

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
0.9 % SODIUM CHLORIDE INJECTION SYRINGE (ML) 0.9 %			0.03231		
0.9 % SODIUM CHLORIDE INJECTION VIAL (ML) 0.9 %			0.03231		
0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 0.9 %			0.03231		
0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)			0.03231		
0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK WITH VIAL PORT (NON-THREADED)			0.03231		
ACARBOSE ORAL TABLET 100 MG	0.34772		0.55354		
ACARBOSE ORAL TABLET 25 MG	0.30587		0.31591		
ACARBOSE ORAL TABLET 50 MG	0.29080		0.17333		
ACEBUTOLOL HCL ORAL CAPSULE 200 MG	0.23453		0.18512		
ACEBUTOLOL HCL ORAL CAPSULE 400 MG			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 SOLUTION, ORAL 300MG/12.5			0.01600		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-15MG	0.13437		0.15000		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-30MG	0.16228		0.12260		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-60MG	0.37624		0.36251		
ACETAZOLAMIDE ORAL TABLET 125 MG			1.57328		
ACETAZOLAMIDE ORAL TABLET 250 MG			2.02334		
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 %	1.54281		1.63500		
ACETIC ACID/ALUMINUM ACETATE OTIC DROPS 2 %			0.11450		
ACETIC ACID/HYDROCORTISONE OTIC DROPS 2 %-1 %	9.09412		8.94573		
ACETYLCYSTEINE MISCELLANEOUS VIAL (ML) 100 MG/ML			0.44659		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ACETYLCYSTEINE MISCELLANEOUS VIAL (ML) 200 MG/ML			0.32400		
ACITRETIN ORAL CAPSULE 10 MG	30.85710		18.42270		
ACITRETIN ORAL CAPSULE 17.5 MG			25.25000		
ACITRETIN ORAL CAPSULE 25 MG	32.32124		21.31087		
ACYCLOVIR ORAL CAPSULE 200 MG	0.10248		0.11518		
ACYCLOVIR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200 MG/5ML	0.60532		0.75298		
ACYCLOVIR ORAL TABLET 400 MG	0.11348		0.11222		
ACYCLOVIR ORAL TABLET 800 MG	0.24301		0.22300		
ACYCLOVIR SODIUM INTRAVENOUS VIAL (EA) 500 MG			0.00000		
ADAPALENE TOPICAL GEL (GRAM) 0.1 %	2.40690		2.32457		
ALBUMIN HUMAN INTRAVENOUS INTRAVENOUS SOLUTION 25 %			1.39750		
ALBUTEROL SULFATE INHALATION SOLUTION, NON-ORAL 5 MG/ML			0.38000		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (EA) 2.5 MG/0.5			0.38000		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML			0.28316		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 2.5 MG/3ML			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			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 %			0.62411		
ALCOHOL ANTISEPTIC PADS TOPICAL PADS, MEDICATED (EA)			0.01500		
ALENDRONATE SODIUM ORAL TABLET 10 MG	0.15182		0.16863		
ALENDRONATE SODIUM ORAL TABLET 35 MG	0.61330		0.55375		
ALENDRONATE SODIUM ORAL TABLET 5 MG			0.19460		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ALENDRONATE SODIUM ORAL TABLET 70 MG	0.56714		0.40807		
ALFUZOSIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG	0.19720		0.23724		
ALLOPURINOL ORAL TABLET 100 MG	0.18542		0.16220		
ALLOPURINOL ORAL TABLET 300 MG	0.45616		0.27660		
ALPRAZOLAM ORAL TABLET 0.25 MG	0.03618		0.02956		
ALPRAZOLAM ORAL TABLET 0.5 MG	0.04395		0.02755		
ALPRAZOLAM ORAL TABLET 1 MG	0.05737		0.03850		
ALPRAZOLAM ORAL TABLET 2 MG	0.09546		0.07231		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 0.5 MG	0.30180		0.30850		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 1 MG	0.41320		0.44885		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG	0.45546		0.34454		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG	0.64837		0.82479		
AMANTADINE HCL ORAL CAPSULE 100 MG	1.28605		1.15250		
AMANTADINE HCL ORAL SOLUTION, ORAL 50 MG/5 ML	0.02704		0.03776		
AMILORIDE HCL ORAL TABLET 5 MG	0.50676		0.41304		
AMILORIDE HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5 MG-50 MG			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	0.32585		0.12740		
AMITRIPTYLINE HCL ORAL TABLET 10 MG	0.12539		0.14520		
AMITRIPTYLINE HCL ORAL TABLET 100 MG	0.94270		0.97043		
AMITRIPTYLINE HCL ORAL TABLET 150 MG	1.51710		1.47567		
AMITRIPTYLINE HCL ORAL TABLET 25 MG	0.24309		0.27727		
AMITRIPTYLINE HCL ORAL TABLET 50 MG	0.45208		0.52616		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
AMITRIPTYLINE HCL ORAL TABLET 75 MG	0.72618		0.81521		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 12.5MG-5MG			0.69002		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 25 MG-10MG			1.65270		
AMLODIPINE BESYLATE ORAL TABLET 10 MG	0.04790		0.04520		
AMLODIPINE BESYLATE ORAL TABLET 2.5 MG	0.04030		0.02933		
AMLODIPINE BESYLATE ORAL TABLET 5 MG	0.03682		0.02463		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 10 MG-40MG	5.26652		5.55500		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-10 MG	3.75303		4.06230		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-20 MG	5.15852		5.10467		
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM ORAL TABLET 5 MG-40 MG	5.49730		5.56006		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 10 MG-20MG	0.44459		0.40151		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 10 MG-40MG	0.39668		0.33379		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 2.5MG-10MG	0.59121		0.49036		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-10 MG	0.39344		0.38651		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-20 MG	0.28672		0.41730		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE 5 MG-40 MG	0.34496		0.44580		
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 10MG-160MG	1.08649		0.80629		
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 10MG-320MG	1.55389		1.02353		
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 5 MG-160MG	1.07618		0.71066		
AMLODIPINE BESYLATE/VALSARTAN ORAL TABLET 5MG-320MG	1.32956		0.90162		
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	0.08665		0.06500		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
AMOXICILLIN ORAL CAPSULE 500 MG	0.07755		0.10615		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.03010		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			0.04300		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.02952		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400 MG/5ML			0.03266		
AMOXICILLIN ORAL TABLET 875 MG	0.16750		0.18291		
AMOXICILLIN ORAL TABLET, CHEWABLE 125 MG			0.17329		
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			0.12266		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250-62.5/5			0.58517		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400-57MG/5			0.10820		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 600-42.9/5			0.10745		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 250-125 MG			4.05904		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 500-125 MG	0.48633		0.44055		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 875-125 MG	0.86906		0.51828		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 400-57MG			4.04300		
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		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
AMPICILLIN TRIHYDRATE ORAL CAPSULE 250 MG			0.08700		
AMPICILLIN TRIHYDRATE ORAL CAPSULE 500 MG			0.15540		
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG			0.13560		
ANAGRELIDE HCL ORAL CAPSULE 1 MG			0.76180		
ANASTROZOLE ORAL TABLET 1 MG	0.15549		0.07854		
ARIPRAZOLE ORAL TABLET 10 MG	12.30951		5.28933		
ARIPRAZOLE ORAL TABLET 15 MG	13.63389		5.05083		
ARIPRAZOLE ORAL TABLET 2 MG	12.14535		4.17067		
ARIPRAZOLE ORAL TABLET 20 MG	18.35236		7.52000		
ARIPRAZOLE ORAL TABLET 30 MG	16.00589		7.27700		
ARIPRAZOLE ORAL TABLET 5 MG	12.54187		4.97642		
ATENOLOL ORAL TABLET 100 MG	0.04792		0.02990		
ATENOLOL ORAL TABLET 25 MG	0.03601		0.01982		
ATENOLOL ORAL TABLET 50 MG	0.03945		0.02312		
ATENOLOL/CHLORTHALIDONE ORAL TABLET 100MG-25MG	0.58305		0.48500		
ATENOLOL/CHLORTHALIDONE ORAL TABLET 50 MG-25MG	0.41063		0.36520		
ATORVASTATIN CALCIUM ORAL TABLET 10 MG	0.16088		0.09816		
ATORVASTATIN CALCIUM ORAL TABLET 20 MG	0.19605		0.18439		
ATORVASTATIN CALCIUM ORAL TABLET 40 MG	0.22391		0.17778		
ATORVASTATIN CALCIUM ORAL TABLET 80 MG	0.26678		0.21997		
ATROPINE SULFATE OPHTHALMIC DROPS 1 %			9.21410		
ATROPINE SULFATE OPHTHALMIC OINTMENT (GRAM) 1 %			0.00000		
AZATHIOPRINE ORAL TABLET 50 MG	0.44915		0.40490		
AZELASTINE HCL NASAL AEROSOL, SPRAY WITH PUMP (ML) 137 MCG	0.72851		0.79978		
AZELASTINE HCL OPHTHALMIC DROPS 0.05 %	4.40093		5.37647		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
AZITHROMYCIN INTRAVENOUS VIAL (EA) 500 MG			6.80550		
AZITHROMYCIN INTRAVENOUS VIAL WITH THREADED PORT (EA) 500 MG			6.80550		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML	0.95772		1.05350		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			1.01521		
AZITHROMYCIN ORAL TABLET 250 MG	0.42747		0.71028		
AZITHROMYCIN ORAL TABLET 500 MG	0.89969		1.57290		
AZITHROMYCIN ORAL TABLET 600 MG	2.41967		1.58391		
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	3.30790		2.24572		
BACLOFEN ORAL TABLET 10 MG	0.16666		0.20099		
BACLOFEN ORAL TABLET 20 MG	0.28205		0.28788		
BACTERIOSTATIC SODIUM CHLORIDE INJECTION VIAL (ML) 0.9 %			0.03033		
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG	1.11215		0.43809		
BENAZEPRIL HCL ORAL TABLET 10 MG	0.04959		0.05725		
BENAZEPRIL HCL ORAL TABLET 20 MG	0.07160		0.06315		
BENAZEPRIL HCL ORAL TABLET 40 MG	0.08071		0.05313		
BENAZEPRIL HCL ORAL TABLET 5 MG	0.05309		0.10256		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	1.29463		1.06046		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG	1.25247		0.98700		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	1.27136		1.05009		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG	1.48708		0.89470		
BENZONATATE ORAL CAPSULE 100 MG	0.23978		0.09675		
BENZONATATE ORAL CAPSULE 200 MG	0.39114		0.13050		
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 10 %			0.06582		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
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 INJECTION VIAL (ML) 2 MG/2 ML			27.06250		
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG	0.12068		0.13130		
BENZTROPINE MESYLATE ORAL TABLET 1 MG	0.11461		0.09000		
BENZTROPINE MESYLATE ORAL TABLET 2 MG	0.16160		0.15625		
BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %			1.83200		
BETAMETHASONE DIPROPIONATE TOPICAL GEL (GRAM) 0.05 %			0.40432		
BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 0.05 %			0.06980		
BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %			1.54356		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL CREAM (GRAM) 0.05 %			0.19500		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL OINTMENT (GRAM) 0.05 %			2.63594		
BETAMETHASONE VALERATE TOPICAL CREAM (GRAM) 0.1 %			0.77320		
BETAMETHASONE VALERATE TOPICAL LOTION (ML) 0.1 %			0.60292		
BETAMETHASONE VALERATE TOPICAL OINTMENT (GRAM) 0.1 %			0.81376		
BETHANECHOL CHLORIDE ORAL TABLET 10 MG	0.45326		0.39694		
BETHANECHOL CHLORIDE ORAL TABLET 25 MG	0.52858		0.50700		
BETHANECHOL CHLORIDE ORAL TABLET 5 MG	0.26061		0.11570		
BETHANECHOL CHLORIDE ORAL TABLET 50 MG	1.07398		1.07040		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
BICALUTAMIDE ORAL TABLET 50 MG	0.35241		0.38757		
BISOPROLOL FUMARATE ORAL TABLET 10 MG	0.33109		0.21143		
BISOPROLOL FUMARATE ORAL TABLET 5 MG	0.37949		0.32342		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25MG	0.08471		0.05313		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 2.5-6.25MG			0.06188		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG	0.08134		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 %			16.94100		
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.2 %			0.58583		
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG	3.00992		2.95581		
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		
BUMETANIDE ORAL TABLET 1 MG			0.47800		
BUMETANIDE ORAL TABLET 2 MG			0.89683		
BUPIVACAINE HCL/PF INJECTION AMPUL (ML) 5 MG/ML			0.11333		
BUPIVACAINE HCL/PF INJECTION VIAL (ML) 5 MG/ML			0.11333		
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 2 MG	1.24873		1.19978		
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 8 MG	1.82544		1.32485		
BUPROPION HCL ORAL TABLET 100 MG	0.44628		0.46520		
BUPROPION HCL ORAL TABLET 75 MG	0.42680		0.22375		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 100 MG	0.23870		0.22507		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 150 MG	0.19644		0.16128		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 150 MG	1.18945		0.42007		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 200 MG	0.54231		0.44155		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG	1.46823		0.55164		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG			0.56907		
BUSPIRONE HCL ORAL TABLET 10 MG	0.06438		0.07900		
BUSPIRONE HCL ORAL TABLET 15 MG	0.08529		0.09375		
BUSPIRONE HCL ORAL TABLET 30 MG	0.51468		0.43816		
BUSPIRONE HCL ORAL TABLET 5 MG	0.04189		0.04900		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE 50-325-40			0.60905		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-325-40	0.78579		0.41780		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-500-40			0.41780		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE ORAL CAPSULE 50-325-30	1.06517		0.33475		
BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE 50-325-40			1.04665		
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	14.40618		6.20530		
CABERGOLINE ORAL TABLET 0.5 MG	9.28488		10.34100		
CAFFEINE CITRATED ORAL SOLUTION, ORAL 60 MG/3 ML			6.66666		
CALCIPOTRIENE TOPICAL CREAM (GRAM) 0.005 %			4.57760		
CALCIPOTRIENE TOPICAL SOLUTION, NON-ORAL 0.005 %	2.63812		2.94612		
CALCITONIN,SALMON,SYNTHETIC NASAL AEROSOL, SPRAY WITH PUMP (ML) 200/SPRAY	11.38755		11.15612		
CALCITRIOL ORAL CAPSULE 0.25 MCG	0.38751		0.42967		
CALCITRIOL ORAL CAPSULE 0.5 MCG	0.74630		0.91250		
CALCITRIOL ORAL SOLUTION, ORAL 1 MCG/ML			5.41210		
CALCIUM ACETATE ORAL CAPSULE 667 MG	0.34461		0.28298		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CALCIUM GLUCONATE INTRAVENOUS VIAL (ML) 100 MG/ML			0.17000		
CANDESARTAN CILEXETIL ORAL TABLET 32 MG	2.71641		3.14678		
CANDESARTAN CILEXETIL ORAL TABLET 4 MG	1.87626		2.70673		
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	2.96203		3.03985		
CAPTOPRIL ORAL TABLET 100 MG			1.55550		
CAPTOPRIL ORAL TABLET 12.5 MG	0.82210		0.86228		
CAPTOPRIL ORAL TABLET 25 MG	0.93997		0.12075		
CAPTOPRIL ORAL TABLET 50 MG			1.65973		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-15MG			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			0.15210		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML	0.21166		0.13957		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML			0.13957		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200MG/10ML			0.13957		
CARBAMAZEPINE ORAL TABLET 200 MG	0.67410		0.55698		
CARBAMAZEPINE ORAL TABLET, CHEWABLE 100 MG	0.40102		0.29950		
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG	1.62436		1.30146		
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 400 MG			3.23000		
CARBIDOPA/LEVODOPA ORAL TABLET 10MG-100MG	0.13991		0.13632		
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-100MG	0.11474		0.11949		
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-250MG	0.19428		0.19852		
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 25MG-100MG	0.27756		0.21875		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 50MG-200MG	0.46042		0.41408		
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	2.32103		2.67548		
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 37.5-150MG	2.24002		3.06482		
CARBIDOPA/LEVODOPA/ENTACAPONE ORAL TABLET 50-200-200	2.44218		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			0.56753		
CARISOPRODOL ORAL TABLET 350 MG	0.09171		0.05785		
CARTEOLOL HCL OPHTHALMIC DROPS 1 %			1.40920		
CARVEDILOL ORAL TABLET 12.5 MG	0.03170		0.04797		
CARVEDILOL ORAL TABLET 25 MG	0.04708		0.04654		
CARVEDILOL ORAL TABLET 3.125 MG	0.02868		0.05937		
CARVEDILOL ORAL TABLET 6.25 MG	0.03631		0.04245		
CEFACLOR ORAL CAPSULE 250 MG			1.23728		
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			1.16666		
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 375 MG/5ML			2.21067		
CEFADROXIL ORAL CAPSULE 500 MG	0.23838		0.28762		
CEFADROXIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.32688		0.28798		
CEFADROXIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 500 MG/5ML			0.47555		
CEFADROXIL ORAL TABLET 1 G			3.15000		
CEFAZOLIN SODIUM INJECTION VIAL (EA) 1 G			0.92300		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CEFAZOLIN SODIUM INJECTION VIAL (EA) 10 G			7.04093		
CEFDINIR ORAL CAPSULE 300 MG	0.81658		1.03483		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.39846		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.49520		
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			4.82411		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.21679		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.40229		
CEFPROZIL ORAL TABLET 250 MG	0.95223		0.94904		
CEFPROZIL ORAL TABLET 500 MG	1.73710		1.61475		
CEFTAZIDIME INJECTION VIAL (EA) 1 G			3.67263		
CEFTAZIDIME INJECTION VIAL (EA) 2 G			11.54400		
CEFTAZIDIME INJECTION VIAL (EA) 6 G			24.36200		
CEFTAZIDIME INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G			8.51500		
CEFTRIAZONE SODIUM INJECTION VIAL (EA) 1 G			3.20217		
CEFTRIAZONE SODIUM INJECTION VIAL (EA) 10 G			17.23295		
CEFTRIAZONE SODIUM INJECTION VIAL (EA) 2 G			2.86708		
CEFTRIAZONE SODIUM INJECTION VIAL (EA) 250 MG			1.56000		
CEFTRIAZONE SODIUM INJECTION VIAL (EA) 500 MG			2.33000		
CEFTRIAZONE SODIUM INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (EA) 1 G			16.80900		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CEFTRIAZONE SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G			10.98500		
CEFUROXIME AXETIL ORAL TABLET 250 MG	1.13506		1.36736		
CEFUROXIME AXETIL ORAL TABLET 500 MG	2.26626		2.15327		
CEFUROXIME SODIUM INJECTION VIAL (EA) 1.5 G			5.72000		
CEFUROXIME SODIUM INJECTION VIAL (EA) 750 MG			2.92500		
CELECOXIB ORAL CAPSULE 100 MG	1.07190		0.70948		
CELECOXIB ORAL CAPSULE 200 MG	1.26875		0.79265		
CELECOXIB ORAL CAPSULE 400 MG	4.31471		3.31251		
CELECOXIB ORAL CAPSULE 50 MG	0.93869		0.72526		
CEPHALEXIN ORAL CAPSULE 250 MG	0.09577		0.10667		
CEPHALEXIN ORAL CAPSULE 500 MG	0.08585		0.12918		
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.15712		
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.13798		
CETIRIZINE HCL ORAL SOLUTION, ORAL 1 MG/ML			0.02705		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 10 MG	0.06720		0.07370		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 25 MG			0.12000		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE 5 MG			0.08560		
CHLORHEXIDINE GLUCONATE MUCOUS MEMBRANE MOUTHWASH 0.12 %			0.00591		
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG			1.27760		
CHLOROQUINE PHOSPHATE ORAL TABLET 500 MG			1.61582		
CHLOROTHIAZIDE ORAL TABLET 500 MG			0.15275		
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/DEXTROMETHORPHAN ORAL DROPS 1-3.5-3/ML			0.30550		
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/METHYLSCOPOLOMIN ORAL SOLUTION, ORAL 2-10-1.25			0.02196		
CHLORPROMAZINE HCL ORAL TABLET 100 MG			7.65210		
CHLORPROMAZINE HCL ORAL TABLET 200 MG			7.64843		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CHLORPROMAZINE HCL ORAL TABLET 25 MG			3.45210		
CHLORPROMAZINE HCL ORAL TABLET 50 MG			4.86200		
CHLORPROPAMIDE ORAL TABLET 100 MG			0.20075		
CHLORPROPAMIDE ORAL TABLET 250 MG			0.34000		
CHLORTHALIDONE ORAL TABLET 25 MG			0.83008		
CHLORTHALIDONE ORAL TABLET 50 MG			1.19070		
CHLORZOAZONE ORAL TABLET 500 MG			0.23196		
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER (GRAM) 4 G	0.20129		0.19520		
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER IN PACKET (EA) 4 G			1.72993		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GM)			0.13110		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GRAM) 4 G			0.23429		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER IN PACKET (EA) 4 G			1.91626		
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 %			0.20745		
CICLOPIROX OLAMINE TOPICAL SUSPENSION, TOPICAL (ML) 0.77 %			0.76780		
CICLOPIROX TOPICAL SOLUTION, NON-ORAL 8 %	4.08852		4.46439		
CILOSTAZOL ORAL TABLET 100 MG	0.13126		0.16597		
CILOSTAZOL ORAL TABLET 50 MG	0.14638		0.12987		
CIMETIDINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 150 MG/ML			1.30488		
CIMETIDINE HCL ORAL SOLUTION, ORAL 300 MG/5ML			0.07052		
CIMETIDINE ORAL TABLET 200 MG			0.06613		
CIMETIDINE ORAL TABLET 300 MG			0.19250		
CIMETIDINE ORAL TABLET 400 MG		0.46450	0.60070	5/19/2016	

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CIMETIDINE ORAL TABLET 800 MG			0.93954		
CIPROFLOXACIN HCL OPHTHALMIC DROPS 0.3 %			1.59620		
CIPROFLOXACIN HCL ORAL TABLET 100 MG			2.93583		
CIPROFLOXACIN HCL ORAL TABLET 250 MG	0.22707		0.15662		
CIPROFLOXACIN HCL ORAL TABLET 500 MG	0.17409		0.18601		
CIPROFLOXACIN HCL ORAL TABLET 750 MG	0.33077		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			0.23100		
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG	0.06644		0.03042		
CITALOPRAM HYDROBROMIDE ORAL TABLET 20 MG	0.06155		0.04439		
CITALOPRAM HYDROBROMIDE ORAL TABLET 40 MG	0.07162		0.05061		
CITRIC ACID/SODIUM CITRATE ORAL SOLUTION, ORAL 334-500MG			0.02296		
CLADRIBINE INTRAVENOUS VIAL (ML) 10 MG/10ML			37.05000		
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.28026		
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.68691		
CLARITHROMYCIN ORAL TABLET 250 MG	2.47272		0.54704		
CLARITHROMYCIN ORAL TABLET 500 MG	0.87653		0.96930		
CLARITHROMYCIN ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			2.70414		
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG			0.19150		
CLINDAMYCIN HCL ORAL CAPSULE 150 MG	0.10308		0.11200		
CLINDAMYCIN HCL ORAL CAPSULE 300 MG	0.26686		0.30620		
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION, RECONSTITUTED, ORAL 75 MG/5 ML	0.33524		0.28936		
CLINDAMYCIN PHOSPHATE INJECTION VIAL (ML) 150 MG/ML			0.45500		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CLINDAMYCIN PHOSPHATE INTRAVENOUS VIAL WITH THREADED PORT (ML) 600 MG/4ML			0.45500		
CLINDAMYCIN PHOSPHATE TOPICAL GEL (GRAM) 1 %			2.15620		
CLINDAMYCIN PHOSPHATE TOPICAL LOTION (ML) 1 %			1.56917		
CLINDAMYCIN PHOSPHATE TOPICAL SOLUTION, NON-ORAL 1 %			0.84299		
CLINDAMYCIN PHOSPHATE TOPICAL SWAB, MEDICATED 1 %			0.34997		
CLINDAMYCIN PHOSPHATE VAGINAL CREAM WITH APPLICATOR 2 %	1.81344		1.62850		
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 1 %-5 %			3.24467		
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL WITH PUMP (GRAM) 1 %-5 %			3.24467		
CLOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %			5.21000		
CLOBETASOL PROPIONATE TOPICAL GEL (GRAM) 0.05 %			0.35771		
CLOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %			5.37427		
CLOBETASOL PROPIONATE TOPICAL SOLUTION, NON-ORAL 0.05 %			3.08000		
CLOBETASOL PROPIONATE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %			2.32252		
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG	8.52127		8.56200		
CLOMIPRAMINE HCL ORAL CAPSULE 50 MG	7.73236		0.00000		
CLOMIPRAMINE HCL ORAL CAPSULE 75 MG	8.57273		7.45871		
CLONAZEPAM ORAL TABLET 0.5 MG	0.03167		0.02180		
CLONAZEPAM ORAL TABLET 1 MG	0.03741		0.03360		
CLONAZEPAM ORAL TABLET 2 MG	0.05442		0.05140		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.125 MG			0.89541		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.25 MG			0.78449		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.5 MG			0.76700		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 1 MG			0.76376		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 2 MG			1.35500		
CLONIDINE HCL ORAL TABLET 0.1 MG	0.02835		0.03258		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CLONIDINE HCL ORAL TABLET 0.2 MG	0.03958		0.05800		
CLONIDINE HCL ORAL TABLET 0.3 MG	0.06846		0.05551		
CLONIDINE HCL/PF EPIDURAL VIAL (ML) 5000MCG/10			22.75000		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR	16.05482		15.81880		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.2MG/24HR	30.00201		22.79868		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.3MG/24HR	46.55171		33.55000		
CLOPIDOGREL BISULFATE ORAL TABLET 75 MG	0.11784		0.08154		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG			2.29050		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 3.75 MG	0.44169		0.21000		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 7.5 MG	0.86197		0.23000		
CLOTTRIMAZOLE MUCOUS MEMBRANE TROCHE 10 MG			0.44799		
CLOTTRIMAZOLE TOPICAL CREAM (GRAM) 1 %			0.55695		
CLOTTRIMAZOLE TOPICAL SOLUTION, NON-ORAL 1 %			1.99270		
CLOTTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 1 %-0.05 %			0.12360		
CLOTTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 1 %-0.05 %			0.68260		
CLOZAPINE ORAL TABLET 100 MG	1.98263	0.74219	1.02510	5/23/2016	
CLOZAPINE ORAL TABLET 200 MG	2.83610		2.46130		
CLOZAPINE ORAL TABLET 25 MG	0.77293		0.43043		
CLOZAPINE ORAL TABLET 50 MG	0.83187		0.79200		
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE 30-50-325	1.87978		1.65624		
COLESTIPOL HCL ORAL TABLET 1 G			0.42452		
COLISTIN (AS COLISTIMETHATE SODIUM) INJECTION VIAL (EA) 150 MG			22.14500		
COMPOUNDING VEHICLE NO.8 ORAL LIQUID (ML)			0.04063		
COMPOUNDING VEHICLE SUSP NO.7 ORAL SUSPENSION, ORAL (FINAL DOSE FORM)			0.04063		
CROMOLYN SODIUM OPHTHALMIC DROPS 4 %	0.63818		0.62075		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CYANOCOBALAMIN (VITAMIN B-12) INJECTION VIAL (ML) 1000MCG/ML			9.98000		
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 2-2.5-25MG			0.47594		
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG	0.02416		0.02970		
CYCLOBENZAPRINE HCL ORAL TABLET 5 MG	0.04054		0.05570		
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 1 %			5.60288		
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	5.17434		2.34365		
CYCLOSPORINE, MODIFIED ORAL CAPSULE 25 MG	1.56247		0.50994		
CYCLOSPORINE, MODIFIED ORAL SOLUTION, ORAL 100 MG/ML			3.76000		
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5 ML			0.10930		
CYPROHEPTADINE HCL ORAL SYRUP 4 MG/10 ML			0.10930		
CYPROHEPTADINE HCL ORAL TABLET 4 MG	0.48953		0.45273		
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		
CYTARABINE/PF INJECTION VIAL (ML) 20 MG/ML			1.03740		
DACARBAZINE INTRAVENOUS VIAL (EA) 200 MG			8.46300		
DANAZOL ORAL CAPSULE 200 MG			6.51200		
DANTROLENE SODIUM ORAL CAPSULE 25 MG	0.89734		0.80970		
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 June 28, 2016

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

Generic Name	ACA 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	4.80440		4.20500		
DEMECLOCYCLINE HCL ORAL TABLET 300 MG	9.56042		9.44799		
DESIPRAMINE HCL ORAL TABLET 10 MG	0.76447		0.80684		
DESIPRAMINE HCL ORAL TABLET 100 MG			2.19814		
DESIPRAMINE HCL ORAL TABLET 150 MG			3.22600		
DESIPRAMINE HCL ORAL TABLET 25 MG	0.96406		1.01195		
DESIPRAMINE HCL ORAL TABLET 50 MG			1.66336		
DESIPRAMINE HCL ORAL TABLET 75 MG			1.75430		
DESMOPRESSIN ACETATE (NON-REFRIGERATED) NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY			21.09800		
DESMOPRESSIN ACETATE INJECTION AMPUL (ML) 4MCG/ML			7.67000		
DESMOPRESSIN ACETATE INJECTION VIAL (ML) 4MCG/ML			7.67000		
DESMOPRESSIN ACETATE NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY			19.21240		
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG	1.17844		0.93405		
DESMOPRESSIN ACETATE ORAL TABLET 0.2 MG	0.97002		1.03201		
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03	0.46767		0.46091		
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3			0.68047		
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL ORAL TABLET 21-5	0.88563		1.11673		
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	0.16775		0.15350		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DEXAMETHASONE ORAL TABLET 0.5 MG			0.06488		
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 SYRINGE (ML) 4 MG/ML			0.46303		
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	1.15742		0.00000		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 10 MG	4.78607		3.34843		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 15 MG	4.85322		3.48674		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 20 MG	4.88177		2.97508		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 25 MG	4.73531		3.34927		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 30 MG	5.04062		2.78676		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 5 MG	5.78734		3.62500		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 10 MG	0.58501		0.63000		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 12.5 MG	0.72928		0.86590		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 15 MG	0.62715		0.75219		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 20 MG	0.62467		0.62900		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 30 MG	0.65356		0.66230		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 5 MG	0.72641		0.63000		
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL TABLET 7.5 MG	0.81010		0.74550		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 10 MG	2.99312		3.13129		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 15 MG	3.83708		3.86159		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG	1.37318		1.43421		
DEXTROAMPHETAMINE SULFATE ORAL TABLET 5 MG	1.27403		1.38710		
DEXTROMETHORPHAN HBR/PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE ORAL SYRUP 15-45-4/5			0.02487		
DEXTROSE 10 % IN WATER INTRAVENOUS DEHP-FREE BAG, INJECTION (ML) 10 %			0.00268		
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 %			0.13312		
DEXTROSE 50 % IN WATER INTRAVENOUS SYRINGE (ML) 50 %			0.13312		
DEXTROSE 50 % IN WATER INTRAVENOUS VIAL (ML) 50 %			0.13312		
DEXTROSE 70 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 70 %			0.00741		
DIAZEPAM INJECTION SYRINGE (ML) 5 MG/ML			1.47550		
DIAZEPAM INJECTION VIAL (ML) 5 MG/ML			1.47550		
DIAZEPAM ORAL TABLET 10 MG	0.02266		0.02456		
DIAZEPAM ORAL TABLET 2 MG	0.02281		0.02830		
DIAZEPAM ORAL TABLET 5 MG	0.01961		0.02148		
DIAZEPAM RECTAL KIT 2.5 MG			224.50000		
DICLOFENAC POTASSIUM ORAL TABLET 50 MG	0.56254		0.74627		
DICLOFENAC SODIUM OPHTHALMIC DROPS 0.1 %			1.84186		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG	0.22061		0.23146		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG	0.15784		0.18724		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DICLOFENAC SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG	0.55688		0.37510		
DICLOFENAC SODIUM/MISOPROSTOL ORAL TABLET,IMMEDIATE,DELAY RELEASE,BIPHASE 75 MG-200	2.12599		2.02075		
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG			0.27170		
DICLOXACILLIN SODIUM ORAL CAPSULE 500 MG			0.49800		
DICYCLOMINE HCL ORAL CAPSULE 10 MG	0.05277		0.05600		
DICYCLOMINE HCL ORAL TABLET 20 MG	0.06779		0.08356		
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	0.67795		0.68084		
DIGOXIN ORAL TABLET 250 MCG	0.90921		0.75856		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 120 MG			0.31379		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 180 MG			0.26658		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 240 MG			0.44817		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 300 MG	0.65516		0.53411		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 120 MG			0.00000		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 60 MG			2.20790		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 90 MG			0.56930		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 120 MG	0.55198		0.46550		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 180 MG	0.64633		0.54640		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 240 MG	0.86694		0.73625		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 300 MG	1.16940		0.87083		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 360 MG	1.02072		0.64157		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 420 MG			1.17522		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 120 MG	0.48827		0.44792		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 180 MG	0.52792		0.50171		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 240 MG	0.50473		0.56429		
DILTIAZEM HCL ORAL TABLET 120 MG	0.35721		0.35608		
DILTIAZEM HCL ORAL TABLET 30 MG	0.12101		0.06520		
DILTIAZEM HCL ORAL TABLET 60 MG	0.20652		0.10010		
DILTIAZEM HCL ORAL TABLET 90 MG	0.29022		0.08910		
DIPHENHYDRAMINE HCL INJECTION SYRINGE (ML) 50 MG/ML			0.52510		
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	0.32713		0.30000		
DIPYRIDAMOLE ORAL TABLET 25 MG	0.21330		0.10356		
DIPYRIDAMOLE ORAL TABLET 50 MG	0.18911		0.20175		
DIPYRIDAMOLE ORAL TABLET 75 MG			0.28409		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG			0.32562		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 150 MG			0.32562		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE, EXTENDED RELEASE 150 MG			1.04950		
DISULFIRAM ORAL TABLET 500 MG	2.53487		3.46450		
DIVALPROEX SODIUM ORAL CAPSULE, SPRINKLE 125 MG	0.68830		0.74869		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 125 MG	0.18019		0.06324		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 250 MG	0.34159		0.11312		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG	0.52660		0.13952		
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 250 MG	1.13317		0.87661		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG	1.02661		1.52140		
DONEPEZIL HCL ORAL TABLET 10 MG	0.06157		0.09333		
DONEPEZIL HCL ORAL TABLET 23 MG	6.35384		5.67311		
DONEPEZIL HCL ORAL TABLET 5 MG	0.08306		0.05115		
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 10 MG	0.22828		0.23100		
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 5 MG	0.27125		0.41666		
DORZOLAMIDE HCL OPHTHALMIC DROPS 2 %	1.37968		1.01000		
DORZOLAMIDE HCL/TIMOLOL MALEATE OPHTHALMIC DROPS 22.3-6.8/1	1.57076		1.19780		
DOXAZOSIN MESYLATE ORAL TABLET 1 MG	0.42975		0.45124		
DOXAZOSIN MESYLATE ORAL TABLET 2 MG	0.44220		0.45260		
DOXAZOSIN MESYLATE ORAL TABLET 4 MG	0.48163		0.40118		
DOXAZOSIN MESYLATE ORAL TABLET 8 MG	0.50209		0.49571		
DOXEPIN HCL ORAL CAPSULE 10 MG			0.34521		
DOXEPIN HCL ORAL CAPSULE 100 MG			1.16250		
DOXEPIN HCL ORAL CAPSULE 150 MG			0.78360		
DOXEPIN HCL ORAL CAPSULE 25 MG			0.46852		
DOXEPIN HCL ORAL CAPSULE 50 MG			0.59652		
DOXEPIN HCL ORAL CAPSULE 75 MG			0.89841		
DOXEPIN HCL ORAL CONCENTRATE, ORAL 10 MG/ML			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			1.30000		
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 2 MG/ML			1.30000		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 20 MG/10ML			1.30000		
DOXORUBICIN HCL INTRAVENOUS VIAL (ML) 50 MG/25ML			1.30000		
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG	0.89691		0.54278		
DOXYCYCLINE HYCLATE ORAL CAPSULE 50 MG	0.95834		0.98520		
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG	0.94478		0.94985		
DOXYCYCLINE HYCLATE ORAL TABLET 20 MG	0.37345		0.36715		
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 100 MG			8.75500		
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 100 MG			0.42133		
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 50 MG	0.32751		0.32634		
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG	0.89395		0.66257		
DRONABINOL ORAL CAPSULE 10 MG	8.52814		10.02222		
DRONABINOL ORAL CAPSULE 2.5 MG	2.88847		3.02987		
DRONABINOL ORAL CAPSULE 5 MG	5.88793		5.25407		
DROPERIDOL INJECTION AMPUL (ML) 2.5 MG/ML			0.75400		
DROPERIDOL INJECTION VIAL (ML) 2.5 MG/ML			0.75400		
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG	0.60231		0.20009		
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG	0.37753		0.52347		
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 60 MG	0.57061		0.71589		
ECONAZOLE NITRATE TOPICAL CREAM (GRAM) 1 %			5.10200		
EMOLLIENT COMBINATION NO.10 TOPICAL EMULSION (GRAM)			0.52347		
ENALAPRIL MALEATE ORAL TABLET 10 MG	0.43495		0.36326		
ENALAPRIL MALEATE ORAL TABLET 2.5 MG	0.24771		0.10962		
ENALAPRIL MALEATE ORAL TABLET 20 MG	0.57430		0.37540		
ENALAPRIL MALEATE ORAL TABLET 5 MG	0.49176		0.20792		
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10 MG-25MG	0.25849		0.07566		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-12.5MG	0.13271		0.07613		
ENALAPRILAT DIHYDRATE INTRAVENOUS VIAL (ML) 1.25 MG/ML			1.87850		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 100 MG/ML			20.20150		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 120MG/.8ML			19.56200		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 150 MG/ML			19.56890		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 30MG/0.3ML			21.25500		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 40MG/0.4ML			19.10520		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 60MG/0.6ML			20.20512		
ENOXAPARIN SODIUM SUBCUTANEOUS SYRINGE (ML) 80MG/0.8ML			20.20520		
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	0.24344		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	2.56006		1.46670		
ERYTHROMYCIN BASE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG			2.93000		
ERYTHROMYCIN BASE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 3 %-5 %			6.18400		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL GEL (GRAM) 2 %			2.74609		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL SOLUTION, NON-ORAL 2 %			0.54999		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG			9.14690		
ERYTHROMYCIN ETHYLSUCCINATE/SULFISOXAZOLE ACETYL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-600/5			0.25716		
ESCITALOPRAM OXALATE ORAL TABLET 10 MG	0.17465		0.17290		
ESCITALOPRAM OXALATE ORAL TABLET 20 MG	0.29895		0.14520		
ESCITALOPRAM OXALATE ORAL TABLET 5 MG	0.26438		0.16055		
ESTAZOLAM ORAL TABLET 1 MG			0.51402		
ESTAZOLAM ORAL TABLET 2 MG			0.31754		
ESTRADIOL ORAL TABLET 0.5 MG	0.11289		0.09000		
ESTRADIOL ORAL TABLET 1 MG	0.13337		0.14330		
ESTRADIOL ORAL TABLET 2 MG	0.20459		0.14603		
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			13.85607		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .0375MG/24	17.50120		13.35000		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .075MG/24H	17.65515		14.77250		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.05MG/24H			14.37250		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR			14.19967		
ESTROPIPATE ORAL TABLET 0.75 MG			0.14670		
ESTROPIPATE ORAL TABLET 1.5 MG			0.53200		
ESTROPIPATE ORAL TABLET 3 MG			0.28730		
ESZOPICLONE ORAL TABLET 1 MG	0.71313		0.47668		
ESZOPICLONE ORAL TABLET 2 MG	0.74715		0.51327		
ESZOPICLONE ORAL TABLET 3 MG	0.82271		0.52000		
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.02-3(24)	1.58872		1.61266		
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.03MG-3MG	1.49504		1.20536		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ETHOSUXIMIDE ORAL CAPSULE 250 MG	1.20587		0.95796		
ETHOSUXIMIDE ORAL SOLUTION, ORAL 250 MG/5ML			0.29568		
ETHYNODIOL DIACETATE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG			0.66194		
ETODOLAC ORAL CAPSULE 200 MG	0.98779		1.07780		
ETODOLAC ORAL CAPSULE 300 MG	1.20307		0.81111		
ETODOLAC ORAL TABLET 400 MG	0.70615		0.71400		
ETODOLAC ORAL TABLET 500 MG	0.83805		0.65671		
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG	2.28896		0.75000		
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG	2.23117		0.87980		
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 600 MG	2.57438		1.50241		
ETOPOSIDE INTRAVENOUS VIAL (ML) 20 MG/ML			1.93000		
EXEMESTANE ORAL TABLET 25 MG	7.56197		6.40109		
FAMCICLOVIR ORAL TABLET 125 MG	0.66967		1.19185		
FAMCICLOVIR ORAL TABLET 250 MG	0.70302		0.87300		
FAMCICLOVIR ORAL TABLET 500 MG	2.19500		1.16500		
FAMOTIDINE INTRAVENOUS VIAL (ML) 10 MG/ML			0.29900		
FAMOTIDINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 40MG/5ML	0.98747		0.85340		
FAMOTIDINE ORAL TABLET 20 MG			0.03914		
FAMOTIDINE ORAL TABLET 40 MG	0.10247		0.09520		
FAMOTIDINE/PF INTRAVENOUS VIAL (ML) 20 MG/2 ML			0.38350		
FELBAMATE ORAL TABLET 600 MG	3.95402		3.95850		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG	0.48998		0.31600		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG	0.49667		0.59688		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG	0.42231		0.28371		
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 145MG	0.79422		0.89114		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 48 MG	0.56952		0.53056		
FENOFIBRATE ORAL TABLET 160 MG	0.67957		0.71864		
FENOFIBRATE ORAL TABLET 54 MG	0.46376		0.44323		
FENOFIBRATE,MICRONIZED ORAL CAPSULE 134MG	1.27192		0.99693		
FENOFIBRATE,MICRONIZED ORAL CAPSULE 200 MG	2.06067		2.06863		
FENOFIBRIC ACID (CHOLINE) ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 135 MG	2.00252		1.99822		
FENOFIBRIC ACID (CHOLINE) ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 45 MG	0.88909		1.17497		
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	20.32123		16.23657		
FENTANYL CITRATE/PF INJECTION AMPUL (ML) 50 MCG/ML			0.16050		
FENTANYL CITRATE/PF INJECTION VIAL (ML) 50 MCG/ML			0.16050		
FENTANYL CITRATE/PF INTRAVENOUS SYRINGE (ML) 100MCG/2ML			0.16050		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 100 MCG/HR	20.65083		10.97700		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 12 MCG/HR	13.99367		13.24250		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 25 MCG/HR	4.36201		3.98436		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 50MCG/HR	9.14087		6.25409		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 75MCG/HR	15.12357		9.75459		
FERROUS FUMARATE/ASCORBIC ACID/B12-IF/FOLIC ACID ORAL CAPSULE 110-0.5MG			0.22100		
FEXOFENADINE HCL ORAL TABLET 180 MG	0.34848		0.54805		
FEXOFENADINE HCL ORAL TABLET 30 MG			0.32213		
FEXOFENADINE HCL ORAL TABLET 60 MG			0.40750		
FINASTERIDE ORAL TABLET 5 MG	0.13801		0.10340		
FLECAINIDE ACETATE ORAL TABLET 100 MG	0.45728		0.50405		
FLECAINIDE ACETATE ORAL TABLET 150 MG	0.71538		0.54963		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FLECAINIDE ACETATE ORAL TABLET 50 MG	0.23874		0.17253		
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			0.19500		
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	0.44081		0.24607		
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 40 MG/ML	1.68213		0.81402		
FLUCONAZOLE ORAL TABLET 100 MG	1.40623		1.35678		
FLUCONAZOLE ORAL TABLET 150 MG	1.89024		2.80250		
FLUCONAZOLE ORAL TABLET 200 MG	1.92366		1.26444		
FLUCONAZOLE ORAL TABLET 50 MG	0.81115		1.02907		
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (EA) 50 MG			170.30000		
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (ML) 50 MG/2 ML			91.00000		
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG	0.40992		0.34663		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 25 MCG			0.00000		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 29MCG			1.10136		
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %			1.86200		
FLUOCINOLONE ACETONIDE TOPICAL OIL (ML) 0.01 %	1.46180		1.49300		
FLUOCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %			1.42150		
FLUOCINOLONE ACETONIDE TOPICAL SOLUTION, NON-ORAL 0.01 %	2.31752		1.94092		
FLUOCINOLONE ACETONIDE/SHOWER CAP TOPICAL OIL (ML) 0.01 %	1.44907		1.46553		
FLUOCINONIDE TOPICAL CREAM (GRAM) 0.05 %			2.29000		
FLUOCINONIDE TOPICAL GEL (GRAM) 0.05 %			2.14500		
FLUOCINONIDE TOPICAL OINTMENT (GRAM) 0.05 %			3.62000		
FLUOCINONIDE TOPICAL SOLUTION, NON-ORAL 0.05 %			1.27781		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FLUOCINONIDE/EMOLLIENT BASE TOPICAL CREAM (GRAM) 0.05 %			2.42500		
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 %			12.35600		
FLUOROURACIL TOPICAL CREAM (GRAM) 5 %	4.17815		3.53147		
FLUOXETINE HCL ORAL CAPSULE 10 MG	0.08315		0.03692		
FLUOXETINE HCL ORAL CAPSULE 20 MG	0.12016		0.03142		
FLUOXETINE HCL ORAL CAPSULE 40 MG	0.45814		0.18808		
FLUOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 90 MG			25.64000		
FLUOXETINE HCL ORAL SOLUTION, ORAL 20 MG/5 ML	0.08844		0.05010		
FLUOXETINE HCL ORAL TABLET 10 MG	1.03244		0.72318		
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	0.10666		0.07140		
FLUPHENAZINE HCL ORAL TABLET 10 MG	0.29976		0.22254		
FLUPHENAZINE HCL ORAL TABLET 2.5 MG	0.15827		0.19580		
FLUPHENAZINE HCL ORAL TABLET 5 MG	0.21155		0.13305		
FLURAZEPAM HCL ORAL CAPSULE 15 MG			0.06130		
FLURAZEPAM HCL ORAL CAPSULE 30 MG			0.07810		
FLURBIPROFEN ORAL TABLET 100 MG			0.42880		
FLURBIPROFEN ORAL TABLET 50 MG			0.19500		
FLURBIPROFEN SODIUM OPHTHALMIC DROPS 0.03 %			1.86816		
FLUTAMIDE ORAL CAPSULE 125 MG			0.71493		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION 50 MCG			0.41654		
FLUTICASONE PROPIONATE TOPICAL CREAM (GRAM) 0.05 %			0.51105		
FLUTICASONE PROPIONATE TOPICAL OINTMENT (GRAM) 0.005 %			0.38940		
FLUVASTATIN SODIUM ORAL CAPSULE 20 MG			3.23686		
FLUVASTATIN SODIUM ORAL CAPSULE 40 MG			3.23686		
FLUVOXAMINE MALEATE ORAL TABLET 100 MG	0.24983		0.26074		
FLUVOXAMINE MALEATE ORAL TABLET 25 MG	0.20529		0.23590		
FLUVOXAMINE MALEATE ORAL TABLET 50 MG	0.24366		0.22357		
FOLIC ACID ORAL TABLET 1 MG	0.02623		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		
FONDAPARINUX SODIUM SUBCUTANEOUS SYRINGE (ML) 7.5MG/0.6			180.00000		
FOSINOPRIL SODIUM ORAL TABLET 10 MG	0.15072		0.17829		
FOSINOPRIL SODIUM ORAL TABLET 20 MG	0.18468		0.15060		
FOSINOPRIL SODIUM ORAL TABLET 40 MG	0.16132		0.14937		
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.83971		0.95700		
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG			0.88800		
FOSPHENYTOIN SODIUM INJECTION VIAL (ML) 100MG PE/2			0.88400		
FUROSEMIDE INJECTION SYRINGE (ML) 10 MG/ML			1.09200		
FUROSEMIDE INJECTION VIAL (ML) 10 MG/ML			1.09200		
FUROSEMIDE ORAL SOLUTION, ORAL 10 MG/ML			0.10979		
FUROSEMIDE ORAL SOLUTION, ORAL 40 MG/4 ML			0.10979		
FUROSEMIDE ORAL TABLET 20 MG	0.01407		0.01761		
FUROSEMIDE ORAL TABLET 40 MG	0.01810		0.01200		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FUROSEMIDE ORAL TABLET 80 MG	0.03960		0.03412		
GABAPENTIN ORAL CAPSULE 100 MG	0.03817		0.05166		
GABAPENTIN ORAL CAPSULE 300 MG	0.07780		0.06409		
GABAPENTIN ORAL CAPSULE 400 MG	0.10419		0.08357		
GABAPENTIN ORAL TABLET 600 MG	0.19791		0.18520		
GABAPENTIN ORAL TABLET 800 MG	0.23906		0.22647		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 16 MG	2.08792		2.26851		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 24 MG	1.89462		2.28500		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 8 MG	1.69574		2.17400		
GALANTAMINE HBR ORAL TABLET 12 MG	1.15694		1.62803		
GALANTAMINE HBR ORAL TABLET 4 MG	1.12800		1.38217		
GALANTAMINE HBR ORAL TABLET 8 MG	1.33122		1.62250		
GEMFIBROZIL ORAL TABLET 600 MG	0.11427		0.12751		
GENTAMICIN SULFATE INJECTION VIAL (ML) 40 MG/ML			0.56962		
GENTAMICIN SULFATE OPTHALMIC DROPS 0.3 %			1.62520		
GENTAMICIN SULFATE OPTHALMIC OINTMENT (GRAM) 0.3 %			4.20000		
GENTAMICIN SULFATE TOPICAL CREAM (GRAM) 0.1 %			2.31200		
GENTAMICIN SULFATE TOPICAL OINTMENT (GRAM) 0.1 %			1.60611		
GLIMEPIRIDE ORAL TABLET 1 MG	0.07920		0.02400		
GLIMEPIRIDE ORAL TABLET 2 MG	0.12205		0.14400		
GLIMEPIRIDE ORAL TABLET 4 MG	0.17007		0.23652		
GLIPIZIDE ORAL TABLET 10 MG	0.04059		0.04457		
GLIPIZIDE ORAL TABLET 5 MG	0.02696		0.04420		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG	0.30346		0.29774		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG	0.18889		0.23514		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG	0.15160		0.15753		
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG			0.43437		
GLIPIZIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG	0.49191		0.40413		
GLYBURIDE ORAL TABLET 1.25 MG			0.09620		
GLYBURIDE ORAL TABLET 2.5 MG			0.12959		
GLYBURIDE ORAL TABLET 5 MG			0.13138		
GLYBURIDE,MICRONIZED ORAL TABLET 1.5 MG	0.05498		0.03659		
GLYBURIDE,MICRONIZED ORAL TABLET 3 MG	0.08139		0.03081		
GLYBURIDE,MICRONIZED ORAL TABLET 6 MG	0.20674		0.05788		
GLYBURIDE/METFORMIN HCL ORAL TABLET 1.25-250MG	0.11705		0.10894		
GLYBURIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG	0.10616		0.08725		
GLYBURIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG	0.07840		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		
GLYCOPYRROLATE ORAL TABLET 1 MG	0.37321		0.35486		
GLYCOPYRROLATE ORAL TABLET 2 MG	0.62441		0.48959		
GRANISETRON HCL INTRAVENOUS VIAL (ML) 1 MG/ML(1)			18.52500		
GRANISETRON HCL ORAL TABLET 1 MG	2.15000		1.88283		
GRANISETRON HCL/PF INTRAVENOUS VIAL (ML) 1 MG/ML(1)			18.52500		
GRISEOFULVIN, MICROSIZED 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		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
GUANFACINE HCL ORAL TABLET 1 MG	0.07100		0.07929		
GUANFACINE HCL ORAL TABLET 2 MG	0.13053		0.12450		
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 1 MG	1.57290		0.59675		
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG	1.72811		0.60307		
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG	2.32353		0.81542		
GUANFACINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 4 MG	2.11819		0.75312		
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 AMPUL (ML) 5 MG/ML			1.85894		
HALOPERIDOL LACTATE INJECTION VIAL (ML) 5 MG/ML			1.85894		
HALOPERIDOL LACTATE ORAL CONCENTRATE, ORAL 2 MG/ML			0.35210		
HALOPERIDOL ORAL TABLET 0.5 MG			0.26000		
HALOPERIDOL ORAL TABLET 1 MG			0.33500		
HALOPERIDOL ORAL TABLET 10 MG	0.64996		0.62800		
HALOPERIDOL ORAL TABLET 2 MG			0.50560		
HALOPERIDOL ORAL TABLET 20 MG	1.48370		1.65350		
HALOPERIDOL ORAL TABLET 5 MG	0.58243		0.56944		
HEPARIN SODIUM,PORCINE INJECTION VIAL (ML) 1000/ML			0.30247		
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		
HEPARIN SODIUM,PORCINE/PF 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 June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HYDRALAZINE HCL INJECTION VIAL (ML) 20 MG/ML			0.00000		
HYDRALAZINE HCL ORAL TABLET 10 MG	0.06425		0.06512		
HYDRALAZINE HCL ORAL TABLET 100 MG	0.13703		0.12292		
HYDRALAZINE HCL ORAL TABLET 25 MG	0.06688		0.07200		
HYDRALAZINE HCL ORAL TABLET 50 MG	0.07891		0.07478		
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG	0.04870		0.08500		
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG			0.15117		
HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG	0.01154		0.01213		
HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG	0.03822		0.01804		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-108/5			0.09520		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-167/5			0.03010		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-217MG/10			0.09520		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-334MG/10			0.03010		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-325/15			0.09520		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-325/15			0.09520		
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-500/15			0.03010		
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	0.18908		0.19199		
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-325MG	0.14265		0.15100		
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 June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HYDROCODONE BITARTRATE/ACETAMINOPHEN ORAL TABLET 7.5-325MG	0.20647		0.20639		
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	0.10587		0.10285		
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL SYRUP 5-1.5 MG/5			0.10285		
HYDROCODONE/IBUPROFEN ORAL TABLET 7.5-200 MG	0.34282		0.24939		
HYDROCORTISONE BUTYRATE TOPICAL OINTMENT (GRAM) 0.1 %			0.54640		
HYDROCORTISONE ORAL TABLET 10 MG	0.39802		0.28959		
HYDROCORTISONE ORAL TABLET 20 MG	0.60444		0.33000		
HYDROCORTISONE ORAL TABLET 5 MG	0.23392		0.22077		
HYDROCORTISONE RECTAL CREAM (GRAM) 1 %			0.66448		
HYDROCORTISONE RECTAL CREAM (GRAM) 2.5 %			2.11000		
HYDROCORTISONE RECTAL CREAM WITH APPLICATOR 2.5 %	1.85606		2.11000		
HYDROCORTISONE RECTAL ENEMA (ML) 100MG/60ML	0.09384		0.06470		
HYDROCORTISONE SOD SUCCINATE INJECTION VIAL (EA) 100 MG			2.52200		
HYDROCORTISONE TOPICAL CREAM (GRAM) 1 %			0.13969		
HYDROCORTISONE TOPICAL CREAM (GRAM) 2.5 %			2.11000		
HYDROCORTISONE TOPICAL LOTION (ML) 1 %			0.06599		
HYDROCORTISONE TOPICAL LOTION (ML) 2.5 %			0.26360		
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 1 %			0.11234		
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 2.5 %			0.12291		
HYDROCORTISONE VALERATE TOPICAL CREAM (GRAM) 0.2 %			2.90120		
HYDROCORTISONE VALERATE TOPICAL OINTMENT (GRAM) 0.2 %			2.41000		
HYDROCORTISONE/MINERAL OIL/PETROLATUM,WHITE TOPICAL OINTMENT (GRAM) 1 %			0.11234		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HYDROMORPHONE HCL INJECTION SYRINGE (ML) 2 MG/ML			0.65000		
HYDROMORPHONE HCL INJECTION VIAL (ML) 2 MG/ML			0.65000		
HYDROMORPHONE HCL ORAL TABLET 2 MG	0.08543		0.10709		
HYDROMORPHONE HCL ORAL TABLET 4 MG	0.15126		0.09988		
HYDROMORPHONE HCL ORAL TABLET 8 MG	0.45680		0.40745		
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 10 MG/ML			1.67263		
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 2 MG/ML			0.65000		
HYDROMORPHONE HCL/PF INJECTION VIAL (ML) 10 MG/ML			1.67263		
HYDROQUINONE TOPICAL CREAM (GRAM) 4 %			0.36681		
HYDROXOCOBALAMIN INTRAMUSCULAR VIAL (ML) 1000MCG/ML			0.83333		
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG	1.60675		1.31450		
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR VIAL (ML) 250 MG/ML			0.00000		
HYDROXYUREA ORAL CAPSULE 500 MG	0.35914		0.31150		
HYDROXYZINE HCL INTRAMUSCULAR VIAL (ML) 50 MG/ML			1.10500		
HYDROXYZINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML			0.06754		
HYDROXYZINE HCL ORAL SOLUTION, ORAL 50 MG/25ML			0.06754		
HYDROXYZINE HCL ORAL TABLET 10 MG	0.08156		0.07225		
HYDROXYZINE HCL ORAL TABLET 25 MG	0.08815		0.06752		
HYDROXYZINE HCL ORAL TABLET 50 MG	0.13465		0.11019		
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG			0.30388		
HYDROXYZINE PAMOATE ORAL CAPSULE 25 MG	0.06370		0.07670		
HYDROXYZINE PAMOATE ORAL CAPSULE 50 MG	0.08533		0.08011		
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		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
IBANDRONATE SODIUM ORAL TABLET 150 MG	21.26307		23.09667		
IBUPROFEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML			0.03119		
IBUPROFEN ORAL TABLET 400 MG	0.04963		0.04300		
IBUPROFEN ORAL TABLET 600 MG	0.05579		0.07500		
IBUPROFEN ORAL TABLET 800 MG	0.07755		0.09500		
IFOSFAMIDE INTRAVENOUS VIAL (EA) 1 G			45.79900		
IMIPRAMINE HCL ORAL TABLET 10 MG	0.12375		0.13340		
IMIPRAMINE HCL ORAL TABLET 25 MG	0.12521		0.14763		
IMIPRAMINE HCL ORAL TABLET 50 MG	0.24490		0.18211		
IMIQUIMOD TOPICAL CREAM IN PACKET (EA) 5 %			5.58220		
INDAPAMIDE ORAL TABLET 1.25 MG			0.24510		
INDAPAMIDE ORAL TABLET 2.5 MG	0.32413		0.31770		
INDOMETHACIN ORAL CAPSULE 25 MG			0.16475		
INDOMETHACIN ORAL CAPSULE 50 MG	0.12342		0.16131		
INDOMETHACIN ORAL CAPSULE, EXTENDED RELEASE 75 MG	1.09900		0.57625		
IPRATROPIUM BROMIDE INHALATION SOLUTION, NON-ORAL 0.2 MG/ML			0.07037		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 21 MCG			0.23084		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 42 MCG			0.54166		
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5-3MG/3			0.08783		
IRBESARTAN ORAL TABLET 150 MG	0.23395		0.16298		
IRBESARTAN ORAL TABLET 300 MG	0.39411		0.31667		
IRBESARTAN ORAL TABLET 75 MG	0.34052		0.20479		
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5MG	0.65466		0.36495		
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 300-12.5MG	0.45174		0.45550		
IRINOTECAN HCL INTRAVENOUS VIAL (ML) 100 MG/5ML			13.91000		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
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			0.27378		
ISONIAZID ORAL TABLET 300 MG	0.17561		0.20038		
ISOSORBIDE DINITRATE ORAL TABLET 10 MG	0.67082		0.57986		
ISOSORBIDE DINITRATE ORAL TABLET 20 MG	0.78631		0.60269		
ISOSORBIDE DINITRATE ORAL TABLET 30 MG			0.66500		
ISOSORBIDE DINITRATE ORAL TABLET 5 MG	0.63870	0.47516	0.52530	5/17/2016	
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			0.12025		
ISOSORBIDE MONONITRATE ORAL TABLET 20 MG			0.15446		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 120 MG	0.51661		0.39644		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG	0.18441		0.15728		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG	0.23579		0.28225		
ISOTRETINOIN ORAL CAPSULE 10 MG	5.95076		6.03251		
ISOTRETINOIN ORAL CAPSULE 20 MG	5.90665		6.08936		
ISOTRETINOIN ORAL CAPSULE 40 MG	6.41735		6.34000		
ISRADIPINE ORAL CAPSULE 5 MG			1.74987		
ITRACONAZOLE ORAL CAPSULE 100 MG	5.80124		5.96000		
KETOCONAZOLE ORAL TABLET 200 MG	1.29996		1.51250		
KETOCONAZOLE TOPICAL CREAM (GRAM) 2 %			1.18200		
KETOCONAZOLE TOPICAL SHAMPOO 2 %	0.07450		0.09194		
KETOPROFEN ORAL CAPSULE 50 MG			0.41000		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
KETOPROFEN ORAL CAPSULE 75 MG			0.40251		
KETOPROFEN ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 200 MG			2.06200		
KETOROLAC TROMETHAMINE INJECTION CARTRIDGE (ML) 15 MG/ML			0.97500		
KETOROLAC TROMETHAMINE INJECTION CARTRIDGE (ML) 30 MG/ML			0.79300		
KETOROLAC TROMETHAMINE INJECTION SYRINGE (ML) 30 MG/ML			0.79300		
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 15 MG/ML			0.97500		
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 30 MG/ML			1.38080		
KETOROLAC TROMETHAMINE INJECTION VIAL (ML) 30MG/ML(1)			0.79300		
KETOROLAC TROMETHAMINE INTRAMUSCULAR SYRINGE (ML) 60 MG/2 ML			0.79300		
KETOROLAC TROMETHAMINE INTRAMUSCULAR VIAL (ML) 60 MG/2 ML			0.79300		
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.4 %			9.24000		
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.5 %			1.99750		
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG			1.03250		
LABETALOL HCL ORAL TABLET 100 MG	0.25133		0.26153		
LABETALOL HCL ORAL TABLET 200 MG	0.35197		0.24953		
LABETALOL HCL ORAL TABLET 300 MG	0.53983		0.44857		
LACTIC ACID TOPICAL CREAM (GRAM) 10 %			0.12324		
LACTIC ACID TOPICAL LOTION (ML) 10 %			0.06869		
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML			0.01140		
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML			0.02210		
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML			0.02210		
LACTULOSE ORAL SOLUTION, ORAL 20 G/30 ML			0.02210		
LAMOTRIGINE ORAL TABLET 100 MG	0.52526		0.05980		
LAMOTRIGINE ORAL TABLET 150 MG	0.68338		0.11093		
LAMOTRIGINE ORAL TABLET 200 MG	0.67102		0.12007		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LAMOTRIGINE ORAL TABLET 25 MG	0.30952		0.05879		
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG	1.52645		0.25054		
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG	0.83146		0.27015		
LANSOPRAZOLE ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 15 MG			0.63450		
LANSOPRAZOLE ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 30 MG	0.71506		0.39004		
LANSOPRAZOLE ORAL TABLET, DISINTEGRATING, DELAYED RELEASE 15 MG			0.00000		
LANSOPRAZOLE ORAL TABLET, DISINTEGRATING, DELAYED RELEASE 30 MG			0.00000		
LATANOPROST OPHTHALMIC DROPS 0.005 %			3.06585		
LEFLUNOMIDE ORAL TABLET 10 MG	4.84850		4.31250		
LEFLUNOMIDE ORAL TABLET 20 MG	4.89345		3.59879		
LETROZOLE ORAL TABLET 2.5 MG	0.63755		0.16579		
LEUCOVORIN CALCIUM INJECTION VIAL (EA) 200 MG			7.80000		
LEUCOVORIN CALCIUM INJECTION VIAL (ML) 500MG/50ML			0.26000		
LEUCOVORIN CALCIUM ORAL TABLET 25 MG			5.21367		
LEUCOVORIN CALCIUM ORAL TABLET 5 MG			0.82620		
LEVETIRACETAM ORAL SOLUTION, ORAL 100 MG/ML	0.17628		0.08520		
LEVETIRACETAM ORAL SOLUTION, ORAL 500 MG/5ML			0.08520		
LEVETIRACETAM ORAL TABLET 1000 MG	0.95865		0.34520		
LEVETIRACETAM ORAL TABLET 250 MG	0.35191		0.14950		
LEVETIRACETAM ORAL TABLET 500 MG	0.39665		0.12842		
LEVETIRACETAM ORAL TABLET 750 MG	0.68850		0.20886		
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG	2.01949		0.39393		
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG	2.73346		0.45410		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.25 %			1.10500		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.5 %			2.78571		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LEVOCARNITINE (WITH SUGAR) ORAL SOLUTION, ORAL 100 MG/ML	0.20363		0.13469		
LEVOFLOXACIN ORAL TABLET 250 MG	0.26776		0.24958		
LEVOFLOXACIN ORAL TABLET 500 MG	0.35165		0.28713		
LEVOFLOXACIN ORAL TABLET 750 MG	0.55476		0.59156		
LEVONORGESTREL ORAL TABLET 1.5 MG			28.06100		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.1-0.02	0.52518		0.44269		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03	0.47273		0.45204		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 6-5-10	0.52259		0.42000		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 0.15-0.03	0.79331		1.02100		
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 200 MCG			198.55200		
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (EA) 500 MCG			26.00000		
LEVOTHYROXINE SODIUM ORAL TABLET 100 MCG			0.41196		
LEVOTHYROXINE SODIUM ORAL TABLET 112 MCG			0.49521		
LEVOTHYROXINE SODIUM ORAL TABLET 125 MCG			0.45908		
LEVOTHYROXINE SODIUM ORAL TABLET 137 MCG	0.73375		0.46333		
LEVOTHYROXINE SODIUM ORAL TABLET 150 MCG			0.52010		
LEVOTHYROXINE SODIUM ORAL TABLET 175MCG			0.67500		
LEVOTHYROXINE SODIUM ORAL TABLET 200 MCG			0.67500		
LEVOTHYROXINE SODIUM ORAL TABLET 25 MCG			0.35620		
LEVOTHYROXINE SODIUM ORAL TABLET 300 MCG			0.86850		
LEVOTHYROXINE SODIUM ORAL TABLET 50 MCG			0.39520		
LEVOTHYROXINE SODIUM ORAL TABLET 75 MCG			0.39908		
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		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LIDOCAINE HCL MUCOUS MEMBRANE JEL (ML) 2 %			0.32194		
LIDOCAINE HCL MUCOUS MEMBRANE JELLY WITH PREFILLED APPLICATOR (ML) 2 %			0.32194		
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, NON-ORAL 40 MG/ML	0.10636		0.10019		
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, ORAL 2 %	0.02686		0.02561		
LIDOCAINE HCL TOPICAL CREAM (GRAM) 3 %			1.19158		
LIDOCAINE HCL TOPICAL OINTMENT (GRAM) 5 %			0.55954		
LIDOCAINE HCL/HYDROCORTISONE ACETATE RECTAL CREAM WITH APPLICATOR 3 %-0.5 %			0.65107		
LIDOCAINE HCL/HYDROCORTISONE ACETATE TOPICAL CREAM (GRAM) 3 %-0.5 %			0.65107		
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 10 MG/ML			0.58140		
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 20 MG/ML			0.42500		
LIDOCAINE HCL/PF INJECTION AMPUL, LUER TIP 20 MG/ML			0.42500		
LIDOCAINE HCL/PF INJECTION VIAL (ML) 10 MG/ML			0.58140		
LIDOCAINE HCL/PF INJECTION VIAL (ML) 20 MG/ML			0.42500		
LIDOCAINE TOPICAL ADHESIVE PATCH, MEDICATED 5 %	5.31525		5.75348		
LIDOCAINE TOPICAL OINTMENT (GRAM) 5 %			6.48978		
LIDOCAINE/PRILOCAINE TOPICAL CREAM (GRAM) 2.5 %-2.5%			0.92500		
LIDOCAINE/PRILOCAINE TOPICAL KIT 2.5 %-2.5%			0.23130		
LIOETHYRONINE SODIUM ORAL TABLET 5 MCG			0.39453		
LIOETHYRONINE SODIUM ORAL TABLET 50 MCG			1.22357		
LISINAPRIL ORAL TABLET 10 MG	0.01785		0.02213		
LISINAPRIL ORAL TABLET 2.5 MG	0.01270		0.02100		
LISINAPRIL ORAL TABLET 20 MG	0.02555		0.03734		
LISINAPRIL ORAL TABLET 30 MG	0.06546		0.08632		
LISINAPRIL ORAL TABLET 40 MG	0.04624		0.05160		
LISINAPRIL ORAL TABLET 5 MG	0.01845		0.01869		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.03161		0.04355		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG	0.04405		0.05369		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	0.03387		0.05874		
LITHIUM CARBONATE ORAL CAPSULE 150 MG	0.06049		0.09087		
LITHIUM CARBONATE ORAL CAPSULE 300 MG	0.02897		0.03598		
LITHIUM CARBONATE ORAL CAPSULE 600 MG	0.18111		0.15613		
LITHIUM CARBONATE ORAL TABLET 300 MG			0.18126		
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 300 MG	0.48823		0.20124		
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 450 MG	0.29183		0.26608		
LITHIUM CITRATE ORAL SOLUTION, ORAL 8 MEQ/5 ML			0.03281		
LITHIUM CITRATE ORAL SOLUTION, ORAL 8 MEQ/5 ML			0.03281		
LOPERAMIDE HCL ORAL CAPSULE 2 MG			0.21868		
LORAZEPAM INJECTION SYRINGE (ML) 2 MG/ML			2.17100		
LORAZEPAM INJECTION SYRINGE (ML) 4 MG/ML			1.19860		
LORAZEPAM INJECTION VIAL (ML) 2 MG/ML			2.17100		
LORAZEPAM INJECTION VIAL (ML) 4 MG/ML			1.19860		
LORAZEPAM ORAL CONCENTRATE, ORAL 2 MG/ML	0.66872		0.69067		
LORAZEPAM ORAL TABLET 0.5 MG	0.24876		0.02631		
LORAZEPAM ORAL TABLET 1 MG	0.22273		0.03688		
LORAZEPAM ORAL TABLET 2 MG	0.77290		0.05616		
LOSARTAN POTASSIUM ORAL TABLET 100 MG	0.08986		0.12153		
LOSARTAN POTASSIUM ORAL TABLET 25 MG	0.04852		0.05931		
LOSARTAN POTASSIUM ORAL TABLET 50 MG	0.05917		0.04647		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100-12.5MG	0.13672		0.14833		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-25MG	0.14410		0.13723		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 50-12.5 MG	0.07519		0.10667		
LOVASTATIN ORAL TABLET 10 MG	0.05875		0.07896		
LOVASTATIN ORAL TABLET 20 MG	0.06868		0.08340		
LOVASTATIN ORAL TABLET 40 MG	0.07506		0.11652		
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG	0.40131		0.44826		
LOXAPINE SUCCINATE ORAL CAPSULE 25 MG	0.59124		0.59939		
LOXAPINE SUCCINATE ORAL CAPSULE 5 MG	0.35502		0.37280		
LOXAPINE SUCCINATE ORAL CAPSULE 50 MG	0.89342		0.75995		
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			0.17912		
MECLOFENAMATE SODIUM ORAL CAPSULE 100 MG			1.78455		
MECLOFENAMATE SODIUM ORAL CAPSULE 50 MG			0.56134		
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SYRINGE (ML) 150 MG/ML			87.27000		
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR VIAL (ML) 150 MG/ML			87.27000		
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG			0.15620		
MEDROXYPROGESTERONE ACETATE ORAL TABLET 2.5 MG			0.05330		
MEDROXYPROGESTERONE ACETATE ORAL TABLET 5 MG			0.08900		
MEFLOQUINE HCL ORAL TABLET 250 MG			5.13200		
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML			0.06512		
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML			0.06512		
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 800MG/20ML			0.06512		
MEGESTROL ACETATE ORAL TABLET 20 MG	0.18953		0.12563		
MEGESTROL ACETATE ORAL TABLET 40 MG	0.23898		0.20093		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MELOXICAM ORAL TABLET 15 MG	0.03533		0.02457		
MELOXICAM ORAL TABLET 7.5 MG	0.02996		0.02769		
MEMANTINE HCL ORAL TABLET 10 MG	0.31504		0.23214		
MEMANTINE HCL ORAL TABLET 5 MG	0.31913		0.30833		
MEPERIDINE HCL ORAL TABLET 100 MG	1.38320		0.38541		
MEPERIDINE HCL ORAL TABLET 50 MG	0.68435		0.20013		
MERCAPTOPYRINE ORAL TABLET 50 MG			1.74397		
MESALAMINE RECTAL ENEMA (ML) 4 G/60 ML			0.20903		
MESNA INTRAVENOUS VIAL (ML) 100 MG/ML			2.60000		
METAPROTERENOL SULFATE ORAL SYRUP 10 MG/5 ML			0.02460		
METAXALONE ORAL TABLET 800 MG	3.14547		2.76623		
METFORMIN HCL ORAL TABLET 1000 MG	0.04399		0.04610		
METFORMIN HCL ORAL TABLET 500 MG	0.02577		0.02420		
METFORMIN HCL ORAL TABLET 850 MG	0.03815		0.03846		
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			0.05270		
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG	0.10083		0.07937		
METHADONE HCL ORAL CONCENTRATE, ORAL 10 MG/ML	0.71067		0.05102		
METHADONE HCL ORAL TABLET 10 MG	0.18805		0.13839		
METHADONE HCL ORAL TABLET 5 MG	0.19375		0.18628		
METHADONE HCL ORAL TABLET, SOLUBLE 40 MG			0.30600		
METHAZOLAMIDE ORAL TABLET 25 MG	2.49538		3.06400		
METHAZOLAMIDE ORAL TABLET 50 MG	5.63626		2.41000		
METHENAMINE HIPPURATE ORAL TABLET 1 G			1.46405		
METHIMAZOLE ORAL TABLET 10 MG	0.15450		0.15607		
METHIMAZOLE ORAL TABLET 5 MG	0.12167		0.14119		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METHOCARBAMOL ORAL TABLET 500 MG	0.07103		0.07423		
METHOCARBAMOL ORAL TABLET 750 MG	0.08177		0.13933		
METHOTREXATE SODIUM INJECTION VIAL (ML) 25 MG/ML			0.00000		
METHOTREXATE SODIUM ORAL TABLET 2.5 MG	1.39651		1.47498		
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	1.20837		0.65425		
METHSCOPOLAMINE BROMIDE ORAL TABLET 5 MG	1.91791		2.43250		
METHYCLOTHIAZIDE ORAL TABLET 5 MG			0.49920		
METHYLDOPA ORAL TABLET 250 MG	0.12262		0.11550		
METHYLDOPA ORAL TABLET 500 MG	0.21944		0.18460		
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-15MG			0.81390		
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-25MG			0.21307		
METHYLERGONOVINE MALEATE ORAL TABLET 0.2 MG			20.38230		
METHYLPHENIDATE HCL ORAL TABLET 10 MG	0.59580		0.59040		
METHYLPHENIDATE HCL ORAL TABLET 20 MG	0.89905	0.72126	0.89905	6/13/2016	
METHYLPHENIDATE HCL ORAL TABLET 5 MG	0.44596		0.37017		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 10 MG			5.26179		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 20 MG	5.49371		5.35200		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 18 MG			5.92510		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 27 MG			6.46201		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 36 MG			6.94500		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 54 MG			7.38018		
METHYLPREDNISOLONE ACETATE INJECTION VIAL (ML) 40 MG/ML			4.68000		
METHYLPREDNISOLONE ORAL TABLET 4 MG	0.81083		0.68107		
METHYLPREDNISOLONE ORAL TABLET, DOSE PACK 4 MG	0.53280		0.64307		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 125 MG			5.20000		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 125 MG/2ML			5.20000		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 40 MG			2.56100		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (EA) 40 MG/ML			2.56100		
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 10 MG/10ML			0.01374		
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 5 MG/5 ML			0.01374		
METOCLOPRAMIDE HCL ORAL TABLET 10 MG	0.04540		0.04213		
METOCLOPRAMIDE HCL ORAL TABLET 5 MG	0.04406		0.04653		
METOLAZONE ORAL TABLET 10 MG			1.38400		
METOLAZONE ORAL TABLET 2.5 MG	1.38394		1.04948		
METOLAZONE ORAL TABLET 5 MG	1.51559		1.24500		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG	0.60508		0.58650		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG	0.98415		0.78385		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG	0.32850		0.31200		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG	0.35626		0.33210		
METOPROLOL TARTRATE ORAL TABLET 100 MG	0.04296		0.04125		
METOPROLOL TARTRATE ORAL TABLET 25 MG	0.02599		0.03440		
METOPROLOL TARTRATE ORAL TABLET 50 MG	0.02396		0.02525		
METRONIDAZOLE IN SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L			0.01486		
METRONIDAZOLE ORAL TABLET 250 MG	0.25451		0.30370		
METRONIDAZOLE ORAL TABLET 500 MG	0.42688		0.39478		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METRONIDAZOLE TOPICAL CREAM (GRAM) 0.75 %	2.05561		2.02533		
METRONIDAZOLE TOPICAL GEL (GRAM) 0.75 %	2.01308		2.59445		
METRONIDAZOLE TOPICAL LOTION (ML) 0.75 %			2.50441		
METRONIDAZOLE VAGINAL GEL WITH APPLICATOR (GRAM) 0.75 %			1.73200		
MEXILETINE HCL ORAL CAPSULE 150 MG			0.20910		
MEXILETINE HCL ORAL CAPSULE 200 MG			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) 10 MG/2 ML			0.43550		
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/ML			0.43550		
MIDAZOLAM HCL INJECTION VIAL (ML) 5 MG/ML(1)			0.43550		
MIDAZOLAM HCL ORAL SYRUP 10 MG/5 ML			0.52224		
MIDAZOLAM HCL ORAL SYRUP 2 MG/ML			0.52224		
MIDAZOLAM HCL ORAL SYRUP 5 MG/2.5ML			0.52224		
MIDAZOLAM HCL/PF INJECTION CARTRIDGE (ML) 5 MG/ML			0.43550		
MIDAZOLAM HCL/PF INJECTION SYRINGE (ML) 10 MG/2 ML			0.43550		
MIDAZOLAM HCL/PF INJECTION SYRINGE (ML) 5 MG/ML			0.43550		
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 10 MG/2 ML			0.43550		
MIDAZOLAM HCL/PF INJECTION VIAL (ML) 5 MG/ML(1)			0.43550		
MIDODRINE HCL ORAL TABLET 10 MG	0.92156		0.65802		
MIDODRINE HCL ORAL TABLET 2.5 MG	0.37599		0.36251		
MIDODRINE HCL ORAL TABLET 5 MG	0.58049		0.42746		
MILRINONE LACTATE INTRAVENOUS VIAL (ML) 1 MG/ML			0.63505		
MILRINONE LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 40MG/200ML			0.13125		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MINOCYCLINE HCL ORAL CAPSULE 100 MG	0.37790		0.25010		
MINOCYCLINE HCL ORAL CAPSULE 50 MG	0.22320		0.26500		
MINOCYCLINE HCL ORAL CAPSULE 75 MG	0.43726		0.26765		
MINOXIDIL ORAL TABLET 10 MG	0.22231		0.26096		
MINOXIDIL ORAL TABLET 2.5 MG	0.12424		0.13194		
MIRTAZAPINE ORAL TABLET 15 MG	0.11815		0.18520		
MIRTAZAPINE ORAL TABLET 30 MG	0.13462		0.19899		
MIRTAZAPINE ORAL TABLET 45 MG	0.31087		0.38186		
MIRTAZAPINE ORAL TABLET 7.5 MG			1.55210		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 15 MG	0.90196		0.79216		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 30 MG	0.84500		0.87099		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 45 MG	0.92024		0.80780		
MISOPROSTOL ORAL TABLET 100 MCG	0.45860		0.39396		
MISOPROSTOL ORAL TABLET 200 MCG	0.80712		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	3.95549		3.29520		
MODAFINIL ORAL TABLET 200 MG	3.76073		2.18177		
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			0.59644		
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-25MG			0.53738		
MOMETASONE FUROATE TOPICAL CREAM (GRAM) 0.1 %			0.51410		
MOMETASONE FUROATE TOPICAL OINTMENT (GRAM) 0.1 %			0.24389		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MOMETASONE FUROATE TOPICAL SOLUTION, NON-ORAL 0.1 %			0.21162		
MONTELUKAST SODIUM ORAL TABLET 10 MG			0.16521		
MONTELUKAST SODIUM ORAL TABLET, CHEWABLE 4 MG	0.46028		0.25836		
MONTELUKAST SODIUM ORAL TABLET, CHEWABLE 5 MG	0.45930		0.30985		
MORPHINE SULFATE INJECTION SYRINGE (ML) 10 MG/ML			0.52000		
MORPHINE SULFATE INJECTION VIAL (ML) 10 MG/ML			0.52000		
MORPHINE SULFATE ORAL SOLUTION, ORAL 100 MG/5ML			0.36769		
MORPHINE SULFATE ORAL SYRINGE (EA) 10MG/0.5ML			0.36769		
MORPHINE SULFATE ORAL SYRINGE (ML) 20 MG/ML			0.36769		
MORPHINE SULFATE ORAL TABLET 15 MG			0.09000		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 100 MG	2.07394		2.25339		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 15 MG	0.37788	0.24059	0.37000	6/17/2016	
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 200 MG	4.42386		5.01250		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 30 MG	0.67193		0.74451		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 60 MG	1.35238		1.59850		
MOXIFLOXACIN HCL ORAL TABLET 400 MG	7.24109		8.85327		
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 %	0.62352		0.40309		
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG	1.20004		0.22149		
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG	1.41501		0.36701		
MYCOPHENOLATE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 180 MG	3.94306		3.28500		
MYCOPHENOLATE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 360 MG	8.16439		5.09533		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NABUMETONE ORAL TABLET 500 MG	0.19193		0.21707		
NABUMETONE ORAL TABLET 750 MG	0.22085		0.24190		
NADOLOL ORAL TABLET 20 MG	1.91139		1.10200		
NADOLOL ORAL TABLET 40 MG	2.25159		2.25267		
NADOLOL ORAL TABLET 80 MG	3.59607		3.26000		
NALBUPHINE HCL INJECTION AMPUL (ML) 20 MG/ML			2.36600		
NALBUPHINE HCL INJECTION VIAL (ML) 20 MG/ML			2.36600		
NALTREXONE HCL ORAL TABLET 50 MG	1.15745		0.86834		
NAPROXEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML			0.13200		
NAPROXEN ORAL TABLET 250 MG	0.06212		0.05100		
NAPROXEN ORAL TABLET 375 MG	0.07913		0.05789		
NAPROXEN ORAL TABLET 500 MG	0.07821		0.06000		
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 375 MG	0.24537		0.13650		
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG	0.26286		0.16431		
NAPROXEN SODIUM ORAL TABLET 275 MG			0.08963		
NAPROXEN SODIUM ORAL TABLET 550 MG	2.03172		2.07520		
NARATRIPTAN HCL ORAL TABLET 1 MG	4.79238		5.13000		
NARATRIPTAN HCL ORAL TABLET 2.5 MG	4.36377		2.76936		
NATEGLINIDE ORAL TABLET 120 MG	0.67335		0.55160		
NATEGLINIDE ORAL TABLET 60 MG	0.64880		0.65433		
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		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NEOMYCIN SULFATE ORAL TABLET 500 MG	0.76689		0.84127		
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-1	13.69828		0.00000		
NEOMYCIN SULFATE/BACITRACIN/POLYMYXIN B OPHTHALMIC OINTMENT (GRAM) 3.5MG-400	10.36238		10.52000		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE IRRIGATION AMPUL (ML) 40-200K/ML			13.36010		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE IRRIGATION VIAL (ML) 40-200K/ML			13.36010		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D OPHTHALMIC DROPS 1.75MG-10K			3.79386		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-10			15.09066		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SOLUTION, NON-ORAL 3.5-10K-1			4.60800		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-1			8.39000		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-.1	3.84861		4.75714		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %	3.16654		2.90000		
NEVIRAPINE ORAL TABLET 200 MG	1.90697		0.22000		
NICARDIPINE HCL ORAL CAPSULE 20 MG			0.12545		
NIFEDIPINE ORAL CAPSULE 10 MG	0.67959		0.53176		
NIFEDIPINE ORAL CAPSULE 20 MG			0.85200		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG			0.32221		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG			0.42891		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG	0.63123		0.60888		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 30 MG	1.24832		0.46912		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 60 MG	0.60348		0.41019		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 90 MG	0.84294		0.62576		
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		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG	1.11286		1.22917		
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 50 MG	0.66846		0.52424		
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS ORAL CAPSULE 100 MG	1.29544		1.55000		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.1MG/HR			0.63167		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.2MG/HR			0.42663		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.4MG/HR			0.44945		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.6MG/HR			0.89000		
NIZATIDINE ORAL CAPSULE 150 MG	0.22626		0.20325		
NIZATIDINE ORAL CAPSULE 300 MG	0.53860		0.72724		
NIZATIDINE ORAL SOLUTION, ORAL 150MG/10ML			0.55124		
NORETHINDRONE ACETATE ORAL TABLET 5 MG	1.46638		1.42563		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL ORAL TABLET 1MG-20MCG	0.76537		0.74823		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1.5-30(21)	0.54779		0.52974		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1MG-20(21)	0.51563		0.57102		
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL/FERROUS FUMARATE ORAL TABLET 5-7-9-7			1.19186		
NORETHINDRONE ORAL TABLET 0.35 MG			0.46639		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.4-0.035	0.73928		0.47145		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.5-0.035	0.71925		0.62440		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG	0.51103		0.44925		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3	0.64205		0.61475		
NORETHINDRONE-MESTRANOL ORAL TABLET 1 MG-50MCG			0.92340		
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 0.25-0.035	0.37120		0.34279		
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 7DAYSX3 28	0.38704		0.28102		
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.3-0.03MG			0.50186		
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.5 MG-50			1.20309		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG	0.14928		0.07927		
NORTRIPTYLINE HCL ORAL CAPSULE 25 MG	0.18277		0.15200		
NORTRIPTYLINE HCL ORAL CAPSULE 50 MG	0.24758		0.18000		
NORTRIPTYLINE HCL ORAL CAPSULE 75 MG	0.36252		0.23800		
NORTRIPTYLINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML			0.11392		
NYSTATIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100000/ML			0.09684		
NYSTATIN ORAL TABLET 500K UNIT			0.42100		
NYSTATIN TOPICAL CREAM (GRAM) 100000/G			0.58936		
NYSTATIN TOPICAL OINTMENT (GRAM) 100000/G			0.82319		
NYSTATIN TOPICAL POWDER (GRAM) 100000/G			0.72191		
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 SYRINGE (ML) 100 MCG/ML			13.98800		
OCTREOTIDE ACETATE INJECTION SYRINGE (ML) 50 MCG/ML			6.34400		
OCTREOTIDE ACETATE INJECTION SYRINGE (ML) 500 MCG/ML			64.97400		
OCTREOTIDE ACETATE INJECTION VIAL (ML) 100 MCG/ML			13.98800		
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			6.34400		
OCTREOTIDE ACETATE INJECTION VIAL (ML) 500 MCG/ML			64.97400		
OFLOXACIN OPHTHALMIC DROPS 0.3 %			2.80028		
OFLOXACIN OTIC DROPS 0.3 %			16.45000		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
OLANZAPINE ORAL TABLET 10 MG	1.90347		0.21410		
OLANZAPINE ORAL TABLET 15 MG	2.96187		0.35888		
OLANZAPINE ORAL TABLET 2.5 MG	0.73234		0.20435		
OLANZAPINE ORAL TABLET 20 MG	4.09315		0.40100		
OLANZAPINE ORAL TABLET 5 MG	0.99043		0.20984		
OLANZAPINE ORAL TABLET 7.5 MG	1.32480		0.26089		
OLANZAPINE ORAL TABLET,DISINTEGRATING 10 MG	4.45599		1.64661		
OLANZAPINE ORAL TABLET,DISINTEGRATING 15 MG	8.73921		1.59856		
OLANZAPINE ORAL TABLET,DISINTEGRATING 20 MG	10.72791		3.16567		
OLANZAPINE ORAL TABLET,DISINTEGRATING 5 MG	2.38067		0.93167		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 10 MG	0.25203		0.30522		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG	0.10425		0.04666		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG	0.22849		0.13597		
ONDANSETRON HCL INTRAVENOUS VIAL (ML) 2 MG/ML			0.10075		
ONDANSETRON HCL ORAL SOLUTION, ORAL 4 MG/5 ML	0.56457		0.65874		
ONDANSETRON HCL ORAL TABLET 4 MG	0.15964		0.24001		
ONDANSETRON HCL ORAL TABLET 8 MG	0.27765		0.26360		
ONDANSETRON HCL/DEXTROSE 5%-WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 32 MG/50ML			0.26078		
ONDANSETRON HCL/PF INJECTION SYRINGE (ML) 4 MG/2 ML			0.48473		
ONDANSETRON HCL/PF INJECTION VIAL (ML) 4 MG/2 ML			0.48473		
ONDANSETRON ORAL TABLET,DISINTEGRATING 4 MG	0.41315		0.68582		
ONDANSETRON ORAL TABLET,DISINTEGRATING 8 MG	0.43577		0.53697		
ORPHENADRINE CITRATE ORAL TABLET, EXTENDED RELEASE 100 MG	0.40746		0.41864		
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 25-385-30			0.60000		
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 50-770-60			2.04000		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
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	1.77584		2.58393		
OXAZEPAM ORAL CAPSULE 10 MG			0.65884		
OXAZEPAM ORAL CAPSULE 15 MG			0.80305		
OXAZEPAM ORAL CAPSULE 30 MG			1.06925		
OXCARBAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 300 MG/5ML	0.83053		0.53381		
OXCARBAZEPINE ORAL TABLET 150 MG	0.16782		0.17046		
OXCARBAZEPINE ORAL TABLET 300 MG	0.45103		0.21644		
OXCARBAZEPINE ORAL TABLET 600 MG	1.02941		0.41780		
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5 ML	0.02109		0.02415		
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG	0.36915		0.34173		
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG	0.73924		0.76510		
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 15 MG	1.38119		0.73905		
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG	0.95974		0.78153		
OXYCODONE HCL ORAL CONCENTRATE, ORAL 20 MG/ML	4.95800		5.15200		
OXYCODONE HCL ORAL SOLUTION, ORAL 5 MG/5 ML	0.23248		0.22800		
OXYCODONE HCL ORAL TABLET 15 MG	0.19140		0.18727		
OXYCODONE HCL ORAL TABLET 30 MG	0.44563		0.42150		
OXYCODONE HCL ORAL TABLET 5 MG	0.11596		0.13027		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG			2.44180		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 20 MG			0.00000		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 40 MG			6.53148		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG			14.95650		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 10 MG			2.10788		
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 20 MG			0.00000		
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 40 MG			6.53148		
OXYCODONE HCL ORAL TABLET,ORAL ONLY,EXTENDED RELEASE 12 HR 80 MG			14.95650		
OXYCODONE HCL/ACETAMINOPHEN ORAL CAPSULE 5 MG-500MG			0.14756		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-325MG	0.70532		0.62390		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-650MG			0.44525		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 5 MG-325MG	0.18335		0.14756		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-325MG	0.52810		0.34727		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-500MG			0.42260		
OXYMORPHONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG			2.59517		
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	0.09984		0.11777		
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 40 MG	0.09896		0.08591		
PAREGORIC ORAL LIQUID (ML) 2 MG/5 ML			0.19631		
PARICALCITOL ORAL CAPSULE 1 MCG	5.81425		5.10250		
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG			0.00000		
PAROXETINE HCL ORAL TABLET 10 MG	0.09385		0.06561		
PAROXETINE HCL ORAL TABLET 20 MG	0.11778		0.12384		
PAROXETINE HCL ORAL TABLET 30 MG	0.15046		0.13823		
PAROXETINE HCL ORAL TABLET 40 MG	0.19565		0.17042		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
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.16 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5 MG			0.20375		
PEDIATRIC MULTIVITAMINS NO.16 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1 MG			0.16988		
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5 MG			0.20375		
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	0.00331		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			5.09100		
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	0.15797		0.21140		
PENICILLIN V POTASSIUM ORAL TABLET 500 MG	0.22194		0.16874		
PENTAZOCINE HCL/NALOXONE HCL ORAL TABLET 50MG-0.5MG			1.05396		
PENTOXIFYLLINE ORAL TABLET, EXTENDED RELEASE 400 MG	0.18621		0.08740		
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG			0.72800		
PERINDOPRIL ERBUMINE ORAL TABLET 4 MG			0.54988		
PERMETHRIN TOPICAL CREAM (GRAM) 5 %	1.34371		1.41200		
PERPHENAZINE ORAL TABLET 2 MG	1.00324		0.86378		
PERPHENAZINE ORAL TABLET 4 MG	1.20211		1.14730		
PERPHENAZINE ORAL TABLET 8 MG	1.40937		1.37615		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-10 MG			0.06450		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-25 MG			1.27540		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-25 MG			0.71400		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-50 MG			1.11240		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-10MG			0.21320		
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG			0.12363		
PHENAZOPYRIDINE HCL ORAL TABLET 200 MG			0.12480		
PHENOBARBITAL ORAL ELIXIR 20 MG/5 ML			0.15624		
PHENOBARBITAL ORAL TABLET 100 MG			0.08363		
PHENOBARBITAL ORAL TABLET 15 MG			0.14000		
PHENOBARBITAL ORAL TABLET 16.2 MG			0.41520		
PHENOBARBITAL ORAL TABLET 30 MG			0.17600		
PHENOBARBITAL ORAL TABLET 32.4 MG			0.51300		
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			0.06681		
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML	0.08962		0.06681		
PHENYTOIN ORAL TABLET, CHEWABLE 50 MG	0.62234		0.42126		
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG	0.47933		0.39521		
PHENYTOIN SODIUM INTRAVENOUS VIAL (ML) 50 MG/ML			0.42900		
PHOSPHORUS #1 ORAL TABLET 250 MG			0.17733		
PILOCARPINE HCL OPHTHALMIC DROPS 4 %			4.56530		
PILOCARPINE HCL ORAL TABLET 5 MG	1.09938		1.10520		
PINDOLOL ORAL TABLET 10 MG			1.19850		
PINDOLOL ORAL TABLET 5 MG			0.00000		
PIOGLITAZONE HCL ORAL TABLET 15 MG	0.15615		0.20870		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PIOGLITAZONE HCL ORAL TABLET 30 MG	0.20221		0.20210		
PIOGLITAZONE HCL ORAL TABLET 45 MG	0.35348		0.19356		
PIOGLITAZONE HCL/METFORMIN HCL ORAL TABLET 15MG-850MG	1.70987		1.80361		
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) 4.5 G			17.79700		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2.25 G			9.43800		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 3.375 G			14.06600		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 4.5 G			17.79700		
PIROXICAM ORAL CAPSULE 10 MG	0.87055		0.08918		
PIROXICAM ORAL CAPSULE 20 MG	1.51499		1.57420		
PODOFILOX TOPICAL SOLUTION, NON-ORAL 0.5 %			11.43115		
PODOPHYLLUM RESIN TOPICAL LIQUID (ML) 25 %			6.44453		
POLYETHYLENE GLYCOL 3350 ORAL POWDER (GRAM) 17G/DOSE			0.03096		
POLYETHYLENE GLYCOL 3350 ORAL POWDER IN PACKET (EA) 17G			1.35100		
POLYMYXIN B SULFATE/TRIMETHOPRIM OPHTHALMIC DROPS 10000-1/ML	0.66516		0.80000		
POTASSIUM ACETATE INTRAVENOUS VIAL (ML) 2 MEQ/ML			0.17000		
POTASSIUM BICARBONATE/CITRIC ACID ORAL TABLET, EFFERVESCENT 25 MEQ			0.26167		
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		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
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			0.04150		
POTASSIUM CHLORIDE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ	0.38107		0.42719		
POTASSIUM CHLORIDE ORAL LIQUID (ML) 20MEQ/15ML			0.25687		
POTASSIUM CHLORIDE ORAL LIQUID (ML) 40MEQ/15ML			0.13775		
POTASSIUM CHLORIDE ORAL PACKET (EA) 20 MEQ			6.96020		
POTASSIUM CHLORIDE ORAL PACKET (EA) 25 MEQ			0.23387		
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 10 MEQ	0.29663		0.27736		
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 20 MEQ			0.27360		
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 10 MEQ			0.25694		
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 8 MEQ			0.37555		
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 10 MEQ	1.19789		1.14497		
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 5 MEQ	1.00559		0.25987		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.125 MG	0.07857		0.09158		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.25 MG	0.10079		0.09625		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.5 MG	0.09854		0.08520		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.75 MG	0.38881		0.12387		
PRAMIPEXOLE DI-HCL ORAL TABLET 1 MG	0.12483		0.09625		
PRAMIPEXOLE DI-HCL ORAL TABLET 1.5 MG	0.19277		0.09801		
PRAMOXINE HCL TOPICAL GEL (GRAM) 1 %			0.13218		
PRAVASTATIN SODIUM ORAL TABLET 10 MG	0.28191		0.37965		
PRAVASTATIN SODIUM ORAL TABLET 20 MG	0.19654		0.16076		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PRAVASTATIN SODIUM ORAL TABLET 40 MG	0.25749		0.28510		
PRAVASTATIN SODIUM ORAL TABLET 80 MG	0.39707		0.46342		
PRAZOSIN HCL ORAL CAPSULE 1 MG	0.42506		0.53730		
PRAZOSIN HCL ORAL CAPSULE 2 MG	0.69147		0.61701		
PRAZOSIN HCL ORAL CAPSULE 5 MG	1.24168		0.77620		
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 1 %			8.48108		
PREDNISOLONE ORAL SOLUTION, ORAL 15 MG/5 ML			0.03850		
PREDNISOLONE ORAL SOLUTION, ORAL 5 MG/5 ML			0.11750		
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 15 MG/5 ML			0.09071		
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 5 MG/5 ML			0.57189		
PREDNISON ORAL TABLET 1 MG	0.13044		0.14537		
PREDNISON ORAL TABLET 10 MG	0.12863		0.16183		
PREDNISON ORAL TABLET 2.5 MG	0.10722		0.10210		
PREDNISON ORAL TABLET 20 MG	0.16477		0.18650		
PREDNISON ORAL TABLET 5 MG	0.11764		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.16/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			0.21653		
PRENATAL VITAMINS COMB NO.115/IRON FUMARATE/FOLIC ACID/DSS ORAL TABLET 29-1-25 MG			0.36000		
PRENATAL VITAMINS COMB NO.119/IRON FUMARATE/FOLIC ACID/DSS ORAL TABLET 29-1-25 MG			0.36000		
PRENATAL VITAMINS WITH CALCIUM/FE BISGLY/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.29975		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
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 WITH CALCIUM/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 66-1MG			0.14526		
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 #72/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG			0.14526		
PRENATAL VITS WITH CALCIUM #74/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		
PRENATAL VITS WITH CALCIUM#103/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG			0.14526		
PRIMIDONE ORAL TABLET 250 MG	0.98784		0.19694		
PRIMIDONE ORAL TABLET 50 MG	0.08449		0.11180		
PROBENECID ORAL TABLET 500 MG	0.54257		0.37921		
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG	0.17251		0.15283		
PROCHLORPERAZINE MALEATE ORAL TABLET 5 MG	0.12456		0.11874		
PROCHLORPERAZINE RECTAL SUPPOSITORY, RECTAL 25 MG			7.30639		
PROMETHAZINE HCL INJECTION AMPUL (ML) 25 MG/ML			0.90630		
PROMETHAZINE HCL INJECTION AMPUL (ML) 50 MG/ML			2.34000		
PROMETHAZINE HCL INJECTION VIAL (ML) 25 MG/ML			0.90630		
PROMETHAZINE HCL INJECTION VIAL (ML) 50 MG/ML			2.34000		
PROMETHAZINE HCL ORAL SYRUP 6.25MG/5ML			0.01551		
PROMETHAZINE HCL ORAL TABLET 12.5 MG	0.09572		0.11447		
PROMETHAZINE HCL ORAL TABLET 25 MG	0.08341		0.11496		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PROMETHAZINE HCL ORAL TABLET 50 MG	0.12842		0.19092		
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 12.5 MG	7.89816		7.90128		
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 25 MG	8.00877		9.63000		
PROMETHAZINE HCL/CODEINE ORAL SYRUP 6.25-10/5			0.01303		
PROMETHAZINE HCL/DEXTROMETHORPHAN HBR ORAL SYRUP 6.25-15/5			0.01971		
PROMETHAZINE/PHENYLEPHRINE HCL/CODEINE ORAL SYRUP 6.25-5-10			0.07010		
PROPAFENONE HCL ORAL TABLET 150 MG	0.17026		0.21000		
PROPAFENONE HCL ORAL TABLET 225 MG	0.28561		0.22256		
PROPAFENONE HCL ORAL TABLET 300 MG	0.92547		1.00328		
PROPARACAINE HCL OPHTHALMIC DROPS 0.5 %	2.15552		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	1.99717		0.58175		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 160 MG	2.63583		0.91122		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 60 MG	1.46510		0.58050		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 80 MG	1.69369		0.56392		
PROPRANOLOL HCL ORAL SOLUTION, ORAL 20 MG/5 ML			0.09670		
PROPRANOLOL HCL ORAL TABLET 10 MG	0.19917		0.20154		
PROPRANOLOL HCL ORAL TABLET 20 MG	0.26963		0.22797		
PROPRANOLOL HCL ORAL TABLET 40 MG	0.35106		0.35051		
PROPRANOLOL HCL ORAL TABLET 60 MG	0.79563		1.09500		
PROPRANOLOL HCL ORAL TABLET 80 MG	0.51120		0.51240		
PROPYLTHIOURACIL ORAL TABLET 50 MG			0.60110		
PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE MALEATE ORAL SYRUP 45-4MG/5ML			0.02042		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PSEUDOEPHEDRINE HCL/CODEINE PHOSPHATE/GUAIFENESIN ORAL SYRUP 30-10-100			0.08177		
PYRAZINAMIDE ORAL TABLET 500 MG			1.92400		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 60 MG	0.67371		0.54100		
PYRIDOXINE HCL MISCELLANEOUS CRYSTALS			0.24781		
QUETIAPINE FUMARATE ORAL TABLET 100 MG	0.61691		0.16355		
QUETIAPINE FUMARATE ORAL TABLET 200 MG	1.20252		0.22474		
QUETIAPINE FUMARATE ORAL TABLET 25 MG	0.34338		0.09007		
QUETIAPINE FUMARATE ORAL TABLET 300 MG	1.53754		0.26492		
QUETIAPINE FUMARATE ORAL TABLET 400 MG	1.74204		0.36785		
QUETIAPINE FUMARATE ORAL TABLET 50 MG	0.13484		0.12222		
QUINAPRIL HCL ORAL TABLET 10 MG	0.16425		0.09013		
QUINAPRIL HCL ORAL TABLET 20 MG	0.17989		0.17118		
QUINAPRIL HCL ORAL TABLET 40 MG	0.16984		0.16520		
QUINAPRIL HCL ORAL TABLET 5 MG	0.14367		0.08701		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.63435		0.46621		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20 MG-25MG	0.56154		0.55413		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	0.48945		0.52424		
QUINIDINE GLUCONATE ORAL TABLET, EXTENDED RELEASE 324 MG			6.82330		
QUININE SULFATE ORAL TABLET 260 MG			0.20240		
RABEPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG	2.86477		0.47000		
RAMIPRIL ORAL CAPSULE 1.25 MG	0.21328		0.22774		
RAMIPRIL ORAL CAPSULE 10 MG	0.12852		0.11675		
RAMIPRIL ORAL CAPSULE 2.5 MG	0.12345		0.08202		
RAMIPRIL ORAL CAPSULE 5 MG	0.12608		0.05187		
RANITIDINE HCL ORAL CAPSULE 150 MG			0.25625		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
RANITIDINE HCL ORAL CAPSULE 300 MG			0.65926		
RANITIDINE HCL ORAL SYRUP 15 MG/ML			0.04521		
RANITIDINE HCL ORAL TABLET 150 MG			0.06000		
RANITIDINE HCL ORAL TABLET 300 MG	0.13548		0.14460		
REPAGLINIDE ORAL TABLET 0.5 MG	0.49809		0.51000		
REPAGLINIDE ORAL TABLET 1 MG	0.31984		0.41632		
REPAGLINIDE ORAL TABLET 2 MG	0.37690		0.36791		
RIBAVIRIN ORAL CAPSULE 200 MG	0.87325		0.93250		
RIBAVIRIN ORAL TABLET 200 MG	0.67544		0.57350		
RIFAMPIN ORAL CAPSULE 150 MG	1.02999		0.79485		
RIFAMPIN ORAL CAPSULE 300 MG	0.95259		0.92939		
RISPERIDONE ORAL SOLUTION, ORAL 1 MG/ML	0.70677		0.29394		
RISPERIDONE ORAL TABLET 0.25 MG	0.07152		0.10583		
RISPERIDONE ORAL TABLET 0.5 MG	0.06902		0.11541		
RISPERIDONE ORAL TABLET 1 MG	0.11544		0.13869		
RISPERIDONE ORAL TABLET 2 MG	0.21203		0.09834		
RISPERIDONE ORAL TABLET 3 MG	0.31183		0.07552		
RISPERIDONE ORAL TABLET 4 MG	0.30298		0.09189		
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.25 MG			3.14		
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.5 MG	1.07400		0.80368		
RISPERIDONE ORAL TABLET,DISINTEGRATING 1 MG	1.54835		1.24455		
RISPERIDONE ORAL TABLET,DISINTEGRATING 2 MG	1.93307		2.33656		
RISPERIDONE ORAL TABLET,DISINTEGRATING 3 MG	4.45186		5.91		
RISPERIDONE ORAL TABLET,DISINTEGRATING 4 MG	4.69464		7.74		
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG	1.30460		1.76861		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
RIVASTIGMINE TARTRATE ORAL CAPSULE 3 MG	1.24591		1.07722		
RIVASTIGMINE TARTRATE ORAL CAPSULE 4.5 MG	1.54465		1.90964		
RIVASTIGMINE TARTRATE ORAL CAPSULE 6 MG	1.36934		2.05000		
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG	2.07450		1.56727		
RIZATRIPTAN BENZOATE ORAL TABLET 5 MG	1.14363		1.50660		
RIZATRIPTAN BENZOATE ORAL TABLET,DISINTEGRATING 10 MG	4.93626		1.61952		
RIZATRIPTAN BENZOATE ORAL TABLET,DISINTEGRATING 5 MG	5.47689		1.56000		
ROPINIROLE HCL ORAL TABLET 0.25 MG	0.26830		0.16077		
ROPINIROLE HCL ORAL TABLET 0.5 MG	0.11413		0.09341		
ROPINIROLE HCL ORAL TABLET 1 MG	0.11101		0.14163		
ROPINIROLE HCL ORAL TABLET 2 MG	0.09806		0.13925		
ROPINIROLE HCL ORAL TABLET 3 MG	0.31675		0.16053		
ROPINIROLE HCL ORAL TABLET 4 MG	0.60232		0.16763		
ROPINIROLE HCL ORAL TABLET 5 MG	0.10160		0.09924		
SALICYLIC ACID TOPICAL CREAM (GRAM) 6 %			0.06125		
SALICYLIC ACID TOPICAL LOTION (ML) 6 %			0.08792		
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	1.85210		1.60828		
SELENIUM SULFIDE TOPICAL SHAMPOO 2.5 %			0.08945		
SERTRALINE HCL ORAL CONCENTRATE, ORAL 20 MG/ML			0.59924		
SERTRALINE HCL ORAL TABLET 100 MG	0.12369		0.07562		
SERTRALINE HCL ORAL TABLET 25 MG	0.09624		0.09330		
SERTRALINE HCL ORAL TABLET 50 MG	0.12425		0.07100		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SILVER SULFADIAZINE TOPICAL CREAM (GRAM) 1 %			0.24000		
SIMVASTATIN ORAL TABLET 10 MG	0.02464		0.03591		
SIMVASTATIN ORAL TABLET 20 MG	0.02430		0.04321		
SIMVASTATIN ORAL TABLET 40 MG	0.08295		0.05070		
SIMVASTATIN ORAL TABLET 5 MG	0.04197		0.03640		
SIMVASTATIN ORAL TABLET 80 MG	0.08054		0.09935		
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 1 MEQ/ML			0.15760		
SODIUM BICARBONATE INTRAVENOUS SYRINGE (ML) 10MEQ/10ML			0.15760		
SODIUM BICARBONATE INTRAVENOUS VIAL (ML) 1 MEQ/ML			0.15760		
SODIUM CHLORIDE 0.45 % INTRAVENOUS INTRAVENOUS SOLUTION 0.45 %			0.00182		
SODIUM CHLORIDE 0.45 % INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)			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 %			0.00693		
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG ORAL SOLUTION, RECONSTITUTED, ORAL 420G	0.00337		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		
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)	0.21742		0.17291		
SODIUM POLYSTYRENE SULFONATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 15 G/60 ML			0.12240		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SODIUM/POTASS/POTASS CITRATE/SODIUM CITRATE/CIT AC/SUCROSE ORAL SOLUTION, ORAL 500-550/5			0.03436		
SOTALOL HCL ORAL TABLET 120 MG			0.16325		
SOTALOL HCL ORAL TABLET 160 MG			0.19641		
SOTALOL HCL ORAL TABLET 240 MG			0.33276		
SOTALOL HCL ORAL TABLET 80 MG			0.09463		
SPIRONOLACTONE ORAL TABLET 100 MG	0.36542		0.44251		
SPIRONOLACTONE ORAL TABLET 25 MG	0.06616		0.10399		
SPIRONOLACTONE ORAL TABLET 50 MG	0.20603		0.18126		
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG	1.06138		0.79802		
STAVUDINE ORAL CAPSULE 15 MG			1.95477		
STAVUDINE ORAL CAPSULE 20 MG			1.21300		
STAVUDINE ORAL CAPSULE 30 MG			1.33500		
STAVUDINE ORAL CAPSULE 40 MG	1.33909		1.43450		
SUCRALFATE ORAL TABLET 1 G	0.17457		0.16421		
SULFACETAMIDE SODIUM OPHTHALMIC DROPS 10 %			0.00000		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT (GRAM) 10 %			15.68000		
SULFACETAMIDE SODIUM TOPICAL SUSPENSION, TOPICAL (ML) 10 %			0.48687		
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 10-5%(W/W)			0.13718		
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/V)			2.01032		
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/W)			2.01032		
SULFAMETHOXAZOLE/TRIMETHOPRIM INTRAVENOUS VIAL (ML) 80-16MG/ML			0.92890		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200-40MG/5	0.23299		0.26894		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 800-160/20			0.26894		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 400MG-80MG	0.11053		0.08359		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 800-160 MG	0.08835		0.11010		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SULFASALAZINE ORAL TABLET 500 MG	0.19294		0.16644		
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG			0.25000		
SULINDAC ORAL TABLET 150 MG	0.17778		0.13413		
SULINDAC ORAL TABLET 200 MG	0.22945		0.16336		
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG	1.19959		0.85550		
SUMATRIPTAN SUCCINATE ORAL TABLET 25 MG	0.88387		1.02099		
SUMATRIPTAN SUCCINATE ORAL TABLET 50 MG	1.39596		0.79291		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE (ML) 6 MG/0.5ML			126.32000		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 4 MG/0.5ML			0.00000		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 6 MG/0.5ML			157.52100		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS VIAL (ML) 6 MG/0.5ML			69.61433		
TACROLIMUS ORAL CAPSULE 0.5 MG	0.82359		0.58605		
TACROLIMUS ORAL CAPSULE 1 MG	1.43902		0.73722		
TACROLIMUS ORAL CAPSULE 5 MG	8.47665		4.44599		
TAMOXIFEN CITRATE ORAL TABLET 10 MG	0.34480		0.33210		
TAMOXIFEN CITRATE ORAL TABLET 20 MG	0.62398		0.51385		
TAMSULOSIN HCL ORAL CAPSULE, EXT RELEASE 24 HR 0.4 MG	0.27989		0.32510		
TELMISARTAN ORAL TABLET 20 MG	0.69195		0.70000		
TELMISARTAN ORAL TABLET 40 MG	0.57288		0.70000		
TELMISARTAN ORAL TABLET 80 MG	1.38177		0.54200		
TEMAZEPAM ORAL CAPSULE 15 MG	0.08771		0.05925		
TEMAZEPAM ORAL CAPSULE 30 MG	0.11991		0.07112		
TEMAZEPAM ORAL CAPSULE 7.5 MG	3.77297		3.42240		
TERAZOSIN HCL ORAL CAPSULE 1 MG	0.06325		0.06383		
TERAZOSIN HCL ORAL CAPSULE 10 MG	0.06573		0.08466		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TERAZOSIN HCL ORAL CAPSULE 2 MG	0.06376		0.08466		
TERAZOSIN HCL ORAL CAPSULE 5 MG	0.06395		0.08218		
TERBINAFINE HCL ORAL TABLET 250 MG	0.27656		0.15288		
TERBUTALINE SULFATE ORAL TABLET 2.5 MG			0.85620		
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.4 %	0.58391		0.72755		
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.8 %			1.63700		
TERCONAZOLE VAGINAL SUPPOSITORY, VAGINAL 80 MG			24.79667		
TESTOSTERONE CYPIONATE INTRAMUSCULAR VIAL (ML) 200 MG/ML			14.64885		
TESTOSTERONE ENANTHATE INTRAMUSCULAR VIAL (ML) 200 MG/ML			11.16600		
TETRACYCLINE HCL ORAL CAPSULE 250 MG			4.52000		
TETRACYCLINE HCL ORAL CAPSULE 500 MG			7.34520		
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG			0.12790		
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG			0.34260		
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 300 MG		0.27623	0.00000	6/13/2016	
THIORIDAZINE HCL ORAL TABLET 10 MG			0.33367		
THIORIDAZINE HCL ORAL TABLET 100 MG			0.61240		
THIORIDAZINE HCL ORAL TABLET 25 MG			0.48950		
THIORIDAZINE HCL ORAL TABLET 50 MG			0.51240		
THIOTHIXENE ORAL CAPSULE 1 MG			0.76030		
THIOTHIXENE ORAL CAPSULE 10 MG			1.46520		
THIOTHIXENE ORAL CAPSULE 2 MG			0.72520		
THIOTHIXENE ORAL CAPSULE 5 MG			1.08521		
THYROID ORAL TABLET 65 MG			0.07084		
TIAGABINE HCL ORAL TABLET 2 MG			4.92840		
TIAGABINE HCL ORAL TABLET 4 MG			3.86484		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TICLOPIDINE HCL ORAL TABLET 250 MG			0.16510		
TIMOLOL MALEATE OPHTHALMIC DROPS 0.25 %			0.53583		
TIMOLOL MALEATE OPHTHALMIC DROPS 0.5 %			0.93046		
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	0.15091		0.16403		
TIZANIDINE HCL ORAL TABLET 4 MG	0.15371		0.19068		
TOBRAMYCIN OPHTHALMIC DROPS 0.3 %	1.43646		1.45210		
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%			17.26520		
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	4.18969		4.46456		
TOLTERODINE TARTRATE ORAL CAPSULE, EXT RELEASE 24 HR 4 MG	3.88927		3.60700		
TOLTERODINE TARTRATE ORAL TABLET 1 MG	1.97291		1.61225		
TOLTERODINE TARTRATE ORAL TABLET 2 MG	1.50757		0.88517		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 15 MG			0.28866		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 25 MG	0.49085		0.46520		
TOPIRAMATE ORAL TABLET 100 MG	0.46619		0.10672		
TOPIRAMATE ORAL TABLET 200 MG	0.86550		0.15000		
TOPIRAMATE ORAL TABLET 25 MG	0.10180		0.04520		
TOPIRAMATE ORAL TABLET 50 MG	0.27549		0.09520		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TORSEMIDE ORAL TABLET 10 MG	0.14254		0.10953		
TORSEMIDE ORAL TABLET 100 MG			0.26032		
TORSEMIDE ORAL TABLET 20 MG	0.10270		0.12520		
TORSEMIDE ORAL TABLET 5 MG	0.17274		0.16350		
TRAMADOL HCL ORAL TABLET 50 MG	0.03750		0.02751		
TRAMADOL HCL/ACETAMINOPHEN ORAL TABLET 37.5-325MG	0.21997		0.19890		
TRANDOLAPRIL ORAL TABLET 1 MG	0.30916		0.21365		
TRANDOLAPRIL ORAL TABLET 2 MG	0.28525		0.21365		
TRANDOLAPRIL ORAL TABLET 4 MG	0.26300		0.21365		
TRAZODONE HCL ORAL TABLET 100 MG	0.10195		0.14520		
TRAZODONE HCL ORAL TABLET 150 MG	0.23957		0.30473		
TRAZODONE HCL ORAL TABLET 300 MG			2.19790		
TRAZODONE HCL ORAL TABLET 50 MG	0.05472		0.04520		
TRETINOIN TOPICAL CREAM (GRAM) 0.025 %			4.18500		
TRETINOIN TOPICAL CREAM (GRAM) 0.05 %			4.34948		
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 %			0.12482		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.1 %			0.19520		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.5 %	0.46872		0.45564		
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.1 %	0.50963		0.48192		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %			0.00000		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.1 %			0.24330		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.5 %			0.48450		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE 37.5-25 MG	0.20963		0.22100		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE 50 MG-25MG			1.51850		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 37.5-25 MG	0.13572		0.16987		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 75 MG-50MG	0.14329		0.17744		
TRIAZOLAM ORAL TABLET 0.125 MG			0.19590		
TRIAZOLAM ORAL TABLET 0.25 MG			0.17110		
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG			0.55102		
TRIFLUOPERAZINE HCL ORAL TABLET 10 MG			1.34636		
TRIFLUOPERAZINE HCL ORAL TABLET 2 MG			0.82077		
TRIFLUOPERAZINE HCL ORAL TABLET 5 MG			1.12464		
TRIHEXYPHENIDYL HCL ORAL ELIXIR 2 MG/5 ML			0.04700		
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG	0.07341		0.07327		
TRIHEXYPHENIDYL HCL ORAL TABLET 5 MG	0.14178		0.12050		
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG	1.26816		0.00000		
TRIMETHOPRIM ORAL TABLET 100 MG			0.31000		
TROPICAMIDE OPHTHALMIC DROPS 0.5 %			0.56767		
TROPICAMIDE OPHTHALMIC DROPS 1 %			0.60667		
UREA TOPICAL CREAM (GRAM) 40 %			0.11121		
UREA TOPICAL CREAM (GRAM) 50 %			0.15778		
UREA TOPICAL GEL (ML) 40 %			3.42333		
UREA TOPICAL LOTION (ML) 35 %			0.29257		
UREA TOPICAL LOTION (ML) 40 %			0.06704		
URSODIOL ORAL CAPSULE 300 MG	4.58990		3.30456		
URSODIOL ORAL TABLET 500 MG	3.04578		2.07004		
VALACYCLOVIR HCL ORAL TABLET 1000 MG	2.01951		0.66895		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
VALACYCLOVIR HCL ORAL TABLET 500 MG	0.79903		0.48952		
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	0.05049		0.03040		
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 250 MG/5ML			0.03040		
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SOLUTION, ORAL 500MG/10ML			0.03040		
VALPROIC ACID (AS SODIUM SALT) (VALPROATE SODIUM) ORAL SYRINGE (ML) 250 MG/5ML			0.03040		
VALPROIC ACID ORAL CAPSULE 250 MG	0.33438		0.16669		
VALSARTAN ORAL TABLET 160 MG	0.75044		0.30667		
VALSARTAN ORAL TABLET 320 MG	1.02570		0.43333		
VALSARTAN ORAL TABLET 40 MG	0.55199		0.28333		
VALSARTAN ORAL TABLET 80 MG	0.68132		0.32000		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5MG	0.36400		0.29124		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-25MG	0.50683		0.30336		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320-12.5MG	0.41521		0.36837		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320MG-25MG	0.58808		0.42200		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80-12.5MG	0.46754		0.28240		
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 1 G			4.79789		
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 10 G			66.75850		
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 5 G			17.92667		
VANCOMYCIN HCL INTRAVENOUS VIAL (EA) 500 MG			2.91853		
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G			4.79789		
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 500 MG			2.91853		
VANCOMYCIN HCL ORAL CAPSULE 125 MG	9.19321		8.60000		
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 150 MG			0.20012		
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 37.5 MG	0.28882		0.20125		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of June 28, 2016**

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 75 MG	0.33993		0.20862		
VENLAFAXINE HCL ORAL TABLET 100 MG	0.33581		0.32510		
VENLAFAXINE HCL ORAL TABLET 25 MG	0.28679		0.34651		
VENLAFAXINE HCL ORAL TABLET 37.5 MG	0.37431		0.28355		
VENLAFAXINE HCL ORAL TABLET 50 MG	0.29038		0.35210		
VENLAFAXINE HCL ORAL TABLET 75 MG	0.32311		0.59854		
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG			2.20528		
VENLAFAXINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 75 MG			2.29000		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 120 MG			0.65752		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 180 MG			0.89360		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 240 MG			0.49390		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 360 MG			1.43111		
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 200 MG			1.83130		
VERAPAMIL HCL ORAL TABLET 120 MG	0.08279		0.07363		
VERAPAMIL HCL ORAL TABLET 40 MG			0.16613		
VERAPAMIL HCL ORAL TABLET 80 MG	0.05688		0.06102		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 120 MG	0.21857		0.22718		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 180 MG	0.15286		0.16753		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 240 MG	0.15520		0.15425		
VINCRISTINE SULFATE INTRAVENOUS VIAL (ML) 1 MG/ML			7.11750		
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		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
VITAMIN E ACET (DL,TOCOPHERYL)/GRAPE/HYALURONIC ACID TOPICAL CREAM (GRAM)			1.03051		
VORICONAZOLE ORAL TABLET 200 MG		9.35581	9.99854	6/3/2016	
WARFARIN SODIUM ORAL TABLET 1 MG	0.23958		0.14210		
WARFARIN SODIUM ORAL TABLET 10 MG	0.38387		0.10237		
WARFARIN SODIUM ORAL TABLET 2 MG	0.25375		0.08733		
WARFARIN SODIUM ORAL TABLET 2.5 MG	0.25931		0.06438		
WARFARIN SODIUM ORAL TABLET 3 MG	0.25939		0.09721		
WARFARIN SODIUM ORAL TABLET 4 MG	0.25554		0.09538		
WARFARIN SODIUM ORAL TABLET 5 MG	0.24279		0.09125		
WARFARIN SODIUM ORAL TABLET 6 MG	0.30352		0.09867		
WARFARIN SODIUM ORAL TABLET 7.5 MG	0.31329		0.08633		
WATER FOR INJECTION,STERILE INJECTION AMPUL (ML)			0.13650		
WATER FOR INJECTION,STERILE INJECTION VIAL (ML)			0.13650		
WATER FOR INJECTION,STERILE INTRAVENOUS INTRAVENOUS SOLUTION			0.13650		
WATER FOR IRRIGATION,STERILE IRRIGATION SOLUTION, IRRIGATION			0.00000		
ZAFIRLUKAST ORAL TABLET 20 MG			1.27520		
ZALEPLON ORAL CAPSULE 10 MG	0.29089		0.31238		
ZALEPLON ORAL CAPSULE 5 MG	0.24996		0.23025		
ZIDOVUDINE ORAL CAPSULE 100 MG			1.58570		
ZIDOVUDINE ORAL TABLET 300 MG	0.39473		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	0.70401		0.71520		
ZIPRASIDONE HCL ORAL CAPSULE 40 MG	1.49638		0.65715		

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

as of June 28, 2016

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

Generic Name	ACA FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ZIPRASIDONE HCL ORAL CAPSULE 60 MG	1.73024		0.73106		
ZIPRASIDONE HCL ORAL CAPSULE 80 MG	1.73331		1.06000		
ZOLMITRIPTAN ORAL TABLET 2.5 MG	10.00398		6.55702		
ZOLMITRIPTAN ORAL TABLET 5 MG	8.98821		6.32401		
ZOLMITRIPTAN ORAL TABLET,DISINTEGRATING 2.5 MG	7.96426		7.56800		
ZOLMITRIPTAN ORAL TABLET,DISINTEGRATING 5 MG	10.16619		7.80366		
ZOLPIDEM TARTRATE ORAL TABLET 10 MG	0.25827		0.02037		
ZOLPIDEM TARTRATE ORAL TABLET 5 MG	0.08846		0.01975		
ZOLPIDEM TARTRATE ORAL TABLET, EXTENDED RELEASE MULTIPHASE 6.25 MG	2.12986		1.51368		
ZONISAMIDE ORAL CAPSULE 100 MG	1.34114		0.13844		
ZONISAMIDE ORAL CAPSULE 25 MG	0.55804		0.10463		
ZONISAMIDE ORAL CAPSULE 50 MG	0.14967		0.20152		