

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
0.9 % SODIUM CHLORIDE INJECTION SYRINGE (ML) 0.9 %			0.03721		
0.9 % SODIUM CHLORIDE INJECTION VIAL (ML) 0.9 %			0.02977		
0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 0.9 %			0.00232		
0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)			0.01191		
ACARBOSE ORAL TABLET 100 MG			0.55354		
ACARBOSE ORAL TABLET 25 MG			0.38000		
ACARBOSE ORAL TABLET 50 MG			0.47949		
ACEBUTOLOL HCL ORAL CAPSULE 200 MG	0.46130		0.18512		
ACEBUTOLOL HCL ORAL CAPSULE 400 MG	0.67130		0.26613		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL ELIXIR 120-12MG/5			0.01286		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL SOLUTION, ORAL 120-12MG/5			0.01600		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL SOLUTION, ORAL 120-12MG/5			0.01600		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-15MG	0.15000		0.15000		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-30MG	0.21370		0.12260		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-60MG	0.38330		0.22100		
ACETAZOLAMIDE ORAL TABLET 125 MG			1.74260		
ACETAZOLAMIDE ORAL TABLET 250 MG			2.27300		
ACETAZOLAMIDE SODIUM INJECTION VIAL (EA) 500 MG			9.11877		
ACETIC ACID IRRIGATION SOLUTION, IRRIGATION 0.25 %			0.00270		
ACETIC ACID OTIC SOLUTION, NON-ORAL 2 %			1.63500		
ACETIC ACID/ALUMINUM ACETATE OTIC DROPS 2 %			0.11450		
ACETIC ACID/HYDROCORTISONE OTIC DROPS 2 %-1 %			9.40169		
ACETYLCYSTEINE MISCELLANEOUS VIAL (ML) 100 MG/ML	0.97800		0.44659		
ACETYLCYSTEINE MISCELLANEOUS VIAL (ML) 200 MG/ML	0.26800		0.22917		
ACITRETIN ORAL CAPSULE 10 MG			20.21756		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ACITRETIN ORAL CAPSULE 17.5 MG			25.25000		
ACITRETIN ORAL CAPSULE 25 MG			26.70000		
ACYCLOVIR ORAL CAPSULE 200 MG	0.14780		0.12531		
ACYCLOVIR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200 MG/5ML			0.21200		
ACYCLOVIR ORAL TABLET 400 MG	0.23340		0.20363		
ACYCLOVIR ORAL TABLET 800 MG	0.46670		0.29920		
ACYCLOVIR SODIUM INTRAVENOUS VIAL (EA) 500 MG			0.00000		
ADAPALENE TOPICAL GEL (GRAM) 0.1 %			2.32457		
ALBUMIN HUMAN INTRAVENOUS INTRAVENOUS SOLUTION 25 %			1.39750		
ALBUTEROL SULFATE INHALATION SOLUTION, NON-ORAL 5 MG/ML			0.49000		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (EA) 2.5 MG/0.5			0.15470		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML			0.30764		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 2.5 MG/3ML	0.11500		0.05031		
ALBUTEROL SULFATE ORAL SYRUP 2 MG/5 ML			0.01017		
ALBUTEROL SULFATE ORAL TABLET 2 MG			0.08000		
ALBUTEROL SULFATE ORAL TABLET 4 MG	0.14250		3.53000		
ALBUTEROL SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 4 MG			0.83750		
ALCLOMETASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %			1.30254		
ALCLOMETASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %	0.82830		0.62411		
ALENDRONATE SODIUM ORAL TABLET 10 MG	0.42930		0.16863		
ALENDRONATE SODIUM ORAL TABLET 35 MG	15.36750		0.55375		
ALENDRONATE SODIUM ORAL TABLET 5 MG	0.42930		0.19460		
ALENDRONATE SODIUM ORAL TABLET 70 MG	15.36750		0.59479		
ALFUZOSIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			0.30317		
ALLOPURINOL ORAL TABLET 100 MG	0.07850		0.03281		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ALLOPURINOL ORAL TABLET 300 MG	0.17390		0.05529		
ALPRAZOLAM ORAL TABLET 0.25 MG	0.06140		0.02956		
ALPRAZOLAM ORAL TABLET 0.5 MG	0.06980		0.02755		
ALPRAZOLAM ORAL TABLET 1 MG	0.08850		0.03850		
ALPRAZOLAM ORAL TABLET 2 MG	0.17450		0.07231		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 0.5 MG	1.93430		0.36958		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 1 MG	2.40650		0.44885		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG	3.19400		0.57375		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG	4.79070		0.82479		
AMANTADINE HCL ORAL CAPSULE 100 MG			1.45128		
AMANTADINE HCL ORAL SYRUP 50 MG/5 ML	0.06560		0.03776		
AMILORIDE HCL ORAL TABLET 5 MG			0.41304		
AMILORIDE HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-50MG			0.25402		
AMINOCAPROIC ACID ORAL TABLET 500 MG			4.38000		
AMINOPHYLLINE ORAL TABLET 100 MG			0.04234		
AMINOPHYLLINE ORAL TABLET 200 MG			0.05018		
AMIODARONE HCL ORAL TABLET 200 MG	0.73750		0.12740		
AMITRIPTYLINE HCL ORAL TABLET 10 MG	0.06080		0.14520		
AMITRIPTYLINE HCL ORAL TABLET 100 MG			1.16500		
AMITRIPTYLINE HCL ORAL TABLET 150 MG			1.64500		
AMITRIPTYLINE HCL ORAL TABLET 25 MG			0.32510		
AMITRIPTYLINE HCL ORAL TABLET 50 MG	0.07580		0.62000		
AMITRIPTYLINE HCL ORAL TABLET 75 MG			0.69580		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 12.5MG-5MG			0.69002		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 25 MG-10MG			1.25560		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
AMLODIPINE BESYLATE ORAL TABLET 10 MG	0.17820		0.02643		
AMLODIPINE BESYLATE ORAL TABLET 2.5 MG	0.12900		0.02933		
AMLODIPINE BESYLATE ORAL TABLET 5 MG	0.12900		0.02463		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-40MG			5.55500		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-10 MG			4.06230		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-20 MG			5.10467		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-40 MG			5.56006		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 10 MG-20MG			0.49455		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 10 MG-40MG			0.74340		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 2.5MG-10MG			0.49036		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-10 MG			0.44205		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-20 MG			0.47659		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-40 MG			0.61810		
AMMONIUM LACTATE TOPICAL CREAM (GRAM) 12 %			0.05010		
AMMONIUM LACTATE TOPICAL LOTION (GRAM) 12 %			0.02272		
AMOXAPINE ORAL TABLET 100 MG			0.80600		
AMOXAPINE ORAL TABLET 50 MG			0.47021		
AMOXICILLIN ORAL CAPSULE 250 MG	0.06530		0.06500		
AMOXICILLIN ORAL CAPSULE 500 MG	0.11930		0.10615		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML	0.02010		0.03010		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			0.04300		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.02990		0.02952		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400 MG/5ML			0.03266		
AMOXICILLIN ORAL TABLET 875 MG			0.22352		
AMOXICILLIN ORAL TABLET, CHEWABLE 125 MG			0.17329		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
AMOXICILLIN ORAL TABLET, CHEWABLE 250 MG			0.23980		
AMOXICILLIN ORAL TABLET, CHEWABLE 400 MG			0.34880		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-28.5/5	0.28500		0.11330		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250-62.5/5			0.62431		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400-57MG/5	0.53470		0.13632		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 600-42.9/5	0.45000		0.13881		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 250-125 MG			4.07531		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 500-125 MG	2.11580		0.69918		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 875-125 MG	2.53200		0.57445		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 400-57MG			1.16750		
AMPICILLIN SODIUM INJECTION VIAL (EA) 1 G			5.46000		
AMPICILLIN SODIUM INJECTION VIAL (EA) 2 G			4.68125		
AMPICILLIN SODIUM INJECTION VIAL (EA) 500 MG			2.73000		
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 1.5 G			3.41900		
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 15 G			41.79500		
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (EA) 3 G			6.43500		
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1.5 G			4.75800		
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 3 G			7.86500		
AMPICILLIN TRIHYDRATE ORAL CAPSULE 250 MG	0.17360		0.08700		
AMPICILLIN TRIHYDRATE ORAL CAPSULE 500 MG	0.29910		0.15540		
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG	0.43950		0.13560		
ANAGRELIDE HCL ORAL CAPSULE 1 MG	0.87900		0.76180		
ANASTROZOLE ORAL TABLET 1 MG			0.20761		
ATENOLOL ORAL TABLET 100 MG	0.06900		0.02990		
ATENOLOL ORAL TABLET 25 MG	0.04590		0.01982		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ATENOLOL ORAL TABLET 50 MG	0.05000		0.02312		
ATENOLOL/CHLORTHALIDONE ORAL TABLET 100MG-25MG		0.11700	0.48500	10/15/2014	
ATENOLOL/CHLORTHALIDONE ORAL TABLET 50 MG-25MG	0.11220		0.36520		
ATORVASTATIN CALCIUM ORAL TABLET 10 MG			0.22040		
ATORVASTATIN CALCIUM ORAL TABLET 20 MG			0.31350		
ATORVASTATIN CALCIUM ORAL TABLET 40 MG			0.27262		
ATORVASTATIN CALCIUM ORAL TABLET 80 MG			0.29156		
ATROPINE SULFATE OPHTHALMIC DROPS 1 %			2.48667		
ATROPINE SULFATE OPHTHALMIC OINTMENT (GRAM) 1 %			0.00000		
AZATHIOPRINE ORAL TABLET 50 MG	0.65810		0.28842		
AZELASTINE HCL NASAL AEROSOL, SPRAY WITH PUMP (ML) 137 MCG			1.29361		
AZELASTINE HCL OPHTHALMIC DROPS 0.05 %			7.50000		
AZITHROMYCIN INTRAVENOUS VIAL (EA) 500 MG			6.80550		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML			0.89500		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			1.05200		
AZITHROMYCIN ORAL TABLET 250 MG	3.18750		0.76425		
AZITHROMYCIN ORAL TABLET 500 MG	5.48500		1.57290		
AZITHROMYCIN ORAL TABLET 600 MG	6.90800		3.06000		
BACITRACIN INTRAMUSCULAR VIAL (EA) 50000 UNIT			6.50000		
BACITRACIN ZINC TOPICAL OINTMENT (GRAM) 500 UNIT/G			0.18693		
BACITRACIN/POLYMYXIN B SULFATE OPHTHALMIC OINTMENT (GRAM) 500-10K/G			3.97143		
BACLOFEN ORAL TABLET 10 MG			0.23251		
BACLOFEN ORAL TABLET 20 MG			0.35000		
BACTERIOSTATIC SODIUM CHLORIDE INJECTION VIAL (ML) 0.9 %			0.03033		
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG	1.07960		0.52521		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
BENAZEPRIL HCL ORAL TABLET 10 MG	0.49050		0.05725		
BENAZEPRIL HCL ORAL TABLET 20 MG	0.49050		0.06315		
BENAZEPRIL HCL ORAL TABLET 40 MG	0.49050		0.05313		
BENAZEPRIL HCL ORAL TABLET 5 MG	0.49050		0.10256		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.49580		0.29408		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	0.49580		0.36500		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG			1.49500		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG			1.47000		
BENZONATATE ORAL CAPSULE 100 MG	0.14030		0.09675		
BENZONATATE ORAL CAPSULE 200 MG	0.24600		0.13050		
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 10 %			0.06582		
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 2.5 %			0.10652		
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 5 %			0.06483		
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 10 %			0.13362		
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 5 %			0.11012		
BENZOYL PEROXIDE TOPICAL GEL, ALCOHOL BASED 10 %			0.11040		
BENZOYL PEROXIDE TOPICAL GEL, ALCOHOL BASED 5 %			0.23423		
BENZOYL PEROXIDE TOPICAL PADS, MEDICATED (EA) 6 %			2.59177		
BENZTROPINE MESYLATE INJECTION AMPUL (ML) 2 MG/2 ML			27.06250		
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG			0.13130		
BENZTROPINE MESYLATE ORAL TABLET 1 MG			0.15961		
BENZTROPINE MESYLATE ORAL TABLET 2 MG			0.15625		
BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %	0.23000		1.24653		
BETAMETHASONE DIPROPIONATE TOPICAL GEL (GRAM) 0.05 %			0.40432		
BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 0.05 %	0.15000		0.06980		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %			1.71945		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL CREAM (GRAM) 0.05 %			0.25791		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL OINTMENT (GRAM) 0.05 %			2.63594		
BETAMETHASONE VALERATE TOPICAL CREAM (GRAM) 0.1 %			0.76500		
BETAMETHASONE VALERATE TOPICAL LOTION (ML) 0.1 %			0.60292		
BETAMETHASONE VALERATE TOPICAL OINTMENT (GRAM) 0.1 %			0.81376		
BETHANECHOL CHLORIDE ORAL TABLET 10 MG	0.91710		0.16601		
BETHANECHOL CHLORIDE ORAL TABLET 25 MG	1.70790		0.14238		
BETHANECHOL CHLORIDE ORAL TABLET 5 MG	0.48890		0.11570		
BETHANECHOL CHLORIDE ORAL TABLET 50 MG	1.95650		0.25090		
BICALUTAMIDE ORAL TABLET 50 MG	3.48020		0.40297		
BISOPROLOL FUMARATE ORAL TABLET 10 MG	1.06880		0.51447		
BISOPROLOL FUMARATE ORAL TABLET 5 MG	1.06880		0.44812		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25MG	0.25420		0.05313		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 2.5-6.25MG	1.02600		0.06188		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG	1.02600		0.15508		
BLEOMYCIN SULFATE INJECTION VIAL (EA) 15 UNIT			35.41200		
BLEOMYCIN SULFATE INJECTION VIAL (EA) 30 UNIT			72.96900		
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.15 %			15.68700		
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.2 %	4.50000		0.58583		
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG			1.63900		
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.25MG/2ML			0.00000		
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5 MG/2ML			0.00000		
BUMETANIDE INJECTION VIAL (ML) 0.25 MG/ML			0.20540		
BUMETANIDE ORAL TABLET 0.5 MG			0.42520		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
BUMETANIDE ORAL TABLET 1 MG			0.47800		
BUMETANIDE ORAL TABLET 2 MG			1.01000		
BUPIVACAINE HCL/PF INJECTION VIAL (ML) 5 MG/ML			0.11333		
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 2 MG			1.26483		
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 8 MG			1.94154		
BUPROPION HCL ORAL TABLET 100 MG			0.52149		
BUPROPION HCL ORAL TABLET 75 MG			0.37889		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 100 MG			0.28331		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 150 MG	1.83300		0.48049		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 150 MG	1.83300		0.26202		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 200 MG			0.42913		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG			0.91520		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG			0.61715		
BUSPIRONE HCL ORAL TABLET 10 MG			0.07900		
BUSPIRONE HCL ORAL TABLET 15 MG	0.10280		0.09375		
BUSPIRONE HCL ORAL TABLET 30 MG			0.60900		
BUSPIRONE HCL ORAL TABLET 5 MG	0.05270		0.04900		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE 50-325-40			0.60905		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-325-40			0.59680		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-500-40			0.09165		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE ORAL CAPSULE 50-325-30			0.33475		
BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE 50-325-40			1.09500		
BUTALBITAL/ASPIRIN/CAFFEINE ORAL TABLET 50-325-40			0.11840		
BUTORPHANOL TARTRATE INJECTION VIAL (ML) 2 MG/ML			1.75500		
BUTORPHANOL TARTRATE NASAL AEROSOL, SPRAY (ML) 10 MG/ML			6.20530		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CABERGOLINE ORAL TABLET 0.5 MG			10.59074		
CAFFEINE CITRATED ORAL SOLUTION, ORAL 60 MG/3 ML			12.70000		
CALCIPOTRIENE TOPICAL CREAM (GRAM) 0.005 %			4.65297		
CALCIPOTRIENE TOPICAL SOLUTION, NON-ORAL 0.005 %			3.56000		
CALCITONIN,SALMON,SYNTHETIC NASAL AEROSOL, SPRAY WITH PUMP (ML) 200/SPRAY			12.51960		
CALCITRIOL ORAL CAPSULE 0.25 MCG			0.62620		
CALCITRIOL ORAL CAPSULE 0.5 MCG			1.11207		
CALCITRIOL ORAL SOLUTION, ORAL 1 MCG/ML			6.22210		
CALCIUM ACETATE ORAL CAPSULE 667 MG			0.49483		
CALCIUM GLUCONATE INTRAVENOUS VIAL (ML) 100 MG/ML			0.03900		
CANDESARTAN CILEXETIL ORAL TABLET 32 MG			3.14678		
CANDESARTAN CILEXETIL ORAL TABLET 4 MG			2.91500		
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 16-12.5MG			2.02290		
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 32-12.5MG			2.02290		
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE ORAL TABLET 32MG-25MG			3.03985		
CAPTOPRIL ORAL TABLET 100 MG			2.38900		
CAPTOPRIL ORAL TABLET 12.5 MG			0.32000		
CAPTOPRIL ORAL TABLET 25 MG	0.02630		0.01775		
CAPTOPRIL ORAL TABLET 50 MG			1.88000		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-15MG	0.23590		0.06265		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG			0.76521		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-15MG			0.14030		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-25MG	0.37020		0.15210		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML	0.08370		0.15748		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML	0.08370		0.06240		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200MG/10ML	0.08370		0.06240		
CARBAMAZEPINE ORAL TABLET 200 MG			0.94510		
CARBAMAZEPINE ORAL TABLET, CHEWABLE 100 MG			0.44520		
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG			1.25400		
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 400 MG			3.36000		
CARBIDOPA/LEVODOPA ORAL TABLET 10MG-100MG	0.40430		0.15425		
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-100MG	0.46880		0.16135		
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-250MG	0.51450		0.24140		
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 25MG-100MG			0.21875		
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 50MG-200MG			0.49447		
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 25MG-100MG			1.14127		
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 25MG-250MG			1.45405		
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 25-100-200			2.67548		
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 37.5-150MG			3.06482		
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 50-200-200			2.80555		
CARBOPLATIN INTRAVENOUS VIAL (EA) 150 MG			39.00000		
CARBOPLATIN INTRAVENOUS VIAL (EA) 450 MG			117.00000		
CARBOPLATIN INTRAVENOUS VIAL (ML) 10 MG/ML			0.86250		
CARISOPRODOL ORAL TABLET 350 MG	0.08510		0.05785		
CARTEOLOL HCL OPHTHALMIC DROPS 1 %	3.66750		1.40920		
CARVEDILOL ORAL TABLET 12.5 MG	0.14250		0.04797		
CARVEDILOL ORAL TABLET 25 MG	0.14250		0.04654		
CARVEDILOL ORAL TABLET 3.125 MG	0.14250		0.15400		
CARVEDILOL ORAL TABLET 6.25 MG	0.14250		0.04245		
CEFACLOR ORAL CAPSULE 250 MG			1.39251		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CEFACLOR ORAL CAPSULE 500 MG			1.99803		
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.73655		
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			1.47378		
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 375 MG/5ML			2.21067		
CEFADROXIL ORAL CAPSULE 500 MG	0.78300		0.28762		
CEFADROXIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.40938		
CEFADROXIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 500 MG/5ML			0.54000		
CEFADROXIL ORAL TABLET 1 G			3.15000		
CEFAZOLIN SODIUM INJECTION VIAL (EA) 1 G			0.92300		
CEFAZOLIN SODIUM INJECTION VIAL (EA) 10 G			8.09645		
CEFDINIR ORAL CAPSULE 300 MG	3.82650		1.36065		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.63750		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	1.30790		0.76500		
CEFEPIME HCL INJECTION VIAL (EA) 1 G			5.41750		
CEFEPIME HCL INJECTION VIAL (EA) 2 G			13.45300		
CEFOTAXIME SODIUM INJECTION VIAL (EA) 1 G			2.86000		
CEFOXITIN SODIUM INTRAVENOUS VIAL (EA) 1 G			6.28160		
CEFOXITIN SODIUM INTRAVENOUS VIAL (EA) 2 G			11.74784		
CEFPODOXIME PROXETIL ORAL TABLET 100 MG			2.94000		
CEFPODOXIME PROXETIL ORAL TABLET 200 MG			6.35000		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML	0.40800		0.28446		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.73940		0.52874		
CEFPROZIL ORAL TABLET 250 MG	2.39390		1.15369		
CEFPROZIL ORAL TABLET 500 MG	4.59900		1.61475		
CEFTAZIDIME PENTAHYDRATE INJECTION VIAL (EA) 1 G			3.67263		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CEFTAZIDIME PENTAHYDRATE INJECTION VIAL (EA) 2 G			11.54400		
CEFTAZIDIME PENTAHYDRATE INJECTION VIAL (EA) 6G			24.36200		
CEFTAZIDIME PENTAHYDRATE INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G			8.51500		
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 1 G			3.80000		
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 10 G			17.23295		
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 2 G			3.61889		
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 250 MG			1.56000		
CEFTRIAXONE SODIUM INJECTION VIAL (EA) 500 MG			2.33000		
CEFTRIAXONE SODIUM INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (EA) 1 G			16.80900		
CEFTRIAXONE SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G			10.98500		
CEFUROXIME AXETIL ORAL TABLET 250 MG			1.83750		
CEFUROXIME AXETIL ORAL TABLET 500 MG			2.86500		
CEFUROXIME SODIUM INJECTION VIAL (EA) 1.5 G			5.72000		
CEFUROXIME SODIUM INJECTION VIAL (EA) 750 MG			2.92500		
CEPHALEXIN ORAL CAPSULE 250 MG	0.16500		0.10667		
CEPHALEXIN ORAL CAPSULE 500 MG	0.27300		0.12918		
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.16000		
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.18180		0.17430		
CETIRIZINE HCL ORAL SOLUTION, ORAL 1 MG/ML			0.02705		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 10 MG	0.08780		0.07370		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 25 MG			0.12000		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 5 MG	0.11390		0.08560		
CHLORHEXIDINE GLUCONATE MUCOUS MEMBRANE MOUTHWASH 0.12 %	0.01090		0.00591		
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG			1.27760		
CHLOROQUINE PHOSPHATE ORAL TABLET 500 MG			1.61582		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CHLOROTHIAZIDE ORAL TABLET 500 MG			0.15275		
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/METHYLSCOPOLAMN ORAL SOLUTION, ORAL 2-10-1.25			0.02196		
CHLORPROMAZINE HCL ORAL TABLET 100 MG			2.14000		
CHLORPROMAZINE HCL ORAL TABLET 200 MG			2.82135		
CHLORPROMAZINE HCL ORAL TABLET 25 MG			1.08000		
CHLORPROMAZINE HCL ORAL TABLET 50 MG			1.45074		
CHLORPROPAMIDE ORAL TABLET 100 MG	0.23250		0.20075		
CHLORPROPAMIDE ORAL TABLET 250 MG	0.49170		0.34000		
CHLORTHALIDONE ORAL TABLET 25 MG			0.54200		
CHLORTHALIDONE ORAL TABLET 50 MG			0.54430		
CHLORZOAZONE ORAL TABLET 500 MG			0.27450		
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER (GRAM) 4 G			0.20112		
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER IN PACKET (EA) 4 G			1.96000		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GM)			0.13110		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GRAM) 4 G			0.25267		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER IN PACKET (EA) 4 G			2.05050		
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 1000 MG			0.14287		
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 500 MG			0.10075		
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 750 MG			0.10725		
CICLOPIROX OLAMINE TOPICAL CREAM (GRAM) 0.77 %	1.66100		0.24584		
CICLOPIROX OLAMINE TOPICAL SUSPENSION, TOPICAL (ML) 0.77 %	1.50000		0.76780		
CICLOPIROX TOPICAL SOLUTION, NON-ORAL 8 %			5.38560		
CILOSTAZOL ORAL TABLET 100 MG	0.54750		0.16597		
CILOSTAZOL ORAL TABLET 50 MG	0.54750		0.16306		
CIMETIDINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 150 MG/ML			1.30488		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CIMETIDINE HCL ORAL SOLUTION, ORAL 300 MG/5ML	0.11390		0.07850		
CIMETIDINE ORAL TABLET 200 MG	0.13130		0.06613		
CIMETIDINE ORAL TABLET 300 MG			0.19250		
CIMETIDINE ORAL TABLET 400 MG			0.29500		
CIMETIDINE ORAL TABLET 800 MG			0.46000		
CIPROFLOXACIN HCL OPHTHALMIC DROPS 0.3 %	7.56900		1.79000		
CIPROFLOXACIN HCL ORAL TABLET 100 MG			2.93583		
CIPROFLOXACIN HCL ORAL TABLET 250 MG	0.37500		0.15662		
CIPROFLOXACIN HCL ORAL TABLET 500 MG	0.45000		0.18601		
CIPROFLOXACIN HCL ORAL TABLET 750 MG	0.48000		0.28800		
CIPROFLOXACIN LACTATE INTRAVENOUS VIAL (ML) 400MG/40ML			0.09230		
CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L			0.02418		
CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L			0.01495		
CITALOPRAM HYDROBROMIDE ORAL SOLUTION, ORAL 10 MG/5 ML	0.31240		0.15841		
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG	0.16730		0.03042		
CITALOPRAM HYDROBROMIDE ORAL TABLET 20 MG	0.17250		0.04439		
CITALOPRAM HYDROBROMIDE ORAL TABLET 40 MG	0.17550		0.05061		
CITRIC ACID/SODIUM CITRATE ORAL SOLUTION, ORAL 334-500MG			0.01645		
CLADRIBINE INTRAVENOUS VIAL (ML) 10 MG/10ML			37.05000		
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.42000		
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.74236		
CLARITHROMYCIN ORAL TABLET 250 MG			2.65353		
CLARITHROMYCIN ORAL TABLET 500 MG			1.86906		
CLARITHROMYCIN ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			2.70414		
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG			0.19150		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CLINDAMYCIN HCL ORAL CAPSULE 150 MG	0.21530		0.11200		
CLINDAMYCIN HCL ORAL CAPSULE 300 MG	1.19750		0.30620		
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION, RECONSTITUTED, ORAL 75 MG/5 ML			0.46970		
CLINDAMYCIN PHOSPHATE INJECTION VIAL (ML) 150 MG/ML			0.45500		
CLINDAMYCIN PHOSPHATE TOPICAL GEL (GRAM) 1 %	0.76470		1.47319		
CLINDAMYCIN PHOSPHATE TOPICAL LOTION (ML) 1 %			1.60250		
CLINDAMYCIN PHOSPHATE TOPICAL SOLUTION, NON-ORAL 1 %			1.07500		
CLINDAMYCIN PHOSPHATE TOPICAL SWAB, MEDICATED 1 %	0.63000		0.34997		
CLINDAMYCIN PHOSPHATE VAGINAL CREAM WITH APPLICATOR 2 %			1.62850		
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 1 % -5 %			3.24467		
CLOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %			5.21000		
CLOBETASOL PROPIONATE TOPICAL GEL (GRAM) 0.05 %	0.46400		0.35771		
CLOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %	0.19400		6.63000		
CLOBETASOL PROPIONATE TOPICAL SOLUTION, NON-ORAL 0.05 %			3.08000		
CLOBETASOL PROPIONATE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %	0.44650		0.22620		
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG	0.37500		8.62371		
CLOMIPRAMINE HCL ORAL CAPSULE 50 MG	0.50360		0.00000		
CLOMIPRAMINE HCL ORAL CAPSULE 75 MG			7.93192		
CLONAZEPAM ORAL TABLET 0.5 MG	0.06000		0.02180		
CLONAZEPAM ORAL TABLET 1 MG	0.07800		0.03360		
CLONAZEPAM ORAL TABLET 2 MG	0.10800		0.05140		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.125 MG			0.91000		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.25 MG			0.78449		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.5 MG			0.76700		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 1 MG			0.99200		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CLONAZEPAM ORAL TABLET,DISINTEGRATING 2 MG			1.35500		
CLONIDINE HCL ORAL TABLET 0.1 MG	0.10500		0.03258		
CLONIDINE HCL ORAL TABLET 0.2 MG	0.14100		0.05800		
CLONIDINE HCL ORAL TABLET 0.3 MG	0.18150		0.05551		
CLONIDINE HCL/PF EPIDURAL VIAL (ML) 5000MCG/10			22.75000		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR			19.05648		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.2MG/24HR			29.34703		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.3MG/24HR			38.55000		
CLOPIDOGREL BISULFATE ORAL TABLET 75 MG			0.21841		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG	0.27540		0.15605		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 3.75 MG	0.13770		0.21000		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 7.5 MG	0.19470		0.12675		
CLOTTRIMAZOLE MUCOUS MEMBRANE TROCHE 10 MG			0.44799		
CLOTTRIMAZOLE TOPICAL CREAM (GRAM) 1 %			0.65547		
CLOTTRIMAZOLE TOPICAL SOLUTION, NON-ORAL 1 %	0.47250		0.24959		
CLOTTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 1 %-0.05 %	0.82300		0.12360		
CLOTTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 1 %-0.05 %	1.81150		0.68260		
CLOZAPINE ORAL TABLET 100 MG			1.0386		
CLOZAPINE ORAL TABLET 200 MG			2.51200		
CLOZAPINE ORAL TABLET 25 MG			0.48000		
CLOZAPINE ORAL TABLET 50 MG			0.79200		
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE 30-50-325			2.31000		
COLESTIPOL HCL ORAL TABLET 1 G			0.42452		
COLISTIN (AS COLISTIMETHATE SODIUM) INJECTION VIAL (EA) 150 MG			19.42000		
COMPOUNDING VEHICLE NO.8 ORAL LIQUID (ML)			0.04063		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
COMPOUNDING VEHICLE SUSP NO.7 ORAL SUSPENSION, ORAL (FINAL DOSE FORM)			0.04063		
CROMOLYN SODIUM OPHTHALMIC DROPS 4 %	3.37500		0.62075		
CYANOCOBALAMIN (VITAMIN B-12) INJECTION VIAL (ML) 1000MCG/ML			3.05420		
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 2-2.5-25MG			0.47594		
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG	0.10350		0.02970		
CYCLOBENZAPRINE HCL ORAL TABLET 5 MG	0.15860		0.05570		
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 1 %			5.85000		
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (EA) 1 G			0.00000		
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (EA) 2 G			1459.1400 0		
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG			2.63500		
CYCLOSPORINE ORAL CAPSULE 100 MG			2.85550		
CYCLOSPORINE ORAL CAPSULE 25 MG			1.38250		
CYCLOSPORINE ORAL SOLUTION, ORAL 100 MG/ML			4.92521		
CYCLOSPORINE, MODIFIED ORAL CAPSULE 100 MG			2.38432		
CYCLOSPORINE, MODIFIED ORAL CAPSULE 25 MG			0.71601		
CYCLOSPORINE, MODIFIED ORAL SOLUTION, ORAL 100 MG/ML			2.88000		
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5 ML			0.10000		
CYPROHEPTADINE HCL ORAL TABLET 4 MG			0.52920		
CYSTEINE HCL INTRAVENOUS VIAL (ML) 50 MG/ML			0.31200		
CYTARABINE/PF INJECTION VIAL (EA) 1 G			20.80000		
CYTARABINE/PF INJECTION VIAL (ML) 100 MG/5ML			1.03740		
DACARBAZINE INTRAVENOUS VIAL (EA) 200 MG			8.46300		
DANAZOL ORAL CAPSULE 200 MG			1.58612		
DANTROLENE SODIUM ORAL CAPSULE 25 MG			0.72321		
DAUNORUBICIN HCL INTRAVENOUS VIAL (ML) 5 MG/ML			10.14000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DEFEROXAMINE MESYLATE INJECTION VIAL (EA) 2 G			39.32000		
DEFEROXAMINE MESYLATE INJECTION VIAL (EA) 500 MG			12.16800		
DEMECLOCYCLINE HCL ORAL TABLET 150 MG	9.49500		4.20500		
DEMECLOCYCLINE HCL ORAL TABLET 300 MG	17.18750		6.87500		
DESIPRAMINE HCL ORAL TABLET 10 MG			0.86567		
DESIPRAMINE HCL ORAL TABLET 100 MG			2.40000		
DESIPRAMINE HCL ORAL TABLET 150 MG			3.22600		
DESIPRAMINE HCL ORAL TABLET 25 MG			1.09612		
DESIPRAMINE HCL ORAL TABLET 50 MG			1.95000		
DESIPRAMINE HCL ORAL TABLET 75 MG			1.75430		
DESMOPRESSIN ACETATE (NON-REFRIGERATED) NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY			0.00000		
DESMOPRESSIN ACETATE INJECTION VIAL (ML) 4MCG/ML			7.67000		
DESMOPRESSIN ACETATE NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY			21.9256		
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG			0.94932		
DESMOPRESSIN ACETATE ORAL TABLET 0.2 MG			0.9531		
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03	1.09500		0.57963		
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3			0.81701		
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL ORAL TABLET 21-5			1.18915		
DESONIDE TOPICAL CREAM (GRAM) 0.05 %			4.14797		
DESONIDE TOPICAL OINTMENT (GRAM) 0.05 %			2.95613		
DESOXIMETASONE TOPICAL CREAM (GRAM) 0.05 %			2.89109		
DESOXIMETASONE TOPICAL CREAM (GRAM) 0.25 %			0.99880		
DESOXIMETASONE TOPICAL OINTMENT (GRAM) 0.25 %			3.04250		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML			0.15350		
DEXAMETHASONE ORAL TABLET 0.5 MG			0.06488		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DEXAMETHASONE ORAL TABLET 0.75 MG			0.15303		
DEXAMETHASONE ORAL TABLET 1.5 MG			0.11454		
DEXAMETHASONE ORAL TABLET 4 MG			0.12825		
DEXAMETHASONE ORAL TABLET 6 MG			0.37206		
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (ML) 10 MG/ML			0.53367		
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (ML) 4 MG/ML			0.46303		
DEXAMETHASONE SOD PHOSPHATE OPHTHALMIC DROPS 0.1 %			2.41406		
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG			0.00000		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 10 MG			3.79001		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 15 MG			3.80352		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 20 MG			3.73369		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 25 MG			4.25900		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 30 MG			3.85395		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 5 MG			4.04700		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 10 MG			0.92426		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 12.5 MG			1.25073		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 15 MG			0.96520		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 20 MG			0.95700		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 30 MG			0.96500		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 5 MG			0.91422		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 7.5 MG			0.90014		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 10 MG			3.42529		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 15 MG			4.42955		
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG			1.63900		
DEXTROAMPHETAMINE SULFATE ORAL TABLET 5 MG			1.50486		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/CHLORPHENIRAMINE ORAL DROPS 3-3.5-1/ML			0.30550		
DEXTROMETHORPHAN HBR/PROMETHAZINE HCL ORAL SYRUP 15-6.25/5			0.01971		
DEXTROMETHORPHAN HBR/PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE ORAL SYRUP 15-45-4/5			0.02487		
DEXTROSE 10 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 10 %			0.00268		
DEXTROSE 5 % AND 0.2 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.2 %			0.00228		
DEXTROSE 5 % AND 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.45 %			0.00185		
DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.9 %			0.00228		
DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 5 %			0.00449		
DEXTROSE 5 % IN WATER INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)			0.00449		
DEXTROSE 5 % IN WATER INTRAVENOUS PIGGYBACK WITH VIAL PORT (NON-THREADED)			0.00449		
DEXTROSE 50 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 50 %			0.00478		
DEXTROSE 50 % IN WATER INTRAVENOUS SYRINGE (ML) 50 %			0.13312		
DEXTROSE 70 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 70 %			0.00741		
DIAZEPAM INJECTION SYRINGE (ML) 5 MG/ML			1.47550		
DIAZEPAM ORAL TABLET 10 MG	0.05730		0.02456		
DIAZEPAM ORAL TABLET 2 MG	0.04230		0.02830		
DIAZEPAM ORAL TABLET 5 MG	0.07180		0.02148		
DIAZEPAM RECTAL KIT 2.5 MG			224.50000		
DICLOFENAC POTASSIUM ORAL TABLET 50 MG	0.47480		0.35200		
DICLOFENAC SODIUM OPHTHALMIC DROPS 0.1 %	4.27200		2.05000		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG	0.47480		0.2665		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG	0.58500		0.26407		
DICLOFENAC SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG	2.36180		0.41256		
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG			0.27170		
DICLOXACILLIN SODIUM ORAL CAPSULE 500 MG			0.49800		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DICYCLOMINE HCL ORAL CAPSULE 10 MG	0.08850		0.05600		
DICYCLOMINE HCL ORAL TABLET 20 MG			0.10100		
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 200 MG			3.64700		
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG			4.63500		
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 400 MG			7.21500		
DIFLORASONE DIACETATE TOPICAL CREAM (GRAM) 0.05 %			2.59200		
DIFLORASONE DIACETATE TOPICAL OINTMENT (GRAM) 0.05 %			4.78816		
DIFLUNISAL ORAL TABLET 500 MG			1.03390		
DIGOXIN ORAL TABLET 125 MCG			1.04577		
DIGOXIN ORAL TABLET 250 MCG			1.08019		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 120 MG			0.41141		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 180 MG			0.38422		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 240 MG			0.56214		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 300 MG			0.69313		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 120 MG			0.00000		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 60 MG			0.94500		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 90 MG			0.56930		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 120 MG			0.46550		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 180 MG			0.54640		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 240 MG			0.91653		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 300 MG			1.06110		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 360 MG			0.95580		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 420MG			1.42900		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 120 MG			0.49200		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 180 MG			0.62400		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 240 MG			0.60581		
DILTIAZEM HCL ORAL TABLET 120 MG	0.23310		0.21500		
DILTIAZEM HCL ORAL TABLET 30 MG	0.10190		0.06520		
DILTIAZEM HCL ORAL TABLET 60 MG	0.11140		0.10010		
DILTIAZEM HCL ORAL TABLET 90 MG	0.23120		0.08910		
DIPHENHYDRAMINE HCL INJECTION VIAL (ML) 50 MG/ML			0.52510		
DIPHENHYDRAMINE HCL ORAL CAPSULE 50 MG			0.02188		
DIPHENOXYLATE HCL/ATROPINE SULFATE ORAL TABLET 2.5-.025MG			0.30000		
DIPYRIDAMOLE ORAL TABLET 25 MG	0.29780		0.10356		
DIPYRIDAMOLE ORAL TABLET 50 MG	0.47960		0.20175		
DIPYRIDAMOLE ORAL TABLET 75 MG	0.64170		0.33524		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG	0.59790		0.32562		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 150 MG	0.62880		0.32562		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE, EXTENDED RELEASE 150 MG			1.04950		
DIVALPROEX SODIUM ORAL CAPSULE, SPRINKLE 125 MG			0.82410		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 125 MG	0.26910		0.06324		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 250 MG	0.52880		0.07446		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG	0.97490		0.28540		
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 250 MG			1.63537		
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			2.49146		
DONEPEZIL HCL ORAL TABLET 10 MG			0.09333		
DONEPEZIL HCL ORAL TABLET 23 MG			7.65000		
DONEPEZIL HCL ORAL TABLET 5 MG			0.12039		
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 10 MG			0.29334		
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 5 MG			0.94535		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DORZOLAMIDE HCL OPHTHALMIC DROPS 2 %			1.51100		
DORZOLAMIDE HCL/TIMOLOL MALEATE OPHTHALMIC DROPS 2 %-0.5 %			1.94274		
DOXAZOSIN MESYLATE ORAL TABLET 1 MG			0.67430		
DOXAZOSIN MESYLATE ORAL TABLET 2 MG			0.67430		
DOXAZOSIN MESYLATE ORAL TABLET 4 MG	0.62100		0.61000		
DOXAZOSIN MESYLATE ORAL TABLET 8 MG	0.65180		0.62500		
DOXEPIN HCL ORAL CAPSULE 10 MG			0.16520		
DOXEPIN HCL ORAL CAPSULE 100 MG			0.85300		
DOXEPIN HCL ORAL CAPSULE 150 MG			0.31040		
DOXEPIN HCL ORAL CAPSULE 25 MG	0.18220		0.32540		
DOXEPIN HCL ORAL CAPSULE 50 MG			0.46952		
DOXEPIN HCL ORAL CAPSULE 75 MG			0.41030		
DOXEPIN HCL ORAL CONCENTRATE, ORAL 10 MG/ML	0.11450		0.05363		
DOXERCALCIFEROL ORAL CAPSULE 0.5 MCG			11.48000		
DOXERCALCIFEROL ORAL CAPSULE 1 MCG			20.15000		
DOXERCALCIFEROL ORAL CAPSULE 2.5 MCG			23.35000		
DOXORUBICIN HCL INTRAVENOUS VIAL (EA) 50 MG			39.00000		
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 10 MG/5 ML			1.48200		
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 2 MG/ML			1.01400		
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 20 MG/10ML			1.75500		
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 50 MG/25ML			1.30000		
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG	0.14910		2.69733		
DOXYCYCLINE HYCLATE ORAL CAPSULE 50 MG			1.40541		
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG	0.12870		3.31518		
DOXYCYCLINE HYCLATE ORAL TABLET 20 MG			0.39104		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 100 MG			8.75500		
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 100 MG			0.60526		
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG			0.86500		
DRONABINOL ORAL CAPSULE 10 MG			10.77211		
DRONABINOL ORAL CAPSULE 2.5 MG			3.02987		
DRONABINOL ORAL CAPSULE 5 MG			6.17506		
DROPERIDOL INJECTION AMPUL (ML) 2.5 MG/ML			0.75400		
DULOXETINE HCL ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 20 MG			1.84		
DULOXETINE HCL ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 30 MG			1.56		
DULOXETINE HCL ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 60 MG			1.56		
ECONAZOLE NITRATE TOPICAL CREAM (GRAM) 1 %			4.09129		
EMOLLIENT COMBINATION NO.10 TOPICAL EMULSION (GRAM)			0.52347		
ENALAPRIL MALEATE ORAL TABLET 10 MG			0.13590		
ENALAPRIL MALEATE ORAL TABLET 2.5 MG			0.10962		
ENALAPRIL MALEATE ORAL TABLET 20 MG			0.17500		
ENALAPRIL MALEATE ORAL TABLET 5 MG			0.13125		
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10 MG-25MG			0.07566		
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-12.5MG			0.07613		
ENALAPRILAT DIHYDRATE INTRAVENOUS VIAL (ML) 1.25 MG/ML			1.87850		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 100 MG/ML			28.97000		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 120MG/.8ML			43.85000		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 150 MG/ML			54.71000		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 30MG/0.3ML			38.53000		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 40MG/0.4ML			30.89540		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 60MG/0.6ML			28.98000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 80MG/0.8ML			28.98000		
ENOXAPARIN SODIUM SUBCUTANEOUS VIAL (ML) 300MG/3ML			66.34000		
EPINEPHRINE INJECTION AUTO-INJECTOR (EA) 0.3MG/0.3			0.00000		
EPINEPHRINE INJECTION SYRINGE (ML) 0.1 MG/ML			0.34000		
EPIRUBICIN HCL INTRAVENOUS VIAL (EA) 50 MG			75.33500		
EPIRUBICIN HCL INTRAVENOUS VIAL (ML) 200MG/0.1L			2.14682		
EPIRUBICIN HCL INTRAVENOUS VIAL (ML) 50 MG/25ML			2.53188		
EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (EA) 0.5 MG			0.00000		
EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (EA) 1.5 MG			0.00000		
ERGOCALCIFEROL (VITAMIN D2) ORAL CAPSULE 50000 UNIT			0.43250		
ERGOTAMINE TARTRATE/CAFFEINE ORAL TABLET 1 MG-100MG			0.87490		
ERGOTAMINE TARTRATE/CAFFEINE RECTAL SUPPOSITORY, RECTAL 2-100MG			5.57917		
ERYTHROMYCIN BASE OPHTHALMIC OINTMENT (GRAM) 5 MG/G			1.46670		
ERYTHROMYCIN BASE ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 250 MG			2.93000		
ERYTHROMYCIN BASE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 3 %-5 %			0.86341		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL GEL (GRAM) 2 %		0.77833	3.30250	10/14/2014	
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL SOLUTION, NON-ORAL 2 %			0.62499		
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG			5.89500		
ERYTHROMYCIN ETHYLSUCCINATE/SULFISOXAZOLE ACETYL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-600/5			0.25716		
ESCITALOPRAM OXALATE ORAL TABLET 10 MG			0.17290		
ESCITALOPRAM OXALATE ORAL TABLET 20 MG			0.19344		
ESCITALOPRAM OXALATE ORAL TABLET 5 MG			0.16055		
ESTAZOLAM ORAL TABLET 1 MG	0.59250		0.51402		
ESTAZOLAM ORAL TABLET 2 MG	0.64490		0.31754		
ESTRADIOL ORAL TABLET 0.5 MG	0.17910		0.09000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ESTRADIOL ORAL TABLET 1 MG	0.21750		0.08652		
ESTRADIOL ORAL TABLET 2 MG	0.30600		0.04650		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.05MG/24H			6.38010		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.1MG/24HR			6.60610		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .025MG/24H			16.57750		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .0375MG/24			13.35000		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .075MG/24H			14.77250		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.05MG/24H			16.57000		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR			14.78000		
ESTROPIPATE ORAL TABLET 0.75 MG	0.27540		0.14670		
ESTROPIPATE ORAL TABLET 1.5 MG			0.53200		
ESTROPIPATE ORAL TABLET 3 MG	0.86220		0.28730		
ESZOPICLONE ORAL TABLET 1 MG			0.79000		
ESZOPICLONE ORAL TABLET 2 MG			0.75000		
ESZOPICLONE ORAL TABLET 3 MG			0.75000		
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.02-3(24)			2.02321		
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.03-3MG			1.54673		
ETHOSUXIMIDE ORAL CAPSULE 250 MG			1.25400		
ETHOSUXIMIDE ORAL SOLUTION, ORAL 250 MG/5ML			0.39693		
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG			0.81550		
ETODOLAC ORAL CAPSULE 200 MG	0.58500		1.07780		
ETODOLAC ORAL CAPSULE 300 MG			1.29340		
ETODOLAC ORAL TABLET 400 MG			0.75000		
ETODOLAC ORAL TABLET 500 MG			0.74692		
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG			0.75000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			0.87980		
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 600 MG			1.50241		
ETOPOSIDE INTRAVENOUS VIAL (ML) 20 MG/ML			1.93000		
EXEMESTANE ORAL TABLET 25 MG			12.89520		
FAMCICLOVIR ORAL TABLET 125 MG			1.19185		
FAMCICLOVIR ORAL TABLET 250 MG			0.87300		
FAMCICLOVIR ORAL TABLET 500 MG			1.53846		
FAMOTIDINE INTRAVENOUS VIAL (ML) 10 MG/ML			0.29900		
FAMOTIDINE ORAL TABLET 20 MG	0.15000		0.03914		
FAMOTIDINE ORAL TABLET 40 MG	0.30000		0.06875		
FAMOTIDINE/PF INTRAVENOUS VIAL (ML) 20 MG/2 ML			0.38350		
FELBAMATE ORAL TABLET 600 MG			4.15055		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			0.66378		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG			0.65400		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG			0.59501		
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 145MG			2.17693		
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 48 MG			1.03929		
FENOFIBRATE ORAL TABLET 160 MG			0.93779		
FENOFIBRATE ORAL TABLET 54 MG			0.51106		
FENOFIBRATE, MICRONIZED ORAL CAPSULE 134MG			1.27158		
FENOFIBRATE, MICRONIZED ORAL CAPSULE 200 MG			1.97341		
FENOFIBRIC ACID (CHOLINE) ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 45 MG			1.65033		
FENOPROFEN CALCIUM ORAL TABLET 600 MG			0.00000		
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 200 MCG			11.05000		
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 800 MCG			16.23657		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FENTANYL CITRATE/PF INJECTION AMPUL (ML) 50 MCG/ML			0.16050		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 100 MCG/HR			16.24000		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 12 MCG/HR			14.86471		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 25MCG/HR			4.56986		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 50MCG/HR			7.53048		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 75MCG/HR			11.50000		
FERROUS FUMARATE/ASCORBIC ACID/B12-IF/FOLIC ACID ORAL CAPSULE 110-0.5MG			0.22100		
FEXOFENADINE HCL ORAL TABLET 180 MG	2.00180		0.54805		
FEXOFENADINE HCL ORAL TABLET 30 MG			0.32213		
FEXOFENADINE HCL ORAL TABLET 60 MG	1.15400		0.40750		
FINASTERIDE ORAL TABLET 5 MG	1.73030		0.23861		
FLECAINIDE ACETATE ORAL TABLET 100 MG	1.40700		0.30125		
FLECAINIDE ACETATE ORAL TABLET 150 MG	1.93280		0.60524		
FLECAINIDE ACETATE ORAL TABLET 50 MG	0.86100		0.21526		
FLUCONAZOLE IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L			0.15600		
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L			0.03979		
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L			0.04758		
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (ML) 200MG/0.1L			0.19500		
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 10 MG/ML			0.24607		
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 40 MG/ML			0.58464		
FLUCONAZOLE ORAL TABLET 100 MG			1.76066		
FLUCONAZOLE ORAL TABLET 150 MG			2.80250		
FLUCONAZOLE ORAL TABLET 200 MG	1.40750		2.30747		
FLUCONAZOLE ORAL TABLET 50 MG			1.12000		
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (EA) 50 MG			170.30000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (ML) 50 MG/2 ML			91.00000		
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG			0.44987		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 25 MCG			0.00000		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 29MCG			1.10136		
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %			1.87600		
FLUOCINOLONE ACETONIDE TOPICAL OIL (ML) 0.01 %			1.49306		
FLUOCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %			1.51161		
FLUOCINOLONE ACETONIDE TOPICAL SOLUTION, NON-ORAL 0.01 %			2.34722		
FLUOCINOLONE ACETONIDE/SHOWER CAP TOPICAL OIL (ML) 0.01 %			1.50684		
FLUOCINONIDE TOPICAL CREAM (GRAM) 0.05 %			1.43410		
FLUOCINONIDE TOPICAL GEL (GRAM) 0.05 %			1.06273		
FLUOCINONIDE TOPICAL OINTMENT (GRAM) 0.05 %			3.62000		
FLUOCINONIDE TOPICAL SOLUTION, NON-ORAL 0.05 %			1.37330		
FLUOCINONIDE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %	0.24530		0.13180		
FLUORIDE/IRON/VITAMINS A,C,AND D ORAL DROPS 0.25 MG/ML			0.12480		
FLUORIDE/VITAMINS A,C,AND D ORAL DROPS 0.25 MG/ML			0.10270		
FLUORIDE/VITAMINS A,C,AND D ORAL DROPS 0.5 MG/ML			0.10270		
FLUOROMETHOLONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %			11.44000		
FLUOROURACIL TOPICAL CREAM (GRAM) 5 %			4.19132		
FLUOXETINE HCL ORAL CAPSULE 10 MG	0.13860		0.03692		
FLUOXETINE HCL ORAL CAPSULE 20 MG	0.14540		0.03142		
FLUOXETINE HCL ORAL CAPSULE 40 MG	1.16250		0.25052		
FLUOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 90 MG			25.64000		
FLUOXETINE HCL ORAL SOLUTION, ORAL 20 MG/5 ML	0.22500		0.05010		
FLUOXETINE HCL ORAL TABLET 10 MG	0.60000		0.06063		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FLUOXETINE HCL ORAL TABLET 20 MG			0.55872		
FLUPHENAZINE DECANOATE INJECTION VIAL (ML) 25 MG/ML			0.00000		
FLUPHENAZINE HCL ORAL CONCENTRATE, ORAL 5 MG/ML			1.00155		
FLUPHENAZINE HCL ORAL TABLET 1 MG	0.22730		0.07140		
FLUPHENAZINE HCL ORAL TABLET 10 MG	0.50990		0.32500		
FLUPHENAZINE HCL ORAL TABLET 2.5 MG	0.27750		0.19580		
FLUPHENAZINE HCL ORAL TABLET 5 MG	0.35460		0.27100		
FLURAZEPAM HCL ORAL CAPSULE 15 MG	0.09750		0.06130		
FLURAZEPAM HCL ORAL CAPSULE 30 MG	0.11480		0.07810		
FLURBIPROFEN ORAL TABLET 100 MG	0.24380		0.10853		
FLURBIPROFEN ORAL TABLET 50 MG			0.19500		
FLURBIPROFEN SODIUM OPHTHALMIC DROPS 0.03 %	4.06790		1.86816		
FLUTAMIDE ORAL CAPSULE 125 MG			0.71493		
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION 50 MCG			0.55064		
FLUTICASONE PROPIONATE TOPICAL CREAM (GRAM) 0.05 %	1.11100		0.61000		
FLUTICASONE PROPIONATE TOPICAL OINTMENT (GRAM) 0.005 %	1.11100		0.38940		
FLUVASTATIN SODIUM ORAL CAPSULE 20 MG			3.23686		
FLUVASTATIN SODIUM ORAL CAPSULE 40 MG			3.23686		
FLUVOXAMINE MALEATE ORAL TABLET 100 MG	1.17750		0.26074		
FLUVOXAMINE MALEATE ORAL TABLET 25 MG	1.08830		0.23590		
FLUVOXAMINE MALEATE ORAL TABLET 50 MG	1.08300		0.30908		
FOLIC ACID ORAL TABLET 1 MG	0.03780		0.02970		
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 10MG/0.8ML			128.61000		
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 2.5 MG/0.5			97.11500		
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 5MG/0.4ML			224.96304		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 7.5MG/0.6			180.00000		
FOSINOPRIL SODIUM ORAL TABLET 10 MG	0.59800		0.17829		
FOSINOPRIL SODIUM ORAL TABLET 20 MG	0.59800		0.15060		
FOSINOPRIL SODIUM ORAL TABLET 40 MG	0.59800		0.14937		
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	1.34540		0.95700		
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	1.34540		1.11000		
FOSPHENYTOIN SODIUM INJECTION VIAL (ML) 100MG PE/2			0.88400		
FUROSEMIDE INJECTION VIAL (ML) 10 MG/ML			0.10428		
FUROSEMIDE ORAL SOLUTION, ORAL 10 MG/ML	0.13000		0.10979		
FUROSEMIDE ORAL TABLET 20 MG	0.05630		0.01761		
FUROSEMIDE ORAL TABLET 40 MG	0.05990		0.01200		
FUROSEMIDE ORAL TABLET 80 MG	0.10430		0.03412		
GABAPENTIN ORAL CAPSULE 100 MG	0.08250		0.05166		
GABAPENTIN ORAL CAPSULE 300 MG	0.12380		0.09264		
GABAPENTIN ORAL CAPSULE 400 MG	0.15380		0.11412		
GABAPENTIN ORAL TABLET 600 MG	0.97380		0.26000		
GABAPENTIN ORAL TABLET 800 MG	1.17560		0.27613		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 16 MG			2.26851		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 24 MG			2.28500		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 8 MG			2.17400		
GALANTAMINE HBR ORAL TABLET 12 MG			1.62803		
GALANTAMINE HBR ORAL TABLET 4 MG			1.38217		
GALANTAMINE HBR ORAL TABLET 8 MG			1.62250		
GEMFIBROZIL ORAL TABLET 600 MG			0.12751		
GENTAMICIN SULFATE INJECTION VIAL (ML) 40 MG/ML			0.69129		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
GENTAMICIN SULFATE OPHTHALMIC DROPS 0.3 %	0.57000		1.34385		
GENTAMICIN SULFATE OPHTHALMIC OINTMENT (GRAM) 0.3 %			4.20000		
GENTAMICIN SULFATE TOPICAL CREAM (GRAM) 0.1 %			1.66000		
GENTAMICIN SULFATE TOPICAL OINTMENT (GRAM) 0.1 %	0.20000		1.70500		
GLIMEPIRIDE ORAL TABLET 1 MG	0.13410		0.02400		
GLIMEPIRIDE ORAL TABLET 2 MG	0.21740		0.03213		
GLIMEPIRIDE ORAL TABLET 4 MG			0.52654		
GLIPIZIDE ORAL TABLET 10 MG	0.11920		0.04457		
GLIPIZIDE ORAL TABLET 5 MG	0.06990		0.04420		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			0.33442		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG			0.55600		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG			0.15753		
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG			0.52405		
GLIPIZIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG			0.40413		
GLYBURIDE ORAL TABLET 1.25 MG	0.12440		0.09620		
GLYBURIDE ORAL TABLET 2.5 MG	0.18930		0.15502		
GLYBURIDE ORAL TABLET 5 MG	0.28310		0.18435		
GLYBURIDE,MICRONIZED ORAL TABLET 1.5 MG	0.18750		0.03659		
GLYBURIDE,MICRONIZED ORAL TABLET 3 MG	0.21750		0.03081		
GLYBURIDE,MICRONIZED ORAL TABLET 6 MG			0.05788		
GLYBURIDE/METFORMIN HCL ORAL TABLET 1.25-250MG	0.84050		0.10894		
GLYBURIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG	1.00260		0.08725		
GLYBURIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG	1.00260		0.08835		
GLYCINE/SODIUM/WATER FOR INJECTION,STERILE/SODIUM HYDROXIDE INTRAVENOUS VIAL (ML)			0.21840		
GLYCOPYRROLATE INJECTION VIAL (ML) 0.2 MG/ML			11.45400		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
GLYCOPYRROLATE ORAL TABLET 1 MG			0.39047		
GLYCOPYRROLATE ORAL TABLET 2 MG			0.79580		
GRANISETRON HCL INTRAVENOUS VIAL (ML) 1 MG/ML(1)			18.52500		
GRANISETRON HCL ORAL TABLET 1 MG			3.91205		
GRISEOFULVIN, MICROSIZE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML			0.08734		
GUAIFENESIN ORAL LIQUID (ML) 100 MG/5ML			0.00657		
GUAIFENESIN ORAL TABLET 200 MG			0.03900		
GUAIFENESIN/CODEINE PHOSPHATE ORAL LIQUID (ML) 100-10MG/5			0.01088		
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 100-10MG/5			0.00775		
GUAIFENESIN/PHENYLEPHRINE HCL ORAL TABLET, SUSTAINED RELEASE 12HR 900-25MG			1.11510		
GUANFACINE HCL ORAL TABLET 1 MG	0.12420		0.07929		
GUANFACINE HCL ORAL TABLET 2 MG	0.70110		0.12450		
HALOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %			2.74000		
HALOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %			2.97780		
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (ML) 100 MG/ML			0.00000		
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (ML) 50 MG/ML			0.00000		
HALOPERIDOL LACTATE INJECTION VIAL (ML) 5 MG/ML			1.85894		
HALOPERIDOL LACTATE ORAL CONCENTRATE, ORAL 2 MG/ML	0.13690		0.08830		
HALOPERIDOL ORAL TABLET 0.5 MG			0.25651		
HALOPERIDOL ORAL TABLET 1 MG			0.33500		
HALOPERIDOL ORAL TABLET 10 MG			0.74313		
HALOPERIDOL ORAL TABLET 2 MG			0.50558		
HALOPERIDOL ORAL TABLET 20 MG			1.65350		
HALOPERIDOL ORAL TABLET 5 MG			0.81900		
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 1000/ML			0.30247		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 10000/ML			3.44650		
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 5000/ML			0.00000		
HEPARIN SODIUM,PORCINE INTRAVENOUS DISPOSABLE SYRINGE (ML) 100/ML			0.44907		
HEPARIN SODIUM,PORCINE INTRAVENOUS VIAL (ML) 100/ML			0.06203		
HYDRALAZINE HCL INJECTION VIAL (ML) 20 MG/ML			5.70700		
HYDRALAZINE HCL ORAL TABLET 10 MG	0.25560		0.10400		
HYDRALAZINE HCL ORAL TABLET 100 MG	0.78380		0.14370		
HYDRALAZINE HCL ORAL TABLET 25 MG	0.32840		0.12312		
HYDRALAZINE HCL ORAL TABLET 50 MG	0.42000		0.07478		
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG	0.12000		0.08500		
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG			0.19186		
HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG	0.01800		0.01213		
HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG	0.04990		0.01804		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-167/5	0.06330		0.02530		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-334MG/10			0.02530		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-325/15			0.21998		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-500/15			0.01887		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-500/15			0.03010		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10-660MG			0.15687		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10-750MG			0.71640		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10MG-325MG			0.15742		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10MG-500MG			0.22500		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 10MG-650MG			0.07837		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 2.5-500 MG			0.10256		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 5 MG-500MG			0.06588		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 5MG-325MG			0.14843		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-325MG			0.19702		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-500MG			0.12000		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-650 MG			0.05450		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-750MG			0.11000		
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL SYRUP 5-1.5 MG/5			0.10285		
HYDROCODONE/IBUPROFEN ORAL TABLET 7.5-200 MG			0.24337		
HYDROCORTISONE ACETATE/LIDOCAINE HCL RECTAL CREAM WITH APPLICATOR 0.5 %-3 %			0.65107		
HYDROCORTISONE BUTYRATE TOPICAL OINTMENT (GRAM) 0.1 %			0.54640		
HYDROCORTISONE ORAL TABLET 20 MG			0.33000		
HYDROCORTISONE ORAL TABLET 5 MG			0.31350		
HYDROCORTISONE RECTAL CREAM (GRAM) 1 %			0.70190		
HYDROCORTISONE RECTAL CREAM (GRAM) 2.5 %			0.46500		
HYDROCORTISONE RECTAL CREAM WITH APPLICATOR 2.5 %			0.40397		
HYDROCORTISONE RECTAL ENEMA (ML) 100MG/60ML			0.07552		
HYDROCORTISONE SOD SUCCINATE INJECTION VIAL (EA) 100 MG			2.52200		
HYDROCORTISONE TOPICAL CREAM (GRAM) 1 %			0.19048		
HYDROCORTISONE TOPICAL CREAM (GRAM) 2.5 %			0.14109		
HYDROCORTISONE TOPICAL LOTION (ML) 1 %	0.05720		0.06599		
HYDROCORTISONE TOPICAL LOTION (ML) 2.5 %	0.75000		0.26360		
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 1 %	0.05600		0.15153		
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 2.5 %			0.12291		
HYDROCORTISONE VALERATE TOPICAL CREAM (GRAM) 0.2 %			2.28622		
HYDROCORTISONE VALERATE TOPICAL OINTMENT (GRAM) 0.2 %			2.41000		
HYDROMORPHONE HCL ORAL TABLET 2 MG	0.21840		0.10709		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HYDROMORPHONE HCL ORAL TABLET 4 MG			0.09988		
HYDROMORPHONE HCL ORAL TABLET 8 MG			0.42905		
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 10 MG/ML			2.37120		
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 2 MG/ML			1.31300		
HYDROMORPHONE HCL/PF INJECTION VIAL (ML) 10 MG/ML			1.80960		
HYDROQUINONE TOPICAL CREAM (GRAM) 4 %			0.36681		
HYDROXOCOBALAMIN INTRAMUSCULAR VIAL (ML) 1000MCG/ML			1.08333		
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG			2.82000		
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR VIAL (ML) 250 MG/ML			0.00000		
HYDROXYUREA ORAL CAPSULE 500 MG			0.35960		
HYDROXYZINE HCL INTRAMUSCULAR VIAL (ML) 50 MG/ML			1.10500		
HYDROXYZINE HCL ORAL SYRUP 10 MG/5 ML			0.06350		
HYDROXYZINE HCL ORAL TABLET 10 MG	0.48650		0.04541		
HYDROXYZINE HCL ORAL TABLET 25 MG	0.67440		0.14869		
HYDROXYZINE HCL ORAL TABLET 50 MG	0.82220		0.15138		
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG			0.30388		
HYDROXYZINE PAMOATE ORAL CAPSULE 25 MG	0.11500		0.07670		
HYDROXYZINE PAMOATE ORAL CAPSULE 50 MG			0.12698		
HYOSCYAMINE SULFATE ORAL DROPS 0.125MG/ML			1.68913		
HYOSCYAMINE SULFATE ORAL ELIXIR 125MCG/5ML			0.08078		
HYOSCYAMINE SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 0.375 MG			0.43841		
IBANDRONATE SODIUM ORAL TABLET 150 MG			34.48000		
IBUPROFEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML			0.03119		
IBUPROFEN ORAL TABLET 400 MG			0.04300		
IBUPROFEN ORAL TABLET 600 MG			0.07500		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
IBUPROFEN ORAL TABLET 800 MG			0.09500		
IFOSFAMIDE INTRAVENOUS VIAL (EA) 1 G			45.79900		
IMIPRAMINE HCL ORAL TABLET 10 MG	0.26430		0.13340		
IMIPRAMINE HCL ORAL TABLET 25 MG	0.35510		0.17790		
IMIPRAMINE HCL ORAL TABLET 50 MG	0.46040		0.21917		
IMIQUIMOD TOPICAL CREAM IN PACKET (EA) 5 %			8.59686		
INDAPAMIDE ORAL TABLET 1.25 MG	0.10350		0.03731		
INDAPAMIDE ORAL TABLET 2.5 MG	0.11250		0.05063		
INDOMETHACIN ORAL CAPSULE 25 MG			0.16475		
INDOMETHACIN ORAL CAPSULE 50 MG			0.16131		
INDOMETHACIN ORAL CAPSULE, EXTENDED RELEASE 75 MG			1.25986		
IPRATROPIUM BROMIDE INHALATION SOLUTION, NON-ORAL 0.2 MG/ML	0.10800		0.07037		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 21 MCG			0.23084		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 42MCG			0.54166		
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5-3MG/3			0.10750		
IRBESARTAN ORAL TABLET 150 MG			0.31200		
IRBESARTAN ORAL TABLET 300 MG			0.38419		
IRBESARTAN ORAL TABLET 75 MG			0.20479		
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5MG			0.41625		
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 300-12.5MG			0.61833		
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 100 MG/5ML			13.91000		
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 40 MG/2 ML			7.57900		
IRON POLYSACCHARIDE COMPLEX/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE 150-25-1			0.10283		
ISONIAZID ORAL SOLUTION, ORAL 50 MG/5 ML			0.19027		
ISONIAZID ORAL TABLET 300 MG			0.24801		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ISOSORBIDE DINITRATE ORAL TABLET 10 MG			0.81400		
ISOSORBIDE DINITRATE ORAL TABLET 20 MG			0.71250		
ISOSORBIDE DINITRATE ORAL TABLET 30 MG			0.66500		
ISOSORBIDE DINITRATE ORAL TABLET 5 MG			0.65015		
ISOSORBIDE DINITRATE ORAL TABLET, EXTENDED RELEASE 40 MG			0.62660		
ISOSORBIDE DINITRATE SUBLINGUAL TABLET, SUBLINGUAL 2.5 MG			0.05980		
ISOSORBIDE DINITRATE SUBLINGUAL TABLET, SUBLINGUAL 5 MG			0.07450		
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG	0.61100		0.12025		
ISOSORBIDE MONONITRATE ORAL TABLET 20 MG	0.49500		0.18430		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 120 MG			0.39644		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG			0.26231		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG	0.60000		0.28225		
ISOTRETINOIN ORAL CAPSULE 10 MG			7.59713		
ISOTRETINOIN ORAL CAPSULE 20 MG			6.72498		
ISOTRETINOIN ORAL CAPSULE 40 MG			6.34000		
ISRADIPINE ORAL CAPSULE 5 MG			1.74987		
ITRACONAZOLE ORAL CAPSULE 100 MG			5.91200		
KETOCONAZOLE ORAL TABLET 200 MG	2.25000		1.51250		
KETOCONAZOLE TOPICAL CREAM (GRAM) 2 %			1.12520		
KETOCONAZOLE TOPICAL SHAMPOO 2 %			0.09194		
KETOPROFEN ORAL CAPSULE 50 MG			0.08738		
KETOPROFEN ORAL CAPSULE 75 MG			0.10180		
KETOPROFEN ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 200 MG			2.06200		
KETOROLAC TROMETHAMINE INJECTION CARTRIDGE (ML) 30 MG/ML			0.79300		
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 15 MG/ML			0.97500		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 30 MG/ML			1.38080		
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 30MG/ML(1)			0.81555		
KETOROLAC TROMETHAMINE INTRAMUSCULAR VIAL (ML) 60 MG/2 ML			0.56280		
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.4 %			6.26000		
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.5 %			1.99750		
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG	0.67730		0.54500		
LABETALOL HCL ORAL TABLET 100 MG			0.32202		
LABETALOL HCL ORAL TABLET 200 MG			0.45474		
LABETALOL HCL ORAL TABLET 300 MG			0.58783		
LACTIC ACID TOPICAL CREAM (GRAM) 10 %			0.12324		
LACTIC ACID TOPICAL LOTION (ML) 10 %			0.06869		
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML	0.02210		0.01140		
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML	0.02210		0.02210		
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML	0.02210		0.01775		
LACTULOSE ORAL SOLUTION, ORAL 20 G/30 ML	0.02210		0.01775		
LAMOTRIGINE ORAL TABLET 100 MG	0.34670		0.05980		
LAMOTRIGINE ORAL TABLET 150 MG	0.38000		0.11093		
LAMOTRIGINE ORAL TABLET 200 MG	0.41350		0.12007		
LAMOTRIGINE ORAL TABLET 25 MG	0.30350		0.05879		
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG	0.69230		0.28500		
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG	0.66090		0.28500		
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 15 MG			0.75084		
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG			0.58123		
LANSOPRAZOLE ORAL TABLET,DISINTEGRATING, DELAYED RELEASE 15 MG			0.00000		
LANSOPRAZOLE ORAL TABLET,DISINTEGRATING, DELAYED RELEASE 30 MG			0.00000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LATANOPROST OPHTHALMIC DROPS 0.005 %			3.99000		
LEFLUNOMIDE ORAL TABLET 10 MG	2.50000		0.46590		
LEFLUNOMIDE ORAL TABLET 20 MG	2.50000		0.41439		
LETROZOLE ORAL TABLET 2.5 MG			0.23896		
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 200 MG			7.80000		
LEUCOVORIN CALCIUM INJECTION VIAL (ML) 500MG/50ML			0.26000		
LEUCOVORIN CALCIUM ORAL TABLET 25 MG			7.47335		
LEUCOVORIN CALCIUM ORAL TABLET 5 MG			0.90251		
LEVETIRACETAM ORAL SOLUTION, ORAL 100 MG/ML	0.34880		0.09520		
LEVETIRACETAM ORAL SOLUTION, ORAL 500 MG/5ML	0.34880		0.14763		
LEVETIRACETAM ORAL TABLET 1000 MG	1.40720		0.55420		
LEVETIRACETAM ORAL TABLET 250 MG	0.43130		0.19214		
LEVETIRACETAM ORAL TABLET 500 MG	0.52710		0.19519		
LEVETIRACETAM ORAL TABLET 750 MG	0.71410		0.25820		
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			0.49000		
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG			0.69000		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.25 %			1.10500		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.5 %			3.12939		
LEVOCARNITINE (WITH SUGAR) ORAL SOLUTION, ORAL 100 MG/ML			0.19400		
LEVOFLOXACIN ORAL TABLET 250 MG			0.24958		
LEVOFLOXACIN ORAL TABLET 500 MG			0.28713		
LEVOFLOXACIN ORAL TABLET 750 MG			0.59156		
LEVONORGESTREL ORAL TABLET 1.5 MG			28.06100		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.1-0.02			0.39427		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03			0.79500		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 6-5-10			0.69977		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 0.15-0.03			1.05400		
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 200 MCG			26.00000		
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 500 MCG			26.00000		
LEVOTHYROXINE SODIUM ORAL TABLET 100 MCG			0.46882		
LEVOTHYROXINE SODIUM ORAL TABLET 112 MCG			0.35045		
LEVOTHYROXINE SODIUM ORAL TABLET 125 MCG			0.53400		
LEVOTHYROXINE SODIUM ORAL TABLET 137 MCG			0.37500		
LEVOTHYROXINE SODIUM ORAL TABLET 150 MCG			0.56500		
LEVOTHYROXINE SODIUM ORAL TABLET 175MCG			0.63250		
LEVOTHYROXINE SODIUM ORAL TABLET 200 MCG	0.44180		0.64520		
LEVOTHYROXINE SODIUM ORAL TABLET 25 MCG			0.28500		
LEVOTHYROXINE SODIUM ORAL TABLET 300 MCG	0.60230		0.52000		
LEVOTHYROXINE SODIUM ORAL TABLET 50 MCG			0.26754		
LEVOTHYROXINE SODIUM ORAL TABLET 75 MCG			0.36500		
LEVOTHYROXINE SODIUM ORAL TABLET 88 MCG			0.36520		
LIDOCAINE HCL INJECTION VIAL (ML) 10 MG/ML			0.05748		
LIDOCAINE HCL INJECTION VIAL (ML) 20 MG/ML			0.06146		
LIDOCAINE HCL MUCOUS MEMBRANE JEL (ML) 2 %			0.31625		
LIDOCAINE HCL MUCOUS MEMBRANE JELLY WITH PREFILLED APPLICATOR (ML) 2 %			0.38450		
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, NON-ORAL 40 MG/ML			0.10019		
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, ORAL 2 %	0.05130		0.02561		
LIDOCAINE HCL TOPICAL CREAM (GRAM) 3 %			1.71000		
LIDOCAINE HCL TOPICAL OINTMENT (GRAM) 5 %			0.55954		
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 10 MG/ML			0.58140		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LIDOCAINE HCL/PF INJECTION AMPUL, LUER TIP 20 MG/ML			0.42500		
LIDOCAINE HCL/PF INJECTION VIAL (ML) 10 MG/ML			0.19130		
LIDOCAINE TOPICAL OINTMENT (GRAM) 5 %			1.52877		
LIDOCAINE/PRILOCAINE TOPICAL CREAM (GRAM) 2.5 %-2.5%			0.55375		
LIDOCAINE/PRILOCAINE TOPICAL KIT 2.5 %-2.5%			0.23130		
LIOETHYRONINE SODIUM ORAL TABLET 50 MCG			1.25696		
LISINOPRIL ORAL TABLET 10 MG	0.06750		0.02213		
LISINOPRIL ORAL TABLET 2.5 MG	0.03680		0.02100		
LISINOPRIL ORAL TABLET 20 MG	0.07950		0.03734		
LISINOPRIL ORAL TABLET 30 MG	0.16310		0.08632		
LISINOPRIL ORAL TABLET 40 MG	0.15000		0.09520		
LISINOPRIL ORAL TABLET 5 MG	0.04830		0.01869		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.20970		0.04355		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	0.21990		0.05874		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG	0.22250		0.05369		
LITHIUM CARBONATE ORAL CAPSULE 300 MG	0.13820		0.03598		
LITHIUM CARBONATE ORAL CAPSULE 600 MG			0.15613		
LITHIUM CARBONATE ORAL TABLET 300 MG			0.20880		
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 300 MG			0.23400		
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 450 MG			0.31800		
LITHIUM CITRATE ORAL SOLUTION, ORAL 8 MEQ/5 ML			0.08232		
LOPERAMIDE HCL ORAL CAPSULE 2 MG			0.15897		
LORAZEPAM INJECTION SYRINGE (ML) 2 MG/ML			2.17100		
LORAZEPAM INJECTION VIAL (ML) 2 MG/ML			0.91090		
LORAZEPAM INJECTION VIAL (ML) 4 MG/ML			1.19860		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LORAZEPAM ORAL CONCENTRATE, ORAL 2 MG/ML			0.69067		
LORAZEPAM ORAL TABLET 0.5 MG	0.07400		0.02631		
LORAZEPAM ORAL TABLET 1 MG	0.08220		0.03688		
LORAZEPAM ORAL TABLET 2 MG	0.14670		0.05616		
LOSARTAN POTASSIUM ORAL TABLET 100 MG			0.12153		
LOSARTAN POTASSIUM ORAL TABLET 25 MG			0.05931		
LOSARTAN POTASSIUM ORAL TABLET 50 MG			0.08864		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100-12.5MG			0.14833		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-25MG			0.13723		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 50-12.5 MG			0.10667		
LOVASTATIN ORAL TABLET 10 MG	0.32850		0.07896		
LOVASTATIN ORAL TABLET 20 MG	0.46220		0.08340		
LOVASTATIN ORAL TABLET 40 MG	0.79220		0.11652		
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG			0.49730		
LOXAPINE SUCCINATE ORAL CAPSULE 25 MG			0.63521		
LOXAPINE SUCCINATE ORAL CAPSULE 5 MG			0.71045		
LOXAPINE SUCCINATE ORAL CAPSULE 50 MG			1.10251		
MALATHION TOPICAL LOTION (ML) 0.5 %			0.00000		
MEBENDAZOLE ORAL TABLET, CHEWABLE 100 MG			4.30040		
MECLIZINE HCL ORAL TABLET 12.5 MG			0.18049		
MECLIZINE HCL ORAL TABLET 25 MG			0.29757		
MECLOFENAMATE SODIUM ORAL CAPSULE 100 MG			1.78455		
MECLOFENAMATE SODIUM ORAL CAPSULE 50 MG			0.56134		
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SYRINGE (ML) 150 MG/ML			67.81000		
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR VIAL (ML) 150 MG/ML			54.00000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG	0.37870		0.05813		
MEDROXYPROGESTERONE ACETATE ORAL TABLET 2.5 MG	0.20250		0.05330		
MEDROXYPROGESTERONE ACETATE ORAL TABLET 5 MG	0.30610		0.08900		
MEFLOQUINE HCL ORAL TABLET 250 MG			5.13200		
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML			0.07120		
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML			0.08301		
MEGESTROL ACETATE ORAL TABLET 20 MG	0.34890		0.12563		
MEGESTROL ACETATE ORAL TABLET 40 MG	0.67550		0.35420		
MELOXICAM ORAL TABLET 15 MG	0.20930		0.02457		
MELOXICAM ORAL TABLET 7.5 MG	0.14250		0.02769		
MEPERIDINE HCL ORAL TABLET 100 MG	0.62930		0.38541		
MEPERIDINE HCL ORAL TABLET 50 MG	0.31880		0.20013		
MERCAPTOPYRINE ORAL TABLET 50 MG			1.02869		
MESALAMINE RECTAL ENEMA (ML) 4 G/60 ML			0.23500		
MESNA INTRAVENOUS VIAL (ML) 100 MG/ML			2.60000		
METAPROTERENOL SULFATE ORAL SYRUP 10 MG/5 ML			0.02460		
METFORMIN HCL ORAL TABLET 1000 MG	0.16580		0.04610		
METFORMIN HCL ORAL TABLET 500 MG	0.07500		0.02420		
METFORMIN HCL ORAL TABLET 850 MG	0.14640		0.03846		
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG	0.13070		0.05270		
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG	0.33680		0.12344		
METHADONE HCL ORAL CONCENTRATE, ORAL 10 MG/ML			0.74166		
METHADONE HCL ORAL TABLET 10 MG			0.08510		
METHADONE HCL ORAL TABLET 5 MG			0.05740		
METHADONE HCL ORAL TABLET, SOLUBLE 40 MG			0.30600		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METHAZOLAMIDE ORAL TABLET 25 MG	0.31500		0.27300		
METHAZOLAMIDE ORAL TABLET 50 MG			2.41000		
METHENAMINE HIPPURATE ORAL TABLET 1 G			1.46900		
METHIMAZOLE ORAL TABLET 10 MG	0.71760		0.19748		
METHIMAZOLE ORAL TABLET 5 MG	0.42120		0.14119		
METHOCARBAMOL ORAL TABLET 500 MG	0.19430		0.07423		
METHOCARBAMOL ORAL TABLET 750 MG	0.25200		0.15847		
METHOTREXATE SODIUM INJECTION VIAL (ML) 25 MG/ML			0.00000		
METHOTREXATE SODIUM ORAL TABLET 2.5 MG			2.06520		
METHOTREXATE SODIUM/PF INJECTION VIAL (ML) 25 MG/ML			1.08193		
METHOTREXATE/PF SUBCUTANEOUS AUTO-INJECTOR (ML) 10MG/0.4ML			341.13000		
METHOTREXATE/PF SUBCUTANEOUS AUTO-INJECTOR (ML) 15MG/0.4ML			341.13000		
METHOTREXATE/PF SUBCUTANEOUS AUTO-INJECTOR (ML) 20MG/0.4ML			341.13000		
METHOTREXATE/PF SUBCUTANEOUS AUTO-INJECTOR (ML) 25MG/0.4ML			341.13000		
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG			0.65425		
METHSCOPOLAMINE BROMIDE ORAL TABLET 5 MG			2.43250		
METHYCLOTHIAZIDE ORAL TABLET 5 MG			0.49920		
METHYLDOPA ORAL TABLET 250 MG			0.11550		
METHYLDOPA ORAL TABLET 500 MG			0.20980		
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-15MG			0.81390		
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-25MG			0.21307		
METHYLERGONOVINE MALEATE ORAL TABLET 0.2 MG			14.23382		
METHYLPHENIDATE HCL ORAL TABLET 10 MG			0.79484		
METHYLPHENIDATE HCL ORAL TABLET 20 MG			1.12252		
METHYLPHENIDATE HCL ORAL TABLET 5 MG			0.59210		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 10 MG			1.34200		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 20 MG			1.87590		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 18 MG			5.07500		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 27 MG			4.69915		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 36 MG			5.01161		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 54 MG			5.43481		
METHYLPREDNISOLONE ACETATE INJECTION VIAL (ML) 40 MG/ML			4.68000		
METHYLPREDNISOLONE ORAL TABLET 4 MG			1.07197		
METHYLPREDNISOLONE ORAL TABLET, DOSE PACK 4 MG			0.85501		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 125 MG			5.20000		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 125 MG/2ML			3.79600		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 40 MG			2.56100		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 40 MG/ML			2.35300		
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 10 MG/10ML	0.01550		0.01374		
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 5 MG/5 ML	0.01550		0.01374		
METOCLOPRAMIDE HCL ORAL TABLET 10 MG	0.10950		0.04213		
METOCLOPRAMIDE HCL ORAL TABLET 5 MG	0.18420		0.04653		
METOLAZONE ORAL TABLET 10 MG			1.38400		
METOLAZONE ORAL TABLET 2.5 MG	0.89100		0.54000		
METOLAZONE ORAL TABLET 5 MG	1.06800		1.15000		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG			0.70646		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG			1.12771		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG			0.38252		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG			0.38614		
METOPROLOL TARTRATE ORAL TABLET 100 MG	0.06900		0.04125		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METOPROLOL TARTRATE ORAL TABLET 25 MG	0.07200		0.03440		
METOPROLOL TARTRATE ORAL TABLET 50 MG	0.05000		0.02525		
METRONIDAZOLE IN SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L			0.01486		
METRONIDAZOLE ORAL TABLET 250 MG			0.30370		
METRONIDAZOLE ORAL TABLET 500 MG	0.21840		0.50950		
METRONIDAZOLE TOPICAL CREAM (GRAM) 0.75 %	1.62630		2.25578		
METRONIDAZOLE TOPICAL GEL (GRAM) 0.75 %			2.59445		
METRONIDAZOLE TOPICAL LOTION (ML) 0.75 %			2.53893		
METRONIDAZOLE VAGINAL GEL WITH APPLICATOR (GRAM) 0.75 %			0.32942		
MEXILETINE HCL ORAL CAPSULE 150 MG			0.20910		
MEXILETINE HCL ORAL CAPSULE 200 MG	0.97120		0.70200		
MEXILETINE HCL ORAL CAPSULE 250 MG			0.82212		
MICONAZOLE NITRATE VAGINAL SUPPOSITORY, VAGINAL 200 MG			13.71500		
MIDAZOLAM HCL INJECTION VIAL (ML) 1 MG/ML			0.25160		
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/ML			0.43550		
MIDAZOLAM HCL ORAL SYRUP 2 MG/ML	0.82630		0.71611		
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 10 MG/2 ML			0.43550		
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 5 MG/ML(1)			0.88400		
MIDODRINE HCL ORAL TABLET 10 MG	3.13380		0.85445		
MIDODRINE HCL ORAL TABLET 2.5 MG	1.11720		0.31590		
MIDODRINE HCL ORAL TABLET 5 MG	1.83830		0.39897		
MILRINONE LACTATE INTRAVENOUS VIAL (ML) 1 MG/ML			0.63505		
MILRINONE LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 40MG/200ML			0.22750		
MINOCYCLINE HCL ORAL CAPSULE 100 MG	1.80000		0.28783		
MINOCYCLINE HCL ORAL CAPSULE 50 MG	0.90000		0.16662		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MINOCYCLINE HCL ORAL CAPSULE 75 MG	1.95750		0.33238		
MINOXIDIL ORAL TABLET 10 MG	0.69650		0.26096		
MINOXIDIL ORAL TABLET 2.5 MG	0.31700		0.16250		
MIRTAZAPINE ORAL TABLET 15 MG	1.23000		0.12645		
MIRTAZAPINE ORAL TABLET 30 MG	1.26500		0.37500		
MIRTAZAPINE ORAL TABLET 45 MG	1.28450		0.29130		
MIRTAZAPINE ORAL TABLET 7.5 MG			1.21666		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 15 MG			0.95254		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 30 MG			0.87099		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 45 MG			0.95082		
MISOPROSTOL ORAL TABLET 100 MCG			0.39396		
MISOPROSTOL ORAL TABLET 200 MCG			0.85965		
MITOMYCIN INTRAVENOUS VIAL (EA) 20 MG			94.90000		
MITOMYCIN INTRAVENOUS VIAL (EA) 5 MG			26.00000		
MITOXANTRONE HCL INTRAVENOUS VIAL (ML) 2 MG/ML			23.65870		
MODAFINIL ORAL TABLET 100 MG			9.49687		
MODAFINIL ORAL TABLET 200 MG			11.3479		
MOEXIPRIL HCL ORAL TABLET 15 MG			0.29200		
MOEXIPRIL HCL ORAL TABLET 7.5 MG			0.25878		
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-12.5MG	1.21110		0.59644		
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-25MG	1.21110		0.53738		
MOMETASONE FUROATE TOPICAL CREAM (GRAM) 0.1 %	0.73330		0.26067		
MOMETASONE FUROATE TOPICAL OINTMENT (GRAM) 0.1 %	0.93330		0.24389		
MOMETASONE FUROATE TOPICAL SOLUTION, NON-ORAL 0.1 %			0.54000		
MONTELUKAST SODIUM ORAL TABLET 10 MG			0.32750		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MONTELUKAST SODIUM ORAL TABLET, CHEWABLE 4 MG			0.44250		
MONTELUKAST SODIUM ORAL TABLET, CHEWABLE 5 MG			0.37129		
MORPHINE SULFATE INJECTION VIAL (ML) 10 MG/ML			0.52000		
MORPHINE SULFATE ORAL SOLUTION, ORAL 100 MG/5ML			0.45178		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 100 MG			2.73107		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 15 MG			0.52800		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 200 MG			4.34138		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 30 MG			0.86070		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 60 MG			1.79546		
MOXIFLOXACIN HCL ORAL TABLET 400 MG			14.01271		
MULTIVITAMINS WITH FLUORIDE ORAL DROPS 0.25 MG/ML			0.10270		
MULTIVITAMINS WITH FLUORIDE ORAL DROPS 0.5 MG/ML			0.10270		
MULTIVITAMINS WITH IRON & FLUORIDE ORAL DROPS 0.25 MG/ML			0.11440		
MULTIVITAMINS WITH IRON & FLUORIDE ORAL DROPS 0.5 MG/ML			0.11440		
MUPIROCIN TOPICAL OINTMENT (GRAM) 2 %	1.88390		0.43142		
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG	0.52910		0.28119		
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG	1.05800		0.61000		
NABUMETONE ORAL TABLET 500 MG			0.24050		
NABUMETONE ORAL TABLET 750 MG			0.24190		
NADOLOL ORAL TABLET 20 MG			2.13000		
NADOLOL ORAL TABLET 40 MG			3.04000		
NADOLOL ORAL TABLET 80 MG			3.26000		
NALBUPHINE HCL INJECTION AMPUL (ML) 20 MG/ML			2.36600		
NALTREXONE HCL ORAL TABLET 50 MG	4.04000		1.00967		
NAPROXEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML			0.12110		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NAPROXEN ORAL TABLET 250 MG	0.10320		0.05100		
NAPROXEN ORAL TABLET 375 MG	0.07610		0.05789		
NAPROXEN ORAL TABLET 500 MG	0.08240		0.06000		
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 375 MG			0.13650		
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG			0.16431		
NAPROXEN SODIUM ORAL TABLET 275 MG			0.08963		
NAPROXEN SODIUM ORAL TABLET 550 MG			0.11682		
NARATRIPTAN HCL ORAL TABLET 1 MG			5.65089		
NARATRIPTAN HCL ORAL TABLET 2.5 MG			3.65787		
NATEGLINIDE ORAL TABLET 120 MG			0.64003		
NATEGLINIDE ORAL TABLET 60 MG			0.85738		
NEFAZODONE HCL ORAL TABLET 100 MG			0.46100		
NEFAZODONE HCL ORAL TABLET 150 MG			0.47540		
NEFAZODONE HCL ORAL TABLET 200 MG			0.46900		
NEFAZODONE HCL ORAL TABLET 250 MG			0.32500		
NEFAZODONE HCL ORAL TABLET 50 MG			0.24500		
NEOMYCIN SULFATE ORAL TABLET 500 MG			0.84127		
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-1			0.00000		
NEOMYCIN SULFATE/BACITRACIN/POLYMYXIN B OPHTHALMIC OINTMENT (GRAM) 3.5MG-400			3.91990		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE IRRIGATION AMPUL (ML) 40-200K/ML			13.36010		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D OPHTHALMIC DROPS 1.75MG-10K	2.02500		4.46000		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-10			13.71860		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SOLUTION, NON-ORAL 3.5-10K-1			2.00200		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-1			2.00200		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-.1			4.75714		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %			3.12200		
NEVIRAPINE ORAL TABLET 200 MG			0.22000		
NICARDIPINE HCL ORAL CAPSULE 20 MG	0.33750		0.12545		
NIFEDIPINE ORAL CAPSULE 10 MG			0.72297		
NIFEDIPINE ORAL CAPSULE 20 MG			0.85200		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG			0.41131		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG			0.57537		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG			0.85336		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 30 MG			0.46912		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 60 MG			0.74946		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 90 MG			1.57500		
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 17 MG			6.03000		
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 25.5 MG			6.55000		
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 34 MG			6.55000		
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 8.5MG			4.78000		
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG			1.28742		
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 50 MG			0.74918		
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS ORAL CAPSULE 100 MG			1.92478		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.1MG/HR			0.63167		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.2MG/HR			0.55250		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.4MG/HR			0.64383		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.6MG/HR			0.89000		
NIZATIDINE ORAL CAPSULE 150 MG	1.83070		0.32449		
NIZATIDINE ORAL CAPSULE 300 MG	3.66150		0.72724		
NIZATIDINE ORAL SOLUTION, ORAL 150MG/10ML			0.69823		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NORETHINDRONE ACETATE ORAL TABLET 5 MG			1.57505		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 1MG-20MCG			1.02119		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1.5-30(21)			0.63715		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1MG-20(21)			0.66103		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 5-7-9-7			1.54552		
NORETHINDRONE ORAL TABLET 0.35 MG			0.79562		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.4-0.035			0.86006		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.5-0.035			0.62440		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG			0.58650		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3			0.61475		
NORETHINDRONE-MESTRANOL ORAL TABLET 1 MG-50MCG			0.92340		
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 0.25-0.035	1.16370		0.39067		
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 7DAYSX3 28			0.37599		
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.3-0.03MG			0.73521		
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.5 MG-50			1.27476		
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG	0.10190		0.07927		
NORTRIPTYLINE HCL ORAL CAPSULE 25 MG			0.15200		
NORTRIPTYLINE HCL ORAL CAPSULE 50 MG			0.18000		
NORTRIPTYLINE HCL ORAL CAPSULE 75 MG	0.22030		0.11280		
NORTRIPTYLINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML			0.11392		
NYSTATIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100000/ML			0.11293		
NYSTATIN ORAL TABLET 500K UNIT			0.42100		
NYSTATIN TOPICAL CREAM (GRAM) 100000/G			0.64620		
NYSTATIN TOPICAL OINTMENT (GRAM) 100000/G			0.93330		
NYSTATIN TOPICAL POWDER (GRAM) 100000/G	1.74800		1.24500		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 100000-0.1			4.25367		
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 100000-0.1			0.00000		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 100 MCG/ML			13.98800		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 50 MCG/ML			6.34400		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 500 MCG/ML			64.97400		
OCTREOTIDE ACETATE INJECTION VIAL (ML) 100 MCG/ML			4.55000		
OCTREOTIDE ACETATE INJECTION VIAL (ML) 1000MCG/ML			72.80000		
OCTREOTIDE ACETATE INJECTION VIAL (ML) 200 MCG/ML			9.10000		
OCTREOTIDE ACETATE INJECTION VIAL (ML) 50 MCG/ML			3.90000		
OCTREOTIDE ACETATE INJECTION VIAL (ML) 500 MCG/ML			21.45000		
OFLOXACIN OPHTHALMIC DROPS 0.3 %	3.45000		2.85000		
OFLOXACIN OTIC DROPS 0.3 %			2.47000		
OLANZAPINE ORAL TABLET 10 MG			0.28157		
OLANZAPINE ORAL TABLET 15 MG			0.47911		
OLANZAPINE ORAL TABLET 2.5 MG			0.22962		
OLANZAPINE ORAL TABLET 20 MG			0.56211		
OLANZAPINE ORAL TABLET 5 MG			0.23372		
OLANZAPINE ORAL TABLET 7.5 MG			0.34060		
OLANZAPINE ORAL TABLET,DISINTEGRATING 10 MG			2.74151		
OLANZAPINE ORAL TABLET,DISINTEGRATING 20 MG			5.42728		
OLANZAPINE ORAL TABLET,DISINTEGRATING 5 MG			2.22359		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 10 MG	3.54630		0.30522		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG	3.97900		0.12638		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG	1.73430		0.23586		
ONDANSETRON HCL INTRAVENOUS VIAL (ML) 2 MG/ML			0.10075		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ONDANSETRON HCL ORAL SOLUTION, ORAL 4 MG/5 ML			1.05413		
ONDANSETRON HCL ORAL TABLET 4 MG	1.10000		0.44333		
ONDANSETRON HCL ORAL TABLET 8 MG	1.90000		0.59600		
ONDANSETRON HCL/DEXTROSE 5%-WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 32 MG/50ML			0.26078		
ONDANSETRON HCL/PF INJECTION VIAL (ML) 4 MG/2 ML			0.48473		
ONDANSETRON ORAL TABLET,DISINTEGRATING 4 MG			1.05000		
ONDANSETRON ORAL TABLET,DISINTEGRATING 8 MG			1.89600		
ORPHENADRINE CITRATE ORAL TABLET, EXTENDED RELEASE 100 MG	1.04250		0.41864		
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 25-385-30			0.60000		
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 50-770-60			2.04000		
OXALIPLATIN INTRAVENOUS VIAL (ML) 100MG/20ML			0.00000		
OXALIPLATIN INTRAVENOUS VIAL (ML) 50 MG/10ML			0.00000		
OXANDROLONE ORAL TABLET 2.5 MG			3.19985		
OXAPROZIN ORAL TABLET 600 MG			2.58393		
OXAZEPAM ORAL CAPSULE 10 MG			0.68218		
OXAZEPAM ORAL CAPSULE 15 MG	0.57090		0.86252		
OXAZEPAM ORAL CAPSULE 30 MG	1.23370		1.06925		
OXCARBAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 300 MG/5ML			0.60228		
OXCARBAZEPINE ORAL TABLET 150 MG	0.90000		0.16156		
OXCARBAZEPINE ORAL TABLET 300 MG	1.71000		0.23331		
OXCARBAZEPINE ORAL TABLET 600 MG	3.42000		0.53200		
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5 ML	0.02780		0.02415		
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG	0.16500		0.45786		
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			0.85666		
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 15 MG			1.09210		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG			0.89325		
OXYCODONE HCL ORAL CONCENTRATE, ORAL 20 MG/ML			5.91660		
OXYCODONE HCL ORAL SOLUTION, ORAL 5 MG/5 ML			0.22800		
OXYCODONE HCL ORAL TABLET 15 MG	0.66950		0.35420		
OXYCODONE HCL ORAL TABLET 30 MG	1.30940		0.89550		
OXYCODONE HCL ORAL TABLET 5 MG	0.23990		0.16380		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG			1.16500		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 20 MG			2.99150		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 40 MG			5.10450		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG			8.10250		
OXYCODONE HCL/ACETAMINOPHEN ORAL CAPSULE 5 MG-500MG			0.09063		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-325MG			0.75532		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-650MG			0.44525		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 5MG-325MG	0.23400		0.21500		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-325MG			0.71949		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-500MG			0.42260		
PACLITAXEL INTRAVENOUS VIAL (ML) 6 MG/ML			1.17465		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (EA) 90 MG			156.00000		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 30MG/10ML			1.95000		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 60 MG/10ML			3.50090		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (ML) 90 MG/10ML			4.39660		
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG			0.11777		
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 40 MG			0.13227		
PAREGORIC ORAL LIQUID (ML) 2 MG/5 ML			0.19631		
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG			0.00000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PAROXETINE HCL ORAL TABLET 10 MG	0.34250		0.14000		
PAROXETINE HCL ORAL TABLET 20 MG	0.35750		0.12384		
PAROXETINE HCL ORAL TABLET 30 MG	0.42000		0.13823		
PAROXETINE HCL ORAL TABLET 40 MG	0.48750		0.17042		
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 12.5 MG			2.25281		
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG			2.37014		
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 37.5 MG			1.67797		
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1 MG			0.16988		
PEG 3350/SOD SULF/SOD BICARBONATE/SOD CHLORIDE/POTASSIUM CHL ORAL SOLUTION, RECONSTITUTED, ORAL 236-22.74G			0.00400		
PEG 3350/SOD SULF/SOD BICARBONATE/SOD CHLORIDE/POTASSIUM CHL ORAL SOLUTION, RECONSTITUTED, ORAL 240-22.72G			0.00270		
PENICILLIN G POTASSIUM INJECTION VIAL (EA) 20MM UNIT			0.00000		
PENICILLIN G POTASSIUM INJECTION VIAL (EA) 5MM UNIT			4.55000		
PENICILLIN V POTASSIUM ORAL SOLUTION, RECONSTITUTED, ORAL 125 MG/5ML			0.02880		
PENICILLIN V POTASSIUM ORAL SOLUTION, RECONSTITUTED, ORAL 250 MG/5ML			0.03675		
PENICILLIN V POTASSIUM ORAL TABLET 250 MG	0.21120		0.11890		
PENICILLIN V POTASSIUM ORAL TABLET 500 MG	0.35900		0.16874		
PENTAZOCINE HCL/NALOXONE HCL ORAL TABLET 50MG-0.5MG			1.05396		
PENTOXIFYLLINE ORAL TABLET, EXTENDED RELEASE 400 MG	0.31470		0.08740		
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG			0.72800		
PERINDOPRIL ERBUMINE ORAL TABLET 4 MG			0.54988		
PERMETHRIN TOPICAL CREAM (GRAM) 5 %			1.41500		
PERPHENAZINE ORAL TABLET 2 MG			0.93000		
PERPHENAZINE ORAL TABLET 4 MG			0.94000		
PERPHENAZINE ORAL TABLET 8 MG			1.43163		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-10 MG			0.06450		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-25 MG			0.75525		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-25 MG			0.71400		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-10MG			0.21320		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-50MG			1.11240		
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG			0.12363		
PHENAZOPYRIDINE HCL ORAL TABLET 200 MG			0.12480		
PHENOBARBITAL ORAL ELIXIR 20 MG/5 ML			0.15500		
PHENOBARBITAL ORAL TABLET 100 MG			0.08363		
PHENOBARBITAL ORAL TABLET 15 MG			0.14000		
PHENOBARBITAL ORAL TABLET 16.2 MG			0.11488		
PHENOBARBITAL ORAL TABLET 30 MG			0.17952		
PHENOBARBITAL ORAL TABLET 32.4 MG			0.23130		
PHENOBARBITAL ORAL TABLET 60 MG			0.22000		
PHENYLEPHRINE HCL OPHTHALMIC DROPS 2.5 %			2.08607		
PHENYLEPHRINE HCL/PROMETHAZINE HCL ORAL SYRUP 5-6.25MG/5			0.01547		
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/4ML	0.15210		0.09390		
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML	0.15210		0.09490		
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG			0.34500		
PHENYTOIN SODIUM INTRAVENOUS VIAL (ML) 50 MG/ML			0.42900		
PILOCARPINE HCL OPHTHALMIC DROPS 4 %			4.56530		
PILOCARPINE HCL ORAL TABLET 5 MG			1.36050		
PINDOLOL ORAL TABLET 10 MG			1.41500		
PINDOLOL ORAL TABLET 5 MG			0.00000		
PIOGLITAZONE HCL ORAL TABLET 15 MG			0.20870		
PIOGLITAZONE HCL ORAL TABLET 30 MG			0.25443		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PIOGLITAZONE HCL ORAL TABLET 45 MG			0.25387		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 2.25 G			9.43800		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 3.375 G			14.06600		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (EA) 4.5G			17.79700		
PIROXICAM ORAL CAPSULE 10 MG	0.08910		0.08918		
PIROXICAM ORAL CAPSULE 20 MG	0.11310		1.57420		
PODOFILOX TOPICAL SOLUTION, NON-ORAL 0.5 %			14.64000		
PODOPHYLLUM RESIN TOPICAL LIQUID (ML) 25 %			6.44453		
POLYETHYLENE GLYCOL 3350 ORAL POWDER (GRAM) 17G/DOSE			0.04323		
POLYETHYLENE GLYCOL 3350 ORAL POWDER IN PACKET (EA) 17G			1.35100		
POLYMYXIN B SULFATE/TRIMETHOPRIM OPHTHALMIC DROPS 10000-1/ML	1.23600		1.04028		
POTASSIUM ACETATE INTRAVENOUS VIAL (ML) 2 MEQ/ML			0.02951		
POTASSIUM BICARBONATE/CITRIC ACID ORAL TABLET, EFFERVESCENT 25 MEQ			0.59300		
POTASSIUM CHLORIDE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00380		
POTASSIUM CHLORIDE IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00325		
POTASSIUM CHLORIDE IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L			0.00325		
POTASSIUM CHLORIDE IN 5 % DEXTROSE IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00303		
POTASSIUM CHLORIDE IN DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00342		
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 10 MEQ/L			0.00303		
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00263		
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 30 MEQ/L			0.00232		
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L			0.00217		
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 0.3 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00217		
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 2 MEQ/ML			0.04150		
POTASSIUM CHLORIDE INTRAVENOUS VIAL (ML) 2 MEQ/ML			0.03760		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

**Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
POTASSIUM CHLORIDE ORAL LIQUID (ML) 20MEQ/15ML			0.08520		
POTASSIUM CHLORIDE ORAL LIQUID (ML) 40MEQ/15ML			0.13775		
POTASSIUM CHLORIDE ORAL PACKET (EA) 20 MEQ			4.85000		
POTASSIUM CHLORIDE ORAL PACKET (EA) 25 MEQ			0.23387		
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 10 MEQ	0.25380		0.42445		
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 20 MEQ	0.46250		0.35060		
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 10 MEQ	0.25380		0.33466		
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 8 MEQ	0.10440		0.42910		
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 10 MEQ			1.18500		
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 5 MEQ			0.25987		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.125 MG			0.09158		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.25 MG			0.09625		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.5 MG			0.09625		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.75 MG			0.12387		
PRAMIPEXOLE DI-HCL ORAL TABLET 1 MG			0.09625		
PRAMIPEXOLE DI-HCL ORAL TABLET 1.5 MG			0.15208		
PRAMOXINE HCL TOPICAL GEL (GRAM) 1 %			0.13218		
PRAVASTATIN SODIUM ORAL TABLET 10 MG			0.44000		
PRAVASTATIN SODIUM ORAL TABLET 20 MG			0.44300		
PRAVASTATIN SODIUM ORAL TABLET 40 MG			0.64491		
PRAVASTATIN SODIUM ORAL TABLET 80 MG			0.71922		
PRAZOSIN HCL ORAL CAPSULE 1 MG			0.31540		
PRAZOSIN HCL ORAL CAPSULE 2 MG			0.22950		
PRAZOSIN HCL ORAL CAPSULE 5 MG			0.85800		
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 1 %			8.85000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PREDNISOLONE ORAL SOLUTION, ORAL 15 MG/5 ML	0.20810		0.03850		
PREDNISOLONE ORAL SOLUTION, ORAL 5 MG/5 ML			0.11750		
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 15 MG/5 ML	0.20890		0.09071		
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 5 MG/5 ML			0.55918		
PREDNISON ORAL TABLET 1 MG			0.18000		
PREDNISON ORAL TABLET 10 MG			0.19000		
PREDNISON ORAL TABLET 2.5 MG			0.03575		
PREDNISON ORAL TABLET 20 MG			0.18650		
PREDNISON ORAL TABLET 5 MG			0.16500		
PREDNISON ORAL TABLET, DOSE PACK 10 MG			0.26542		
PREDNISON ORAL TABLET, DOSE PACK 5 MG			0.12024		
PREGABALIN ORAL CAPSULE 50 MG			0.00000		
PRENATAL VITAMIN NO.15//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG			0.21653		
PRENATAL VITAMIN NO.17//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG			0.35649		
PRENATAL VITAMIN NO.18//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG			0.16250		
PRENATAL VITAMINS COMB NO.119//IRON FUMARATE/FOLIC ACID/DSS ORAL TABLET 29-1-25 MG			0.28847		
PRENATAL VITAMINS WITH CALCIUM/FE BISGLY/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.29975		
PRENATAL VITAMINS WITH CALCIUM/FERROUS FUMARATE/FA/SELENIUM ORAL TABLET 27 MG-1 MG			0.08435		
PRENATAL VITAMINS WITH CALCIUM/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG			0.07937		
PRENATAL VITAMINS/FERROUS FUMARATE/DOCUSATE/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.21237		
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 28MG-1MG			0.18187		
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 29MG-1MG			0.15587		
PRENATAL VITAMINS//IRON,CARBONYL/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.19919		
PRENATAL VITS WITH CALCIUM #71//FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG			0.14526		
PRENATAL VITS WITH CALCIUM #76//IRON,CARBONYL/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.16000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PRIMIDONE ORAL TABLET 250 MG	0.80550		0.22300		
PRIMIDONE ORAL TABLET 50 MG			0.11180		
PROBENECID ORAL TABLET 500 MG	0.70590		0.37921		
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG	0.57660		0.06952		
PROCHLORPERAZINE MALEATE ORAL TABLET 5 MG	0.39860		0.16300		
PROCHLORPERAZINE MALEATE RECTAL SUPPOSITORY, RECTAL 25 MG			7.30639		
PROMETHAZINE HCL INJECTION AMPUL (ML) 25 MG/ML			1.09200		
PROMETHAZINE HCL INJECTION AMPUL (ML) 50 MG/ML			2.34000		
PROMETHAZINE HCL INJECTION VIAL (ML) 25 MG/ML			0.90630		
PROMETHAZINE HCL ORAL SYRUP 6.25MG/5ML			0.01818		
PROMETHAZINE HCL ORAL TABLET 12.5 MG	0.45000		0.11447		
PROMETHAZINE HCL ORAL TABLET 25 MG			0.11496		
PROMETHAZINE HCL ORAL TABLET 50 MG			0.19092		
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 12.5 MG	0.96120		9.89000		
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 25 MG			9.65658		
PROMETHAZINE HCL/CODEINE ORAL SYRUP 6.25-10/5	0.03800		0.01303		
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE ORAL SYRUP 6.25-5-10			0.07010		
PROPAFENONE HCL ORAL TABLET 150 MG	1.10490		0.21000		
PROPAFENONE HCL ORAL TABLET 225 MG	1.56240		0.22256		
PROPAFENONE HCL ORAL TABLET 300 MG			1.00328		
PROPARACAINE HCL OPHTHALMIC DROPS 0.5 %			0.19507		
PROPOXYPHENE HCL ORAL CAPSULE 65 MG			0.17010		
PROPOXYPHENE NAPSYLATE/ACETAMINOPHEN ORAL TABLET 100-650 MG			0.07397		
PROPOXYPHENE NAPSYLATE/ACETAMINOPHEN ORAL TABLET 50MG-325MG			0.65775		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG	1.91600		0.58175		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 160 MG	2.50880		0.91122		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 60 MG	1.32240		0.58050		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 80 MG	1.54470		0.56392		
PROPRANOLOL HCL ORAL TABLET 10 MG	0.05850		0.02730		
PROPRANOLOL HCL ORAL TABLET 20 MG	0.07050		0.02675		
PROPRANOLOL HCL ORAL TABLET 40 MG	0.08480		0.03200		
PROPRANOLOL HCL ORAL TABLET 60 MG	1.27920		0.58188		
PROPRANOLOL HCL ORAL TABLET 80 MG	0.10200		0.07100		
PROPYLTHIOURACIL ORAL TABLET 50 MG			0.64520		
PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE MALEATE ORAL SYRUP 45-4MG/5ML			0.02042		
PSEUDOEPHEDRINE HCL/CODEINE PHOSPHATE/GUAIFENESIN ORAL SYRUP 30-10-100			0.08177		
PYRAZINAMIDE ORAL TABLET 500 MG			0.67196		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 60 MG	0.58320		0.31594		
PYRIDOXINE HCL MISCELLANEOUS CRYSTALS			0.24781		
QUETIAPINE FUMARATE ORAL TABLET 100 MG			0.18973		
QUETIAPINE FUMARATE ORAL TABLET 200 MG			0.29159		
QUETIAPINE FUMARATE ORAL TABLET 25 MG			0.15938		
QUETIAPINE FUMARATE ORAL TABLET 300 MG			0.50761		
QUETIAPINE FUMARATE ORAL TABLET 400 MG			0.48220		
QUETIAPINE FUMARATE ORAL TABLET 50 MG			0.22493		
QUINAPRIL HCL ORAL TABLET 10 MG	0.25000		0.09013		
QUINAPRIL HCL ORAL TABLET 20 MG	0.25000		0.17118		
QUINAPRIL HCL ORAL TABLET 40 MG	0.25000		0.16520		
QUINAPRIL HCL ORAL TABLET 5 MG	0.25000		0.08701		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG			0.99430		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG			0.71854		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG			0.62260		
QUINIDINE GLUCONATE ORAL TABLET, EXTENDED RELEASE 324 MG			0.56750		
QUININE SULFATE ORAL TABLET 260 MG			0.20240		
RABEPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG			0.75017		
RAMIPRIL ORAL CAPSULE 1.25 MG	0.45900		0.32250		
RAMIPRIL ORAL CAPSULE 10 MG	0.59870		0.11675		
RAMIPRIL ORAL CAPSULE 2.5 MG	0.48770		0.10923		
RAMIPRIL ORAL CAPSULE 5 MG	0.51170		0.11525		
RANITIDINE HCL ORAL CAPSULE 150 MG			0.25625		
RANITIDINE HCL ORAL CAPSULE 300 MG			0.65926		
RANITIDINE HCL ORAL SYRUP 15 MG/ML	0.23780		0.04975		
RANITIDINE HCL ORAL TABLET 150 MG	0.06000		0.06000		
RANITIDINE HCL ORAL TABLET 300 MG			0.14460		
REPAGLINIDE ORAL TABLET 0.5 MG			2.95000		
REPAGLINIDE ORAL TABLET 1 MG			1.24865		
REPAGLINIDE ORAL TABLET 2 MG			1.09086		
RIBAVIRIN ORAL CAPSULE 200 MG	7.57640		0.47424		
RIBAVIRIN ORAL TABLET 200 MG			0.60960		
RIFAMPIN ORAL CAPSULE 150 MG	1.47800		0.81250		
RIFAMPIN ORAL CAPSULE 300 MG	1.88600		0.98525		
RISPERIDONE ORAL SOLUTION, ORAL 1 MG/ML			0.56888		
RISPERIDONE ORAL TABLET 0.25 MG	1.30050		0.14743		
RISPERIDONE ORAL TABLET 0.5 MG	1.42730		0.13073		
RISPERIDONE ORAL TABLET 1 MG	1.51730		0.16500		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
RISPERIDONE ORAL TABLET 2 MG	2.53580		0.20255		
RISPERIDONE ORAL TABLET 3 MG	2.97830		0.1589		
RISPERIDONE ORAL TABLET 4 MG	4.00020		0.15720		
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.25 MG			3.14		
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.5 MG			1.23380		
RISPERIDONE ORAL TABLET,DISINTEGRATING 1 MG			2.08318		
RISPERIDONE ORAL TABLET,DISINTEGRATING 2 MG			2.33656		
RISPERIDONE ORAL TABLET,DISINTEGRATING 3 MG			5.91		
RISPERIDONE ORAL TABLET,DISINTEGRATING 4 MG			7.74		
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG			1.76861		
RIVASTIGMINE TARTRATE ORAL CAPSULE 3 MG			1.35939		
RIVASTIGMINE TARTRATE ORAL CAPSULE 4.5 MG			1.90964		
RIVASTIGMINE TARTRATE ORAL CAPSULE 6 MG			2.05000		
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG			1.86122		
RIZATRIPTAN BENZOATE ORAL TABLET 5 MG			2.07000		
RIZATRIPTAN BENZOATE ORAL TABLET,DISINTEGRATING 10 MG			1.85000		
ROPINIROLE HCL ORAL TABLET 0.25 MG	0.75150		0.16077		
ROPINIROLE HCL ORAL TABLET 0.5 MG	0.75150		0.17419		
ROPINIROLE HCL ORAL TABLET 1 MG	0.75150		0.21190		
ROPINIROLE HCL ORAL TABLET 2 MG	0.75150		0.13925		
ROPINIROLE HCL ORAL TABLET 3 MG	0.77960		0.20104		
ROPINIROLE HCL ORAL TABLET 4 MG	0.77960		0.20121		
ROPINIROLE HCL ORAL TABLET 5 MG	0.77960		0.22689		
SALICYLIC ACID TOPICAL CREAM (GRAM) 6 %			0.06125		
SALICYLIC ACID TOPICAL LOTION (ML) 6 %			0.08792		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SALICYLIC ACID TOPICAL SHAMPOO 6 %			0.14124		
SALSALATE ORAL TABLET 500 MG			0.25432		
SALSALATE ORAL TABLET 750 MG			1.56950		
SELEGILINE HCL ORAL TABLET 5 MG			1.60828		
SELENIUM SULFIDE TOPICAL SUSPENSION, TOPICAL (ML) 2.5 %	0.07500		0.08945		
SERTRALINE HCL ORAL CONCENTRATE, ORAL 20 MG/ML			0.70188		
SERTRALINE HCL ORAL TABLET 100 MG	0.12830		0.07562		
SERTRALINE HCL ORAL TABLET 25 MG	0.12830		0.06958		
SERTRALINE HCL ORAL TABLET 50 MG	0.12830		0.04615		
SILVER SULFADIAZINE TOPICAL CREAM (GRAM) 1 %			0.25952		
SIMVASTATIN ORAL TABLET 10 MG	0.17500		0.03591		
SIMVASTATIN ORAL TABLET 20 MG	0.21000		0.04321		
SIMVASTATIN ORAL TABLET 40 MG	0.25550		0.05070		
SIMVASTATIN ORAL TABLET 5 MG	0.17500		0.03640		
SIMVASTATIN ORAL TABLET 80 MG	0.25550		0.09935		
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 1 MEQ/ML			0.10134		
SODIUM BICARBONATE INTRAVENOUS VIAL (ML) 1 MEQ/ML			0.10500		
SODIUM CHLORIDE 0.45 % INTRAVENOUS INTRAVENOUS SOLUTION 0.45 %			0.00182		
SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 2.5 MEQ/ML			0.00000		
SODIUM CHLORIDE INTRAVENOUS VIAL (ML) 4 MEQ/ML			0.01648		
SODIUM CHLORIDE IRRIGATING SOLUTION IRRIGATION SOLUTION, IRRIGATION 0.9 %			0.00216		
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG ORAL SOLUTION, RECONSTITUTED, ORAL 420G			0.00494		
SODIUM FLUORIDE DENTAL CREAM (GRAM) 1.1 %			0.07571		
SODIUM FLUORIDE DENTAL GEL (GRAM) 1.1 %			0.08659		
SODIUM FLUORIDE DENTAL SOLUTION, NON-ORAL 0.2 %			0.01756		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SODIUM FLUORIDE ORAL DROPS 0.25MG/DRP			0.18330		
SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML			0.18725		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25(0.55)			0.04095		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5(1.1)MG			0.04146		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1MG(2.2MG)			0.04125		
SODIUM POLYSTYRENE SULFONATE ORAL POWDER (GRAM)			0.17291		
SODIUM POLYSTYRENE SULFONATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 15G/60ML			0.07187		
SODIUM/POTASS/POTASS CITRATE/SODIUM CITRATE/CIT AC/SUCROSE ORAL SOLUTION, ORAL 500-550/5			0.03436		
SOTALOL HCL ORAL TABLET 120 MG	2.35500		0.16325		
SOTALOL HCL ORAL TABLET 160 MG	2.92500		0.19641		
SOTALOL HCL ORAL TABLET 240 MG	3.97500		0.33276		
SOTALOL HCL ORAL TABLET 80 MG	1.78500		0.09463		
SPIRONOLACTONE ORAL TABLET 100 MG			0.48340		
SPIRONOLACTONE ORAL TABLET 25 MG	0.30000		0.10399		
SPIRONOLACTONE ORAL TABLET 50 MG			0.24375		
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG			0.85000		
STAVUDINE ORAL CAPSULE 15 MG	2.25550		1.95477		
STAVUDINE ORAL CAPSULE 20 MG	2.34570		1.21300		
STAVUDINE ORAL CAPSULE 30 MG	2.49120		1.33500		
STAVUDINE ORAL CAPSULE 40 MG	2.68750		1.43450		
SUCRALFATE ORAL TABLET 1 G	0.36900		0.23209		
SULFACETAMIDE SODIUM OPHTHALMIC DROPS 10 %			0.00000		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT (GRAM) 10 %			0.45130		
SULFACETAMIDE SODIUM TOPICAL SUSPENSION, TOPICAL (ML) 10 %			0.48687		
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 10-5% (W/W)			0.13718		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/V)			2.01032		
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/V)			0.72453		
SULFAMETHOXAZOLE/TRIMETHOPRIM INTRAVENOUS VIAL (ML) 80-16MG/ML			0.39650		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200-40MG/5			0.37949		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 800-160/20			0.06065		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 400MG-80MG	0.13250		0.08359		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 800-160 MG	0.37880		0.06781		
SULFASALAZINE ORAL TABLET 500 MG			0.18650		
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG			0.25000		
SULINDAC ORAL TABLET 150 MG	0.33170		0.13413		
SULINDAC ORAL TABLET 200 MG	0.42890		0.16336		
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG			1.02606		
SUMATRIPTAN SUCCINATE ORAL TABLET 25 MG			1.16250		
SUMATRIPTAN SUCCINATE ORAL TABLET 50 MG			0.92431		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE (ML) 6 MG/0.5ML			103.98964		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 4 MG/0.5ML			0.00000		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 6 MG/0.5ML			130.45000		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS VIAL (ML) 6 MG/0.5ML			69.61433		
TACROLIMUS ORAL CAPSULE 0.5 MG			0.84836		
TACROLIMUS ORAL CAPSULE 1 MG			1.38889		
TACROLIMUS ORAL CAPSULE 5 MG			6.98329		
TAMOXIFEN CITRATE ORAL TABLET 10 MG	0.97130		0.13355		
TAMOXIFEN CITRATE ORAL TABLET 20 MG	1.94250		0.51385		
TAMSULOSIN HCL ORAL CAPSULE, EXT RELEASE 24 HR 0.4 MG			0.23568		
TELMISARTAN ORAL TABLET 20 MG			0.70000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TELMISARTAN ORAL TABLET 40 MG			0.70000		
TELMISARTAN ORAL TABLET 80 MG			0.70000		
TEMAZEPAM ORAL CAPSULE 15 MG	0.13650		0.05925		
TEMAZEPAM ORAL CAPSULE 30 MG	0.17480		0.07112		
TEMAZEPAM ORAL CAPSULE 7.5 MG			3.42240		
TERAZOSIN HCL ORAL CAPSULE 1 MG	0.14250		0.06383		
TERAZOSIN HCL ORAL CAPSULE 10 MG	0.14250		0.08466		
TERAZOSIN HCL ORAL CAPSULE 2 MG	0.14250		0.08466		
TERAZOSIN HCL ORAL CAPSULE 5 MG	0.14250		0.08218		
TERBINAFINE HCL ORAL TABLET 250 MG	0.70500		0.15288		
TERBUTALINE SULFATE ORAL TABLET 2.5 MG			0.85620		
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.4 %	0.96500		0.55396		
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.8 %	1.98680		1.63700		
TERCONAZOLE VAGINAL SUPPOSITORY, VAGINAL 80 MG			26.03260		
TESTOSTERONE CYPIONATE INTRAMUSCULAR VIAL (ML) 200 MG/ML			9.10000		
TESTOSTERONE ENANTHATE INTRAMUSCULAR VIAL (ML) 200 MG/ML			11.16600		
TETRACYCLINE HCL ORAL CAPSULE 250 MG			2.82000		
TETRACYCLINE HCL ORAL CAPSULE 500 MG			5.56000		
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG	0.19710		0.12790		
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG			0.42250		
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 300 MG	0.26250		0.18840		
THIORIDAZINE HCL ORAL TABLET 10 MG			0.11013		
THIORIDAZINE HCL ORAL TABLET 100 MG			0.68240		
THIORIDAZINE HCL ORAL TABLET 25 MG			0.48950		
THIORIDAZINE HCL ORAL TABLET 50 MG			0.37540		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
THIOTHIXENE ORAL CAPSULE 1 MG			0.19720		
THIOTHIXENE ORAL CAPSULE 10 MG			0.55700		
THIOTHIXENE ORAL CAPSULE 2 MG			0.72520		
THIOTHIXENE ORAL CAPSULE 5 MG	0.29630		0.29500		
THYROID ORAL TABLET 65 MG			0.07084		
TIAGABINE HCL ORAL TABLET 2 MG			5.72000		
TIAGABINE HCL ORAL TABLET 4 MG			5.23807		
TICLOPIDINE HCL ORAL TABLET 250 MG	0.27320		0.16510		
TIMOLOL MALEATE OPHTHALMIC DROPS 0.25 %	0.69750		0.53583		
TIMOLOL MALEATE OPHTHALMIC DROPS 0.5 %			0.98807		
TIMOLOL MALEATE ORAL TABLET 10 MG			0.38870		
TIMOLOL MALEATE ORAL TABLET 20 MG			0.71955		
TIMOLOL MALEATE ORAL TABLET 5 MG			0.28691		
TIZANIDINE HCL ORAL TABLET 2 MG	0.26000		0.25666		
TIZANIDINE HCL ORAL TABLET 4 MG			0.25318		
TOBRAMYCIN OPHTHALMIC DROPS 0.3 %	0.67200		2.35000		
TOBRAMYCIN SULFATE INJECTION VIAL (EA) 1.2 G			101.01000		
TOBRAMYCIN SULFATE INJECTION VIAL (ML) 40 MG/ML			0.75929		
TOBRAMYCIN SULFATE OPHTHALMIC DROPS 0.3 %			1.98268		
TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.3 %-0.1%			17.26000		
TOLBUTAMIDE ORAL TABLET 500 MG			0.20592		
TOLMETIN SODIUM ORAL TABLET 600 MG			1.52152		
TOLTERODINE TARTRATE ORAL CAPSULE, EXT RELEASE 24 HR 2 MG			4.70472		
TOLTERODINE TARTRATE ORAL CAPSULE, EXT RELEASE 24 HR 4 MG			4.79753		
TOLTERODINE TARTRATE ORAL TABLET 1 MG			2.11125		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TOPIRAMATE ORAL CAPSULE, SPRINKLE 15 MG			0.49375		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 25 MG			0.47139		
TOPIRAMATE ORAL TABLET 100 MG	0.65930		0.10672		
TOPIRAMATE ORAL TABLET 200 MG	0.77180		0.16495		
TOPIRAMATE ORAL TABLET 25 MG	0.24200		0.03272		
TOPIRAMATE ORAL TABLET 50 MG	0.48150		0.09520		
TORSEMIDE ORAL TABLET 10 MG	0.48000		0.10953		
TORSEMIDE ORAL TABLET 100 MG	2.91750		0.36363		
TORSEMIDE ORAL TABLET 20 MG	0.52500		0.09555		
TORSEMIDE ORAL TABLET 5 MG	0.45000		0.16350		
TRAMADOL HCL ORAL TABLET 50 MG	0.09000		0.02257		
TRAMADOL HCL/ACETAMINOPHEN ORAL TABLET 37.5-325MG			0.24298		
TRANDOLAPRIL ORAL TABLET 1 MG	0.66660		0.21365		
TRANDOLAPRIL ORAL TABLET 2 MG	0.66660		0.21365		
TRANDOLAPRIL ORAL TABLET 4 MG	0.66660		0.21365		
TRAZODONE HCL ORAL TABLET 100 MG	0.11400		0.05122		
TRAZODONE HCL ORAL TABLET 150 MG	0.31130		0.09182		
TRAZODONE HCL ORAL TABLET 50 MG	0.07420		0.02535		
TRETINOIN TOPICAL CREAM (GRAM) 0.025 %			4.18500		
TRETINOIN TOPICAL CREAM (GRAM) 0.05 %			3.91266		
TRETINOIN TOPICAL CREAM (GRAM) 0.1 %			4.55955		
TRETINOIN TOPICAL GEL (GRAM) 0.01 %			3.48733		
TRETINOIN TOPICAL GEL (GRAM) 0.025 %			3.67500		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %			0.19279		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.1 %			0.21000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.5 %	0.23700		0.48850		
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.1 %			0.80000		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %			0.00000		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.1 %			0.24500		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.5 %			0.48450		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE 37.5-25 MG	0.31770		0.26000		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE 50 MG-25MG			1.51850		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 37.5-25 MG	0.16830		0.21450		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 75 MG-50MG	0.04880		0.23000		
TRIAZOLAM ORAL TABLET 0.125 MG	0.30120		0.19590		
TRIAZOLAM ORAL TABLET 0.25 MG	0.32510		0.17110		
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG			0.24330		
TRIFLUOPERAZINE HCL ORAL TABLET 10 MG			1.52000		
TRIFLUOPERAZINE HCL ORAL TABLET 2 MG			0.90200		
TRIFLUOPERAZINE HCL ORAL TABLET 5 MG			1.13610		
TRIHEXYPHENIDYL HCL ORAL ELIXIR 2 MG/5 ML			0.04700		
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG			0.10397		
TRIHEXYPHENIDYL HCL ORAL TABLET 5 MG	0.22950		0.12050		
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG	1.01930		0.00000		
TRIMETHOPRIM ORAL TABLET 100 MG			0.34050		
TROPICAMIDE OPHTHALMIC DROPS 0.5 %	0.65500		0.56767		
TROPICAMIDE OPHTHALMIC DROPS 1 %	0.70000		0.60667		
UREA TOPICAL CREAM (GRAM) 40 %			0.11121		
UREA TOPICAL CREAM (GRAM) 50 %			0.15778		
UREA TOPICAL GEL (ML) 40 %			3.42333		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
UREA TOPICAL LOTION (ML) 35 %			0.29257		
UREA TOPICAL LOTION (ML) 40 %			0.06704		
URSODIOL ORAL CAPSULE 300 MG			4.52000		
URSODIOL ORAL TABLET 500 MG			2.71846		
VALACYCLOVIR HCL ORAL TABLET 1000 MG			1.19496		
VALACYCLOVIR HCL ORAL TABLET 500 MG			0.60465		
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) INTRAVENOUS VIAL (ML) 500 MG/5ML			3.46000		
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 250 MG/5ML	0.05940		0.01660		
VALPROIC ACID ORAL CAPSULE 250 MG	0.52500		0.17970		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5MG			0.36464		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-25MG			0.43522		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320-12.5MG			0.44477		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320MG-25MG			0.48719		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80-12.5MG			0.40000		
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 1 G			4.79789		
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 10 G			40.87459		
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 5 G			33.50000		
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 500 MG			2.91853		
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G			6.51300		
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 150 MG			0.28190		
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 37.5 MG			0.20125		
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 75 MG			0.48590		
VENLAFAXINE HCL ORAL TABLET 100 MG	1.38920		0.33855		
VENLAFAXINE HCL ORAL TABLET 25 MG	1.16580		0.42986		
VENLAFAXINE HCL ORAL TABLET 37.5 MG	1.20030		0.34388		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
VENLAFAXINE HCL ORAL TABLET 50 MG	1.23660		0.32224		
VENLAFAXINE HCL ORAL TABLET 75 MG	1.31100		0.33288		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 120 MG	0.82500		0.76040		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 180 MG	0.87000		0.31925		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 240 MG	0.99000		0.49390		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 360 MG			1.48660		
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 200 MG			1.83130		
VERAPAMIL HCL ORAL TABLET 120 MG	0.11480		0.07363		
VERAPAMIL HCL ORAL TABLET 40 MG			0.16613		
VERAPAMIL HCL ORAL TABLET 80 MG	0.07730		0.06102		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 120 MG			0.26500		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 180 MG	0.48380		0.22550		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 240 MG	0.43500		0.15425		
VINCRIStINE SULFATE INTRAVENOUS VIAL (ML) 2 MG/2 ML			7.11750		
VINORELBINE TARTRATE INTRAVENOUS VIAL (ML) 10 MG/ML			15.11900		
VINORELBINE TARTRATE INTRAVENOUS VIAL (ML) 50 MG/5 ML			17.12360		
VITAMIN B COMPLEX & VITAMIN C NO.20/FOLIC ACID ORAL CAPSULE 1 MG			0.15093		
VITAMIN B COMPLX NO.3/FOLIC ACID/ASCORBIC ACID/BIOTIN ORAL TABLET 1MG-60MG			0.24960		
VITAMIN E ACET (DL,TOCOPHERYL)/GRAPE/HYALURONIC ACID TOPICAL CREAM (GRAM)			1.03051		
VORICONAZOLE ORAL TABLET 200 MG			23.5935		
WARFARIN SODIUM ORAL TABLET 1 MG	0.54030		0.09294		
WARFARIN SODIUM ORAL TABLET 10 MG	0.89700		0.10237		
WARFARIN SODIUM ORAL TABLET 2 MG	0.56390		0.08733		
WARFARIN SODIUM ORAL TABLET 2.5 MG	0.58160		0.06438		
WARFARIN SODIUM ORAL TABLET 3 MG	0.58430		0.09721		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014**

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
WARFARIN SODIUM ORAL TABLET 4 MG	0.58560		0.09538		
WARFARIN SODIUM ORAL TABLET 5 MG	0.58970		0.09125		
WARFARIN SODIUM ORAL TABLET 6 MG	0.83640		0.09867		
WARFARIN SODIUM ORAL TABLET 7.5 MG	0.86490		0.08633		
WATER FOR INJECTION,STERILE INJECTION AMPUL (ML)			0.13650		
WATER FOR INJECTION,STERILE INJECTION VIAL (ML)			0.04850		
WATER FOR IRRIGATION,STERILE IRRIGATION SOLUTION, IRRIGATION			0.00000		
ZAFIRLUKAST ORAL TABLET 20 MG			1.27520		
ZALEPLON ORAL CAPSULE 10 MG	0.73860		0.31238		
ZALEPLON ORAL CAPSULE 5 MG	0.71910		0.23025		
ZIDOVUDINE ORAL CAPSULE 100 MG			1.58570		
ZIDOVUDINE ORAL TABLET 300 MG	0.91100		0.33148		
ZINC SULFATE HEPTAHYDRATE/CUSO4 P-HYD/MANGANESE/CHROMIUM/SE INTRAVENOUS VIAL (ML) 60-5000			0.58500		
ZINC SULFATE ORAL CAPSULE 220(50)MG			0.03887		
ZINC SULFATE/CUPRIC SULFATE/MANGANESE SULF/CHROMIC CHLORIDE INTRAVENOUS VIAL (ML) 5-1-0.5-10			1.29350		
ZIPRASIDONE HCL ORAL CAPSULE 20 MG			1.75000		
ZIPRASIDONE HCL ORAL CAPSULE 40 MG			1.70523		
ZIPRASIDONE HCL ORAL CAPSULE 60 MG			1.71729		
ZIPRASIDONE HCL ORAL CAPSULE 80 MG			1.86520		
ZOLMITRIPTAN ORAL TABLET 2.5 MG			7.57163		
ZOLMITRIPTAN ORAL TABLET 5 MG			8.66800		
ZOLMITRIPTAN ORAL TABLET,DISINTEGRATING 2.5 MG			7.56800		
ZOLMITRIPTAN ORAL TABLET,DISINTEGRATING 5 MG			8.66800		
ZOLPIDEM TARTRATE ORAL TABLET 10 MG	0.07040		0.02037		
ZOLPIDEM TARTRATE ORAL TABLET 5 MG	0.07040		0.01975		

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of October 20, 2014

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper
Limit (FUL), or Usual and Customary Charge

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ZONISAMIDE ORAL CAPSULE 100 MG	0.49980		0.13844		
ZONISAMIDE ORAL CAPSULE 25 MG	0.19310		0.10463		
ZONISAMIDE ORAL CAPSULE 50 MG	0.21120		0.12555		