE SODIUM	100 MG	TABLET	ORAL	01/25/2024	0.01357
DOFETILIDE	125 MCG	CAPSULE	ORAL	05/21/2026	0.16740
DOFETILIDE	250 MCG	CAPSULE	ORAL	05/21/2026	0.18077
DOFETILIDE	500 MCG	CAPSULE	ORAL	05/21/2026	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	06/04/2026	0.96331

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
DONEPEZIL HCL	5 MG	TAB RAPDIS	ORAL	05/06/2022	4.95000
DONEPEZIL HCL	10 MG	TAB RAPDIS	ORAL	06/18/2026	0.51456
DOPAMINE HCL	200 MG/5ML	VIAL	INTRAVEN	06/12/2025	1.09784
DOPAMINE HCL	400MG/10ML	VIAL	INTRAVEN	06/05/2025	0.47050
DOPAMINE HCL IN DEXTROSE 5 %	800MG/.25L	PLAST. BAG	INTRAVEN	12/18/2025	0.07284
DOPAMINE HCL IN DEXTROSE 5 %	400MG/.25L	PLAST. BAG	INTRAVEN	11/13/2025	0.05103
DOPAMINE HCL IN DEXTROSE 5 %	800MG/0.5L	PLAST. BAG	INTRAVEN	03/19/2026	0.07502
DORZOLAMIDE HCL	2 %	DROPS	OPHTHALMIC	07/02/2026	1.08540
DORZOLAMIDE HCL/TIMOLOL MALEAT	22.3-6.8/1	DROPS	OPHTHALMIC	07/02/2026	1.33330
DORZOLAMIDE/TIMOLOL/PF	2 %-0.5 %	DROPERETTE	OPHTHALMIC	01/29/2026	3.43354
DOXAZOSIN MESYLATE	1 MG	TABLET	ORAL	10/02/2025	0.06030
DOXAZOSIN MESYLATE	2 MG	TABLET	ORAL	02/05/2026	0.06030
DOXAZOSIN MESYLATE	4 MG	TABLET	ORAL	02/26/2026	0.06365
DOXAZOSIN MESYLATE	8 MG	TABLET	ORAL	10/02/2025	0.08375
DOXEPIN HCL	10 MG	CAPSULE	ORAL	10/16/2025	0.08938
DOXEPIN HCL	100 MG	CAPSULE	ORAL	06/05/2025	0.29132
DOXEPIN HCL	150 MG	CAPSULE	ORAL	03/05/2026	0.80266
DOXEPIN HCL	25 MG	CAPSULE	ORAL	06/18/2026	0.15196
DOXEPIN HCL	50 MG	CAPSULE	ORAL	04/16/2026	0.25956
DOXEPIN HCL	75 MG	CAPSULE	ORAL	11/13/2025	0.36006
DOXEPIN HCL	3 MG	TABLET	ORAL	09/25/2024	2.75000
DOXEPIN HCL	6 MG	TABLET	ORAL	09/25/2024	2.75000
DOXEPIN HCL	5 %	CREAM (G)	TOPICAL	03/30/2023	9.74216
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
DOXERCALCIFEROL	4MCG/2ML	VIAL	INTRAVEN	05/28/2026	1.90575
DOXORUBICIN HCL	50 MG	VIAL	INTRAVEN	12/28/2023	149.94725
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	05/07/2026	0.15276
DOXYCYCLINE HYCLATE	50 MG	CAPSULE	ORAL	12/18/2025	0.20100
DOXYCYCLINE HYCLATE	100 MG	TABLET	ORAL	05/14/2026	0.12513
DOXYCYCLINE HYCLATE	50 MG	TABLET	ORAL	06/25/2026	8.45520
DOXYCYCLINE HYCLATE	20 MG	TABLET	ORAL	04/03/2025	0.48160
DOXYCYCLINE HYCLATE	75 MG	TABLET	ORAL	05/14/2026	1.48852
DOXYCYCLINE HYCLATE	150 MG	TABLET	ORAL	06/18/2026	0.84000
DOXYCYCLINE HYCLATE	75 MG	TABLET DR	ORAL	01/25/2024	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
DOXYCYCLINE HYCLATE	100 MG	VIAL	INTRAVEN	04/30/2026	13.06250
DOXYCYCLINE MONOHYDRATE	100 MG	CAPSULE	ORAL	05/14/2026	0.29882
DOXYCYCLINE MONOHYDRATE	50 MG	CAPSULE	ORAL	12/23/2025	0.19551
DOXYCYCLINE MONOHYDRATE	75 MG	CAPSULE	ORAL	05/05/2022	6.33730
DOXYCYCLINE MONOHYDRATE	150 MG	CAPSULE	ORAL	12/23/2025	12.94133
DOXYCYCLINE MONOHYDRATE	40 MG	CAP IR DR	ORAL	08/29/2024	11.97295
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	05/21/2026	0.23841
DOXYLAMINE SUCCINATE/VIT B6	10 MG-10MG	TABLET DR	ORAL	06/11/2026	2.79866
DRONABINOL	10 MG	CAPSULE	ORAL	12/31/2025	10.95433
DRONABINOL	2.5 MG	CAPSULE	ORAL	06/27/2024	2.26125

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
DRONABINOL	5 MG	CAPSULE	ORAL	12/31/2025	7.09105
DROPERIDOL	2.5 MG/ML	VIAL	INJECTION	01/16/2025	5.14800
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	03/07/2024	4.38735
DROXIDOPA	100 MG	CAPSULE	ORAL	03/26/2026	0.97090
DROXIDOPA	200 MG	CAPSULE	ORAL	11/25/2025	0.78613
DROXIDOPA	300 MG	CAPSULE	ORAL	03/26/2026	2.65022
DULOXETINE HCL	20 MG	CAPSULE DR	ORAL	12/18/2025	0.09425
DULOXETINE HCL	30 MG	CAPSULE DR	ORAL	03/05/2026	0.10279
DULOXETINE HCL	60 MG	CAPSULE DR	ORAL	03/05/2026	0.15954
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
ECONAZOLE NITRATE	1 %	CREAM (G)	TOPICAL	01/22/2026	0.27115
EDARAVONE	30MG/100ML	PIGGYBACK	INTRAVEN	08/14/2025	4.75708
EDARAVONE	60MG/100ML	PIGGYBACK	INTRAVEN	04/10/2025	7.71072
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	05/06/2022	56.96848
ELECTROLYTE-A SOLUTION		IV SOLN	INTRAVEN	06/11/2026	0.01131
ELECTROLYTES/DEXTROSE		PACKET	ORAL	11/20/2025	0.11223
ELECTROLYTES/DEXTROSE		SOLUTION	ORAL	07/02/2026	0.00550
ELETRIPTAN HYDROBROMIDE	20 MG	TABLET	ORAL	02/19/2026	3.24074
ELETRIPTAN HYDROBROMIDE	40 MG	TABLET	ORAL	05/28/2026	2.70600
ELTROMBOPAG OLAMINE	25 MG	POWD PACK	ORAL	05/22/2025	254.03190
ELTROMBOPAG OLAMINE	12.5 MG	POWD PACK	ORAL	05/22/2025	254.03093
ELTROMBOPAG OLAMINE	25 MG	TABLET	ORAL	05/07/2026	8.57240
ELTROMBOPAG OLAMINE	50 MG	TABLET	ORAL	05/07/2026	13.54185
ELTROMBOPAG OLAMINE	75 MG	TABLET	ORAL	05/07/2026	20.36300
ELTROMBOPAG OLAMINE	12.5 MG	TABLET	ORAL	05/07/2026	8.57240

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
EMICIZUMAB-KXWH	30 MG/ML	VIAL	SUBCUT	03/01/2025	2668.00000
EMICIZUMAB-KXWH	60MG/0.4ML	VIAL	SUBCUT	03/01/2025	13530.00000
EMICIZUMAB-KXWH	105 MG/0.7	VIAL	SUBCUT	03/01/2025	13870.00000
EMICIZUMAB-KXWH	150 MG/ML	VIAL	SUBCUT	03/01/2025	13920.00000
EMICIZUMAB-KXWH	300 MG/2ML	VIAL	SUBCUT	03/01/2025	13870.00000
EMICIZUMAB-KXWH	12MG/0.4ML	VIAL	SUBCUT	03/01/2025	2668.00000
EMOLLIENT COMBINATION NO.92		LOTION	TOPICAL	11/07/2024	0.01231
EMOLLIENT NO56/HYALURONIC ACID		GEL (GRAM)	TOPICAL	04/02/2026	0.10416
EMTRICITA/RILPIVIRINE/TENOF DF	200-25-300	TABLET	ORAL	03/26/2026	74.72489
EMTRICITABINE	200 MG	CAPSULE	ORAL	11/16/2023	11.10478
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	12/18/2025	0.06953
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	12/23/2025	0.06030
ENALAPRIL/HYDROCHLOROTHIAZIDE	10 MG-25MG	TABLET	ORAL	05/07/2026	13.00241
ENALAPRILAT DIHYDRATE	1.25 MG/ML	VIAL	INTRAVEN	09/21/2023	4.20090
ENOXAPARIN SODIUM	30MG/0.3ML	SYRINGE	SUBCUT	01/02/2025	8.47400
ENOXAPARIN SODIUM	60MG/0.6ML	SYRINGE	SUBCUT	01/02/2025	8.91800
ENOXAPARIN SODIUM	80MG/0.8ML	SYRINGE	SUBCUT	06/06/2023	7.65843
ENOXAPARIN SODIUM	100 MG/ML	SYRINGE	SUBCUT	01/02/2025	5.34162
ENOXAPARIN SODIUM	40MG/0.4ML	SYRINGE	SUBCUT	01/29/2026	8.00850
ENOXAPARIN SODIUM	150 MG/ML	SYRINGE	SUBCUT	02/29/2024	11.01430
ENOXAPARIN SODIUM	120MG/.8ML	SYRINGE	SUBCUT	08/10/2023	7.56900
ENOXAPARIN SODIUM	300 MG/3ML	VIAL	SUBCUT	01/16/2025	10.95183
ENTACAPONE	200 MG	TABLET	ORAL	04/23/2026	0.72574

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ENTECAVIR	0.5 MG	TABLET	ORAL	02/12/2026	0.40289
ENTECAVIR	1 MG	TABLET	ORAL	06/04/2026	2.55985
ENZYMES,DIGESTIVE		CAPSULE	ORAL	04/17/2025	0.15052
ENZYMES,DIGESTIVE		TABLET	ORAL	07/24/2025	0.10374
EPHEDRINE SULFATE	50MG/ML(1)	VIAL	INTRAVEN	07/02/2026	4.29000
EPHEDRINE SULFATE	50 MG/10ML	VIAL	INTRAVEN	03/27/2025	1.57450
EPINASTINE HCL	0.05 %	DROPS	OPHTHALMIC	05/06/2022	11.76450
EPINEPHRINE	1 MG/ML	VIAL	INJECTION	05/07/2026	6.35254
EPINEPHRINE	1 MG/ML(1)	VIAL	INJECTION	05/07/2026	8.98560
EPINEPHRINE	0.15MG/0.3	AUTO INJCT	INJECTION	02/13/2025	146.06250
EPINEPHRINE	0.3MG/0.3	AUTO INJCT	INJECTION	02/26/2026	129.20790
EPINEPHRINE HCL/PF	1 MG/ML(1)	AMPUL	INJECTION	05/14/2026	12.84470
EPIRUBICIN HCL	50 MG/25ML	VIAL	INTRAVEN	06/12/2025	3.37022
EPIRUBICIN HCL	200MG/0.1L	VIAL	INTRAVEN	11/13/2025	2.92583
EPLERENONE	25 MG	TABLET	ORAL	01/29/2026	0.32562
EPLERENONE	50 MG	TABLET	ORAL	01/29/2026	0.41049
EPOPROSTENOL SODIUM	1.5 MG	VIAL	INTRAVEN	05/05/2022	28.80763
EPOPROSTENOL SODIUM	0.5 MG	VIAL	INTRAVEN	05/05/2022	14.75250
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	03/19/2026	0.14244
ERGOCALCIFEROL (VITAMIN D2)	200 MCG/ML	DROPS	ORAL	02/19/2026	0.82008
ERIBULIN MESYLATE	1 MG/2 ML	VIAL	INTRAVEN	06/18/2026	159.39263
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	05/14/2026	22.00380
ERYTHROMYCIN BASE	250 MG	TABLET	ORAL	06/11/2026	5.39708
ERYTHROMYCIN BASE	500 MG	TABLET	ORAL	01/15/2026	2.08413
ERYTHROMYCIN BASE	250 MG	TABLET DR	ORAL	01/23/2025	5.22690

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 BASE	333 MG	TABLET DR	ORAL	03/20/2025	9.12560
ERYTHROMYCIN BASE	500 MG	TABLET DR	ORAL	03/20/2025	10.76745
ERYTHROMYCIN BASE	5 MG/GRAM	OINT. (G)	OPHTHALMIC	05/28/2026	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	07/02/2026	1.84277
ERYTHROMYCIN ETHYLSUCCINATE	400 MG/5ML	SUSP RECON	ORAL	07/02/2026	3.32178
ERYTHROMYCIN ETHYLSUCCINATE	400 MG	TABLET	ORAL	04/02/2026	12.72147
ERYTHROMYCIN LACTOBIONATE	500 MG	VIAL	INTRAVEN	05/07/2026	213.34760
ERYTHROMYCIN/BENZOYL PEROXIDE	3 %-5 %	GEL (GRAM)	TOPICAL	05/05/2022	1.25184
ESCITALOPRAM OXALATE	5 MG/5 ML	SOLUTION	ORAL	03/19/2026	0.25784
ESCITALOPRAM OXALATE	10 MG	TABLET	ORAL	02/05/2026	0.05369
ESCITALOPRAM OXALATE	20 MG	TABLET	ORAL	12/11/2025	0.08321
ESCITALOPRAM OXALATE	5 MG	TABLET	ORAL	03/19/2026	0.03953
ESLICARBAZEPINE ACETATE	800 MG	TABLET	ORAL	06/25/2026	6.95325
ESLICARBAZEPINE ACETATE	200 MG	TABLET	ORAL	06/25/2026	6.19972
ESLICARBAZEPINE ACETATE	400 MG	TABLET	ORAL	06/25/2026	6.82032
ESLICARBAZEPINE ACETATE	600 MG	TABLET	ORAL	07/02/2026	7.00955
ESMOLOL HCL	100MG/10ML	VIAL	INTRAVEN	01/22/2026	0.43775
ESMOLOL IN SODIUM CHLORIDE,ISO	2500MG/250	IV SOLN	INTRAVEN	06/18/2026	0.37520
ESMOLOL IN SODIUM CHLORIDE,ISO	2000MG/100	IV SOLN	INTRAVEN	06/18/2026	0.89383
ESOMEPRAZOLE MAGNESIUM	20 MG	SUSPDR PKT	ORAL	02/26/2026	6.41000
ESOMEPRAZOLE MAGNESIUM	40 MG	SUSPDR PKT	ORAL	05/05/2022	6.19484
ESOMEPRAZOLE MAGNESIUM	10 MG	SUSPDR PKT	ORAL	12/18/2025	8.36680
ESOMEPRAZOLE MAGNESIUM	2.5 MG	SUSPDR PKT	ORAL	01/23/2025	6.19484
ESOMEPRAZOLE MAGNESIUM	5 MG	SUSPDR PKT	ORAL	01/23/2025	6.19484
ESOMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	01/15/2026	0.15544
ESOMEPRAZOLE MAGNESIUM	40 MG	CAPSULE DR	ORAL	04/30/2026	0.14472
ESTAZOLAM	1 MG	TABLET	ORAL	02/19/2026	1.81918
ESTAZOLAM	2 MG	TABLET	ORAL	07/20/2023	1.63453

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	1 MG	TABLET	ORAL	05/07/2026	0.07893
ESTRADIOL	2 MG	TABLET	ORAL	02/05/2026	0.10372
ESTRADIOL	0.5 MG	TABLET	ORAL	10/02/2025	0.09661
ESTRADIOL	1 MG/GRAM	GEL PACKET	TRANSDERM	05/14/2026	3.88080
ESTRADIOL	1.25/1.25G	GEL PACKET	TRANSDERM	03/12/2026	1.07287
ESTRADIOL	1.25 G	GEL MD PMP	TRANSDERM	10/23/2025	5.80373
ESTRADIOL	0.5MG/0.5G	GEL PACKET	TRANSDERM	03/12/2026	1.36212
ESTRADIOL	0.25/0.25G	GEL PACKET	TRANSDERM	03/12/2026	1.38420
ESTRADIOL	0.75/0.75G	GEL PACKET	TRANSDERM	03/12/2026	1.34110
ESTRADIOL	0.1MG/24HR	PATCH TDWK	TRANSDERM	06/18/2026	17.54550
ESTRADIOL	0.05MG/24H	PATCH TDWK	TRANSDERM	08/07/2025	17.54550
ESTRADIOL	.025MG/24H	PATCH TDWK	TRANSDERM	04/03/2025	13.48725
ESTRADIOL	.075MG/24H	PATCH TDWK	TRANSDERM	04/03/2025	14.70525
ESTRADIOL	0.06MG/24H	PATCH TDWK	TRANSDERM	01/11/2024	13.58175
ESTRADIOL	.0375MG/24	PATCH TDWK	TRANSDERM	04/03/2025	14.13825
ESTRADIOL	0.05MG/24H	PATCH TDSW	TRANSDERM	02/12/2026	5.12522
ESTRADIOL	0.1MG/24HR	PATCH TDSW	TRANSDERM	02/19/2026	8.71200
ESTRADIOL	.025MG/24H	PATCH TDSW	TRANSDERM	07/17/2025	7.67400
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	05/11/2023	27.20965
ESTRADIOL VALERATE	20 MG/ML	VIAL	INTRAMUSC	10/23/2025	20.39520
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
ESTROGENS, CONJUGATED	0.3 MG	TABLET	ORAL	06/25/2026	8.71440
ESTROGENS, CONJUGATED	0.625 MG	TABLET	ORAL	06/25/2026	8.71440
ESTROGENS, CONJUGATED	0.9 MG	TABLET	ORAL	06/25/2026	8.71440

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ESTROGENS, CONJUGATED	1.25 MG	TABLET	ORAL	06/25/2026	8.71440
ESTROGENS, CONJUGATED	0.45MG	TABLET	ORAL	06/25/2026	8.71440
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	07/24/2025	337.86563
ETHACRYNIC ACID	25 MG	TABLET	ORAL	12/18/2025	2.31740
ETHAMBUTOL HCL	100 MG	TABLET	ORAL	02/05/2026	0.17554
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	07/02/2026	0.22169
ETHYL ALCOHOL	62 %	GEL (ML)	TOPICAL	05/06/2022	0.00425
ETHYL ALCOHOL	70 %	GEL (ML)	TOPICAL	03/06/2025	0.22278
ETHYL ALCOHOL	70 %	TOWELETTE	TOPICAL	06/01/2023	0.03196
ETHYL ALCOHOL	99 %	AMPUL	INTRAARTER	04/02/2026	134.81907
ETHYL ALCOHOL	99 %	VIAL	INTRAARTER	04/16/2026	35.43015
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	12/23/2025	2.22922
ETODOLAC	400 MG	TAB ER 24H	ORAL	12/23/2025	1.52425
ETODOLAC	500 MG	TAB ER 24H	ORAL	10/23/2025	1.44117
ETONOGESTREL/ETHINYL ESTRADIOL	.12-.015MG	VAG RING	VAGINAL	11/13/2025	69.70000
ETOPOSIDE	20 MG/ML	VIAL	INTRAVEN	06/11/2026	1.40432
ETRAVIRINE	100 MG	TABLET	ORAL	05/15/2025	1.79305

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ETRAVIRINE	200 MG	TABLET	ORAL	03/05/2026	16.80000
EUCALYPTUS OIL		OIL	MISCELL	05/06/2022	0.14041
EUCALYPTUS OIL/MENTHOL/CAMPHOR	1.2%-4.8%	OINT. (G)	TOPICAL	10/31/2024	0.00764
EVEROLIMUS	0.25 MG	TABLET	ORAL	06/18/2026	2.51250
EVEROLIMUS	0.5 MG	TABLET	ORAL	06/18/2026	4.95000
EVEROLIMUS	0.75 MG	TABLET	ORAL	06/18/2026	7.14375
EVEROLIMUS	5 MG	TABLET	ORAL	06/18/2026	19.27650
EVEROLIMUS	10 MG	TABLET	ORAL	05/14/2026	31.90642
EVEROLIMUS	1 MG	TABLET	ORAL	06/18/2026	12.82233
EVEROLIMUS	2.5 MG	TABLET	ORAL	05/14/2026	19.33538
EVEROLIMUS	7.5 MG	TABLET	ORAL	02/26/2026	22.32500
EVEROLIMUS	2 MG	TAB SUSP	ORAL	06/04/2026	244.12938
EVEROLIMUS	3 MG	TAB SUSP	ORAL	02/26/2026	264.86549
EVEROLIMUS	5 MG	TAB SUSP	ORAL	02/26/2026	275.67412
EXEMESTANE	25 MG	TABLET	ORAL	02/20/2025	0.62578
EZETIMIBE	10 MG	TABLET	ORAL	10/09/2025	0.05047
EZETIMIBE/SIMVASTATIN	10 MG-10MG	TABLET	ORAL	11/21/2024	0.19892
EZETIMIBE/SIMVASTATIN	10 MG-20MG	TABLET	ORAL	12/04/2025	0.33321
EZETIMIBE/SIMVASTATIN	10 MG-80MG	TABLET	ORAL	12/18/2025	0.35644
EZETIMIBE/SIMVASTATIN	10 MG-40MG	TABLET	ORAL	12/31/2025	0.64856
FACTOR IX	500 (+/-)	VIAL	INTRAVEN	07/01/2022	1.22220
FACTOR IX	1000 (+/-)	VIAL	INTRAVEN	07/01/2022	1.22220
FACTOR IX	1500 (+/-)	VIAL	INTRAVEN	07/01/2022	1.22220
FACTOR IX COMPLX NO.4,3-FACTOR	1000 (+/-)	VIAL	INTRAVEN	04/01/2026	1.22850
FACTOR IX COMPLX NO.4,3-FACTOR	500 (+/-)	VIAL	INTRAVEN	04/01/2026	1.22850
FACTOR IX COMPLX NO.4,3-FACTOR	1500 (+/-)	VIAL	INTRAVEN	04/01/2026	1.22850
FACTOR IX HUMAN REC,PEGYLATED	500 (+/-)	VIAL	INTRAVEN	10/01/2022	4.12000
FACTOR IX HUMAN REC,PEGYLATED	1000 (+/-)	VIAL	INTRAVEN	10/01/2022	4.12000
FACTOR IX HUMAN REC,PEGYLATED	2000 (+/-)	VIAL	INTRAVEN	10/01/2022	4.12000
FACTOR IX HUMAN REC,PEGYLATED	3000 (+/-)	VIAL	INTRAVEN	10/01/2023	4.12000

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
FACTOR IX HUMAN RECOMB,THR 148	500 UNIT	VIAL	INTRAVEN	07/01/2023	1.58000
FACTOR IX HUMAN RECOMB,THR 148	1000 UNIT	VIAL	INTRAVEN	07/01/2023	1.58000
FACTOR IX HUMAN RECOMB,THR 148	1500 UNIT	VIAL	INTRAVEN	07/01/2023	1.58000
FACTOR IX HUMAN RECOMB,THR 148	3000 UNIT	VIAL	INTRAVEN	07/01/2023	1.58000
FACTOR IX HUMAN RECOMBINANT	250 UNIT	VIAL	INTRAVEN	10/01/2022	1.34330
FACTOR IX HUMAN RECOMBINANT	500 UNIT	VIAL	INTRAVEN	10/01/2022	1.34330
FACTOR IX HUMAN RECOMBINANT	1000 UNIT	VIAL	INTRAVEN	10/01/2022	1.34330
FACTOR IX HUMAN RECOMBINANT	2000 UNIT	VIAL	INTRAVEN	10/01/2022	1.34330
FACTOR IX HUMAN RECOMBINANT	3000 UNIT	VIAL	INTRAVEN	10/01/2022	1.34330
FACTOR IX REC, FC FUSION PROTN	500 UNIT	VIAL	INTRAVEN	05/05/2022	2.90400
FACTOR IX REC, FC FUSION PROTN	1000 UNIT	VIAL	INTRAVEN	05/05/2022	2.90400
FACTOR IX REC, FC FUSION PROTN	2000 UNIT	VIAL	INTRAVEN	05/05/2022	2.90400
FACTOR IX REC, FC FUSION PROTN	3000 UNIT	VIAL	INTRAVEN	05/05/2022	2.90400
FACTOR IX REC, FC FUSION PROTN	250 UNIT	VIAL	INTRAVEN	05/05/2022	2.90400
FACTOR IX REC, FC FUSION PROTN	4000 UNIT	VIAL	INTRAVEN	05/05/2022	2.90400
FACTOR IX RECOM,ALBUMIN FUSION	250 (+/-)	VIAL	INTRAVEN	05/05/2022	4.38600
FACTOR IX RECOM,ALBUMIN FUSION	500 (+/-)	VIAL	INTRAVEN	05/05/2022	4.38600
FACTOR IX RECOM,ALBUMIN FUSION	1000 (+/-)	VIAL	INTRAVEN	05/05/2022	4.38600
FACTOR IX RECOM,ALBUMIN FUSION	2000 (+/-)	VIAL	INTRAVEN	05/05/2022	4.38600
FACTOR IX RECOM,ALBUMIN FUSION	3500 (+/-)	VIAL	INTRAVEN	05/05/2022	4.38600
FACTOR XIII	1000-1600	VIAL	INTRAVEN	10/01/2022	8.62575
FACTOR XIII A-SUBUNIT,RECOMB	2500 UNIT	VIAL	INTRAVEN	05/05/2022	15.42000
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	11/13/2025	0.69591
FAMOTIDINE	40MG/5ML	SUSP RECON	ORAL	02/26/2026	0.18090
FAMOTIDINE	20 MG	TABLET	ORAL	06/25/2026	0.01804
FAMOTIDINE	40 MG	TABLET	ORAL	06/18/2026	0.04689
FAMOTIDINE	10 MG	TABLET	ORAL	04/23/2026	0.08871
FAMOTIDINE	10 MG/ML	VIAL	INTRAVEN	02/15/2024	0.41473

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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/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
FEBUXOSTAT	40 MG	TABLET	ORAL	06/18/2026	0.24075
FEBUXOSTAT	80 MG	TABLET	ORAL	01/22/2026	0.33813
FELBAMATE	600 MG/5ML	ORAL SUSP	ORAL	02/26/2026	0.37786
FELBAMATE	400 MG	TABLET	ORAL	06/26/2025	1.12225
FELBAMATE	600 MG	TABLET	ORAL	02/19/2026	1.16600
FELODIPINE	5 MG	TAB ER 24H	ORAL	10/24/2024	0.14057
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	03/07/2024	6.63222
FENOFIBRATE	120 MG	TABLET	ORAL	03/07/2024	16.45000
FENOFIBRATE	54 MG	TABLET	ORAL	01/22/2026	0.09008
FENOFIBRATE NANOCRYSTALLIZED	48 MG	TABLET	ORAL	03/05/2026	0.12298
FENOFIBRATE NANOCRYSTALLIZED	145 MG	TABLET	ORAL	04/16/2026	0.18775
FENOFIBRATE,MICRONIZED	200 MG	CAPSULE	ORAL	06/25/2026	0.21922
FENOFIBRATE,MICRONIZED	67 MG	CAPSULE	ORAL	10/02/2025	0.14137
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	11/02/2023	10.10850
FENOPROFEN CALCIUM	400 MG	CAPSULE	ORAL	04/04/2024	9.99030
FENTANYL	25 MCG/HR	PATCH TD72	TRANSDERM	04/03/2025	5.71500
FENTANYL	50MCG/HR	PATCH TD72	TRANSDERM	01/05/2026	8.38245
FENTANYL	75MCG/HR	PATCH TD72	TRANSDERM	06/11/2026	13.76340
FENTANYL	100 MCG/HR	PATCH TD72	TRANSDERM	06/11/2026	19.92270

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
FENTANYL	12 MCG/HR	PATCH TD72	TRANSDERM	05/14/2026	11.15840
FENTANYL	62.5MCG/HR	PATCH TD72	TRANSDERM	04/23/2026	48.63933
FENTANYL	87.5MCG/HR	PATCH TD72	TRANSDERM	03/05/2026	156.41705
FENTANYL	37.5MCG/HR	PATCH TD72	TRANSDERM	03/05/2026	69.40685
FENTANYL CITRATE/PF	50 MCG/ML	SYRINGE	INJECTION	01/22/2026	1.77684
FENTANYL CITRATE/PF	100MCG/2ML	SYRINGE	INJECTION	04/02/2026	1.30650
FENTANYL CITRATE/PF	50 MCG/ML	VIAL	INJECTION	02/06/2025	0.24120
FENTANYL CITRATE/PF	100MCG/2ML	SYRINGE	INTRAVEN	02/08/2018	0.83683
FERROUS FUMARATE	324(106)MG	TABLET	ORAL	02/19/2026	0.37225
FERROUS GLUCONATE	240(27)MG	TABLET	ORAL	02/26/2026	0.01554
FERROUS GLUCONATE	324(38)MG	TABLET	ORAL	05/29/2025	0.03015
FERROUS GLUCONATE	324(37.5)	TABLET	ORAL	02/26/2026	0.04686
FERROUS SULFATE	220 (44)/5	ELIXIR	ORAL	05/28/2026	0.03343
FERROUS SULFATE	220 (44)/5	SOLUTION	ORAL	10/16/2025	0.00850
FERROUS SULFATE	300 MG/5ML	LIQUID	ORAL	05/28/2026	0.27955
FERROUS SULFATE	15 MG/ML	DROPS	ORAL	05/21/2026	0.15544
FERROUS SULFATE	325(65) MG	TABLET	ORAL	02/26/2026	0.00552
FERROUS SULFATE	325(65) MG	TABLET DR	ORAL	06/11/2026	0.12021
FERROUS SULFATE	324(65)MG	TABLET DR	ORAL	06/12/2025	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	05/21/2026	0.09816
FEXOFENADINE HCL	60 MG	TABLET	ORAL	04/16/2026	0.10780
FEXOFENADINE HCL	180 MG	TABLET	ORAL	02/26/2026	0.16573
FEXOFENADINE/PSEUDOEPHEDRINE	180-240MG	TAB ER 24H	ORAL	07/11/2024	1.20044
FEXOFENADINE/PSEUDOEPHEDRINE	60MG-120MG	TAB ER 12H	ORAL	03/26/2026	0.76125
FIDAXOMICIN	200 MG	TABLET	ORAL	04/02/2026	105.74003
FINASTERIDE	1 MG	TABLET	ORAL	12/18/2025	0.08458
FINASTERIDE	5 MG	TABLET	ORAL	01/29/2026	0.08472

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	05/14/2026	3.93756
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
FLECAINIDE ACETATE	100 MG	TABLET	ORAL	02/05/2026	0.17407
FLECAINIDE ACETATE	150 MG	TABLET	ORAL	04/03/2025	0.38565
FLECAINIDE ACETATE	50 MG	TABLET	ORAL	05/07/2026	0.13346
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	06/25/2026	0.84755
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	05/05/2022	43.94688
FLUDARABINE PHOSPHATE	50 MG/2 ML	VIAL	INTRAVEN	07/03/2024	89.99500
FLUDEOXYGLUCOSE F-18	20-300/ML	VIAL	INTRAVEN	05/06/2022	113.77500
FLUDEOXYGLUCOSE F-18	20-500/ML	VIAL	INTRAVEN	03/20/2025	187.14963
FLUDROCORTISONE ACETATE	0.1 MG	TABLET	ORAL	07/02/2026	0.51185
FLUMAZENIL	0.1 MG/ML	VIAL	INTRAVEN	03/06/2025	1.40030
FLUNISOLIDE	25 MCG	SPRAY	NASAL	06/25/2026	1.70636
FLUOCINOLONE ACETONIDE	0.01 %	CREAM (G)	TOPICAL	10/23/2025	3.29384
FLUOCINOLONE ACETONIDE	0.025 %	CREAM (G)	TOPICAL	11/13/2025	2.94008
FLUOCINOLONE ACETONIDE	0.025 %	OINT. (G)	TOPICAL	02/01/2024	1.32660
FLUOCINOLONE ACETONIDE	0.01 %	SOLUTION	TOPICAL	06/26/2025	0.48463
FLUOCINOLONE ACETONIDE	0.01 %	OIL	TOPICAL	02/26/2026	0.27530
FLUOCINOLONE ACETONIDE OIL	0.01 %	DROPS	OTIC (EAR)	05/14/2026	1.88136
FLUOCINOLONE/SHOWER CAP	0.01 %	OIL	TOPICAL	06/18/2026	0.28527

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
FLUOCINONIDE	0.05 %	GEL (GRAM)	TOPICAL	12/18/2025	0.23195
FLUOCINONIDE	0.05 %	CREAM (G)	TOPICAL	03/26/2026	0.56503
FLUOCINONIDE	0.1 %	CREAM (G)	TOPICAL	01/22/2026	0.34092
FLUOCINONIDE	0.05 %	OINT. (G)	TOPICAL	03/19/2026	0.31713
FLUOCINONIDE	0.05 %	SOLUTION	TOPICAL	05/21/2026	0.27336
FLUOCINONIDE/EMOLLIENT BASE	0.05 %	CREAM (G)	TOPICAL	06/26/2025	0.73767
FLUORESCEIN SODIUM	500 MG/5ML	VIAL	INTRAVEN	07/02/2026	11.43872
FLUORIDE (SODIUM)	0.5 MG/ML	DROPS	ORAL	04/02/2026	0.32991
FLUOROMETHOLONE	0.1 %	DROPS SUSP	OPHTHALMIC	07/10/2025	14.63700
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
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	03/05/2026	0.02949
FLUOXETINE HCL	20 MG	CAPSULE	ORAL	02/26/2026	0.02292
FLUOXETINE HCL	40 MG	CAPSULE	ORAL	07/02/2026	0.07464
FLUOXETINE HCL	20 MG/5 ML	SOLUTION	ORAL	12/31/2025	0.34885
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	06/11/2026	0.39530
FLUPHENAZINE DECANOATE	25 MG/ML	VIAL	INJECTION	06/25/2026	9.21360
FLUPHENAZINE HCL	1 MG	TABLET	ORAL	10/16/2025	0.30807
FLUPHENAZINE HCL	10 MG	TABLET	ORAL	09/18/2025	0.62417
FLUPHENAZINE HCL	2.5 MG	TABLET	ORAL	10/23/2025	0.33875
FLUPHENAZINE HCL	5 MG	TABLET	ORAL	06/25/2026	0.45131
FLURANDRENOLIDE	0.05 %	LOTION	TOPICAL	05/26/2022	1.70839
FLUTICASONE FUROATE	100 MCG	BLST W/DEV	INHALATION	06/11/2026	6.68867

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 FUROATE	200 MCG	BLST W/DEV	INHALATION	04/02/2026	9.07000
FLUTICASONE FUROATE	50 MCG	BLST W/DEV	INHALATION	04/02/2026	7.17677
FLUTICASONE PROPION/SALMETEROL	45-21 MCG	HFA AER AD	INHALATION	02/26/2026	16.20000
FLUTICASONE PROPION/SALMETEROL	115-21MCG	HFA AER AD	INHALATION	02/26/2026	17.60287
FLUTICASONE PROPION/SALMETEROL	230-21MCG	HFA AER AD	INHALATION	04/02/2026	36.71721
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	05/05/2022	2.58562
FLUTICASONE PROPIONATE	0.05 %	CREAM (G)	TOPICAL	02/12/2026	0.28810
FLUTICASONE PROPIONATE	0.005 %	OINT. (G)	TOPICAL	12/18/2025	0.90651
FLUTICASONE PROPIONATE	0.05 %	LOTION	TOPICAL	05/22/2024	4.28945
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	10/10/2024	0.49280
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	04/16/2026	0.89305
FLUTICASONE PROPIONATE	44 MCG	AER W/ADAP	INHALATION	04/16/2026	12.09896
FLUTICASONE/VILANTEROL	100-25MCG	BLST W/DEV	INHALATION	06/11/2026	5.92667
FLUTICASONE/VILANTEROL	200-25 MCG	BLST W/DEV	INHALATION	06/11/2026	5.92667
FLUVASTATIN SODIUM	20 MG	CAPSULE	ORAL	11/13/2025	4.57204
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	06/11/2026	7.40622
FLUVOXAMINE MALEATE	150 MG	CAP ER 24H	ORAL	07/17/2025	5.07044
FLUVOXAMINE MALEATE	25 MG	TABLET	ORAL	05/05/2022	0.26907
FLUVOXAMINE MALEATE	50 MG	TABLET	ORAL	12/18/2025	0.30887
FLUVOXAMINE MALEATE	100 MG	TABLET	ORAL	12/18/2025	0.31624
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	02/26/2026	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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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/VIT B COMPLEX AND C	400 MCG	TABLET	ORAL	02/19/2026	0.09340
FOMEPIZOLE	1 G/ML	VIAL	INTRAVEN	05/07/2026	292.84000
FONDAPARINUX SODIUM	2.5 MG/0.5	SYRINGE	SUBCUT	05/06/2022	24.43875
FONDAPARINUX SODIUM	10MG/0.8ML	SYRINGE	SUBCUT	05/04/2023	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	07/02/2026	13.70250
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	06/11/2026	44.06475
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
FOSINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	10/09/2025	1.03441
FOSINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	12/18/2025	1.23776
FOSPHENYTOIN SODIUM	100MG PE/2	VIAL	INJECTION	10/19/2023	0.86564
FOSPHENYTOIN SODIUM	500 PE/10	VIAL	INJECTION	10/19/2023	0.62759
FROVATRIPTAN SUCCINATE	2.5 MG	TABLET	ORAL	07/02/2026	10.31805
FRUCTOOLIGOSACCHARIDES/POLYDEX	15 G/30 ML	LIQUID	ORAL	10/23/2025	0.01374
FULVESTRANT	250 MG/5ML	SYRINGE	INTRAMUSC	07/02/2026	7.72800
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	05/05/2022	0.05727
FUROSEMIDE	10 MG/ML	VIAL	INJECTION	02/05/2026	0.13266
FVIII REC,B-DOM DELET PEG-AUCL	500 (+/-)	VIAL	INTRAVEN	05/05/2022	2.10525
FVIII REC,B-DOM DELET PEG-AUCL	1000 (+/-)	VIAL	INTRAVEN	05/05/2022	2.10525
FVIII REC,B-DOM DELET PEG-AUCL	2000 (+/-)	VIAL	INTRAVEN	05/05/2022	2.10525
FVIII REC,B-DOM DELET PEG-AUCL	3000 (+/-)	VIAL	INTRAVEN	05/05/2022	2.10525

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
FVIII REC,B-DOM DELET PEG-AUCL	4000 (+/-)	VIAL	INTRAVEN	07/01/2025	2.10525
FVIII REC,B-DOM TRUNC PEG-EXEI	500 (+/-)	VIAL	INTRAVEN	05/05/2022	1.48000
FVIII REC,B-DOM TRUNC PEG-EXEI	1000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.48000
FVIII REC,B-DOM TRUNC PEG-EXEI	1500 (+/-)	VIAL	INTRAVEN	05/05/2022	1.48000
FVIII REC,B-DOM TRUNC PEG-EXEI	2000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.48000
FVIII REC,B-DOM TRUNC PEG-EXEI	3000 (+/-)	VIAL	INTRAVEN	05/05/2022	1.48000
FVIII REC,B-DOM TRUNC PEG-EXEI	4000 (+/-)	VIAL	INTRAVEN	07/01/2025	1.48000
FVIII REC,FC-VWF-XTEN,BDD-EHTL	250 (+/-)	VIAL	INTRAVEN	01/01/2024	4.59795
FVIII REC,FC-VWF-XTEN,BDD-EHTL	500 (+/-)	VIAL	INTRAVEN	01/01/2024	4.59795
FVIII REC,FC-VWF-XTEN,BDD-EHTL	1000 (+/-)	VIAL	INTRAVEN	01/01/2024	4.59795
FVIII REC,FC-VWF-XTEN,BDD-EHTL	2000 (+/-)	VIAL	INTRAVEN	01/01/2024	4.59795
FVIII REC,FC-VWF-XTEN,BDD-EHTL	3000 (+/-)	VIAL	INTRAVEN	01/01/2024	4.59795
FVIII REC,FC-VWF-XTEN,BDD-EHTL	4000 (+/-)	VIAL	INTRAVEN	01/01/2024	4.59795
GABAPENTIN	100 MG	CAPSULE	ORAL	06/25/2026	0.00954
GABAPENTIN	300 MG	CAPSULE	ORAL	06/04/2026	0.01490
GABAPENTIN	400 MG	CAPSULE	ORAL	06/04/2026	0.01762
GABAPENTIN	250 MG/5ML	SOLUTION	ORAL	09/04/2025	0.07413
GABAPENTIN	250 MG/5ML	SOLUTION	ORAL	12/18/2025	1.27146
GABAPENTIN	300 MG/6ML	SOLUTION	ORAL	03/19/2026	1.05715
GABAPENTIN	600 MG	TABLET	ORAL	04/09/2026	0.06834
GABAPENTIN	800 MG	TABLET	ORAL	04/09/2026	0.08576
GABAPENTIN	300 MG	TAB ER 24H	ORAL	03/05/2026	2.27800
GABAPENTIN	600 MG	TAB ER 24H	ORAL	03/05/2026	2.69280
GADOBUTROL	1 MMOL/ML	VIAL	INTRAVEN	12/20/2023	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	06/05/2025	4.60152
GADOTERATE MEGLUMINE	5MMOL/10ML	SYRINGE	INTRAVEN	02/05/2026	7.05485
GADOTERATE MEGLUMINE	7.5MMOL/15	SYRINGE	INTRAVEN	05/06/2022	6.63575
GADOTERATE MEGLUMINE	10MMOL/20	SYRINGE	INTRAVEN	05/06/2022	6.55419

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
GADOTERATE MEGLUMINE	5MMOL/10ML	VIAL	INTRAVEN	03/12/2026	1.65182
GADOTERATE MEGLUMINE	10MMOL/20	VIAL	INTRAVEN	03/12/2026	1.54100
GADOTERATE MEGLUMINE	7.5MMOL/15	VIAL	INTRAVEN	03/12/2026	1.54100
GADOTERATE MEGLUMINE	50MMOL/100	VIAL	INTRAVEN	12/19/2024	1.45388
GADOTERATE MEGLUMINE	2.5MMOL/5	VIAL	INTRAVEN	12/19/2024	2.77200
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	06/04/2026	0.95810
GALANTAMINE HBR	4 MG	TABLET	ORAL	12/18/2025	0.30757
GALANTAMINE HBR	8 MG	TABLET	ORAL	06/04/2026	0.78278
GANCICLOVIR SODIUM	500 MG	VIAL	INTRAVEN	05/07/2026	58.65255
GANIRELIX ACETATE	250MCG/0.5	SYRINGE	SUBCUT	02/26/2026	96.51400
GATIFLOXACIN	0.5 %	DROPS	OPHTHALMIC	06/11/2026	26.96570
GEFITINIB	250 MG	TABLET	ORAL	10/05/2023	113.34860
GELATIN		POWDER	MISCELL	05/06/2022	0.39195
GELATIN CAPSULES (EMPTY)		CAPSULE	ORAL	01/08/2026	0.01363
GEMCITABINE HCL	200 MG	VIAL	INTRAVEN	09/14/2023	9.77500
GEMCITABINE HCL	1 G	VIAL	INTRAVEN	07/20/2023	19.93950
GEMCITABINE HCL	2 G	VIAL	INTRAVEN	05/06/2022	65.60000
GEMCITABINE HCL	1 G/26.3ML	VIAL	INTRAVEN	07/31/2025	0.77634
GEMCITABINE HCL	2 G/52.6ML	VIAL	INTRAVEN	10/30/2025	0.73598
GEMCITABINE HCL	200MG/5.26	VIAL	INTRAVEN	05/22/2025	0.76426
GEMFIBROZIL	600 MG	TABLET	ORAL	02/12/2026	0.14095
GENTAMICIN SULFATE	40 MG/ML	VIAL	INJECTION	06/13/2024	0.48575
GENTAMICIN SULFATE	0.1 %	CREAM (G)	TOPICAL	12/18/2025	0.43224
GENTAMICIN SULFATE	0.1 %	OINT. (G)	TOPICAL	01/22/2026	0.92326
GENTAMICIN SULFATE	0.3 %	DROPS	OPHTHALMIC	07/31/2025	0.53300
GENTIAN VIOLET	2 %	SOLUTION	TOPICAL	07/31/2025	0.02713

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
GLATIRAMER ACETATE	20 MG/ML	SYRINGE	SUBCUT	07/31/2025	39.65628
GLATIRAMER ACETATE	40 MG/ML	SYRINGE	SUBCUT	05/21/2026	108.24085
GLIMEPIRIDE	1 MG	TABLET	ORAL	07/31/2025	0.01793
GLIMEPIRIDE	2 MG	TABLET	ORAL	07/31/2025	0.02202
GLIMEPIRIDE	4 MG	TABLET	ORAL	07/31/2025	0.03843
GLIPIZIDE	10 MG	TAB ER 24	ORAL	05/07/2026	0.20909
GLIPIZIDE	5 MG	TAB ER 24	ORAL	01/29/2026	0.10197
GLIPIZIDE	2.5 MG	TAB ER 24	ORAL	05/14/2026	0.17420
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
GLUCAGON	1 MG	VIAL	INJECTION	05/05/2022	268.65250
GLUCOSAMINE HCL/CHONDROITIN SU	500-400 MG	CAPSULE	ORAL	07/31/2025	0.13304
GLUCOSAMINE SULFATE	500 MG	CAPSULE	ORAL	01/23/2025	0.04243
GLUCOSAMINE SULFATE	750 MG	TABLET	ORAL	07/31/2025	0.03125
GLUCOSAMINE/CHONDRO SU A	500-400 MG	TABLET	ORAL	07/31/2025	0.06380
GLUTAMINE	5 G	POWD PACK	ORAL	07/25/2024	13.40815
GLUTAMINE	100 %	POWDER	ORAL	07/31/2025	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	01/15/2026	0.18911
GLYBURIDE/METFORMIN HCL	1.25-250MG	TABLET	ORAL	12/18/2025	0.32455
GLYBURIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	07/31/2025	0.32230
GLYCERIN	PEDIATRIC	SUPP.RECT	RECTAL	07/31/2025	0.02464
GLYCERIN	99.5 %	SOLUTION	TOPICAL	07/31/2025	0.02288
GLYCERIN/MIN OIL/POLYCARBOPHIL		GEL W/APPL	VAGINAL	01/09/2025	0.21237

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
GLYCERIN/POLYCARBOPHL/CARBOMER		GEL/PF APP	VAGINAL	05/22/2025	2.14182
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	05/21/2026	0.42495
GLYCOPYRROLATE	1 MG	TABLET	ORAL	02/26/2026	0.14204
GLYCOPYRROLATE	2 MG	TABLET	ORAL	02/05/2026	0.21440
GLYCOPYRROLATE	1.5 MG	TABLET	ORAL	04/02/2026	11.44250
GLYCOPYRROLATE	0.2 MG/ML	VIAL	INJECTION	06/18/2026	0.60300
GLYCOPYRROLATE IN WATER/PF	0.2 MG/ML	SYRINGE	INJECTION	09/11/2025	5.61340
GLYCOPYRROLATE IN WATER/PF	0.4MG/2ML	SYRINGE	INTRAVEN	04/03/2025	6.72719
GLYCOPYRROLATE/PF	0.4MG/2ML	SYRINGE	INJECTION	11/06/2025	4.67280
GRANISETRON HCL	1 MG	TABLET	ORAL	06/01/2023	1.27300
GRANISETRON HCL	1 MG/ML	VIAL	INTRAVEN	12/08/2022	6.11505
GRANISETRON HCL/PF	1 MG/ML(1)	VIAL	INTRAVEN	05/05/2022	5.93090
GRISEOFULVIN ULTRAMICROSIZE	125 MG	TABLET	ORAL	07/02/2026	4.09754
GRISEOFULVIN ULTRAMICROSIZE	250 MG	TABLET	ORAL	07/02/2026	3.81708
GRISEOFULVIN, MICROSIZE	125 MG/5ML	ORAL SUSP	ORAL	11/13/2025	0.71031
GRISEOFULVIN, MICROSIZE	500 MG	TABLET	ORAL	11/06/2025	5.58622
GUAIFEN/DEXTROMETHORPHAN/PE	100-10-5MG	LIQUID	ORAL	11/13/2025	0.03361
GUAIFEN/DEXTROMETHORPHAN/PE	200-30-10	LIQUID	ORAL	11/22/2022	0.03747
GUAIFEN/DEXTROMETHORPHAN/PE	300-15-10	LIQUID	ORAL	05/18/2023	0.04161
GUAIFEN/DEXTROMETHORPHAN/PE	75-5-2.5/5	LIQUID	ORAL	06/26/2025	0.00883
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
GUAIFEN/DEXTROMETHORPHAN/PE	18-10MG/15	LIQUID	ORAL	08/22/2024	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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	600 MG	TAB ER 12H	ORAL	07/02/2026	0.18747
GUAIFENESIN	200 MG/5ML	LIQUID	ORAL	06/23/2022	0.00817
GUAIFENESIN	100 MG/5ML	LIQUID	ORAL	02/19/2026	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	12/12/2024	1.18004
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	LIQUID	ORAL	01/15/2026	0.01071
GUAIFENESIN/DEXTROMETHORPHAN	100-5 MG/5	LIQUID	ORAL	08/08/2024	0.05257
GUAIFENESIN/DEXTROMETHORPHAN	200-10MG/5	LIQUID	ORAL	02/13/2025	0.04508
GUAIFENESIN/DEXTROMETHORPHAN	200-15MG/5	LIQUID	ORAL	01/19/2023	0.06343
GUAIFENESIN/DEXTROMETHORPHAN	400-20MG/5	LIQUID	ORAL	07/17/2025	0.01558
GUAIFENESIN/DEXTROMETHORPHAN	187-10MG/5	LIQUID	ORAL	05/06/2022	0.07251
GUAIFENESIN/DEXTROMETHORPHAN	50-5MG/5ML	LIQUID	ORAL	10/23/2025	0.03747
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	SYRUP	ORAL	02/27/2025	0.01554
GUAIFENESIN/DEXTROMETHORPHAN	400MG-20MG	TABLET	ORAL	06/18/2026	0.05641
GUAIFENESIN/DEXTROMETHORPHAN	600MG-30MG	TAB ER 12H	ORAL	09/11/2025	0.59362
GUAIFENESIN/DEXTROMETHORPHAN	1200-60MG	TAB ER 12H	ORAL	04/30/2026	0.43669
GUAIFENESIN/DM/ACETAMINOPHEN	10-325/15	LIQUID	ORAL	03/26/2026	0.03261
GUAIFENESIN/DM/ACETAMINOPHEN	20-650/20	LIQUID	ORAL	03/26/2026	0.05730
GUAIFENESIN/DM/PSEUDOEPHEDRINE	200-15-30	SOLUTION	ORAL	10/16/2025	0.03867
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	01/16/2025	0.07264
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	07/31/2025	0.41737
GUANFACINE HCL	1 MG	TABLET	ORAL	06/25/2026	0.32508
GUANFACINE HCL	2 MG	TABLET	ORAL	07/31/2025	0.30030

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	07/31/2025	9.30426
HALOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	07/31/2025	0.51943
HALOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	10/02/2025	1.05619
HALOBETASOL PROPIONATE	0.05 %	LOTION	TOPICAL	04/02/2026	12.99741
HALOPERIDOL	0.5 MG	TABLET	ORAL	07/02/2026	0.09420
HALOPERIDOL	1 MG	TABLET	ORAL	07/02/2026	0.10050
HALOPERIDOL	10 MG	TABLET	ORAL	07/02/2026	0.18090
HALOPERIDOL	2 MG	TABLET	ORAL	04/09/2026	0.11993
HALOPERIDOL	20 MG	TABLET	ORAL	07/02/2026	0.22110
HALOPERIDOL	5 MG	TABLET	ORAL	07/02/2026	0.12261
HALOPERIDOL DECANOATE	50 MG/ML	AMPUL	INTRAMUSC	05/05/2022	16.40625
HALOPERIDOL DECANOATE	100 MG/ML	AMPUL	INTRAMUSC	07/31/2025	33.60000
HALOPERIDOL DECANOATE	50 MG/ML	VIAL	INTRAMUSC	06/18/2026	7.58571
HALOPERIDOL DECANOATE	100 MG/ML	VIAL	INTRAMUSC	06/18/2026	7.80000
HALOPERIDOL LACTATE	2 MG/ML	ORAL CONC	ORAL	08/07/2025	0.38112
HALOPERIDOL LACTATE	5 MG/ML	VIAL	INJECTION	12/23/2025	1.52626
HEPARIN SOD,PORK IN 0.45% NACL	25000/250	IV SOLN	INTRAVEN	08/07/2025	0.03492
HEPARIN SOD,PORK IN 0.45% NACL	25000/500	IV SOLN	INTRAVEN	08/07/2025	0.01160
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	05/05/2022	6.84530
HEPARIN SODIUM,PORCINE	5000/ML	VIAL	INJECTION	12/29/2022	0.03698
HEPARIN SODIUM,PORCINE/D5W	25000/250	IV SOLN	INTRAVEN	02/27/2025	0.03444
HEPARIN SODIUM,PORCINE/D5W	25000/500	IV SOLN	INTRAVEN	01/22/2026	0.02180
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
HYALURONATE SODIUM	100 %	POWDER	MISCELL	06/23/2022	6.35000
HYDRALAZINE HCL	10 MG	TABLET	ORAL	06/18/2026	0.04797
HYDRALAZINE HCL	100 MG	TABLET	ORAL	05/15/2025	0.11055
HYDRALAZINE HCL	25 MG	TABLET	ORAL	02/19/2026	0.04462
HYDRALAZINE HCL	50 MG	TABLET	ORAL	06/18/2026	0.06325
HYDRALAZINE HCL	20 MG/ML	VIAL	INJECTION	02/12/2026	4.38900
HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	ORAL	02/19/2026	0.20520
HYDROCHLOROTHIAZIDE	25 MG	TABLET	ORAL	05/21/2026	0.01687
HYDROCHLOROTHIAZIDE	50 MG	TABLET	ORAL	05/29/2025	0.01876
HYDROCHLOROTHIAZIDE	12.5 MG	TABLET	ORAL	11/20/2025	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	01/18/2024	1.48516
HYDROCODONE BITARTRATE	20 MG	TAB ER 24H	ORAL	01/08/2026	14.59203
HYDROCODONE BITARTRATE	100 MG	TAB ER 24H	ORAL	01/08/2026	66.53975
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	11/13/2025	0.79811
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	10/19/2023	0.23781
HYDROCODONE/ACETAMINOPHEN	2.5-325 MG	TABLET	ORAL	02/19/2026	0.40033
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	02/19/2026	0.13806
HYDROCODONE/ACETAMINOPHEN	10MG-300MG	TABLET	ORAL	05/14/2026	0.60300
HYDROCODONE/ACETAMINOPHEN	5 MG-300MG	TABLET	ORAL	08/28/2025	0.16543
HYDROCODONE/ACETAMINOPHEN	7.5-300 MG	TABLET	ORAL	08/28/2025	0.20985
HYDROCODONE/IBUPROFEN	7.5-200 MG	TABLET	ORAL	04/17/2025	0.76816
HYDROCORTISONE	10 MG	TABLET	ORAL	07/31/2025	0.23274
HYDROCORTISONE	20 MG	TABLET	ORAL	07/31/2025	0.27268
HYDROCORTISONE	5 MG	TABLET	ORAL	07/31/2025	0.12255

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	100MG/60ML	ENEMA	RECTAL	07/31/2025	0.12878
HYDROCORTISONE	1 %	CREAM (G)	TOPICAL	07/31/2025	0.03727
HYDROCORTISONE	2.5 %	CREAM (G)	TOPICAL	01/08/2026	0.07426
HYDROCORTISONE	1 %	CREAM PACK	TOPICAL	07/31/2025	0.03727
HYDROCORTISONE	2.5 %	CRM/PE APP	TOPICAL	07/31/2025	0.19635
HYDROCORTISONE	1 %	OINT. (G)	TOPICAL	07/31/2025	0.06153
HYDROCORTISONE	2.5 %	OINT. (G)	TOPICAL	07/31/2025	0.06982
HYDROCORTISONE	1 %	SOLUTION	TOPICAL	05/21/2026	0.11131
HYDROCORTISONE	1 %	LOTION	TOPICAL	07/31/2025	0.02947
HYDROCORTISONE	1 %	LOTION	TOPICAL	07/31/2025	0.03269
HYDROCORTISONE ACETATE	1 %	CREAM (G)	TOPICAL	05/06/2022	0.13188
HYDROCORTISONE BUTYRATE	0.1 %	LOTION	TOPICAL	04/11/2024	1.47627
HYDROCORTISONE SOD SUCCINATE	100 MG	VIAL	INJECTION	03/05/2026	14.55500
HYDROCORTISONE VALERATE	0.2 %	CREAM (G)	TOPICAL	12/11/2025	0.31825
HYDROCORTISONE VALERATE	0.2 %	OINT. (G)	TOPICAL	02/19/2026	2.75909
HYDROCORTISONE/ACETIC ACID	1 %-2 %	DROPS	OTIC (EAR)	12/23/2025	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	05/05/2022	0.26598
HYDROMORPHONE HCL	2 MG	TABLET	ORAL	05/07/2026	0.09002
HYDROMORPHONE HCL	4 MG	TABLET	ORAL	08/07/2025	0.26385
HYDROMORPHONE HCL	8 MG	TABLET	ORAL	12/18/2025	1.29833
HYDROMORPHONE HCL	12 MG	TAB ER 24H	ORAL	04/03/2025	8.28438
HYDROMORPHONE HCL	32 MG	TAB ER 24H	ORAL	04/17/2025	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	2 MG/ML	VIAL	INJECTION	04/02/2026	20.15549
HYDROMORPHONE HCL/PF	1 MG/ML	SYRINGE	INJECTION	06/13/2024	4.68369
HYDROMORPHONE HCL/PF	2 MG/ML	SYRINGE	INJECTION	05/22/2024	3.28680
HYDROMORPHONE HCL/PF	0.5MG/.5ML	SYRINGE	INJECTION	05/09/2024	8.20800

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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/PF	0.2 MG/ML	SYRINGE	INJECTION	10/10/2024	2.17080
HYDROMORPHONE HCL/PF	10 MG/ML	VIAL	INJECTION	05/22/2025	1.57785
HYDROMORPHONE HCL/PF	2 MG/ML	VIAL	INJECTION	05/06/2022	2.41200
HYDROXYCHLOROQUINE SULFATE	200 MG	TABLET	ORAL	06/11/2026	0.12904
HYDROXYCHLOROQUINE SULFATE	300 MG	TABLET	ORAL	10/23/2025	1.16513
HYDROXYPROPYL CELLULOSE		POWDER	MISCELL	05/05/2022	0.02632
HYDROXYUREA	500 MG	CAPSULE	ORAL	09/25/2025	0.36850
HYDROXYZINE HCL	10 MG/5 ML	SOLUTION	ORAL	07/02/2026	0.22392
HYDROXYZINE HCL	10 MG	TABLET	ORAL	02/19/2026	0.04824
HYDROXYZINE HCL	25 MG	TABLET	ORAL	03/19/2026	0.06277
HYDROXYZINE HCL	50 MG	TABLET	ORAL	04/16/2026	0.09929
HYDROXYZINE PAMOATE	25 MG	CAPSULE	ORAL	05/05/2022	0.05890
HYDROXYZINE PAMOATE	50 MG	CAPSULE	ORAL	05/05/2022	0.07620
HYPOCHLOROUS ACID/SODIUM CHLOR	0.01 %	SPRAY	TOPICAL	07/02/2026	0.26245
HYPROMELLOSE	2.5 %	DROPS	OPHTHALMIC	01/22/2026	1.64730
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
IBANDRONATE SODIUM	3 MG/3 ML	SYRINGE	INTRAVEN	04/16/2026	76.86133
IBUPROFEN	200 MG	CAPSULE	ORAL	07/02/2026	0.06784
IBUPROFEN	100 MG/5ML	ORAL SUSP	ORAL	02/19/2026	0.02403
IBUPROFEN	50 MG/1.25	DROPS SUSP	ORAL	12/19/2024	0.20323
IBUPROFEN	200 MG	TABLET	ORAL	02/12/2026	0.03501
IBUPROFEN	400 MG	TABLET	ORAL	04/23/2026	0.03997
IBUPROFEN	600 MG	TABLET	ORAL	02/19/2026	0.03848
IBUPROFEN	800 MG	TABLET	ORAL	07/02/2026	0.06212
IBUPROFEN	100 MG	TAB CHEW	ORAL	01/30/2025	0.47626
IBUPROFEN LYSINE/PF	20 MG/2 ML	VIAL	INTRAVEN	08/24/2023	105.70313
IBUPROFEN/ACETAMINOPHEN	125-250 MG	TABLET	ORAL	02/19/2026	0.09393

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	05/21/2026	330.27778
ICOSAPENT ETHYL	1 G	CAPSULE	ORAL	02/19/2026	0.71601
ICOSAPENT ETHYL	0.5 GRAM	CAPSULE	ORAL	01/29/2026	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
IFOSFAMIDE	3 G/60 ML	VIAL	INTRAVEN	05/05/2022	2.33160
IMATINIB MESYLATE	400 MG	TABLET	ORAL	10/23/2025	5.44153
IMATINIB MESYLATE	100 MG	TABLET	ORAL	06/18/2026	1.59341
IMIPENEM/CILASTATIN SODIUM	500 MG	VIAL	INTRAVEN	03/13/2025	11.71863
IMIPRAMINE HCL	10 MG	TABLET	ORAL	02/19/2026	0.15397
IMIPRAMINE HCL	25 MG	TABLET	ORAL	05/05/2022	0.01168
IMIPRAMINE HCL	50 MG	TABLET	ORAL	05/21/2026	0.20163
IMIPRAMINE PAMOATE	100 MG	CAPSULE	ORAL	05/05/2022	8.24760
IMIPRAMINE PAMOATE	125 MG	CAPSULE	ORAL	05/05/2022	8.24760
IMIPRAMINE PAMOATE	150 MG	CAPSULE	ORAL	10/23/2025	15.11615
IMIPRAMINE PAMOATE	75 MG	CAPSULE	ORAL	05/05/2022	7.70040
IMIQUIMOD	3.75 %	CRM MD PMP	TOPICAL	07/24/2025	71.75000
IMIQUIMOD	5 %	CREAM PACK	TOPICAL	01/29/2026	0.93828
IMIQUIMOD	3.75 %	CREAM PACK	TOPICAL	12/23/2025	27.49892
IMM GLOB G (IGG)/SORB/IGA 0-50	5 %	VIAL	INTRAVEN	05/05/2022	3.92649
IMM GLOB G (IGG)/SORB/IGA 0-50	10 %	VIAL	INTRAVEN	05/05/2022	7.85298
IMMUN GLOB G(IGG)/GLY/IGA OV50	10 %	VIAL	INJECTION	05/05/2022	8.56800
IMMUN GLOB G(IGG)/PRO/IGA 0-50	10 %	VIAL	INTRAVEN	05/05/2022	8.16000
IMMUN GLOB G(IGG)/PRO/IGA 0-50	1 G/5 ML	VIAL	SUBCUT	05/05/2022	19.38000

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
IMMUN GLOB G(IGG)/PRO/IGA 0-50	2 G/10 ML	VIAL	SUBCUT	05/05/2022	19.38000
IMMUN GLOB G(IGG)/PRO/IGA 0-50	4 G/20 ML	VIAL	SUBCUT	05/05/2022	19.38000
IMMUN GLOB G(IGG)/PRO/IGA 0-50	10 G/50 ML	VIAL	SUBCUT	05/05/2022	19.38000
IMMUN GLOB G/GLY/GLUC/IGA 0-50	5 G	VIAL	INTRAVEN	05/05/2022	582.62400
IMMUN GLOB G/GLY/GLUC/IGA 0-50	10 G	VIAL	INTRAVEN	05/05/2022	1165.24800
IMMUN GLOB G/SORB/GLY/IGA 0-50	5 %	VIAL	INTRAVEN	05/05/2022	3.82500
IMMUN GLOBG(IGG)/MALT/IGA OV50	10 %	VIAL	INTRAVEN	05/05/2022	7.90194
IMMUN GLOBG(IGG)/MALT/IGA OV50	5 %	VIAL	INTRAVEN	05/05/2022	3.94699
IMMUNE GLOBUL G/GLY/IGA AVG 46	1 G/10 ML	VIAL	INJECTION	05/05/2022	8.54189
IMMUNE GLOBUL G/GLY/IGA AVG 46	2.5G/25ML	VIAL	INJECTION	05/05/2022	8.54189
IMMUNE GLOBUL G/GLY/IGA AVG 46	5 G/50 ML	VIAL	INJECTION	05/05/2022	8.54189
IMMUNE GLOBUL G/GLY/IGA AVG 46	10 G/100ML	VIAL	INJECTION	05/05/2022	8.54189
IMMUNE GLOBUL G/GLY/IGA AVG 46	20 G/200ML	VIAL	INJECTION	05/05/2022	8.54189
IMMUNE GLOBUL G/GLY/IGA AVG 46	40 G/400ML	VIAL	INJECTION	05/05/2022	8.54189
INDAPAMIDE	2.5 MG	TABLET	ORAL	05/14/2026	0.34492
INDAPAMIDE	1.25 MG	TABLET	ORAL	02/12/2026	0.40696
INDIUM-111 CHLOR/PENTETREOTIDE	3MCI/ML-10	KIT	INTRAVEN	01/23/2025	2380.05000
INDOCYANINE GREEN	25 MG	VIAL	INJECTION	04/02/2026	62.03386
INDOMETHACIN	25 MG	CAPSULE	ORAL	12/23/2025	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	11/13/2025	9.56258
INDOMETHACIN	50 MG	SUPP.RECT	RECTAL	06/11/2026	255.37260
INHALER,ASSIST DEV,SMALL MASK		SPACER	MISCELL	05/15/2025	18.78840
INHALER,ASSIST DEVICE,ACCESORY		EACH	MISCELL	05/15/2025	5.56920
INHALER,ASSIST DEVICE,LG MASK		SPACER	MISCELL	05/15/2025	25.32666
INHALER,ASSIST DEVICE,MED MASK		SPACER	MISCELL	05/15/2025	21.82800
INSULIN NPH HUM/REG INSULIN HM	70-30/ML	VIAL	SUBCUT	05/07/2026	2.48090
INSULIN NPH HUM/REG INSULIN HM	70-30/ML	INSULN PEN	SUBCUT	06/23/2022	11.45100
INSULIN NPH HUMAN ISOPHANE	100/ML (3)	INSULN PEN	SUBCUT	01/11/2024	10.83990

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
INSULIN REGULAR, HUMAN	100/ML	VIAL	INJECTION	10/23/2025	5.78993
INULIN	2 G	TAB CHEW	ORAL	05/08/2025	0.17504
IODINE/POTASSIUM IODIDE	5 %-10 %	SOLUTION	TOPICAL	04/02/2026	0.20100
IODINE/SODIUM IODIDE	2 %	TINCTURE	TOPICAL	12/11/2025	0.07278
IOPAMIDOL	200 MG/ML	VIAL	INTRATHEC	04/17/2025	2.80493
IOPAMIDOL	300 MG/ML	VIAL	INTRATHEC	04/17/2025	3.62710
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	11/16/2023	0.07530
IPRATROPIUM/ALBUTEROL SULFATE	0.5-3MG/3	AMPUL-NEB	INHALATION	09/28/2023	0.06253
IRBESARTAN	150 MG	TABLET	ORAL	05/21/2026	0.10348
IRBESARTAN	300 MG	TABLET	ORAL	06/04/2026	0.29048
IRBESARTAN	75 MG	TABLET	ORAL	05/21/2026	0.22125
IRBESARTAN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET	ORAL	12/18/2025	0.22065
IRBESARTAN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET	ORAL	03/19/2026	0.29837
IRINOTECAN HCL	40 MG/2 ML	VIAL	INTRAVEN	09/11/2025	4.29000
IRINOTECAN HCL	100 MG/5ML	VIAL	INTRAVEN	10/16/2025	2.85120
IRINOTECAN HCL	300MG/15ML	VIAL	INTRAVEN	05/05/2022	4.32696
IRON FUMARATE/VIT C/VIT B12/FA	460-60MG	CAPSULE	ORAL	04/02/2026	0.44213
IRON POLYSACCHARIDE COMPLEX	150 MG	CAPSULE	ORAL	03/12/2026	0.10465
IRON PS COMPLEX/B12/FOLIC ACID	150-25-1	CAPSULE	ORAL	04/02/2026	0.18425
IRON SUCROSE COMPLEX	200MG/10ML	VIAL	INTRAVEN	12/18/2025	7.94887
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	06/01/2023	0.35907
IRON,CARBONYL/ASCORBIC ACID	100-250 MG	TABLET	ORAL	11/13/2025	0.11055
IRON/LMEFOLATE/C/E/B12/B7/COPP	150MG-1020	TABLET	ORAL	05/15/2025	1.53534
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	11/13/2025	0.26867
ISOPROPYL ALCOHOL	70 %	SOLUTION	MISCELL	07/17/2025	0.00475

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	04/02/2026	0.00870
ISOPROPYL ALCOHOL IN GLYCERIN	95 %-5 %	DROPS	OTIC (EAR)	09/25/2025	0.07560
ISOPROTERENOL HCL	0.2 MG/ML	VIAL	INJECTION	06/18/2026	17.27880
ISOSORBIDE DINIT/HYDRALAZINE	20-37.5 MG	TABLET	ORAL	10/24/2024	0.95244
ISOSORBIDE DINITRATE	10 MG	TABLET	ORAL	01/29/2026	0.42009
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	08/07/2025	9.05782
ISOSORBIDE DINITRATE	5 MG	TABLET	ORAL	01/22/2026	0.35322
ISOSORBIDE MONONITRATE	20 MG	TABLET	ORAL	05/07/2026	4.40524
ISOSORBIDE MONONITRATE	10 MG	TABLET	ORAL	05/07/2026	4.46833
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	07/03/2025	0.08707
ISOSULFAN BLUE	1 %	VIAL	SUBCUT	05/06/2022	108.78461
ISOTRETINOIN	30 MG	CAPSULE	ORAL	06/11/2026	4.74672
ISOTRETINOIN	35 MG	CAPSULE	ORAL	06/11/2026	19.21780
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	11/06/2025	1.67478
IVABRADINE HCL	7.5 MG	TABLET	ORAL	11/06/2025	1.67478
IVERMECTIN	3 MG	TABLET	ORAL	11/26/2024	3.27954
IVERMECTIN	1 %	CREAM (G)	TOPICAL	12/18/2025	5.24832
IVERMECTIN	0.5 %	LOTION	TOPICAL	07/06/2023	0.36264
KETOCONAZOLE	200 MG	TABLET	ORAL	11/13/2025	0.88936
KETOCONAZOLE	2 %	FOAM	TOPICAL	12/23/2025	4.72652
KETOCONAZOLE	2 %	CREAM (G)	TOPICAL	05/21/2026	0.24611
KETOCONAZOLE	2 %	SHAMPOO	TOPICAL	12/23/2025	0.11803

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
KETOPROFEN	50 MG	CAPSULE	ORAL	09/30/2025	1.52989
KETOROLAC TROMETHAMINE	10 MG	TABLET	ORAL	06/18/2026	0.35845
KETOROLAC TROMETHAMINE	15 MG/ML	VIAL	INJECTION	05/07/2026	0.89780
KETOROLAC TROMETHAMINE	30MG/ML(1)	VIAL	INJECTION	03/05/2026	0.89110
KETOROLAC TROMETHAMINE	0.5 %	DROPS	OPHTHALMIC	06/12/2025	2.60764
KETOROLAC TROMETHAMINE	0.4 %	DROPS	OPHTHALMIC	05/05/2022	12.24080
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
KIT FOR TC 99M/SESTAMIBI NO.1		VIAL	INTRAVEN	01/09/2025	108.52200
KIT PREP OF GA-68/GOZETOTIDE	25 MCG	VIAL	INTRAVEN	04/02/2026	7531.95625
KIT PREP TC 99M/PENTETIC ACID	20 MG	VIAL	INTRAVEN	04/24/2025	19.74000
L-MEFOL/A-CYST/MEB12/ALGAL OIL	6-600-2 MG	TABLET	ORAL	04/02/2026	2.54466
L-NORGEST/E.ESTRADIOL-E.ESTRAD	150-30(84)	TBDSPK 3MO	ORAL	06/18/2026	0.29230
L-NORGEST/E.ESTRADIOL-E.ESTRAD	100-20(84)	TBDSPK 3MO	ORAL	05/01/2025	1.20585
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	04/02/2026	33.51750
L. ACIDOPHILUS/BIFID. ANIMALIS	15.5B CELL	CAPSULE	ORAL	04/30/2026	52.74479
L. ACIDOPHILUS/BIFID. ANIMALIS	32B CELL	CAPSULE	ORAL	04/02/2026	31.98000
L. ACIDOPHILUS/BIFID. ANIMALIS	33B CELL	CAPSULE	ORAL	04/02/2026	20.26412
L. ACIDOPHILUS/L.BULGARICUS	100MM CELL	GRAN PACK	ORAL	11/13/2025	1.36122
L. ACIDOPHILUS/L.BULGARICUS	1MM CELL	TABLET	ORAL	05/07/2026	0.26666
L. REUTERI/L. RHAMNOSUS	5B CELL	CAPSULE	ORAL	02/22/2024	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
L99/BIF/LAC/SAC/STR/BAC/ENZ/HB	500 MG	CAPSULE	ORAL	06/13/2024	33.40731
LABETALOL HCL	100 MG	TABLET	ORAL	07/02/2026	0.12891
LABETALOL HCL	200 MG	TABLET	ORAL	04/02/2026	0.16233
LABETALOL HCL	300 MG	TABLET	ORAL	07/02/2026	0.28923

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
LABETALOL HCL	20 MG/4 ML	SYRINGE	INTRAVEN	04/02/2026	1.82561
LABETALOL HCL	5 MG/ML	VIAL	INTRAVEN	03/19/2026	0.18268
LACOSAMIDE	10 MG/ML	SOLUTION	ORAL	06/04/2026	0.12388
LACOSAMIDE	50 MG	TABLET	ORAL	11/13/2025	0.13378
LACOSAMIDE	100 MG	TABLET	ORAL	11/13/2025	0.25773
LACOSAMIDE	150 MG	TABLET	ORAL	11/13/2025	0.50939
LACOSAMIDE	200 MG	TABLET	ORAL	03/12/2026	0.26803
LACOSAMIDE	200MG/20ML	VIAL	INTRAVEN	06/11/2026	0.66330
LACTASE	3000 UNIT	TABLET	ORAL	03/19/2026	0.06884
LACTASE	9000 UNIT	TABLET	ORAL	03/19/2026	0.22780
LACTOBACIL 2/BIFIDO 1/S.THERMO	112.5B	CAPSULE	ORAL	10/05/2023	0.71444
LACTOBACIL 2/BIFIDO 1/S.THERMO	450B CELL	PACKET	ORAL	07/27/2023	2.14176
LACTOBACIL 2/BIFIDO 1/S.THERMO	900B CELL	PACKET	ORAL	04/02/2026	9.34740
LACTOBACILLUS ACIDOPHILUS	10B CELL	CAPSULE	ORAL	07/02/2026	9.48750
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	5B CELL	CAPSULE	ORAL	06/18/2026	17.41250
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	08/28/2025	0.03113
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	04/16/2026	0.03045
LAMIVUDINE	10 MG/ML	SOLUTION	ORAL	01/29/2026	0.41378
LAMIVUDINE	150 MG	TABLET	ORAL	10/23/2025	1.18210
LAMIVUDINE	100 MG	TABLET	ORAL	09/04/2025	9.25366
LAMIVUDINE	300 MG	TABLET	ORAL	05/06/2022	2.36421
LAMIVUDINE/ZIDOVUDINE	150-300 MG	TABLET	ORAL	12/18/2025	0.90897
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	200 MG	TAB ER 24	ORAL	04/03/2025	1.46909
LAMOTRIGINE	300 MG	TAB ER 24	ORAL	10/02/2025	3.07956
LAMOTRIGINE	250 MG	TAB ER 24	ORAL	10/02/2025	2.69984
LAMOTRIGINE	100 MG	TABLET	ORAL	05/07/2026	0.06827
LAMOTRIGINE	25 MG	TABLET	ORAL	05/28/2026	0.03095
LAMOTRIGINE	150 MG	TABLET	ORAL	12/11/2025	0.10224
LAMOTRIGINE	200 MG	TABLET	ORAL	12/23/2025	0.08434
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	08/10/2023	15.43500
LAMOTRIGINE	50 MG	TAB RAPDIS	ORAL	05/21/2026	3.11696
LAMOTRIGINE	25 MG	TAB RAPDIS	ORAL	04/30/2026	2.89212
LAMOTRIGINE	100 MG	TAB RAPDIS	ORAL	05/21/2026	3.23268
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	02/02/2023	23.84880
LAMOTRIGINE	25 MG	TB CHW DSP	ORAL	12/18/2025	0.15088
LAMOTRIGINE	5 MG	TB CHW DSP	ORAL	12/18/2025	0.39624
LANCETS	33 GAUGE	EACH	MISCELL	07/20/2023	0.00938
LANCETS	30 GAUGE	EACH	MISCELL	07/20/2023	0.00831
LANCETS	28 GAUGE	EACH	MISCELL	06/04/2026	0.01889
LANOLIN	50 %	OINT. (G)	TOPICAL	06/08/2023	0.02007
LANOLIN ALCOHOL/MO/W.PET/CERES		CREAM (G)	TOPICAL	02/19/2026	0.03202
LANOLIN/MINERAL OIL		LOTION	TOPICAL	02/19/2026	0.01493
LANREOTIDE ACETATE	120MG/0.5	SYRINGE	SUBCUT	02/12/2026	20384.62600
LANSOPRAZOLE	15 MG	CAPSULE DR	ORAL	05/07/2026	0.20383
LANSOPRAZOLE	30 MG	CAPSULE DR	ORAL	12/18/2025	0.14338
LANSOPRAZOLE	15 MG	TAB RAP DR	ORAL	02/12/2026	4.25238
LANSOPRAZOLE	30 MG	TAB RAP DR	ORAL	02/26/2026	1.91593

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	02/12/2026	4.70305
LAPATINIB DITOSYLATE	250 MG	TABLET	ORAL	03/19/2026	41.15983
LATANOPROST	0.005 %	DROPS	OPHTHALMIC	06/25/2026	2.57280
LECITHIN	1200 MG	CAPSULE	ORAL	06/06/2024	0.05554
LEFLUNOMIDE	10 MG	TABLET	ORAL	12/11/2025	0.51009
LEFLUNOMIDE	20 MG	TABLET	ORAL	05/14/2026	0.44667
LEMON EUCALYPTUS OIL	30 %	SPRAY	TOPICAL	05/06/2022	0.02821
LENALIDOMIDE	5 MG	CAPSULE	ORAL	02/19/2026	913.83937
LENALIDOMIDE	10 MG	CAPSULE	ORAL	02/19/2026	913.83937
LENALIDOMIDE	15 MG	CAPSULE	ORAL	02/19/2026	913.83973
LENALIDOMIDE	25 MG	CAPSULE	ORAL	02/19/2026	470.73149
LENALIDOMIDE	2.5 MG	CAPSULE	ORAL	02/19/2026	913.83937
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	03/23/2023	6.72200
LEUCOVORIN CALCIUM	5 MG	TABLET	ORAL	12/31/2025	1.14615
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	05/14/2026	54.20200
LEUPROLIDE ACETATE	1 MG/0.2ML	KIT	SUBCUT	05/21/2026	146.06250
LEVALBUTEROL HCL	0.63MG/3ML	VIAL-NEB	INHALATION	05/05/2022	0.38610
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	05/21/2026	0.02966

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	500 MG/5ML	SOLUTION	ORAL	04/16/2026	0.63255
LEVETIRACETAM	250 MG	TABLET	ORAL	11/13/2025	0.02897
LEVETIRACETAM	500 MG	TABLET	ORAL	02/19/2026	0.08587
LEVETIRACETAM	750 MG	TABLET	ORAL	04/03/2025	0.06543
LEVETIRACETAM	1000 MG	TABLET	ORAL	02/19/2026	0.18269
LEVETIRACETAM	500 MG	TAB ER 24H	ORAL	05/05/2022	0.17867
LEVETIRACETAM	750 MG	TAB ER 24H	ORAL	09/25/2025	0.57062
LEVETIRACETAM	500 MG/5ML	VIAL	INTRAVEN	06/25/2026	0.34371
LEVETIRACETAM IN NACL (ISO-OS)	500MG/0.1L	PIGGYBACK	INTRAVEN	05/14/2026	0.08375
LEVETIRACETAM IN NACL (ISO-OS)	1000MG/100	PIGGYBACK	INTRAVEN	05/14/2026	0.10653
LEVETIRACETAM IN NACL (ISO-OS)	1500MG/100	PIGGYBACK	INTRAVEN	05/14/2026	0.14740
LEVOCARNITINE	100 MG/ML	SOLUTION	ORAL	11/06/2025	0.54739
LEVOCARNITINE	330 MG	TABLET	ORAL	02/26/2026	0.70391
LEVOCARNITINE	200 MG/ML	VIAL	INTRAVEN	01/22/2026	8.13276
LEVOCARNITINE (WITH SUGAR)	100 MG/ML	SOLUTION	ORAL	02/26/2026	0.13255
LEVOCARNITINE TARTRATE	500 MG	CAPSULE	ORAL	12/08/2022	0.28254
LEVOCETIRIZINE DIHYDROCHLORIDE	2.5 MG/5ML	SOLUTION	ORAL	01/22/2026	0.41775
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	ORAL	02/19/2026	0.12060
LEVOFLOXACIN	250MG/10ML	SOLUTION	ORAL	12/18/2025	2.40262
LEVOFLOXACIN	250 MG	TABLET	ORAL	02/01/2024	0.27604
LEVOFLOXACIN	500 MG	TABLET	ORAL	11/20/2025	0.14350
LEVOFLOXACIN	750 MG	TABLET	ORAL	02/19/2026	0.33500
LEVOFLOXACIN IN DEXTROSE 5 %	250MG/50ML	PIGGYBACK	INTRAVEN	06/20/2024	0.02479
LEVOFLOXACIN IN DEXTROSE 5 %	500MG/0.1L	PIGGYBACK	INTRAVEN	06/20/2024	0.01675
LEVOFLOXACIN IN DEXTROSE 5 %	750MG/.15L	PIGGYBACK	INTRAVEN	06/20/2024	0.01184
LEVOLEUCOVORIN CALCIUM	10 MG/ML	VIAL	INTRAVEN	06/26/2025	7.58371
LEVOMEFOLATE CALCIUM	7.5 MG	TABLET	ORAL	10/02/2025	2.44371
LEVOMEFOLATE CALCIUM	15 MG	TABLET	ORAL	04/02/2026	2.50833
LEVOMEFOLATE/ALGAL OIL	7.5-90.314	CAPSULE	ORAL	04/02/2026	2.71568
LEVOMEFOLATE/ALGAL OIL	15-90.314	CAPSULE	ORAL	04/02/2026	5.98805

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
LEVOMEFOLATE/B6/B12/ALGAL OIL	3-35-2 MG	CAPSULE	ORAL	04/02/2026	2.96956
LEVONORGEST/ETH.ESTRADIOL/IRON	0.1-0.02MG	TABLET	ORAL	10/05/2023	6.81325
LEVONORGESTREL	1.5 MG	TABLET	ORAL	12/11/2025	22.68000
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	06/18/2026	0.32575
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
LEVORPHANOL TARTRATE	3 MG	TABLET	ORAL	05/07/2026	113.67773
LEVOTHYROXINE SODIUM	150 MCG	CAPSULE	ORAL	04/02/2026	5.27600
LEVOTHYROXINE SODIUM	137 MCG	CAPSULE	ORAL	07/11/2024	3.97470
LEVOTHYROXINE SODIUM	125 MCG	CAPSULE	ORAL	04/02/2026	6.29581
LEVOTHYROXINE SODIUM	112 MCG	CAPSULE	ORAL	04/02/2026	5.24568
LEVOTHYROXINE SODIUM	100 MCG	CAPSULE	ORAL	04/02/2026	5.34712
LEVOTHYROXINE SODIUM	88 MCG	CAPSULE	ORAL	04/02/2026	5.50672
LEVOTHYROXINE SODIUM	75 MCG	CAPSULE	ORAL	04/02/2026	4.89324
LEVOTHYROXINE SODIUM	50 MCG	CAPSULE	ORAL	04/02/2026	6.33603
LEVOTHYROXINE SODIUM	25 MCG	CAPSULE	ORAL	04/02/2026	5.38734
LEVOTHYROXINE SODIUM	13 MCG	CAPSULE	ORAL	04/02/2026	5.51857
LEVOTHYROXINE SODIUM	175 MCG	CAPSULE	ORAL	07/11/2024	3.97470
LEVOTHYROXINE SODIUM	200 MCG	CAPSULE	ORAL	07/11/2024	3.97470
LEVOTHYROXINE SODIUM	25 MCG	TABLET	ORAL	06/11/2026	0.05976
LEVOTHYROXINE SODIUM	50 MCG	TABLET	ORAL	05/07/2026	0.07156
LEVOTHYROXINE SODIUM	75 MCG	TABLET	ORAL	05/14/2026	0.07466
LEVOTHYROXINE SODIUM	100 MCG	TABLET	ORAL	05/14/2026	0.07720
LEVOTHYROXINE SODIUM	112 MCG	TABLET	ORAL	06/04/2026	0.08827
LEVOTHYROXINE SODIUM	125 MCG	TABLET	ORAL	05/07/2026	0.09219
LEVOTHYROXINE SODIUM	150 MCG	TABLET	ORAL	10/02/2025	0.09704
LEVOTHYROXINE SODIUM	175 MCG	TABLET	ORAL	11/20/2025	0.05314

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	200 MCG	TABLET	ORAL	04/16/2026	0.11269
LEVOTHYROXINE SODIUM	300 MCG	TABLET	ORAL	04/16/2026	0.07753
LEVOTHYROXINE SODIUM	88 MCG	TABLET	ORAL	06/04/2026	0.07919
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	07/02/2026	0.34706
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	06/18/2026	1.57182
LIDOCAINE	5 %	ADH. PATCH	TOPICAL	09/11/2025	2.62059
LIDOCAINE HCL	5 MG/ML	VIAL	INJECTION	04/03/2025	0.15242
LIDOCAINE HCL	10 MG/ML	VIAL	INJECTION	06/04/2026	0.08975
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	06/04/2026	0.21000
LIDOCAINE HCL	2 %	SOLUTION	MUCOUS MEM	04/23/2026	0.08844
LIDOCAINE HCL	2.8 %	GEL (GRAM)	TOPICAL	04/02/2026	10.03728
LIDOCAINE HCL	3 %	CREAM (G)	TOPICAL	04/02/2026	5.60294
LIDOCAINE HCL	4 %	CREAM (G)	TOPICAL	03/05/2026	0.10821
LIDOCAINE HCL	4 %	LOTION	TOPICAL	05/06/2022	0.83742
LIDOCAINE HCL	4 %	LIQD ROLON	TOPICAL	05/21/2026	0.13272
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	05/11/2023	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	07/02/2026	0.20395
LIDOCAINE HCL/EPINEPHRINE	1%-1:100K	VIAL	INJECTION	12/23/2025	0.09551

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	2 %-1:100K	VIAL	INJECTION	06/05/2025	0.23664
LIDOCAINE HCL/EPINEPHRINE/PF	1.5-1:200K	AMPUL	INJECTION	05/05/2022	0.61613
LIDOCAINE HCL/EPINEPHRINE/PF	1.5-1:200K	VIAL	INJECTION	03/21/2024	0.24812
LIDOCAINE HCL/EPINEPHRINE/PF	2 %-1:200K	VIAL	INJECTION	01/15/2026	0.54726
LIDOCAINE HCL/ME SAL/CAP/MENTH	4 %-27.5 %	OINT/APPL	TOPICAL	12/28/2023	2.65080
LIDOCAINE HCL/MENTHOL	4 %-1 %	GEL (ML)	TOPICAL	09/30/2025	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	11/13/2025	1.92306
LIDOCAINE HCL/PF	15 MG/ML	AMPUL	INJECTION	04/03/2025	0.87264
LIDOCAINE HCL/PF	10 MG/ML	AMPUL	INJECTION	04/23/2026	0.27470
LIDOCAINE HCL/PF	20 MG/ML	AMPUL	INJECTION	04/03/2025	0.16361
LIDOCAINE HCL/PF	20 MG/ML	VIAL	INJECTION	10/23/2025	0.30391
LIDOCAINE HCL/PF	10 MG/ML	VIAL	INJECTION	05/21/2026	0.10943
LIDOCAINE HCL/PF	5 MG/ML	VIAL	INJECTION	10/23/2025	0.17140
LIDOCAINE HCL/PF	100 MG/5ML	SYRINGE	INTRAVEN	02/26/2026	2.19492
LIDOCAINE/MENTHOL	4 %-1 %	ADH. PATCH	TOPICAL	05/21/2026	1.93764
LIDOCAINE/MENTHOL	4 %-4 %	ADH. PATCH	TOPICAL	11/03/2022	25.46250
LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	TOPICAL	05/05/2022	0.26666
LIDOCAINE/PRILOCAINE	2.5 %-2.5%	KIT	TOPICAL	04/02/2026	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	07/31/2025	1.08471
LINEZOLID	600 MG	TABLET	ORAL	04/03/2025	2.97990
LINEZOLID IN DEXTROSE 5%	600MG/300	PIGGYBACK	INTRAVEN	10/16/2025	0.02251
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	12/18/2025	0.61895
LIRAGLUTIDE	0.6 MG/0.1	PEN INJCTR	SUBCUT	06/11/2026	23.81588

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	30 MG	CAPSULE	ORAL	02/19/2026	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	02/19/2026	3.34030
LISDEXAMFETAMINE DIMESYLATE	40 MG	CAPSULE	ORAL	02/19/2026	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	01/08/2026	6.06300
LISDEXAMFETAMINE DIMESYLATE	20 MG	TAB CHEW	ORAL	01/08/2026	6.06300
LISDEXAMFETAMINE DIMESYLATE	30 MG	TAB CHEW	ORAL	01/08/2026	6.06300
LISDEXAMFETAMINE DIMESYLATE	40 MG	TAB CHEW	ORAL	01/08/2026	6.06300
LISDEXAMFETAMINE DIMESYLATE	50 MG	TAB CHEW	ORAL	01/08/2026	6.06300
LISDEXAMFETAMINE DIMESYLATE	60 MG	TAB CHEW	ORAL	01/08/2026	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	03/05/2026	0.03806
LISINOPRIL	5 MG	TABLET	ORAL	12/18/2025	0.01588
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	02/26/2026	0.06657
LISINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	05/14/2026	0.05615
LITHIUM CARBONATE	150 MG	CAPSULE	ORAL	05/14/2026	0.22820
LITHIUM CARBONATE	300 MG	CAPSULE	ORAL	05/14/2026	0.27550
LITHIUM CARBONATE	600 MG	CAPSULE	ORAL	02/26/2026	0.54136
LITHIUM CARBONATE	300 MG	TABLET	ORAL	12/31/2025	0.13903
LITHIUM CARBONATE	300 MG	TABLET ER	ORAL	12/18/2025	0.33902
LITHIUM CARBONATE	450 MG	TABLET ER	ORAL	12/11/2025	0.53198
LITHIUM CITRATE	8 MEQ/5 ML	SOLUTION	ORAL	05/14/2026	0.44903
LOFEXIDINE HCL	0.18 MG	TABLET	ORAL	09/12/2024	10.06849

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
LOPERAMIDE HCL	2 MG	CAPSULE	ORAL	04/16/2026	0.06700
LOPERAMIDE HCL	1MG/7.5ML	LIQUID	ORAL	02/12/2026	0.04052
LOPERAMIDE HCL	2 MG	TABLET	ORAL	05/14/2026	0.05751
LOPERAMIDE HCL/SIMETHICONE	2-125MG	TABLET	ORAL	11/13/2025	0.43662
LOPINAVIR/RITONAVIR	200MG-50MG	TABLET	ORAL	04/03/2025	7.40833
LOPINAVIR/RITONAVIR	100MG-25MG	TABLET	ORAL	10/02/2025	3.85000
LORATADINE	5 MG/5 ML	SOLUTION	ORAL	06/18/2026	0.07002
LORATADINE	10 MG	TABLET	ORAL	02/26/2026	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	12/23/2025	0.64186
LORATADINE/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	12/23/2025	0.47430
LORAZEPAM	2 MG/ML	ORAL CONC	ORAL	05/05/2022	0.62489
LORAZEPAM	0.5 MG	TABLET	ORAL	12/31/2025	0.03953
LORAZEPAM	1 MG	TABLET	ORAL	12/31/2025	0.04489
LORAZEPAM	2 MG	TABLET	ORAL	12/23/2025	0.06365
LORAZEPAM	2 MG/ML	VIAL	INJECTION	11/13/2025	0.80400
LOSARTAN POTASSIUM	25 MG	TABLET	ORAL	03/05/2026	0.04299
LOSARTAN POTASSIUM	50 MG	TABLET	ORAL	04/16/2026	0.04354
LOSARTAN POTASSIUM	100 MG	TABLET	ORAL	04/02/2026	0.06796
LOSARTAN/HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET	ORAL	02/26/2026	0.04243
LOSARTAN/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	02/26/2026	0.05954
LOSARTAN/HYDROCHLOROTHIAZIDE	100-12.5MG	TABLET	ORAL	05/07/2026	0.09124
LOTEPREDNOL ETABONATE	0.5 %	DROPS GEL	OPHTHALMIC	03/20/2025	24.11430
LOTEPREDNOL ETABONATE	0.2 %	DROPS SUSP	OPHTHALMIC	07/02/2026	19.62240
LOTEPREDNOL ETABONATE	0.5 %	DROPS SUSP	OPHTHALMIC	06/25/2026	10.13495
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	12/23/2025	0.04256
LOXAPINE SUCCINATE	10 MG	CAPSULE	ORAL	05/07/2026	1.35662

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	06/11/2026	1.27054
LURASIDONE HCL	40 MG	TABLET	ORAL	06/11/2026	0.41451
LURASIDONE HCL	80 MG	TABLET	ORAL	06/11/2026	0.42433
LURASIDONE HCL	20 MG	TABLET	ORAL	06/11/2026	0.25058
LURASIDONE HCL	120 MG	TABLET	ORAL	06/11/2026	0.70931
LURASIDONE HCL	60 MG	TABLET	ORAL	06/11/2026	0.42433
LUTEIN	6 MG	CAPSULE	ORAL	01/08/2026	0.13259
LUTEIN	20 MG	CAPSULE	ORAL	12/20/2023	0.10050
LUTEIN/ZEAXANTHIN	20 MG-1000	CAPSULE	ORAL	01/09/2025	0.37676
LYSINE	500 MG	TABLET	ORAL	05/06/2022	0.03075
LYSINE HCL	500 MG	CAPSULE	ORAL	01/22/2026	0.16959
LYSINE HCL	500 MG	TABLET	ORAL	07/17/2025	0.07169
MAFENIDE ACETATE	50 G	PACKET	TOPICAL	06/08/2023	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	04/02/2026	0.00829
MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-25	TAB CHEW	ORAL	02/19/2026	0.08549
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	06/25/2026	0.00251
MAGNESIUM GLUCONATE	27 MG(500)	TABLET	ORAL	04/30/2026	0.07787
MAGNESIUM GLYCINATE	100 MG	CAPSULE	ORAL	04/09/2026	0.12268
MAGNESIUM GLYCINATE	120 MG	CAPSULE	ORAL	07/02/2026	0.13389
MAGNESIUM HYDROXIDE	400 MG/5ML	ORAL SUSP	ORAL	04/02/2026	0.00369

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	05/21/2026	0.45739
MAGNESIUM L-LACTATE	84 MG	TABLET ER	ORAL	11/13/2025	0.37386
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	05/14/2026	0.01004
MAGNESIUM OXIDE	420 MG	TABLET	ORAL	05/09/2024	0.05414
MAGNESIUM OXIDE	500 MG	TABLET	ORAL	01/30/2025	0.07243
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	02/19/2026	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	01/22/2026	0.01410
MAGNESIUM SULFATE IN WATER	40G/1000ML	IV SOLN	INTRAVEN	06/26/2025	0.00677
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	07/14/2022	0.02961
MANGANESE CHLORIDE	0.1 MG/ML	VIAL	INTRAVEN	11/13/2025	2.49240
MANNITOL	20 %	IV SOLN	INTRAVEN	10/23/2025	0.07172
MANNITOL	25 %	VIAL	INTRAVEN	07/24/2025	0.15812
MARAVIROC	150 MG	TABLET	ORAL	08/07/2025	9.48000
MARAVIROC	300 MG	TABLET	ORAL	08/07/2025	9.48000
MECLIZINE HCL	12.5 MG	TABLET	ORAL	06/04/2026	0.06834
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	04/23/2026	2.67799
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	02/05/2026	0.50909
MECOBALAMIN	1000 MCG	TAB RAPDIS	SUBLINGUAL	04/23/2026	0.09486

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
MEDIUM CHAIN TRIGLYCERIDES	14G-130/15	OIL	ORAL	04/30/2026	0.02883
MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	ORAL	01/22/2026	0.21172
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	05/14/2026	37.10500
MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL	INTRAMUSC	05/14/2026	23.16300
MEFENAMIC ACID	250 MG	CAPSULE	ORAL	12/18/2025	2.21681
MEFLOQUINE HCL	250 MG	TABLET	ORAL	12/05/2024	6.72440
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	06/11/2026	0.18637
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	06/18/2026	0.57309
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
MELATONIN	1 MG/ML	LIQUID	ORAL	01/08/2026	0.35376
MELATONIN	2.5MG/10ML	LIQUID	ORAL	06/18/2025	0.05151
MELATONIN	3 MG	TABLET	ORAL	06/04/2026	0.01898
MELATONIN	1 MG	TABLET	ORAL	06/04/2026	0.01988
MELATONIN	5 MG	TABLET	ORAL	06/11/2026	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	06/25/2026	0.18715
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	05/06/2022	16.30230
MELOXICAM, SUBMICRONIZED	10 MG	CAPSULE	ORAL	04/17/2025	24.57210

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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
MEMANTINE HCL	28 MG	CAP SPR 24	ORAL	11/25/2025	0.37014
MEMANTINE HCL	2 MG/ML	SOLUTION	ORAL	02/13/2025	0.79827
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	08/28/2025	10.36658
MEMANTINE HCL/DONEPEZIL HCL	28 MG-10MG	CAP SPR 24	ORAL	06/25/2026	21.70070
MEMANTINE HCL/DONEPEZIL HCL	21 MG-10MG	CAP SPR 24	ORAL	03/06/2025	18.42995
MENTHOL	8 MG	LOZENGE	MUCOUS MEM	04/24/2025	0.05360
MENTHOL	5.8 MG	LOZENGE	MUCOUS MEM	05/07/2026	0.17228
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	06/08/2023	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
MEPROBAMATE	200 MG	TABLET	ORAL	11/13/2025	6.52475
MEPROBAMATE	400 MG	TABLET	ORAL	05/05/2022	5.23875
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	05/14/2026	1.76880
MEROPENEM	1 G	VIAL	INTRAVEN	05/21/2026	4.20250
MEROPENEM	2 G	VIAL	INTRAVEN	07/24/2025	19.69100
MESALAMINE	0.375G	CAP ER 24H	ORAL	12/31/2025	0.93990
MESALAMINE	500 MG	CAPSULE ER	ORAL	12/07/2023	7.28690

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
MESALAMINE	400 MG	CAP(DRTAB)	ORAL	03/06/2025	2.52687
MESALAMINE	800 MG	TABLET DR	ORAL	11/07/2024	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	05/21/2026	0.15244
MESALAMINE W/CLEANSING WIPES	4 G/60 ML	ENEMA KIT	RECTAL	03/20/2025	65.41038
MESNA	400 MG	TABLET	ORAL	01/23/2025	45.06105
MESNA	100 MG/ML	VIAL	INTRAVEN	06/29/2023	0.88440
METAXALONE	400 MG	TABLET	ORAL	02/19/2026	2.56250
METAXALONE	800 MG	TABLET	ORAL	04/30/2026	0.87381
METFORMIN HCL	1000 MG	TAB ER 24	ORAL	11/13/2025	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
METFORMIN HCL	500 MG/5ML	SOLUTION	ORAL	06/25/2026	1.12370
METFORMIN HCL	500 MG	TABLET	ORAL	06/18/2026	0.01507
METFORMIN HCL	850 MG	TABLET	ORAL	01/15/2026	0.02412
METFORMIN HCL	1000 MG	TABLET	ORAL	04/02/2026	0.02693
METFORMIN HCL	625 MG	TABLET	ORAL	02/19/2026	19.45685
METFORMIN HCL	500 MG	TAB ER 24H	ORAL	03/19/2026	0.02827
METFORMIN HCL	750 MG	TAB ER 24H	ORAL	03/26/2026	0.06365
METHADONE HCL	10 MG/5 ML	SOLUTION	ORAL	03/05/2026	0.08448
METHADONE HCL	5 MG/5 ML	SOLUTION	ORAL	05/05/2022	0.08372
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
METHENAMINE HIPPURATE	1 G	TABLET	ORAL	10/16/2025	0.63650
METHENAMINE/SODIUM SALICYLATE	162-162.5	TABLET	ORAL	03/19/2026	0.41819
METHIMAZOLE	10 MG	TABLET	ORAL	07/02/2026	0.34264
METHIMAZOLE	5 MG	TABLET	ORAL	07/02/2026	0.15008
METHOCARBAMOL	500 MG	TABLET	ORAL	07/02/2026	0.02278
METHOCARBAMOL	750 MG	TABLET	ORAL	04/09/2026	0.02814
METHOCARBAMOL	1000 MG	TABLET	ORAL	12/18/2025	14.81550
METHOCARBAMOL	100 MG/ML	VIAL	INJECTION	09/25/2025	1.01840
METHOTREXATE SODIUM	2.5 MG	TABLET	ORAL	07/02/2026	0.15544
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	05/22/2025	0.40290
METHOXY PEG-EPOETIN BETA	200MCG/0.3	SYRINGE	INJECTION	04/02/2026	1872.68354
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	02/26/2026	5.83019
METHYL SALICYLATE	10 %	CREAM (G)	TOPICAL	07/24/2025	7.40833
METHYL SALICYLATE	25 %	CREAM (G)	TOPICAL	08/07/2025	2.73900
METHYL SALICYLATE	25 %	CREAM(ML)	TOPICAL	09/04/2025	2.78542
METHYL SALICYLATE	10 %	ADH. PATCH	TOPICAL	04/24/2025	26.13450
METHYL SALICYLATE	25 %	ADH. PATCH	TOPICAL	07/17/2025	27.75188
METHYL SALICYLATE		LIQUID	TOPICAL	04/02/2026	0.14354
METHYL SALICYLATE		OIL	MISCELL	04/02/2026	0.50920
METHYL SALICYLATE/MENTH/CAMPH	30%-10%-4%	GEL (GRAM)	TOPICAL	01/11/2024	6.31825
METHYL SALICYLATE/MENTH/CAMPH	30%-10%-4%	CREAM (G)	TOPICAL	05/21/2026	0.09736
METHYL SALICYLATE/MENTH/CAMPH	10 %-6 %	ADH. PATCH	TOPICAL	06/25/2026	0.85090
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
METHYLENE BLUE	50 MG/10ML	AMPUL	INTRAVEN	04/10/2025	13.06800

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
METHYLENE BLUE	50 MG/10ML	VIAL	INTRAVEN	06/18/2026	8.79456
METHYLENE BLUE		POWDER	MISCELL	04/02/2026	54.95025
METHYLERGONOVINE MALEATE	0.2 MG	TABLET	ORAL	05/05/2022	13.52575
METHYLERGONOVINE MALEATE	.2MG/ML(1)	AMPUL	INJECTION	08/29/2024	10.35000
METHYLPHENIDATE	10MG/9HR	PATCH TD24	TRANSDERM	05/07/2026	18.32705
METHYLPHENIDATE	15MG/9HR	PATCH TD24	TRANSDERM	06/04/2026	9.63508
METHYLPHENIDATE	20 MG/9 HR	PATCH TD24	TRANSDERM	06/04/2026	9.63508
METHYLPHENIDATE	30MG/9HR	PATCH TD24	TRANSDERM	06/04/2026	9.63508
METHYLPHENIDATE HCL	10 MG	CPBP 30-70	ORAL	11/13/2025	3.25512
METHYLPHENIDATE HCL	20 MG	CPBP 30-70	ORAL	11/13/2025	3.31465
METHYLPHENIDATE HCL	40 MG	CPBP 30-70	ORAL	01/22/2026	3.83156
METHYLPHENIDATE HCL	50 MG	CPBP 30-70	ORAL	01/22/2026	4.73603
METHYLPHENIDATE HCL	60 MG	CPBP 30-70	ORAL	11/13/2025	5.22086
METHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	04/03/2025	3.60017
METHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	03/19/2026	2.06631
METHYLPHENIDATE HCL	40 MG	CPBP 50-50	ORAL	05/05/2022	2.13906
METHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	02/26/2026	3.97950
METHYLPHENIDATE HCL	60 MG	CPBP 50-50	ORAL	04/03/2025	7.42220
METHYLPHENIDATE HCL	10 MG	CSBP 40-60	ORAL	06/25/2026	9.58742
METHYLPHENIDATE HCL	15 MG	CSBP 40-60	ORAL	06/25/2026	9.67048
METHYLPHENIDATE HCL	20 MG	CSBP 40-60	ORAL	02/22/2024	5.39975
METHYLPHENIDATE HCL	30 MG	CSBP 40-60	ORAL	02/22/2024	5.39975
METHYLPHENIDATE HCL	50 MG	CSBP 40-60	ORAL	06/25/2026	9.58742
METHYLPHENIDATE HCL	18 MG	TAB ER 24	ORAL	03/05/2026	1.61430
METHYLPHENIDATE HCL	54 MG	TAB ER 24	ORAL	06/11/2026	1.94139
METHYLPHENIDATE HCL	27 MG	TAB ER 24	ORAL	11/13/2025	1.43621
METHYLPHENIDATE HCL	72 MG	TAB ER 24	ORAL	05/29/2025	24.16750
METHYLPHENIDATE HCL	5 MG/5 ML	SOLUTION	ORAL	11/13/2025	0.28880
METHYLPHENIDATE HCL	10 MG/5 ML	SOLUTION	ORAL	08/28/2025	0.35974
METHYLPHENIDATE HCL	10 MG	TABLET	ORAL	06/11/2026	0.28502

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	20 MG	TABLET	ORAL	01/08/2026	0.17795
METHYLPHENIDATE HCL	5 MG	TABLET	ORAL	05/14/2026	0.19484
METHYLPHENIDATE HCL	2.5 MG	TAB CHEW	ORAL	10/02/2025	3.20272
METHYLPHENIDATE HCL	5 MG	TAB CHEW	ORAL	10/02/2025	3.73811
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	05/14/2026	0.18951
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	02/19/2026	1.90548
METHYLPREDNISOLONE SOD SUCC	40 MG	VIAL	INJECTION	06/25/2026	1.50348
METHYLPREDNISOLONE SOD SUCC	1000 MG	VIAL	INTRAVEN	10/16/2025	25.17900
METHYLPREDNISOLONE SOD SUCC	500 MG	VIAL	INTRAVEN	12/26/2024	22.90050
METHYLTESTOSTERONE	10 MG	CAPSULE	ORAL	02/19/2026	64.60339
METHYLTETRAHYDROFOLATE GLUCOSA	1700MCGDFE	CAPSULE	ORAL	01/22/2026	0.36046
METOCLOPRAMIDE HCL	5 MG/5 ML	SOLUTION	ORAL	12/23/2025	0.06769
METOCLOPRAMIDE HCL	10 MG/10ML	SOLUTION	ORAL	04/29/2026	0.31290
METOCLOPRAMIDE HCL	10 MG	TABLET	ORAL	06/18/2026	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	03/19/2026	1.32392
METOLAZONE	2.5 MG	TABLET	ORAL	03/19/2026	0.54605
METOLAZONE	5 MG	TABLET	ORAL	04/16/2026	0.69412
METOPROLOL SUCCINATE	50 MG	TAB ER 24H	ORAL	05/28/2026	0.04914

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 SUCCINATE	100 MG	TAB ER 24H	ORAL	06/18/2026	0.08556
METOPROLOL SUCCINATE	200 MG	TAB ER 24H	ORAL	01/29/2026	0.15209
METOPROLOL SUCCINATE	25 MG	TAB ER 24H	ORAL	06/18/2026	0.05132
METOPROLOL TARTRATE	100 MG	TABLET	ORAL	06/18/2026	0.02661
METOPROLOL TARTRATE	50 MG	TABLET	ORAL	06/04/2026	0.02074
METOPROLOL TARTRATE	25 MG	TABLET	ORAL	06/18/2026	0.01717
METOPROLOL TARTRATE	37.5 MG	TABLET	ORAL	02/01/2024	0.08000
METOPROLOL TARTRATE	75 MG	TABLET	ORAL	08/25/2022	0.35255
METOPROLOL TARTRATE	5 MG/5 ML	VIAL	INTRAVEN	09/25/2025	0.16422
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	10/02/2025	1.18758
METOPROLOL/HYDROCHLOROTHIAZIDE	50 MG-25MG	TABLET	ORAL	10/09/2025	0.93901
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-50MG	TABLET	ORAL	10/23/2025	2.88803
METRONIDAZOLE	375 MG	CAPSULE	ORAL	04/03/2025	9.80789
METRONIDAZOLE	250 MG	TABLET	ORAL	01/15/2026	0.09139
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	01/29/2026	0.67360
METRONIDAZOLE	0.75 %	CREAM (G)	TOPICAL	04/09/2026	0.89333
METRONIDAZOLE	1 %	GEL W/PUMP	TOPICAL	05/05/2022	0.35815
METRONIDAZOLE	0.75 %	LOTION	TOPICAL	02/20/2025	3.20021
METRONIDAZOLE	0.75 %	GEL W/APPL	VAGINAL	12/18/2025	0.28829
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	02/12/2026	0.46887
MEXILETINE HCL	200 MG	CAPSULE	ORAL	02/12/2026	0.89458
MEXILETINE HCL	250 MG	CAPSULE	ORAL	10/02/2025	1.05981
MICAFUNGIN SODIUM	50 MG	VIAL	INTRAVEN	05/14/2026	19.42500
MICAFUNGIN SODIUM	100 MG	VIAL	INTRAVEN	05/14/2026	24.27600
MICONAZOLE NITRATE	2 %	CREAM (G)	TOPICAL	05/21/2026	0.06747
MICONAZOLE NITRATE	2 %	OINT. (G)	TOPICAL	05/16/2024	0.15594

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 %	POWDER	TOPICAL	05/21/2026	0.06803
MICONAZOLE NITRATE	2 %	TINCTURE	TOPICAL	05/06/2022	0.35663
MICONAZOLE NITRATE	2 %	CREAM/APPL	VAGINAL	01/22/2026	0.16824
MIDAZOLAM HCL	2 MG/ML	SYRUP	ORAL	07/24/2025	1.62515
MIDAZOLAM HCL	5 MG/ML	VIAL	INJECTION	02/01/2024	0.15397
MIDAZOLAM HCL	2 MG/2 ML	VIAL	INJECTION	10/31/2024	0.19732
MIDAZOLAM HCL	5 MG/5 ML	VIAL	INJECTION	05/06/2022	0.08844
MIDAZOLAM HCL	10 MG/10ML	VIAL	INJECTION	11/07/2024	0.38190
MIDAZOLAM HCL	10 MG/2 ML	VIAL	INJECTION	05/06/2022	0.50250
MIDAZOLAM HCL	5 MG/ML(1)	VIAL	INJECTION	05/06/2022	0.96480
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	04/17/2025	1.99861
MIDAZOLAM HCL/PF	10 MG/2 ML	SYRINGE	INJECTION	04/18/2024	2.42507
MIDAZOLAM HCL/PF	10 MG/2 ML	VIAL	INJECTION	01/04/2024	0.86309
MIDAZOLAM HCL/PF	2 MG/2 ML	VIAL	INJECTION	03/05/2026	0.47423
MIDAZOLAM HCL/PF	5 MG/5 ML	VIAL	INJECTION	05/22/2025	0.14338
MIDODRINE HCL	5 MG	TABLET	ORAL	07/02/2026	0.14566
MIDODRINE HCL	2.5 MG	TABLET	ORAL	07/02/2026	0.10063
MIDODRINE HCL	10 MG	TABLET	ORAL	07/02/2026	0.27215
MIFEPRISTONE	200 MG	TABLET	ORAL	04/02/2026	41.00000
MIGLITOL	25 MG	TABLET	ORAL	05/05/2022	1.65383
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	06/04/2026	0.09514
MILRINONE LACTATE/D5W	40MG/200ML	PIGGYBACK	INTRAVEN	06/11/2026	0.12328

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
MINERAL OIL		OIL	ORAL	10/09/2025	0.00750
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	08/28/2025	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
MINOCYCLINE HCL	75 MG	CAPSULE	ORAL	10/02/2025	0.71422
MINOCYCLINE HCL	100 MG	TABLET	ORAL	07/02/2026	3.97294
MINOCYCLINE HCL	50 MG	TABLET	ORAL	09/07/2023	1.08888
MINOCYCLINE HCL	75 MG	TABLET	ORAL	09/07/2023	1.76920
MINOCYCLINE HCL	90 MG	TAB ER 24H	ORAL	06/18/2026	2.53760
MINOCYCLINE HCL	135 MG	TAB ER 24H	ORAL	05/05/2022	3.73637
MINOCYCLINE HCL	65 MG	TAB ER 24H	ORAL	06/18/2026	5.15518
MINOCYCLINE HCL	115MG	TAB ER 24H	ORAL	05/05/2022	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	12/23/2025	23.04102
MINOXIDIL	10 MG	TABLET	ORAL	12/04/2025	0.29266
MINOXIDIL	2.5 MG	TABLET	ORAL	05/14/2026	0.20877
MINOXIDIL	5 %	FOAM	TOPICAL	02/13/2025	0.25973
MIRABEGRON	25 MG	TAB ER 24H	ORAL	02/19/2026	9.74980
MIRABEGRON	50 MG	TAB ER 24H	ORAL	05/16/2024	9.52826
MIRTAZAPINE	15 MG	TABLET	ORAL	05/28/2026	0.07772
MIRTAZAPINE	30 MG	TABLET	ORAL	05/28/2026	0.10050
MIRTAZAPINE	45 MG	TABLET	ORAL	05/28/2026	0.08890
MIRTAZAPINE	7.5 MG	TABLET	ORAL	05/28/2026	0.46900
MIRTAZAPINE	15 MG	TAB RAPDIS	ORAL	05/14/2026	0.72360
MIRTAZAPINE	30 MG	TAB RAPDIS	ORAL	01/22/2026	0.97195

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	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	10/16/2025	0.75654
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	06/18/2026	94.61775
MITOXANTRONE HCL	2 MG/ML	VIAL	INTRAVEN	05/05/2022	9.87237
MODAFINIL	100 MG	TABLET	ORAL	02/19/2026	0.34170
MODAFINIL	200 MG	TABLET	ORAL	04/02/2026	0.40155
MOEXIPRIL HCL	7.5 MG	TABLET	ORAL	11/20/2025	2.19077
MOEXIPRIL HCL	15 MG	TABLET	ORAL	03/27/2025	1.94715
MOMETASONE FUROATE	0.1 %	CREAM (G)	TOPICAL	05/14/2026	0.41451
MOMETASONE FUROATE	0.1 %	OINT. (G)	TOPICAL	12/23/2025	0.29480
MOMETASONE FUROATE	0.1 %	SOLUTION	TOPICAL	10/23/2025	0.61193
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	08/28/2025	1.60485
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	04/03/2025	7.76471
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	05/14/2026	0.08190
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	03/19/2026	0.48669
MORPHINE SULFATE	30 MG	TABLET	ORAL	01/11/2024	0.71020
MORPHINE SULFATE	60 MG	TABLET ER	ORAL	04/25/2024	0.62230
MORPHINE SULFATE	100 MG	TABLET ER	ORAL	04/30/2026	1.81825
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	04/24/2025	2.07432

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	4 MG/ML	VIAL	INTRAVEN	01/23/2025	1.40700
MOXIFLOXACIN HCL	400 MG	TABLET	ORAL	03/26/2026	3.31936
MOXIFLOXACIN HCL	0.5 %	DROPS	OPHTHALMIC	04/16/2026	3.82360
MULTIVIT WITH MINERALS/LUTEIN		TABLET	ORAL	09/04/2025	0.07028
MULTIVIT,CALC,MINS/IRON/FOLIC	9MG-400MCG	TABLET	ORAL	11/06/2025	0.06432
MULTIVIT,CALC,MINS/IRON/FOLIC	500-18-0.4	TABLET	ORAL	05/06/2022	0.06027
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	05/21/2026	0.02921
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	10/24/2024	0.10414
MULTIVIT-MIN/IRON/FOLIC ACID/K	18-400-25	TABLET	ORAL	10/16/2025	0.07689
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	05/21/2026	0.07806
MULTIVITAMIN		TABLET	ORAL	02/20/2025	0.01349
MULTIVITAMIN		TAB CHEW	ORAL	05/06/2022	0.04965
MULTIVITAMIN WITH FOLIC ACID	400 MCG	TABLET	ORAL	05/14/2026	0.02987
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	03/20/2025	0.03002
MULTIVITAMIN/IRON/FOLIC ACID	18MG-0.4MG	TABLET	ORAL	08/21/2025	0.01089
MUPIROCIN	2 %	OINT. (G)	TOPICAL	04/02/2026	0.16324
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	05/21/2026	0.10278

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
MYCOPHENOLATE MOFETIL	250 MG	CAPSULE	ORAL	02/26/2026	0.19269
MYCOPHENOLATE MOFETIL	200 MG/ML	SUSP RECON	ORAL	02/19/2026	0.87557
MYCOPHENOLATE MOFETIL	500 MG	TABLET	ORAL	05/28/2026	0.40227
MYCOPHENOLATE MOFETIL HCL	500 MG	VIAL	INTRAVEN	03/21/2024	12.43413
MYCOPHENOLATE SODIUM	180 MG	TABLET DR	ORAL	05/14/2026	0.23729
MYCOPHENOLATE SODIUM	360 MG	TABLET DR	ORAL	07/02/2026	0.35968
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	07/02/2026	0.30056
NADOLOL	40 MG	TABLET	ORAL	03/05/2026	0.41500
NADOLOL	80 MG	TABLET	ORAL	06/05/2025	0.28006
NAFCILLIN SODIUM	1 G	VIAL	INJECTION	07/10/2025	6.12140
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	05/04/2023	7.18947
NAFTIFINE HCL	2 %	CREAM (G)	TOPICAL	11/13/2025	3.01195
NALBUPHINE HCL	10 MG/ML	AMPUL	INJECTION	04/03/2025	3.53100
NALBUPHINE HCL	20 MG/ML	AMPUL	INJECTION	01/15/2026	8.04900
NALBUPHINE HCL	10 MG/ML	VIAL	INJECTION	01/15/2026	4.53050
NALBUPHINE HCL	20 MG/ML	VIAL	INJECTION	01/15/2026	6.47446
NALOXONE HCL	0.4 MG/ML	SYRINGE	INJECTION	10/16/2025	3.73715
NALOXONE HCL	1 MG/ML	SYRINGE	INJECTION	02/12/2026	6.49605
NALOXONE HCL	0.4 MG/ML	VIAL	INJECTION	06/11/2026	3.47688
NALOXONE HCL	4 MG	SPRAY	NASAL	05/07/2026	36.51563
NALTREXONE HCL	50 MG	TABLET	ORAL	06/18/2026	1.10807
NAPROXEN	125 MG/5ML	ORAL SUSP	ORAL	12/23/2025	0.59994
NAPROXEN	250 MG	TABLET	ORAL	02/19/2026	0.07075
NAPROXEN	375 MG	TABLET	ORAL	02/26/2026	0.04105
NAPROXEN	500 MG	TABLET	ORAL	02/12/2026	0.07107
NAPROXEN	375 MG	TABLET DR	ORAL	07/10/2025	0.29169

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	500 MG	TABLET DR	ORAL	09/18/2025	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
NAPROXEN SODIUM/PSEUDOEPHEDRIN	220-120MG	TAB ER 12H	ORAL	05/22/2024	0.53466
NAPROXEN/ESOMEPRAZOLE MAG	500MG-20MG	TAB IR DR	ORAL	02/01/2024	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	05/21/2026	0.32205
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	07/02/2026	0.28217
NEEDLELESS DISPENSING PIN		EACH	MISCELL	03/20/2025	1.87131
NEEDLES, BLOOD COLLECTION	20GX1"	DIS NEEDLE	MISCELL	04/02/2026	0.07437
NEEDLES, BLOOD COLLECTION	21 G X 1"	DIS NEEDLE	MISCELL	04/02/2026	0.07437
NEEDLES, BLOOD COLLECTION	22 G X 1"	DIS NEEDLE	MISCELL	04/02/2026	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	11/03/2022	0.04020
NEEDLES, DISPOSABLE	20GX1"	DIS NEEDLE	MISCELL	03/27/2025	0.08784

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 1/2"	DIS NEEDLE	MISCELL	02/02/2023	0.08784
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	0.04020
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	0.05956
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	11/16/2023	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	04/02/2026	0.09715
NEEDLES, DISPOSABLE	27GX1/2"	DIS NEEDLE	MISCELL	01/15/2026	0.06807
NEEDLES, DISPOSABLE	27GX1.25"	DIS NEEDLE	MISCELL	05/06/2022	0.03343
NEEDLES, DISPOSABLE	27GX1.5"	DIS NEEDLE	MISCELL	01/15/2026	0.05069
NEEDLES, DISPOSABLE	30 G X1/2"	DIS NEEDLE	MISCELL	05/19/2022	0.04683
NEEDLES, DISPOSABLE	30GX3/4"	DIS NEEDLE	MISCELL	04/02/2026	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	04/02/2026	0.17407
NEEDLES, SAFETY	26GX1/2"	DIS NEEDLE	MISCELL	04/02/2026	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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	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	04/02/2026	0.09903
NEEDLES, SAFETY	19GX1 1/2"	DIS NEEDLE	MISCELL	04/02/2026	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	03/09/2023	0.27604
NEEDLES, SAFETY	22 G X 1"	DIS NEEDLE	MISCELL	01/04/2024	0.70752
NEEDLES, SAFETY	22GX1 1/2"	DIS NEEDLE	MISCELL	01/04/2024	0.70752
NEEDLES, SAFETY	23GX1 1/2"	DIS NEEDLE	MISCELL	04/02/2026	0.17407
NEEDLES, SAFETY	30 G X1/2"	DIS NEEDLE	MISCELL	04/02/2026	0.17407
NEEDLES, SAFETY	23GX5/8"	DIS NEEDLE	MISCELL	04/02/2026	0.17407
NELARABINE	250MG/50ML	VIAL	INTRAVEN	07/02/2026	4.82143
NEOMYCIN/BACIT/P-MYX/HYDROCORT	3.5-10K-1	OINT. (G)	OPHTHALMIC	09/04/2025	9.85386
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT PACK	TOPICAL	07/02/2026	0.06108
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT. (G)	TOPICAL	05/28/2026	0.17976
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5MG-400	OINT. (G)	OPHTHALMIC	12/18/2025	7.50000
NEOMYCIN/POLYMYXIN B/DEXAMETHA	3.5-10K-.1	OINT. (G)	OPHTHALMIC	10/02/2025	2.85686
NEOMYCIN/POLYMYXIN B/DEXAMETHA	0.1 %	DROPS SUSP	OPHTHALMIC	05/14/2026	3.98112
NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	DROPS SUSP	OTIC (EAR)	08/28/2025	6.08330
NEOMYCN/BACITRC/POLYMYX/PRAMOX	3.5-10K-10	OINT. (G)	TOPICAL	06/25/2026	0.42076
NEOSTIGMINE METHYLSULFATE	5 MG/5 ML	SYRINGE	INTRAVEN	04/02/2026	1.98588
NEOSTIGMINE METHYLSULFATE	3 MG/3 ML	SYRINGE	INTRAVEN	06/22/2023	3.96000
NEOSTIGMINE METHYLSULFATE	0.5 MG/ML	VIAL	INTRAVEN	06/11/2026	0.27644
NEOSTIGMINE METHYLSULFATE	1 MG/ML	VIAL	INTRAVEN	03/20/2025	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	02/19/2026	0.06164
NIACIN	100 MG	TABLET	ORAL	10/23/2025	0.01827

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	250 MG	TABLET	ORAL	02/19/2026	0.05112
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	05/05/2022	0.59005
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	01/02/2025	0.08673
NICARDIPINE HCL	20 MG	CAPSULE	ORAL	01/22/2026	2.23318
NICARDIPINE HCL	30 MG	CAPSULE	ORAL	06/12/2025	2.08980
NICARDIPINE HCL	25 MG/10ML	AMPUL	INTRAVEN	05/06/2022	2.22775
NICARDIPINE HCL	25 MG/10ML	VIAL	INTRAVEN	06/25/2026	1.42067
NICARDIPINE IN NACL, ISO-OSM	20MG/200ML	PIGGYBACK	INTRAVEN	10/30/2025	0.10886
NICARDIPINE IN NACL, ISO-OSM	40MG/200ML	PIGGYBACK	INTRAVEN	06/11/2026	0.34944
NICOTINE	7MG/24HR	PATCH TD24	TRANSDERM	06/04/2026	1.43523
NICOTINE	14MG/24HR	PATCH TD24	TRANSDERM	06/04/2026	1.53095
NICOTINE	21 MG/24HR	PATCH TD24	TRANSDERM	06/04/2026	1.43523
NICOTINE POLACRILEX	4 MG	LOZNG MINI	BUCCAL	03/05/2026	0.31969
NICOTINE POLACRILEX	2 MG	LOZNG MINI	BUCCAL	03/05/2026	0.31969
NICOTINE POLACRILEX	2 MG	GUM	BUCCAL	12/23/2025	0.10148
NICOTINE POLACRILEX	4 MG	GUM	BUCCAL	03/05/2026	0.28324
NICOTINE POLACRILEX	4 MG	LOZENGE	BUCCAL	07/25/2022	0.34871
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	12/23/2025	0.17206
NIFEDIPINE	60 MG	TAB ER 24	ORAL	01/29/2026	0.22811

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
NIFEDIPINE	90 MG	TAB ER 24	ORAL	01/22/2026	0.37172
NIFEDIPINE	30 MG	TABLET ER	ORAL	10/02/2025	0.44220
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	05/21/2026	20.61544
NILOTINIB HCL	150 MG	CAPSULE	ORAL	05/21/2026	4.71429
NILUTAMIDE	150 MG	TABLET	ORAL	05/05/2022	115.43686
NIMODIPINE	30 MG	CAPSULE	ORAL	03/19/2026	1.79614
NINTEDANIB ESYLATE	100 MG	CAPSULE	ORAL	06/11/2026	18.59603
NINTEDANIB ESYLATE	150 MG	CAPSULE	ORAL	06/11/2026	18.59603
NISOLDIPINE	8.5 MG	TAB ER 24H	ORAL	12/04/2025	4.05359
NISOLDIPINE	17 MG	TAB ER 24H	ORAL	09/30/2025	5.08042
NISOLDIPINE	34 MG	TAB ER 24H	ORAL	10/09/2025	5.33070
NITAZOXANIDE	500 MG	TABLET	ORAL	11/16/2023	74.13996
NITISINONE	2 MG	CAPSULE	ORAL	07/21/2022	50.26779
NITISINONE	5 MG	CAPSULE	ORAL	07/21/2022	125.74563
NITISINONE	10 MG	CAPSULE	ORAL	07/28/2022	251.33777
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	06/25/2026	0.44233
NITROGLYCERIN	0.4% (W/W)	OINT. (G)	RECTAL	06/04/2026	19.17160
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	02/19/2026	0.10934
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
NITROGLYCERIN	0.1MG/HR	PATCH TD24	TRANSDERM	02/12/2026	0.68675
NITROGLYCERIN	0.2MG/HR	PATCH TD24	TRANSDERM	07/14/2022	0.89916
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	11/06/2025	5.33400
NIZATIDINE	150 MG	CAPSULE	ORAL	11/13/2025	1.53353
NOREPINEPHRINE BIT/0.9 % NACL	4MG/250ML	PLAST. BAG	INTRAVEN	05/28/2026	0.18760
NOREPINEPHRINE BIT/0.9 % NACL	8 MG/250ML	PLAST. BAG	INTRAVEN	05/28/2026	0.24120
NOREPINEPHRINE BIT/0.9 % NACL	16MG/250ML	PLAST. BAG	INTRAVEN	05/28/2026	0.33098
NOREPINEPHRINE BITARTRATE	1 MG/ML	VIAL	INTRAVEN	07/02/2026	0.85425
NOREPINEPHRINE BITARTRATE/D5W	4MG/250ML	PLAST. BAG	INTRAVEN	04/02/2026	0.10184
NOREPINEPHRINE BITARTRATE/D5W	8 MG/250ML	PLAST. BAG	INTRAVEN	04/02/2026	0.15276
NOREPINEPHRINE BITARTRATE/D5W	16MG/250ML	PLAST. BAG	INTRAVEN	04/02/2026	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	11/13/2025	3.02689
NORETHINDRONE	0.35 MG	TABLET	ORAL	08/21/2025	0.10672
NORETHINDRONE AC/ETH ESTRADIOL	1.5-0.03MG	TABLET	ORAL	12/18/2025	0.48602
NORETHINDRONE AC/ETH ESTRADIOL	1MG-20MCG	TABLET	ORAL	05/05/2022	0.36797
NORETHINDRONE AC/ETH ESTRADIOL	1MG-5MCG	TABLET	ORAL	05/06/2022	1.43678
NORETHINDRONE AC/ETH ESTRADIOL	0.5MG-2.5	TABLET	ORAL	12/18/2025	2.30808
NORETHINDRONE ACETATE	5 MG	TABLET	ORAL	01/15/2026	0.54886
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	06/11/2026	0.33787
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
NORETHINDRONE-ETHIN. ESTRADIOL	0.5-0.035	TABLET	ORAL	04/23/2026	1.06083

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	1 MG-35MCG	TABLET	ORAL	08/21/2025	0.52723
NORETHINDRONE-ETHIN. ESTRADIOL	7 DAYS X 3	TABLET	ORAL	11/13/2025	0.62741
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	06/04/2026	1.04022
NORTRIPTYLINE HCL	10 MG	CAPSULE	ORAL	06/25/2026	0.16817
NORTRIPTYLINE HCL	25 MG	CAPSULE	ORAL	05/14/2026	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	04/03/2025	0.63402
NUT.TX.IMPAIRED DIGESTIVE FXN	100KCAL/18	POWDER	ORAL	07/10/2025	0.53600
NYSTATIN	100000/ML	ORAL SUSP	ORAL	07/02/2026	0.09635
NYSTATIN	500K UNIT	TABLET	ORAL	04/03/2025	0.60474
NYSTATIN	100000/G	CREAM (G)	TOPICAL	02/12/2026	0.21083
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
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	12/23/2025	8.31360
OCTREOTIDE ACETATE	1000MCG/ML	VIAL	INJECTION	04/18/2024	31.58230
OCTREOTIDE ACETATE	50 MCG/ML	VIAL	INJECTION	12/04/2025	4.12236
OCTREOTIDE ACETATE	500 MCG/ML	VIAL	INJECTION	03/05/2026	11.20900
OCTREOTIDE ACETATE	100 MCG/ML	VIAL	INJECTION	12/04/2025	3.30554
OCTREOTIDE ACETATE,MI-SPHERES	20 MG	VIAL	INTRAMUSC	02/26/2026	3965.55075
OCTREOTIDE ACETATE,MI-SPHERES	30 MG	VIAL	INTRAMUSC	03/05/2026	5938.11200
OFLOXACIN	0.3 %	DROPS	OPHTHALMIC	01/29/2026	1.71520
OFLOXACIN	0.3 %	DROPS	OTIC (EAR)	02/05/2026	1.19930

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	7.5 MG	TABLET	ORAL	05/28/2026	0.08329
OLANZAPINE	10 MG	TABLET	ORAL	05/07/2026	0.11469
OLANZAPINE	5 MG	TABLET	ORAL	04/23/2026	0.10035
OLANZAPINE	2.5 MG	TABLET	ORAL	04/23/2026	0.07893
OLANZAPINE	15 MG	TABLET	ORAL	05/28/2026	0.13494
OLANZAPINE	20 MG	TABLET	ORAL	06/04/2026	0.16675
OLANZAPINE	5 MG	TAB RAPDIS	ORAL	04/02/2026	0.38592
OLANZAPINE	10 MG	TAB RAPDIS	ORAL	06/11/2026	0.57397
OLANZAPINE	15 MG	TAB RAPDIS	ORAL	04/02/2026	0.76246
OLANZAPINE	20 MG	TAB RAPDIS	ORAL	05/07/2026	0.99517
OLANZAPINE	10 MG	VIAL	INTRAMUSC	05/14/2026	15.81300
OLANZAPINE/FLUOXETINE HCL	6MG-25MG	CAPSULE	ORAL	05/06/2022	10.14262
OLANZAPINE/FLUOXETINE HCL	6MG-50MG	CAPSULE	ORAL	11/25/2025	11.16170
OLANZAPINE/FLUOXETINE HCL	12MG-25MG	CAPSULE	ORAL	02/02/2023	22.91800
OLANZAPINE/FLUOXETINE HCL	12MG-50MG	CAPSULE	ORAL	05/30/2024	21.22015
OLANZAPINE/FLUOXETINE HCL	3 MG-25 MG	CAPSULE	ORAL	04/20/2023	6.50790
OLIVE OIL		OIL	MISCELL	11/27/2024	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	06/18/2026	0.10967
OLMESARTAN/AMLODIPIN/HCTHIAZID	20-5-12.5	TABLET	ORAL	06/18/2026	0.76514
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-12.5	TABLET	ORAL	06/18/2026	2.05318
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-25 MG	TABLET	ORAL	06/18/2026	2.20698
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-12.5	TABLET	ORAL	06/18/2026	1.56333
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-25MG	TABLET	ORAL	06/18/2026	1.86662
OLMESARTAN/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	05/28/2026	0.26175
OLMESARTAN/HYDROCHLOROTHIAZIDE	40-12.5 MG	TABLET	ORAL	05/28/2026	0.29659
OLMESARTAN/HYDROCHLOROTHIAZIDE	40 MG-25MG	TABLET	ORAL	05/28/2026	0.29659
OLOPATADINE HCL	0.1 %	DROPS	OPHTHALMIC	01/23/2025	1.00776
OLOPATADINE HCL	0.7 %	DROPS	OPHTHALMIC	04/23/2026	5.33433

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	0.6 %	SPRAY/PUMP	NASAL	11/13/2025	1.41645
OMEGA-3 ACID ETHYL ESTERS	1 G	CAPSULE	ORAL	01/15/2026	0.14416
OMEGA-3 FATTY ACIDS	1000 MG	CAPSULE	ORAL	08/29/2024	0.28140
OMEGA-3 FATTY ACIDS/FISH OIL	300-1000MG	CAPSULE	ORAL	04/30/2026	0.11688
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	04/30/2026	0.09192
OMEGA-3/DHA/EPA/FISH OIL	60 MG-90MG	CAPSULE	ORAL	10/16/2025	0.07236
OMEGA-3/DHA/EPA/FISH OIL	200-300 MG	CAPSULE	ORAL	05/09/2024	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	05/14/2026	0.04437
OMEPRAZOLE	10 MG	CAPSULE DR	ORAL	06/04/2026	0.11837
OMEPRAZOLE	40 MG	CAPSULE DR	ORAL	05/14/2026	0.06788
OMEPRAZOLE	20 MG	TABLET DR	ORAL	02/19/2026	0.48080
OMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	05/05/2022	0.05137
OMEPRAZOLE MAGNESIUM	20 MG	TABLET DR	ORAL	04/16/2026	1.16931
OMEPRAZOLE/SODIUM BICARBONATE	20MG-1.1G	CAPSULE	ORAL	06/12/2025	1.29489
OMEPRAZOLE/SODIUM BICARBONATE	40MG-1.1G	CAPSULE	ORAL	10/02/2025	1.16714
OMEPRAZOLE/SODIUM BICARBONATE	20-1680MG	PACKET	ORAL	12/01/2022	18.59585
OMEPRAZOLE/SODIUM BICARBONATE	40-1680MG	PACKET	ORAL	11/21/2022	21.76755
ONDANSETRON	4 MG	TAB RAPDIS	ORAL	03/05/2026	0.24567
ONDANSETRON	8 MG	TAB RAPDIS	ORAL	02/05/2026	0.27470
ONDANSETRON HCL	4 MG/5 ML	SOLUTION	ORAL	06/04/2026	0.42907
ONDANSETRON HCL	4 MG	TABLET	ORAL	07/02/2026	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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	04/02/2026	20.47500
OSELTAMIVIR PHOSPHATE	75 MG	CAPSULE	ORAL	01/22/2026	1.09210
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	05/14/2026	0.16750
OVULATION, PREGNANCY TEST KIT		COMBO. PKG	MISCELL	09/25/2025	1.82696
OXACILLIN SODIUM	1 G	VIAL	INJECTION	06/25/2026	5.84200
OXACILLIN SODIUM	10 G	VIAL	INJECTION	06/01/2023	47.15000
OXACILLIN SODIUM	2 G	VIAL	INJECTION	04/03/2025	9.83250
OXALIPLATIN	50 MG	VIAL	INTRAVEN	04/03/2025	595.80688
OXALIPLATIN	100 MG	VIAL	INTRAVEN	04/03/2025	1191.63938
OXALIPLATIN	50 MG/10ML	VIAL	INTRAVEN	09/11/2025	0.91656
OXALIPLATIN	100MG/20ML	VIAL	INTRAVEN	03/20/2025	0.78608
OXAPROZIN	600 MG	TABLET	ORAL	02/19/2026	0.95488
OXAZEPAM	10 MG	CAPSULE	ORAL	08/07/2025	0.77177
OXAZEPAM	15 MG	CAPSULE	ORAL	10/02/2025	1.52787
OXAZEPAM	30 MG	CAPSULE	ORAL	10/02/2025	2.18286
OXCARBAZEPINE	300 MG/5ML	ORAL SUSP	ORAL	02/26/2026	0.14491
OXCARBAZEPINE	300 MG	TABLET	ORAL	05/28/2026	0.22097
OXCARBAZEPINE	600 MG	TABLET	ORAL	05/28/2026	0.34224
OXCARBAZEPINE	150 MG	TABLET	ORAL	05/28/2026	0.06713
OXCARBAZEPINE	150 MG	TAB ER 24H	ORAL	02/19/2026	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	12/23/2025	2.79520
OXYBUTYNIN	3.9MG/24HR	PATCH TD 4	TRANSDERM	05/06/2022	3.11149
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	15 MG	TAB ER 24	ORAL	11/13/2025	0.18747
OXYBUTYNIN CHLORIDE	5 MG/5 ML	SYRUP	ORAL	05/04/2023	0.53820
OXYBUTYNIN CHLORIDE	5 MG	TABLET	ORAL	06/11/2026	0.04355
OXYBUTYNIN CHLORIDE	2.5 MG	TABLET	ORAL	07/02/2026	2.12350
OXYCODONE HCL	5 MG	CAPSULE	ORAL	11/13/2025	1.32017
OXYCODONE HCL	5 MG	TABLET ORL	ORAL	04/02/2026	16.16087
OXYCODONE HCL	30 MG	TABLET ORL	ORAL	04/02/2026	26.22094
OXYCODONE HCL	40 MG	TAB ER 12H	ORAL	05/06/2022	6.28898
OXYCODONE HCL	80 MG	TAB ER 12H	ORAL	04/02/2026	9.93721
OXYCODONE HCL	5 MG/5 ML	SOLUTION	ORAL	04/03/2025	0.06973
OXYCODONE HCL	20 MG/ML	ORAL CONC	ORAL	05/05/2022	2.20743
OXYCODONE HCL	5 MG	TABLET	ORAL	02/05/2026	0.20400
OXYCODONE HCL	10 MG	TABLET	ORAL	07/02/2026	0.23522
OXYCODONE HCL	20 MG	TABLET	ORAL	07/02/2026	0.52413
OXYCODONE HCL	15 MG	TABLET	ORAL	04/30/2026	0.17261
OXYCODONE HCL	30 MG	TABLET	ORAL	07/02/2026	0.10017
OXYCODONE HCL/ACETAMINOPHEN	10-300MG/5	SOLUTION	ORAL	04/02/2026	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	05/14/2026	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	06/11/2026	0.14383
OXYMORPHONE HCL	5 MG	TABLET	ORAL	06/26/2025	0.95475
OXYMORPHONE HCL	10 MG	TABLET	ORAL	08/07/2025	0.65415
OXYTOCIN	10 UNIT/ML	VIAL	INJECTION	01/15/2026	0.81472
PACLITAXEL	6 MG/ML	VIAL	INTRAVEN	12/11/2025	0.63087
PACLITAXEL PROTEIN-BOUND	100 MG	VIAL	INTRAVEN	05/28/2026	696.64125
PALIPERIDONE	3 MG	TAB ER 24	ORAL	06/18/2026	1.58656
PALIPERIDONE	6 MG	TAB ER 24	ORAL	06/18/2026	1.65847

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
PALIPERIDONE	9 MG	TAB ER 24	ORAL	06/11/2026	2.46381
PALIPERIDONE	1.5 MG	TAB ER 24	ORAL	06/11/2026	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	05/06/2022	7.62000
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	06/18/2026	0.05856
PANTOPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	12/18/2025	0.06030
PANTOPRAZOLE SODIUM	40 MG	VIAL	INTRAVEN	02/05/2026	1.74200
PAPAVERINE HCL	30 MG/ML	VIAL	INJECTION	04/02/2026	12.37500
PARICALCITOL	1 MCG	CAPSULE	ORAL	01/08/2026	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	05/02/2024	3.26726
PARICALCITOL	2 MCG/ML	VIAL	INTRAVEN	11/02/2023	5.01600
PAROXETINE HCL	10 MG/5 ML	ORAL SUSP	ORAL	11/13/2025	2.17916
PAROXETINE HCL	10 MG	TABLET	ORAL	06/25/2026	0.04736
PAROXETINE HCL	20 MG	TABLET	ORAL	12/23/2025	0.07519
PAROXETINE HCL	30 MG	TABLET	ORAL	12/18/2025	0.09399
PAROXETINE HCL	40 MG	TABLET	ORAL	04/02/2026	0.10423
PAROXETINE HCL	25 MG	TAB ER 24H	ORAL	10/23/2025	0.71601
PAROXETINE HCL	12.5 MG	TAB ER 24H	ORAL	02/12/2026	0.28274
PAROXETINE HCL	37.5 MG	TAB ER 24H	ORAL	02/12/2026	1.11756
PAROXETINE MESYLATE	7.5 MG	CAPSULE	ORAL	04/03/2025	5.67859

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
PAZOPANIB HCL	200 MG	TABLET	ORAL	05/21/2026	63.00342
PECTIN	2.8 MG	LOZENGE	MUCOUS MEM	11/20/2025	0.06343
PED MVIT A,C,D3 NO.21/FLUORIDE	0.25 MG/ML	DROPS	ORAL	04/02/2026	0.26733
PEDI MULTIVIT NO.25/FOLIC ACID	300 MCG	TAB CHEW	ORAL	05/06/2022	0.03209
PEDI MV NO.207/FERROUS SULFATE	11 MG/ML	DROPS	ORAL	05/21/2026	0.29426
PEDIATRIC MULTIVITAMIN NO.17		TAB CHEW	ORAL	10/02/2025	0.04328
PEDIATRIC MULTIVITAMIN NO.192	250-50/ML	DROPS	ORAL	05/28/2026	0.16195
PEG3350/SOD SUL/NACL/KCL/ASB/C	7.5-2.691G	POWD PACK	ORAL	05/05/2022	65.45650
PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G	SOLN RECON	ORAL	06/25/2026	0.00458
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	02/26/2026	0.08400
PEN NEEDLE, DIABETIC	31 G X1/4"	DIS NEEDLE	MISCELL	01/22/2026	0.05199
PEN NEEDLE, DIABETIC	31 GX3/16"	DIS NEEDLE	MISCELL	04/16/2026	0.05293
PEN NEEDLE, DIABETIC	32 GX 1/4"	DIS NEEDLE	MISCELL	06/25/2026	0.16871
PEN NEEDLE, DIABETIC	32 GX5/16"	DIS NEEDLE	MISCELL	04/16/2026	0.39188
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
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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, SAFETY	31 GX3/16"	DIS NEEDLE	MISCELL	05/14/2026	0.03518
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	10/09/2025	0.33446
PENCICLOVIR	1 %	CREAM (G)	TOPICAL	02/19/2026	88.91055
PENICILLAMINE	250 MG	CAPSULE	ORAL	08/01/2024	14.34111
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	05/01/2025	5.08762
PENICILLIN V POTASSIUM	250 MG	TABLET	ORAL	05/15/2025	0.08174
PENICILLIN V POTASSIUM	500 MG	TABLET	ORAL	01/22/2026	0.11190
PENTAMIDINE ISETHIONATE	300 MG	VIAL	INJECTION	06/11/2026	57.65625
PENTAMIDINE ISETHIONATE	300 MG	VIAL-NEB	INHALATION	06/11/2026	131.53825
PENTOBARBITAL SODIUM	50 MG/ML	VIAL	INJECTION	10/09/2025	40.89750
PENTOXIFYLLINE	400 MG	TABLET ER	ORAL	12/18/2025	0.38013
PERAMPANEL	0.5 MG/ML	ORAL SUSP	ORAL	06/25/2026	5.95245
PERAMPANEL	2 MG	TABLET	ORAL	02/12/2026	15.96210
PERAMPANEL	6 MG	TABLET	ORAL	01/13/2026	27.26807
PERAMPANEL	10 MG	TABLET	ORAL	02/05/2026	26.62000
PERAMPANEL	12 MG	TABLET	ORAL	02/05/2026	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	05/14/2026	0.39820

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
PERMETHRIN	1 %	LIQUID	TOPICAL	10/24/2024	0.09436
PERPHENAZINE	16 MG	TABLET	ORAL	12/18/2025	0.79784
PERPHENAZINE	2 MG	TABLET	ORAL	12/23/2025	0.42706
PERPHENAZINE	4 MG	TABLET	ORAL	01/15/2026	0.39490
PERPHENAZINE	8 MG	TABLET	ORAL	12/31/2025	0.47892
PETROLATUM,WHITE		OINT PACK	TOPICAL	06/04/2026	0.00898
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	12/28/2023	0.01837
PHENAZOPYRIDINE HCL	200 MG	TABLET	ORAL	07/02/2026	0.37554
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	06/04/2026	0.18926
PHENELZINE SULFATE	15 MG	TABLET	ORAL	01/09/2025	0.58380
PHENOL	1.4 %	SPRAY	MUCOUS MEM	02/19/2026	0.02809
PHENOL	1.5 %	LIQUID	TOPICAL	05/06/2022	0.55172
PHENOXYBENZAMINE HCL	10 MG	CAPSULE	ORAL	12/05/2024	19.95000
PHENTERMINE HCL	15 MG	CAPSULE	ORAL	06/18/2026	0.10783
PHENTERMINE HCL	30 MG	CAPSULE	ORAL	12/31/2025	0.12730
PHENTERMINE HCL	37.5 MG	CAPSULE	ORAL	05/14/2026	0.29345
PHENTERMINE HCL	37.5 MG	TABLET	ORAL	04/30/2026	0.06700
PHENTERMINE HCL	8 MG	TABLET	ORAL	04/02/2026	1.03567
PHENTERMINE/TOPIRAMATE	3.75-23 MG	CPMP 24HR	ORAL	06/26/2025	5.07518
PHENTERMINE/TOPIRAMATE	7.5MG-46MG	CPMP 24HR	ORAL	06/26/2025	5.24150
PHENTERMINE/TOPIRAMATE	15 MG-92MG	CPMP 24HR	ORAL	06/26/2025	5.40893
PHENTERMINE/TOPIRAMATE	11.25-69MG	CPMP 24HR	ORAL	06/26/2025	5.40893
PHENTOLAMINE MESYLATE	5 MG	VIAL	INJECTION	05/05/2022	351.60000
PHENYLEPHRINE HCL	10 MG	TABLET	ORAL	05/07/2026	0.08351
PHENYLEPHRINE HCL	10 MG/ML	VIAL	INJECTION	05/14/2026	0.54565
PHENYLEPHRINE HCL	10 %	DROPS	OPHTHALMIC	02/02/2023	5.16001

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	04/02/2026	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/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	12/07/2023	0.98426
PHENYTOIN	50 MG	TAB CHEW	ORAL	01/29/2026	0.15060
PHENYTOIN SODIUM	50 MG/ML	VIAL	INTRAVEN	10/16/2025	0.26398
PHENYTOIN SODIUM EXTENDED	100 MG	CAPSULE	ORAL	06/11/2026	0.25835
PHENYTOIN SODIUM EXTENDED	30 MG	CAPSULE	ORAL	04/02/2026	1.99721
PHENYTOIN SODIUM EXTENDED	300 MG	CAPSULE	ORAL	05/09/2024	2.88332
PHENYTOIN SODIUM EXTENDED	200 MG	CAPSULE	ORAL	05/14/2026	1.95372
PHOSPHATIDYL SERINE	100 MG	CAPSULE	ORAL	02/12/2026	0.33745
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	02/19/2026	6.44189
PHYTONADIONE (VIT K1)	100 MCG	TABLET	ORAL	10/31/2024	0.05923
PHYTONADIONE (VIT K1)	10 MG/ML	AMPUL	INJECTION	01/23/2025	26.30150
PHYTONADIONE (VIT K1)	1 MG/0.5ML	SYRINGE	INJECTION	01/29/2026	30.11450
PHYTONADIONE (VIT K1)	10 MG/ML	VIAL	INJECTION	02/12/2026	21.77175
PILOCARPINE HCL	5 MG	TABLET	ORAL	12/18/2025	0.51965
PILOCARPINE HCL	7.5 MG	TABLET	ORAL	06/18/2026	1.25290

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
PILOCARPINE HCL	1 %	DROPS	OPHTHALMIC	12/18/2025	4.98520
PILOCARPINE HCL	2 %	DROPS	OPHTHALMIC	12/18/2025	4.74320
PILOCARPINE HCL	4 %	DROPS	OPHTHALMIC	11/13/2025	4.72384
PILOCARPINE HCL	1.25 %	DROPS	OPHTHALMIC	11/13/2025	25.56540
PIMECROLIMUS	1 %	CREAM (G)	TOPICAL	02/26/2026	4.75684
PINDOLOL	10 MG	TABLET	ORAL	03/26/2026	1.01230
PINDOLOL	5 MG	TABLET	ORAL	06/11/2026	1.07776
PIOGLITAZONE HCL	15 MG	TABLET	ORAL	12/11/2025	0.07086
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	05/19/2022	20.78300
PIOGLITAZONE HCL/GLIMEPIRIDE	30 MG-2 MG	TABLET	ORAL	07/17/2025	10.47140
PIOGLITAZONE HCL/METFORMIN HCL	15MG-500MG	TABLET	ORAL	03/19/2026	0.55029
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	03/09/2023	4.35600
PIPERACILLIN SODIUM/TAZOBACTAM	40.5 G	VIAL	INTRAVEN	04/30/2026	45.39725
PIPERACILLIN SODIUM/TAZOBACTAM	13.5 G	VIAL	INTRAVEN	05/22/2025	14.49000
PIPERONYL BUTOXIDE/PYRETHRINS	4%-0.33%	SHAMPOO	TOPICAL	02/19/2026	0.10754
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	08/28/2025	1.25583
PITAVASTATIN CALCIUM	2 MG	TABLET	ORAL	08/28/2025	1.31665
PITAVASTATIN CALCIUM	4 MG	TABLET	ORAL	08/28/2025	1.28646
PLERIXAFOR	24MG/1.2ML	VIAL	SUBCUT	06/25/2026	205.00000
PNV NO.95/FERROUS FUM/FOLIC AC	28MG-0.8MG	TABLET	ORAL	09/04/2025	0.04178

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
PNV,CALCIUM 72/IRON/FOLIC ACID	27 MG-1 MG	TABLET	ORAL	04/02/2026	0.08033
PODOFILOX	0.5 %	GEL (GRAM)	TOPICAL	12/14/2023	100.15860
POLAPREZINC (ZINC CARNOSINE)	16 MG	TAB CHEW	ORAL	01/22/2026	0.74236
POLYDIMETHYLSILOXANES/SILICON		GEL (GRAM)	TOPICAL	04/02/2026	2.00933
POLYETHYLENE GLYCOL 3350	17 G	POWD PACK	ORAL	04/30/2026	1.95747
POLYETHYLENE GLYCOL 3350	17 G/DOSE	POWDER	ORAL	02/19/2026	0.01886
POLYMYXIN B SULF/TRIMETHOPRIM	10000-1/ML	DROPS	OPHTHALMIC	05/07/2026	0.82544
POLYMYXIN B SULFATE	500K UNIT	VIAL	INJECTION	10/23/2025	3.45180
POLYSORBATE 80		SOLUTION	MISCELL	09/08/2022	0.03739
POLYVINYL ALCOHOL	1.4 %	DROPS	OPHTHALMIC	08/21/2025	0.58424
POMALIDOMIDE	1 MG	CAPSULE	ORAL	03/12/2026	651.32575
POMALIDOMIDE	2 MG	CAPSULE	ORAL	03/12/2026	651.32575
POMALIDOMIDE	3 MG	CAPSULE	ORAL	03/12/2026	651.32575
POMALIDOMIDE	4 MG	CAPSULE	ORAL	03/12/2026	651.32575
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	05/21/2026	7.58806
POTASSIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	09/11/2025	0.13501
POTASSIUM CHLORIDE	10 MEQ	CAPSULE ER	ORAL	02/12/2026	0.13245
POTASSIUM CHLORIDE	8 MEQ	CAPSULE ER	ORAL	10/23/2025	0.27189
POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	ORAL	02/20/2025	0.04649
POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID	ORAL	07/02/2026	0.11406
POTASSIUM CHLORIDE	10 MEQ	TAB ER PRT	ORAL	05/07/2026	0.06633
POTASSIUM CHLORIDE	20 MEQ	TAB ER PRT	ORAL	05/28/2026	0.15788
POTASSIUM CHLORIDE	15 MEQ	TAB ER PRT	ORAL	05/05/2022	0.08161
POTASSIUM CHLORIDE	20 MEQ	TABLET ER	ORAL	05/14/2026	0.35443
POTASSIUM CHLORIDE	8 MEQ	TABLET ER	ORAL	02/19/2026	0.12006
POTASSIUM CHLORIDE	2 MEQ/ML	VIAL	INTRAVEN	02/13/2025	0.10519
POTASSIUM CHLORIDE IN 0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN	11/10/2022	0.00382
POTASSIUM CHLORIDE IN 0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN	11/10/2022	0.00455

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 D5W	20 MEQ/L	IV SOLN	INTRAVEN	11/10/2022	0.00382
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	03/05/2026	0.05904
POTASSIUM CHLORIDE IN WATER	20MEQ/0.1L	PIGGYBACK	INTRAVEN	02/26/2026	0.09445
POTASSIUM CHLORIDE IN WATER	40MEQ/0.1L	PIGGYBACK	INTRAVEN	02/26/2026	0.10272
POTASSIUM CHLORIDE IN WATER	10MEQ/50ML	PIGGYBACK	INTRAVEN	02/26/2026	0.19363
POTASSIUM CHLORIDE IN WATER	20MEQ/50ML	PIGGYBACK	INTRAVEN	02/26/2026	0.18519
POTASSIUM CHLORIDE-0.45% NACL	20 MEQ/L	IV SOLN	INTRAVEN	11/10/2022	0.00382
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	05/07/2026	0.01600
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	01/22/2026	0.24214
POTASSIUM CITRATE	15 MEQ	TABLET ER	ORAL	12/11/2025	0.36997
POTASSIUM CITRATE/CITRIC ACID	1100-334/5	SOLUTION	ORAL	04/02/2026	0.10589
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 PHOS,M-BASIC-D-BASIC	3MMOL/ML	VIAL	INTRAVEN	06/25/2026	0.86903
POVIDONE-IODINE	10 %	MED. SWAB	TOPICAL	07/02/2026	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	04/10/2025	7519.84075
PRALATREXATE	40 MG/2 ML	VIAL	INTRAVEN	04/10/2025	7519.84075

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	1 MG	TABLET	ORAL	06/11/2026	0.10616
PRAMIPEXOLE DI-HCL	1.5 MG	TABLET	ORAL	06/11/2026	0.14948
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
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 %	FOAM	TOPICAL	02/20/2025	7.24960
PRAMOXINE HCL	1 %	LOTION	TOPICAL	12/18/2025	0.06386
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	05/07/2026	0.99830
PRAVASTATIN SODIUM	10 MG	TABLET	ORAL	06/04/2026	0.06164
PRAVASTATIN SODIUM	20 MG	TABLET	ORAL	06/04/2026	0.07966
PRAVASTATIN SODIUM	40 MG	TABLET	ORAL	06/18/2026	0.11562
PRAVASTATIN SODIUM	80 MG	TABLET	ORAL	06/04/2026	0.20955
PRAZIQUANTEL	600 MG	TABLET	ORAL	05/06/2022	53.81421
PRAZOSIN HCL	1 MG	CAPSULE	ORAL	04/23/2026	0.05668
PRAZOSIN HCL	2 MG	CAPSULE	ORAL	03/05/2026	0.07447
PRAZOSIN HCL	5 MG	CAPSULE	ORAL	02/26/2026	0.12531
PREDNISOLONE	15 MG/5 ML	SOLUTION	ORAL	03/12/2026	0.66537
PREDNISOLONE	5 MG	TABLET	ORAL	10/02/2025	14.06013
PREDNISOLONE ACETATE	1 %	DROPS SUSP	OPHTHALMIC	05/14/2026	6.02996

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	5 MG/5 ML	SOLUTION	ORAL	07/18/2024	0.54800
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	10/02/2025	4.50064
PREDNISOLONE SODIUM PHOSPHATE	20 MG/5 ML	SOLUTION	ORAL	10/02/2025	5.81044
PREDNISOLONE SODIUM PHOSPHATE	10 MG	TAB RAPDIS	ORAL	05/06/2022	8.63037
PREDNISOLONE SODIUM PHOSPHATE	30 MG	TAB RAPDIS	ORAL	05/05/2022	3.10669
PREDNISONE	1 MG	TABLET	ORAL	01/09/2025	0.16308
PREDNISONE	10 MG	TABLET	ORAL	03/05/2026	0.08283
PREDNISONE	2.5 MG	TABLET	ORAL	05/14/2026	0.12623
PREDNISONE	20 MG	TABLET	ORAL	04/16/2026	0.10315
PREDNISONE	5 MG	TABLET	ORAL	12/18/2025	0.04476
PREDNISONE	50 MG	TABLET	ORAL	05/05/2022	0.26172
PREDNISONE	5 MG	TAB DS PK	ORAL	05/07/2026	0.59981
PREDNISONE	10 MG	TAB DS PK	ORAL	12/18/2025	0.78976
PREGABALIN	25 MG	CAPSULE	ORAL	06/11/2026	0.08338
PREGABALIN	50 MG	CAPSULE	ORAL	06/11/2026	0.05956
PREGABALIN	75 MG	CAPSULE	ORAL	06/11/2026	0.08338
PREGABALIN	100 MG	CAPSULE	ORAL	06/11/2026	0.08338
PREGABALIN	150 MG	CAPSULE	ORAL	06/11/2026	0.09052
PREGABALIN	200 MG	CAPSULE	ORAL	06/18/2026	0.11921
PREGABALIN	300 MG	CAPSULE	ORAL	06/11/2026	0.14142
PREGABALIN	225 MG	CAPSULE	ORAL	06/11/2026	0.13022
PREGABALIN	20 MG/ML	SOLUTION	ORAL	01/22/2026	0.32370
PREGABALIN	82.5 MG	TAB ER 24H	ORAL	04/03/2025	6.40461
PREGABALIN	165 MG	TAB ER 24H	ORAL	09/30/2025	7.72720
PREGABALIN	330 MG	TAB ER 24H	ORAL	04/17/2025	4.10036
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
PRIMIDONE	250 MG	TABLET	ORAL	05/07/2026	0.30619
PRIMIDONE	50 MG	TABLET	ORAL	03/05/2026	0.16927
PROBENECID	500 MG	TABLET	ORAL	09/19/2024	0.69696
PROBENECID/COLCHICINE	500-0.5 MG	TABLET	ORAL	12/28/2023	1.20453
PROCAINAMIDE HCL	100 MG/ML	VIAL	INJECTION	01/09/2025	7.01485
PROCAINAMIDE HCL	500 MG/ML	VIAL	INJECTION	05/14/2026	232.93125
PROCHLORPERAZINE	25 MG	SUPP.RECT	RECTAL	05/05/2022	6.82116
PROCHLORPERAZINE EDISYLATE	10 MG/2 ML	VIAL	INJECTION	02/12/2026	2.36617
PROCHLORPERAZINE MALEATE	10 MG	TABLET	ORAL	02/12/2026	0.37399
PROCHLORPERAZINE MALEATE	5 MG	TABLET	ORAL	06/25/2026	0.11015
PROGESTERONE	50 MG/ML	VIAL	INTRAMUSC	12/07/2023	2.14400
PROGESTERONE, MICRONIZED	100 MG	CAPSULE	ORAL	03/12/2026	0.36301
PROGESTERONE, MICRONIZED	200 MG	CAPSULE	ORAL	06/18/2026	0.56414
PROGESTERONE, MICRONIZED	100 MG	INSERT	VAGINAL	06/25/2026	14.03250
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	ORAL	06/04/2026	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	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/CODEINE	6.25-10/5	SYRUP	ORAL	01/15/2026	0.05462
PROMETHAZINE/DEXTROMETHORPHAN	6.25-15/5	SOLUTION	ORAL	05/21/2026	0.06197
PROPAFENONE HCL	225 MG	CAP ER 12H	ORAL	06/26/2025	0.37944
PROPAFENONE HCL	325 MG	CAP ER 12H	ORAL	09/30/2025	0.57188
PROPAFENONE HCL	425 MG	CAP ER 12H	ORAL	12/18/2025	2.10827
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	08/28/2025	0.39865

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
PROPARACAINE HCL	0.5 %	DROPS	OPHTHALMIC	05/14/2026	2.63533
PROPRANOLOL HCL	120 MG	CAP SA 24H	ORAL	12/23/2025	0.97190
PROPRANOLOL HCL	160 MG	CAP SA 24H	ORAL	05/05/2022	1.02470
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	06/25/2026	0.07879
PROPRANOLOL HCL	20 MG	TABLET	ORAL	06/25/2026	0.08643
PROPRANOLOL HCL	40 MG	TABLET	ORAL	06/11/2026	0.10626
PROPRANOLOL HCL	60 MG	TABLET	ORAL	01/29/2026	0.33835
PROPRANOLOL HCL	80 MG	TABLET	ORAL	02/19/2026	0.23316
PROPYLENE GLYCOL	0.6 %	DROPS	OPHTHALMIC	04/30/2026	1.26027
PROPYLENE GLYCOL/PEG 400	0.3 %-0.4%	DROPS	OPHTHALMIC	04/30/2026	0.75219
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	06/11/2026	7.32000
PROTRIPTYLINE HCL	5 MG	TABLET	ORAL	05/14/2026	6.48123
PRUCALOPRIDE SUCCINATE	2 MG	TABLET	ORAL	02/19/2026	1.17831
PRUCALOPRIDE SUCCINATE	1 MG	TABLET	ORAL	02/19/2026	0.95735
PSEUDOEPHEDRINE HCL	30 MG	TABLET	ORAL	06/01/2023	0.24734
PSEUDOEPHEDRINE HCL	30 MG	TABLET	ORAL	04/30/2026	0.01332
PSEUDOEPHEDRINE HCL	120 MG	TABLET ER	ORAL	06/25/2026	0.16884
PSYLLIUM HUSK	0.4 G	CAPSULE	ORAL	02/19/2026	0.05980
PSYLLIUM HUSK	6 G	POWD PACK	ORAL	05/06/2022	0.54314
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
PYRIDOSTIGMINE BROMIDE	60 MG	TABLET	ORAL	12/18/2025	0.41111
PYRIDOSTIGMINE BROMIDE	180 MG	TABLET ER	ORAL	02/05/2026	8.02240
PYRIDOXINE HCL (VITAMIN B6)	100 MG	TABLET	ORAL	09/18/2025	0.02854
PYRIDOXINE HCL (VITAMIN B6)	25 MG	TABLET	ORAL	10/02/2025	0.01474
PYRIDOXINE HCL (VITAMIN B6)	250 MG	TABLET	ORAL	05/14/2026	0.13266
PYRIDOXINE HCL (VITAMIN B6)	50 MG	TABLET	ORAL	11/06/2025	0.01863
PYRILAMINE/DEXTROMETHORPHAN HB	7.5-7.5/5	LIQUID	ORAL	11/13/2025	0.11046
PYRIMETHAMINE	25 MG	TABLET	ORAL	10/24/2024	147.82755
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	07/02/2026	0.02507
QUETIAPINE FUMARATE	100 MG	TABLET	ORAL	07/02/2026	0.07223
QUETIAPINE FUMARATE	200 MG	TABLET	ORAL	06/18/2026	0.12757
QUETIAPINE FUMARATE	300 MG	TABLET	ORAL	06/18/2026	0.15076
QUETIAPINE FUMARATE	50 MG	TABLET	ORAL	07/02/2026	0.04244
QUETIAPINE FUMARATE	400 MG	TABLET	ORAL	06/18/2026	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	05/14/2026	0.64298
QUETIAPINE FUMARATE	50 MG	TAB ER 24H	ORAL	03/05/2026	0.38034
QUETIAPINE FUMARATE	150 MG	TAB ER 24H	ORAL	06/11/2026	0.69501
QUINAPRIL HCL	10 MG	TABLET	ORAL	12/07/2023	0.81941
QUINAPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	08/21/2025	0.81963
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	08/07/2025	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	06/25/2026	0.24656

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
RAMELTEON	8 MG	TABLET	ORAL	02/19/2026	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
RAMIPRIL	10 MG	CAPSULE	ORAL	03/05/2026	0.07357
RANOLAZINE	500 MG	TAB ER 12H	ORAL	05/28/2026	0.26309
RANOLAZINE	1000 MG	TAB ER 12H	ORAL	03/12/2026	0.49714
RASAGILINE MESYLATE	1 MG	TABLET	ORAL	04/23/2026	1.57271
RASAGILINE MESYLATE	0.5 MG	TABLET	ORAL	04/23/2026	1.11265
REGADENOSON	0.4 MG/5ML	SYRINGE	INTRAVEN	03/28/2024	4.88400
REMIFENTANIL HCL	5 MG	VIAL	INTRAVEN	12/23/2025	279.11181
REMIFENTANIL HCL	2 MG	VIAL	INTRAVEN	05/05/2022	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	03/05/2026	0.15196
REPAGLINIDE	2 MG	TABLET	ORAL	03/05/2026	0.15182
RIBAVIRIN	6 G	VIAL-NEB	INHALATION	01/08/2026	12300.00000
RIBOFLAVIN (VITAMIN B2)	100 MG	CAPSULE	ORAL	04/30/2026	0.06921
RIBOFLAVIN (VITAMIN B2)	100 MG	TABLET	ORAL	04/30/2026	0.07236
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	12/26/2024	2.74802
RIFAMPIN	300 MG	CAPSULE	ORAL	02/26/2026	1.08674
RIFAMPIN	600 MG	VIAL	INTRAVEN	05/05/2022	69.18750
RILPIVIRINE HCL	25 MG	TABLET	ORAL	03/05/2026	30.40868
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	11/27/2024	0.00431

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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	01/29/2026	0.08367
RISPERIDONE	2 MG	TABLET	ORAL	01/22/2026	0.05936
RISPERIDONE	3 MG	TABLET	ORAL	03/19/2026	0.09916
RISPERIDONE	4 MG	TABLET	ORAL	05/14/2026	0.20279
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
RISPERIDONE	3 MG	TAB RAPDIS	ORAL	04/30/2026	1.80039
RISPERIDONE	4 MG	TAB RAPDIS	ORAL	04/30/2026	2.05307
RISPERIDONE MICROSPHERES	25 MG/2 ML	VIAL	INTRAMUSC	11/21/2024	359.05750
RISPERIDONE MICROSPHERES	37.5MG/2ML	VIAL	INTRAMUSC	08/28/2025	726.79470
RISPERIDONE MICROSPHERES	50 MG/2 ML	VIAL	INTRAMUSC	04/02/2026	1362.59400
RISPERIDONE MICROSPHERES	12.5MG/2ML	VIAL	INTRAMUSC	05/14/2026	340.67925
RITONAVIR	100 MG	TABLET	ORAL	05/09/2024	9.85818
RIVAROXABAN	1 MG/ML	SUSP RECON	ORAL	04/16/2026	4.23805
RIVAROXABAN	20 MG	TABLET	ORAL	08/14/2025	13.16150
RIVAROXABAN	2.5 MG	TABLET	ORAL	06/18/2026	1.76552
RIVASTIGMINE	4.6MG/24HR	PATCH TD24	TRANSDERM	02/19/2026	1.53955
RIVASTIGMINE	9.5MG/24HR	PATCH TD24	TRANSDERM	02/19/2026	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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
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
ROFLUMILAST	500 MCG	TABLET	ORAL	02/19/2026	0.39381
ROFLUMILAST	250 MCG	TABLET	ORAL	01/22/2026	2.23245
ROMIDEPSIN	10 MG/2 ML	VIAL	INTRAVEN	05/06/2022	1948.71975
ROPINIROLE HCL	0.25 MG	TABLET	ORAL	07/02/2026	0.06660
ROPINIROLE HCL	1 MG	TABLET	ORAL	07/02/2026	0.07290
ROPINIROLE HCL	2 MG	TABLET	ORAL	07/02/2026	0.08951
ROPINIROLE HCL	5 MG	TABLET	ORAL	01/22/2026	0.18358
ROPINIROLE HCL	0.5 MG	TABLET	ORAL	07/02/2026	0.06687
ROPINIROLE HCL	3 MG	TABLET	ORAL	07/02/2026	0.22780
ROPINIROLE HCL	4 MG	TABLET	ORAL	07/02/2026	0.15544
ROPINIROLE HCL	2 MG	TAB ER 24H	ORAL	06/11/2026	0.91924
ROPINIROLE HCL	4 MG	TAB ER 24H	ORAL	06/11/2026	0.98803
ROPINIROLE HCL	8 MG	TAB ER 24H	ORAL	06/11/2026	1.91263
ROPINIROLE HCL	12 MG	TAB ER 24H	ORAL	06/11/2026	4.73264
ROPINIROLE HCL	6 MG	TAB ER 24H	ORAL	06/11/2026	1.63569
ROPIVACAINE HCL/PF	2 MG/ML	INFUS. BTL	INJECTION	06/25/2026	0.39905
ROPIVACAINE HCL/PF	2 MG/ML	VIAL	INJECTION	12/11/2025	0.16080
ROPIVACAINE HCL/PF	5 MG/ML	VIAL	INJECTION	06/18/2026	0.17077
ROPIVACAINE HCL/PF	10 MG/ML	VIAL	INJECTION	12/18/2025	0.28965
ROPIVACAINE HCL/PF	7.5 MG/ML	VIAL	INJECTION	09/07/2023	0.26599
ROPIVACAINE HCL/PF	2 MG/ML	PLAST. BAG	INJECTION	11/20/2025	0.14472
ROPIVACAINE HCL/PF	5 MG/ML	PLAST. BAG	INJECTION	05/28/2026	0.36704
ROSUVASTATIN CALCIUM	10 MG	TABLET	ORAL	06/25/2026	0.03840

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ROSUVASTATIN CALCIUM	20 MG	TABLET	ORAL	06/25/2026	0.05475
ROSUVASTATIN CALCIUM	40 MG	TABLET	ORAL	06/25/2026	0.09916
ROSUVASTATIN CALCIUM	5 MG	TABLET	ORAL	06/25/2026	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	02/26/2026	1.66250
S-ADENOSYLMETHIONINE SUL TOSYL	400 MG	TABLET DR	ORAL	01/08/2026	0.92437
SACCHARIN SODIUM	100 %	POWDER	ORAL	01/08/2026	0.25326
SACCHAROMYCES BOULARDII	250 MG	CAPSULE	ORAL	04/30/2026	0.50767
SACUBITRIL/VALSARTAN	24 MG-26MG	TABLET	ORAL	02/19/2026	0.83830
SACUBITRIL/VALSARTAN	49 MG-51MG	TABLET	ORAL	02/19/2026	0.83830
SACUBITRIL/VALSARTAN	97MG-103MG	TABLET	ORAL	02/19/2026	0.80080
SALICYLIC ACID	2 %	MED. PAD	TOPICAL	07/25/2024	0.14449
SALICYLIC ACID	10 %	CREAM (G)	TOPICAL	04/02/2026	0.22682
SALICYLIC ACID	6 %	CREAM (G)	TOPICAL	04/02/2026	18.20460
SALICYLIC ACID	2 %	CLEANSER	TOPICAL	11/13/2025	0.02255
SALICYLIC ACID	40 %	ADH. PATCH	TOPICAL	06/18/2026	0.51192
SALICYLIC ACID	17 %	LIQUID	TOPICAL	06/05/2025	0.84420
SALICYLIC ACID	2 %	LIQUID	TOPICAL	04/03/2025	3.51813
SALICYLIC ACID	2 %	SHAMPOO	TOPICAL	08/03/2022	0.05322
SALICYLIC ACID	3 %	SHAMPOO	TOPICAL	08/29/2024	0.02640
SALICYLIC ACID	17 %	KIT	TOPICAL	06/05/2025	7.71600
SALSALATE	750 MG	TABLET	ORAL	04/02/2026	0.78497
SAPROPTERIN DIHYDROCHLORIDE	100 MG	POWD PACK	ORAL	06/18/2026	21.56525
SAPROPTERIN DIHYDROCHLORIDE	500 MG	POWD PACK	ORAL	12/18/2025	150.56225
SAPROPTERIN DIHYDROCHLORIDE	100 MG	TABLET SOL	ORAL	02/19/2026	17.95550
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	05/14/2026	16.97815
SAXAGLIPTIN HCL/METFORMIN HCL	5MG-1000MG	TBMP 24HR	ORAL	05/14/2026	16.97815

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
SAXAGLIPTIN HCL/METFORMIN HCL	2.5-1000MG	TBMP 24HR	ORAL	05/14/2026	9.29756
SCOPOLAMINE	1 MG/3 DAY	PATCH TD 3	TRANSDERM	03/26/2026	5.71500
SELEGILINE HCL	5 MG	CAPSULE	ORAL	12/18/2025	1.10371
SELEGILINE HCL	5 MG	TABLET	ORAL	11/13/2025	1.49432
SELENIUM	200 MCG	TABLET	ORAL	04/18/2024	0.04344
SELENIUM	50 MCG	TABLET	ORAL	02/15/2024	0.02982
SELENIUM SULFIDE	1 %	SHAMPOO	TOPICAL	05/21/2026	0.02668
SENNA LEAF EXTRACT	176MG/5ML	SYRUP	ORAL	02/19/2026	0.06587
SENNOSIDES	8.8MG/5ML	SYRUP	ORAL	11/06/2025	0.03930
SENNOSIDES	8.6 MG	TABLET	ORAL	02/26/2026	0.01632
SENNOSIDES/DOCUSATE SODIUM	8.6MG-50MG	TABLET	ORAL	02/26/2026	0.10500
SERTRALINE HCL	150 MG	CAPSULE	ORAL	03/19/2026	3.62716
SERTRALINE HCL	20 MG/ML	ORAL CONC	ORAL	11/13/2025	0.83192
SERTRALINE HCL	25 MG	TABLET	ORAL	06/04/2026	0.03109
SERTRALINE HCL	50 MG	TABLET	ORAL	01/13/2026	0.02800
SERTRALINE HCL	100 MG	TABLET	ORAL	02/26/2026	0.02850
SESAME OIL		OIL	MISCELL	06/04/2026	0.02362
SEVELAMER CARBONATE	0.8 G	POWD PACK	ORAL	05/14/2026	1.79679
SEVELAMER CARBONATE	2.4 G	POWD PACK	ORAL	05/14/2026	2.20236
SEVELAMER CARBONATE	800 MG	TABLET	ORAL	05/21/2026	0.23404
SEVELAMER HCL	400 MG	TABLET	ORAL	10/02/2025	3.09287
SEVELAMER HCL	800 MG	TABLET	ORAL	09/30/2025	1.66852
SILDENAFIL CITRATE	10 MG/ML	SUSP RECON	ORAL	02/20/2025	0.56639
SILDENAFIL CITRATE	25 MG	TABLET	ORAL	06/18/2026	0.11202
SILDENAFIL CITRATE	50 MG	TABLET	ORAL	06/11/2026	0.09103
SILDENAFIL CITRATE	100 MG	TABLET	ORAL	06/18/2026	0.11372
SILDENAFIL CITRATE	20 MG	TABLET	ORAL	07/02/2026	0.11792
SILDENAFIL CITRATE	10 MG/12.5	VIAL	INTRAVEN	05/05/2022	10.58000
SILODOSIN	4 MG	CAPSULE	ORAL	12/18/2025	0.52394
SILODOSIN	8 MG	CAPSULE	ORAL	01/22/2026	0.66330

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
SILVER NITRATE	55 PPM	GEL (GRAM)	TOPICAL	04/02/2026	0.28931
SILVER SULFADIAZINE	1 %	CREAM (G)	TOPICAL	10/16/2025	0.15571
SIMETHICONE	125 MG	CAPSULE	ORAL	10/02/2025	0.07191
SIMETHICONE	250 MG	CAPSULE	ORAL	05/08/2025	0.51903
SIMETHICONE	180 MG	CAPSULE	ORAL	09/04/2025	0.07124
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	01/25/2024	0.03473
SIMVASTATIN	5 MG	TABLET	ORAL	03/26/2026	0.02602
SIMVASTATIN	10 MG	TABLET	ORAL	04/30/2026	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	03/26/2026	0.06845
SINCALIDE	5 MCG	VIAL	INJECTION	06/27/2024	133.72458
SIROLIMUS	1 MG/ML	SOLUTION	ORAL	06/18/2026	9.56640
SIROLIMUS	1 MG	TABLET	ORAL	10/02/2025	1.26067
SIROLIMUS	2 MG	TABLET	ORAL	05/15/2025	3.35306
SIROLIMUS	0.5 MG	TABLET	ORAL	05/15/2025	1.79305
SITAGLIPTIN PHOS/METFORMIN HCL	50MG-500MG	TABLET	ORAL	06/04/2026	3.71498
SITAGLIPTIN PHOS/METFORMIN HCL	50-1000 MG	TABLET	ORAL	06/04/2026	3.71498
SKIN CLEANSER		CLEANSER	TOPICAL	04/06/2023	0.00366
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
SOD CHLOR,SOD BICARB/NETI POT		PACK W/DEV	NASAL	05/06/2022	0.30257
SOD PHOS DI, MONO/K PHOS MONO	250 MG	TABLET	ORAL	12/01/2022	1.07200
SOD PHOSPHATE,MONOBASIC-DIBAS	3MMOL/ML	VIAL	INTRAVEN	03/21/2024	1.93764
SOD/POT/K CIT/SOD CIT/CIT ACID	500-550/5	SOLUTION	ORAL	04/02/2026	0.10057
SODIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	02/26/2026	0.04784
SODIUM BENZOATE/SOD PHENYLACET	10 %-10 %	VIAL	INTRAVEN	06/11/2026	103.52500

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 BICARBONATE	325 MG	TABLET	ORAL	11/13/2025	0.02817
SODIUM BICARBONATE	650 MG	TABLET	ORAL	05/07/2026	0.02250
SODIUM BICARBONATE	50MEQ/50ML	SYRINGE	INTRAVEN	02/19/2026	0.33929
SODIUM BICARBONATE	0.5MEQ/ML	VIAL	INTRAVEN	05/22/2025	0.59496
SODIUM BICARBONATE	1 MEQ/ML	VIAL	INTRAVEN	06/04/2026	0.16091
SODIUM BISULFITE	100 %	POWDER	MISCELL	07/25/2024	0.14070
SODIUM CHLORIDE	234 MG/ML	SOLUTION	ORAL	04/09/2026	0.13788
SODIUM CHLORIDE	5 %	OINT. (G)	OPHTHALMIC	10/09/2025	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	05/22/2025	0.12395
SODIUM CHLORIDE	1000 MG	TABLET SOL	MISCELL	04/02/2026	0.08027
SODIUM CHLORIDE 0.45 %	0.45 %	IV SOLN	INTRAVEN	11/21/2024	0.00495
SODIUM CHLORIDE 0.9 % (FLUSH)	0.9 %	SYRINGE	INJECTION	02/05/2026	0.04165
SODIUM CHLORIDE 3 %	3 %	IV SOLN	INTRAVEN	09/08/2022	0.00643
SODIUM CHLORIDE 5 %	5 %	IV SOLN	INTRAVEN	05/22/2025	0.02389
SODIUM CHLORIDE FOR INHALATION	0.9 %	VIAL-NEB	INHALATION	04/02/2026	0.03216
SODIUM CHLORIDE IRRIG SOLUTION	0.9 %	IRRIG SOLN	IRRIGATION	05/21/2026	0.00709
SODIUM CHLORIDE/ALOE VERA		SPRAY	NASAL	04/30/2026	0.30211
SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G	SOLN RECON	ORAL	06/25/2026	0.01073
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 FLUORIDE F-18	10-200 MCI	VIAL	INTRAVEN	08/07/2025	184.50000
SODIUM HYPOCHLORITE	0.25 %	SOLUTION	MISCELL	02/12/2026	0.05258
SODIUM HYPOCHLORITE	0.5 %	SOLUTION	MISCELL	06/04/2026	0.04788
SODIUM HYPOCHLORITE	0.125 %	SOLUTION	MISCELL	02/12/2026	0.05946
SODIUM IODIDE-123	3.7 MBQ	CAPSULE	ORAL	05/05/2022	44.92575
SODIUM IODIDE-123	7.4 MBQ	CAPSULE	ORAL	05/05/2022	85.87963

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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 PHENYLBUTYRATE	0.94 G/G	POWDER	ORAL	04/06/2023	11.60278
SODIUM PHENYLBUTYRATE	500 MG	TABLET	ORAL	06/18/2026	16.58504
SODIUM POLYSTYRENE SULFONATE	15 G	POWDER	ORAL	02/19/2026	0.23019
SODIUM TETRADECYL SULFATE	3 %	VIAL	INTRAVEN	11/13/2025	53.57675
SODIUM, POTASSIUM,MAG SULFATES	17.5-3.13G	SOLN RECON	ORAL	06/25/2026	0.21902
SODIUM,POTASSIUM PHOSPHATES	280-250MG	POWD PACK	ORAL	02/19/2026	0.46056
SOLIFENACIN SUCCINATE	5 MG	TABLET	ORAL	10/02/2025	0.21410
SOLIFENACIN SUCCINATE	10 MG	TABLET	ORAL	06/04/2026	0.24686
SORAFENIB TOSYLATE	200 MG	TABLET	ORAL	05/28/2026	35.55614
SOTALOL HCL	160 MG	TABLET	ORAL	05/14/2026	0.34867
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
SPINOSAD	0.9 %	SUSPENSION	TOPICAL	05/05/2022	1.77153
SPIRONOLACT/HYDROCHLOROTHIAZID	25 MG-25MG	TABLET	ORAL	11/13/2025	0.66569
SPIRONOLACTONE	25 MG/5 ML	ORAL SUSP	ORAL	08/28/2025	1.73639
SPIRONOLACTONE	100 MG	TABLET	ORAL	06/18/2026	0.14815
SPIRONOLACTONE	25 MG	TABLET	ORAL	04/02/2026	0.04891
SPIRONOLACTONE	50 MG	TABLET	ORAL	02/19/2026	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
SUCCINYLCHOLINE CHLORIDE	20 MG/ML	VIAL	INJECTION	01/22/2026	0.14633
SUCCINYLCHOLINE/SOD CL,ISO/PF	200MG/10ML	SYRINGE	INTRAVEN	07/10/2025	1.27300
SUCCINYLCHOLINE/SOD CL,ISO/PF	100 MG/5ML	SYRINGE	INTRAVEN	07/10/2025	1.37779
SUCRALFATE	1 G/10 ML	ORAL SUSP	ORAL	06/11/2026	0.22681
SUCRALFATE	1 G	TABLET	ORAL	04/16/2026	0.27617
SULFACETAMIDE SODIUM	10 %	SUSPENSION	TOPICAL	11/13/2025	1.00704
SULFACETAMIDE SODIUM	10 %	DROPS	OPHTHALMIC	05/06/2022	2.48570

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
SULFACETAMIDE SODIUM/SULFUR	10 %-4 %	MED. PAD	TOPICAL	04/02/2026	3.76156
SULFACETAMIDE SODIUM/SULFUR	9 %-4 %	CLEANSER	TOPICAL	04/02/2026	0.33228
SULFACETAMIDE SODIUM/SULFUR	9 %-4.5 %	CLEANSER	TOPICAL	04/02/2026	2.59744
SULFACETAMIDE SODIUM/SULFUR	8 %-4 %	SUSPENSION	TOPICAL	04/02/2026	0.22158
SULFADIAZINE	500 MG	TABLET	ORAL	04/02/2026	15.14765
SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	ORAL	02/19/2026	0.12057
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160/20	ORAL SUSP	ORAL	10/10/2024	0.67870
SULFAMETHOXAZOLE/TRIMETHOPRIM	400MG-80MG	TABLET	ORAL	06/11/2026	0.08281
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160 MG	TABLET	ORAL	05/14/2026	0.09418
SULFAMETHOXAZOLE/TRIMETHOPRIM	80-16MG/ML	VIAL	INTRAVEN	04/16/2026	1.59634
SULFASALAZINE	500 MG	TABLET	ORAL	12/18/2025	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	05/15/2025	0.25343
SULINDAC	200 MG	TABLET	ORAL	04/03/2025	0.32160
SUMATRIPTAN	5 MG	SPRAY	NASAL	12/18/2025	24.80975
SUMATRIPTAN	20 MG	SPRAY	NASAL	06/11/2026	19.20275
SUMATRIPTAN SUCC/NAPROXEN SOD	85MG-500MG	TABLET	ORAL	05/06/2022	51.28189
SUMATRIPTAN SUCCINATE	100 MG	TABLET	ORAL	05/14/2026	0.63724
SUMATRIPTAN SUCCINATE	50 MG	TABLET	ORAL	05/14/2026	0.42433
SUMATRIPTAN SUCCINATE	25 MG	TABLET	ORAL	05/14/2026	0.28289
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	CARTRIDGE	SUBCUT	05/06/2022	94.53575
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	CARTRIDGE	SUBCUT	05/06/2022	104.22713
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	VIAL	SUBCUT	05/05/2022	15.73950
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	PEN INJCTR	SUBCUT	04/23/2026	112.86275
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	PEN INJCTR	SUBCUT	08/22/2024	110.03888
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	06/11/2026	45.68535

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
SYRGE-NDL,INS 0.3 ML HALF MARK	31 GX5/16"	DISP SYRIN	MISCELL	08/28/2025	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	05/28/2026	0.16321
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	05/28/2026	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	05/07/2026	0.16321
SYRINGE AND NEEDLE,INSULIN,1ML		DISP SYRIN	MISCELL	04/02/2026	0.11776
SYRINGE AND NEEDLE,INSULIN,1ML	30 GX5/16"	DISP SYRIN	MISCELL	05/28/2026	0.08120
SYRINGE AND NEEDLE,INSULIN,1ML	27GX1/2"	DISP SYRIN	MISCELL	03/05/2026	0.17889
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	05/21/2026	0.19149
SYRINGE AND NEEDLE,INSULIN,1ML	31 GX5/16"	DISP SYRIN	MISCELL	07/31/2025	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 CAP, ENFIT,NON-STERILE		EACH	MISCELL	04/02/2026	0.10184
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	12/11/2025	0.08424
SYRINGE W-NEEDLE,DISPOSAB,3 ML	21GX1 1/2"	DISP SYRIN	MISCELL	02/02/2023	0.08424

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	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	04/02/2026	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
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	04/02/2026	0.18425
SYRINGE WITH NEEDLE, 6 ML	21 G X 1"	DISP SYRIN	MISCELL	04/02/2026	0.18425
SYRINGE WITH NEEDLE, 6 ML	21GX1 1/2"	DISP SYRIN	MISCELL	04/02/2026	0.18425
SYRINGE, DISPOSABLE, 1 ML		DISP SYRIN	MISCELL	03/12/2026	0.07631
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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, DISPOSABLE, 35 ML		DISP SYRIN	MISCELL	05/06/2022	0.32767
SYRINGE, DISPOSABLE, 5 ML		DISP SYRIN	MISCELL	09/07/2023	0.09421
SYRINGE, DISPOSABLE, 50 ML		DISP SYRIN	MISCELL	06/05/2025	1.03817
SYRINGE, DISPOSABLE, 6 ML		DISP SYRIN	MISCELL	04/02/2026	0.11474
SYRINGE, DISPOSABLE, 60 ML		DISP SYRIN	MISCELL	03/13/2025	0.89311
SYRINGE,ENFIT 1 ML,NON-STERILE		DISP SYRIN	MISCELL	04/02/2026	0.32061
SYRINGE,ENFIT 12ML,NON-STERILE		DISP SYRIN	MISCELL	06/04/2026	0.50506
SYRINGE,ENFIT 3 ML,NON-STERILE		DISP SYRIN	MISCELL	06/04/2026	0.32061
SYRINGE,ENFIT 35ML,NON-STERILE		DISP SYRIN	MISCELL	04/02/2026	1.13517
SYRINGE,ENFIT 6 ML,NON-STERILE		DISP SYRIN	MISCELL	04/02/2026	0.32061
SYRINGE,ENFIT 60ML,NON-STERILE		DISP SYRIN	MISCELL	09/04/2025	3.76200
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	08/29/2024	0.20093
SYRINGE,NEEDLE,INSULN,SAFE,1ML	31 GX5/16"	DISP SYRIN	MISCELL	08/29/2024	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	04/02/2026	0.41192
SYRINGE,SAFETY NEEDLE,10 ML	21GX1 1/2"	DISP SYRIN	MISCELL	06/01/2023	0.20087
SYRINGE,SAFETY NEEDLE,10 ML	20GX1"	DISP SYRIN	MISCELL	04/02/2026	0.20087
SYRINGE,SAFETY NEEDLE,10 ML	20GX1 1/2"	DISP SYRIN	MISCELL	04/02/2026	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	04/02/2026	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	21GX1 1/2"	DISP SYRIN	MISCELL	04/13/2023	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	22 G X 1"	DISP SYRIN	MISCELL	06/08/2023	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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	25GX5/8"	DISP SYRIN	MISCELL	04/30/2026	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	25GX1"	DISP SYRIN	MISCELL	04/30/2026	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	21 G X 1"	DISP SYRIN	MISCELL	05/06/2022	0.20093
SYRINGE,SAFETY WITH NEEDLE,3ML	20GX1"	DISP SYRIN	MISCELL	04/02/2026	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	03/23/2023	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	04/02/2026	0.20087
SYRINGE,SAFETY WITH NEEDLE,5ML	20GX1"	DISP SYRIN	MISCELL	04/02/2026	0.20087
SYRINGE-NEEDLE,INSULIN,0.5 ML	28GX1/2"	DISP SYRIN	MISCELL	02/27/2025	0.08462
SYRINGE-NEEDLE,INSULIN,0.5 ML	28 GAUGE	DISP SYRIN	MISCELL	04/02/2026	0.16542
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	05/21/2026	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	07/31/2025	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	05/21/2026	0.26465
TACROLIMUS	1 MG	CAPSULE	ORAL	06/25/2026	0.30900
TACROLIMUS	5 MG	CAPSULE	ORAL	06/25/2026	1.43903
TACROLIMUS	0.5 MG	CAPSULE	ORAL	06/25/2026	0.18934
TACROLIMUS	0.03 %	OINT. (G)	TOPICAL	11/13/2025	0.72548
TACROLIMUS	0.1 %	OINT. (G)	TOPICAL	05/21/2026	0.80400
TADALAFIL	10 MG	TABLET	ORAL	04/30/2026	0.18849
TADALAFIL	20 MG	TABLET	ORAL	05/14/2026	0.29793
TADALAFIL	5 MG	TABLET	ORAL	04/16/2026	0.13221
TADALAFIL	2.5 MG	TABLET	ORAL	06/11/2026	0.20993
TADALAFIL	20 MG	TABLET	ORAL	12/18/2025	0.28475
TAFLUPROST/PF	0.0015 %	DROPERETTE	OPHTHALMIC	11/13/2025	6.12944

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
TAMOXIFEN CITRATE	10 MG	TABLET	ORAL	07/17/2025	0.49491
TAMOXIFEN CITRATE	20 MG	TABLET	ORAL	04/03/2025	0.71616
TAMSULOSIN HCL	0.4 MG	CAPSULE	ORAL	05/07/2026	0.06981
TAPENTADOL HCL	50 MG	TABLET	ORAL	03/12/2026	14.04627
TAPENTADOL HCL	75 MG	TABLET	ORAL	03/12/2026	16.41182
TAPENTADOL HCL	100 MG	TABLET	ORAL	03/12/2026	21.87339
TASIMELTEON	20 MG	CAPSULE	ORAL	05/04/2023	463.67993
TAURINE	1000 MG	CAPSULE	ORAL	09/22/2022	0.11082
TAVABOROLE	5 %	SOL W/APPL	TOPICAL	06/25/2026	7.36727
TAZAROTENE	0.05 %	GEL (GRAM)	TOPICAL	09/14/2023	6.15188
TAZAROTENE	0.1 %	GEL (GRAM)	TOPICAL	11/13/2025	15.70968
TAZAROTENE	0.05 %	CREAM (G)	TOPICAL	03/20/2025	14.07070
TAZAROTENE	0.1 %	CREAM (G)	TOPICAL	12/18/2025	3.20716
TELMISARTAN	40 MG	TABLET	ORAL	07/02/2026	0.35510
TELMISARTAN	80 MG	TABLET	ORAL	05/14/2026	0.26621
TELMISARTAN	20 MG	TABLET	ORAL	12/11/2025	0.31267
TELMISARTAN/HYDROCHLOROTHIAZID	80-12.5MG	TABLET	ORAL	03/27/2025	0.54181
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	07/24/2025	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	05/14/2026	1.75004
TEMOZOLOMIDE	20 MG	CAPSULE	ORAL	06/04/2026	5.17968
TEMOZOLOMIDE	100 MG	CAPSULE	ORAL	06/04/2026	7.01040
TEMOZOLOMIDE	250 MG	CAPSULE	ORAL	06/04/2026	22.68000
TEMOZOLOMIDE	140 MG	CAPSULE	ORAL	06/04/2026	7.56000
TEMOZOLOMIDE	180 MG	CAPSULE	ORAL	06/04/2026	8.53714
TEMSIROLIMUS	25 MG/ML	VIAL	INTRAVEN	06/18/2026	1049.74350

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
TENOFOVIR DISOPROXIL FUMARATE	300 MG	TABLET	ORAL	12/23/2025	0.86564
TERAZOSIN HCL	1 MG	CAPSULE	ORAL	05/05/2022	0.13216
TERAZOSIN HCL	2 MG	CAPSULE	ORAL	06/11/2026	0.21172
TERAZOSIN HCL	5 MG	CAPSULE	ORAL	05/05/2022	0.13481
TERAZOSIN HCL	10 MG	CAPSULE	ORAL	06/04/2026	0.20502
TERBINAFINE HCL	250 MG	TABLET	ORAL	05/14/2026	0.15263
TERBINAFINE HCL	1 %	CREAM (G)	TOPICAL	06/11/2026	0.55744
TERBUTALINE SULFATE	2.5 MG	TABLET	ORAL	12/18/2025	2.87681
TERBUTALINE SULFATE	5 MG	TABLET	ORAL	12/18/2025	3.42593
TERBUTALINE SULFATE	1 MG/ML	VIAL	SUBCUT	01/16/2025	1.04520
TERCONAZOLE	0.4 %	CREAM/APPL	VAGINAL	10/23/2025	1.04639
TERCONAZOLE	0.8 %	CREAM/APPL	VAGINAL	04/02/2026	1.91352
TERCONAZOLE	80 MG	SUPP.VAG	VAGINAL	11/13/2025	30.81150
TERIFLUNOMIDE	7 MG	TABLET	ORAL	02/12/2026	1.39405
TERIFLUNOMIDE	14 MG	TABLET	ORAL	03/05/2026	1.16163
TERIPARATIDE	20MCG/DOSE	PEN INJCTR	SUBCUT	06/12/2025	577.97615
TESTOSTERONE	30MG/1.5ML	SOL MD PMP	TRANSDERM	07/02/2026	2.15874
TESTOSTERONE	50 MG (1%)	GEL (GRAM)	TRANSDERM	10/02/2025	1.41441
TESTOSTERONE	25MG(1%)	GEL PACKET	TRANSDERM	06/18/2026	1.38445
TESTOSTERONE	50 MG (1%)	GEL PACKET	TRANSDERM	05/21/2026	1.17822
TESTOSTERONE	1.25G-1.62	GEL PACKET	TRANSDERM	06/26/2025	6.82752
TESTOSTERONE	2.5G-1.62%	GEL PACKET	TRANSDERM	03/19/2026	3.46139
TESTOSTERONE	12.5/1.25G	GEL MD PMP	TRANSDERM	06/11/2026	3.91635
TESTOSTERONE	20.25/1.25	GEL MD PMP	TRANSDERM	10/02/2025	0.68501
TESTOSTERONE CYPIONATE	100 MG/ML	VIAL	INTRAMUSC	11/30/2023	3.27888
TESTOSTERONE CYPIONATE	200 MG/ML	VIAL	INTRAMUSC	02/05/2026	3.64584
TESTOSTERONE ENANTHATE	200 MG/ML	VIAL	INTRAMUSC	05/05/2022	9.76925
TETRABENAZINE	25 MG	TABLET	ORAL	02/12/2026	4.56579
TETRABENAZINE	12.5 MG	TABLET	ORAL	12/18/2025	1.11005
TETRACAINE HCL	0.5 %	DROPS	OPHTHALMIC	02/13/2025	4.75200

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
TETRACYCLINE HCL	250 MG	CAPSULE	ORAL	06/18/2026	2.64623
TETRACYCLINE HCL	500 MG	CAPSULE	ORAL	06/11/2026	1.70153
TETRAHYDROZOLINE HCL	0.05 %	DROPS	OPHTHALMIC	06/11/2026	0.13310
THEANINE	200 MG	CAPSULE	ORAL	01/29/2026	0.49848
THEOPHYLLINE ANHYDROUS	80 MG/15ML	SOLUTION	ORAL	04/18/2024	0.15829
THEOPHYLLINE ANHYDROUS	400 MG	TAB ER 24H	ORAL	09/11/2025	0.96735
THEOPHYLLINE ANHYDROUS	300 MG	TAB ER 12H	ORAL	10/02/2025	0.61881
THEOPHYLLINE ANHYDROUS	450 MG	TAB ER 12H	ORAL	10/02/2025	1.22784
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	06/18/2026	1.89610
THIAMINE MONONITRATE (VIT B1)	100 MG	TABLET	ORAL	09/05/2024	0.02446
THIORIDAZINE HCL	10 MG	TABLET	ORAL	03/05/2026	0.36180
THIORIDAZINE HCL	100 MG	TABLET	ORAL	03/06/2025	0.72729
THIORIDAZINE HCL	25 MG	TABLET	ORAL	03/05/2026	0.50920
THIORIDAZINE HCL	50 MG	TABLET	ORAL	03/05/2026	0.63650
THIOTEPA	15 MG	VIAL	INJECTION	03/19/2026	115.86600
THIOTEPA	100 MG	VIAL	INJECTION	05/14/2026	1091.57375
THIOTHIXENE	1 MG	CAPSULE	ORAL	11/25/2025	0.79596
THIOTHIXENE	10 MG	CAPSULE	ORAL	10/09/2025	2.24946
THIOTHIXENE	2 MG	CAPSULE	ORAL	12/23/2025	1.52479
THIOTHIXENE	5 MG	CAPSULE	ORAL	04/03/2025	1.59561
TIAGABINE HCL	4 MG	TABLET	ORAL	05/21/2026	5.23688
TIAGABINE HCL	12 MG	TABLET	ORAL	05/06/2022	8.20800
TIAGABINE HCL	16 MG	TABLET	ORAL	05/06/2022	10.73410
TIAGABINE HCL	2 MG	TABLET	ORAL	05/14/2026	5.23688
TICAGRELOR	90 MG	TABLET	ORAL	07/02/2026	0.26342
TICAGRELOR	60 MG	TABLET	ORAL	07/02/2026	0.77988
TIGECYCLINE	50 MG	VIAL	INTRAVEN	02/19/2026	23.11365

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
TIMOLOL	0.5 %	DROPS	OPHTHALMIC	01/16/2025	25.50240
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	11/14/2024	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	08/01/2024	5.83248
TIMOLOL MALEATE/PF	0.5 %	DROPERETTE	OPHTHALMIC	10/02/2025	3.74462
TINIDAZOLE	500 MG	TABLET	ORAL	10/30/2025	1.60599
TINIDAZOLE	250 MG	TABLET	ORAL	05/05/2022	0.30459
TIOPRONIN	100 MG	TABLET	ORAL	05/05/2022	16.88321
TIOPRONIN	100 MG	TABLET DR	ORAL	01/09/2025	25.84951
TIOPRONIN	300 MG	TABLET DR	ORAL	04/03/2025	25.84951
TIOTROPIUM BROMIDE	18 MCG	CAP W/DEV	INHALATION	09/18/2025	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	07/02/2026	0.31034
TIZANIDINE HCL	2 MG	TABLET	ORAL	05/28/2026	0.04927
TIZANIDINE HCL	4 MG	TABLET	ORAL	04/30/2026	0.03548
TOBRAMYCIN	0.3 %	DROPS	OPHTHALMIC	02/19/2026	2.39324
TOBRAMYCIN	300 MG/4ML	AMPUL-NEB	INHALATION	02/19/2026	11.82760
TOBRAMYCIN IN 0.225% SOD CHLOR	300 MG/5ML	AMPUL-NEB	INHALATION	10/09/2025	1.08071
TOBRAMYCIN SULFATE	1.2 G	VIAL	INJECTION	05/05/2022	37.82583
TOBRAMYCIN SULFATE	40 MG/ML	VIAL	INJECTION	05/08/2025	0.59273
TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	OPHTHALMIC	07/28/2022	5.02920
TOFACITINIB CITRATE	5 MG	TABLET	ORAL	06/11/2026	0.82359
TOFACITINIB CITRATE	10 MG	TABLET	ORAL	06/11/2026	0.95581

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
TOFACITINIB CITRATE	11 MG	TAB ER 24H	ORAL	06/11/2026	3.08353
TOLCAPONE	100 MG	TABLET	ORAL	04/20/2023	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
TOLNAFTATE	1 %	SOLUTION	TOPICAL	07/02/2024	0.23949
TOLTERODINE TARTRATE	4 MG	CAP ER 24H	ORAL	02/12/2026	0.45247
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	06/18/2026	49.20000
TOLVAPTAN	30 MG	TABLET	ORAL	06/18/2026	99.69560
TOLVAPTAN	15 MG	TABLET	ORAL	05/22/2025	212.96869
TOLVAPTAN	30 MG	TABLET	ORAL	05/22/2025	212.96869
TOLVAPTAN	90 MG-30MG	TABLET SEQ	ORAL	05/22/2025	212.96864
TOLVAPTAN	45 MG-15MG	TABLET SEQ	ORAL	05/22/2025	212.96864
TOLVAPTAN	60 MG-30MG	TABLET SEQ	ORAL	05/22/2025	212.96864
TOLVAPTAN	30 MG-15MG	TABLET SEQ	ORAL	05/22/2025	212.96864
TOLVAPTAN	15 MG-15MG	TABLET SEQ	ORAL	05/22/2025	212.96864
TOPIRAMATE	25 MG	CAP ER 24H	ORAL	03/19/2026	10.75058
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	12/18/2025	0.54292
TOPIRAMATE	25 MG	CAP SPRINK	ORAL	06/04/2026	0.73142
TOPIRAMATE	50 MG	CAP SPRINK	ORAL	08/14/2025	3.85572
TOPIRAMATE	25 MG	CAP SPR 24	ORAL	02/19/2026	2.90720
TOPIRAMATE	50 MG	CAP SPR 24	ORAL	02/19/2026	4.27804
TOPIRAMATE	100 MG	CAP SPR 24	ORAL	02/19/2026	7.44426
TOPIRAMATE	150 MG	CAP SPR 24	ORAL	02/19/2026	9.87720

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	200 MG	CAP SPR 24	ORAL	02/19/2026	10.45807
TOPIRAMATE	25 MG/ML	SOLUTION	ORAL	02/26/2026	1.11880
TOPIRAMATE	50 MG	TABLET	ORAL	06/25/2026	0.05438
TOPIRAMATE	100 MG	TABLET	ORAL	06/25/2026	0.06186
TOPIRAMATE	200 MG	TABLET	ORAL	06/25/2026	0.10162
TOPIRAMATE	25 MG	TABLET	ORAL	06/25/2026	0.02659
TOPOTECAN HCL	4 MG	VIAL	INTRAVEN	05/06/2022	86.10000
TOPOTECAN HCL	4 MG/4 ML	VIAL	INTRAVEN	05/05/2022	11.25563
TOREMIFENE CITRATE	60 MG	TABLET	ORAL	05/05/2022	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	09/28/2023	0.01943
TRAMADOL HCL	100 MG	TABLET	ORAL	06/11/2026	3.24020
TRAMADOL HCL	200 MG	TAB ER 24H	ORAL	12/18/2025	3.97100
TRAMADOL HCL	300 MG	TAB ER 24H	ORAL	07/02/2026	8.09360
TRAMADOL HCL	100 MG	TAB ER 24H	ORAL	12/11/2025	2.43768
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
TRANEXAMIC ACID	650 MG	TABLET	ORAL	05/14/2026	1.78131
TRANEXAMIC ACID	1000 MG/10	AMPUL	INTRAVEN	07/17/2025	0.69372
TRANEXAMIC ACID	1000 MG/10	VIAL	INTRAVEN	10/30/2025	0.20139
TRANEXAMIC ACID IN NACL,ISO-OS	1000MG/100	PIGGYBACK	INTRAVEN	09/04/2025	0.13445
TRANYLCYPROMINE 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	02/26/2026	0.02223

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
TRAZODONE HCL	100 MG	TABLET	ORAL	06/18/2026	0.04837
TRAZODONE HCL	150 MG	TABLET	ORAL	02/12/2026	0.08895
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	05/05/2022	5.22111
TRETINOIN	0.025 %	CREAM (G)	TOPICAL	02/12/2026	0.85358
TRETINOIN	0.05 %	CREAM (G)	TOPICAL	06/11/2026	1.10297
TRETINOIN	0.1 %	CREAM (G)	TOPICAL	06/11/2026	1.33851
TRETINOIN MICROSPHERES	0.1 %	GEL (GRAM)	TOPICAL	10/17/2024	7.22786
TRETINOIN MICROSPHERES	0.04 %	GEL (GRAM)	TOPICAL	05/05/2022	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	10 MG/ML	VIAL	INJECTION	09/11/2025	3.19176
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	12/23/2025	0.06617
TRIAMCINOLONE ACETONIDE	0.1 %	CREAM (G)	TOPICAL	04/16/2026	0.04663
TRIAMCINOLONE ACETONIDE	0.5 %	CREAM (G)	TOPICAL	05/14/2026	0.27961
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	10/02/2025	0.51456
TRIAMCINOLONE ACETONIDE	0.05 %	OINT. (G)	TOPICAL	10/02/2025	0.61677
TRIAMCINOLONE ACETONIDE	0.1 %	LOTION	TOPICAL	12/18/2025	0.43595

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
TRIAMCINOLONE ACETONIDE	55 MCG	SPRAY	NASAL	11/06/2025	0.66802
TRIAMCINOLONE ACETONIDE	0.1 %	PASTE (G)	DENTAL	05/14/2026	4.90776
TRIAMTERENE	100 MG	CAPSULE	ORAL	04/03/2025	7.57301
TRIAMTERENE	50 MG	CAPSULE	ORAL	04/03/2025	7.57301
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	CAPSULE	ORAL	02/26/2026	0.11371
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	TABLET	ORAL	12/18/2025	0.05215
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	06/04/2026	1.11081
TRIENTINE HCL	250 MG	CAPSULE	ORAL	05/28/2026	7.00786
TRIFLUOPERAZINE HCL	1 MG	TABLET	ORAL	05/14/2026	1.22141
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	07/28/2022	13.07386
TRIHEXYPHENIDYL HCL	2 MG	TABLET	ORAL	12/23/2025	0.05816
TRIHEXYPHENIDYL HCL	5 MG	TABLET	ORAL	12/18/2025	0.12368
TRIMETHOBENZAMIDE HCL	300 MG	CAPSULE	ORAL	04/03/2025	11.88000
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	03/13/2025	0.42043
TRIPROLIDINE/PHENYLEPHRINE/DM	2.5-10-20	LIQUID	ORAL	05/06/2022	0.05841
TROLAMINE SALICYLATE	10 %	CREAM (G)	TOPICAL	07/02/2026	0.07346
TROMETHAMINE	36 MG/ML	IV SOLN	INTRAVEN	09/30/2025	0.56184
TROPICAMIDE	0.5 %	DROPS	OPHTHALMIC	11/13/2025	1.11666
TROPICAMIDE	1 %	DROPS	OPHTHALMIC	12/18/2025	1.24263

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
TROSPIUM CHLORIDE	60 MG	CAP ER 24H	ORAL	02/05/2026	4.70360
TROSPIUM CHLORIDE	20 MG	TABLET	ORAL	06/11/2026	0.37274
TURMERIC ROOT EXTRACT	500 MG	CAPSULE	ORAL	01/22/2026	0.29179
TYROSINE	500 MG	CAPSULE	ORAL	10/23/2025	0.09554
UMECLIDINIUM BRM/VILANTEROL TR	62.5-25MCG	BLST W/DEV	INHALATION	04/02/2026	8.00000
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	04/02/2026	5.08299
UREA	45 %	GEL (ML)	TOPICAL	04/02/2026	5.12445
UREA	45 %	CREAM (G)	TOPICAL	04/02/2026	0.61729
URSODIOL	300 MG	CAPSULE	ORAL	05/07/2026	0.66652
URSODIOL	250 MG	TABLET	ORAL	04/03/2025	0.66464
URSODIOL	500 MG	TABLET	ORAL	01/22/2026	1.18268
VAGINAL PHENAPHTHAZIN(PH TEST)		STRIP	VAGINAL	05/01/2025	5.24510
VALACYCLOVIR HCL	500 MG	TABLET	ORAL	04/30/2026	0.04243
VALACYCLOVIR HCL	1000 MG	TABLET	ORAL	01/15/2026	0.46930
VALGANCICLOVIR HCL	50 MG/ML	SOLN RECON	ORAL	05/07/2026	3.18000
VALGANCICLOVIR HCL	450 MG	TABLET	ORAL	03/28/2024	2.49530
VALPROIC ACID	250 MG	CAPSULE	ORAL	09/30/2025	0.22217
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	10/23/2025	0.07904
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	01/15/2026	0.48864
VALPROIC ACID (AS SODIUM SALT)	500MG/10ML	SOLUTION	ORAL	05/07/2026	0.09902
VALPROIC ACID (AS SODIUM SALT)	500 MG/5ML	VIAL	INTRAVEN	12/19/2024	0.62835
VALRUBICIN	40 MG/ML	VIAL	INTRAVESIC	07/24/2025	172.93749
VALSARTAN	4 MG/ML	SOLUTION	ORAL	10/30/2025	1.87321
VALSARTAN	320 MG	TABLET	ORAL	10/23/2025	0.22616
VALSARTAN	160 MG	TABLET	ORAL	10/02/2025	0.15112
VALSARTAN	80 MG	TABLET	ORAL	03/05/2026	0.10071
VALSARTAN	40 MG	TABLET	ORAL	04/16/2026	0.14651
VALSARTAN/HYDROCHLOROTHIAZIDE	80-12.5MG	TABLET	ORAL	04/09/2026	0.16643

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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/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	06/18/2026	1.24620
VANCOMYCIN HCL	250 MG	CAPSULE	ORAL	06/25/2026	3.14424
VANCOMYCIN HCL	50 MG/ML	SOLN RECON	ORAL	05/09/2024	1.06128
VANCOMYCIN HCL	25 MG/ML	SOLN RECON	ORAL	02/12/2026	1.09844
VANCOMYCIN HCL	1 G	VIAL	INTRAVEN	05/14/2026	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	05/14/2026	2.54600
VANCOMYCIN HCL	750 MG	VIAL	INTRAVEN	06/26/2025	6.75640
VANCOMYCIN HCL	1.25 G	VIAL	INTRAVEN	06/25/2026	12.68080
VANCOMYCIN HCL	1.5 G	VIAL	INTRAVEN	05/14/2026	7.50000
VARDENAFIL HCL	5 MG	TABLET	ORAL	10/19/2023	18.24830
VARDENAFIL HCL	10 MG	TABLET	ORAL	05/04/2023	17.10065
VARDENAFIL HCL	20 MG	TABLET	ORAL	10/02/2025	5.19726
VARDENAFIL HCL	2.5 MG	TABLET	ORAL	11/21/2024	16.34605
VARDENAFIL HCL	10 MG	TAB RAPDIS	ORAL	05/06/2022	18.99581
VARENICLINE TARTRATE	0.5 MG	TABLET	ORAL	07/02/2026	0.70613
VARENICLINE TARTRATE	1 MG	TABLET	ORAL	07/02/2026	1.24644
VARENICLINE TARTRATE	0.5 (11)-1	TAB DS PK	ORAL	07/02/2026	0.96531
VASOPRESSIN	20 UNIT/ML	VIAL	INTRAVEN	04/18/2024	14.49000
VECURONIUM BROMIDE	10 MG	VIAL	INTRAVEN	01/22/2026	3.13632
VECURONIUM BROMIDE	20 MG	VIAL	INTRAVEN	01/22/2026	6.17220
VENLAFAXINE HCL	37.5 MG	CAP ER 24H	ORAL	04/30/2026	0.08263
VENLAFAXINE HCL	75 MG	CAP ER 24H	ORAL	04/30/2026	0.09763
VENLAFAXINE HCL	150 MG	CAP ER 24H	ORAL	07/02/2026	0.15145
VENLAFAXINE HCL	37.5 MG	TAB ER 24	ORAL	01/22/2026	0.91418

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
VENLAFAXINE HCL	75 MG	TAB ER 24	ORAL	04/09/2026	0.79998
VENLAFAXINE HCL	150 MG	TAB ER 24	ORAL	01/29/2026	0.58737
VENLAFAXINE HCL	225 MG	TAB ER 24	ORAL	02/26/2026	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	12/23/2025	0.11578
VENLAFAXINE HCL	100 MG	TABLET	ORAL	12/23/2025	0.17098
VERAPAMIL HCL	100 MG	CAP24H PCT	ORAL	04/02/2026	3.96000
VERAPAMIL HCL	120 MG	CAP24H PEL	ORAL	03/06/2025	1.39239
VERAPAMIL HCL	240 MG	CAP24H PEL	ORAL	05/21/2026	2.93528
VERAPAMIL HCL	180 MG	CAP24H PEL	ORAL	05/14/2026	5.55447
VERAPAMIL HCL	120 MG	TABLET	ORAL	11/25/2025	0.08013
VERAPAMIL HCL	40 MG	TABLET	ORAL	05/14/2026	0.25393
VERAPAMIL HCL	80 MG	TABLET	ORAL	05/01/2025	0.05789
VERAPAMIL HCL	240 MG	TABLET ER	ORAL	07/02/2026	0.18811
VERAPAMIL HCL	180 MG	TABLET ER	ORAL	07/02/2026	0.21569
VERAPAMIL HCL	120 MG	TABLET ER	ORAL	07/02/2026	0.24870
VIGABATRIN	500 MG	POWD PACK	ORAL	04/07/2026	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	02/19/2026	0.70807
VILAZODONE HCL	40 MG	TABLET	ORAL	02/19/2026	0.74833
VINCRISTINE SULFATE	1 MG/ML	VIAL	INTRAVEN	07/13/2023	16.12800
VINCRISTINE SULFATE	2 MG/2 ML	VIAL	INTRAVEN	01/04/2024	10.37875
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

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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	05/05/2022	2.28669
VIT C/E/ZN/COPPR/LUTEIN/ZEAXAN	250MG-90MG	CAPSULE	ORAL	03/26/2026	0.10888
VITAMIN A	3000 MCG	CAPSULE	ORAL	12/18/2025	0.07142
VITAMIN A PALMITATE	3000 MCG	CAPSULE	ORAL	04/30/2026	0.04787
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	12/11/2025	0.07192
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 B COMPLEX/LYSINE	790MG/15ML	LIQUID	ORAL	07/17/2025	0.02289
VITAMIN E	268 MG	CAPSULE	ORAL	04/30/2026	0.18995
VITAMIN E (DL,TOCOPHERYL ACET)	450 MG	CAPSULE	ORAL	03/26/2026	0.19323
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
VITAMIN E (DL,TOCOPHERYL ACET)		OIL	TOPICAL	10/24/2024	0.18154
VITAMINS A AND D		OINT. (G)	TOPICAL	01/22/2026	0.01049
VITAMINS B1,B2,B3,B5,AND B6	100-2MG/ML	VIAL	INJECTION	04/02/2026	7.31320
VITB,C/CHOLINE/INOSITOL/BIOFLV	500 MG	TABLET	ORAL	11/06/2025	0.30780
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	05/21/2026	3.96018
VORICONAZOLE	50 MG	TABLET	ORAL	02/19/2026	1.78667
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	05/14/2026	0.13266
WARFARIN SODIUM	2.5 MG	TABLET	ORAL	05/14/2026	0.12072
WARFARIN SODIUM	2 MG	TABLET	ORAL	06/11/2026	0.09889
WARFARIN SODIUM	5 MG	TABLET	ORAL	05/14/2026	0.11745

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
WARFARIN SODIUM	7.5 MG	TABLET	ORAL	06/11/2026	0.14070
WARFARIN SODIUM	1 MG	TABLET	ORAL	10/09/2025	0.06037
WARFARIN SODIUM	3 MG	TABLET	ORAL	02/19/2026	0.09152
WARFARIN SODIUM	4 MG	TABLET	ORAL	05/14/2026	0.10881
WARFARIN SODIUM	6 MG	TABLET	ORAL	05/14/2026	0.12770
WATER		LIQUID	ORAL	11/07/2024	0.02934
WATER FOR INJ.,BACTERIOSTATIC		VIAL	INJECTION	04/02/2026	0.20993
WATER FOR INJECTION,STERILE	100 %	SYRINGE	INJECTION	04/02/2026	0.33379
WATER FOR INJECTION,STERILE	100 %	VIAL	INJECTION	06/18/2026	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
ZAFIRLUKAST	20 MG	TABLET	ORAL	07/18/2024	1.30181
ZAFIRLUKAST	10 MG	TABLET	ORAL	10/02/2025	1.14123
ZALEPLON	5 MG	CAPSULE	ORAL	05/05/2022	0.20435
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	07/24/2025	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	10/24/2024	1.90484
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	06/18/2026	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	03/20/2025	0.01988

Report ID: DC_0220_1
Run Date: 07/03/26

District of Columbia 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
ZINC SULFATE	1 MG/ML	VIAL	INTRAVEN	03/26/2026	0.84420
ZINC SULFATE	5 MG/ML	VIAL	INTRAVEN	03/26/2026	3.99168
ZIPRASIDONE HCL	20 MG	CAPSULE	ORAL	12/18/2025	0.35979
ZIPRASIDONE HCL	40 MG	CAPSULE	ORAL	12/18/2025	0.41093
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	11/13/2025	1.38439
ZOLEDRONIC ACID/MANNITOL-WATER	5 MG/100ML	PGGYBK BTL	INTRAVEN	11/13/2025	1.16044
ZOLMITRIPTAN	2.5 MG	TABLET	ORAL	06/18/2026	1.05804
ZOLMITRIPTAN	5 MG	TABLET	ORAL	04/03/2025	2.21100
ZOLMITRIPTAN	2.5 MG	TAB RAPDIS	ORAL	07/18/2024	5.57530
ZOLMITRIPTAN	5 MG	TAB RAPDIS	ORAL	12/18/2025	5.99440
ZOLMITRIPTAN	5 MG	SPRAY	NASAL	05/05/2022	57.11727
ZOLMITRIPTAN	2.5 MG	SPRAY	NASAL	04/03/2025	108.12213
ZOLPIDEM TARTRATE	5 MG	TABLET	ORAL	03/05/2026	0.03819
ZOLPIDEM TARTRATE	10 MG	TABLET	ORAL	12/18/2025	0.04422
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
ZONISAMIDE	100 MG	CAPSULE	ORAL	01/29/2026	0.16643
ZONISAMIDE	25 MG	CAPSULE	ORAL	09/21/2023	0.14740
ZONISAMIDE	50 MG	CAPSULE	ORAL	04/03/2025	0.20584