

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List -
PROPOSED
Effective 04-01-2013

Generic Name	Current FUL	Current IL SMAC	New IL SMAC Proposed
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML		0.82940	0.70352
CABERGOLINE ORAL TABLET 0.5 MG		15.55231	12.85586
CHLORPROMAZINE HCL ORAL TABLET 100 MG		1.78000	1.63823
CLARITHROMYCIN ORAL TABLET 500 MG		4.30000	2.99000
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION, RECONSTITUTED, ORAL 75 MG/5 ML		0.59059	0.51000
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR		22.80525	20.54817
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.3MG/24HR		50.50000	47.82806
DESMOPRESSIN ACETATE ORAL TABLET 0.2 MG		1.41000	1.21223
DRONABINOL ORAL CAPSULE (HARD, SOFT, ETC.) 2.5 MG		3.84146	3.14927
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.03-3MG		2.02000	1.63281
FLUTICASON PROPRIONATE NASAL SPRAY, SUSPENSION 50 MCG		1.32450	1.19572
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 300-12.5MG		1.56250	0.93863
METRONIDAZOLE TOPICAL GEL (GRAM) 0.75 %		2.83770	2.27599
NYSTATIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100000/ML		0.21174	0.15170
ONDANSETRON HCL ORAL SOLUTION, ORAL 4 MG/5 ML		1.33287	1.05413
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG		1.48800	1.09713
PERMETHRIN TOPICAL CREAM (GRAM) 5 %		1.02400	0.80130
PODOFILOX TOPICAL SOLUTION, NON-ORAL 0.5 %		15.96771	14.64000
RIBAVIRIN ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	7.57640	1.22340	0.89310
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE (ML) 6 MG/0.5ML		136.79400	132.55000
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 7.5 MG		5.58489	4.88186
URSODIOL ORAL TABLET 500 MG		3.26000	2.71846
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G		5.77070	5.49850