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	10/22/2026	0.22369
0.9 % SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	11/05/2026	0.09481
0.9 % SODIUM CHLORIDE	0.9 %	SPRAY	NASAL	09/10/2026	0.09333
0.9 % SODIUM CHLORIDE	0.9 %	IV SOLN	INTRAVEN	08/27/2026	0.00384
ABACAVIR SULFATE	20 MG/ML	SOLUTION	ORAL	05/14/2026	0.77809
ABACAVIR SULFATE	300 MG	TABLET	ORAL	08/13/2026	0.81539
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	08/27/2026	5.60070
ACAMPROSATE CALCIUM	333 MG	TABLET DR	ORAL	10/29/2026	0.87576
ACARBOSE	100 MG	TABLET	ORAL	09/24/2026	0.47423
ACARBOSE	50 MG	TABLET	ORAL	03/12/2026	0.24415
ACARBOSE	25 MG	TABLET	ORAL	03/12/2026	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	11/05/2026	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

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

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	650 MG	TABLET ER	ORAL	10/22/2026	0.04543
ACETAMINOPHEN	120 MG	SUPP.RECT	RECTAL	11/21/2024	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	10/29/2026	0.08710
ACETAMINOPHEN	500MG/50ML	PIGGYBACK	INTRAVEN	09/10/2026	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	10/15/2026	0.06416
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	09/17/2026	12.10000
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	10/22/2026	1.11767
ACETYLCYSTEINE	100 MG/ML	VIAL	MISCELL	02/05/2026	0.88303
ACETYLCYSTEINE	200 MG/ML	VIAL	MISCELL	10/01/2026	0.21412
ACITRETIN	10 MG	CAPSULE	ORAL	09/30/2025	5.36914

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

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
ACITRETIN	25 MG	CAPSULE	ORAL	06/18/2025	3.20832
ACITRETIN	17.5 MG	CAPSULE	ORAL	10/02/2025	12.83333
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	10/29/2026	0.11457
ACYCLOVIR	200 MG/5ML	ORAL SUSP	ORAL	07/09/2026	0.16836
ACYCLOVIR	800 MG	TABLET	ORAL	09/17/2026	0.25020
ACYCLOVIR	400 MG	TABLET	ORAL	09/03/2026	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	08/20/2026	0.27693
ADAPALENE	0.3 %	GEL (GRAM)	TOPICAL	08/20/2026	0.93294
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	08/20/2026	8.78400
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	09/24/2026	0.09454

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

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
ALBUTEROL SULFATE	0.63MG/3ML	VIAL-NEB	INHALATION	09/24/2026	0.26836
ALBUTEROL SULFATE	1.25MG/3ML	VIAL-NEB	INHALATION	09/24/2026	0.27211
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
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	10/22/2026	0.02966
ALLOPURINOL	300 MG	TABLET	ORAL	07/16/2026	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	07/23/2026	27.31283
ALMOTRIPTAN MALATE	6.25 MG	TABLET	ORAL	07/23/2026	24.75550
ALOSETRON HCL	1 MG	TABLET	ORAL	10/22/2026	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

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

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	1 MG	TAB ER 24H	ORAL	10/02/2025	0.41942
ALPRAZOLAM	2 MG	TAB ER 24H	ORAL	10/02/2025	0.65012
ALPRAZOLAM	3 MG	TAB ER 24H	ORAL	04/03/2025	0.62533
ALPRAZOLAM	0.25 MG	TAB RAPDIS	ORAL	10/23/2025	1.46033
ALPRAZOLAM	0.5 MG	TAB RAPDIS	ORAL	09/18/2025	1.81945
ALPRAZOLAM	1 MG	TAB RAPDIS	ORAL	12/18/2025	2.42754
ALPRAZOLAM	2 MG	TAB RAPDIS	ORAL	05/06/2022	4.06600
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	10/15/2026	0.15391
AMANTADINE HCL	50 MG/5 ML	SOLUTION	ORAL	08/20/2026	0.08785
AMANTADINE HCL	100 MG	TABLET	ORAL	09/24/2026	0.55117
AMBRISENTAN	5 MG	TABLET	ORAL	06/18/2026	21.00805
AMBRISENTAN	10 MG	TABLET	ORAL	09/03/2026	9.89422
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	07/16/2026	0.38686
AMINO ACIDS		POWDER	ORAL	09/03/2026	0.18713
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	10/22/2026	0.15633
AMIODARONE HCL	100 MG	TABLET	ORAL	08/20/2026	1.12247
AMIODARONE HCL	400 MG	TABLET	ORAL	05/05/2022	1.35273
AMIODARONE HCL	50 MG/ML	VIAL	INTRAVEN	12/18/2025	0.88887

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

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
AMITRIPTYLINE HCL	10 MG	TABLET	ORAL	10/22/2026	0.04598
AMITRIPTYLINE HCL	100 MG	TABLET	ORAL	10/22/2026	0.23410
AMITRIPTYLINE HCL	150 MG	TABLET	ORAL	10/22/2026	0.41259
AMITRIPTYLINE HCL	25 MG	TABLET	ORAL	10/22/2026	0.06030
AMITRIPTYLINE HCL	50 MG	TABLET	ORAL	10/22/2026	0.07544
AMITRIPTYLINE HCL	75 MG	TABLET	ORAL	10/22/2026	0.21775
AMLODIPINE BES/OLMESARTAN MED	5 MG-20 MG	TABLET	ORAL	09/24/2026	0.56012
AMLODIPINE BES/OLMESARTAN MED	10 MG-20MG	TABLET	ORAL	10/02/2025	0.50920
AMLODIPINE BES/OLMESARTAN MED	5 MG-40 MG	TABLET	ORAL	09/24/2026	0.83929
AMLODIPINE BES/OLMESARTAN MED	10 MG-40MG	TABLET	ORAL	12/18/2025	0.57218
AMLODIPINE BESYLATE	2.5 MG	TABLET	ORAL	10/08/2026	0.01702
AMLODIPINE BESYLATE	5 MG	TABLET	ORAL	10/29/2026	0.01589
AMLODIPINE BESYLATE	10 MG	TABLET	ORAL	10/08/2026	0.01970
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-20 MG	CAPSULE	ORAL	02/19/2026	0.19234
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-10 MG	CAPSULE	ORAL	10/22/2026	0.14652
AMLODIPINE BESYLATE/BENAZEPRIL	2.5MG-10MG	CAPSULE	ORAL	10/08/2026	0.24736
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-20MG	CAPSULE	ORAL	10/08/2026	0.22493
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-40 MG	CAPSULE	ORAL	10/22/2026	0.27081
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-40MG	CAPSULE	ORAL	10/15/2026	0.17688
AMLODIPINE BESYLATE/VALSARTAN	5 MG-160MG	TABLET	ORAL	10/15/2026	0.65749
AMLODIPINE BESYLATE/VALSARTAN	10MG-160MG	TABLET	ORAL	10/15/2026	0.46766
AMLODIPINE BESYLATE/VALSARTAN	5 MG-320MG	TABLET	ORAL	10/15/2026	0.75591
AMLODIPINE BESYLATE/VALSARTAN	10MG-320MG	TABLET	ORAL	10/15/2026	0.75591
AMLODIPINE/ATORVASTATIN	5 MG-10 MG	TABLET	ORAL	09/10/2026	3.30000
AMLODIPINE/ATORVASTATIN	5 MG-20 MG	TABLET	ORAL	10/01/2026	1.86037
AMLODIPINE/ATORVASTATIN	5 MG-40 MG	TABLET	ORAL	10/01/2026	3.93624
AMLODIPINE/ATORVASTATIN	5 MG-80 MG	TABLET	ORAL	10/01/2026	3.49712
AMLODIPINE/ATORVASTATIN	10 MG-10MG	TABLET	ORAL	10/08/2026	3.54904

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

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/ATORVASTATIN	10 MG-20MG	TABLET	ORAL	05/07/2026	0.96012
AMLODIPINE/ATORVASTATIN	10 MG-40MG	TABLET	ORAL	10/01/2026	3.96132
AMLODIPINE/ATORVASTATIN	10 MG-80MG	TABLET	ORAL	10/01/2026	5.06528
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	08/20/2026	7.43720
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	09/24/2026	4.94604
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	10/15/2026	0.06767
AMOXICILLIN	500 MG	CAPSULE	ORAL	10/15/2026	0.10050
AMOXICILLIN	125 MG/5ML	SUSP RECON	ORAL	09/24/2026	0.03618
AMOXICILLIN	250 MG/5ML	SUSP RECON	ORAL	09/03/2026	0.04070
AMOXICILLIN	400 MG/5ML	SUSP RECON	ORAL	02/19/2026	0.03362
AMOXICILLIN	200 MG/5ML	SUSP RECON	ORAL	09/10/2026	0.06700
AMOXICILLIN	500 MG	TABLET	ORAL	08/13/2026	0.17433
AMOXICILLIN	875 MG	TABLET	ORAL	08/13/2026	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	07/09/2026	0.23727

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

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
AMOXICILLIN/POTASSIUM CLAV	400-57MG/5	SUSP RECON	ORAL	09/17/2026	0.06932
AMOXICILLIN/POTASSIUM CLAV	200-28.5/5	SUSP RECON	ORAL	09/17/2026	0.06244
AMOXICILLIN/POTASSIUM CLAV	600-42.9/5	SUSP RECON	ORAL	08/20/2026	0.06298
AMOXICILLIN/POTASSIUM CLAV	250-125 MG	TABLET	ORAL	12/11/2025	2.68708
AMOXICILLIN/POTASSIUM CLAV	500-125 MG	TABLET	ORAL	09/03/2026	0.45694
AMOXICILLIN/POTASSIUM CLAV	875-125 MG	TABLET	ORAL	10/22/2026	0.29480
AMOXICILLIN/POTASSIUM CLAV	1000-62.5	TAB ER 12H	ORAL	01/22/2026	4.42294
AMPHETAMINE	3.1 MG	TAB RAP BP	ORAL	08/20/2026	19.49710
AMPHETAMINE	6.3 MG	TAB RAP BP	ORAL	08/20/2026	19.49710
AMPHETAMINE	9.4 MG	TAB RAP BP	ORAL	08/20/2026	19.49710
AMPHETAMINE	18.8 MG	TAB RAP BP	ORAL	08/20/2026	19.49710
AMPHETAMINE SULFATE	10 MG	TABLET	ORAL	08/20/2026	1.15039
AMPHETAMINE SULFATE	5 MG	TABLET	ORAL	07/02/2026	1.43903
AMPHOTERICIN B LIPOSOME	50 MG	VIAL	INTRAVEN	08/06/2026	204.30300
AMPICILLIN SOD/SULBACTAM SOD	1.5 G	VIAL	INJECTION	11/13/2025	2.68620
AMPICILLIN SOD/SULBACTAM SOD	3 G	VIAL	INJECTION	09/10/2026	2.54131
AMPICILLIN SOD/SULBACTAM SOD	15 G	VIAL	INJECTION	07/16/2026	22.82280
AMPICILLIN SODIUM	1 G	VIAL	INJECTION	06/04/2026	2.13060
AMPICILLIN SODIUM	10 G	VIAL	INJECTION	08/20/2026	17.85000
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	09/03/2026	0.14105
ANISE OIL		OIL	MISCELL	01/08/2026	0.53622
ANTI-INHIBITOR COAGULANT COMP.	1750-3250	VIAL	INTRAVEN	05/05/2022	1.82600

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

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
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
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

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

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,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
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

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

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
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
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	09/17/2026	209.12050
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

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

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
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	08/06/2026	0.10943
ARIPIPRAZOLE	15 MG	TABLET	ORAL	03/05/2026	0.07773
ARIPIPRAZOLE	20 MG	TABLET	ORAL	07/30/2026	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	10/22/2026	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	07/09/2026	3.53681
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	10/29/2026	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	10/08/2026	0.04951
ASCORBIC ACID	500 MG	TAB CHEW	ORAL	09/24/2026	0.03946
ASCORBIC ACID	125 MG	TAB CHEW	ORAL	04/02/2026	0.09090
ASCORBIC ACID	1000 MG	TABLET ER	ORAL	02/19/2026	0.04627
ASCORBIC ACID	500 MG	TABLET ER	ORAL	09/24/2026	0.04866
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

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

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
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	07/09/2026	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	09/24/2026	0.19486
ASPIRIN/DIPYRIDAMOLE	25MG-200MG	CPMP 12HR	ORAL	09/24/2026	1.46149
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	08/20/2026	3.15986
ATAZANAVIR SULFATE	300 MG	CAPSULE	ORAL	08/20/2026	4.15624
ATENOLOL	100 MG	TABLET	ORAL	09/24/2026	0.04288
ATENOLOL	50 MG	TABLET	ORAL	09/10/2026	0.03069
ATENOLOL	25 MG	TABLET	ORAL	10/22/2026	0.02747
ATENOLOL/CHLORTHALIDONE	100MG-25MG	TABLET	ORAL	09/24/2026	0.49995
ATENOLOL/CHLORTHALIDONE	50 MG-25MG	TABLET	ORAL	10/29/2026	0.36073
ATOMOXETINE HCL	10 MG	CAPSULE	ORAL	10/29/2026	0.69010
ATOMOXETINE HCL	18 MG	CAPSULE	ORAL	10/29/2026	0.44711
ATOMOXETINE HCL	25 MG	CAPSULE	ORAL	10/29/2026	0.55565
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	10/29/2026	0.83750
ATOMOXETINE HCL	100 MG	CAPSULE	ORAL	10/29/2026	0.81874
ATORVASTATIN CALCIUM	10 MG	TABLET	ORAL	09/24/2026	0.01924
ATORVASTATIN CALCIUM	20 MG	TABLET	ORAL	05/05/2022	0.02353
ATORVASTATIN CALCIUM	40 MG	TABLET	ORAL	07/30/2026	0.04021

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

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	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	10/08/2026	1.60492
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	08/27/2026	15.97050
AZATHIOPRINE	50 MG	TABLET	ORAL	07/16/2026	0.24723
AZATHIOPRINE	75 MG	TABLET	ORAL	10/22/2026	15.15896
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	10/22/2026	0.33857
AZELASTINE HCL	205.5 MCG	SPRAY/PUMP	NASAL	09/05/2024	0.80400
AZELASTINE/FLUTICASONE	137-50 MCG	SPRAY/PUMP	NASAL	08/20/2026	3.30746
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	08/13/2026	0.29927
AZITHROMYCIN	250 MG	TABLET	ORAL	08/06/2026	0.20100
AZITHROMYCIN	600 MG	TABLET	ORAL	10/23/2025	1.66026
AZITHROMYCIN	500 MG	VIAL	INTRAVEN	07/24/2025	3.66168

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

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	10/08/2026	0.07497
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/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 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	10/22/2026	1.27320
BACLOFEN	10 MG/5 ML	SOLUTION	ORAL	06/11/2026	4.36062
BACLOFEN	10 MG	TABLET	ORAL	10/22/2026	0.04200
BACLOFEN	20 MG	TABLET	ORAL	08/20/2026	0.07864
BACLOFEN	5 MG	TABLET	ORAL	07/30/2026	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	10/22/2026	0.07115
BENAZEPRIL HCL	10 MG	TABLET	ORAL	08/06/2026	0.10814

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

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	08/06/2026	0.09857
BENAZEPRIL HCL	40 MG	TABLET	ORAL	08/06/2026	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	07/16/2026	102.64350
BENDAMUSTINE HCL	100 MG	VIAL	INTRAVEN	09/24/2026	527.21900
BENDAMUSTINE HCL	25 MG/ML	VIAL	INTRAVEN	09/17/2026	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	10/08/2026	0.00958
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	10/08/2026	0.49178
BENZOIN		TINCTURE	TOPICAL	08/06/2026	0.29151
BENZONATATE	100 MG	CAPSULE	ORAL	10/15/2026	0.07598
BENZONATATE	200 MG	CAPSULE	ORAL	10/15/2026	0.09916
BENZOYL PEROXIDE	9.8 %	FOAM	TOPICAL	04/02/2026	7.85046

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

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	10 %	BAR	TOPICAL	05/08/2025	5.39306
BENZOYL PEROXIDE	10 %	GEL (GRAM)	TOPICAL	07/09/2026	0.07370
BENZOYL PEROXIDE	2.5 %	GEL (GRAM)	TOPICAL	10/22/2026	0.16981
BENZOYL PEROXIDE	5 %	GEL (GRAM)	TOPICAL	03/05/2026	0.06526
BENZOYL PEROXIDE	10 %	CLEANSER	TOPICAL	10/22/2026	0.06408
BENZOYL PEROXIDE	5 %	CLEANSER	TOPICAL	10/08/2026	0.02951
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	10/01/2026	0.11166
BENZTROPINE MESYLATE	1 MG	TABLET	ORAL	08/20/2026	0.11407
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	07/09/2026	10.03950
BETA-CAROTENE	7500 MCG	CAPSULE	ORAL	09/17/2026	0.06693
BETA-GLUCAN	250 MG	CAPSULE	ORAL	09/03/2026	0.93311
BETAMETHASONE ACETATE,SOD PHOS	6 MG/ML	VIAL	INJECTION	05/07/2026	9.17700
BETAMETHASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	10/22/2026	0.81740
BETAMETHASONE DIPROPIONATE	0.05 %	OINT. (G)	TOPICAL	08/20/2026	0.69412
BETAMETHASONE DIPROPIONATE	0.05 %	LOTION	TOPICAL	04/03/2025	0.66665
BETAMETHASONE VALERATE	0.12 %	FOAM	TOPICAL	07/09/2026	0.69600
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	10/29/2026	0.24495
BETAMETHASONE/PROPYLENE GLYC	0.05 %	OINT. (G)	TOPICAL	09/24/2026	0.96266
BETAMETHASONE/PROPYLENE GLYC	0.05 %	LOTION	TOPICAL	02/26/2026	0.47391
BETAXOLOL HCL	10 MG	TABLET	ORAL	08/24/2023	0.82410

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

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
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	09/17/2026	14.81687
BEXAROTENE	1 %	GEL (GRAM)	TOPICAL	02/19/2026	323.17037
BICALUTAMIDE	50 MG	TABLET	ORAL	07/16/2026	0.51255
BIMATOPROST	0.03 %	DROP W/APP	TOPICAL	02/23/2023	18.90000
BIMATOPROST	0.03 %	DROPS	OPHTHALMIC	07/16/2026	16.17420
BIOFLAV,LEMON/VIT BCOMP,C	200-100 MG	TABLET	ORAL	05/25/2023	0.22341
BIOTIN	10000 MCG	CAPSULE	ORAL	10/22/2026	0.26773
BIOTIN	5 MG	CAPSULE	ORAL	10/29/2026	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	08/06/2026	0.01267
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	08/20/2026	0.31249
BISOPROLOL FUMARATE	5 MG	TABLET	ORAL	11/05/2026	0.18412
BISOPROLOL/HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	ORAL	11/14/2024	0.15531

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

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
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	10/01/2026	35.21275
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	10/22/2026	28.97675
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	10/29/2026	0.62980
BRIMONIDINE TARTRATE	0.15 %	DROPS	OPHTHALMIC	02/19/2026	9.68010
BRIMONIDINE TARTRATE	0.1 %	DROPS	OPHTHALMIC	09/17/2026	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	10/22/2026	0.27604
BRIVARACETAM	25 MG	TABLET	ORAL	08/20/2026	0.30061
BRIVARACETAM	75 MG	TABLET	ORAL	10/22/2026	0.71422
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	07/09/2026	44.67794
BROMFENAC SODIUM	0.07 %	DROPS	OPHTHALMIC	09/24/2026	51.24317
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

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

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
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	07/23/2026	0.02422
BROMPHENIRAMINE/PHENYLEPHRINE	1-2.5 MG/5	SOLUTION	ORAL	05/05/2022	0.04110
BROMPHENIRAMINE/PSEUDOEPHED/DM	2-30-10/5	SYRUP	ORAL	10/22/2026	0.08601
BUDESONIDE	3 MG	CAPDR - ER	ORAL	09/24/2026	0.74450
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	10/22/2026	1.31672
BUDESONIDE	1 MG/2 ML	AMPUL-NEB	INHALATION	10/15/2026	3.03358
BUDESONIDE	0.25MG/2ML	AMPUL-NEB	INHALATION	09/24/2026	0.89222
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	09/24/2026	19.94279
BUDESONIDE/FORMOTEROL FUMARATE	160-4.5MCG	HFA AER AD	INHALATION	08/07/2025	20.40294
BUMETANIDE	0.5 MG	TABLET	ORAL	10/22/2026	0.15584
BUMETANIDE	1 MG	TABLET	ORAL	08/28/2025	0.21011
BUMETANIDE	2 MG	TABLET	ORAL	11/05/2026	0.11011
BUMETANIDE	0.25 MG/ML	VIAL	INJECTION	10/29/2026	0.28475
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

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

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
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	09/24/2026	104.64738
BUPRENORPHINE	15 MCG/HR	PATCH TDWK	TRANSDERM	09/24/2026	72.62894
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
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	09/17/2026	1.23057
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	TAB SUBL	SUBLINGUAL	09/17/2026	1.24754
BUPROPION HCL	75 MG	TABLET	ORAL	10/08/2026	0.15062
BUPROPION HCL	100 MG	TABLET	ORAL	10/22/2026	0.18894
BUPROPION HCL	150 MG	TAB ER 24H	ORAL	10/08/2026	0.06872
BUPROPION HCL	300 MG	TAB ER 24H	ORAL	10/22/2026	0.08799
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	10/01/2026	0.08579
BUPROPION HCL	200 MG	TAB SR 12H	ORAL	10/08/2026	0.13829
BUSPIRONE HCL	10 MG	TABLET	ORAL	11/05/2026	0.04055
BUSPIRONE HCL	5 MG	TABLET	ORAL	08/13/2026	0.03586
BUSPIRONE HCL	15 MG	TABLET	ORAL	11/05/2026	0.05172
BUSPIRONE HCL	30 MG	TABLET	ORAL	06/18/2026	0.15879

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

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
BUSPIRONE HCL	7.5 MG	TABLET	ORAL	10/29/2026	0.12623
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	10/22/2026	0.19711
BUTALBIT/ACETAMIN/CAFF/CODEINE	50-325-30	CAPSULE	ORAL	05/05/2022	1.08590
BUTALBIT/ACETAMIN/CAFF/CODEINE	50-300-30	CAPSULE	ORAL	10/29/2026	10.80046
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	10/01/2026	6.59016
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
CABERGOLINE	0.5 MG	TABLET	ORAL	09/24/2026	2.95185
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	11/05/2026	2.36733
CALAMINE/ZINC OXIDE	8 %-8 %	LOTION	TOPICAL	10/09/2025	0.00810
CALCIPOTRIENE	0.005 %	CREAM (G)	TOPICAL	09/24/2026	1.29143
CALCIPOTRIENE	0.005 %	OINT. (G)	TOPICAL	11/13/2025	2.50089
CALCIPOTRIENE	0.005 %	SOLUTION	TOPICAL	07/09/2026	12.83449
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION	TOPICAL	07/09/2026	3.77234
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)	TOPICAL	10/02/2025	2.71458
CALCITONIN,SALMON,SYNTHETIC	200/ML	VIAL	INJECTION	09/24/2026	179.37500
CALCITONIN,SALMON,SYNTHETIC	200/SPRAY	SPRAY/PUMP	NASAL	05/05/2022	8.69400
CALCITRIOL	0.25 MCG	CAPSULE	ORAL	10/08/2026	0.14517
CALCITRIOL	0.5 MCG	CAPSULE	ORAL	10/15/2026	0.26800

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

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
CALCITRIOL	1 MCG/ML	SOLUTION	ORAL	05/21/2026	11.34207
CALCIUM ACETATE	667 MG	CAPSULE	ORAL	09/24/2026	0.23115
CALCIUM ACETATE	667 MG	TABLET	ORAL	10/22/2026	0.28656
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	08/06/2026	0.16566
CALCIUM CARBONATE	500(1250)	TABLET	ORAL	10/01/2026	0.01415
CALCIUM CARBONATE	600 MG	TABLET	ORAL	11/05/2026	0.06075
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	09/17/2026	0.09592
CALCIUM CARBONATE/VITAMIN D3	600MG-12.5	CAPSULE	ORAL	10/08/2026	0.08033
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	10/22/2026	0.06834
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	12/11/2025	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	08/06/2026	0.06874

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

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 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	09/03/2026	0.35196
CALCIUM PHOSPHATE DIBAS/VIT D3	100MG-3MCG	TABLET	ORAL	10/22/2026	0.09702
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	08/20/2026	0.92058
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	11/05/2026	0.22780
CAPECITABINE	500 MG	TABLET	ORAL	02/19/2026	0.48162
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	07/30/2026	1.10267
CAPSAICIN	0.035 %	ADH. PATCH	TOPICAL	09/30/2025	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	10/29/2026	1.14423

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

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
CAPTOPRIL	12.5 MG	TABLET	ORAL	06/11/2026	0.71690
CAPTOPRIL	25 MG	TABLET	ORAL	10/29/2026	0.43027
CAPTOPRIL	50 MG	TABLET	ORAL	10/29/2026	0.59844
CARBAMAZEPINE	200 MG	CPMP 12HR	ORAL	09/03/2026	2.25681
CARBAMAZEPINE	300 MG	CPMP 12HR	ORAL	09/03/2026	2.25681
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	11/05/2026	0.40106
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	07/23/2026	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
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	07/23/2026	1.09411
CARBIDOPA/LEVODOPA/ENTACAPONE	25-100-200	TABLET	ORAL	09/03/2026	1.12399
CARBIDOPA/LEVODOPA/ENTACAPONE	12.5-50 MG	TABLET	ORAL	07/30/2026	1.24593
CARBIDOPA/LEVODOPA/ENTACAPONE	50-200-200	TABLET	ORAL	09/24/2026	1.17330
CARBIDOPA/LEVODOPA/ENTACAPONE	18.75-75MG	TABLET	ORAL	07/30/2026	1.09049
CARBIDOPA/LEVODOPA/ENTACAPONE	31.25-125	TABLET	ORAL	07/30/2026	0.57918

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

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
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	10/08/2026	0.56637
CARBOPROST TROMETHAMINE	250 MCG/ML	VIAL	INTRAMUSC	09/24/2026	26.13750
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
CARIPRAZINE HCL	1.5 MG	CAPSULE	ORAL	08/13/2026	28.24183
CARISOPRODOL	350 MG	TABLET	ORAL	07/30/2026	0.03953
CARISOPRODOL	250 MG	TABLET	ORAL	11/28/2023	1.79500
CARMUSTINE	100 MG	VIAL	INTRAVEN	07/16/2026	236.95950
CARVEDILOL	25 MG	TABLET	ORAL	08/20/2026	0.03484
CARVEDILOL	12.5 MG	TABLET	ORAL	10/08/2026	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
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

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

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
CEFADROXIL	500 MG	CAPSULE	ORAL	03/12/2026	0.32937
CEFADROXIL	250 MG/5ML	SUSP RECON	ORAL	10/01/2026	0.26251
CEFADROXIL	500 MG/5ML	SUSP RECON	ORAL	09/29/2026	0.17199
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	10/22/2026	0.13400
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	10/29/2026	17.23575
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	07/23/2026	0.57741
CEFPODOXIME PROXETIL	100 MG/5ML	SUSP RECON	ORAL	05/06/2022	1.09853
CEFPODOXIME PROXETIL	100 MG	TABLET	ORAL	11/13/2025	3.14688
CEFPODOXIME PROXETIL	200 MG	TABLET	ORAL	10/29/2026	2.66124
CEFPROZIL	125 MG/5ML	SUSP RECON	ORAL	01/22/2026	0.27979
CEFPROZIL	250 MG/5ML	SUSP RECON	ORAL	08/13/2026	0.17179
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

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

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
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	09/03/2026	1.80900
CEFUROXIME SODIUM	1.5 G	VIAL	INTRAVEN	09/14/2023	5.52925
CELECOXIB	100 MG	CAPSULE	ORAL	10/29/2026	0.09281
CELECOXIB	200 MG	CAPSULE	ORAL	10/29/2026	0.10846
CELECOXIB	400 MG	CAPSULE	ORAL	10/29/2026	0.20100
CELECOXIB	50 MG	CAPSULE	ORAL	08/27/2026	0.11814
CELLULOSE	80 %	POWDER	ORAL	07/09/2026	0.05276
CELLULOSE		POWDER	MISCELL	01/08/2026	0.06392
CEPHALEXIN	250 MG	CAPSULE	ORAL	10/29/2026	0.11017
CEPHALEXIN	500 MG	CAPSULE	ORAL	09/10/2026	0.18883
CEPHALEXIN	750 MG	CAPSULE	ORAL	09/10/2026	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	10/29/2026	0.16931

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

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
CETIRIZINE HCL	5 MG	TAB CHEW	ORAL	11/30/2023	1.65467
CETIRIZINE HCL	10 MG	TAB CHEW	ORAL	01/02/2025	1.21047
CETIRIZINE HCL/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	07/09/2026	0.96201
CETYL ALC/STEARYL ALC/PG/SLS		CREAM (G)	TOPICAL	05/06/2022	0.03596
CEVIMELINE HCL	30 MG	CAPSULE	ORAL	09/10/2026	1.04466
CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	ORAL	07/16/2026	0.22405
CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	ORAL	10/22/2026	0.36234
CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	ORAL	10/02/2025	0.38152
CHLORDIAZEPOXIDE/CLIDINIUM BR	5 MG-2.5MG	CAPSULE	ORAL	02/26/2026	0.89204
CHLORHEXIDINE GLUCONATE	0.12 %	MOUTHWASH	MUCOUS MEM	09/24/2026	0.01682
CHLORHEXIDINE GLUCONATE	4 %	LIQUID	TOPICAL	03/19/2026	0.02839
CHLORHEXIDINE GLUCONATE	2 %	LIQUID	TOPICAL	07/09/2026	0.03134
CHLOROPROCAINE HCL/PF	30 MG/ML	VIAL	INJECTION	05/19/2022	1.34938
CHLOROPROCAINE HCL/PF	20 MG/ML	VIAL	INJECTION	05/19/2022	1.28506
CHLOROQUINE PHOSPHATE	250 MG	TABLET	ORAL	02/19/2026	4.71662
CHLOROQUINE PHOSPHATE	500 MG	TABLET	ORAL	10/02/2025	10.05100
CHLOROTHIAZIDE SODIUM	500 MG	VIAL	INTRAVEN	07/14/2022	30.84840
CHLOROXYLENOL	0.43 %	CLEANSER	TOPICAL	05/06/2022	0.00333
CHLORPHENIR/PHENYLEPH/ASPIRIN	2-7.8-325	TABLET EFF	ORAL	08/27/2026	0.20332
CHLORPHENIRAMINE MALEATE	4 MG	TABLET	ORAL	02/19/2026	0.00804
CHLORPHENIRAMINE/DEXTROMETHORP	4 MG-30 MG	TABLET	ORAL	07/17/2025	0.08599
CHLORPHENIRAMINE/PHENYLEPH/DM	2-5-10MG/5	LIQUID	ORAL	10/30/2025	0.02224
CHLORPHENIRAMINE/PHENYLEPH/DM	4-10-15/5	LIQUID	ORAL	08/06/2026	0.10306
CHLORPHENIRAMINE/PHENYLEPHRINE	1-2.5 MG/5	LIQUID	ORAL	12/04/2025	0.06643
CHLORPROMAZINE HCL	10 MG	TABLET	ORAL	07/03/2025	0.38900
CHLORPROMAZINE HCL	100 MG	TABLET	ORAL	09/10/2026	1.43983
CHLORPROMAZINE HCL	200 MG	TABLET	ORAL	09/10/2026	0.93117
CHLORPROMAZINE HCL	25 MG	TABLET	ORAL	09/10/2026	0.36896

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

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	09/10/2026	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	10/22/2026	0.04608
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)	125 MCG	CAPSULE	ORAL	10/22/2026	0.03390
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	CAPSULE	ORAL	10/29/2026	0.15520
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	CAPSULE	ORAL	09/04/2025	0.17532
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	CAPSULE	ORAL	07/16/2026	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	09/03/2026	0.38147
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	10/29/2026	0.05025
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	TABLET	ORAL	08/28/2025	0.73700
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TAB CHEW	ORAL	10/15/2026	0.03410
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

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

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	POWD PACK	ORAL	07/03/2024	0.77117
CHOLESTYRAMINE	4 G	POWDER	ORAL	02/26/2026	0.12648
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWD PACK	ORAL	09/10/2026	0.91410
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWDER	ORAL	09/10/2026	0.08418
CHORIONIC GONADOTROPIN, HUMAN	10000 UNIT	VIAL	INTRAMUSC	05/05/2022	257.27500
CHROMIC CHLORIDE	4 MCG/ML	VIAL	INTRAVEN	07/23/2026	1.52666
CHROMIUM PICOLINATE	200 MCG	TABLET	ORAL	10/15/2026	0.05353
CICLOPIROX	0.77 %	GEL (GRAM)	TOPICAL	04/30/2026	0.93934
CICLOPIROX	8 %	SOLUTION	TOPICAL	05/21/2026	2.67594
CICLOPIROX	1 %	SHAMPOO	TOPICAL	10/22/2026	0.41596
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	09/24/2026	0.76067
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	09/24/2026	0.16817
CIPROFLOXACIN HCL	500 MG	TABLET	ORAL	10/15/2026	0.27449
CIPROFLOXACIN HCL	750 MG	TABLET	ORAL	04/16/2026	0.64829

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

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 HCL	0.3 %	DROPS	OPHTHALMIC	09/03/2026	2.51652
CIPROFLOXACIN HCL	0.2 %	DROPERETTE	OTIC (EAR)	09/03/2026	21.92550
CIPROFLOXACIN HCL/DEXAMETH	0.3 %-0.1%	DROPS SUSP	OTIC (EAR)	02/26/2026	8.61000
CIPROFLOXACIN IN 5 % DEXTROSE	200MG/0.1L	PIGGYBACK	INTRAVEN	08/13/2026	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)	12/11/2025	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	11/05/2026	0.31334
CITALOPRAM HYDROBROMIDE	20 MG	TABLET	ORAL	05/05/2022	0.02737
CITALOPRAM HYDROBROMIDE	40 MG	TABLET	ORAL	08/20/2026	0.04301
CITALOPRAM HYDROBROMIDE	10 MG	TABLET	ORAL	07/23/2026	0.03897
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	08/06/2026	4158.31225
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	08/27/2026	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	09/17/2026	0.39021
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	09/24/2026	0.75784
CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL W/PUMP	TOPICAL	10/17/2024	0.64052

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

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 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
CLINDAMYCIN PHOSPHATE	1 %	GEL (GRAM)	TOPICAL	09/24/2026	0.20167
CLINDAMYCIN PHOSPHATE	1 %	SOLUTION	TOPICAL	07/23/2026	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	07/09/2026	5.93005
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	10/01/2026	0.65593
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	10/22/2026	0.18700
CLOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	07/09/2026	0.13132
CLOBETASOL PROPIONATE	0.05 %	SOLUTION	TOPICAL	03/26/2026	0.17447
CLOBETASOL PROPIONATE	0.05 %	LOTION	TOPICAL	07/09/2026	0.67386
CLOBETASOL PROPIONATE	0.05 %	SHAMPOO	TOPICAL	09/24/2026	0.55156
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

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

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
CLOFARABINE	20 MG/20ML	VIAL	INTRAVEN	10/22/2026	11.52140
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	09/24/2026	0.46855
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
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	08/27/2026	10.31263
CLONIDINE	0.2MG/24HR	PATCH TDWK	TRANSDERM	04/03/2025	12.86513
CLONIDINE	0.3MG/24HR	PATCH TDWK	TRANSDERM	09/03/2026	21.00000
CLONIDINE HCL	0.1 MG	TABLET	ORAL	07/09/2026	0.02693
CLONIDINE HCL	0.2 MG	TABLET	ORAL	10/01/2026	0.02399
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
CLOPIDOGREL BISULFATE	75 MG	TABLET	ORAL	05/07/2026	0.05672
CLOPIDOGREL BISULFATE	300 MG	TABLET	ORAL	10/22/2026	5.88606
CLORAZEPATE DIPOTASSIUM	15 MG	TABLET	ORAL	10/15/2026	4.45104
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

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

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
CLOTRIMAZOLE	1 %	CREAM (G)	TOPICAL	10/22/2026	0.11256
CLOTRIMAZOLE	1 %	SOLUTION	TOPICAL	09/24/2026	0.80802
CLOTRIMAZOLE	1 %	CREAM/APPL	VAGINAL	07/16/2026	0.11762
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	11/05/2026	0.67710
CLOZAPINE	50 MG	TABLET	ORAL	11/05/2026	0.79516
CLOZAPINE	200 MG	TABLET	ORAL	07/16/2026	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 %	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	10/22/2026	100.96763
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	07/09/2026	4.75200

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

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
COLCHICINE	0.6 MG	TABLET	ORAL	10/01/2026	0.19631
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	07/30/2026	0.84588
COLISTIN (COLISTIMETHATE NA)	150 MG	VIAL	INJECTION	09/14/2023	12.65000
COLLOIDAL OATMEAL	1 %	CREAM (G)	TOPICAL	04/16/2026	0.06587
COLLOIDAL OATMEAL	2 %	CREAM (G)	TOPICAL	07/09/2026	0.05014
COPPER GLUCONATE	2 MG	TABLET	ORAL	02/19/2026	0.12583
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	09/17/2026	0.53100
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
CRYOTHERAPY SKIN REMOVE DEVICE		EACH	TOPICAL	07/09/2026	3.69180
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	07/09/2026	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

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

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
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	10/22/2026	0.08321
CYANOCOBALAMIN (VITAMIN B-12)	2500 MCG	TAB SUBL	SUBLINGUAL	10/08/2026	0.15075
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	07/30/2026	3.06020
CYCLOBENZAPRINE HCL	30 MG	CAP ER 24H	ORAL	07/09/2026	8.14880
CYCLOBENZAPRINE HCL	10 MG	TABLET	ORAL	10/01/2026	0.02104
CYCLOBENZAPRINE HCL	5 MG	TABLET	ORAL	10/08/2026	0.02640
CYCLOBENZAPRINE HCL	7.5 MG	TABLET	ORAL	10/15/2026	0.64320
CYCLOPENTOLATE HCL	1 %	DROPS	OPHTHALMIC	08/20/2026	2.09397
CYCLOPHOSPHAMIDE	25 MG	CAPSULE	ORAL	09/24/2026	2.27827
CYCLOPHOSPHAMIDE	50 MG	CAPSULE	ORAL	09/24/2026	3.74101
CYCLOPHOSPHAMIDE	1 G	VIAL	INTRAVEN	03/19/2026	71.75000
CYCLOPHOSPHAMIDE	2 G	VIAL	INTRAVEN	10/01/2026	143.50000
CYCLOPHOSPHAMIDE	500 MG	VIAL	INTRAVEN	03/19/2026	35.87500
CYCLOPHOSPHAMIDE	200 MG/ML	VIAL	INTRAVEN	10/29/2026	51.63540
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	10/22/2026	1.38020
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

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

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
CYCLOSPORINE, MODIFIED	100 MG/ML	SOLUTION	ORAL	07/16/2026	14.00343
CYPROHEPTADINE HCL	2 MG/5 ML	SYRUP	ORAL	07/16/2026	0.06099
CYPROHEPTADINE HCL	4 MG	TABLET	ORAL	09/10/2026	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	08/27/2026	0.32525
D-METHORPHAN/PE/DEXBROMPHENIR	15-7.5-2/5	LIQUID	ORAL	10/08/2026	0.04201
DABIGATRAN ETEXILATE MESYLATE	75 MG	CAPSULE	ORAL	10/15/2026	0.93130
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
DALBAVANCIN HCL	500 MG	VIAL	INTRAVEN	09/10/2026	230.63525
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	10/22/2026	101.73125
DAPAGLIFLOZIN	10 MG	TABLET	ORAL	08/27/2026	0.18890
DAPAGLIFLOZIN	5 MG	TABLET	ORAL	05/20/2026	0.18165
DAPAGLIFLOZIN/METFORMIN	5MG-1000MG	TAB BP 24H	ORAL	10/22/2026	0.80646
DAPAGLIFLOZIN/METFORMIN	10-1000 MG	TAB BP 24H	ORAL	10/29/2026	0.63824

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

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
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	10/15/2026	1.32556
DAPSONE	7.5 %	GEL W/PUMP	TOPICAL	10/22/2026	0.94813
DAPTOMYCIN	500 MG	VIAL	INTRAVEN	02/05/2026	16.27500
DAPTOMYCIN	350 MG	VIAL	INTRAVEN	10/22/2026	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	10/29/2026	8.05820
DASATINIB	100 MG	TABLET	ORAL	10/22/2026	16.48045
DASATINIB	80 MG	TABLET	ORAL	12/11/2025	44.24549
DASATINIB	140 MG	TABLET	ORAL	10/22/2026	32.08455
DAUNORUBICIN HCL	5 MG/ML	VIAL	INTRAVEN	04/16/2026	14.99558
DECITABINE	50 MG	VIAL	INTRAVEN	09/17/2026	39.84175
DEFERASIROX	90 MG	GRAN PACK	ORAL	10/22/2026	5.67338
DEFERASIROX	180 MG	GRAN PACK	ORAL	10/22/2026	11.93059
DEFERASIROX	360 MG	GRAN PACK	ORAL	10/22/2026	23.86159
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	10/29/2026	2.35885
DEFERASIROX	250 MG	TAB DISPER	ORAL	10/29/2026	4.64464
DEFERASIROX	500 MG	TAB DISPER	ORAL	10/29/2026	8.03240
DEFERIPRONE	500 MG	TABLET	ORAL	03/20/2025	62.95222

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

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
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	10/08/2026	298.95584
DEFLAZACORT	6 MG	TABLET	ORAL	10/15/2026	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	10/29/2026	2.27505
DESIPRAMINE HCL	150 MG	TABLET	ORAL	11/13/2025	3.18912
DESIPRAMINE HCL	25 MG	TABLET	ORAL	08/27/2026	0.14030
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	11/05/2026	0.12529
DESMOPRESSIN (NONREFRIGERATED)	10/SPRAY	SPRAY/PUMP	NASAL	11/30/2023	25.85625
DESMOPRESSIN ACETATE	0.1 MG	TABLET	ORAL	08/06/2026	0.31986
DESMOPRESSIN ACETATE	0.2 MG	TABLET	ORAL	08/13/2026	0.53734
DESMOPRESSIN ACETATE	4 MCG/ML	AMPUL	INJECTION	11/13/2025	35.62388
DESMOPRESSIN ACETATE	4 MCG/ML	VIAL	INJECTION	09/17/2026	15.62400
DESOG-E.ESTRADIOL/E.ESTRADIOL	21-5 (28)	TABLET	ORAL	04/03/2025	0.48623
DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	ORAL	10/15/2026	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

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

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
DESOXIMETASONE	0.05 %	CREAM (G)	TOPICAL	11/05/2026	2.60054
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	07/23/2026	2.07101
DESVENLAFAXINE SUCCINATE	50 MG	TAB ER 24H	ORAL	09/24/2026	0.59943
DESVENLAFAXINE SUCCINATE	100 MG	TAB ER 24H	ORAL	09/24/2026	0.54761
DESVENLAFAXINE SUCCINATE	25 MG	TAB ER 24H	ORAL	09/24/2026	0.69635
DEXAMETHASONE	0.5 MG/5ML	ELIXIR	ORAL	09/03/2026	0.13287
DEXAMETHASONE	0.5 MG	TABLET	ORAL	11/06/2025	0.09253
DEXAMETHASONE	0.75 MG	TABLET	ORAL	11/05/2026	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	08/20/2026	0.53680
DEXAMETHASONE	4 MG	TABLET	ORAL	07/30/2026	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	11/05/2026	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
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	10/08/2026	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

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

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
DEXMEDETOMIDINE IN 0.9 % NACL	200 MCG/50	INFUS. BTL	INTRAVEN	09/24/2026	0.19564
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	10/29/2026	0.26021
DEXMEDETOMIDINE IN 0.9 % NACL	400MCG/100	PLAST. BAG	INTRAVEN	10/08/2026	0.17420
DEXMETHYLPHENIDATE HCL	5 MG	CPBP 50-50	ORAL	10/08/2026	2.64475
DEXMETHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	02/26/2026	1.42000
DEXMETHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	10/15/2026	2.48838
DEXMETHYLPHENIDATE HCL	15 MG	CPBP 50-50	ORAL	10/15/2026	1.99566
DEXMETHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	10/15/2026	4.61116
DEXMETHYLPHENIDATE HCL	40 MG	CPBP 50-50	ORAL	03/05/2026	2.14155
DEXMETHYLPHENIDATE HCL	25 MG	CPBP 50-50	ORAL	10/15/2026	3.53892
DEXMETHYLPHENIDATE HCL	35 MG	CPBP 50-50	ORAL	10/08/2026	2.84315
DEXMETHYLPHENIDATE HCL	2.5 MG	TABLET	ORAL	10/29/2026	0.41285
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
DEXTROAMPHETAMINE SULFATE	10 MG	TABLET	ORAL	07/23/2026	0.63476
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

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

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	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	11/05/2026	1.21565
DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	CAP ER 24H	ORAL	11/05/2026	1.04533
DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	CAP ER 24H	ORAL	11/05/2026	1.21565
DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	CAP ER 24H	ORAL	11/05/2026	1.24057
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	11/05/2026	0.21105
DEXTROMETHORPHAN HBR	10 MG/5 ML	LIQUID	ORAL	10/08/2026	0.06343
DEXTROMETHORPHAN POLISTIREX	30 MG/5 ML	SUS ER 12H	ORAL	10/29/2026	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	09/10/2026	0.00959
DEXTROSE 10 % IN WATER	10 %	IV SOLN	INTRAVEN	10/22/2026	0.01206
DEXTROSE 5 % AND 0.3 % NACL	5 %-0.3 %	IV SOLN	INTRAVEN	05/06/2022	0.00585
DEXTROSE 5 % AND 0.9 % NACL	5 %-0.9 %	IV SOLN	INTRAVEN	06/05/2025	0.00549
DEXTROSE 5 % IN WATER	5 %	IV SOLN	INTRAVEN	04/16/2026	0.00582
DEXTROSE 5 %-0.2 % SOD CHLORID	5 %-0.2 %	IV SOLN	INTRAVEN	10/08/2026	0.00585
DEXTROSE 5 %-0.45 % SOD CHLORD	5 %-0.45 %	IV SOLN	INTRAVEN	10/23/2025	0.00443

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

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%-LACTATED RINGERS	5 %	IV SOLN	INTRAVEN	08/06/2026	0.01129
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	10/29/2026	0.04741
DIAZEPAM	2 MG	TABLET	ORAL	10/29/2026	0.04100
DIAZEPAM	5 MG	TABLET	ORAL	10/29/2026	0.03924
DIAZEPAM	5 MG/ML	SYRINGE	INJECTION	08/20/2026	10.18210
DIAZEPAM	5 MG/ML	VIAL	INJECTION	07/16/2026	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	08/20/2026	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	07/16/2026	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	10/29/2026	0.08911
DICLOFENAC SODIUM	75 MG	TABLET DR	ORAL	02/19/2026	0.09268
DICLOFENAC SODIUM	100 MG	TAB ER 24H	ORAL	09/03/2026	1.09880
DICLOFENAC SODIUM	1 %	GEL (GRAM)	TOPICAL	10/22/2026	0.03997
DICLOFENAC SODIUM	3 %	GEL (GRAM)	TOPICAL	08/20/2026	0.43121
DICLOFENAC SODIUM	20MG/G(2%)	SOL MD PMP	TOPICAL	12/23/2025	1.25800

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

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	1.5 %	DROPS	TOPICAL	01/15/2026	0.27202
DICLOFENAC SODIUM	0.1 %	DROPS	OPHTHALMIC	10/29/2026	3.51912
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	09/10/2026	0.05126
DICYCLOMINE HCL	10 MG/5 ML	SOLUTION	ORAL	12/18/2025	0.29409
DICYCLOMINE HCL	20 MG	TABLET	ORAL	10/22/2026	0.10720
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	07/30/2026	3.11388
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
DIGOXIN	250 MCG/ML	AMPUL	INJECTION	09/14/2023	3.44850

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

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
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	10/01/2026	1.28074
DILTIAZEM HCL	90 MG	CAP ER 12H	ORAL	05/05/2022	2.42842
DILTIAZEM HCL	180 MG	CAP ER 24H	ORAL	08/20/2026	0.28110
DILTIAZEM HCL	240 MG	CAP ER 24H	ORAL	09/10/2026	0.38324
DILTIAZEM HCL	300 MG	CAP ER 24H	ORAL	09/10/2026	0.50470
DILTIAZEM HCL	120 MG	CAP ER 24H	ORAL	08/13/2026	0.21038
DILTIAZEM HCL	360 MG	CAP ER 24H	ORAL	09/10/2026	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	10/22/2026	0.59992
DILTIAZEM HCL	240 MG	CAP ER DEG	ORAL	10/22/2026	0.54819
DILTIAZEM HCL	120 MG	CAP ER DEG	ORAL	10/22/2026	0.54618
DILTIAZEM HCL	120 MG	TABLET	ORAL	10/29/2026	0.21065
DILTIAZEM HCL	30 MG	TABLET	ORAL	10/29/2026	0.08174
DILTIAZEM HCL	60 MG	TABLET	ORAL	10/29/2026	0.13172
DILTIAZEM HCL	90 MG	TABLET	ORAL	10/29/2026	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

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

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	420 MG	TAB ER 24H	ORAL	08/03/2023	2.83741
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	10/01/2026	1.43571
DIMETHYL FUMARATE	240 MG	CAPSULE DR	ORAL	10/01/2026	0.76559
DIPHENHYD/PHENYLEPH/ACETAMINOP	5-325MG/10	LIQUID	ORAL	09/12/2024	0.04705
DIPHENHYDRAMINE HCL	25 MG	CAPSULE	ORAL	08/06/2026	0.02513
DIPHENHYDRAMINE HCL	50 MG	CAPSULE	ORAL	05/05/2022	0.01467
DIPHENHYDRAMINE HCL	12.5MG/5ML	ELIXIR	ORAL	10/01/2026	0.37950
DIPHENHYDRAMINE HCL	12.5MG/5ML	LIQUID	ORAL	08/27/2026	0.00819
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	11/05/2026	0.80400
DIPHENHYDRAMINE HCL/ZINC ACET	2 %-0.1 %	CREAM (G)	TOPICAL	07/09/2026	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

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

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
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
DIVALPROEX SODIUM	500 MG	TABLET DR	ORAL	03/12/2026	0.12730
DIVALPROEX SODIUM	500 MG	TAB ER 24H	ORAL	07/23/2026	0.24294
DIVALPROEX SODIUM	250 MG	TAB ER 24H	ORAL	09/24/2026	0.16067
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	09/24/2026	25.01100
DOCETAXEL	80 MG/4 ML	VIAL	INTRAVEN	09/10/2026	20.58263
DOCETAXEL	160 MG/8ML	VIAL	INTRAVEN	11/13/2025	9.80806
DOCETAXEL	80 MG/8 ML	VIAL	INTRAVEN	07/09/2026	5.71500
DOCETAXEL	20 MG/2 ML	VIAL	INTRAVEN	07/16/2026	9.00000
DOCETAXEL	160MG/16ML	VIAL	INTRAVEN	05/05/2022	2.93210
DOCOSAHEXAENOIC ACID	200 MG	CAPSULE	ORAL	08/06/2026	0.35733
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	11/05/2026	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

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

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
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	07/23/2026	0.04543
DONEPEZIL HCL	5 MG	TABLET	ORAL	07/23/2026	0.04309
DONEPEZIL HCL	23 MG	TABLET	ORAL	06/04/2026	0.96331
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	10/22/2026	1.10877
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	07/09/2026	1.13900
DORZOLAMIDE HCL/TIMOLOL MALEAT	22.3-6.8/1	DROPS	OPHTHALMIC	07/02/2026	1.33330
DORZOLAMIDE/TIMOLOL/PF	2 %-0.5 %	DROPERETTE	OPHTHALMIC	08/13/2026	2.14177
DOXAZOSIN MESYLATE	1 MG	TABLET	ORAL	07/23/2026	0.06030
DOXAZOSIN MESYLATE	2 MG	TABLET	ORAL	06/11/2026	0.06030
DOXAZOSIN MESYLATE	4 MG	TABLET	ORAL	07/23/2026	0.06365
DOXAZOSIN MESYLATE	8 MG	TABLET	ORAL	07/23/2026	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	03/12/2026	0.80266
DOXEPIN HCL	25 MG	CAPSULE	ORAL	08/06/2026	0.10814
DOXEPIN HCL	50 MG	CAPSULE	ORAL	10/29/2026	0.24656
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

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

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
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
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	10/08/2026	11.50000
DOXYCYCLINE HYCLATE	100 MG	CAPSULE	ORAL	08/20/2026	0.15276
DOXYCYCLINE HYCLATE	50 MG	CAPSULE	ORAL	12/18/2025	0.20100
DOXYCYCLINE HYCLATE	100 MG	TABLET	ORAL	10/29/2026	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

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

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
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	06/11/2026	0.36555
DOXYCYCLINE MONOHYDRATE	50 MG	TABLET	ORAL	09/17/2026	0.46739
DOXYCYCLINE MONOHYDRATE	75 MG	TABLET	ORAL	09/17/2026	0.91522
DOXYCYCLINE MONOHYDRATE	150 MG	TABLET	ORAL	09/17/2026	1.41013
DOXYLAMINE SUCCINATE	25 MG	TABLET	ORAL	05/21/2026	0.23841
DOXYLAMINE SUCCINATE/VIT B6	10 MG-10MG	TABLET DR	ORAL	08/20/2026	2.27291
DRONABINOL	10 MG	CAPSULE	ORAL	09/24/2026	11.07929
DRONABINOL	2.5 MG	CAPSULE	ORAL	06/27/2024	2.26125
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	10/08/2026	2.38118
DULOXETINE HCL	20 MG	CAPSULE DR	ORAL	12/18/2025	0.09425
DULOXETINE HCL	30 MG	CAPSULE DR	ORAL	09/17/2026	0.10279
DULOXETINE HCL	60 MG	CAPSULE DR	ORAL	09/24/2026	0.15991
DULOXETINE HCL	40 MG	CAPSULE DR	ORAL	10/29/2026	1.51733
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	09/24/2026	4.75715
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	08/20/2026	3.13632

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

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
EFAVIRENZ/LAMIVU/TENOFOV DISOP	400-300 MG	TABLET	ORAL	10/22/2026	36.85490
EFAVIRENZ/LAMIVU/TENOFOV DISOP	600-300 MG	TABLET	ORAL	10/22/2026	43.70600
ELECTROLYTE-A SOLUTION		IV SOLN	INTRAVEN	09/10/2026	0.01131
ELECTROLYTES/DEXTROSE		PACKET	ORAL	10/15/2026	0.09952
ELECTROLYTES/DEXTROSE		SOLUTION	ORAL	09/17/2026	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	10/01/2026	8.57240
ELTROMBOPAG OLAMINE	50 MG	TABLET	ORAL	10/01/2026	13.54185
ELTROMBOPAG OLAMINE	75 MG	TABLET	ORAL	10/01/2026	20.36300
ELTROMBOPAG OLAMINE	12.5 MG	TABLET	ORAL	10/01/2026	8.57240
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	08/20/2026	0.94693
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

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

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
ENALAPRIL MALEATE	10 MG	TABLET	ORAL	09/17/2026	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	10/22/2026	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	10/29/2026	0.67590
ENTECAVIR	0.5 MG	TABLET	ORAL	07/23/2026	0.29123
ENTECAVIR	1 MG	TABLET	ORAL	07/09/2026	0.67447
ENZYMES,DIGESTIVE		CAPSULE	ORAL	04/17/2025	0.15052
ENZYMES,DIGESTIVE		TABLET	ORAL	10/15/2026	0.13819
EPHEDRINE SULFATE	50MG/ML(1)	VIAL	INTRAVEN	09/24/2026	3.56400
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	07/09/2026	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	10/22/2026	2.92583

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

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
EPIRUBICIN HCL	200MG/0.1L	VIAL	INTRAVEN	10/22/2026	2.93674
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	10/15/2026	2.40932
ERGOCALCIFEROL (VITAMIN D2)	1250 MCG	CAPSULE	ORAL	07/16/2026	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	07/09/2026	14.70000
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
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	10/15/2026	6.63666
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	08/13/2026	1.87359
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	09/10/2026	192.35048
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

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

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
ESCITALOPRAM OXALATE	10 MG	TABLET	ORAL	11/05/2026	0.05369
ESCITALOPRAM OXALATE	20 MG	TABLET	ORAL	11/05/2026	0.08506
ESCITALOPRAM OXALATE	5 MG	TABLET	ORAL	10/29/2026	0.03957
ESLICARBAZEPINE ACETATE	800 MG	TABLET	ORAL	10/01/2026	7.10650
ESLICARBAZEPINE ACETATE	200 MG	TABLET	ORAL	10/22/2026	0.67548
ESLICARBAZEPINE ACETATE	400 MG	TABLET	ORAL	10/22/2026	0.67548
ESLICARBAZEPINE ACETATE	600 MG	TABLET	ORAL	10/22/2026	0.67568
ESMOLOL HCL	100MG/10ML	VIAL	INTRAVEN	01/22/2026	0.43775
ESMOLOL IN SODIUM CHLORIDE,ISO	2500MG/250	IV SOLN	INTRAVEN	07/16/2026	0.36457
ESMOLOL IN SODIUM CHLORIDE,ISO	2000MG/100	IV SOLN	INTRAVEN	09/24/2026	0.98321
ESOMEPRAZOLE MAGNESIUM	20 MG	SUSPDR PKT	ORAL	02/26/2026	6.41000
ESOMEPRAZOLE MAGNESIUM	40 MG	SUSPDR PKT	ORAL	11/05/2026	5.50333
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	10/29/2026	0.15544
ESOMEPRAZOLE MAGNESIUM	40 MG	CAPSULE DR	ORAL	09/24/2026	0.14176
ESTAZOLAM	1 MG	TABLET	ORAL	02/19/2026	1.81918
ESTAZOLAM	2 MG	TABLET	ORAL	07/20/2023	1.63453
ESTRADIOL	1 MG	TABLET	ORAL	10/22/2026	0.08040
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	09/03/2026	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

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

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	0.1MG/24HR	PATCH TDWK	TRANSDERM	10/29/2026	14.83125
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	10/22/2026	9.27619
ESTRADIOL	.025MG/24H	PATCH TDSW	TRANSDERM	07/17/2025	7.67400
ESTRADIOL	.075MG/24H	PATCH TDSW	TRANSDERM	10/22/2026	10.44488
ESTRADIOL	.0375MG/24	PATCH TDSW	TRANSDERM	09/24/2026	9.44438
ESTRADIOL	0.01 %	CREAM/APPL	VAGINAL	10/08/2026	0.71761
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	07/09/2026	1.48054
ESTRADIOL/NORETHINDRONE ACET	0.5-0.1 MG	TABLET	ORAL	06/18/2026	1.45725
ESTROGENS, CONJUGATED	0.3 MG	TABLET	ORAL	09/03/2026	5.26002
ESTROGENS, CONJUGATED	0.625 MG	TABLET	ORAL	09/24/2026	8.15208
ESTROGENS, CONJUGATED	0.9 MG	TABLET	ORAL	08/06/2026	8.71464
ESTROGENS, CONJUGATED	1.25 MG	TABLET	ORAL	09/03/2026	5.54657
ESTROGENS, CONJUGATED	0.45MG	TABLET	ORAL	09/03/2026	5.57353
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

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

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
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	09/24/2026	0.22429
ETHINYL ESTRADIOL/DROSPIRENONE	0.02-3(28)	TABLET	ORAL	11/20/2025	0.18090
ETHOSUXIMIDE	250 MG	CAPSULE	ORAL	10/01/2026	0.40870
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	08/20/2026	148.30090
ETHYL ALCOHOL	99 %	VIAL	INTRAARTER	10/15/2026	35.43015
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-35MCG	TABLET	ORAL	10/23/2025	0.82370
ETODOLAC	200 MG	CAPSULE	ORAL	03/19/2026	0.64508
ETODOLAC	300 MG	CAPSULE	ORAL	09/17/2026	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	08/27/2026	66.21500
ETOPOSIDE	50 MG	CAPSULE	ORAL	10/15/2026	53.23004
ETOPOSIDE	20 MG/ML	VIAL	INTRAVEN	07/09/2026	1.40432
ETRAVIRINE	100 MG	TABLET	ORAL	05/15/2025	1.79305
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	09/24/2026	2.46225
EVEROLIMUS	0.5 MG	TABLET	ORAL	09/24/2026	3.81920

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

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
EVEROLIMUS	0.75 MG	TABLET	ORAL	09/24/2026	6.42938
EVEROLIMUS	5 MG	TABLET	ORAL	09/24/2026	13.53188
EVEROLIMUS	10 MG	TABLET	ORAL	09/24/2026	18.89738
EVEROLIMUS	1 MG	TABLET	ORAL	10/01/2026	12.16875
EVEROLIMUS	2.5 MG	TABLET	ORAL	09/24/2026	13.46625
EVEROLIMUS	7.5 MG	TABLET	ORAL	09/24/2026	16.35375
EVEROLIMUS	2 MG	TAB SUSP	ORAL	09/24/2026	244.12938
EVEROLIMUS	3 MG	TAB SUSP	ORAL	09/24/2026	246.56888
EVEROLIMUS	5 MG	TAB SUSP	ORAL	09/24/2026	256.64975
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
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

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

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	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	08/06/2026	0.80936
FAMCICLOVIR	500 MG	TABLET	ORAL	08/06/2026	1.18009
FAMCICLOVIR	125 MG	TABLET	ORAL	08/06/2026	0.69591
FAMOTIDINE	40MG/5ML	SUSP RECON	ORAL	02/26/2026	0.18090
FAMOTIDINE	20 MG	TABLET	ORAL	10/01/2026	0.01804
FAMOTIDINE	40 MG	TABLET	ORAL	10/08/2026	0.04689
FAMOTIDINE	10 MG	TABLET	ORAL	04/23/2026	0.08871
FAMOTIDINE	10 MG/ML	VIAL	INTRAVEN	02/15/2024	0.41473
FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165	TAB CHEW	ORAL	08/06/2026	0.34116

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

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/PF	20 MG/2 ML	VIAL	INTRAVEN	02/13/2025	0.40200
FAT EMULSIONS	20 %	EMULSION	INTRAVEN	07/30/2026	0.05928
FEBUXOSTAT	40 MG	TABLET	ORAL	09/24/2026	0.25728
FEBUXOSTAT	80 MG	TABLET	ORAL	09/24/2026	0.34349
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	09/24/2026	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	10/22/2026	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	09/17/2026	0.28706
FENOFIBRIC ACID (CHOLINE)	135 MG	CAPSULE DR	ORAL	08/06/2026	0.27917
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	11/05/2026	14.85750
FENTANYL	100 MCG/HR	PATCH TD72	TRANSDERM	11/05/2026	19.92270

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

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	09/24/2026	12.27600
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	10/15/2026	2.09040
FENTANYL CITRATE/PF	50 MCG/ML	VIAL	INJECTION	09/03/2026	0.24120
FENTANYL CITRATE/PF	100MCG/2ML	SYRINGE	INTRAVEN	02/08/2018	0.83683
FERRIC CARBOXYMALTOSE	750MG/15ML	VIAL	INTRAVEN	07/16/2026	133.12905
FERROUS FUMARATE	324(106)MG	TABLET	ORAL	02/19/2026	0.37225
FERROUS FUMARATE/FOLIC ACID	106 MG-1MG	TABLET	ORAL	10/01/2026	0.22888
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	10/22/2026	0.02655
FERROUS SULFATE	220 (44)/5	SOLUTION	ORAL	10/16/2025	0.00850
FERROUS SULFATE	300 MG/5ML	LIQUID	ORAL	10/01/2026	0.27675
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	10/22/2026	1.17697
FEXOFENADINE HCL	30 MG/5 ML	ORAL SUSP	ORAL	10/08/2026	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

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

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
FEXOFENADINE/PSEUDOEPHEDRINE	60MG-120MG	TAB ER 12H	ORAL	03/26/2026	0.76125
FIDAXOMICIN	200 MG	TABLET	ORAL	06/04/2026	105.74003
FINASTERIDE	1 MG	TABLET	ORAL	09/24/2026	0.08455
FINASTERIDE	5 MG	TABLET	ORAL	01/29/2026	0.08472
FINGOLIMOD HCL	0.5 MG	CAPSULE	ORAL	10/15/2026	1.87600
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	10/22/2026	0.69986
FLUCONAZOLE	10 MG/ML	SUSP RECON	ORAL	10/02/2025	0.44565
FLUCONAZOLE	100 MG	TABLET	ORAL	07/09/2026	0.14901
FLUCONAZOLE	200 MG	TABLET	ORAL	09/10/2026	0.44850
FLUCONAZOLE	50 MG	TABLET	ORAL	07/30/2026	0.12194
FLUCONAZOLE	150 MG	TABLET	ORAL	08/20/2026	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	09/10/2026	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	07/09/2026	1.40030
FLUNISOLIDE	25 MCG	SPRAY	NASAL	09/24/2026	2.65052
FLUOCINOLONE ACETONIDE	0.01 %	CREAM (G)	TOPICAL	10/23/2025	3.29384

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

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
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	10/29/2026	0.26159
FLUOCINOLONE ACETONIDE OIL	0.01 %	DROPS	OTIC (EAR)	09/24/2026	1.58455
FLUOCINOLONE/SHOWER CAP	0.01 %	OIL	TOPICAL	10/29/2026	0.29897
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	07/16/2026	0.27504
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	08/13/2026	0.07464
FLUOXETINE HCL	20 MG/5 ML	SOLUTION	ORAL	12/31/2025	0.34885
FLUOXETINE HCL	10 MG	TABLET	ORAL	10/22/2026	0.16080
FLUOXETINE HCL	20 MG	TABLET	ORAL	10/22/2026	0.17956

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

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
FLUOXETINE HCL	60 MG	TABLET	ORAL	10/22/2026	0.36091
FLUPHENAZINE DECANOATE	25 MG/ML	VIAL	INJECTION	09/03/2026	7.18312
FLUPHENAZINE HCL	1 MG	TABLET	ORAL	07/16/2026	0.30807
FLUPHENAZINE HCL	10 MG	TABLET	ORAL	07/16/2026	0.62417
FLUPHENAZINE HCL	2.5 MG	TABLET	ORAL	06/11/2026	0.33875
FLUPHENAZINE HCL	5 MG	TABLET	ORAL	07/16/2026	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
FLUTICASONE FUROATE	200 MCG	BLST W/DEV	INHALATION	07/16/2026	8.96840
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	09/10/2026	1.52112
FLUTICASONE PROPION/SALMETEROL	250-50 MCG	BLST W/DEV	INHALATION	10/22/2026	1.76255
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	07/23/2026	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	07/16/2026	4.68292
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	10/08/2026	7.40622

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

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
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	10/29/2026	0.00931
FOLIC ACID	0.8 MG	TABLET	ORAL	10/29/2026	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
FOLIC ACID/VIT B COMPLEX AND C	400 MCG	TABLET	ORAL	10/29/2026	0.09562
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	07/09/2026	13.70250
FOSCARNET SODIUM	24 MG/ML	INFUS. BTL	INTRAVEN	07/31/2025	0.99160
FOSCARNET SODIUM	24 MG/ML	PLAST. BAG	INTRAVEN	10/29/2026	0.86832
FOSFOMYCIN TROMETHAMINE	3 G	PACKET	ORAL	11/05/2026	35.24975
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	10/29/2026	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

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

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
FOSPHENYTOIN SODIUM	500 PE/10	VIAL	INJECTION	10/19/2023	0.62759
FROVATRIPTAN SUCCINATE	2.5 MG	TABLET	ORAL	08/13/2026	6.16232
FRUCTOOLIGOSACCHARIDES/POLYDEX	15 G/30 ML	LIQUID	ORAL	10/23/2025	0.01374
FULVESTRANT	250 MG/5ML	SYRINGE	INTRAMUSC	07/09/2026	7.72800
FUROSEMIDE	20 MG	TABLET	ORAL	08/13/2026	0.03752
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	07/16/2026	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
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	09/10/2026	0.00954
GABAPENTIN	300 MG	CAPSULE	ORAL	10/29/2026	0.01490
GABAPENTIN	400 MG	CAPSULE	ORAL	10/01/2026	0.01762

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

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
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	10/29/2026	0.06834
GABAPENTIN	800 MG	TABLET	ORAL	11/05/2026	0.08576
GABAPENTIN	300 MG	TAB ER 24H	ORAL	10/29/2026	2.15338
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	11/05/2026	4.31851
GADOBUTROL	7.5/7.5 ML	VIAL	INTRAVEN	11/05/2026	4.15800
GADOBUTROL	10 MMOL/10	VIAL	INTRAVEN	10/01/2026	2.68000
GADOBUTROL	2 MMOL/2ML	VIAL	INTRAVEN	10/01/2026	2.68000
GADOTERATE MEGLUMINE	5MMOL/10ML	SYRINGE	INTRAVEN	07/16/2026	6.79694
GADOTERATE MEGLUMINE	7.5MMOL/15	SYRINGE	INTRAVEN	05/06/2022	6.63575
GADOTERATE MEGLUMINE	10MMOL/20	SYRINGE	INTRAVEN	05/06/2022	6.55419
GADOTERATE MEGLUMINE	5MMOL/10ML	VIAL	INTRAVEN	03/12/2026	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	08/20/2026	1.82285
GALANTAMINE HBR	16 MG	CAP24H PEL	ORAL	10/29/2026	1.81123
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

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

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
GANIRELIX ACETATE	250MCG/0.5	SYRINGE	SUBCUT	08/13/2026	58.42500
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	07/09/2026	8.82360
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	07/09/2026	0.75407
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
GINGER	500 MG	CAPSULE	ORAL	10/22/2026	0.06086
GLATIRAMER ACETATE	20 MG/ML	SYRINGE	SUBCUT	07/31/2025	39.65628
GLATIRAMER ACETATE	40 MG/ML	SYRINGE	SUBCUT	10/29/2026	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	08/20/2026	0.16951
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	10/22/2026	0.04677
GLIPIZIDE	5 MG	TABLET	ORAL	10/01/2026	0.03154

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

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
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	10/29/2026	299.26925
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	10/15/2026	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	07/16/2026	0.34626
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
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	09/03/2026	0.24321
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

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

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
GLYCOPYRROLATE	0.2 MG/ML	VIAL	INJECTION	08/27/2026	0.56012
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	07/30/2026	4.91687
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	04/09/2026	0.00883
GUAIFEN/DEXTROMETHORPHAN/PE	200-10-5/5	LIQUID	ORAL	07/23/2026	0.01215
GUAIFEN/DEXTROMETHORPHAN/PE	388-28-10	LIQUID	ORAL	07/23/2026	0.01349
GUAIFEN/DEXTROMETHORPHAN/PE	400-20-10	LIQUID	ORAL	07/23/2026	0.01582
GUAIFEN/DEXTROMETHORPHAN/PE	18-10MG/15	LIQUID	ORAL	08/22/2024	0.08199
GUAIFEN/DEXTROMETHORPHAN/PE	50-5-2.5/1	DROPS	ORAL	07/23/2026	0.11099
GUAIFEN/PHENYLEPH/ACETAMINOPHN	200-5-325	TABLET	ORAL	01/30/2025	0.43215
GUAIFENESIN	1200 MG	TAB ER 12H	ORAL	10/08/2026	0.47522
GUAIFENESIN	600 MG	TAB ER 12H	ORAL	10/22/2026	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	11/05/2026	0.03238
GUAIFENESIN/DEXTROMETHORPHAN	200MG-10MG	CAPSULE	ORAL	12/12/2024	1.18004

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

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/DEXTROMETHORPHAN	100-10MG/5	LIQUID	ORAL	10/15/2026	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	400-20MG/5	LIQUID	ORAL	07/23/2026	0.02037
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	03/05/2026	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	10/29/2026	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
GUANFACINE HCL	1 MG	TAB ER 24H	ORAL	10/29/2026	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

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

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
HALOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	07/31/2025	0.51943
HALOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	08/20/2026	0.84474
HALOBETASOL PROPIONATE	0.05 %	LOTION	TOPICAL	04/02/2026	12.99741
HALOPERIDOL	0.5 MG	TABLET	ORAL	10/29/2026	0.09380
HALOPERIDOL	1 MG	TABLET	ORAL	10/29/2026	0.09795
HALOPERIDOL	10 MG	TABLET	ORAL	10/29/2026	0.13065
HALOPERIDOL	2 MG	TABLET	ORAL	04/09/2026	0.11993
HALOPERIDOL	20 MG	TABLET	ORAL	07/09/2026	0.22110
HALOPERIDOL	5 MG	TABLET	ORAL	10/29/2026	0.12060
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	07/30/2026	8.67600
HALOPERIDOL LACTATE	2 MG/ML	ORAL CONC	ORAL	08/07/2025	0.38112
HALOPERIDOL LACTATE	5 MG/ML	VIAL	INJECTION	08/20/2026	0.96480
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	07/16/2026	0.19889
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
HEPARIN SODIUM,PORCINE/PF	5000/0.5ML	SYRINGE	INJECTION	04/16/2026	4.49516
HEPARIN SODIUM,PORCINE/PF	1000/ML	VIAL	INJECTION	10/22/2026	2.01670
HEPARIN SODIUM,PORCINE/PF	5000/0.5ML	VIAL	INJECTION	12/20/2023	11.48400

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

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
HYALURONATE SODIUM	100 %	POWDER	MISCELL	06/23/2022	6.35000
HYDRALAZINE HCL	10 MG	TABLET	ORAL	10/01/2026	0.01937
HYDRALAZINE HCL	100 MG	TABLET	ORAL	05/15/2025	0.11055
HYDRALAZINE HCL	25 MG	TABLET	ORAL	08/20/2026	0.04462
HYDRALAZINE HCL	50 MG	TABLET	ORAL	07/09/2026	0.06325
HYDRALAZINE HCL	20 MG/ML	VIAL	INJECTION	09/10/2026	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	07/23/2026	8.52145
HYDROCODONE BITARTRATE	30 MG	TAB ER 24H	ORAL	07/23/2026	14.60374
HYDROCODONE BITARTRATE	40 MG	TAB ER 24H	ORAL	07/23/2026	19.67472
HYDROCODONE BITARTRATE	60 MG	TAB ER 24H	ORAL	07/23/2026	27.24295
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	09/10/2026	0.06533
HYDROCODONE/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	10/01/2026	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

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

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	20 MG	TABLET	ORAL	07/31/2025	0.27268
HYDROCORTISONE	5 MG	TABLET	ORAL	07/31/2025	0.12255
HYDROCORTISONE	100MG/60ML	ENEMA	RECTAL	07/31/2025	0.12878
HYDROCORTISONE	1 %	CREAM (G)	TOPICAL	08/27/2026	0.02052
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	07/09/2026	0.19944
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)	08/20/2026	10.07170
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	12/23/2025	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

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

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	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
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	10/15/2026	0.12904
HYDROXYCHLOROQUINE SULFATE	300 MG	TABLET	ORAL	10/22/2026	0.51486
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	09/24/2026	0.19468
HYDROXYZINE HCL	10 MG	TABLET	ORAL	02/19/2026	0.04824
HYDROXYZINE HCL	25 MG	TABLET	ORAL	06/11/2026	0.06277
HYDROXYZINE HCL	50 MG	TABLET	ORAL	10/22/2026	0.11497
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

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

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	400 MG	TABLET	ORAL	11/05/2026	0.03819
IBUPROFEN	600 MG	TABLET	ORAL	02/19/2026	0.03848
IBUPROFEN	800 MG	TABLET	ORAL	10/29/2026	0.05427
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	07/30/2026	0.09393
IBUPROFEN/DIPHENHYDRAMINE CIT	200MG-38MG	TABLET	ORAL	07/10/2025	0.18156
IBUPROFEN/FAMOTIDINE	800-26.6MG	TABLET	ORAL	07/09/2026	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	09/24/2026	338.25000
ICOSAPENT ETHYL	1 G	CAPSULE	ORAL	10/01/2026	0.72315
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	09/24/2026	33.10750
IFOSFAMIDE	3 G/60 ML	VIAL	INTRAVEN	05/05/2022	2.33160
IMATINIB MESYLATE	400 MG	TABLET	ORAL	10/22/2026	3.47248
IMATINIB MESYLATE	100 MG	TABLET	ORAL	07/30/2026	1.51986
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

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

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
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
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	10/29/2026	0.26224
INDAPAMIDE	1.25 MG	TABLET	ORAL	09/24/2026	0.40682
INDIUM-111 CHLOR/PENTETREOTIDE	3MCI/ML-10	KIT	INTRAVEN	01/23/2025	2380.05000
INDOCYANINE GREEN	25 MG	VIAL	INJECTION	10/29/2026	200.89662
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

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

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
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
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	10/22/2026	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	07/23/2026	1.16848
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	09/24/2026	0.21678
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	10/29/2026	5.84200
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

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

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
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	50MG/2.5ML	VIAL	INTRAVEN	10/29/2026	5.00850
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
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	07/09/2026	13.20000
ISOSORBIDE DINIT/HYDRALAZINE	20-37.5 MG	TABLET	ORAL	10/24/2024	0.95244
ISOSORBIDE DINITRATE	10 MG	TABLET	ORAL	09/24/2026	0.39034
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	07/30/2026	2.48911
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	09/24/2026	120.51711
ISOTRETINOIN	30 MG	CAPSULE	ORAL	06/11/2026	4.74672

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

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
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	08/20/2026	2.23110
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	10/01/2026	2.80302
IVERMECTIN	1 %	CREAM (G)	TOPICAL	09/24/2026	4.56309
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	10/22/2026	0.24701
KETOCONAZOLE	2 %	SHAMPOO	TOPICAL	12/23/2025	0.11803
KETOPROFEN	50 MG	CAPSULE	ORAL	09/30/2025	1.52989
KETOROLAC TROMETHAMINE	10 MG	TABLET	ORAL	07/16/2026	0.35845
KETOROLAC TROMETHAMINE	15 MG/ML	VIAL	INJECTION	07/16/2026	0.89780
KETOROLAC TROMETHAMINE	30MG/ML(1)	VIAL	INJECTION	03/05/2026	0.89110
KETOROLAC TROMETHAMINE	0.5 %	DROPS	OPHTHALMIC	10/22/2026	2.60496
KETOROLAC TROMETHAMINE	0.4 %	DROPS	OPHTHALMIC	05/05/2022	12.24080
KETOROLAC TROMETHAMINE	60 MG/2 ML	VIAL	INTRAMUSC	03/19/2026	0.45131
KETOTIFEN FUMARATE	0.025 %	DROPS	OPHTHALMIC	04/30/2026	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	09/24/2026	0.25408

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

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
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	07/16/2026	3.58764
L. ACIDOPH/L. PLANTAR/L. RHAMN	15B CELL	CAPSULE	ORAL	07/10/2025	0.42880
L. ACIDOPHILUS/BIFID. ANIMALIS	31B CELL	CAPSULE	ORAL	09/17/2026	33.51750
L. ACIDOPHILUS/BIFID. ANIMALIS	15.5B CELL	CAPSULE	ORAL	10/22/2026	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.ACID,PARA/B.BIFIDUM/S.THERM	8B CELL	CAPSULE	ORAL	10/22/2026	0.69085
L.ACIDOPH/L.BULG/B.BIF/S.THERM	1B-250 MG	TABLET	ORAL	10/22/2026	0.33996
L99/BIF/LAC/SAC/STR/BAC/ENZ/HB	500 MG	CAPSULE	ORAL	06/13/2024	33.40731
LABETALOL HCL	100 MG	TABLET	ORAL	10/22/2026	0.12261
LABETALOL HCL	200 MG	TABLET	ORAL	09/24/2026	0.14711
LABETALOL HCL	300 MG	TABLET	ORAL	10/15/2026	0.27323
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	10/15/2026	0.12388
LACOSAMIDE	50 MG	TABLET	ORAL	10/15/2026	0.13378
LACOSAMIDE	100 MG	TABLET	ORAL	10/15/2026	0.22311
LACOSAMIDE	150 MG	TABLET	ORAL	10/15/2026	0.32294
LACOSAMIDE	200 MG	TABLET	ORAL	03/12/2026	0.26803
LACOSAMIDE	200MG/20ML	VIAL	INTRAVEN	09/17/2026	0.63355
LACTASE	3000 UNIT	TABLET	ORAL	07/30/2026	0.06884
LACTASE	9000 UNIT	TABLET	ORAL	10/15/2026	0.22780
LACTOBACIL 2/BIFIDO 1/S.THERMO	112.5B	CAPSULE	ORAL	10/05/2023	0.71444

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

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
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	10/29/2026	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	10/29/2026	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	11/05/2026	0.03140
LAMIVUDINE	10 MG/ML	SOLUTION	ORAL	01/29/2026	0.41378
LAMIVUDINE	150 MG	TABLET	ORAL	10/23/2025	1.18210
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	08/20/2026	1.37797
LAMOTRIGINE	200 MG	TAB ER 24	ORAL	08/20/2026	1.46909
LAMOTRIGINE	300 MG	TAB ER 24	ORAL	08/20/2026	2.94580
LAMOTRIGINE	250 MG	TAB ER 24	ORAL	08/20/2026	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

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

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	50 MG	TAB RAPDIS	ORAL	08/20/2026	3.11696
LAMOTRIGINE	25 MG	TAB RAPDIS	ORAL	08/20/2026	2.89212
LAMOTRIGINE	100 MG	TAB RAPDIS	ORAL	08/20/2026	3.23268
LAMOTRIGINE	200 MG	TAB RAPDIS	ORAL	08/20/2026	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	04/09/2026	20384.62600
LANSOPRAZOLE	15 MG	CAPSULE DR	ORAL	11/05/2026	0.22333
LANSOPRAZOLE	30 MG	CAPSULE DR	ORAL	12/18/2025	0.14338
LANSOPRAZOLE	15 MG	TAB RAP DR	ORAL	09/24/2026	4.18176
LANSOPRAZOLE	30 MG	TAB RAP DR	ORAL	02/26/2026	1.91593
LANTHANUM CARBONATE	500 MG	TAB CHEW	ORAL	08/20/2026	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	08/20/2026	49.39181
LATANOPROST	0.005 %	DROPS	OPHTHALMIC	10/29/2026	1.72056
LECITHIN	1200 MG	CAPSULE	ORAL	09/17/2026	0.06224
LEFLUNOMIDE	10 MG	TABLET	ORAL	12/11/2025	0.51009
LEFLUNOMIDE	20 MG	TABLET	ORAL	09/24/2026	0.38815

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

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
LEMON EUCALYPTUS OIL	30 %	SPRAY	TOPICAL	05/06/2022	0.02821
LENALIDOMIDE	5 MG	CAPSULE	ORAL	10/29/2026	6.24218
LENALIDOMIDE	10 MG	CAPSULE	ORAL	10/29/2026	913.83875
LENALIDOMIDE	15 MG	CAPSULE	ORAL	10/29/2026	6.24218
LENALIDOMIDE	25 MG	CAPSULE	ORAL	10/29/2026	913.83937
LENALIDOMIDE	2.5 MG	CAPSULE	ORAL	10/29/2026	6.24218
LENALIDOMIDE	20 MG	CAPSULE	ORAL	10/29/2026	913.83937
LETROZOLE	2.5 MG	TABLET	ORAL	10/15/2026	0.14070
LEUCOVORIN CALCIUM	10 MG	TABLET	ORAL	10/02/2025	6.03197
LEUCOVORIN CALCIUM	15 MG	TABLET	ORAL	03/23/2023	6.72200
LEUCOVORIN CALCIUM	25 MG	TABLET	ORAL	10/29/2026	5.82778
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	11/05/2026	0.04326
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	10/22/2026	0.08382
LEVETIRACETAM	750 MG	TABLET	ORAL	04/03/2025	0.06543
LEVETIRACETAM	1000 MG	TABLET	ORAL	10/01/2026	0.18269

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

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	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	11/05/2026	0.35724
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	08/13/2026	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	07/30/2026	0.41775
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	ORAL	10/29/2026	0.11182
LEVOFLOXACIN	250MG/10ML	SOLUTION	ORAL	12/18/2025	2.40262
LEVOFLOXACIN	250 MG	TABLET	ORAL	11/05/2026	0.16428
LEVOFLOXACIN	500 MG	TABLET	ORAL	11/20/2025	0.14350
LEVOFLOXACIN	750 MG	TABLET	ORAL	10/15/2026	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
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	08/13/2026	22.68000

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

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
LEVONORGESTREL/ETHIN.ESTRADIOL	0.15-0.03	TABLET	ORAL	10/15/2026	0.20052
LEVONORGESTREL/ETHIN.ESTRADIOL	6-5-10	TABLET	ORAL	05/06/2022	0.72599
LEVONORGESTREL/ETHIN.ESTRADIOL	0.1-0.02MG	TABLET	ORAL	10/15/2026	0.32734
LEVONORGESTREL/ETHIN.ESTRADIOL	90-20 MCG	TABLET	ORAL	03/19/2026	0.99623
LEVONORGESTREL/ETHIN.ESTRADIOL	0.15-0.03	TBDSPK 3MO	ORAL	10/22/2026	0.28361
LEVORPHANOL TARTRATE	2 MG	TABLET	ORAL	03/19/2026	34.05214
LEVORPHANOL TARTRATE	3 MG	TABLET	ORAL	10/15/2026	117.21500
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	10/22/2026	6.33561
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	10/01/2026	0.05719
LEVOTHYROXINE SODIUM	50 MCG	TABLET	ORAL	10/01/2026	0.07156
LEVOTHYROXINE SODIUM	75 MCG	TABLET	ORAL	10/01/2026	0.06835
LEVOTHYROXINE SODIUM	100 MCG	TABLET	ORAL	10/01/2026	0.07915
LEVOTHYROXINE SODIUM	112 MCG	TABLET	ORAL	10/01/2026	0.08737
LEVOTHYROXINE SODIUM	125 MCG	TABLET	ORAL	10/01/2026	0.08242
LEVOTHYROXINE SODIUM	150 MCG	TABLET	ORAL	10/02/2025	0.09704
LEVOTHYROXINE SODIUM	175 MCG	TABLET	ORAL	11/20/2025	0.05314
LEVOTHYROXINE SODIUM	200 MCG	TABLET	ORAL	04/16/2026	0.11269

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

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	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	10/01/2026	0.09367
LEVOTHYROXINE SODIUM	200 MCG	VIAL	INTRAVEN	10/22/2026	179.66200
LEVOTHYROXINE SODIUM	500 MCG	VIAL	INTRAVEN	09/03/2026	463.16419
LEVOTHYROXINE SODIUM	100 MCG	VIAL	INTRAVEN	09/03/2026	65.54875
LIDOCAINE	5 %	CREAM (G)	TOPICAL	11/05/2026	0.51188
LIDOCAINE	4 %	CREAM (G)	TOPICAL	07/09/2026	0.30820
LIDOCAINE	5 %	OINT. (G)	TOPICAL	07/16/2026	0.19055
LIDOCAINE	4 %	ADH. PATCH	TOPICAL	08/27/2026	1.57182
LIDOCAINE	5 %	ADH. PATCH	TOPICAL	09/11/2025	2.62059
LIDOCAINE HCL	10 MG/ML	VIAL	INJECTION	08/06/2026	0.08975
LIDOCAINE HCL	20 MG/ML	VIAL	INJECTION	09/24/2026	0.10369
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	09/10/2026	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	08/06/2026	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	10/08/2026	0.03474
LIDOCAINE HCL/DEXTROSE 5 %/PF	4 MG/ML	IV SOLN	INTRAVEN	10/22/2026	0.02801
LIDOCAINE HCL/DEXTROSE 5 %/PF	8 MG/ML	IV SOLN	INTRAVEN	08/20/2026	0.06572
LIDOCAINE HCL/EPINEPHRINE	0.5-1:200K	VIAL	INJECTION	07/16/2026	0.14686
LIDOCAINE HCL/EPINEPHRINE	1%-1:100K	VIAL	INJECTION	12/23/2025	0.09551

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

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	10/29/2026	0.77720
LIDOCAINE HCL/PF	15 MG/ML	AMPUL	INJECTION	04/03/2025	0.87264
LIDOCAINE HCL/PF	10 MG/ML	AMPUL	INJECTION	10/29/2026	0.27470
LIDOCAINE HCL/PF	20 MG/ML	AMPUL	INJECTION	06/12/2025	0.16361
LIDOCAINE HCL/PF	20 MG/ML	VIAL	INJECTION	11/05/2026	0.30391
LIDOCAINE HCL/PF	10 MG/ML	VIAL	INJECTION	11/05/2026	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	08/13/2026	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	08/27/2026	39.00843
LINCOMYCIN HCL	300 MG/ML	VIAL	INJECTION	07/09/2026	6.30403
LINEZOLID	100 MG/5ML	SUSP RECON	ORAL	07/31/2025	1.08471
LINEZOLID	600 MG	TABLET	ORAL	09/17/2026	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

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

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
LIOTHYRONINE SODIUM	50 MCG	TABLET	ORAL	12/18/2025	0.61895
LIRAGLUTIDE	0.6 MG/0.1	PEN INJCTR	SUBCUT	10/01/2026	5.92667
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	09/17/2026	3.16947
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	09/10/2026	3.16947
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	10/15/2026	0.01432
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	10/15/2026	0.01116
LISINOPRIL	2.5 MG	TABLET	ORAL	10/15/2026	0.01339
LISINOPRIL	30 MG	TABLET	ORAL	12/11/2025	0.04499
LISINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	01/15/2026	0.05931
LISINOPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	09/24/2026	0.06654
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

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

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
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	07/09/2026	0.85787
LOFEXIDINE HCL	0.18 MG	TABLET	ORAL	10/29/2026	5.29167
LOPERAMIDE HCL	2 MG	CAPSULE	ORAL	09/03/2026	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	10/15/2026	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	11/05/2026	0.02978
LOSARTAN POTASSIUM	50 MG	TABLET	ORAL	11/05/2026	0.03635
LOSARTAN POTASSIUM	100 MG	TABLET	ORAL	11/05/2026	0.05717
LOSARTAN/HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET	ORAL	04/30/2026	0.04243
LOSARTAN/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	04/30/2026	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

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

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
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	09/24/2026	0.06445
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
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	10/01/2026	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	08/20/2026	0.28430
LURASIDONE HCL	120 MG	TABLET	ORAL	06/11/2026	0.70931
LURASIDONE HCL	60 MG	TABLET	ORAL	10/15/2026	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	09/03/2026	0.20495
LYSINE HCL	500 MG	TABLET	ORAL	07/17/2025	0.07169
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	09/17/2026	0.04348
MAGNESIUM CARB/ALUMINUM HYDROX	105-160MG	TAB CHEW	ORAL	11/13/2025	0.11256

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

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 CHLORIDE	64 MG	TABLET DR	ORAL	02/19/2026	0.12730
MAGNESIUM CITRATE	125 MG	CAPSULE	ORAL	10/22/2026	0.21775
MAGNESIUM CITRATE		SOLUTION	ORAL	06/25/2026	0.00251
MAGNESIUM GLUCONATE	27 MG(500)	TABLET	ORAL	08/06/2026	0.07846
MAGNESIUM GLYCINATE	100 MG	CAPSULE	ORAL	10/15/2026	0.14606
MAGNESIUM GLYCINATE	120 MG	CAPSULE	ORAL	07/02/2026	0.13389
MAGNESIUM HYDROXIDE	400 MG/5ML	ORAL SUSP	ORAL	04/02/2026	0.00369
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	10/01/2026	0.03885
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	09/03/2026	0.09300
MAGNESIUM SULFATE IN WATER	4 G/100 ML	PIGGYBACK	INTRAVEN	09/03/2026	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	09/03/2026	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	09/10/2026	0.09742
MARAVIROC	150 MG	TABLET	ORAL	09/30/2025	9.48000

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

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
MARAVIROC	300 MG	TABLET	ORAL	02/12/2026	9.48000
MECLIZINE HCL	12.5 MG	TABLET	ORAL	06/04/2026	0.06834
MECLIZINE HCL	25 MG	TABLET	ORAL	10/22/2026	0.10050
MECLIZINE HCL	50 MG	TABLET	ORAL	07/23/2026	2.31096
MECLIZINE HCL	25 MG	TAB CHEW	ORAL	07/23/2026	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	09/03/2026	0.48788
MECOBALAMIN	1000 MCG	TAB RAPDIS	SUBLINGUAL	04/23/2026	0.09486
MEDIUM CHAIN TRIGLYCERIDES	14G-130/15	OIL	ORAL	04/30/2026	0.02883
MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	ORAL	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	09/24/2026	30.26825
MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL	INTRAMUSC	08/20/2026	20.13522
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	10/22/2026	0.61822
MEGESTROL ACETATE	20 MG	TABLET	ORAL	01/22/2026	0.31745
MEGESTROL ACETATE	40 MG	TABLET	ORAL	12/31/2025	0.32803
MELATONIN	3 MG	CAPSULE	ORAL	07/30/2026	0.17822
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	10/22/2026	0.01898
MELATONIN	1 MG	TABLET	ORAL	06/04/2026	0.01988
MELATONIN	5 MG	TABLET	ORAL	10/29/2026	0.02597

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

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
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	10/22/2026	0.11029
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	10/29/2026	0.04243
MELATONIN	12 MG	TAB RAPDIS	ORAL	10/22/2026	0.05431
MELATONIN/PYRIDOXINE HCL (B6)	5 MG-10 MG	TAB IR ER	ORAL	01/22/2026	0.17673
MELOXICAM	7.5 MG	TABLET	ORAL	10/29/2026	0.03430
MELOXICAM	15 MG	TABLET	ORAL	08/27/2026	0.03089
MELOXICAM, SUBMICRONIZED	5 MG	CAPSULE	ORAL	05/06/2022	16.30230
MELOXICAM, SUBMICRONIZED	10 MG	CAPSULE	ORAL	04/17/2025	24.57210
MELPHALAN HCL	50 MG	VIAL	INTRAVEN	03/19/2026	84.74700
MEMANTINE HCL	7 MG	CAP SPR 24	ORAL	10/22/2026	0.49089
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	09/24/2026	0.07375
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	08/06/2026	0.02737
MENTHOL	2.5 %	GEL (GRAM)	TOPICAL	10/09/2025	0.11566

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

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
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	10/22/2026	0.49745
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	09/03/2026	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	09/24/2026	0.81718
MESALAMINE	250 MG	CAPSULE ER	ORAL	07/30/2026	3.36650
MESALAMINE	500 MG	CAPSULE ER	ORAL	08/27/2026	4.11243
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	09/24/2026	1.15843
MESALAMINE	1000 MG	SUPP.RECT	RECTAL	08/27/2026	2.68000
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	10/29/2026	0.83000
METFORMIN HCL	1000 MG	TAB ER 24	ORAL	10/29/2026	0.53109
METFORMIN HCL	500 MG	TAB ER 24	ORAL	10/29/2026	0.41875

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

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
METFORMIN HCL	500 MG	TABERGR24H	ORAL	08/06/2026	0.38123
METFORMIN HCL	1000 MG	TABERGR24H	ORAL	09/24/2026	0.64037
METFORMIN HCL	500 MG/5ML	SOLUTION	ORAL	07/09/2026	0.93641
METFORMIN HCL	500 MG	TABLET	ORAL	07/16/2026	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	10/01/2026	0.02827
METFORMIN HCL	750 MG	TAB ER 24H	ORAL	10/01/2026	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	06/11/2026	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	08/20/2026	20.73435
METHAZOLAMIDE	25 MG	TABLET	ORAL	11/13/2025	2.00464
METHAZOLAMIDE	50 MG	TABLET	ORAL	10/02/2025	2.57856
METHENAMINE HIPPURATE	1 G	TABLET	ORAL	08/13/2026	0.56963
METHENAMINE/SODIUM SALICYLATE	162-162.5	TABLET	ORAL	03/19/2026	0.41819
METHIMAZOLE	10 MG	TABLET	ORAL	10/01/2026	0.34264
METHIMAZOLE	5 MG	TABLET	ORAL	10/01/2026	0.15008
METHOCARBAMOL	500 MG	TABLET	ORAL	10/15/2026	0.02278
METHOCARBAMOL	750 MG	TABLET	ORAL	10/29/2026	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	07/23/2026	0.15544
METHOTREXATE SODIUM	25 MG/ML	VIAL	INJECTION	12/12/2024	2.67300

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

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
METHOTREXATE SODIUM/PF	1 G	VIAL	INJECTION	08/06/2026	43.81875
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	10/08/2026	1.29216
METHSCOPOLAMINE BROMIDE	5 MG	TABLET	ORAL	10/08/2026	2.11966
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	10/22/2026	0.05548
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	07/09/2026	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
METHYLENE BLUE	50 MG/10ML	VIAL	INTRAVEN	10/15/2026	3.16800
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

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

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	CPBP 30-70	ORAL	11/13/2025	3.31465
METHYLPHENIDATE HCL	40 MG	CPBP 30-70	ORAL	07/23/2026	4.27126
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	07/16/2026	10.23078
METHYLPHENIDATE HCL	15 MG	CSBP 40-60	ORAL	07/16/2026	10.63750
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	07/16/2026	10.14990
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	10/15/2026	0.34727
METHYLPHENIDATE HCL	10 MG/5 ML	SOLUTION	ORAL	08/28/2025	0.35974
METHYLPHENIDATE HCL	10 MG	TABLET	ORAL	08/13/2026	0.34197
METHYLPHENIDATE HCL	20 MG	TABLET	ORAL	08/20/2026	0.34317
METHYLPHENIDATE HCL	5 MG	TABLET	ORAL	09/24/2026	0.25715
METHYLPHENIDATE HCL	2.5 MG	TAB CHEW	ORAL	09/24/2026	1.07133
METHYLPHENIDATE HCL	5 MG	TAB CHEW	ORAL	09/24/2026	1.24553
METHYLPHENIDATE HCL	10 MG	TAB CHEW	ORAL	09/24/2026	1.41973
METHYLPHENIDATE HCL	20 MG	TABLET ER	ORAL	04/03/2025	1.15521
METHYLPHENIDATE HCL	10 MG	TABLET ER	ORAL	11/06/2025	0.95046

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

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
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	06/18/2026	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	09/03/2026	0.38168
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	09/03/2026	0.07533
METOCLOPRAMIDE HCL	5 MG	TABLET	ORAL	09/24/2026	0.07686
METOCLOPRAMIDE HCL	5 MG/ML	VIAL	INJECTION	04/02/2026	0.58151
METOLAZONE	10 MG	TABLET	ORAL	08/13/2026	0.24308
METOLAZONE	2.5 MG	TABLET	ORAL	08/20/2026	0.12415
METOLAZONE	5 MG	TABLET	ORAL	08/13/2026	0.18358
METOPROLOL SUCCINATE	50 MG	TAB ER 24H	ORAL	10/22/2026	0.04914
METOPROLOL SUCCINATE	100 MG	TAB ER 24H	ORAL	10/22/2026	0.08556
METOPROLOL SUCCINATE	200 MG	TAB ER 24H	ORAL	01/29/2026	0.15209
METOPROLOL SUCCINATE	25 MG	TAB ER 24H	ORAL	07/23/2026	0.05132
METOPROLOL TARTRATE	100 MG	TABLET	ORAL	11/05/2026	0.02661
METOPROLOL TARTRATE	50 MG	TABLET	ORAL	10/01/2026	0.02074
METOPROLOL TARTRATE	25 MG	TABLET	ORAL	10/08/2026	0.01717

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

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 TARTRATE	37.5 MG	TABLET	ORAL	10/22/2026	0.07708
METOPROLOL TARTRATE	75 MG	TABLET	ORAL	10/22/2026	0.16318
METOPROLOL TARTRATE	5 MG/5 ML	VIAL	INTRAVEN	07/09/2026	0.10318
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	10/15/2026	0.07035
METRONIDAZOLE	500 MG	TABLET	ORAL	10/15/2026	0.08037
METRONIDAZOLE	0.75 %	GEL (GRAM)	TOPICAL	08/20/2026	0.38026
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	07/09/2026	19.11000
MICAFUNGIN SODIUM	100 MG	VIAL	INTRAVEN	05/14/2026	24.27600
MICONAZOLE NITRATE	2 %	CREAM (G)	TOPICAL	08/13/2026	0.06526
MICONAZOLE NITRATE	2 %	OINT. (G)	TOPICAL	10/15/2026	0.15594
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	10/29/2026	1.62503

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

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
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	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	08/20/2026	0.14338
MIDODRINE HCL	5 MG	TABLET	ORAL	10/29/2026	0.14566
MIDODRINE HCL	2.5 MG	TABLET	ORAL	10/29/2026	0.10063
MIDODRINE HCL	10 MG	TABLET	ORAL	09/17/2026	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	04/02/2026	4.30694
MILNACIPRAN HCL	25 MG	TABLET	ORAL	04/02/2026	4.30694
MILNACIPRAN HCL	50 MG	TABLET	ORAL	04/02/2026	4.30694
MILNACIPRAN HCL	100 MG	TABLET	ORAL	04/02/2026	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
MINERAL OIL		OIL	ORAL	09/24/2026	0.00750
MINERAL OIL		OIL	TOPICAL	04/24/2025	0.02644
MINERAL OIL/HYDROPHIL PETROLAT		OINT. (G)	TOPICAL	12/11/2025	0.02173

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

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/PETROLATUM,WHITE	15 %-83 %	OINT. (G)	OPHTHALMIC	07/16/2026	1.43380
MINERAL OIL/PETROLATUM,WHITE	20%-80%	OINT. (G)	OPHTHALMIC	05/06/2022	1.44720
MINERAL OIL/PETROLATUM,WHITE	42.5-57.3%	OINT. (G)	OPHTHALMIC	11/20/2025	3.77708
MINOCYCLINE HCL	100 MG	CAPSULE	ORAL	08/20/2026	0.52994
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	08/20/2026	0.16696
MINOXIDIL	5 %	FOAM	TOPICAL	05/21/2026	0.25973
MIRABEGRON	25 MG	TAB ER 24H	ORAL	08/20/2026	8.70320
MIRABEGRON	50 MG	TAB ER 24H	ORAL	05/16/2024	9.52826
MIRTAZAPINE	15 MG	TABLET	ORAL	10/08/2026	0.07772
MIRTAZAPINE	30 MG	TABLET	ORAL	10/08/2026	0.10050
MIRTAZAPINE	45 MG	TABLET	ORAL	10/08/2026	0.08890
MIRTAZAPINE	7.5 MG	TABLET	ORAL	10/22/2026	0.46849
MIRTAZAPINE	15 MG	TAB RAPDIS	ORAL	09/24/2026	0.58022
MIRTAZAPINE	30 MG	TAB RAPDIS	ORAL	01/22/2026	0.97195
MIRTAZAPINE	45 MG	TAB RAPDIS	ORAL	12/18/2025	0.96569

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

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
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	08/20/2026	68.74675
MITOMYCIN	40 MG	VIAL	INTRAVEN	09/24/2026	188.43600
MITOMYCIN	5 MG	VIAL	INTRAVEN	09/24/2026	95.25325
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	10/29/2026	0.31207
MOMETASONE FUROATE	0.1 %	SOLUTION	TOPICAL	10/23/2025	0.61193
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	10/22/2026	0.83025
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	11/05/2026	7.76471
MONTELUKAST SODIUM	4 MG	GRAN PACK	ORAL	06/18/2025	1.38467
MONTELUKAST SODIUM	10 MG	TABLET	ORAL	08/20/2026	0.06030
MONTELUKAST SODIUM	5 MG	TAB CHEW	ORAL	04/03/2025	0.06700
MONTELUKAST SODIUM	4 MG	TAB CHEW	ORAL	07/09/2026	0.10498
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	07/23/2026	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	07/24/2025	0.40294
MORPHINE SULFATE	200 MG	TABLET ER	ORAL	09/24/2026	4.16368

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

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	2 MG/ML	SYRINGE	INTRAVEN	04/24/2025	2.07432
MORPHINE SULFATE	4 MG/ML	VIAL	INTRAVEN	01/23/2025	1.40700
MOXIFLOXACIN HCL	400 MG	TABLET	ORAL	04/16/2026	3.31936
MOXIFLOXACIN HCL	0.5 %	DROPS	OPHTHALMIC	10/15/2026	3.99080
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	10/08/2026	0.08922
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	10/08/2026	0.04592
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	10/22/2026	0.03318
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	10/08/2026	0.10597
MULTIVITAMIN,THERAPEUTIC		TABLET	ORAL	03/20/2025	0.03002
MULTIVITAMIN/IRON/FOLIC ACID	18MG-0.4MG	TABLET	ORAL	10/15/2026	0.01089
MUPIROCIN	2 %	OINT. (G)	TOPICAL	04/02/2026	0.16324

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

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
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
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	08/20/2026	0.47583
MYCOPHENOLATE MOFETIL HCL	500 MG	VIAL	INTRAVEN	03/21/2024	12.43413
MYCOPHENOLATE SODIUM	180 MG	TABLET DR	ORAL	10/29/2026	0.23729
MYCOPHENOLATE SODIUM	360 MG	TABLET DR	ORAL	08/20/2026	0.35968
NABUMETONE	500 MG	TABLET	ORAL	07/16/2026	0.23957
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	09/24/2026	0.36086
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	08/06/2026	7.72680
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

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

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	125 MG/5ML	ORAL SUSP	ORAL	07/09/2026	0.39983
NAPROXEN	250 MG	TABLET	ORAL	08/20/2026	0.07075
NAPROXEN	375 MG	TABLET	ORAL	02/26/2026	0.04105
NAPROXEN	500 MG	TABLET	ORAL	11/05/2026	0.07512
NAPROXEN	375 MG	TABLET DR	ORAL	07/10/2025	0.29169
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	07/23/2026	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	10/22/2026	6.52639
NATEGLINIDE	120 MG	TABLET	ORAL	08/20/2026	0.35778
NATEGLINIDE	60 MG	TABLET	ORAL	08/20/2026	0.30981
NEBIVOLOL HCL	5 MG	TABLET	ORAL	10/29/2026	0.17822
NEBIVOLOL HCL	2.5 MG	TABLET	ORAL	10/29/2026	0.29490
NEBIVOLOL HCL	10 MG	TABLET	ORAL	10/29/2026	0.21187
NEBIVOLOL HCL	20 MG	TABLET	ORAL	10/29/2026	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

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

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	16 G X 1"	DIS NEEDLE	MISCELL	12/08/2022	0.09484
NEEDLES, DISPOSABLE	16GX1.5"	DIS NEEDLE	MISCELL	10/15/2026	0.16656
NEEDLES, DISPOSABLE	18GX1"	DIS NEEDLE	MISCELL	10/01/2026	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
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	10/01/2026	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

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

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	30GX3/4"	DIS NEEDLE	MISCELL	04/02/2026	0.07185
NEEDLES, DISPOSABLE	30GX1"	DIS NEEDLE	MISCELL	10/15/2026	0.30284
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	11/05/2026	0.22137
NEEDLES, SAFETY	25GX1 1/2"	DIS NEEDLE	MISCELL	09/28/2023	0.17447
NEEDLES, SAFETY	18GX1"	DIS NEEDLE	MISCELL	06/16/2022	0.70752
NEEDLES, SAFETY	18GX1 1/2"	DIS NEEDLE	MISCELL	06/05/2025	0.17407
NEEDLES, SAFETY	19GX1"	DIS NEEDLE	MISCELL	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	08/27/2026	3.99168
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT PACK	TOPICAL	10/01/2026	0.03857
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	09/24/2026	5.23966
NEOMYCIN/POLYMYXIN B/DEXAMETHA	0.1 %	DROPS SUSP	OPHTHALMIC	08/20/2026	3.34752

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

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
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	10/15/2026	0.31706
NEOSTIGMINE METHYLSULFATE	5 MG/5 ML	SYRINGE	INTRAVEN	10/15/2026	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	09/24/2026	0.02010
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	07/30/2026	2.05169
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	07/16/2026	1.35501
NICARDIPINE HCL/PF	25 MG/10ML	VIAL	INTRAVEN	10/29/2026	1.49048
NICARDIPINE IN NACL, ISO-OSM	20MG/200ML	PIGGYBACK	INTRAVEN	10/08/2026	0.10886
NICARDIPINE IN NACL, ISO-OSM	40MG/200ML	PIGGYBACK	INTRAVEN	10/22/2026	0.33466

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

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
NICOTINE	7MG/24HR	PATCH TD24	TRANSDERM	08/27/2026	1.43523
NICOTINE	14MG/24HR	PATCH TD24	TRANSDERM	08/27/2026	1.53095
NICOTINE	21 MG/24HR	PATCH TD24	TRANSDERM	09/17/2026	1.43523
NICOTINE POLACRILEX	4 MG	LOZNG MINI	BUCCAL	03/05/2026	0.31969
NICOTINE POLACRILEX	2 MG	LOZNG MINI	BUCCAL	10/22/2026	0.28997
NICOTINE POLACRILEX	2 MG	GUM	BUCCAL	12/23/2025	0.10148
NICOTINE POLACRILEX	4 MG	GUM	BUCCAL	06/11/2026	0.28324
NICOTINE POLACRILEX	4 MG	LOZENGE	BUCCAL	07/25/2022	0.34871
NICOTINE POLACRILEX	2 MG	LOZENGE	BUCCAL	07/23/2026	0.49275
NIFEDIPINE	10 MG	CAPSULE	ORAL	10/01/2026	0.36224
NIFEDIPINE	20 MG	CAPSULE	ORAL	10/01/2026	0.36254
NIFEDIPINE	30 MG	TAB ER 24	ORAL	12/23/2025	0.17206
NIFEDIPINE	60 MG	TAB ER 24	ORAL	10/22/2026	0.22097
NIFEDIPINE	90 MG	TAB ER 24	ORAL	01/22/2026	0.37172
NIFEDIPINE	30 MG	TABLET ER	ORAL	10/01/2026	0.18398
NIFEDIPINE	60 MG	TABLET ER	ORAL	10/01/2026	0.23075
NIFEDIPINE	90 MG	TABLET ER	ORAL	10/01/2026	0.29828
NILOTINIB HCL	200 MG	CAPSULE	ORAL	08/27/2026	3.15882
NILOTINIB HCL	150 MG	CAPSULE	ORAL	08/27/2026	3.15882
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	09/10/2026	18.59603
NINTEDANIB ESYLATE	150 MG	CAPSULE	ORAL	11/05/2026	7.31689
NISOLDIPINE	8.5 MG	TAB ER 24H	ORAL	09/03/2026	4.05359
NISOLDIPINE	17 MG	TAB ER 24H	ORAL	09/03/2026	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

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

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
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	11/05/2026	0.44233
NITROGLYCERIN	0.4% (W/W)	OINT. (G)	RECTAL	11/05/2026	18.46565
NITROGLYCERIN	400MCG/SPR	SPRAY	TRANSLING	07/23/2026	21.59238
NITROGLYCERIN	0.3 MG	TAB SUBL	SUBLINGUAL	10/01/2026	0.09164
NITROGLYCERIN	0.4 MG	TAB SUBL	SUBLINGUAL	09/24/2026	0.10733
NITROGLYCERIN	0.6 MG	TAB SUBL	SUBLINGUAL	01/22/2026	0.15397
NITROGLYCERIN	0.4MG/HR	PATCH TD24	TRANSDERM	10/01/2026	0.64134
NITROGLYCERIN	0.6MG/HR	PATCH TD24	TRANSDERM	10/01/2026	0.99825
NITROGLYCERIN	0.1MG/HR	PATCH TD24	TRANSDERM	10/01/2026	0.53300
NITROGLYCERIN	0.2MG/HR	PATCH TD24	TRANSDERM	07/14/2022	0.89916
NITROPRUSSIDE IN 0.9% NACL	50MG/100ML	VIAL	INTRAVEN	10/22/2026	0.68501
NITROPRUSSIDE IN 0.9% NACL	20MG/100ML	VIAL	INTRAVEN	10/22/2026	0.56401
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	08/20/2026	0.92293
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

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

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
NORETH-ETHINYL ESTRADIOL/IRON	0.4-35(21)	TAB CHEW	ORAL	10/29/2026	1.38307
NORETH-ETHINYL ESTRADIOL/IRON	0.8-25(24)	TAB CHEW	ORAL	11/13/2025	3.02689
NORETHINDRONE	0.35 MG	TABLET	ORAL	10/15/2026	0.10672
NORETHINDRONE AC/ETH ESTRADIOL	1.5-0.03MG	TABLET	ORAL	08/20/2026	0.38881
NORETHINDRONE AC/ETH ESTRADIOL	1MG-20MCG	TABLET	ORAL	09/24/2026	0.27374
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	10/29/2026	0.54860
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	10/22/2026	0.31426
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
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	09/24/2026	0.24056
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 LO	TABLET	ORAL	04/23/2026	0.36866
NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	ORAL	09/17/2026	0.48304
NORTRIPTYLINE HCL	10 MG	CAPSULE	ORAL	09/03/2026	0.16804
NORTRIPTYLINE HCL	25 MG	CAPSULE	ORAL	11/05/2026	0.11725
NORTRIPTYLINE HCL	50 MG	CAPSULE	ORAL	10/01/2026	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

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

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
NUTRITIONAL SUPPLEMENT/FIBER	0.05G-1/ML	LIQUID	ORAL	09/03/2026	0.01539
NYSTATIN	100000/ML	ORAL SUSP	ORAL	10/22/2026	0.09530
NYSTATIN	500K UNIT	TABLET	ORAL	04/03/2025	0.60474
NYSTATIN	100000/G	CREAM (G)	TOPICAL	09/24/2026	0.20011
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	07/16/2026	11.30690
OCTREOTIDE ACETATE	100 MCG/ML	VIAL	INJECTION	11/05/2026	3.28548
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	07/09/2026	0.98624
OFLOXACIN	0.3 %	DROPS	OTIC (EAR)	02/05/2026	1.19930
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	09/10/2026	0.10045
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	07/09/2026	0.38592
OLANZAPINE	10 MG	TAB RAPDIS	ORAL	09/03/2026	0.68876
OLANZAPINE	15 MG	TAB RAPDIS	ORAL	07/09/2026	0.76246

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

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	20 MG	TAB RAPDIS	ORAL	09/03/2026	1.18228
OLANZAPINE	10 MG	VIAL	INTRAMUSC	09/17/2026	11.90200
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	10/08/2026	0.10586
OLMESARTAN MEDOXOMIL	20 MG	TABLET	ORAL	09/17/2026	0.07213
OLMESARTAN MEDOXOMIL	40 MG	TABLET	ORAL	09/03/2026	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	07/30/2026	1.22059
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-25 MG	TABLET	ORAL	07/30/2026	1.22059
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-12.5	TABLET	ORAL	07/30/2026	1.22059
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-25MG	TABLET	ORAL	07/30/2026	1.23786
OLMESARTAN/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	08/06/2026	0.26175
OLMESARTAN/HYDROCHLOROTHIAZIDE	40-12.5 MG	TABLET	ORAL	10/29/2026	0.29718
OLMESARTAN/HYDROCHLOROTHIAZIDE	40 MG-25MG	TABLET	ORAL	08/06/2026	0.29659
OLOPATADINE HCL	0.1 %	DROPS	OPHTHALMIC	01/23/2025	1.00776
OLOPATADINE HCL	0.7 %	DROPS	OPHTHALMIC	04/23/2026	5.33433
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	10/22/2026	0.27872
OMEGA-3 FATTY ACIDS/FISH OIL	300-1000MG	CAPSULE	ORAL	08/06/2026	0.11911
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	10/01/2026	0.06718
OMEGA-3/DHA/EPA/FISH OIL	1200 MG	CAPSULE	ORAL	08/03/2023	0.12831

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

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
OMEGA-3/DHA/EPA/FISH OIL	1000 MG	CAPSULE	ORAL	08/06/2026	0.09371
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	10/22/2026	0.04028
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	10/22/2026	0.04435
OMEPRAZOLE	10 MG	CAPSULE DR	ORAL	10/01/2026	0.11837
OMEPRAZOLE	40 MG	CAPSULE DR	ORAL	08/20/2026	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	09/10/2026	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	09/17/2026	0.28105
ONDANSETRON	8 MG	TAB RAPDIS	ORAL	09/03/2026	0.27470
ONDANSETRON HCL	4 MG/5 ML	SOLUTION	ORAL	06/25/2026	0.42907
ONDANSETRON HCL	4 MG	TABLET	ORAL	10/08/2026	0.06253
ONDANSETRON HCL	8 MG	TABLET	ORAL	10/08/2026	0.09380
ONDANSETRON HCL	2 MG/ML	VIAL	INTRAVEN	04/10/2025	0.12060
ONDANSETRON HCL/PF	4 MG/2 ML	VIAL	INJECTION	10/15/2026	0.16040
ORPHENADRINE CITRATE	100 MG	TABLET ER	ORAL	09/24/2026	0.63114
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	08/13/2026	0.91790
OSELTAMIVIR PHOSPHATE	30 MG	CAPSULE	ORAL	08/21/2025	1.29042

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

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
OSELTAMIVIR PHOSPHATE	45 MG	CAPSULE	ORAL	08/21/2025	1.29042
OSELTAMIVIR PHOSPHATE	6 MG/ML	SUSP RECON	ORAL	06/18/2026	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	11/05/2026	2.77702
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	09/03/2026	12.44452
OXCARBAZEPINE	600 MG	TAB ER 24H	ORAL	09/03/2026	21.88326
OXICONAZOLE NITRATE	1 %	CREAM (G)	TOPICAL	07/23/2026	2.67546
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
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	09/03/2026	0.04355

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

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	2.5 MG	TABLET	ORAL	07/02/2026	2.12350
OXYCODONE HCL	5 MG	CAPSULE	ORAL	11/13/2025	1.32017
OXYCODONE HCL	15 MG	TABLET ORL	ORAL	07/23/2026	12.62078
OXYCODONE HCL	10 MG	TABLET ORL	ORAL	07/23/2026	12.05783
OXYCODONE HCL	40 MG	TAB ER 12H	ORAL	07/23/2026	11.87808
OXYCODONE HCL	80 MG	TAB ER 12H	ORAL	07/23/2026	28.26392
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	09/17/2026	0.23522
OXYCODONE HCL	20 MG	TABLET	ORAL	09/17/2026	0.52413
OXYCODONE HCL	15 MG	TABLET	ORAL	08/31/2026	0.19740
OXYCODONE HCL	30 MG	TABLET	ORAL	09/17/2026	0.10017
OXYCODONE HCL/ACETAMINOPHEN	10-300MG/5	SOLUTION	ORAL	04/02/2026	8.19000
OXYCODONE HCL/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	10/08/2026	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	10/08/2026	0.10673
OXYCODONE HCL/ACETAMINOPHEN	10MG-325MG	TABLET	ORAL	10/08/2026	0.14372
OXYMETAZOLINE HCL	0.05 %	MIST	NASAL	08/06/2026	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	08/20/2026	632.10725
PALIPERIDONE	3 MG	TAB ER 24	ORAL	10/29/2026	1.32213
PALIPERIDONE	6 MG	TAB ER 24	ORAL	10/29/2026	1.38199
PALIPERIDONE	9 MG	TAB ER 24	ORAL	08/20/2026	2.91236

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

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	1.5 MG	TAB ER 24	ORAL	06/11/2026	2.21904
PALONOSETRON HCL	0.25MG/5ML	SYRINGE	INTRAVEN	05/06/2022	7.62000
PALONOSETRON HCL	0.25MG/5ML	VIAL	INTRAVEN	09/24/2026	1.05056
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	10/01/2026	6.34069
PANTOPRAZOLE SODIUM	40 MG	TABLET DR	ORAL	09/17/2026	0.05856
PANTOPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	08/27/2026	0.03461
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	TABLET	ORAL	08/27/2026	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
PAZOPANIB HCL	200 MG	TABLET	ORAL	08/13/2026	44.96453
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	10/22/2026	0.18983

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

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
PEDIATRIC MULTIVITAMIN NO.17		TAB CHEW	ORAL	10/22/2026	0.01866
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	08/27/2026	37.50475
PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G	SOLN RECON	ORAL	07/16/2026	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	07/16/2026	0.12770
PEN NEEDLE, DIABETIC	30 GX5/16"	DIS NEEDLE	MISCELL	10/08/2026	0.07281
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	10/22/2026	0.05293
PEN NEEDLE, DIABETIC	32 GX 1/4"	DIS NEEDLE	MISCELL	07/16/2026	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	10/22/2026	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	10/15/2026	0.20897
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	10/08/2026	0.07281
PEN NEEDLE, DIABETIC	31G X5/32"	DIS NEEDLE	MISCELL	04/16/2026	0.80849
PEN NEEDLE, DIABETIC, SAFETY	29GX 5/16"	DIS NEEDLE	MISCELL	09/22/2022	0.62143
PEN NEEDLE, DIABETIC, SAFETY	29G X3/16"	DIS NEEDLE	MISCELL	09/22/2022	0.62143
PEN NEEDLE, DIABETIC, SAFETY	31 GX3/16"	DIS NEEDLE	MISCELL	05/14/2026	0.03518
PEN NEEDLE, DIABETIC, SAFETY	30 GX3/16"	DIS NEEDLE	MISCELL	03/05/2026	0.40146
PEN NEEDLE, DIABETIC, SAFETY	30 GX5/16"	DIS NEEDLE	MISCELL	08/27/2026	0.28046

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

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 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	08/20/2026	0.08174
PENICILLIN V POTASSIUM	500 MG	TABLET	ORAL	08/20/2026	0.11190
PENTAMIDINE ISETHIONATE	300 MG	VIAL	INJECTION	07/16/2026	57.65625
PENTAMIDINE ISETHIONATE	300 MG	VIAL-NEB	INHALATION	07/09/2026	118.49000
PENTOBARBITAL SODIUM	50 MG/ML	VIAL	INJECTION	10/09/2025	40.89750
PENTOXIFYLLINE	400 MG	TABLET ER	ORAL	09/17/2026	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	09/24/2026	0.39820
PERMETHRIN	1 %	LIQUID	TOPICAL	10/24/2024	0.09436

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

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
PERPHENAZINE	16 MG	TABLET	ORAL	10/15/2026	0.64441
PERPHENAZINE	2 MG	TABLET	ORAL	10/15/2026	0.28850
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	10/08/2026	0.00537
PETROLATUM,WHITE	42 %	OINT. (G)	TOPICAL	12/28/2023	0.01837
PETROLATUM,WHITE	86.5 %	OINT. (G)	TOPICAL	10/15/2026	0.06520
PHENAZOPYRIDINE HCL	200 MG	TABLET	ORAL	11/05/2026	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	10/22/2026	27.58234
PHENTERMINE HCL	15 MG	CAPSULE	ORAL	06/18/2026	0.10783
PHENTERMINE HCL	30 MG	CAPSULE	ORAL	11/05/2026	0.10050
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	08/20/2026	0.54565

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

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	10 %	DROPS	OPHTHALMIC	02/02/2023	5.16001
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	10/22/2026	1.75272
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	10/22/2026	0.11461
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	10/01/2026	0.05965
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	09/24/2026	0.27256
PHENYTOIN SODIUM EXTENDED	30 MG	CAPSULE	ORAL	09/10/2026	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

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

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
PHYTONADIONE (VIT K1)	10 MG/ML	VIAL	INJECTION	10/22/2026	24.95955
PILOCARPINE HCL	5 MG	TABLET	ORAL	08/20/2026	0.48749
PILOCARPINE HCL	7.5 MG	TABLET	ORAL	06/18/2026	1.25290
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
PIMECROLIMUS	1 %	CREAM (G)	TOPICAL	08/20/2026	3.80556
PINDOLOL	10 MG	TABLET	ORAL	03/26/2026	1.01230
PINDOLOL	5 MG	TABLET	ORAL	10/01/2026	1.07776
PIOGLITAZONE HCL	15 MG	TABLET	ORAL	04/30/2026	0.07086
PIOGLITAZONE HCL	30 MG	TABLET	ORAL	04/30/2026	0.10777
PIOGLITAZONE HCL	45 MG	TABLET	ORAL	04/30/2026	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	11/05/2026	3.76200
PIPERACILLIN SODIUM/TAZOBACTAM	4.5 G	VIAL	INTRAVEN	03/09/2023	4.35600
PIPERACILLIN SODIUM/TAZOBACTAM	40.5 G	VIAL	INTRAVEN	11/05/2026	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	03/19/2026	3.18091
PIRFENIDONE	267 MG	TABLET	ORAL	11/05/2026	0.64022
PIRFENIDONE	801 MG	TABLET	ORAL	11/05/2026	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

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

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
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	09/24/2026	137.32438
PNV 119/IRON FUM/FOLIC ACID	29 MG-1 MG	TABLET	ORAL	10/22/2026	0.37454
PNV NO.159/IRON/FOLIC ACID	28MG-0.8MG	TABLET	ORAL	09/17/2026	0.07363
PNV NO.95/FERROUS FUM/FOLIC AC	28MG-0.8MG	TABLET	ORAL	09/04/2025	0.04178
PNV,CALCIUM 72/IRON/FOLIC ACID	27 MG-1 MG	TABLET	ORAL	04/02/2026	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	07/23/2026	1.63480
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	07/09/2026	5.27050
POLYSORBATE 80		SOLUTION	MISCELL	09/08/2022	0.03739
POLYVINYL ALCOHOL	1.4 %	DROPS	OPHTHALMIC	07/30/2026	0.46592
POMALIDOMIDE	1 MG	CAPSULE	ORAL	03/19/2026	651.32575
POMALIDOMIDE	2 MG	CAPSULE	ORAL	03/19/2026	651.32575
POMALIDOMIDE	3 MG	CAPSULE	ORAL	03/19/2026	651.32575
POMALIDOMIDE	4 MG	CAPSULE	ORAL	03/19/2026	651.32575
POSACONAZOLE	200 MG/5ML	ORAL SUSP	ORAL	11/05/2026	8.88354
POSACONAZOLE	100 MG	TABLET DR	ORAL	05/07/2026	5.22500
POSACONAZOLE	300MG/16.7	VIAL	INTRAVEN	10/01/2026	6.12442
POTASSIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN	09/11/2025	0.13501
POTASSIUM CHLORIDE	10 MEQ	CAPSULE ER	ORAL	09/24/2026	0.12993
POTASSIUM CHLORIDE	8 MEQ	CAPSULE ER	ORAL	10/23/2025	0.27189
POTASSIUM CHLORIDE	20 MEQ	PACKET	ORAL	10/01/2026	0.92250
POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	ORAL	02/20/2025	0.04649

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

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	40MEQ/15ML	LIQUID	ORAL	11/05/2026	0.11406
POTASSIUM CHLORIDE	10 MEQ	TAB ER PRT	ORAL	07/16/2026	0.10063
POTASSIUM CHLORIDE	20 MEQ	TAB ER PRT	ORAL	11/05/2026	0.17271
POTASSIUM CHLORIDE	15 MEQ	TAB ER PRT	ORAL	05/05/2022	0.08161
POTASSIUM CHLORIDE	10 MEQ	TABLET ER	ORAL	10/01/2026	0.07698
POTASSIUM CHLORIDE	20 MEQ	TABLET ER	ORAL	05/14/2026	0.35443
POTASSIUM CHLORIDE	8 MEQ	TABLET ER	ORAL	10/29/2026	0.09959
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
POTASSIUM CHLORIDE IN D5W	20 MEQ/L	IV SOLN	INTRAVEN	11/10/2022	0.00382
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	08/20/2026	0.01209
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	09/03/2026	0.26787
POTASSIUM CITRATE	10 MEQ	TABLET ER	ORAL	09/24/2026	0.22566
POTASSIUM CITRATE	15 MEQ	TABLET ER	ORAL	09/24/2026	0.34076
POTASSIUM CITRATE/CITRIC ACID	1100-334/5	SOLUTION	ORAL	04/02/2026	0.10589

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

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 GLUCONATE	595(99)MG	TABLET	ORAL	10/29/2026	0.03075
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	09/10/2026	1.05120
POVIDONE-IODINE	10 %	MED. SWAB	TOPICAL	07/02/2026	0.07119
POVIDONE-IODINE	10 %	MED. PAD	TOPICAL	10/08/2026	0.03913
POVIDONE-IODINE	10 %	OINT. (G)	TOPICAL	05/19/2022	0.15792
POVIDONE-IODINE	10 %	SOLUTION	TOPICAL	09/10/2026	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
PRAMIPEXOLE DI-HCL	1 MG	TABLET	ORAL	06/11/2026	0.10616
PRAMIPEXOLE DI-HCL	1.5 MG	TABLET	ORAL	09/24/2026	0.14278
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

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

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
PRASUGREL HCL	5 MG	TABLET	ORAL	09/24/2026	0.86877
PRASUGREL HCL	10 MG	TABLET	ORAL	10/29/2026	0.48329
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	11/05/2026	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	10/08/2026	0.05668
PRAZOSIN HCL	2 MG	CAPSULE	ORAL	08/13/2026	0.07447
PRAZOSIN HCL	5 MG	CAPSULE	ORAL	08/20/2026	0.12531
PREDNISOLONE	15 MG/5 ML	SOLUTION	ORAL	10/15/2026	0.78147
PREDNISOLONE	5 MG	TABLET	ORAL	10/02/2025	14.06013
PREDNISOLONE ACETATE	1 %	DROPS SUSP	OPHTHALMIC	07/16/2026	3.49932
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	07/30/2026	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	09/24/2026	0.07078
PREDNISONE	2.5 MG	TABLET	ORAL	08/20/2026	0.11350
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

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

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
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	10/01/2026	0.08338
PREGABALIN	100 MG	CAPSULE	ORAL	06/11/2026	0.08338
PREGABALIN	150 MG	CAPSULE	ORAL	10/01/2026	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
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	08/13/2026	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	10/22/2026	0.34130
PROCHLORPERAZINE MALEATE	5 MG	TABLET	ORAL	06/25/2026	0.11015
PROGESTERONE	50 MG/ML	VIAL	INTRAMUSC	09/10/2026	2.14400
PROGESTERONE, MICRONIZED	100 MG	CAPSULE	ORAL	10/15/2026	0.36301
PROGESTERONE, MICRONIZED	200 MG	CAPSULE	ORAL	10/29/2026	0.61037

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

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
PROGESTERONE, MICRONIZED	100 MG	INSERT	VAGINAL	10/29/2026	11.67781
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	ORAL	08/20/2026	0.06422
PROMETHAZINE HCL	12.5 MG	TABLET	ORAL	04/16/2026	0.09983
PROMETHAZINE HCL	25 MG	TABLET	ORAL	08/20/2026	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	08/20/2026	4.45500
PROMETHAZINE HCL/CODEINE	6.25-10/5	SYRUP	ORAL	01/15/2026	0.05462
PROMETHAZINE/DEXTROMETHORPHAN	6.25-15/5	SOLUTION	ORAL	07/09/2026	0.06197
PROPAFENONE HCL	225 MG	CAP ER 12H	ORAL	06/26/2025	0.37944
PROPAFENONE HCL	325 MG	CAP ER 12H	ORAL	09/02/2026	0.23139
PROPAFENONE HCL	425 MG	CAP ER 12H	ORAL	07/16/2026	1.13889
PROPAFENONE HCL	150 MG	TABLET	ORAL	09/24/2026	0.23169
PROPAFENONE HCL	300 MG	TABLET	ORAL	05/07/2026	0.66839
PROPAFENONE HCL	225 MG	TABLET	ORAL	08/28/2025	0.39865
PROPARACAINE HCL	0.5 %	DROPS	OPHTHALMIC	08/06/2026	2.63533
PROPRANOLOL HCL	120 MG	CAP SA 24H	ORAL	09/24/2026	0.97190
PROPRANOLOL HCL	160 MG	CAP SA 24H	ORAL	05/05/2022	1.02470
PROPRANOLOL HCL	60 MG	CAP SA 24H	ORAL	11/05/2026	0.65928
PROPRANOLOL HCL	80 MG	CAP SA 24H	ORAL	09/24/2026	0.76983
PROPRANOLOL HCL	10 MG	TABLET	ORAL	07/16/2026	0.07879
PROPRANOLOL HCL	20 MG	TABLET	ORAL	10/29/2026	0.07257
PROPRANOLOL HCL	40 MG	TABLET	ORAL	10/22/2026	0.10693
PROPRANOLOL HCL	60 MG	TABLET	ORAL	10/29/2026	0.26050
PROPRANOLOL HCL	80 MG	TABLET	ORAL	02/19/2026	0.23316
PROPYLENE GLYCOL	0.6 %	DROPS	OPHTHALMIC	04/30/2026	1.26027

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

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
PROPYLENE GLYCOL/PEG 400	0.3 %-0.4%	DROPS	OPHTHALMIC	08/06/2026	0.75933
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	08/13/2026	7.32000
PROTRIPTYLINE HCL	5 MG	TABLET	ORAL	10/15/2026	6.48123
PRUCALOPRIDE SUCCINATE	2 MG	TABLET	ORAL	06/04/2026	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	10/08/2026	4.52408
PYRIDOSTIGMINE BROMIDE	60 MG/5 ML	SOLUTION	ORAL	07/30/2026	0.43760
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	08/06/2026	0.22300

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

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
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	07/16/2026	0.07223
QUETIAPINE FUMARATE	200 MG	TABLET	ORAL	07/23/2026	0.12958
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	08/20/2026	0.54962
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	10/29/2026	0.63404
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	09/03/2026	6.05582
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	10/29/2026	0.52111
RALOXIFENE HCL	60 MG	TABLET	ORAL	06/25/2026	0.24656
RAMELTEON	8 MG	TABLET	ORAL	08/06/2026	0.58781
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	08/20/2026	0.05159
RANOLAZINE	500 MG	TAB ER 12H	ORAL	07/23/2026	0.26577
RANOLAZINE	1000 MG	TAB ER 12H	ORAL	08/20/2026	0.46989

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

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
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
RIBOFLAVIN (VITAMIN B2)	100 MG	CAPSULE	ORAL	04/30/2026	0.06921
RIBOFLAVIN (VITAMIN B2)	100 MG	TABLET	ORAL	10/15/2026	0.04348
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	08/13/2026	12.76649
RIFAMPIN	150 MG	CAPSULE	ORAL	08/06/2026	2.17214
RIFAMPIN	300 MG	CAPSULE	ORAL	03/19/2026	1.08674
RIFAMPIN	600 MG	VIAL	INTRAVEN	05/05/2022	69.18750
RILPIVIRINE HCL	25 MG	TABLET	ORAL	10/01/2026	53.84838
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	10/01/2026	0.00277
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	09/10/2026	17.50000
RISEDRONATE SODIUM	35 MG	TABLET DR	ORAL	05/06/2022	28.44375
RISPERIDONE	1 MG/ML	SOLUTION	ORAL	05/21/2026	0.67000

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

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
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	10/29/2026	2.41395
RIVAROXABAN	20 MG	TABLET	ORAL	08/14/2025	13.16150
RIVAROXABAN	2.5 MG	TABLET	ORAL	10/01/2026	0.96033
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	07/09/2026	2.16410
RIVASTIGMINE TARTRATE	1.5 MG	CAPSULE	ORAL	10/29/2026	0.26822
RIVASTIGMINE TARTRATE	3 MG	CAPSULE	ORAL	04/03/2025	0.35682
RIVASTIGMINE TARTRATE	4.5 MG	CAPSULE	ORAL	04/03/2025	0.35845
RIVASTIGMINE TARTRATE	6 MG	CAPSULE	ORAL	01/22/2026	0.45649
RIZATRIPTAN BENZOATE	5 MG	TABLET	ORAL	08/14/2025	0.47905
RIZATRIPTAN BENZOATE	10 MG	TABLET	ORAL	11/25/2025	0.34505

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

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
RIZATRIPTAN BENZOATE	5 MG	TAB RAPDIS	ORAL	09/24/2026	1.45316
RIZATRIPTAN BENZOATE	10 MG	TAB RAPDIS	ORAL	09/10/2026	0.86876
ROCURONIUM BROMIDE	10 MG/ML	VIAL	INTRAVEN	04/02/2026	0.32462
ROFLUMILAST	500 MCG	TABLET	ORAL	07/09/2026	0.39381
ROFLUMILAST	250 MCG	TABLET	ORAL	10/22/2026	1.26803
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	09/24/2026	0.22767
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	10/22/2026	0.31863
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	08/06/2026	0.35019
ROSUVASTATIN CALCIUM	10 MG	TABLET	ORAL	10/22/2026	0.03514
ROSUVASTATIN CALCIUM	20 MG	TABLET	ORAL	10/22/2026	0.04928
ROSUVASTATIN CALCIUM	40 MG	TABLET	ORAL	10/22/2026	0.06802

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

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	5 MG	TABLET	ORAL	06/25/2026	0.02093
RUFINAMIDE	40 MG/ML	ORAL SUSP	ORAL	09/11/2025	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	07/23/2026	0.50767
SACUBITRIL/VALSARTAN	24 MG-26MG	TABLET	ORAL	02/19/2026	0.83830
SACUBITRIL/VALSARTAN	49 MG-51MG	TABLET	ORAL	10/22/2026	0.50266
SACUBITRIL/VALSARTAN	97MG-103MG	TABLET	ORAL	10/22/2026	0.50266
SALICYLIC ACID	2 %	MED. PAD	TOPICAL	09/17/2026	0.10303
SALICYLIC ACID	6 %	GEL (GRAM)	TOPICAL	10/01/2026	32.49629
SALICYLIC ACID	10 %	CREAM (G)	TOPICAL	04/02/2026	0.22682
SALICYLIC ACID	3 %	CREAM (G)	TOPICAL	07/09/2026	0.07411
SALICYLIC ACID	6 %	CREAM (G)	TOPICAL	04/02/2026	18.20460
SALICYLIC ACID	2 %	CLEANSER	TOPICAL	10/08/2026	0.02228
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	07/23/2026	0.48227
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	12/11/2025	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	10/01/2026	114.84886
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

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

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	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
SAXAGLIPTIN HCL/METFORMIN HCL	2.5-1000MG	TBMP 24HR	ORAL	05/14/2026	9.29756
SCOPOLAMINE	1 MG/3 DAY	PATCH TD 3	TRANSDERM	09/03/2026	3.81348
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	10/22/2026	0.07237
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	09/24/2026	0.72338
SERTRALINE HCL	25 MG	TABLET	ORAL	09/24/2026	0.03369
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	07/30/2026	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	10/01/2026	0.11372

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

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
SILDENAFIL CITRATE	20 MG	TABLET	ORAL	07/09/2026	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	09/24/2026	0.57665
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	07/30/2026	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	09/24/2026	0.03934
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	04/30/2026	0.04965
SIMVASTATIN	80 MG	TABLET	ORAL	04/30/2026	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
SITAGLIPTIN PHOSPHATE	25 MG	TABLET	ORAL	09/24/2026	3.46329
SITAGLIPTIN PHOSPHATE	50 MG	TABLET	ORAL	09/24/2026	3.51473
SITAGLIPTIN PHOSPHATE	100 MG	TABLET	ORAL	09/24/2026	3.51473

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

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
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	09/17/2026	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
SODIUM BICARBONATE	325 MG	TABLET	ORAL	11/13/2025	0.02817
SODIUM BICARBONATE	650 MG	TABLET	ORAL	10/22/2026	0.02106
SODIUM BICARBONATE	50MEQ/50ML	SYRINGE	INTRAVEN	10/01/2026	0.38755
SODIUM BICARBONATE	0.5MEQ/ML	VIAL	INTRAVEN	05/22/2025	0.59496
SODIUM BICARBONATE	1 MEQ/ML	VIAL	INTRAVEN	10/15/2026	0.08362
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	07/30/2026	0.00496
SODIUM CHLORIDE 0.9 % (FLUSH)	0.9 %	SYRINGE	INJECTION	10/01/2026	0.04165
SODIUM CHLORIDE 3 %	3 %	IV SOLN	INTRAVEN	09/08/2022	0.00643
SODIUM CHLORIDE FOR INHALATION	0.9 %	VIAL-NEB	INHALATION	04/02/2026	0.03216
SODIUM CHLORIDE FOR INHALATION	3 %	VIAL-NEB	INHALATION	10/01/2026	0.04582
SODIUM CHLORIDE IRRIG SOLUTION	0.9 %	IRRIG SOLN	IRRIGATION	05/21/2026	0.00709

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

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 CHLORIDE/ALOE VERA		SPRAY	NASAL	08/06/2026	0.30759
SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G	SOLN RECON	ORAL	07/16/2026	0.00862
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	10/01/2026	0.04997
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
SODIUM PHENYLBUTYRATE	0.94 G/G	POWDER	ORAL	04/06/2023	11.60278
SODIUM PHENYLBUTYRATE	500 MG	TABLET	ORAL	11/05/2026	12.72554
SODIUM POLYSTYRENE SULFONATE	15 G	POWDER	ORAL	10/01/2026	0.15447
SODIUM TETRADECYL SULFATE	3 %	VIAL	INTRAVEN	08/20/2026	55.50273
SODIUM, POTASSIUM,MAG SULFATES	17.5-3.13G	SOLN RECON	ORAL	10/15/2026	0.18605
SODIUM,POTASSIUM PHOSPHATES	280-250MG	POWD PACK	ORAL	02/19/2026	0.46056
SOLIFENACIN SUCCINATE	5 MG	TABLET	ORAL	08/20/2026	0.21410
SOLIFENACIN SUCCINATE	10 MG	TABLET	ORAL	09/24/2026	0.24686
SORAFENIB TOSYLATE	200 MG	TABLET	ORAL	05/28/2026	35.55614
SOTALOL HCL	160 MG	TABLET	ORAL	08/13/2026	0.34867
SOTALOL HCL	240 MG	TABLET	ORAL	10/29/2026	0.28596
SOTALOL HCL	80 MG	TABLET	ORAL	08/13/2026	0.15356
SOTALOL HCL	120 MG	TABLET	ORAL	08/13/2026	0.14820
SPINOSAD	0.9 %	SUSPENSION	TOPICAL	05/05/2022	1.77153
SPIRONOLACT/HYDROCHLOROTHIAZID	25 MG-25MG	TABLET	ORAL	10/22/2026	0.66569
SPIRONOLACTONE	25 MG/5 ML	ORAL SUSP	ORAL	08/28/2025	1.73639
SPIRONOLACTONE	100 MG	TABLET	ORAL	10/22/2026	0.15659

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

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
SPIRONOLACTONE	25 MG	TABLET	ORAL	06/11/2026	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	08/06/2026	0.37969
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	10/08/2026	0.21548
SUCRALFATE	1 G	TABLET	ORAL	10/29/2026	0.30378
SUGAMMADEX SODIUM	200 MG/2ML	VIAL	INTRAVEN	08/27/2026	4.15272
SULFACETAMIDE SODIUM	10 %	SUSPENSION	TOPICAL	10/01/2026	1.16603
SULFACETAMIDE SODIUM	10 %	DROPS	OPHTHALMIC	05/06/2022	2.48570
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	08/20/2026	0.09890
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	10/22/2026	0.32428
SULFASALAZINE	500 MG	TABLET DR	ORAL	10/22/2026	0.44461
SULFUR	3 %	BAR	TOPICAL	05/06/2022	4.58700
SULINDAC	150 MG	TABLET	ORAL	05/15/2025	0.25343

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

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
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	10/22/2026	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	08/20/2026	87.89375
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
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 0.3 ML HALF MARK	31 G X1/4"	DISP SYRIN	MISCELL	10/22/2026	0.13950
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	10/22/2026	0.13950

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

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 ACCESSORY		EACH	MISCELL	11/05/2026	0.03656
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	10/01/2026	0.08424
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
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	10/01/2026	0.06198
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	10/15/2026	0.18063
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

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

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 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	10/01/2026	0.18492
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	10/15/2026	0.28957
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	10/15/2026	0.05514
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	10/15/2026	0.09842
SYRINGE, DISPOSABLE, 30 ML		DISP SYRIN	MISCELL	02/29/2024	0.30364
SYRINGE, DISPOSABLE, 35 ML		DISP SYRIN	MISCELL	05/06/2022	0.32767
SYRINGE, DISPOSABLE, 5 ML		DISP SYRIN	MISCELL	09/07/2023	0.09421
SYRINGE, DISPOSABLE, 50 ML		DISP SYRIN	MISCELL	10/15/2026	1.06966
SYRINGE, DISPOSABLE, 6 ML		DISP SYRIN	MISCELL	10/01/2026	0.10553
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

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

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,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	10/01/2026	0.41560
SYRINGE,NEEDLE,INSULN,SF 0.5ML	29 G X1/2"	DISP SYRIN	MISCELL	10/08/2026	0.21145
SYRINGE,NEEDLE,INSULN,SF,0.3ML	29 G X1/2"	DISP SYRIN	MISCELL	10/08/2026	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
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

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

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	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	10/22/2026	0.13950
TACROLIMUS	1 MG	CAPSULE	ORAL	10/29/2026	0.16348
TACROLIMUS	5 MG	CAPSULE	ORAL	08/20/2026	1.00500
TACROLIMUS	0.5 MG	CAPSULE	ORAL	09/03/2026	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	10/15/2026	0.17911
TADALAFIL	20 MG	TABLET	ORAL	10/15/2026	0.32785
TADALAFIL	5 MG	TABLET	ORAL	04/16/2026	0.13221
TADALAFIL	2.5 MG	TABLET	ORAL	08/20/2026	0.20993
TADALAFIL	20 MG	TABLET	ORAL	12/18/2025	0.28475
TAFLUPROST/PF	0.0015 %	DROPERETTE	OPHTHALMIC	11/13/2025	6.12944
TAMOXIFEN CITRATE	10 MG	TABLET	ORAL	10/22/2026	0.49468
TAMOXIFEN CITRATE	20 MG	TABLET	ORAL	08/20/2026	0.59719
TAMSULOSIN HCL	0.4 MG	CAPSULE	ORAL	11/05/2026	0.05869
TAPENTADOL HCL	50 MG	TABLET	ORAL	09/24/2026	7.62090

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

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
TAPENTADOL HCL	75 MG	TABLET	ORAL	09/24/2026	8.90436
TAPENTADOL HCL	100 MG	TABLET	ORAL	09/24/2026	11.37316
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	07/09/2026	15.70968
TAZAROTENE	0.05 %	CREAM (G)	TOPICAL	03/20/2025	14.07070
TAZAROTENE	0.1 %	CREAM (G)	TOPICAL	08/20/2026	2.96340
TELMISARTAN	40 MG	TABLET	ORAL	10/01/2026	0.28408
TELMISARTAN	80 MG	TABLET	ORAL	05/28/2026	0.26621
TELMISARTAN	20 MG	TABLET	ORAL	11/05/2026	0.17554
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	10/15/2026	1.75004
TEMOZOLOMIDE	20 MG	CAPSULE	ORAL	10/15/2026	1.26228
TEMOZOLOMIDE	100 MG	CAPSULE	ORAL	10/15/2026	7.01040
TEMOZOLOMIDE	250 MG	CAPSULE	ORAL	10/15/2026	22.68000
TEMOZOLOMIDE	140 MG	CAPSULE	ORAL	10/15/2026	7.56000
TEMOZOLOMIDE	180 MG	CAPSULE	ORAL	10/15/2026	8.53714
TEMSIROLIMUS	25 MG/ML	VIAL	INTRAVEN	06/18/2026	1049.74350
TENOFOVIR DISOPROXIL FUMARATE	300 MG	TABLET	ORAL	12/23/2025	0.86564
TERAZOSIN HCL	1 MG	CAPSULE	ORAL	05/05/2022	0.13216

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

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
TERAZOSIN HCL	2 MG	CAPSULE	ORAL	10/15/2026	0.13160
TERAZOSIN HCL	5 MG	CAPSULE	ORAL	05/05/2022	0.13481
TERAZOSIN HCL	10 MG	CAPSULE	ORAL	10/22/2026	0.19484
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	08/27/2026	2.66548
TERBUTALINE SULFATE	5 MG	TABLET	ORAL	08/27/2026	2.66548
TERBUTALINE SULFATE	1 MG/ML	VIAL	SUBCUT	01/16/2025	1.04520
TERCONAZOLE	0.4 %	CREAM/APPL	VAGINAL	08/20/2026	0.88142
TERCONAZOLE	0.8 %	CREAM/APPL	VAGINAL	10/29/2026	1.61202
TERCONAZOLE	80 MG	SUPP.VAG	VAGINAL	11/13/2025	30.81150
TERIFLUNOMIDE	7 MG	TABLET	ORAL	11/05/2026	1.38467
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	10/22/2026	2.15859
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	08/13/2026	3.89136
TESTOSTERONE	20.25/1.25	GEL MD PMP	TRANSDERM	09/17/2026	0.73325
TESTOSTERONE CYPIONATE	100 MG/ML	VIAL	INTRAMUSC	11/30/2023	3.27888
TESTOSTERONE CYPIONATE	200 MG/ML	VIAL	INTRAMUSC	10/22/2026	4.38900
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	10/15/2026	0.95714
TETRACAINE HCL	0.5 %	DROPS	OPHTHALMIC	02/13/2025	4.75200

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

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	10/29/2026	2.20524
TETRACYCLINE HCL	500 MG	CAPSULE	ORAL	09/24/2026	1.47936
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	10/15/2026	0.51563
THEOPHYLLINE ANHYDROUS	450 MG	TAB ER 12H	ORAL	10/15/2026	1.02322
THIAMINE HCL	100 MG	TABLET	ORAL	01/08/2026	0.02647
THIAMINE HCL	250 MG	TABLET	ORAL	10/15/2026	0.09045
THIAMINE HCL	50 MG	TABLET	ORAL	05/06/2022	0.05293
THIAMINE HCL	100 MG/ML	VIAL	INJECTION	11/05/2026	1.81409
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	09/30/2025	0.72729
THIORIDAZINE HCL	25 MG	TABLET	ORAL	03/12/2026	0.50920
THIORIDAZINE HCL	50 MG	TABLET	ORAL	03/12/2026	0.63650
THIOTEPA	15 MG	VIAL	INJECTION	10/29/2026	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	2 MG	TABLET	ORAL	05/14/2026	5.23688
TICAGRELOR	90 MG	TABLET	ORAL	10/29/2026	0.27323
TICAGRELOR	60 MG	TABLET	ORAL	10/22/2026	0.63650

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

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
TIGECYCLINE	50 MG	VIAL	INTRAVEN	09/24/2026	29.75165
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	10/01/2026	1.07647
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	10/29/2026	1.97253
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	07/30/2026	0.31034
TIZANIDINE HCL	2 MG	TABLET	ORAL	10/22/2026	0.04833
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	07/09/2026	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

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

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
TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	OPHTHALMIC	10/01/2026	3.16800
TOFACITINIB CITRATE	5 MG	TABLET	ORAL	11/05/2026	0.63203
TOFACITINIB CITRATE	10 MG	TABLET	ORAL	11/05/2026	0.92214
TOFACITINIB CITRATE	11 MG	TAB ER 24H	ORAL	06/11/2026	3.08353
TOLCAPONE	100 MG	TABLET	ORAL	10/01/2026	26.90676
TOLNAFTATE	1 %	AERO POWD	TOPICAL	07/23/2026	0.04756
TOLNAFTATE	1 %	CREAM (G)	TOPICAL	02/06/2025	0.05328
TOLNAFTATE	1 %	POWDER	TOPICAL	08/27/2026	0.05315
TOLNAFTATE	1 %	SOLUTION	TOPICAL	07/02/2024	0.23949
TOLTERODINE TARTRATE	4 MG	CAP ER 24H	ORAL	03/05/2026	0.45247
TOLTERODINE TARTRATE	2 MG	CAP ER 24H	ORAL	10/15/2026	0.38056
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	10/15/2026	49.20000
TOLVAPTAN	30 MG	TABLET	ORAL	09/03/2026	103.41328
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	09/10/2026	212.96864
TOLVAPTAN	45 MG-15MG	TABLET SEQ	ORAL	09/10/2026	212.96864
TOLVAPTAN	60 MG-30MG	TABLET SEQ	ORAL	09/10/2026	212.96864
TOLVAPTAN	30 MG-15MG	TABLET SEQ	ORAL	09/10/2026	212.96864
TOLVAPTAN	15 MG-15MG	TABLET SEQ	ORAL	09/10/2026	212.96864
TOPIRAMATE	25 MG	CAP ER 24H	ORAL	10/15/2026	11.96767
TOPIRAMATE	50 MG	CAP ER 24H	ORAL	10/15/2026	13.59624
TOPIRAMATE	100 MG	CAP ER 24H	ORAL	10/15/2026	23.88400
TOPIRAMATE	200 MG	CAP ER 24H	ORAL	10/15/2026	27.09823
TOPIRAMATE	15 MG	CAP SPRINK	ORAL	12/18/2025	0.54292
TOPIRAMATE	25 MG	CAP SPRINK	ORAL	06/04/2026	0.73142

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

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	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
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	10/15/2026	0.05438
TOPIRAMATE	100 MG	TABLET	ORAL	10/29/2026	0.05901
TOPIRAMATE	200 MG	TABLET	ORAL	10/29/2026	0.09355
TOPIRAMATE	25 MG	TABLET	ORAL	10/08/2026	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	25 MG	TABLET	ORAL	11/05/2026	3.22674
TRAMADOL HCL	200 MG	TAB ER 24H	ORAL	12/18/2025	3.97100
TRAMADOL HCL	300 MG	TAB ER 24H	ORAL	10/01/2026	6.62771
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

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

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
TRANDOLAPRIL/VERAPAMIL HCL	1MG-240 MG	TAB BP 24H	ORAL	05/06/2022	3.49160
TRANEXAMIC ACID	650 MG	TABLET	ORAL	10/15/2026	1.42487
TRANEXAMIC ACID	1000 MG/10	AMPUL	INTRAVEN	10/22/2026	0.70069
TRANEXAMIC ACID	1000 MG/10	VIAL	INTRAVEN	10/30/2025	0.20139
TRANEXAMIC ACID IN NACL,ISO-OS	1000MG/100	PIGGYBACK	INTRAVEN	08/27/2026	0.09246
TRANYLCYPROMINE SULFATE	10 MG	TABLET	ORAL	04/03/2025	0.69365
TRAVOPROST	0.004 %	DROPS	OPHTHALMIC	07/09/2026	7.56960
TRAZODONE HCL	50 MG	TABLET	ORAL	02/26/2026	0.02223
TRAZODONE HCL	100 MG	TABLET	ORAL	11/05/2026	0.05062
TRAZODONE HCL	150 MG	TABLET	ORAL	09/03/2026	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	07/16/2026	5.77540
TRETINOIN	0.025 %	CREAM (G)	TOPICAL	09/24/2026	0.76886
TRETINOIN	0.05 %	CREAM (G)	TOPICAL	10/15/2026	1.10297
TRETINOIN	0.1 %	CREAM (G)	TOPICAL	11/05/2026	1.36531
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	10/29/2026	11.30611
TRETINOIN MICROSPHERES	0.06 %	GEL W/PUMP	TOPICAL	10/08/2026	19.32924

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

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	10 MG/ML	VIAL	INJECTION	09/11/2025	3.19176
TRIAMCINOLONE ACETONIDE	40 MG/ML	VIAL	INJECTION	10/08/2026	2.88288
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	09/24/2026	0.28051
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	10/29/2026	0.55565
TRIAMCINOLONE ACETONIDE	0.05 %	OINT. (G)	TOPICAL	10/02/2025	0.61677
TRIAMCINOLONE ACETONIDE	0.1 %	LOTION	TOPICAL	08/20/2026	0.34885
TRIAMCINOLONE ACETONIDE	55 MCG	SPRAY	NASAL	11/06/2025	0.66802
TRIAMCINOLONE ACETONIDE	0.1 %	PASTE (G)	DENTAL	08/20/2026	4.36656
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	09/03/2026	0.89780
TRIFLUOPERAZINE HCL	10 MG	TABLET	ORAL	10/29/2026	2.61916
TRIFLUOPERAZINE HCL	2 MG	TABLET	ORAL	09/03/2026	1.33980
TRIFLUOPERAZINE HCL	5 MG	TABLET	ORAL	10/22/2026	1.14061
TRIFLURIDINE	1 %	DROPS	OPHTHALMIC	07/28/2022	13.07386
TRIHEXYPHENIDYL HCL	2 MG/5 ML	SOLUTION	ORAL	07/30/2026	0.51916
TRIHEXYPHENIDYL HCL	2 MG	TABLET	ORAL	12/23/2025	0.05816

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

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
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	08/13/2026	3.07402
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	1.25 MG/ML	DROPS	ORAL	10/15/2026	0.80400
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	08/13/2026	0.06791
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
TROSPIUM CHLORIDE	60 MG	CAP ER 24H	ORAL	08/20/2026	3.76244
TROSPIUM CHLORIDE	20 MG	TABLET	ORAL	10/01/2026	0.33320
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	10/22/2026	7.54660
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	07/23/2026	0.66652
URSODIOL	250 MG	TABLET	ORAL	04/03/2025	0.66464
URSODIOL	500 MG	TABLET	ORAL	09/24/2026	1.08540

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

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
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	04/30/2026	0.46930
VALGANCICLOVIR HCL	50 MG/ML	SOLN RECON	ORAL	09/17/2026	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	09/24/2026	0.07901
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	08/13/2026	0.22972
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	04/30/2026	0.22616
VALSARTAN	160 MG	TABLET	ORAL	10/02/2025	0.15112
VALSARTAN	80 MG	TABLET	ORAL	04/30/2026	0.10071
VALSARTAN	40 MG	TABLET	ORAL	04/30/2026	0.14651
VALSARTAN/HYDROCHLOROTHIAZIDE	80-12.5MG	TABLET	ORAL	10/01/2026	0.16643
VALSARTAN/HYDROCHLOROTHIAZIDE	160-12.5MG	TABLET	ORAL	10/01/2026	0.19835
VALSARTAN/HYDROCHLOROTHIAZIDE	160MG-25MG	TABLET	ORAL	10/01/2026	0.23270
VALSARTAN/HYDROCHLOROTHIAZIDE	320MG-25MG	TABLET	ORAL	10/01/2026	0.29772
VALSARTAN/HYDROCHLOROTHIAZIDE	320-12.5MG	TABLET	ORAL	10/01/2026	0.30269
VANCOMYCIN HCL	125 MG	CAPSULE	ORAL	06/18/2026	1.24620
VANCOMYCIN HCL	250 MG	CAPSULE	ORAL	10/08/2026	3.18120
VANCOMYCIN HCL	50 MG/ML	SOLN RECON	ORAL	05/09/2024	1.06128
VANCOMYCIN HCL	25 MG/ML	SOLN RECON	ORAL	10/22/2026	0.64903
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

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

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
VANCOMYCIN HCL	500 MG	VIAL	INTRAVEN	05/14/2026	2.54600
VANCOMYCIN HCL	750 MG	VIAL	INTRAVEN	09/03/2026	6.75640
VANCOMYCIN HCL	1.25 G	VIAL	INTRAVEN	09/03/2026	11.71500
VANCOMYCIN HCL	1.5 G	VIAL	INTRAVEN	09/03/2026	11.27000
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	10/29/2026	0.70613
VARENICLINE TARTRATE	1 MG	TABLET	ORAL	10/29/2026	1.24644
VARENICLINE TARTRATE	0.5 (11)-1	TAB DS PK	ORAL	10/15/2026	0.83940
VASOPRESSIN	20 UNIT/ML	VIAL	INTRAVEN	09/24/2026	13.17582
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	10/15/2026	0.14457
VENLAFAXINE HCL	37.5 MG	TAB ER 24	ORAL	01/22/2026	0.91418
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

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

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
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	10/01/2026	0.05750
VERAPAMIL HCL	40 MG	TABLET	ORAL	05/14/2026	0.25393
VERAPAMIL HCL	80 MG	TABLET	ORAL	10/01/2026	0.03178
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	10/22/2026	0.31034
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	11/05/2026	42.50470
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	10/08/2026	0.44676
VIT A/VIT C/VIT E/ZINC/COPPER	2148-113	TABLET	ORAL	03/05/2026	0.12708
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	10/15/2026	0.07611
VITAMIN A PALMITATE	3000 MCG	CAPSULE	ORAL	08/06/2026	0.04873
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

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

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
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	08/06/2026	0.14137
VITAMIN B COMPLEX/LYSINE	790MG/15ML	LIQUID	ORAL	09/17/2026	0.02351
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	09/24/2026	0.03538
VITAMIN E (DL,TOCOPHERYL ACET)	90 MG	CAPSULE	ORAL	10/01/2026	0.05748
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
VITAMIN K2	100 MCG	CAPSULE	ORAL	10/29/2026	0.69948
VITAMINS A AND D		OINT. (G)	TOPICAL	09/03/2026	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	05/28/2026	0.09201
VORICONAZOLE	200 MG/5ML	SUSP RECON	ORAL	05/21/2026	3.96018
VORICONAZOLE	50 MG	TABLET	ORAL	08/13/2026	1.78667
VORICONAZOLE	200 MG	TABLET	ORAL	08/13/2026	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
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	09/24/2026	0.10881

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

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	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	09/03/2026	0.06700
WATER FOR INJECTION,STERILE	100 %	IV SOLN	INTRAVEN	04/03/2025	0.00552
WATER FOR IRRIGATION,STERILE		IRRIG SOLN	IRRIGATION	08/27/2026	0.00542
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	10/29/2026	0.37453
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	10/01/2026	0.01825
ZINC GLUCONATE	100 MG	TABLET	ORAL	10/08/2026	0.06358
ZINC OXIDE	22 %	CREAM (G)	TOPICAL	08/03/2023	0.28478
ZINC OXIDE	20 %	OINT. (G)	TOPICAL	07/09/2026	0.00789
ZINC OXIDE	40 %	OINT. (G)	TOPICAL	07/23/2026	0.01735
ZINC OXIDE	3"X360"	BANDAGE	TOPICAL	09/03/2026	9.86700
ZINC SULFATE	50(220)MG	CAPSULE	ORAL	08/18/2022	0.04443
ZINC SULFATE	50(220)MG	TABLET	ORAL	03/20/2025	0.01988
ZINC SULFATE	1 MG/ML	VIAL	INTRAVEN	08/20/2026	1.33925

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

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	5 MG/ML	VIAL	INTRAVEN	08/06/2026	7.38896
ZIPRASIDONE HCL	20 MG	CAPSULE	ORAL	12/18/2025	0.35979
ZIPRASIDONE HCL	40 MG	CAPSULE	ORAL	09/24/2026	0.41093
ZIPRASIDONE HCL	60 MG	CAPSULE	ORAL	01/22/2026	0.55476
ZIPRASIDONE HCL	80 MG	CAPSULE	ORAL	09/24/2026	0.47302
ZIPRASIDONE MESYLATE	FNL 20MG/1	VIAL	INTRAMUSC	10/08/2026	19.86023
ZOLEDRONIC ACID	4 MG/5 ML	VIAL	INTRAVEN	08/27/2026	2.09576
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

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