

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

As of 11/06/2017

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 Price	SMAC Effective
Abacavir Sulfate Tab 300 MG (Base Equiv)	2.07313		1.71062	
Abacavir Sulfate-Lamivudine Tab 600-300 MG			42.88477	
Acamprosate Calcium Tab Delayed Release 333 MG	0.83751		0.69122	
Acarbose Tab 100 MG	0.34185		0.28661	
Acarbose Tab 25 MG	0.25532		0.31591	
Acarbose Tab 50 MG	0.28444		0.17333	
Acebutolol HCl Cap 200 MG			0.18512	
Acebutolol HCl Cap 400 MG			0.26613	
Acetaminophen w/ Codeine Soln 120-12 MG/5ML			0.01600	
Acetaminophen w/ Codeine Tab 300-15 MG	0.14968		0.15000	
Acetaminophen w/ Codeine Tab 300-30 MG	0.11679		0.11500	
Acetaminophen w/ Codeine Tab 300-60 MG	0.21942		0.17670	
Acetazolamide Sodium For Inj 500 MG			9.11877	
Acetazolamide Tab 125 MG			1.37675	
Acetazolamide Tab 250 MG	1.56457		1.43270	
Acetic Acid Irrigation Soln 0.25%			0.00270	
Acetic Acid Otic Soln 2%			1.57733	
Acetylcysteine Inhal Soln 10%			0.36618	
Acetylcysteine Inhal Soln 20%			0.32400	
Acitretin Cap 10 MG	19.34460		17.35000	
Acitretin Cap 17.5 MG			25.25000	
Acitretin Cap 25 MG	17.24116		15.20000	
Acyclovir Cap 200 MG	0.11729		0.05480	
Acyclovir Oint 5%			14.26556	
Acyclovir Susp 200 MG/5ML	0.62489		0.66405	
Acyclovir Tab 400 MG	0.09637		0.08360	
Acyclovir Tab 800 MG	0.16552		0.15320	
Adalimumab Pen-injector Kit 40 MG/0.8ML			2211.73254	
Adalimumab Prefilled Syringe Kit 40 MG/0.8ML			2211.73254	
Adapalene Gel 0.1%	2.40834		2.32457	

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

As of 11/06/2017

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 Price	SMAC Effective
Adapalene Gel 0.3%	3.65574		4.44500	
Adefovir Dipivoxil Tab 10 MG			41.10956	
Albumin, Human Inj 25%			1.39750	
Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)			0.05031	
Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)			0.56410	
Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)			0.29090	
Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)			0.28316	
Albuterol Sulfate Syrup 2 MG/5ML	0.01704		0.01017	
Albuterol Sulfate Tab 2 MG			0.08000	
Albuterol Sulfate Tab 4 MG			3.53000	
Albuterol Sulfate Tab ER 12HR 4 MG			0.83750	
Alclometasone Dipropionate Cream 0.05%			1.30254	
Alclometasone Dipropionate Oint 0.05%	1.82309		0.62411	
Alcohol Swabs***			0.01500	
Alendronate Sodium Tab 10 MG	0.16161	0.16863	0.13200	11/01/2017
Alendronate Sodium Tab 35 MG	0.54219		0.55375	
Alendronate Sodium Tab 5 MG			0.19460	
Alendronate Sodium Tab 70 MG	0.38643	0.31250	0.27875	11/01/2017
Alfuzosin HCl Tab ER 24HR 10 MG	0.17427		0.15311	
Allopurinol Tab 100 MG	0.12520	0.16220	0.09429	11/01/2017
Allopurinol Tab 300 MG	0.21389		0.20100	
Alosetron HCl Tab 0.5 MG (Base Equiv)			15.75000	
Alprazolam Tab 0.25 MG	0.03462		0.02956	
Alprazolam Tab 0.5 MG	0.03817		0.02755	
Alprazolam Tab 1 MG	0.05334		0.03850	
Alprazolam Tab 2 MG	0.10366		0.07231	
Alprazolam Tab ER 24HR 0.5 MG	0.28252		0.18083	
Alprazolam Tab ER 24HR 1 MG	0.34268		0.21717	
Alprazolam Tab ER 24HR 2 MG	0.45388		0.34454	
Alprazolam Tab ER 24HR 3 MG	0.88043		0.35500	

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

As of 11/06/2017

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 Price	SMAC Effective
Amantadine HCl Cap 100 MG	0.84785	0.98763	0.84000	11/01/2017
Amantadine HCl Syrup 50 MG/5ML	0.02171		0.03776	
Amiloride & Hydrochlorothiazide Tab 5-50 MG			0.35241	
Amiloride HCl Tab 5 MG	0.42996		0.18960	
Aminocaproic Acid Tab 500 MG			4.38000	
Amiodarone HCl Tab 100 MG			1.96500	
Amiodarone HCl Tab 200 MG	0.15203		0.12740	
Amitriptyline HCl Tab 10 MG	0.11682		0.10990	
Amitriptyline HCl Tab 100 MG	0.88160	0.89300	0.75735	11/01/2017
Amitriptyline HCl Tab 150 MG	1.37708		1.12845	
Amitriptyline HCl Tab 25 MG	0.21977		0.17140	
Amitriptyline HCl Tab 50 MG	0.41915		0.39242	
Amitriptyline HCl Tab 75 MG	0.70996		0.70183	
Amlodipine Besylate Tab 10 MG	0.03909	0.04520	0.02098	11/01/2017
Amlodipine Besylate Tab 2.5 MG	0.03745		0.01878	
Amlodipine Besylate Tab 5 MG	0.03390		0.02463	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	4.13392		5.55500	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	2.97859		4.06230	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	3.25017		4.70000	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	6.43855		3.35767	
Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	0.23280		0.25610	
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	0.33592		0.19770	
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	0.18054		0.08560	
Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	0.24167		0.38651	
Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	0.20275		0.10380	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	0.21986		0.44580	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG			1.35000	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG			1.15000	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG		1.45500	0.65033	11/01/2017

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

As of 11/06/2017

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 Price	SMAC Effective
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG			1.02634	
Amlodipine Besylate-Valsartan Tab 10-160 MG	0.55135		0.53333	
Amlodipine Besylate-Valsartan Tab 10-320 MG	1.02816		0.62310	
Amlodipine Besylate-Valsartan Tab 5-160 MG	0.62660		0.71066	
Amlodipine Besylate-Valsartan Tab 5-320 MG	0.84438		0.90162	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320 -25 MG	2.67336		2.18400	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	1.88687		2.19900	
Amoxapine Tab 100 MG			0.80600	
Amoxapine Tab 50 MG			0.47021	
Amoxicillin & K Clavulanate Chew Tab 400-57 MG			2.33412	
Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML			0.12266	
Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML			0.42951	
Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML			0.10820	
Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML			0.10745	
Amoxicillin & K Clavulanate Tab 250-125 MG			4.05904	
Amoxicillin & K Clavulanate Tab 500-125 MG	0.62080		0.41900	
Amoxicillin & K Clavulanate Tab 875-125 MG	0.56156		0.30025	
Amoxicillin (Trihydrate) Cap 250 MG	0.07949		0.06500	
Amoxicillin (Trihydrate) Cap 500 MG	0.06936		0.06000	
Amoxicillin (Trihydrate) Chew Tab 125 MG			0.17329	
Amoxicillin (Trihydrate) Chew Tab 250 MG			0.29980	
Amoxicillin (Trihydrate) Chew Tab 400 MG			0.34880	
Amoxicillin (Trihydrate) For Susp 125 MG/5ML			0.03010	
Amoxicillin (Trihydrate) For Susp 200 MG/5ML			0.04300	
Amoxicillin (Trihydrate) For Susp 250 MG/5ML			0.02952	
Amoxicillin (Trihydrate) For Susp 400 MG/5ML			0.03266	
Amoxicillin (Trihydrate) Tab 500 MG	0.24428		0.26000	
Amoxicillin (Trihydrate) Tab 875 MG	0.13483	0.18291	0.12230	11/01/2017
Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG			2.82500	

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

As of 11/06/2017

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 Price	SMAC Effective
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG			3.48674	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG			2.97508	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	5.53105		3.31174	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	2.55885		2.63000	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	9.92116		1.92625	
Amphetamine-Dextroamphetamine Tab 10 MG	0.46873	0.37637	0.46873	10/20/2017
Amphetamine-Dextroamphetamine Tab 12.5 MG	1.00796		0.62398	
Amphetamine-Dextroamphetamine Tab 15 MG	0.51214		0.51799	
Amphetamine-Dextroamphetamine Tab 20 MG	0.45331		0.50806	
Amphetamine-Dextroamphetamine Tab 30 MG	0.51729		0.41000	
Amphetamine-Dextroamphetamine Tab 5 MG	0.51670		0.52970	
Amphetamine-Dextroamphetamine Tab 7.5 MG	0.72410		0.71640	
Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM			3.41900	
Ampicillin & Sulbactam Sodium For Inj 15 (10-5) GM			41.79500	
Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM			6.43500	
Ampicillin & Sulbactam Sodium For IV Soln 1.5 (1-0.5) GM			4.75800	
Ampicillin & Sulbactam Sodium For IV Soln 15 (10-5) GM			41.79500	
Ampicillin & Sulbactam Sodium For IV Soln 3 (2-1) GM			7.86500	
Ampicillin Cap 250 MG			0.08700	
Ampicillin Cap 500 MG			0.15540	
Ampicillin Sodium For Inj 1 GM			5.46000	
Ampicillin Sodium For Inj 2 GM			4.68125	
Ampicillin Sodium For Inj 500 MG			2.73000	
Ampicillin Sodium For IV Soln 2 GM			4.68125	
Anagrelide HCl Cap 0.5 MG			0.13560	
Anagrelide HCl Cap 1 MG			0.76180	
Anastrozole Tab 1 MG	0.17691		0.07854	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit			1.19000	

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

As of 11/06/2017

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 Price	SMAC Effective
Antihemophilic Fact Rcmb Single Chain For Inj Kit 2500 Unit			1.19000	
Antihemophilic Factor (BDD-rFVIII) For Inj 2500 Unit			1.19000	
Antihemophilic Factor (BDD-rFVIII) For Inj 3000 Unit			1.19000	
Antihemophilic Factor (BDD-rFVIII) For Inj 4000 Unit			1.19000	
Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2500 Unit			1.19000	
Antihemophilic Factor (BDD-rFVIII) For Inj Kit 3000 Unit			1.19000	
Antihemophilic Factor (BDD-rFVIII) For Inj Kit 4000 Unit			1.19000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1000 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1500 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 2000 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 250 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 3000 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 4000 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 500 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 5000 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 6000 Unit			1.48000	
Antihemophilic Factor (Recomb) rFVIII Fc For Inj 750 Unit			1.48000	
Antihemophilic Factor (Recombinant) For Inj 1000 Unit			0.87000	
Antihemophilic Factor (Recombinant) For Inj 2000 Unit			0.87000	
Antihemophilic Factor (Recombinant) For Inj 250 Unit			0.87000	
Antihemophilic Factor (Recombinant) For Inj 3000 Unit			0.87000	
Antihemophilic Factor (Recombinant) For Inj 500 Unit			0.87000	
Antihemophilic Factor rAHF-PFM For Inj 1000 Unit			1.00000	
Antihemophilic Factor rAHF-PFM For Inj 1500 Unit			1.00000	
Antihemophilic Factor rAHF-PFM For Inj 2000 Unit			1.00000	
Antihemophilic Factor rAHF-PFM For Inj 250 Unit			1.00000	
Antihemophilic Factor rAHF-PFM For Inj 3000 Unit			1.00000	
Antihemophilic Factor rAHF-PFM For Inj 500 Unit			1.00000	

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

As of 11/06/2017

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 Price	SMAC Effective
Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit			1.36000	
Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit			1.36000	
Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit			1.36000	
Antihemophilic Factor Recomb Pegylated For Inj 250 Unit			1.36000	
Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit			1.36000	
Antihemophilic Factor Recomb Pegylated For Inj 500 Unit			1.36000	
Antihemophilic Factor Recomb Pegylated For Inj 750 Unit			1.36000	
Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit			0.93000	
Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit			0.93000	
Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit			0.93000	
Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit			0.93000	
Antihemophilic Factor/VWF (Human) For Inj 1000 Unit			0.72000	
Antihemophilic Factor/VWF (Human) For Inj 1500 Unit			0.72000	
Antihemophilic Factor/VWF (Human) For Inj 250 Unit			0.72000	
Antihemophilic Factor/VWF (Human) For Inj 500 Unit			0.72000	
Antiinhibitor Coagulant Complex For Inj**			1.47000	
Antiseptic Products Misc - Pads**			0.01500	
Anti-thrombin III (Human) For Inj 500 Unit			1.69000	
Apremilast Tab 30 MG			49.10596	
Aripiprazole Oral Solution 1 MG/ML	3.35493		3.56153	
Aripiprazole Tab 10 MG	5.29446		0.87766	
Aripiprazole Tab 15 MG	6.03699		0.52583	
Aripiprazole Tab 2 MG	4.04826		0.68000	
Aripiprazole Tab 20 MG	9.00134		0.63633	
Aripiprazole Tab 30 MG	10.21744		0.89900	
Aripiprazole Tab 5 MG	4.66899		0.67217	
Armodafinil Tab 250 MG			1.99011	
Aspirin-Caff-Butalbital w/ Codeine Cap 200-40-50-30 MG			1.65624	

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

As of 11/06/2017

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 Price	SMAC Effective
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG			3.90592	
Atenolol & Chlorthalidone Tab 100-25 MG	0.70356		0.48500	
Atenolol & Chlorthalidone Tab 50-25 MG	0.67368		0.36520	
Atenolol Tab 100 MG	0.81444		0.02990	
Atenolol Tab 25 MG	0.33146		0.01982	
Atenolol Tab 50 MG	0.46312		0.02312	
Atomoxetine HCl Cap 10 MG (Base Equiv)			3.35000	
Atomoxetine HCl Cap 100 MG (Base Equiv)			3.95000	
Atomoxetine HCl Cap 18 MG (Base Equiv)			3.35000	
Atomoxetine HCl Cap 25 MG (Base Equiv)		3.35000	2.53667	11/01/2017
Atomoxetine HCl Cap 40 MG (Base Equiv)		3.65000	3.09767	11/01/2017
Atomoxetine HCl Cap 60 MG (Base Equiv)			3.65000	
Atomoxetine HCl Cap 80 MG (Base Equiv)		3.95000	3.70867	11/01/2017
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	0.09912		0.07261	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	0.14420		0.09457	
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	0.14996		0.09526	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	0.18162	0.13955	0.11409	11/01/2017
Atovaquone Susp 750 MG/5ML	5.45290		2.91152	
Atovaquone-Proguanil HCl Tab 62.5-25 MG			0.91013	
Atropine Sulfate Ophth Soln 1%			9.21410	
Azathioprine Tab 50 MG	0.38650		0.40490	
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	0.49692	0.76767	0.53933	11/01/2017
Azelastine HCl Ophth Soln 0.05%	5.43856		5.08417	
Azithromycin For Susp 100 MG/5ML	0.92191		0.73267	
Azithromycin For Susp 200 MG/5ML			0.73533	
Azithromycin IV For Soln 500 MG			6.80550	
Azithromycin Tab 250 MG	0.54353		0.38500	
Azithromycin Tab 500 MG	1.87186		0.84239	
Azithromycin Tab 600 MG	2.49404		1.58391	
B-Complex w/ C & Folic Acid Cap 1 MG***			0.15093	
B-Complex w/ C & Folic Acid Tab 1 MG***			0.24960	



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

As of 11/06/2017

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 Price	SMAC Effective
Bacitracin Intramuscular For Soln 50000 Unit			6.50000	
Bacitracin Zinc Oint 500 Unit/GM			0.18693	
Bacitracin-Polymyxin B Ophth Oint	3.82146		2.24572	
Baclofen Tab 10 MG	0.12489		0.08360	
Baclofen Tab 20 MG	0.24752		0.24750	
Balsalazide Disodium Cap 750 MG	0.53723		0.35921	
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	0.80186		0.78532	
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	0.62432		0.83000	
Benazepril & Hydrochlorothiazide Tab 20-25 MG	0.81600		0.86446	
Benazepril & Hydrochlorothiazide Tab 5-6.25 MG	1.48708		0.89470	
Benazepril HCl Tab 10 MG	0.04984		0.04350	
Benazepril HCl Tab 20 MG	0.05057		0.06315	
Benazepril HCl Tab 40 MG	0.06551		0.05313	
Benazepril HCl Tab 5 MG	0.04404		0.10256	
Benzonatate Cap 100 MG	0.18877		0.18890	
Benzonatate Cap 200 MG	0.29753		0.13050	
Benzoyl Peroxide Gel 10%			0.13362	
Benzoyl Peroxide Gel 5%			0.25312	
Benzoyl Peroxide Liq 10%			0.06582	
Benzoyl Peroxide Liq 2.5%			0.10652	
Benzoyl Peroxide Liq 5%			0.06483	
Benzoyl Peroxide-Erythromycin Gel 5-3%			6.18400	
Benzotropine Mesylate Inj 1 MG/ML			27.06250	
Benzotropine Mesylate Tab 0.5 MG	0.10088		0.08100	
Benzotropine Mesylate Tab 1 MG	0.11114		0.09000	
Benzotropine Mesylate Tab 2 MG	0.13526		0.15625	
Betamethasone Dipropionate Augmented Cream 0.05%			0.19500	
Betamethasone Dipropionate Augmented Gel 0.05%			0.40432	
Betamethasone Dipropionate Augmented Lotion 0.05%			2.20100	
Betamethasone Dipropionate Augmented Oint 0.05%			2.63594	

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

As of 11/06/2017

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 Price	SMAC Effective
Betamethasone Dipropionate Cream 0.05%			1.83200	
Betamethasone Dipropionate Lotion 0.05%			0.06980	
Betamethasone Dipropionate Oint 0.05%			1.83200	
Betamethasone Valerate Cream 0.1% (Base Equivalent)			0.77320	
Betamethasone Valerate Lotion 0.1% (Base Equivalent)			0.60292	
Betamethasone Valerate Oint 0.1% (Base Equivalent)			0.81376	
Bethanechol Chloride Tab 10 MG	0.35564		0.39694	
Bethanechol Chloride Tab 25 MG	0.40870		0.27150	
Bethanechol Chloride Tab 5 MG	0.27302		0.11570	
Bethanechol Chloride Tab 50 MG	0.86042		0.33784	
Bicalutamide Tab 50 MG	0.32224		0.38757	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	0.08155		0.05313	
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	0.07454		0.06188	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	0.10199		0.04470	
Bisoprolol Fumarate Tab 10 MG	0.32665		0.21143	
Bisoprolol Fumarate Tab 5 MG	0.31279		0.17367	
Bleomycin Sulfate For Inj 15 Unit			35.41200	
Bleomycin Sulfate For Inj 30 Unit			72.96900	
Blood Glucose Monitoring Kit w/ Device***			7.50000	
Brimonidine Tartrate Ophth Soln 0.15%			20.83900	
Brimonidine Tartrate Ophth Soln 0.2%			0.58583	
Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily)			38.95000	
Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)	2.92160		2.95581	
Budesonide Delayed Release Particles Cap 3 MG	5.71759		7.07000	
Budesonide Inhalation Susp 0.25 MG/2ML			1.58333	
Budesonide Inhalation Susp 0.5 MG/2ML			1.75000	
Bumetanide Inj 0.25 MG/ML			0.20540	
Bumetanide Tab 0.5 MG			0.26071	
Bumetanide Tab 1 MG			0.53210	
Bumetanide Tab 2 MG			0.89683	

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

As of 11/06/2017

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 Price	SMAC Effective
Bupivacaine HCl Preservative Free (PF) Inj 0.5%			0.11333	
Buprenorphine HCl SL Tab 2 MG (Base Equiv)	1.03307		0.43600	
Buprenorphine HCl SL Tab 8 MG (Base Equiv)	1.45029		1.57749	
Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	3.40914		3.40914	
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	0.50867		0.20967	
Bupropion HCl Tab 100 MG	0.35909		0.18600	
Bupropion HCl Tab 75 MG	0.30706		0.12725	
Bupropion HCl Tab ER 12HR 100 MG	0.32586		0.11550	
Bupropion HCl Tab ER 12HR 150 MG	0.20814	0.16128	0.13428	11/01/2017
Bupropion HCl Tab ER 12HR 200 MG	0.86524		0.19271	
Bupropion HCl Tab ER 24HR 150 MG	0.68412		0.42799	
Bupropion HCl Tab ER 24HR 300 MG		0.55730	0.52897	11/01/2017
Burrow's Solution w/ Acetic Acid Otic Soln 2%			0.11450	
Buspirone HCl Tab 10 MG	0.06225		0.03980	
Buspirone HCl Tab 15 MG	0.08017	0.09375	0.06833	11/01/2017
Buspirone HCl Tab 30 MG	0.42797		0.43816	
Buspirone HCl Tab 5 MG	0.03769		0.02644	
Buspirone HCl Tab 7.5 MG			0.41440	
Butalbital-Acetaminophen Tab 50-325 MG			1.12285	
Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	0.98469		0.99709	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG			2.36850	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG			0.60905	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	0.46748		0.50099	
Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	1.81547		1.23660	
Butalbital-Aspirin-Caffeine Cap 50-325-40 MG			0.99709	
Butorphanol Tartrate Inj 2 MG/ML			1.75500	
Butorphanol Tartrate Nasal Soln 10 MG/ML	13.48890		6.20530	
Cabergoline Tab 0.5 MG	7.30849		6.92625	
Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)			6.66666	

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

As of 11/06/2017

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 Price	SMAC Effective
Calcipotriene Cream 0.005%			4.57760	
Calcipotriene Oint 0.005%			2.76038	
Calcipotriene Soln 0.005% (50 MCG/ML)	2.29701		2.72268	
Calcitonin (Salmon) Nasal Soln 200 Unit/ACT			9.84997	
Calcitriol Cap 0.25 MCG	0.26368		0.27253	
Calcitriol Cap 0.5 MCG	0.60385		0.54814	
Calcitriol Oral Soln 1 MCG/ML			5.41210	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	0.21734		0.22420	
Calcium Acetate (Phosphate Binder) Tab 667 MG			0.42680	
Calcium Gluconate Inj 10%			0.17000	
Candesartan Cilexetil Tab 16 MG	1.89600		1.75200	
Candesartan Cilexetil Tab 32 MG	2.97992		2.37500	
Candesartan Cilexetil Tab 4 MG	2.30608		1.46500	
Candesartan Cilexetil Tab 8 MG	1.72594		1.34111	
Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	3.83774		2.02290	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	3.64678		2.02290	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	4.70167		3.03985	
Capsaicin Cream 0.1%			0.15563	
Captopril & Hydrochlorothiazide Tab 25-15 MG			0.06265	
Captopril & Hydrochlorothiazide Tab 25-25 MG			0.76521	
Captopril & Hydrochlorothiazide Tab 50-15 MG			0.14030	
Captopril & Hydrochlorothiazide Tab 50-25 MG			0.15210	
Captopril Tab 100 MG			1.55550	
Captopril Tab 12.5 MG	0.80602		0.82194	
Captopril Tab 25 MG	0.85749		0.12075	
Captopril Tab 50 MG			1.32100	
Carbamazepine Cap ER 12HR 100 MG	0.86001		0.81375	
Carbamazepine Cap ER 12HR 200 MG	0.78774		0.63139	
Carbamazepine Cap ER 12HR 300 MG	1.00040		1.21730	
Carbamazepine Chew Tab 100 MG	0.37262	0.33672	0.30950	11/01/2017

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

As of 11/06/2017

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 Price	SMAC Effective
Carbamazepine Susp 100 MG/5ML	0.21309		0.11588	
Carbamazepine Tab 200 MG	0.49629		0.56000	
Carbamazepine Tab ER 12HR 100 MG	1.09964	1.11800	0.76140	11/01/2017
Carbamazepine Tab ER 12HR 200 MG	1.48396		1.36840	
Carbamazepine Tab ER 12HR 400 MG			2.46500	
Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG			1.14127	
Carbidopa & Levodopa Orally Disintegrating Tab 25-250 MG			1.45405	
Carbidopa & Levodopa Tab 10-100 MG	0.16551		0.09610	
Carbidopa & Levodopa Tab 25-100 MG	0.10710		0.11949	
Carbidopa & Levodopa Tab 25-250 MG	0.18062		0.19852	
Carbidopa & Levodopa Tab ER 25-100 MG	0.34297		0.21875	
Carbidopa & Levodopa Tab ER 50-200 MG	0.45031		0.34048	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	1.47135		2.67548	
Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG	1.81294		3.06482	
Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG	1.80329		2.80555	
Carbinoxamine Maleate Tab 4 MG	0.44665		0.45000	
Carboplatin IV For Inj 150 MG			39.00000	
Carboplatin IV Soln 150 MG/15ML			0.56753	
Carboplatin IV Soln 450 MG/45ML			0.56753	
Carboplatin IV Soln 50 MG/5ML			0.56753	
Carboplatin IV Soln 600 MG/60ML			0.56753	
Carisoprodol Tab 350 MG	0.08143		0.05785	
Carteolol HCl Ophth Soln 1%			1.40920	
Carvedilol Tab 12.5 MG	0.03312		0.03350	
Carvedilol Tab 25 MG	0.04511		0.04654	
Carvedilol Tab 3.125 MG	0.02809	0.05937	0.02240	11/01/2017
Carvedilol Tab 6.25 MG	0.02780		0.02830	
Cefaclor Cap 250 MG			1.21625	
Cefaclor Cap 500 MG			1.99803	
Cefaclor For Susp 125 MG/5ML			0.73655	

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

As of 11/06/2017

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 Price	SMAC Effective
Cefaclor For Susp 250 MG/5ML			1.16666	
Cefaclor For Susp 375 MG/5ML			2.21067	
Cefadroxil Cap 500 MG	0.25812		0.28762	
Cefadroxil For Susp 250 MG/5ML	0.28876		0.20100	
Cefadroxil For Susp 500 MG/5ML	0.26643		0.43083	
Cefadroxil Tab 1 GM			3.15000	
Cefazolin Sodium For Inj 1 GM			0.92300	
Cefazolin Sodium For Inj 10 GM			7.04093	
Cefdinir Cap 300 MG	0.62462	0.78456	0.49183	11/01/2017
Cefdinir For Susp 125 MG/5ML			0.22010	
Cefdinir For Susp 250 MG/5ML			0.44532	
Cefepime HCl For Inj 1 GM			5.41750	
Cefepime HCl For Inj 2 GM			13.45300	
Cefotaxime Sodium For Inj 1 GM			2.86000	
Cefoxitin Sodium For IV Soln 1 GM			6.28160	
Cefoxitin Sodium For IV Soln 2 GM			11.74784	
Cefpodoxime Proxetil Tab 100 MG			2.94000	
Cefpodoxime Proxetil Tab 200 MG	6.14454		4.82411	
Cefprozil For Susp 125 MG/5ML	0.27040		0.21679	
Cefprozil For Susp 250 MG/5ML			0.23730	
Cefprozil Tab 250 MG	1.00094		0.94904	
Cefprozil Tab 500 MG	1.37768		1.43660	
Ceftazidime For Inj 1 GM			3.67263	
Ceftazidime For Inj 2 GM			11.54400	
Ceftazidime For Inj 6 GM			24.36200	
Ceftazidime For IV Soln 1 GM			8.51500	
Ceftriaxone Sodium For Inj 1 GM			2.54576	
Ceftriaxone Sodium For Inj 10 GM			17.23295	
Ceftriaxone Sodium For Inj 2 GM			2.86708	
Ceftriaxone Sodium For Inj 250 MG			1.56000	
Ceftriaxone Sodium For Inj 500 MG			2.33000	

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

As of 11/06/2017

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 Price	SMAC Effective
Ceftriaxone Sodium For IV Soln 2 GM			10.98500	
Cefuroxime Axetil Tab 250 MG	0.72109		1.36736	
Cefuroxime Axetil Tab 500 MG	1.17070		1.42782	
Cefuroxime Sodium For Inj 1.5 GM			5.72000	
Cefuroxime Sodium For Inj 750 MG			2.92500	
Cefuroxime Sodium For IV Soln 1.5 GM			5.72000	
Celecoxib Cap 100 MG	0.61544		0.25530	
Celecoxib Cap 200 MG	1.03368		0.32620	
Celecoxib Cap 400 MG	1.91407		1.45200	
Celecoxib Cap 50 MG	0.31683	0.72526	0.28033	11/01/2017
Cephalexin Cap 250 MG	0.07436		0.07390	
Cephalexin Cap 500 MG	0.09015		0.09120	
Cephalexin For Susp 125 MG/5ML			0.15712	
Cephalexin For Susp 250 MG/5ML			0.13798	
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)			0.02705	
Chlordiazepoxide HCl Cap 10 MG	0.06991		0.07370	
Chlordiazepoxide HCl Cap 25 MG			0.07600	
Chlordiazepoxide HCl Cap 5 MG			0.08560	
Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG			1.90000	
Chlordiazepoxide-Amitriptyline Tab 10-25 MG			1.65270	
Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG			0.69002	
Chlorhexidine Gluconate Soln 0.12%			0.00591	
Chloroquine Phosphate Tab 250 MG			1.27760	
Chloroquine Phosphate Tab 500 MG			1.61582	
Chlorothiazide Tab 500 MG			0.15275	
Chlorpromazine HCl Tab 100 MG		6.56982	6.33250	11/01/2017
Chlorpromazine HCl Tab 200 MG			6.17370	
Chlorpromazine HCl Tab 25 MG			3.33762	
Chlorpromazine HCl Tab 50 MG			4.57540	
Chlorpropamide Tab 100 MG			0.20075	

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

As of 11/06/2017

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 Price	SMAC Effective
Chlorpropamide Tab 250 MG			0.34000	
Chlorthalidone Tab 25 MG	0.73307		0.65000	
Chlorthalidone Tab 50 MG			0.98948	
Chlorzoxazone Tab 500 MG			0.23196	
Cholestyramine Light Powder 4 GM/DOSE			0.23429	
Cholestyramine Light Powder Packets 4 GM	1.90140		1.91626	
Cholestyramine Powder 4 GM/DOSE	0.19980		0.19520	
Cholestyramine Powder Packets 4 GM	1.63164		1.72993	
Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	1.46530		1.56000	
Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	0.94168		0.41211	
Ciclopirox Gel 0.77%			1.18125	
Ciclopirox Olamine Cream 0.77% (Base Equiv)			0.20745	
Ciclopirox Olamine Susp 0.77% (Base Equiv)			0.76780	
Ciclopirox Shampoo 1%	0.58595		0.55617	
Ciclopirox Solution 8%	3.02713		4.46439	
Cilostazol Tab 100 MG	0.13002		0.12592	
Cilostazol Tab 50 MG	0.12275		0.10567	
Cimetidine HCl Soln 300 MG/5ML			0.07052	
Cimetidine Tab 200 MG			0.06613	
Cimetidine Tab 300 MG			0.19250	
Cimetidine Tab 400 MG			0.56000	
Cimetidine Tab 800 MG			0.83477	
Ciprofloxacin 200 MG/100ML in D5W			0.02418	
Ciprofloxacin 400 MG/200ML in D5W			0.01495	
Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)			1.40410	
Ciprofloxacin HCl Ophth Soln 0.3%			1.12400	
Ciprofloxacin HCl Tab 100 MG (Base Equiv)			2.93583	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)	0.13025		0.10750	
Ciprofloxacin HCl Tab 500 MG (Base Equiv)	0.15034		0.18601	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)	0.28910		0.28800	



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

As of 11/06/2017

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 Price	SMAC Effective
Ciprofloxacin IV Soln 400 MG/40ML (1%)			0.09230	
Citalopram Hydrobromide Oral Soln 10 MG/5ML			0.23100	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	0.04982		0.03042	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	0.04757		0.02579	
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	0.07627		0.05061	
Cladribine IV Soln 10 MG/10ML (1 MG/ML)			37.05000	
Clarithromycin For Susp 125 MG/5ML			0.28026	
Clarithromycin For Susp 250 MG/5ML			1.25000	
Clarithromycin Tab 250 MG	0.66367		0.54704	
Clarithromycin Tab 500 MG	0.82347		0.62500	
Clarithromycin Tab ER 24HR 500 MG			2.70414	
Clemastine Fumarate Tab 2.68 MG			0.19150	
Clindamycin HCl Cap 150 MG	0.14176		0.11200	
Clindamycin HCl Cap 300 MG	0.31523		0.30620	
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	0.35300		0.19640	
Clindamycin Phosphate Gel 1%			2.40200	
Clindamycin Phosphate Inj 300 MG/2ML			0.45500	
Clindamycin Phosphate Inj 600 MG/4ML			0.45500	
Clindamycin Phosphate Inj 9 GM/60ML			0.45500	
Clindamycin Phosphate Inj 900 MG/6ML			0.45500	
Clindamycin Phosphate IV Soln 600 MG/4ML			0.45500	
Clindamycin Phosphate Lotion 1%			1.26150	
Clindamycin Phosphate Soln 1%			0.76921	
Clindamycin Phosphate Swab 1%	0.37673		0.34997	
Clindamycin Phosphate Vaginal Cream 2%	1.91723		2.00596	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%			3.24467	
Clobetasol Propionate Cream 0.05%			5.21000	
Clobetasol Propionate Emollient Base Cream 0.05%			2.32252	
Clobetasol Propionate Gel 0.05%			3.08520	
Clobetasol Propionate Oint 0.05%			5.37427	

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

As of 11/06/2017

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 Price	SMAC Effective
Clobetasol Propionate Shampoo 0.05%	1.68522		3.00381	
Clobetasol Propionate Soln 0.05%			3.08000	
Clomiphene Citrate Tab 50 MG			0.51333	
Clomipramine HCl Cap 25 MG	5.25773		4.51030	
Clomipramine HCl Cap 50 MG	5.13342		4.99967	
Clomipramine HCl Cap 75 MG	5.30979		5.30979	
Clonazepam Orally Disintegrating Tab 0.125 MG			0.74836	
Clonazepam Orally Disintegrating Tab 0.25 MG			0.62800	
Clonazepam Orally Disintegrating Tab 0.5 MG			0.66617	
Clonazepam Orally Disintegrating Tab 1 MG			0.61975	
Clonazepam Orally Disintegrating Tab 2 MG			1.35500	
Clonazepam Tab 0.5 MG	0.03207		0.02180	
Clonazepam Tab 1 MG	0.05142		0.03360	
Clonazepam Tab 2 MG	0.06180		0.03110	
Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML			22.75000	
Clonidine HCl Tab 0.1 MG	0.02496		0.03258	
Clonidine HCl Tab 0.2 MG	0.03877		0.04620	
Clonidine HCl Tab 0.3 MG	0.04720		0.05551	
Clonidine HCl Tab ER 12HR 0.1 MG	2.72904		1.57392	
Clonidine HCl TD Patch Weekly 0.1 MG/24HR	16.23173		15.99000	
Clonidine HCl TD Patch Weekly 0.2 MG/24HR	27.35360		22.30936	
Clonidine HCl TD Patch Weekly 0.3 MG/24HR	42.33754		25.53500	
Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	0.11254		0.08154	
Clorazepate Dipotassium Tab 15 MG			2.29050	
Clorazepate Dipotassium Tab 3.75 MG	0.27771		0.99500	
Clorazepate Dipotassium Tab 7.5 MG	0.67220		0.65438	
Clotrimazole Cream 1%			0.69111	
Clotrimazole Soln 1%			1.49796	
Clotrimazole Troche 10 MG			0.89650	
Clotrimazole w/ Betamethasone Cream 1-0.05%			0.12360	
Clotrimazole w/ Betamethasone Lotion 1-0.05%			0.68260	

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

As of 11/06/2017

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 Price	SMAC Effective
Clozapine Tab 100 MG	1.52996		0.71000	
Clozapine Tab 200 MG	2.04595		2.12227	
Clozapine Tab 25 MG	0.60099		0.37550	
Clozapine Tab 50 MG	0.81128	0.79200	0.68770	11/01/2017
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit			2.20000	
Coagulation Factor IX (Recombinant) For Inj 1000 Unit			1.09000	
Coagulation Factor IX (Recombinant) For Inj 1500 Unit			1.09000	
Coagulation Factor IX (Recombinant) For Inj 2000 Unit			1.09000	
Coagulation Factor IX (Recombinant) For Inj 250 Unit			1.09000	
Coagulation Factor IX (Recombinant) For Inj 3000 Unit			1.09000	
Coagulation Factor IX (Recombinant) For Inj 500 Unit			1.09000	
Codeine Sulfate Tab 30 MG			0.38000	
Colchicine w/ Probenecid Tab 0.5-500 MG			0.66703	
Colestipol HCl Tab 1 GM			0.42452	
Colistimethate Sodium For Inj 150 MG			16.66526	
Cromolyn Sodium Ophth Soln 4%			0.52400	
Cromolyn Sodium Oral Conc 100 MG/5ML			0.80422	
Cyanocobalamin Inj 1000 MCG/ML			5.09020	
Cyclobenzaprine HCl Tab 10 MG	0.02646		0.02970	
Cyclobenzaprine HCl Tab 5 MG	0.04527		0.05570	
Cyclopentolate HCl Ophth Soln 1%			5.60288	
Cyclophosphamide For Inj 2 GM			1459.14000	
Cyclophosphamide Tab 50 MG			2.63500	
Cyclosporine Cap 100 MG			8.96300	
Cyclosporine Cap 25 MG			1.38250	
Cyclosporine Modified Cap 100 MG	3.56066		2.13579	
Cyclosporine Modified Cap 25 MG	1.33535		0.50994	
Cyclosporine Modified Oral Soln 100 MG/ML			3.76000	
Cyproheptadine HCl Syrup 2 MG/5ML			0.08869	
Cyproheptadine HCl Tab 4 MG	0.38071		0.35770	

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

As of 11/06/2017

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 Price	SMAC Effective
Cysteine HCl Inj 50 MG/ML			0.31200	
Cytarabine For Inj 1 GM			20.80000	
Cytarabine Inj PF 20 MG/ML			1.03740	
Dacarbazine For Inj 200 MG			8.46300	
Danazol Cap 200 MG			3.93210	
Dantrolene Sodium Cap 25 MG	0.87451		0.76007	
Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML			3854.52000	
Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)			6.87431	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)			9.18867	
Darunavir Ethanolate Tab 400 MG (Base Equiv)			20.88545	
Darunavir Ethanolate Tab 600 MG (Base Equiv)			24.31535	
Dasatinib Tab 70 MG			222.49560	
Daunorubicin HCl Inj 5 MG/ML (Base Equiv)			10.14000	
Deferoxamine Mesylate For Inj 2 GM			39.32000	
Deferoxamine Mesylate For Inj 500 MG			12.16800	
Demeclocycline HCl Tab 150 MG	3.20276		4.20500	
Demeclocycline HCl Tab 300 MG	9.56042		9.35581	
Dermatological Products Misc - Cream**			1.03051	
Desipramine HCl Tab 10 MG			0.80684	
Desipramine HCl Tab 100 MG			2.19814	
Desipramine HCl Tab 150 MG			3.22600	
Desipramine HCl Tab 25 MG	0.88002		1.01195	
Desipramine HCl Tab 50 MG	1.30598		2.14500	
Desipramine HCl Tab 75 MG			1.75430	
Desloratadine Tab 5 MG	0.78001		0.48554	
Desmopressin Acetate Inj 4 MCG/ML			7.67000	
Desmopressin Acetate Nasal Spray Soln 0.01%			16.97300	
Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)			19.21240	
Desmopressin Acetate Tab 0.1 MG	0.88012		0.82122	
Desmopressin Acetate Tab 0.2 MG	1.05732		0.64580	

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

As of 11/06/2017

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 Price	SMAC Effective
Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	0.73794	0.44868	0.73794	10/23/2017
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG			0.64655	
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.41256		0.45210	
Desonide Cream 0.05%			4.14797	
Desonide Lotion 0.05%			0.16060	
Desonide Oint 0.05%			2.95613	
Desoximetasone Cream 0.05%			2.89109	
Desoximetasone Cream 0.25%			0.99880	
Desoximetasone Oint 0.25%			3.04250	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)			1.34033	
Dexamethasone Elixir 0.5 MG/5ML	0.16162		0.06692	
Dexamethasone Sodium Phosphate Inj 10 MG/ML			0.53367	
Dexamethasone Sodium Phosphate Inj 100 MG/10ML			0.53367	
Dexamethasone Sodium Phosphate Inj 120 MG/30ML			0.46303	
Dexamethasone Sodium Phosphate Inj 20 MG/5ML			0.46303	
Dexamethasone Sodium Phosphate Inj 4 MG/ML			0.46303	
Dexamethasone Sodium Phosphate Ophth Soln 0.1%			9.74500	
Dexamethasone Tab 0.5 MG			0.06488	
Dexamethasone Tab 0.75 MG			0.09400	
Dexamethasone Tab 1.5 MG			0.11454	
Dexamethasone Tab 4 MG			0.12825	
Dexamethasone Tab 6 MG			0.37206	
Dexmethylphenidate HCl Cap ER 24 HR 10 MG	11.97316		5.54000	
Dexmethylphenidate HCl Cap ER 24 HR 15 MG	9.04732		3.84667	
Dexmethylphenidate HCl Cap ER 24 HR 20 MG	6.76906		5.45218	
Dexmethylphenidate HCl Cap ER 24 HR 30 MG	12.35371		3.70220	
Dexmethylphenidate HCl Cap ER 24 HR 5 MG	4.56108		4.39520	
Dexmethylphenidate HCl Tab 10 MG	0.89805		0.89810	
Dexmethylphenidate HCl Tab 2.5 MG	0.47409		0.19260	
Dexmethylphenidate HCl Tab 5 MG	0.64336		0.62043	

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

As of 11/06/2017

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 Price	SMAC Effective
Dextroamphetamine Sulfate Cap ER 24HR 10 MG	7.28723		0.74300	
Dextroamphetamine Sulfate Cap ER 24HR 15 MG	9.63951		1.00806	
Dextroamphetamine Sulfate Tab 10 MG	1.20731		0.44970	
Dextroamphetamine Sulfate Tab 5 MG	1.10495		0.36820	
Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML			0.00775	
Dextrose 5% w/ Sodium Chloride 0.2%			0.00228	
Dextrose 5% w/ Sodium Chloride 0.225%			0.00228	
Dextrose 5% w/ Sodium Chloride 0.45%			0.00185	
Dextrose 5% w/ Sodium Chloride 0.9%			0.00228	
Dextrose Inj 10%			0.00268	
Dextrose Inj 5%			0.00449	
Dextrose Inj 50%			0.13312	
Dextrose Inj 70%			0.00741	
Diazepam IM Solution Auto-inj 10 MG/2ML			1.47550	
Diazepam Inj 5 MG/ML			1.47550	
Diazepam Rectal Gel Delivery System 2.5 MG			224.50000	
Diazepam Tab 10 MG	0.02544		0.02456	
Diazepam Tab 2 MG	0.02241		0.01740	
Diazepam Tab 5 MG	0.02076		0.02148	
Diclofenac Potassium Tab 50 MG	0.47415		0.38550	
Diclofenac Sodium (Actinic Keratoses) Gel 3%	2.19776		2.46500	
Diclofenac Sodium Gel 1%			0.26485	
Diclofenac Sodium Opth Soln 0.1%			0.88800	
Diclofenac Sodium Soln 1.5%	0.52493		0.54807	
Diclofenac Sodium Tab Delayed Release 50 MG	0.15549	0.14653	0.15071	09/20/2017
Diclofenac Sodium Tab Delayed Release 75 MG	0.12705		0.13145	
Diclofenac Sodium Tab ER 24HR 100 MG			0.34642	
Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	1.79505		1.93497	
Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	1.94727		2.02075	
Dicloxacillin Sodium Cap 250 MG			0.27170	

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

As of 11/06/2017

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 Price	SMAC Effective
Dicloxacillin Sodium Cap 500 MG			0.49800	
Dicyclomine HCl Cap 10 MG	0.11748		0.05600	
Dicyclomine HCl Oral Soln 10 MG/5ML			0.20802	
Dicyclomine HCl Tab 20 MG	0.10555		0.10706	
Didanosine Delayed Release Capsule 200 MG			3.64700	
Didanosine Delayed Release Capsule 250 MG			4.63500	
Didanosine Delayed Release Capsule 400 MG			7.21500	
Diflorasone Diacetate Cream 0.05%			7.61000	
Diflorasone Diacetate Oint 0.05%			4.78816	
Diflunisal Tab 500 MG			1.03390	
Digoxin Tab 125 MCG (0.125 MG)	0.46203		0.38224	
Digoxin Tab 250 MCG (0.25 MG)	0.73930		0.64544	
Diltiazem HCl Cap ER 12HR 60 MG			2.06132	
Diltiazem HCl Cap ER 12HR 90 MG			0.56930	
Diltiazem HCl Cap ER 24HR 120 MG	0.43436		0.35690	
Diltiazem HCl Cap ER 24HR 180 MG	0.48772		0.50171	
Diltiazem HCl Cap ER 24HR 240 MG	0.52809		0.46253	
Diltiazem HCl Coated Beads Cap ER 24HR 120 MG			0.20444	
Diltiazem HCl Coated Beads Cap ER 24HR 180 MG		0.26658	0.23356	11/01/2017
Diltiazem HCl Coated Beads Cap ER 24HR 240 MG		0.46253	0.34300	11/01/2017
Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	0.65096	0.53411	0.41122	11/01/2017
Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	6.14764		6.24612	
Diltiazem HCl Coated Beads Tab ER 24HR 180 MG			2.14444	
Diltiazem HCl Coated Beads Tab ER 24HR 420 MG			3.52000	
Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	0.42229		0.28311	
Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	0.48919		0.26622	
Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	0.64834		0.51111	
Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	0.82938		0.35589	
Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	0.68817		0.64157	

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

As of 11/06/2017

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 Price	SMAC Effective
Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG			1.17522	
Diltiazem HCl Tab 120 MG	0.35077		0.35608	
Diltiazem HCl Tab 30 MG	0.11106		0.06520	
Diltiazem HCl Tab 60 MG	0.20312		0.15960	
Diltiazem HCl Tab 90 MG	0.27990		0.24125	
Diphenhydramine HCl Cap 50 MG	0.06177		0.02188	
Diphenhydramine HCl Inj 50 MG/ML			0.52510	
Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	0.35212		0.54245	
Dipyridamole Tab 25 MG	0.12143		0.10356	
Dipyridamole Tab 50 MG	0.28247		0.20175	
Dipyridamole Tab 75 MG	0.39056		0.28409	
Disopyramide Phosphate Cap 100 MG			0.32562	
Disopyramide Phosphate Cap 150 MG			0.32562	
Disopyramide Phosphate Cap ER 12HR 150 MG			1.04950	
Disulfiram Tab 250 MG	1.61811		1.64667	
Disulfiram Tab 500 MG	2.83620		1.26410	
Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	0.48097		0.41046	
Divalproex Sodium Tab Delayed Release 125 MG	0.13163		0.05061	
Divalproex Sodium Tab Delayed Release 250 MG	0.31887		0.11312	
Divalproex Sodium Tab Delayed Release 500 MG	0.39646		0.13952	
Divalproex Sodium Tab ER 24 HR 250 MG	0.65222		0.65222	
Divalproex Sodium Tab ER 24 HR 500 MG	0.81785		0.65000	
Docusate Sodium Cap 100 MG			0.04688	
Dofetilide Cap 250 MCG (0.25 MG)	5.67932		4.62000	
Dofetilide Cap 500 MCG (0.5 MG)	5.65306		4.46083	
Donepezil Hydrochloride Orally Disintegrating Tab 10 MG	0.67107		0.23100	
Donepezil Hydrochloride Orally Disintegrating Tab 5 MG	0.24266		0.41666	
Donepezil Hydrochloride Tab 10 MG	0.07684		0.03508	
Donepezil Hydrochloride Tab 23 MG	1.26777		1.03483	
Donepezil Hydrochloride Tab 5 MG	0.06738		0.05115	



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

As of 11/06/2017

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 Price	SMAC Effective
Dornase Alfa Inhal Soln 1 MG/ML			43.60488	
Dorzolamide HCl Opth Soln 2%	1.13637		0.82800	
Dorzolamide HCl-Timolol Maleate Opth Soln 22.3-6.8 MG/ML	1.34618		0.88700	
Doxazosin Mesylate Tab 1 MG	0.36388		0.13300	
Doxazosin Mesylate Tab 2 MG	0.31222		0.31510	
Doxazosin Mesylate Tab 4 MG	0.28770		0.18470	
Doxazosin Mesylate Tab 8 MG	0.36046		0.44920	
Doxepin HCl Cap 10 MG			0.34521	
Doxepin HCl Cap 100 MG		1.27400	1.47900	10/16/2017
Doxepin HCl Cap 150 MG			0.78360	
Doxepin HCl Cap 25 MG			0.53000	
Doxepin HCl Cap 50 MG			0.88300	
Doxepin HCl Cap 75 MG			1.35760	
Doxepin HCl Conc 10 MG/ML			0.05363	
Doxercalciferol Cap 0.5 MCG			11.48000	
Doxercalciferol Cap 1 MCG	20.35625		20.15000	
Doxercalciferol Cap 2.5 MCG			23.35000	
Doxorubicin HCl For Inj 50 MG			39.00000	
Doxorubicin HCl Inj 2 MG/ML			1.30000	
Doxycycline Hyclate Cap 100 MG	0.40262		0.34095	
Doxycycline Hyclate Cap 50 MG	0.56118		0.69120	
Doxycycline Hyclate Tab 100 MG	0.55118	0.53044	0.37240	11/01/2017
Doxycycline Hyclate Tab 20 MG	0.33404		0.20950	
Doxycycline Hyclate Tab Delayed Release 100 MG	9.29698		8.75500	
Doxycycline Monohydrate Cap 100 MG			0.36100	
Doxycycline Monohydrate Cap 50 MG	0.26120	0.32634	0.24120	11/01/2017
Doxycycline Monohydrate For Susp 25 MG/5ML	0.29959		0.27133	
Doxycycline Monohydrate Tab 100 MG	0.79789		0.57846	
Doxycycline Monohydrate Tab 50 MG	0.36653		0.32590	
Dronabinol Cap 10 MG	10.10498		7.63483	

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

As of 11/06/2017

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 Price	SMAC Effective
Dronabinol Cap 2.5 MG	2.63526		2.76723	
Dronabinol Cap 5 MG	5.02075		3.89867	
Droperidol Inj 2.5 MG/ML			0.75400	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	1.64516		1.36601	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	1.15662	0.97239	0.56560	11/01/2017
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	0.32734		0.20009	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	0.27658		0.18144	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	0.59856		0.18395	
Dutasteride Cap 0.5 MG	0.49639		0.29950	
Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	3.16483		2.79300	
Econazole Nitrate Cream 1%			3.47500	
Emtricitabine Caps 200 MG			17.81246	
Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG			89.00156	
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG			52.04498	
Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	0.16225		0.07566	
Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG	0.14784		0.07613	
Enalapril Maleate Tab 10 MG	0.21547		0.27219	
Enalapril Maleate Tab 2.5 MG	0.19274		0.10962	
Enalapril Maleate Tab 20 MG	0.28982		0.40905	
Enalapril Maleate Tab 5 MG	0.25376	0.31210	0.18980	11/01/2017
Enalaprilat IV Inj 1.25 MG/ML			1.87850	
Enoxaparin Sodium Inj 100 MG/ML			12.50000	
Enoxaparin Sodium Inj 120 MG/0.8ML			18.35558	
Enoxaparin Sodium Inj 150 MG/ML			16.46593	
Enoxaparin Sodium Inj 30 MG/0.3ML			15.05833	
Enoxaparin Sodium Inj 300 MG/3ML			36.25000	
Enoxaparin Sodium Inj 40 MG/0.4ML			11.25250	
Enoxaparin Sodium Inj 60 MG/0.6ML			11.75000	
Enoxaparin Sodium Inj 80 MG/0.8ML			11.13000	

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

As of 11/06/2017

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 Price	SMAC Effective
Entacapone Tab 200 MG	1.57887		0.92540	
Entecavir Tab 0.5 MG	19.56616		6.01000	
Epinastine HCl Opth Soln 0.05%	7.58075		5.43300	
Epinephrine HCl Inj 1 MG/ML			1.99933	
Epinephrine HCl Soln Prefilled Syringe 0.1 MG/ML			0.34000	
Epirubicin HCl For IV Inj 50 MG			75.33500	
Epirubicin HCl IV Soln 200 MG/100ML (2 MG/ML)			2.14682	
Epirubicin HCl IV Soln 50 MG/25ML (2 MG/ML)			2.53188	
Eplerenone Tab 50 MG	2.03325		1.76766	
Epoprostenol Sodium For Inj 1.5 MG			36.32200	
Ergocalciferol Cap 50000 Unit	0.24978		0.09770	
Ergotamine w/ Caffeine Suppos 2-100 MG			5.57917	
Ergotamine w/ Caffeine Tab 1-100 MG			0.87490	
Erlotinib HCl Tab 150 MG (Base Equivalent)			240.55757	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML			3.61180	
Erythromycin Ethylsuccinate Tab 400 MG			9.14690	
Erythromycin Gel 2%			2.74609	
Erythromycin Opth Oint 5 MG/GM	2.50837		3.02114	
Erythromycin Pads 2%			0.90540	
Erythromycin Soln 2%			0.54999	
Erythromycin w/ Delayed Release Particles Cap 250 MG			2.93000	
Erythromycin-Sulfisoxazole For Susp 200-600 MG/5ML			0.25716	
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	0.46884		0.27037	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	0.12544		0.04554	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	0.21260		0.10469	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	0.18350	0.14118	0.03320	11/01/2017
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	0.92696		0.54000	
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	2.72397		0.77520	
Estazolam Tab 1 MG			0.51402	
Estazolam Tab 2 MG			0.31754	

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

As of 11/06/2017

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 Price	SMAC Effective
Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	2.91438		2.42178	
Estradiol Tab 0.5 MG	0.12268		0.06180	
Estradiol Tab 1 MG	0.13494	0.14330	0.11293	11/01/2017
Estradiol Tab 2 MG	0.17736		0.12610	
Estradiol TD Patch Twice Weekly 0.025 MG/24HR			8.23750	
Estradiol TD Patch Twice Weekly 0.05 MG/24HR		6.38010	7.97000	10/17/2017
Estradiol TD Patch Twice Weekly 0.1 MG/24HR			8.59060	
Estradiol TD Patch Weekly 0.025 MG/24HR	14.19514		13.57308	
Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	14.32519		13.04919	
Estradiol TD Patch Weekly 0.05 MG/24HR			12.60000	
Estradiol TD Patch Weekly 0.075 MG/24HR	14.38706		14.77250	
Estradiol TD Patch Weekly 0.1 MG/24HR			14.19967	
Estradiol Vaginal Tab 10 MCG			16.38000	
Estropipate Tab 0.75 MG			0.14670	
Estropipate Tab 1.5 MG			0.45257	
Estropipate Tab 3 MG			1.24110	
Eszopiclone Tab 1 MG	0.75273		0.29577	
Eszopiclone Tab 2 MG	0.59665		0.19400	
Eszopiclone Tab 3 MG	0.72918		0.22300	
Ethambutol HCl Tab 400 MG	0.82064		0.36260	
Ethosuximide Cap 250 MG	1.00099		0.81120	
Ethosuximide Soln 250 MG/5ML			0.25510	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG			0.79202	
Etodolac Cap 200 MG	0.93580		0.89562	
Etodolac Cap 300 MG	1.06619		0.81111	
Etodolac Tab 400 MG	0.56257		0.59738	
Etodolac Tab 500 MG	0.73767		0.49930	
Etodolac Tab ER 24HR 400 MG	1.92161		0.75000	
Etodolac Tab ER 24HR 500 MG	1.68159		0.87980	
Etodolac Tab ER 24HR 600 MG	2.34943		1.50241	

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

As of 11/06/2017

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 Price	SMAC Effective
Etoposide Inj 1 GM/50ML (20 MG/ML)			1.93000	
Etoposide Inj 100 MG/5ML (20 MG/ML)			1.93000	
Etoposide Inj 500 MG/25ML (20 MG/ML)			1.93000	
Exemestane Tab 25 MG	4.87446		5.25000	
Ezetimibe Tab 10 MG		6.37144	5.19367	11/01/2017
Famciclovir Tab 125 MG	0.67846		0.49443	
Famciclovir Tab 250 MG	0.51782		0.46741	
Famciclovir Tab 500 MG	0.81332		0.86267	
Famotidine For Susp 40 MG/5ML	0.88935		0.67400	
Famotidine Inj 20 MG/2ML			0.38350	
Famotidine Inj 200 MG/20ML			0.29900	
Famotidine Inj 40 MG/4ML			0.29900	
Famotidine Inj 500 MG/50ML			0.29900	
Famotidine Tab 20 MG			0.03914	
Famotidine Tab 40 MG	0.08214		0.09520	
Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG			0.22100	
Felbamate Tab 400 MG	4.19751	2.77514	1.34690	11/01/2017
Felbamate Tab 600 MG	5.56610		1.84978	
Felodipine Tab ER 24HR 10 MG	0.29181		0.31600	
Felodipine Tab ER 24HR 2.5 MG	0.19464		0.14760	
Felodipine Tab ER 24HR 5 MG	0.25298	0.19800	0.25298	09/21/2017
Fenofibrate Micronized Cap 134 MG	0.92902		1.04210	
Fenofibrate Micronized Cap 200 MG	1.64154		1.71140	
Fenofibrate Micronized Cap 67 MG	0.69325		0.74851	
Fenofibrate Tab 145 MG	0.52409		0.50045	
Fenofibrate Tab 160 MG	0.46692		0.44050	
Fenofibrate Tab 48 MG	0.40894		0.29678	
Fenofibrate Tab 54 MG	0.35101		0.33967	
Fentanyl Citrate (PF) IV Soln Prefilled Syringe 100 MCG/2ML			0.16050	
Fentanyl Citrate Lozenge on a Handle 200 MCG			7.47933	

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

As of 11/06/2017

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 Price	SMAC Effective
Fentanyl Citrate Lozenge on a Handle 800 MCG	21.69108		16.23657	
Fentanyl Citrate PF Soln Cartridge 100 MCG/2ML			0.16050	
Fentanyl Citrate Preservative Free (PF) Inj 100 MCG/2ML			0.16050	
Fentanyl Citrate Preservative Free (PF) Inj 1000 MCG/20ML			0.16050	
Fentanyl Citrate Preservative Free (PF) Inj 250 MCG/5ML			0.16050	
Fentanyl Citrate Preservative Free (PF) Inj 2500 MCG/50ML			0.16050	
Fentanyl Citrate Preservative Free (PF) Inj 500 MCG/10ML			0.16050	
Fentanyl TD Patch 72HR 100 MCG/HR	18.20893		8.96762	
Fentanyl TD Patch 72HR 12 MCG/HR	11.66257		11.17680	
Fentanyl TD Patch 72HR 25 MCG/HR	3.31217		3.73691	
Fentanyl TD Patch 72HR 50 MCG/HR	6.76895		5.47111	
Fentanyl TD Patch 72HR 75 MCG/HR	12.08137		7.96937	
Ferrous Sulfate Dried Tab 200 MG (65 MG Elemental Fe)			0.03200	
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)			0.03200	
Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent)			0.12770	
Fexofenadine HCl Tab 180 MG	0.50465		0.54805	
Fexofenadine HCl Tab 60 MG			0.40750	
Filgrastim Inj 300 MCG/ML		304.73616	313.57068	10/19/2017
Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML		646.00560	664.74036	10/19/2017
Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)		642.98025	661.63035	10/19/2017
Finasteride Tab 1 MG	0.20399		0.17500	
Finasteride Tab 5 MG	0.09628		0.05049	
Flavoxate HCl Tab 100 MG	0.65393		0.48641	
Flecainide Acetate Tab 100 MG	0.38782		0.35018	
Flecainide Acetate Tab 150 MG	0.66429		0.51541	
Flecainide Acetate Tab 50 MG	0.26246		0.17253	
Fluconazole For Susp 10 MG/ML	0.31050		0.23000	
Fluconazole For Susp 40 MG/ML	0.74551		0.49314	
Fluconazole in Dextrose Inj 400 MG/200ML			0.15600	

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

As of 11/06/2017

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 Price	SMAC Effective
Fluconazole in NaCl 0.9% Inj 200 MG/100ML			0.19500	
Fluconazole in NaCl 0.9% Inj 400 MG/200ML			0.04758	
Fluconazole Tab 100 MG	1.06622	1.35678	1.20189	11/01/2017
Fluconazole Tab 150 MG	1.48312		1.62000	
Fluconazole Tab 200 MG	1.40520		1.15206	
Fluconazole Tab 50 MG	0.95066		0.79167	
Fludarabine Phosphate For Inj 50 MG			170.30000	
Fludarabine Phosphate Inj 25 MG/ML			91.00000	
Fludrocortisone Acetate Tab 0.1 MG	0.39376	0.34663	0.30660	11/01/2017
Fluocinolone Acetonide (Otic) Oil 0.01%			3.34250	
Fluocinolone Acetonide Cream 0.025%			1.86200	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	1.10706		1.49300	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	1.20772		0.82150	
Fluocinolone Acetonide Oint 0.025%			1.42150	
Fluocinolone Acetonide Soln 0.01%	1.52427		2.50000	
Fluocinonide Cream 0.05%			2.29000	
Fluocinonide Emulsified Base Cream 0.05%			2.42500	
Fluocinonide Gel 0.05%			2.14500	
Fluocinonide Oint 0.05%			3.62000	
Fluocinonide Soln 0.05%			0.99317	
Fluorometholone Ophth Susp 0.1%			13.49900	
Fluorouracil Cream 5%	2.96224		3.46535	
Fluorouracil Inj 500 MG/10ML (50 MG/ML)			0.35500	
Fluoxetine HCl (PMDD) Cap 10 MG	0.08707		0.03692	
Fluoxetine HCl (PMDD) Cap 20 MG	0.07875		0.03142	
Fluoxetine HCl (PMDD) Tab 10 MG			0.69389	
Fluoxetine HCl (PMDD) Tab 20 MG			0.55872	
Fluoxetine HCl Cap 10 MG	0.08707		0.03692	
Fluoxetine HCl Cap 20 MG	0.07875		0.03142	
Fluoxetine HCl Cap 40 MG	0.17778		0.11786	
Fluoxetine HCl Cap Delayed Release 90 MG			25.64000	

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

As of 11/06/2017

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 Price	SMAC Effective
Fluoxetine HCl Solution 20 MG/5ML	0.08119		0.05010	
Fluoxetine HCl Tab 10 MG			0.43637	
Fluoxetine HCl Tab 20 MG			0.55872	
Fluphenazine Decanoate Inj 25 MG/ML			19.98000	
Fluphenazine HCl Oral Conc 5 MG/ML			1.00155	
Fluphenazine HCl Tab 1 MG	0.11263		2.73810	
Fluphenazine HCl Tab 10 MG	0.23492		8.96167	
Fluphenazine HCl Tab 2.5 MG	0.15074	0.19580	0.57420	10/12/2017
Fluphenazine HCl Tab 5 MG	0.20201		6.66250	
Flurazepam HCl Cap 15 MG			0.06130	
Flurazepam HCl Cap 30 MG			0.07810	
Flurbiprofen Sodium Ophth Soln 0.03%			1.86816	
Flurbiprofen Tab 100 MG			0.42880	
Flurbiprofen Tab 50 MG			0.19500	
Flutamide Cap 125 MG			0.71493	
Fluticasone Propionate Cream 0.05%			0.51105	
Fluticasone Propionate Nasal Susp 50 MCG/ACT			0.29375	
Fluticasone Propionate Oint 0.005%			0.38940	
Fluvastatin Sodium Cap 20 MG			3.23686	
Fluvastatin Sodium Cap 40 MG			3.23686	
Fluvastatin Sodium Tab ER 24 HR 80 MG	6.92129		6.04667	
Fluvoxamine Maleate Cap ER 24HR 150 MG			6.99000	
Fluvoxamine Maleate Tab 100 MG	0.26395		0.18450	
Fluvoxamine Maleate Tab 25 MG	0.20703		0.15390	
Fluvoxamine Maleate Tab 50 MG	0.22075		0.11695	
Folic Acid Tab 1 MG	0.01840		0.01775	
Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG			0.26489	
Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML			128.61000	
Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML			97.11500	
Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML			224.96304	



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

As of 11/06/2017

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 Price	SMAC Effective
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML			180.00000	
Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG	0.86185		0.95700	
Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG	0.84204		0.88800	
Fosinopril Sodium Tab 10 MG	0.14982		0.17829	
Fosinopril Sodium Tab 20 MG	0.13053		0.15060	
Fosinopril Sodium Tab 40 MG	0.19295		0.14937	
Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)			0.88400	
Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	32.80411		29.16369	
Furosemide Inj 10 MG/ML			1.09200	
Furosemide Oral Soln 10 MG/ML			0.10979	
Furosemide Tab 20 MG	0.02218		0.01761	
Furosemide Tab 40 MG	0.02637		0.01200	
Furosemide Tab 80 MG	0.04920		0.03412	
Gabapentin Cap 100 MG	0.03884	0.05166	0.02447	11/01/2017
Gabapentin Cap 300 MG	0.06426		0.05000	
Gabapentin Cap 400 MG	0.08732		0.06673	
Gabapentin Oral Soln 250 MG/5ML			0.12380	
Gabapentin Tab 600 MG	0.14277	0.15200	0.10716	11/01/2017
Gabapentin Tab 800 MG	0.19015		0.13500	
Galantamine Hydrobromide Cap ER 24HR 16 MG	1.84298		1.59729	
Galantamine Hydrobromide Cap ER 24HR 24 MG	1.92909		1.91492	
Galantamine Hydrobromide Cap ER 24HR 8 MG	1.95100		2.17400	
Galantamine Hydrobromide Tab 12 MG	0.82221		0.65067	
Galantamine Hydrobromide Tab 4 MG	1.39698		1.38217	
Galantamine Hydrobromide Tab 8 MG	1.03332		0.89000	
Gemfibrozil Tab 600 MG	0.08811		0.12751	
Gentamicin Sulfate Cream 0.1%			2.31200	
Gentamicin Sulfate Inj 40 MG/ML			0.56962	
Gentamicin Sulfate Oint 0.1%			1.60611	
Gentamicin Sulfate Ophth Oint 0.3%			2.95143	

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

As of 11/06/2017

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 Price	SMAC Effective
Gentamicin Sulfate Ophth Soln 0.3%	1.24892		0.83800	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML			146.25000	
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML			484.05600	
Glimepiride Tab 1 MG	0.05817		0.05450	
Glimepiride Tab 2 MG	0.07390		0.06095	
Glimepiride Tab 4 MG	0.09319		0.04760	
Glipizide Tab 10 MG	0.04128		0.03160	
Glipizide Tab 5 MG	0.02856		0.02070	
Glipizide Tab ER 24HR 10 MG	0.27256		0.22215	
Glipizide Tab ER 24HR 2.5 MG	0.18643	0.23514	0.17000	11/01/2017
Glipizide Tab ER 24HR 5 MG	0.15012		0.15753	
Glipizide-Metformin HCl Tab 2.5-500 MG			0.43437	
Glipizide-Metformin HCl Tab 5-500 MG	0.52953		0.28420	
Glucose Blood Test Strip			1.20877	
Glyburide Micronized Tab 1.5 MG	0.07003		0.02580	
Glyburide Micronized Tab 3 MG	0.03726		0.03081	
Glyburide Micronized Tab 6 MG	0.07370		0.05788	
Glyburide Tab 1.25 MG			0.09620	
Glyburide Tab 2.5 MG			0.03220	
Glyburide Tab 5 MG	0.12170	0.04420	0.12170	10/11/2017
Glyburide-Metformin Tab 1.25-250 MG	0.05804		0.10894	
Glyburide-Metformin Tab 2.5-500 MG	0.06535		0.08725	
Glyburide-Metformin Tab 5-500 MG	0.06020		0.04940	
Glycine Diluent for Injection			0.21840	
Glycopyrrolate Inj 0.2 MG/ML			11.45400	
Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)			11.45400	
Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML)			5.40643	
Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)			11.45400	
Glycopyrrolate Tab 1 MG	0.23720		0.26395	
Glycopyrrolate Tab 2 MG	0.43089		0.26900	
Goserelin Acetate Implant 10.8 MG			1807.74000	

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

As of 11/06/2017

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 Price	SMAC Effective
Goserelin Acetate Implant 3.6 MG			602.58000	
Granisetron HCl Inj 1 MG/ML			18.52500	
Granisetron HCl Tab 1 MG	4.86346		1.88283	
Griseofulvin Microsize Susp 125 MG/5ML			0.20572	
Griseofulvin Microsize Tab 500 MG			5.76313	
Griseofulvin Ultramicrosize Tab 250 MG			3.81433	
Guaifenesin Liquid 100 MG/5ML			0.00657	
Guaifenesin Tab 200 MG			0.03900	
Guaifenesin-Codeine Soln 100-10 MG/5ML			0.01088	
Guanfacine HCl Tab 1 MG	0.08091		0.07929	
Guanfacine HCl Tab 2 MG	0.10709		0.12450	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	0.96471		0.59675	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	0.88125		0.60307	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	0.72704		0.78032	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	0.99299		0.40130	
Halobetasol Propionate Cream 0.05%			2.74000	
Halobetasol Propionate Oint 0.05%			3.99400	
Haloperidol Lactate Inj 5 MG/ML			1.85894	
Haloperidol Lactate Oral Conc 2 MG/ML			0.10396	
Haloperidol Tab 0.5 MG			0.19360	
Haloperidol Tab 1 MG			0.15050	
Haloperidol Tab 10 MG	0.57750	0.31960	0.57750	10/10/2017
Haloperidol Tab 2 MG			0.32990	
Haloperidol Tab 20 MG	1.71719		1.54200	
Haloperidol Tab 5 MG	0.44458		0.36215	
Heparin Sodium (Porcine) Inj 1000 Unit/ML			0.30247	
Heparin Sodium (Porcine) Inj 10000 Unit/ML			3.44650	
Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML			0.20000	
Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML			0.44907	
Histrelin Acetate Implant Kit 50 MG			3484.60560	

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

As of 11/06/2017

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 Price	SMAC Effective
Hydralazine HCl Tab 10 MG	0.04058		0.06512	
Hydralazine HCl Tab 100 MG	0.09818		0.13250	
Hydralazine HCl Tab 25 MG	0.05136		0.03020	
Hydralazine HCl Tab 50 MG	0.05516		0.05113	
Hydrochlorothiazide Cap 12.5 MG	0.04227		0.04761	
Hydrochlorothiazide Tab 12.5 MG		0.15117	0.08385	11/01/2017
Hydrochlorothiazide Tab 25 MG	0.01136		0.01213	
Hydrochlorothiazide Tab 50 MG	0.03251		0.01804	
Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	0.09280		0.08801	
Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML			0.18540	
Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML			0.03010	
Hydrocodone-Acetaminophen Tab 10-325 MG	0.16447		0.11000	
Hydrocodone-Acetaminophen Tab 5-300 MG	0.90533		0.65450	
Hydrocodone-Acetaminophen Tab 5-325 MG	0.11660		0.09831	
Hydrocodone-Acetaminophen Tab 7.5-325 MG	0.16846		0.18147	
Hydrocodone-Ibuprofen Tab 7.5-200 MG	0.27325		0.24400	
Hydrocortisone Butyrate Cream 0.1%			2.71866	
Hydrocortisone Butyrate Oint 0.1%			0.54640	
Hydrocortisone Cream 1%			0.66448	
Hydrocortisone Cream 2.5%			1.74566	
Hydrocortisone Enema 100 MG/60ML	0.09350		0.10994	
Hydrocortisone Lotion 1%			0.06599	
Hydrocortisone Lotion 2.5%			0.26360	
Hydrocortisone Oint 1%			0.11234	
Hydrocortisone Oint 2.5%			0.12291	
Hydrocortisone Rectal Cream 1%			0.66448	
Hydrocortisone Rectal Cream 2.5%	1.00094		1.74566	
Hydrocortisone Sodium Succinate For Inj 100 MG			2.52200	
Hydrocortisone Tab 10 MG	0.27870		0.21970	
Hydrocortisone Tab 20 MG	0.49229		0.51400	
Hydrocortisone Tab 5 MG	0.20085		0.16140	

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

As of 11/06/2017

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 Price	SMAC Effective
Hydrocortisone Valerate Cream 0.2%			2.90120	
Hydrocortisone Valerate Oint 0.2%			3.09854	
Hydrocortisone w/ Acetic Acid Otic Soln 1-2%			8.20271	
Hydromorphone HCl Inj 2 MG/ML			0.65000	
Hydromorphone HCl Liqd 1 MG/ML	0.31199		0.36374	
Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML			1.67263	
Hydromorphone HCl Tab 2 MG	0.08012		0.07205	
Hydromorphone HCl Tab 4 MG	0.09560		0.08770	
Hydromorphone HCl Tab 8 MG	0.30667		0.28778	
Hydroquinone Cream 4%			0.36681	
Hydroxocobalamin Inj 1000 MCG/ML			0.83333	
Hydroxychloroquine Sulfate Tab 200 MG	0.48828		0.56060	
Hydroxyprogesterone Caproate (Bulk) Powder			160.00000	
Hydroxyurea Cap 500 MG	0.30590		0.31150	
Hydroxyzine HCl IM Soln 50 MG/ML			4.38000	
Hydroxyzine HCl Syrup 10 MG/5ML			0.06058	
Hydroxyzine HCl Tab 10 MG	0.06225		0.03772	
Hydroxyzine HCl Tab 25 MG	0.07067		0.06752	
Hydroxyzine HCl Tab 50 MG	0.09720		0.06234	
Hydroxyzine Pamoate Cap 100 MG			0.46230	
Hydroxyzine Pamoate Cap 25 MG	0.05907		0.07670	
Hydroxyzine Pamoate Cap 50 MG	0.08096		0.08011	
Hyoscyamine Sulfate Elixir 0.125 MG/5ML			0.08078	
Hyoscyamine Sulfate Soln 0.125 MG/ML			1.68913	
Hyoscyamine Sulfate Tab 0.125 MG			0.13030	
Hyoscyamine Sulfate Tab Disint 0.125 MG			0.23481	
Hyoscyamine Sulfate Tab ER 12HR 0.375 MG			0.27190	
Hyoscyamine Sulfate Tab SL 0.125 MG			0.23000	
Ibandronate Sodium Tab 150 MG (Base Equivalent)	11.95390		11.29000	
Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML			43608.24900	

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

As of 11/06/2017

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 Price	SMAC Effective
Ibuprofen Susp 100 MG/5ML			0.03119	
Ibuprofen Tab 400 MG	0.04295		0.04300	
Ibuprofen Tab 600 MG	0.04884		0.03420	
Ibuprofen Tab 800 MG	0.05239		0.03474	
Ifosfamide For Inj 1 GM			45.79900	
Iloprost Inhalation Solution 10 MCG/ML			123.20520	
Imatinib Mesylate Tab 100 MG (Base Equivalent)	82.21607		42.99000	
Imatinib Mesylate Tab 400 MG (Base Equivalent)			180.25000	
Imipramine HCl Tab 10 MG	0.09521		0.11240	
Imipramine HCl Tab 25 MG	0.15081		0.10690	
Imipramine HCl Tab 50 MG	0.21525		0.18211	
Imiquimod Cream 5%			2.47653	
Immune Globulin (Human) IV Soln 0.5 GM/10ML			6.91373	
Immune Globulin (Human) IV Soln 10 GM/200ML			7.25237	
Immune Globulin (Human) IV Soln 2.5 GM/50ML			6.91373	
Immune Globulin (Human) IV Soln 5 GM/100ML			7.25237	
Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML			33.46560	
Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML			33.46560	
Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML			33.46560	
Indapamide Tab 1.25 MG			0.17220	
Indapamide Tab 2.5 MG	0.36321		0.17880	
Indomethacin Cap 25 MG	0.09467		0.16475	
Indomethacin Cap 50 MG	0.11368		0.16131	
Indomethacin Cap ER 75 MG	0.77287		0.32783	
Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)			1565.46300	
Ipratropium Bromide Inhal Soln 0.02%			0.07037	
Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)			0.23084	
Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)			0.54166	
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML			0.06200	

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

As of 11/06/2017

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 Price	SMAC Effective
Irbesartan Tab 150 MG	0.16166	0.16298	0.11244	11/01/2017
Irbesartan Tab 300 MG	0.36666	0.29033	0.21722	11/01/2017
Irbesartan Tab 75 MG	0.23806		0.08700	
Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	0.28668		0.36495	
Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	0.38119		0.19011	
Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)			7.88000	
Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)			7.57900	
Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG			0.10283	
Isoniazid Syrup 50 MG/5ML			0.61734	
Isoniazid Tab 300 MG	0.14928		0.20038	
Isopropyl Alcohol Wipes 70%			0.01500	
Isosorbide Dinitrate Tab 10 MG	0.51989		0.39080	
Isosorbide Dinitrate Tab 20 MG	0.62683		0.44557	
Isosorbide Dinitrate Tab 30 MG			0.66500	
Isosorbide Dinitrate Tab 5 MG	0.59319		0.42630	
Isosorbide Dinitrate Tab ER 40 MG			0.62660	
Isosorbide Mononitrate Tab 10 MG			0.12025	
Isosorbide Mononitrate Tab 20 MG			0.15446	
Isosorbide Mononitrate Tab ER 24HR 120 MG	0.44066		0.31550	
Isosorbide Mononitrate Tab ER 24HR 30 MG	0.18636		0.14284	
Isosorbide Mononitrate Tab ER 24HR 60 MG	0.18853	0.28225	0.20315	11/01/2017
Isotretinoin Cap 10 MG	6.89047		6.03251	
Isotretinoin Cap 20 MG	5.84926		5.60018	
Isotretinoin Cap 40 MG	6.51053		6.34000	
Isradipine Cap 5 MG			1.35000	
Itraconazole Cap 100 MG	3.58061		4.32000	
Ivermectin Tab 3 MG			3.82520	
KCl 10 MEQ/L (0.075%) in Dextrose 5% & NaCl 0.45% Inj			0.00303	
KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.33% Inj			0.00217	
KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.45% Inj			0.00263	

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

As of 11/06/2017

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 Price	SMAC Effective
KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.9% Inj			0.00342	
KCl 20 MEQ/L (0.15%) in NaCl 0.45% Inj			0.00380	
KCl 20 MEQ/L (0.15%) in NaCl 0.9% Inj			0.00325	
KCl 30 MEQ/L (0.224%) in Dextrose 5% & NaCl 0.45% Inj			0.00232	
KCl 40 MEQ/L (0.3%) in Dextrose 5% & NaCl 0.45% Inj			0.00217	
KCl 40 MEQ/L (0.3%) in NaCl 0.9% Inj			0.00325	
Ketoconazole Cream 2%			1.18200	
Ketoconazole Shampoo 2%	0.06930		0.05695	
Ketoconazole Tab 200 MG	1.42939		1.44471	
Ketoprofen Cap 50 MG			0.41000	
Ketoprofen Cap 75 MG			0.40251	
Ketoprofen Cap ER 24HR 200 MG			2.06200	
Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)			0.79300	
Ketorolac Tromethamine Inj 15 MG/ML			0.97500	
Ketorolac Tromethamine Inj 30 MG/ML			0.79300	
Ketorolac Tromethamine Inj 300 MG/10ML (30 MG/ML)			1.38080	
Ketorolac Tromethamine Inj 60 MG/2ML (30 MG/ML)			0.79300	
Ketorolac Tromethamine Ophth Soln 0.4%			9.75000	
Ketorolac Tromethamine Ophth Soln 0.5%			1.30600	
Ketorolac Tromethamine Tab 10 MG			1.03250	
Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)			12.82400	
Labetalol HCl Tab 100 MG	0.21149		0.24098	
Labetalol HCl Tab 200 MG	0.25770		0.27116	
Labetalol HCl Tab 300 MG	0.41730		0.44857	
Lactated Ringer's Solution			0.00388	
Lactic Acid (Ammonium Lactate) Cream 12%			0.05010	
Lactic Acid (Ammonium Lactate) Lotion 10%			0.06869	
Lactic Acid (Ammonium Lactate) Lotion 12%			0.02272	
Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM			0.12324	
Lactulose (Encephalopathy) Solution 10 GM/15ML			0.01140	



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

As of 11/06/2017

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 Price	SMAC Effective
Lactulose Solution 10 GM/15ML			0.02210	
Lamivudine Tab 150 MG	1.73204		1.65417	
Lamivudine-Zidovudine Tab 150-300 MG	2.94327		1.12009	
Lamotrigine Tab 100 MG	0.82695		0.05980	
Lamotrigine Tab 150 MG	0.85903		0.07634	
Lamotrigine Tab 200 MG	1.11060		0.08900	
Lamotrigine Tab 25 MG	0.39859		0.04140	
Lamotrigine Tab 25 MG (35) Starter Kit			0.08574	
Lamotrigine Tab Chewable Dispersible 25 MG	1.59361		0.12010	
Lamotrigine Tab Chewable Dispersible 5 MG	0.86692		0.27015	
Lamotrigine Tab ER 24HR 100 MG	11.77015		4.78267	
Lamotrigine Tab ER 24HR 200 MG	15.80676		3.34600	
Lamotrigine Tab ER 24HR 300 MG	18.48717		8.34000	
Lamotrigine Tab ER 24HR 50 MG	10.49785		4.99000	
Lancets Misc.***			0.07800	
Lancets***			0.07800	
Lansoprazole Cap Delayed Release 15 MG			0.33100	
Lansoprazole Cap Delayed Release 30 MG	0.47753		0.15656	
Latanoprost Ophth Soln 0.005%	3.06997		1.81335	
Leflunomide Tab 10 MG	3.36506		3.29733	
Leflunomide Tab 20 MG	3.08013		3.59879	
Letrozole Tab 2.5 MG	0.29815		0.10433	
Leucovorin Calcium For Inj 200 MG			7.80000	
Leucovorin Calcium Inj 10 MG/ML			0.26000	
Leucovorin Calcium Tab 25 MG			5.21367	
Leucovorin Calcium Tab 5 MG			0.66592	
Leuprolide Acetate Inj Kit 5 MG/ML			410.54000	
Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)			0.85475	
Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)			0.49634	
Levetiracetam Oral Soln 100 MG/ML	0.13910		0.05176	

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

As of 11/06/2017

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 Price	SMAC Effective
Levetiracetam Tab 1000 MG	1.01872		0.18600	
Levetiracetam Tab 250 MG	0.31092		0.07342	
Levetiracetam Tab 500 MG	0.42458		0.12842	
Levetiracetam Tab 750 MG	0.72216		0.19748	
Levetiracetam Tab ER 24HR 500 MG	2.03354		0.29683	
Levetiracetam Tab ER 24HR 750 MG	2.26605		0.45410	
Levobunolol HCl Ophth Soln 0.5%			2.69684	
Levocarnitine Oral Soln 1 GM/10ML (10%)	0.29643		0.35000	
Levocarnitine Tab 330 MG			0.85320	
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)			0.37648	
Levocetirizine Dihydrochloride Tab 5 MG	0.11799		0.09644	
Levofloxacin Oral Soln 25 MG/ML			0.90262	
Levofloxacin Tab 250 MG	0.22356		0.24958	
Levofloxacin Tab 500 MG	0.21788		0.14680	
Levofloxacin Tab 750 MG	0.46270		0.27550	
Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG			3.68308	
Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	1.31979		1.16500	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	0.51907		0.71763	
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	0.42213		0.38504	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.46487		0.22029	
Levonorgestrel Tab 1.5 MG			35.07625	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	0.69492		0.42000	
Levothyroxine Sodium For IV Inj 200 MCG			198.55200	
Levothyroxine Sodium For IV Inj 500 MCG			26.00000	
Levothyroxine Sodium Tab 100 MCG			0.41196	
Levothyroxine Sodium Tab 112 MCG			0.45301	
Levothyroxine Sodium Tab 125 MCG			0.45908	
Levothyroxine Sodium Tab 137 MCG	0.67152	0.46333	0.35260	11/01/2017
Levothyroxine Sodium Tab 150 MCG			0.47862	

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

As of 11/06/2017

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 Price	SMAC Effective
Levothyroxine Sodium Tab 175 MCG			0.58048	
Levothyroxine Sodium Tab 200 MCG			0.47992	
Levothyroxine Sodium Tab 25 MCG			0.35620	
Levothyroxine Sodium Tab 300 MCG			0.64108	
Levothyroxine Sodium Tab 50 MCG			0.35700	
Levothyroxine Sodium Tab 75 MCG			0.35587	
Levothyroxine Sodium Tab 88 MCG			0.39500	
Lidocaine HCl Cream 3%			1.19158	
Lidocaine HCl Gel 2%			0.32194	
Lidocaine HCl Local Inj 1%			0.05748	
Lidocaine HCl Local Inj 2%			0.06146	
Lidocaine HCl Local Preservative Free (PF) Inj 1%			0.58140	
Lidocaine HCl Local Preservative Free (PF) Inj 2%			0.42500	
Lidocaine HCl Soln 4%	0.11101		1.07740	
Lidocaine HCl Viscous Soln 2%	0.02697		0.11000	
Lidocaine Oint 5%			5.32000	
Lidocaine Patch 5%	3.82422		3.27778	
Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%			0.65107	
Lidocaine-Prilocaine Cream 2.5-2.5%			0.92500	
Lidocaine-Prilocaine Cream Kit 2.5-2.5%			0.23130	
Linezolid Tab 600 MG	37.38459		4.99300	
Liothyronine Sodium Tab 25 MCG	0.56447		0.42480	
Liothyronine Sodium Tab 5 MCG	0.39547		0.32280	
Liothyronine Sodium Tab 50 MCG	0.89789		0.64390	
Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	0.04858		0.04355	
Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	0.04838		0.03200	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG	0.04420	0.05369	0.04420	11/01/2017
Lisinopril Tab 10 MG	0.04894		0.02213	
Lisinopril Tab 2.5 MG	0.01400		0.02100	
Lisinopril Tab 20 MG	0.04358		0.03734	

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

As of 11/06/2017

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 Price	SMAC Effective
Lisinopril Tab 30 MG	0.06765	0.08632	0.05750	11/01/2017
Lisinopril Tab 40 MG	0.05146		0.05160	
Lisinopril Tab 5 MG	0.02217		0.02054	
Lithium Carbonate Cap 150 MG	0.06478		0.07580	
Lithium Carbonate Cap 300 MG	0.03506		0.03598	
Lithium Carbonate Cap 600 MG	0.16780		0.09110	
Lithium Carbonate Tab 300 MG			0.20124	
Lithium Carbonate Tab ER 300 MG	0.29253		0.20124	
Lithium Carbonate Tab ER 450 MG	0.24087		0.09360	
Lithium Oral Solution 8 mEq/5ML			0.03281	
Lomustine Cap 40 MG			247.40640	
Loperamide HCl Cap 2 MG			0.21868	
Lorazepam Conc 2 MG/ML	0.66206		0.32867	
Lorazepam Inj 2 MG/ML			2.17100	
Lorazepam Inj 4 MG/ML			1.19860	
Lorazepam Tab 0.5 MG	0.02717		0.02631	
Lorazepam Tab 1 MG	0.08232		0.03688	
Lorazepam Tab 2 MG	0.14816		0.05616	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	0.09447		0.08300	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	0.14417		0.07633	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	0.07656		0.10667	
Losartan Potassium Tab 100 MG	0.06589		0.08225	
Losartan Potassium Tab 25 MG	0.03857		0.03240	
Losartan Potassium Tab 50 MG	0.05167		0.04647	
Lovastatin Tab 10 MG	0.05518		0.05820	
Lovastatin Tab 20 MG	0.05308	0.08340	0.03900	11/01/2017
Lovastatin Tab 40 MG	0.07147		0.04717	
Loxapine Succinate Cap 10 MG	0.34949		0.35010	
Loxapine Succinate Cap 25 MG	0.54900		0.59939	
Loxapine Succinate Cap 5 MG	0.38401		0.37280	

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

As of 11/06/2017

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 Price	SMAC Effective
Loxapine Succinate Cap 50 MG	0.93425		0.75995	
Magnesium Hydroxide Susp 400 MG/5ML			0.00651	
Meclizine HCl Chew Tab 25 MG			0.17912	
Meclizine HCl Tab 12.5 MG			0.04940	
Meclizine HCl Tab 25 MG			0.14719	
Meclofenamate Sodium Cap 100 MG			1.78455	
Meclofenamate Sodium Cap 50 MG			0.56134	
Medroxyprogesterone Acetate IM Susp 150 MG/ML			78.81000	
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML			83.25000	
Medroxyprogesterone Acetate Tab 10 MG		0.15620	0.12420	11/01/2017
Medroxyprogesterone Acetate Tab 2.5 MG			0.05330	
Medroxyprogesterone Acetate Tab 5 MG			0.08900	
Mefloquine HCl Tab 250 MG			3.32640	
Megestrol Acetate Susp 40 MG/ML			0.06512	
Megestrol Acetate Tab 20 MG	0.16475		0.12563	
Megestrol Acetate Tab 40 MG	0.19407		0.15820	
Meloxicam Tab 15 MG	0.02106		0.02865	
Meloxicam Tab 7.5 MG	0.01970		0.01708	
Memantine HCl Tab 10 MG	0.17560		0.12656	
Memantine HCl Tab 5 MG	0.16961		0.09917	
Meperidine HCl Tab 100 MG	1.03518		0.38541	
Meperidine HCl Tab 50 MG	0.68745		0.20013	
Mercaptopurine Tab 50 MG	1.27707		0.88334	
Mesalamine Enema 4 GM			0.20903	
Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**			119.25000	
Mesna Inj 100 MG/ML			2.60000	
Metaproterenol Sulfate Syrup 10 MG/5ML			0.02460	
Metaxalone Tab 800 MG	2.09956		2.10040	
Metformin HCl Tab 1000 MG	0.03328		0.02399	
Metformin HCl Tab 500 MG	0.02033		0.02730	

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

As of 11/06/2017

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 Price	SMAC Effective
Metformin HCl Tab 850 MG	0.03772		0.03846	
Metformin HCl Tab ER 24HR 500 MG	0.03732		0.03594	
Metformin HCl Tab ER 24HR 750 MG	0.07672		0.07937	
Methadone HCl Conc 10 MG/ML			0.05102	
Methadone HCl Tab 10 MG	0.11438		0.12410	
Methadone HCl Tab 5 MG	0.16037		0.18628	
Methadone HCl Tab For Oral Susp 40 MG			0.30600	
Methazolamide Tab 25 MG	2.82224		2.84785	
Methazolamide Tab 50 MG	5.72611		2.41000	
Methenamine Hippurate Tab 1 GM	1.11248		1.02285	
Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***			2.58650	
Methimazole Tab 10 MG	0.14055		0.08775	
Methimazole Tab 5 MG	0.10857		0.04940	
Methocarbamol Tab 500 MG	0.06536		0.07423	
Methocarbamol Tab 750 MG	0.07946		0.07200	
Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)			3.15210	
Methotrexate Sodium Inj PF 100 MG/4ML (25 MG/ML)			1.08193	
Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)			1.08193	
Methotrexate Sodium Inj PF 200 MG/8ML (25 MG/ML)			1.08193	
Methotrexate Sodium Inj PF 25 MG/ML			1.08193	
Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML)			1.08193	
Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML)			1.08193	
Methotrexate Sodium Tab 2.5 MG (Base Equiv)	0.97440		1.01085	
Methscopolamine Bromide Tab 2.5 MG	1.27709		0.65425	
Methscopolamine Bromide Tab 5 MG	1.86964		0.86350	
Methyclothiazide Tab 5 MG			0.49920	
Methyldopa & Hydrochlorothiazide Tab 250-15 MG			0.81390	
Methyldopa & Hydrochlorothiazide Tab 250-25 MG			0.21307	
Methyldopa Tab 250 MG	0.13057		0.11550	
Methyldopa Tab 500 MG	0.23786		0.18460	

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

As of 11/06/2017

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 Price	SMAC Effective
Methylergonovine Maleate Tab 0.2 MG			54.08330	
Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)			180.94000	
Methylnaltrexone Bromide Inj Kit 12 MG/0.6ML			59.31180	
Methylphenidate HCl Cap ER 10 MG (CD)	3.43684		2.31590	
Methylphenidate HCl Cap ER 20 MG (CD)			2.31590	
Methylphenidate HCl Cap ER 24HR 40 MG (LA)			3.82880	
Methylphenidate HCl Soln 10 MG/5ML	0.86475		0.82100	
Methylphenidate HCl Tab 10 MG	0.51031		0.36580	
Methylphenidate HCl Tab 20 MG	0.74858		0.48195	
Methylphenidate HCl Tab 5 MG	0.40024		0.38255	
Methylphenidate HCl Tab ER 10 MG	4.38975		4.38980	
Methylphenidate HCl Tab ER 20 MG	3.61318		3.86280	
Methylphenidate HCl Tab ER 24HR 18 MG			7.09784	
Methylphenidate HCl Tab ER 24HR 27 MG			6.46201	
Methylphenidate HCl Tab ER 24HR 36 MG			8.23080	
Methylphenidate HCl Tab ER 24HR 54 MG			7.55780	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG			6.79000	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG			6.46201	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG			8.15963	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG			7.55780	
Methylprednisolone Acetate Inj Susp 40 MG/ML			4.68000	
Methylprednisolone Sod Succ For Inj 125 MG (Base Equiv)			5.20000	
Methylprednisolone Sod Succ For Inj 40 MG (Base Equiv)			2.56100	
Methylprednisolone Tab 16 MG			2.23620	
Methylprednisolone Tab 4 MG	0.56461		0.32240	
Methylprednisolone Tab Therapy Pack 4 MG (21)	0.36183		0.28952	
Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML)			0.01374	
Metoclopramide HCl Tab 10 MG	0.04005		0.02857	
Metoclopramide HCl Tab 5 MG	0.04169		0.02200	

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

As of 11/06/2017

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 Price	SMAC Effective
Metolazone Tab 10 MG	1.35354		1.38400	
Metolazone Tab 2.5 MG	1.06283		0.89270	
Metolazone Tab 5 MG	1.30763		1.09870	
Metoprolol & Hydrochlorothiazide Tab 50-25 MG	0.95146		0.82972	
Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	0.45776		0.40200	
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	0.75306		0.54850	
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	0.21536		0.19015	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	0.22621		0.24995	
Metoprolol Tartrate Tab 100 MG	0.03515		0.04125	
Metoprolol Tartrate Tab 25 MG	0.02360		0.03440	
Metoprolol Tartrate Tab 50 MG	0.02090		0.02525	
Metronidazole Cream 0.75%	1.51495		2.02533	
Metronidazole Gel 0.75%	1.63734		1.66389	
Metronidazole Gel 1%	2.81162		3.18500	
Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML			0.01486	
Metronidazole Lotion 0.75%			2.50441	
Metronidazole Tab 250 MG	0.21623		0.30370	
Metronidazole Tab 500 MG	0.30204		0.14590	
Metronidazole Vaginal Gel 0.75%			1.24700	
Mexiletine HCl Cap 150 MG			0.20910	
Mexiletine HCl Cap 200 MG			0.70200	
Mexiletine HCl Cap 250 MG			0.82212	
Miconazole Nitrate Vaginal Suppos 200 MG			13.71500	
Midazolam HCl Inj 10 MG/10ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 10 MG/2ML (Base Equivalent)			0.43550	
Midazolam HCl Inj 2 MG/2ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 25 MG/5ML (Base Equivalent)			0.43550	
Midazolam HCl Inj 5 MG/5ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 5 MG/ML (Base Equivalent)			0.43550	
Midazolam HCl Inj 50 MG/10ML (Base Equivalent)			0.43550	



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

As of 11/06/2017

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 Price	SMAC Effective
Midazolam HCl Syrup 2 MG/ML (Base Equivalent)			0.52224	
Midodrine HCl Tab 10 MG	1.12454		0.65802	
Midodrine HCl Tab 2.5 MG	0.29825		0.27930	
Midodrine HCl Tab 5 MG	0.45225		0.32230	
Milrinone Lactate in Dextrose 5% IV Soln 40 MG/200ML			0.13125	
Milrinone Lactate IV Soln 10 MG/10ML (Base Equivalent)			0.63505	
Milrinone Lactate IV Soln 20 MG/20ML (Base Equivalent)			0.63505	
Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent)			0.63505	
Minocycline HCl Cap 100 MG	0.71996	0.34027	0.43098	10/03/2017
Minocycline HCl Cap 50 MG	0.25443		0.24084	
Minocycline HCl Cap 75 MG	0.50214		0.26765	
Minoxidil Tab 10 MG	0.20980		0.26096	
Minoxidil Tab 2.5 MG	0.13626		0.13194	
Mirtazapine Orally Disintegrating Tab 15 MG	0.75931		0.79216	
Mirtazapine Orally Disintegrating Tab 30 MG	0.76184		0.53400	
Mirtazapine Orally Disintegrating Tab 45 MG	0.94697		0.80780	
Mirtazapine Tab 15 MG	0.10382		0.10174	
Mirtazapine Tab 30 MG	0.12886		0.07762	
Mirtazapine Tab 45 MG	0.27262		0.21767	
Mirtazapine Tab 7.5 MG			1.55210	
Misoprostol Tab 100 MCG	0.42836		0.39396	
Misoprostol Tab 200 MCG	0.81644		0.85965	
Mitomycin For IV Soln 20 MG			94.90000	
Mitomycin For IV Soln 5 MG			26.00000	
Mitoxantrone HCl Inj Conc 20 MG/10ML (2 MG/ML)			23.65870	
Mitoxantrone HCl Inj Conc 25 MG/12.5ML (2 MG/ML)			23.65870	
Mitoxantrone HCl Inj Conc 30 MG/15ML (2 MG/ML)			23.65870	
Modafinil Tab 100 MG	1.71755		0.49100	
Modafinil Tab 200 MG	2.22275		0.86500	
Moexipril HCl Tab 15 MG			0.31400	

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

As of 11/06/2017

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 Price	SMAC Effective
Moexipril HCl Tab 7.5 MG			0.25878	
Moexipril-Hydrochlorothiazide Tab 15-12.5 MG			0.59644	
Moexipril-Hydrochlorothiazide Tab 15-25 MG			0.53738	
Mometasone Furoate Cream 0.1%			0.51410	
Mometasone Furoate Oint 0.1%			0.89650	
Mometasone Furoate Solution 0.1% (Lotion)			0.21162	
Montelukast Sodium Chew Tab 4 MG (Base Equiv)	0.18106		0.20000	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	0.14698		0.09067	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	3.02195		3.36800	
Montelukast Sodium Tab 10 MG (Base Equiv)	0.15413		0.09936	
Morphine Sulfate Cap ER 24HR 30 MG			3.68590	
Morphine Sulfate Cap ER 24HR 50 MG			5.30000	
Morphine Sulfate Cap ER 24HR 60 MG			5.77500	
Morphine Sulfate Inj 10 MG/ML			0.52000	
Morphine Sulfate Oral Soln 10 MG/5ML			0.05832	
Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)			0.24545	
Morphine Sulfate Tab 15 MG			0.09000	
Morphine Sulfate Tab ER 100 MG	1.18331		0.81680	
Morphine Sulfate Tab ER 15 MG	0.27677		0.20538	
Morphine Sulfate Tab ER 200 MG	2.93394		2.93390	
Morphine Sulfate Tab ER 30 MG	0.41554		0.30560	
Morphine Sulfate Tab ER 60 MG	0.78796		0.63607	
Moxifloxacin HCl Tab 400 MG (Base Equiv)	4.77855		8.85327	
Multiple Vitamin Tab**			0.02313	
Multiple Vitamins w/ Iron Tab**			0.02788	
Mupirocin Oint 2%	0.23535		0.20727	
Mycophenolate Mofetil Cap 250 MG	0.68358		0.22149	
Mycophenolate Mofetil For Oral Susp 200 MG/ML			6.32612	
Mycophenolate Mofetil Tab 500 MG	0.89020		0.32781	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	2.71967		2.73579	

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

As of 11/06/2017

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 Price	SMAC Effective
Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	5.35884		5.09533	
Nabumetone Tab 500 MG	0.18394		0.18560	
Nabumetone Tab 750 MG	0.23119		0.15891	
Nadolol Tab 20 MG	1.26095		1.10200	
Nadolol Tab 40 MG	1.70713		0.80040	
Nadolol Tab 80 MG	2.65755		3.17357	
Nalbuphine HCl Inj 20 MG/ML			2.36600	
Naloxone HCl Inj 0.4 MG/ML			13.25000	
Naloxone HCl Inj 4 MG/10ML			13.56000	
Naltrexone For IM Extended Release Susp 380 MG			1303.76400	
Naltrexone HCl Tab 50 MG	0.81048		0.86834	
Naproxen Sodium Tab 275 MG			0.08963	
Naproxen Sodium Tab 550 MG	1.07075		1.28000	
Naproxen Susp 125 MG/5ML			0.78000	
Naproxen Tab 250 MG	0.05566		0.05100	
Naproxen Tab 375 MG	0.06171		0.05789	
Naproxen Tab 500 MG	0.09506		0.06000	
Naproxen Tab EC 375 MG	0.22092		0.13650	
Naproxen Tab EC 500 MG	0.20221		0.16431	
Naratriptan HCl Tab 1 MG (Base Equiv)	4.56200		3.86000	
Naratriptan HCl Tab 2.5 MG (Base Equiv)	2.94616		1.55944	
Nateglinide Tab 120 MG	0.60386		0.49911	
Nateglinide Tab 60 MG	0.56505		0.37877	
Nefazodone HCl Tab 100 MG			0.46100	
Nefazodone HCl Tab 150 MG			0.47540	
Nefazodone HCl Tab 200 MG			0.46900	
Nefazodone HCl Tab 250 MG			0.32500	
Nefazodone HCl Tab 50 MG			0.24500	
Neomycin Sulfate Tab 500 MG	0.72710		0.84127	
Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin	9.95979		10.52000	

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

As of 11/06/2017

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 Price	SMAC Effective
Neomycin-Polmy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML			3.51969	
Neomycin-Polymyxin B GU Irrigation Soln			13.36010	
Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%	3.63485		3.97715	
Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	3.01734		2.90000	
Neomycin-Polymyxin-HC Ophth Susp			14.80800	
Neomycin-Polymyxin-HC Otic Soln 1%			4.37800	
Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%			4.23680	
Nevirapine Tab 200 MG	1.06344		0.10617	
Niacin Tab ER 1000 MG (Antihyperlipidemic)	1.55829		0.62311	
Niacin Tab ER 500 MG (Antihyperlipidemic)	0.76750		0.34556	
Nicardipine HCl Cap 20 MG			0.12545	
Nifedipine Cap 10 MG	0.57259		0.53176	
Nifedipine Cap 20 MG			1.45000	
Nifedipine Tab ER 24HR 30 MG	0.26672		0.36020	
Nifedipine Tab ER 24HR 60 MG	0.65212		0.42891	
Nifedipine Tab ER 24HR 90 MG	0.58992		0.42470	
Nifedipine Tab ER 24HR Osmotic Release 30 MG			0.23830	
Nifedipine Tab ER 24HR Osmotic Release 60 MG			0.29250	
Nifedipine Tab ER 24HR Osmotic Release 90 MG	0.78642		0.50800	
Nisoldipine Tab ER 24HR 17 MG			6.03000	
Nisoldipine Tab ER 24HR 25.5 MG			6.55000	
Nisoldipine Tab ER 24HR 34 MG			6.55000	
Nisoldipine Tab ER 24HR 8.5 MG			3.75000	
Nitrofurantoin Macrocrystalline Cap 100 MG	0.92205		0.91780	
Nitrofurantoin Macrocrystalline Cap 50 MG	0.57667		0.32360	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	0.85899		0.85000	
Nitrofurantoin Susp 25 MG/5ML	1.31181		1.27345	
Nitroglycerin SL Tab 0.4 MG			0.60576	
Nitroglycerin TD Patch 24HR 0.1 MG/HR			0.63167	
Nitroglycerin TD Patch 24HR 0.2 MG/HR			0.42663	

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

As of 11/06/2017

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 Price	SMAC Effective
Nitroglycerin TD Patch 24HR 0.4 MG/HR			0.44945	
Nitroglycerin TD Patch 24HR 0.6 MG/HR		0.89000	0.54533	11/01/2017
Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)			21.89721	
Nizatidine Cap 150 MG	0.23331		0.20325	
Nizatidine Cap 300 MG	0.46490		0.72724	
Nizatidine Oral Soln 15 MG/ML			0.81250	
Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	0.66057		0.47145	
Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	0.69123		0.62440	
Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	0.44449		0.46413	
Norethindrone & Mestranol Tab 1 MG-50 MCG			0.92340	
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG			1.19186	
Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	0.63385	0.33593	0.63385	10/23/2017
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	0.81908		0.57873	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	0.37793	0.49100	0.28067	11/01/2017
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	0.51649		0.52974	
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	1.25156		1.10595	
Norethindrone Acetate Tab 5 MG	1.30728		1.44560	
Norethindrone Tab 0.35 MG			0.15733	
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	0.57002	0.56170	0.51417	11/01/2017
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	0.72655		0.75004	
Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	0.31076		0.24173	
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	0.72302		0.29726	
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	0.29005		0.21536	
Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG		0.50186	0.41253	11/01/2017
Nortriptyline HCl Cap 10 MG	0.11937		0.06356	
Nortriptyline HCl Cap 25 MG	0.12368		0.11367	
Nortriptyline HCl Cap 50 MG	0.20248		0.18000	
Nortriptyline HCl Cap 75 MG	0.30767		0.12989	

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

As of 11/06/2017

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 Price	SMAC Effective
Nortriptyline HCl Soln 10 MG/5ML			0.25084	
Nystatin Cream 100000 Unit/GM			0.50839	
Nystatin Oint 100000 Unit/GM			0.58443	
Nystatin Susp 100000 Unit/ML			0.04895	
Nystatin Tab 500000 Unit	0.49638		0.42100	
Nystatin Topical Powder			0.68313	
Nystatin Topical Powder 100000 Unit/GM			0.43807	
Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%			4.25367	
Octreotide Acetate For IM Inj Kit 20 MG			3874.89816	
Octreotide Acetate For IM Inj Kit 30 MG			5802.37728	
Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)			11.16100	
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)			44.25000	
Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)			9.10000	
Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)			6.34400	
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)			64.97400	
Ofloxacin Ophth Soln 0.3%			3.58600	
Ofloxacin Otic Soln 0.3%			11.40700	
Olanzapine Orally Disintegrating Tab 10 MG	1.78506		1.29900	
Olanzapine Orally Disintegrating Tab 15 MG	2.85157		1.32800	
Olanzapine Orally Disintegrating Tab 20 MG	3.97424		3.16567	
Olanzapine Orally Disintegrating Tab 5 MG	1.24551		0.93167	
Olanzapine Tab 10 MG	0.38412		0.21410	
Olanzapine Tab 15 MG	0.55904		0.15220	
Olanzapine Tab 2.5 MG	0.23082	0.19191	0.09333	11/01/2017
Olanzapine Tab 20 MG	0.77211		0.30133	
Olanzapine Tab 5 MG	0.26436	0.20984	0.12933	11/01/2017
Olanzapine Tab 7.5 MG	0.33371		0.26089	
Olmesartan Medoxomil Tab 20 MG			0.15257	
Olmesartan Medoxomil Tab 5 MG			0.04767	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG			0.26500	

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

As of 11/06/2017

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 Price	SMAC Effective
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG			0.24950	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG			3.03000	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG			3.22600	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG			2.49000	
Olopatadine HCl Nasal Soln 0.6%			8.24557	
Omega-3-acid Ethyl Esters Cap 1 GM	1.12325		0.32492	
Omeprazole Cap Delayed Release 10 MG	0.27783		0.11633	
Omeprazole Cap Delayed Release 20 MG	0.09403		0.04666	
Omeprazole Cap Delayed Release 40 MG	0.15275	0.13597	0.08717	11/01/2017
OnabotulinumtoxinA (Cosmetic) For Inj 50 Unit			329.67600	
Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)			0.48473	
Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)			0.10075	
Ondansetron HCl Oral Soln 4 MG/5ML	0.41101		0.59534	
Ondansetron HCl Tab 4 MG	0.11405		0.10100	
Ondansetron HCl Tab 8 MG	0.22743		0.08367	
Ondansetron Orally Disintegrating Tab 4 MG	0.32046		0.24933	
Ondansetron Orally Disintegrating Tab 8 MG	0.45195		0.35533	
Opium Tincture 1% (10 MG/ML) (Morphine Equiv)			2.59068	
Oral Vehicles - Syrup***			0.04063	
Oral Vehicles***			0.04063	
Orphenadrine Citrate Tab ER 12HR 100 MG	0.37836		0.18230	
Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG			2.04000	
Oxandrolone Tab 2.5 MG			3.19985	
Oxaprozin Tab 600 MG	1.40566		1.51684	
Oxazepam Cap 10 MG			0.50649	
Oxazepam Cap 15 MG			0.77050	
Oxazepam Cap 30 MG			1.06925	
Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	0.64963	0.29976	0.56310	10/13/2017
Oxcarbazepine Tab 150 MG	0.19440		0.17046	
Oxcarbazepine Tab 300 MG	0.50181	0.20401	0.16567	11/01/2017

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

As of 11/06/2017

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 Price	SMAC Effective
Oxcarbazepine Tab 600 MG	0.93255		0.42000	
Oxiconazole Nitrate Cream 1%			15.56000	
Oxybutynin Chloride Syrup 5 MG/5ML	0.01952		0.02415	
Oxybutynin Chloride Tab 5 MG	0.29969		0.28889	
Oxybutynin Chloride Tab ER 24HR 10 MG	0.50309		0.50218	
Oxybutynin Chloride Tab ER 24HR 15 MG	0.64086		0.34100	
Oxybutynin Chloride Tab ER 24HR 5 MG	0.62908	0.54500	0.39950	11/01/2017
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	4.38878	5.15200	4.38000	11/01/2017
Oxycodone HCl Soln 5 MG/5ML	0.26687		0.22800	
Oxycodone HCl Tab 10 MG	0.15072		0.15103	
Oxycodone HCl Tab 15 MG	0.16498		0.16174	
Oxycodone HCl Tab 20 MG	0.27247		0.19400	
Oxycodone HCl Tab 30 MG	0.28386		0.28463	
Oxycodone HCl Tab 5 MG	0.09089		0.07850	
Oxycodone HCl Tab ER 12HR Deter 10 MG			2.10788	
Oxycodone HCl Tab ER 12HR Deter 20 MG			4.51060	
Oxycodone HCl Tab ER 12HR Deter 40 MG			6.14895	
Oxycodone HCl Tab ER 12HR Deter 80 MG			12.00223	
Oxycodone w/ Acetaminophen Tab 10-325 MG	0.41644		0.42444	
Oxycodone w/ Acetaminophen Tab 5-325 MG	0.13814	0.09548	0.12400	10/12/2017
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	0.37776	0.22955	0.37760	10/15/2017
Oxycodone-Aspirin Tab 4.8355-325 MG			0.69850	
Oxymorphone HCl Tab 5 MG	1.15362		1.75000	
Oxymorphone HCl Tab ER 12HR 10 MG			2.59517	
Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)			1.17465	
Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)			1.17465	
Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)			1.17465	
Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)			1.17465	
Paliperidone Tab ER 24HR 6 MG	20.71926		13.05809	
Paliperidone Tab ER 24HR 9 MG	36.19110		20.33061	



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

As of 11/06/2017

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 Price	SMAC Effective
Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)			90.23760	
Pamidronate Disodium For Inj 90 MG			156.00000	
Pamidronate Disodium IV Soln 3 MG/ML			1.95000	
Pamidronate Disodium IV Soln 6 MG/ML			3.50090	
Pamidronate Disodium IV Soln 9 MG/ML			4.39660	
Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	0.11834		0.11777	
Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	0.10616		0.08591	
Paricalcitol Cap 1 MCG	3.32000		5.10250	
Paricalcitol Cap 2 MCG	12.97714		8.16667	
Paroxetine HCl Tab 10 MG	0.08780		0.06561	
Paroxetine HCl Tab 20 MG	0.08580		0.04100	
Paroxetine HCl Tab 30 MG	0.12017		0.08967	
Paroxetine HCl Tab 40 MG	0.12292		0.07622	
Paroxetine HCl Tab ER 24HR 12.5 MG	3.19949		2.25281	
Paroxetine HCl Tab ER 24HR 25 MG	3.47697		2.37014	
Paroxetine HCl Tab ER 24HR 37.5 MG	3.65502		1.67797	
Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**			0.11440	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***			0.20375	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***			0.16988	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***			0.10270	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***			0.11440	
Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***			0.12480	
Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***			0.10270	
Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***			0.10270	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	0.00348		0.00400	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM			0.00270	
PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	0.00392		0.00494	
Peginterferon alfa-2a Inj 180 MCG/ML			987.77304	

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

As of 11/06/2017

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 Price	SMAC Effective
Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML			867.21720	
Penicillin G Potassium For Inj 5000000 Unit			5.09100	
Penicillin V Potassium For Soln 125 MG/5ML			0.02880	
Penicillin V Potassium For Soln 250 MG/5ML			0.05925	
Penicillin V Potassium Tab 250 MG	0.11836		0.21140	
Penicillin V Potassium Tab 500 MG	0.17473		0.16874	
Pentazocine w/ Naloxone Tab 50-0.5 MG			1.05396	
Pentoxifyline Tab ER 400 MG	0.18789		0.15750	
Perindopril Erbumine Tab 2 MG			0.72800	
Perindopril Erbumine Tab 4 MG	0.41793		0.54988	
Perindopril Erbumine Tab 8 MG	0.63422		0.44392	
Permethrin Cream 5%	0.75015		0.93600	
Permethrin Creme Rinse 1%			0.14150	
Perphenazine Tab 16 MG			1.49140	
Perphenazine Tab 2 MG	0.76959		0.79970	
Perphenazine Tab 4 MG	1.03660		0.95815	
Perphenazine Tab 8 MG	1.26825		0.91350	
Perphenazine-Amitriptyline Tab 2-10 MG			0.06450	
Perphenazine-Amitriptyline Tab 2-25 MG			1.27540	
Perphenazine-Amitriptyline Tab 4-10 MG			0.21320	
Perphenazine-Amitriptyline Tab 4-25 MG			0.71400	
Perphenazine-Amitriptyline Tab 4-50 MG			1.11240	
Phenazopyridine HCl Tab 100 MG			0.12363	
Phenazopyridine HCl Tab 200 MG			1.20710	
Phenobarbital Elixir 20 MG/5ML			0.11948	
Phenobarbital Tab 100 MG			0.08363	
Phenobarbital Tab 15 MG			0.14000	
Phenobarbital Tab 16.2 MG			0.42750	
Phenobarbital Tab 30 MG			0.51300	
Phenobarbital Tab 32.4 MG			0.51300	
Phenobarbital Tab 60 MG			0.22000	

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

As of 11/06/2017

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 Price	SMAC Effective
Phenobarbital Tab 64.8 MG			0.63390	
Phenobarbital Tab 97.2 MG			0.80000	
Phentermine HCl Cap 15 MG	0.49742		0.16000	
Phenylephrine HCl Ophth Soln 2.5%			2.08607	
Phenytoin Chew Tab 50 MG	0.50722		0.31060	
Phenytoin Sodium Extended Cap 100 MG	0.57743		0.25354	
Phenytoin Sodium Inj 50 MG/ML			0.42900	
Phenytoin Susp 125 MG/5ML	0.08578		0.07809	
Pilocarpine HCl Ophth Soln 2%			5.10800	
Pilocarpine HCl Ophth Soln 4%			4.56530	
Pilocarpine HCl Tab 5 MG	1.00490		0.38580	
Pindolol Tab 10 MG	1.15589		1.19850	
Pindolol Tab 5 MG	0.86453		0.75671	
Pioglitazone HCl Tab 15 MG (Base Equiv)	0.11667		0.14314	
Pioglitazone HCl Tab 30 MG (Base Equiv)	0.16048		0.20210	
Pioglitazone HCl Tab 45 MG (Base Equiv)	0.21393		0.19356	
Pioglitazone HCl-Metformin HCl Tab 15-850 MG	1.08918		1.14586	
Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)			14.06600	
Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)			9.43800	
Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)			17.79700	
Piroxicam Cap 10 MG	0.84858		0.08918	
Piroxicam Cap 20 MG	1.19806		1.39000	
Podofilox Soln 0.5%	13.59257		13.62690	
Podophyllum Resin Soln 25%			6.44453	
Polyethylene Glycol 3350 Oral Packet			1.35100	
Polyethylene Glycol 3350 Oral Powder			0.02051	
Polyethylene Glycol 3350 Powder			0.03096	
Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	0.60750		0.44600	
Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG			0.17733	
Potassium Acetate Inj 2 mEq/ML			0.17000	

Last Refreshed: 11/06/2017

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

As of 11/06/2017

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 Price	SMAC Effective
Potassium Bicarbonate Effer Tab 25 mEq			0.23695	
Potassium Chloride 20 MEQ/L (0.15%) in Dextrose 5% Inj			0.00303	
Potassium Chloride Cap ER 10 mEq	0.27405		0.09794	
Potassium Chloride Cap ER 8 mEq	0.35514		0.38305	
Potassium Chloride Inj 2 mEq/ML			0.04150	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	0.27633		0.26315	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq			0.25674	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)			0.46520	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)			1.00182	
Potassium Chloride Powder Packet 20 mEq			4.83330	
Potassium Chloride Powder Packet 25 mEq			0.23387	
Potassium Chloride Tab ER 10 mEq		0.22081	0.18467	11/01/2017
Potassium Chloride Tab ER 20 mEq (1500 MG)			0.35060	
Potassium Chloride Tab ER 8 mEq (600 MG)			0.22640	
Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML			0.08112	
Potassium Citrate Tab ER 10 MEQ (1080 MG)	1.06857		1.16000	
Potassium Citrate Tab ER 15 MEQ (1620 MG)	2.06898		1.59000	
Potassium Citrate Tab ER 5 MEQ (540 MG)	0.91061		0.25987	
Pramipexole Dihydrochloride Tab 0.125 MG	0.06581		0.03978	
Pramipexole Dihydrochloride Tab 0.25 MG	0.07583		0.05567	
Pramipexole Dihydrochloride Tab 0.5 MG	0.08521		0.08520	
Pramipexole Dihydrochloride Tab 0.75 MG	0.13944		0.12387	
Pramipexole Dihydrochloride Tab 1 MG	0.17849		0.06056	
Pramipexole Dihydrochloride Tab 1.5 MG	0.12458		0.06322	
Pravastatin Sodium Tab 10 MG	0.17087	0.08689	0.14050	10/10/2017
Pravastatin Sodium Tab 20 MG	0.12674		0.08900	
Pravastatin Sodium Tab 40 MG	0.18885		0.14067	
Pravastatin Sodium Tab 80 MG	0.28668		0.21211	
Prazosin HCl Cap 1 MG	0.41596		0.38450	
Prazosin HCl Cap 2 MG	0.61046		0.41330	

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

As of 11/06/2017

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 Price	SMAC Effective
Prazosin HCl Cap 5 MG	1.04649		0.73510	
Prednisolone Acetate Ophth Susp 1%			6.75400	
Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)			0.65375	
Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)			0.09071	
Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)			0.03850	
Prednisolone Syrup 5 MG/5ML			0.11750	
Prednisone Tab 1 MG	0.12196		0.10331	
Prednisone Tab 10 MG	0.12027		0.07950	
Prednisone Tab 2.5 MG	0.10528		0.08990	
Prednisone Tab 20 MG	0.14991		0.15630	
Prednisone Tab 5 MG	0.10257		0.05260	
Prednisone Tab Therapy Pack 10 MG (21)			0.26542	
Prednisone Tab Therapy Pack 10 MG (48)			0.26542	
Prednisone Tab Therapy Pack 5 MG (21)			0.12024	
Prednisone Tab Therapy Pack 5 MG (48)			0.12024	
Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***			0.36000	
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***			0.21653	
Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***			0.29975	
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***			0.14526	
Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***			0.18187	
Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***			0.15587	
Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***			0.16000	
Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***			0.08435	
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 29-1 MG***			0.32000	
Primidone Tab 250 MG	1.27241		0.16573	
Primidone Tab 50 MG	0.10973		0.08207	
Probenecid Tab 500 MG	0.50541		0.37921	
Procarbazine HCl Cap 50 MG			81.27958	
Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	0.10010		0.07900	

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

As of 11/06/2017

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 Price	SMAC Effective
Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	0.08167	0.11874	0.05210	11/01/2017
Prochlorperazine Suppos 25 MG			7.30639	
Progesterone Micronized Cap 100 MG	0.71882		0.62380	
Progesterone Micronized Cap 200 MG	1.37971		1.16960	
Progesterone Vaginal Gel 8%			23.02988	
Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML			0.01818	
Promethazine HCl Inj 25 MG/ML			0.90630	
Promethazine HCl Inj 50 MG/ML			1.77568	
Promethazine HCl Suppos 12.5 MG	7.50768		7.03646	
Promethazine HCl Suppos 25 MG	7.21672		7.10111	
Promethazine HCl Syrup 6.25 MG/5ML			0.01551	
Promethazine HCl Tab 12.5 MG	0.07443		0.05630	
Promethazine HCl Tab 25 MG	0.07114		0.03140	
Promethazine HCl Tab 50 MG	0.14182		0.19092	
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML			0.07010	
Promethazine-DM Syrup 6.25-15 MG/5ML			0.01971	
Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML			0.07010	
Propafenone HCl Cap ER 12HR 425 MG			6.06450	
Propafenone HCl Tab 150 MG	0.15732		0.21000	
Propafenone HCl Tab 225 MG	0.24683		0.22256	
Propafenone HCl Tab 300 MG	0.77868		0.66747	
Proparacaine HCl Opth Soln 0.5%	2.15552		0.19507	
Propranolol HCl Cap ER 24HR 120 MG	1.79246		1.57241	
Propranolol HCl Cap ER 24HR 160 MG	2.93940		0.91122	
Propranolol HCl Cap ER 24HR 60 MG	0.93896	0.58050	0.93896	10/19/2017
Propranolol HCl Cap ER 24HR 80 MG	1.27168		0.56392	
Propranolol HCl Oral Soln 20 MG/5ML			0.09670	
Propranolol HCl Tab 10 MG	0.24698	0.17131	0.14110	11/01/2017
Propranolol HCl Tab 20 MG	0.27046		0.19970	
Propranolol HCl Tab 40 MG	0.40527		0.19265	

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

As of 11/06/2017

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 Price	SMAC Effective
Propranolol HCl Tab 60 MG	0.73207		0.58337	
Propranolol HCl Tab 80 MG	0.50305		0.31115	
Propylthiouracil Tab 50 MG			0.64710	
Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML			0.14113	
Pyrazinamide Tab 500 MG			1.92400	
Pyridostigmine Bromide Tab 60 MG	0.53426		0.41075	
Pyridoxine HCl Powder			0.24781	
Quetiapine Fumarate Tab 100 MG	0.14786		0.07950	
Quetiapine Fumarate Tab 200 MG	0.26879		0.23460	
Quetiapine Fumarate Tab 25 MG	0.06593		0.03890	
Quetiapine Fumarate Tab 300 MG	0.34275		0.14417	
Quetiapine Fumarate Tab 400 MG	0.44302		0.17410	
Quetiapine Fumarate Tab 50 MG	0.11450		0.12222	
Quetiapine Fumarate Tab ER 24HR 150 MG			1.59000	
Quetiapine Fumarate Tab ER 24HR 200 MG			2.19117	
Quetiapine Fumarate Tab ER 24HR 300 MG			2.05000	
Quetiapine Fumarate Tab ER 24HR 400 MG			3.10000	
Quetiapine Fumarate Tab ER 24HR 50 MG			0.85000	
Quinapril HCl Tab 10 MG	0.21087		0.09013	
Quinapril HCl Tab 20 MG	0.15827		0.17118	
Quinapril HCl Tab 40 MG	0.13907	0.16520	0.12089	11/01/2017
Quinapril HCl Tab 5 MG	0.17656		0.08701	
Quinapril-Hydrochlorothiazide Tab 10-12.5 MG	0.61380		0.46621	
Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	0.52789		0.52424	
Quinapril-Hydrochlorothiazide Tab 20-25 MG	0.51381		0.43647	
Quinidine Gluconate Tab ER 324 MG			6.82330	
Rabeprazole Sodium EC Tab 20 MG	1.74260	0.47000	0.31567	11/01/2017
Raloxifene HCl Tab 60 MG	1.08203		0.75533	
Ramipril Cap 1.25 MG	0.18711		0.17690	
Ramipril Cap 10 MG	0.15501		0.04168	
Ramipril Cap 2.5 MG	0.11708		0.08202	

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

As of 11/06/2017

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 Price	SMAC Effective
Ramipril Cap 5 MG	0.12554		0.05187	
Ranitidine HCl Cap 150 MG			0.25625	
Ranitidine HCl Cap 300 MG			0.65926	
Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)			0.01770	
Ranitidine HCl Tab 150 MG			0.06000	
Ranitidine HCl Tab 300 MG	0.12051	0.14460	0.10192	11/01/2017
Repaglinide Tab 0.5 MG	0.28431		0.35549	
Repaglinide Tab 1 MG	0.23233		0.41632	
Repaglinide Tab 2 MG	0.20848		0.26470	
Reserpine Tab 0.1 MG			0.06000	
Ribavirin Cap 200 MG	0.87325		0.93250	
Ribavirin Tab 200 MG	0.71504		0.57350	
Rifampin Cap 150 MG	0.91091		0.79485	
Rifampin Cap 300 MG	0.92492		0.81072	
Riluzole Tab 50 MG			44.62894	
Risedronate Sodium Tab 150 MG	63.08753		60.33000	
Risedronate Sodium Tab Delayed Release 35 MG			29.30750	
Risperidone Orally Disintegrating Tab 0.25 MG			1.18967	
Risperidone Orally Disintegrating Tab 0.5 MG	1.45143		0.80368	
Risperidone Orally Disintegrating Tab 1 MG	2.29508		0.98520	
Risperidone Orally Disintegrating Tab 2 MG	2.64959		2.01000	
Risperidone Orally Disintegrating Tab 3 MG	5.04767		5.91000	
Risperidone Orally Disintegrating Tab 4 MG	5.56607		7.74000	
Risperidone Soln 1 MG/ML	0.58757		0.43520	
Risperidone Tab 0.25 MG	0.09148		0.10583	
Risperidone Tab 0.5 MG	0.07776	0.09034	0.04150	11/01/2017
Risperidone Tab 1 MG	0.11637		0.03897	
Risperidone Tab 2 MG	0.17604		0.04394	
Risperidone Tab 3 MG	0.22528		0.07552	
Risperidone Tab 4 MG	0.45525		0.07709	
Rivastigmine Tartrate Cap 1.5 MG	0.72281		0.77000	



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

As of 11/06/2017

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 Price	SMAC Effective
Rivastigmine Tartrate Cap 3 MG	0.64727		1.07722	
Rivastigmine Tartrate Cap 4.5 MG	0.90907		0.26333	
Rivastigmine Tartrate Cap 6 MG	0.59310		0.45891	
Rivastigmine TD Patch 24HR 9.5 MG/24HR	10.30337		6.68167	
Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	2.10655		0.83889	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	1.94313		0.93230	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	1.36822		0.81667	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	0.95668		1.04000	
Ropinirole Hydrochloride Tab 0.25 MG	0.09045		0.06600	
Ropinirole Hydrochloride Tab 0.5 MG	0.07096		0.09341	
Ropinirole Hydrochloride Tab 1 MG	0.10630		0.07170	
Ropinirole Hydrochloride Tab 2 MG	0.10613		0.08870	
Ropinirole Hydrochloride Tab 3 MG	0.11794		0.16053	
Ropinirole Hydrochloride Tab 4 MG	0.12381	0.16763	0.08150	11/01/2017
Ropinirole Hydrochloride Tab 5 MG	0.12098		0.09924	
Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)			5.12133	
Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	1.09321		0.99967	
Rosuvastatin Calcium Tab 10 MG	1.08437		0.12433	
Rosuvastatin Calcium Tab 20 MG	0.86485		0.21400	
Rosuvastatin Calcium Tab 40 MG	0.93798		0.16356	
Rosuvastatin Calcium Tab 5 MG	0.96938	0.16356	0.08878	11/01/2017
Salicylic Acid Cream 6%			0.06125	
Salicylic Acid Lotion 6%			0.08792	
Salicylic Acid Shampoo 6%			0.14124	
Saline Injection Bacteriostatic			0.03033	
Saline Injection w/ Benzyl Alcohol			0.03033	
Salsalate Tab 500 MG			1.06250	
Salsalate Tab 750 MG			1.12300	
Selegiline HCl Tab 5 MG	1.46667		1.35000	
Selenium Sulfide Lotion 2.5%			0.08945	

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

As of 11/06/2017

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 Price	SMAC Effective
Sertraline HCl Oral Conc 20 MG/ML			0.68170	
Sertraline HCl Tab 100 MG	0.22196	0.07562	0.04255	11/01/2017
Sertraline HCl Tab 25 MG	0.13316	0.09330	0.03430	11/01/2017
Sertraline HCl Tab 50 MG	0.11104		0.03352	
Sildenafil Citrate Tab 20 MG	0.57641		0.46500	
Sildenafil Citrate Tab 25 MG			61.29451	
Sildenafil Citrate Tab 50 MG			61.29451	
Silver Sulfadiazine Cream 1%			0.19908	
Simvastatin Tab 10 MG	0.02797		0.03591	
Simvastatin Tab 20 MG	0.03511		0.01895	
Simvastatin Tab 40 MG	0.04449		0.05070	
Simvastatin Tab 5 MG	0.05011		0.03640	
Simvastatin Tab 80 MG	0.08373		0.09935	
Sirolimus Tab 1 MG			10.15525	
Sodium Bicarbonate Inj 8.4%			0.15760	
Sodium Chloride Flush IV Soln 0.9%			0.03231	
Sodium Chloride Inj 0.45%			0.00182	
Sodium Chloride Inj 0.9%			0.03231	
Sodium Chloride Inj 4 mEq/ML (23.4%)			0.01648	
Sodium Chloride Irrigation Soln 0.9%			0.00693	
Sodium Chloride IV Soln 0.9%			0.00877	
Sodium Chloride Soln Nebu 0.9%			0.09591	
Sodium Citrate & Citric Acid Soln 500-334 MG/5ML			0.02296	
Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)			0.04095	
Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)			0.04146	
Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)			0.04125	
Sodium Fluoride Cream 1.1%			0.07571	
Sodium Fluoride Gel 1.1% (0.5% F)		0.08659	0.06196	11/01/2017
Sodium Fluoride Rinse 0.2%			0.01756	
Sodium Fluoride Soln 0.25 MG/DROP F (from 0.55 MG/DROP NaF)			0.18330	

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

As of 11/06/2017

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 Price	SMAC Effective
Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)			0.18725	
Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML			0.08399	
Sodium Polystyrene Sulfonate Powder**	0.15877		0.10772	
Somatropin (Non-Refrigerated) For Inj 5 MG			560.44920	
Somatropin (Non-Refrigerated) For Inj 8.8 MG			1156.24644	
Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG			1156.24644	
Somatropin For Inj 0.2 MG			24.40058	
Somatropin For Inj 0.4 MG			48.80826	
Somatropin For Inj 0.6 MG			73.20884	
Somatropin For Inj 12 MG (13.8 MG Overfill)			1343.34504	
Somatropin For Inj 12 MG (36 Unit)			1257.35040	
Somatropin For Inj 24 MG			2514.70080	
Somatropin For Inj 5 MG			523.89600	
Somatropin For Inj 5.8 MG			304.64527	
Somatropin For Inj 6 MG (18 Unit)			628.67520	
Somatropin For Subcutaneous Inj 5 MG			560.44920	
Somatropin Inj 5 MG/1.5ML			366.09639	
Sorafenib Tosylate Tab 200 MG (Base Equivalent)			136.77927	
Sorbitol Oral Solution 70%			0.00899	
Sorbitol Rectal Solution 70%			0.00899	
Sorbitol Solution (Bulk)			0.00899	
Sotalol HCl (AFIB/AFL) Tab 120 MG			0.16325	
Sotalol HCl (AFIB/AFL) Tab 160 MG			0.19641	
Sotalol HCl (AFIB/AFL) Tab 80 MG			0.08482	
Sotalol HCl Tab 120 MG			0.11250	
Sotalol HCl Tab 160 MG			0.19641	
Sotalol HCl Tab 240 MG			0.33276	
Sotalol HCl Tab 80 MG			0.06730	
Spirolactone & Hydrochlorothiazide Tab 25-25 MG	0.93539		0.72300	
Spirolactone Tab 100 MG	0.28490	0.34879	0.28950	11/01/2017

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

As of 11/06/2017

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 Price	SMAC Effective
Spirolactone Tab 25 MG	0.06288		0.06742	
Spirolactone Tab 50 MG	0.17280		0.18126	
Stavudine Cap 15 MG			1.95477	
Stavudine Cap 20 MG			1.21300	
Stavudine Cap 30 MG			0.86000	
Stavudine Cap 40 MG	1.21610		1.43450	
Sucralfate Tab 1 GM	0.20533		0.20530	
Sulfacetamide Sodium Lotion 10% (Acne)	1.06168		0.48687	
Sulfacetamide Sodium Ophth Oint 10%			15.68000	
Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%			0.13718	
Sulfacetamide Sodium w/ Sulfur Lotion 10-5%			2.01032	
Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML			0.92890	
Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	0.23178		0.20163	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	0.10303		0.08359	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	0.07807		0.08450	
Sulfasalazine Tab 500 MG	0.19932		0.16644	
Sulfasalazine Tab Delayed Release 500 MG			0.23292	
Sulindac Tab 150 MG	0.15038		0.12100	
Sulindac Tab 200 MG	0.20210		0.20210	
Sumatriptan Nasal Spray 20 MG/ACT			42.01000	
Sumatriptan Nasal Spray 5 MG/ACT			40.56000	
Sumatriptan Succinate Inj 6 MG/0.5ML			39.37257	
Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML			169.85000	
Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML			132.70392	
Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML			110.77440	
Sumatriptan Succinate Tab 100 MG	0.95880	0.67084	0.60584	11/01/2017
Sumatriptan Succinate Tab 25 MG	0.81216		0.92110	
Sumatriptan Succinate Tab 50 MG	0.64618		0.46667	
Sunitinib Malate Cap 12.5 MG (Base Equivalent)			165.59852	
Sunitinib Malate Cap 25 MG (Base Equivalent)			331.19775	

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

As of 11/06/2017

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 Price	SMAC Effective
Sunitinib Malate Cap 50 MG (Base Equivalent)			576.56875	
Tacrolimus Cap 0.5 MG	0.57608		0.25744	
Tacrolimus Cap 1 MG	1.00990		0.22162	
Tacrolimus Cap 5 MG	4.62303	3.89600	1.35950	11/01/2017
Tacrolimus Oint 0.1%			5.27090	
Tamoxifen Citrate Tab 10 MG (Base Equivalent)	0.29397		0.26520	
Tamoxifen Citrate Tab 20 MG (Base Equivalent)	0.53505		0.51385	
Tamsulosin HCl Cap 0.4 MG	0.12470		0.20517	
Telmisartan Tab 20 MG	0.96092		0.25467	
Telmisartan Tab 40 MG	0.74959		0.26333	
Telmisartan Tab 80 MG	1.07759		0.28567	
Telmisartan-Hydrochlorothiazide Tab 80-25 MG	2.07267		1.83283	
Temazepam Cap 15 MG	0.07519		0.05925	
Temazepam Cap 30 MG	0.11018		0.07112	
Temazepam Cap 7.5 MG	2.89635		1.55470	
Temozolomide Cap 100 MG			76.52000	
Temozolomide Cap 140 MG			396.17686	
Temozolomide Cap 180 MG			568.16621	
Temozolomide Cap 20 MG			63.13843	
Temozolomide Cap 250 MG			789.33598	
Terazosin HCl Cap 1 MG	0.06296		0.04550	
Terazosin HCl Cap 10 MG	0.06592		0.04670	
Terazosin HCl Cap 2 MG	0.06279		0.04550	
Terazosin HCl Cap 5 MG	0.06577		0.08218	
Terbinafine HCl Tab 250 MG	0.15276		0.15288	
Terbutaline Sulfate Tab 2.5 MG			0.85620	
Terconazole Vaginal Cream 0.4%	0.62634	0.61692	0.65600	10/05/2017
Terconazole Vaginal Cream 0.8%			1.37030	
Terconazole Vaginal Suppos 80 MG			20.15007	
Tesamorelin Acetate For Inj 1 MG (Base Equiv)			76.36000	
Testosterone Cypionate IM Inj in Oil 200 MG/ML			14.64885	

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

As of 11/06/2017

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 Price	SMAC Effective
Testosterone Enanthate IM Inj in Oil 200 MG/ML			11.16600	
Tetracycline HCl Cap 250 MG	5.01121		4.52000	
Tetracycline HCl Cap 500 MG	7.65918		7.34520	
Thalidomide Cap 50 MG			170.21817	
Theophylline Tab ER 12HR 100 MG			0.12790	
Theophylline Tab ER 12HR 200 MG			0.34260	
Theophylline Tab ER 24HR 400 MG			0.41220	
Thioguanine Tab 40 MG			25.17609	
Thioridazine HCl Tab 10 MG			0.33367	
Thioridazine HCl Tab 100 MG			0.61240	
Thioridazine HCl Tab 25 MG			0.72100	
Thioridazine HCl Tab 50 MG			0.63225	
Thiothixene Cap 1 MG			0.76030	
Thiothixene Cap 10 MG			1.46520	
Thiothixene Cap 2 MG			0.89633	
Thiothixene Cap 5 MG			1.84500	
Thyroid Tab 120 MG (2 Grain)			1.18434	
Thyroid Tab 15 MG (1/4 Grain)			0.51563	
Thyroid Tab 30 MG (1/2 Grain)			0.41000	
Thyroid Tab 90 MG (1 1/2 Grain)			0.25393	
Tiagabine HCl Tab 2 MG			4.79365	
Tiagabine HCl Tab 4 MG			3.86484	
Ticlopidine HCl Tab 250 MG			0.16510	
Timolol Maleate Ophth Gel Forming Soln 0.25%			20.20189	
Timolol Maleate Ophth Gel Forming Soln 0.5%			20.87000	
Timolol Maleate Ophth Soln 0.25%			0.53583	
Timolol Maleate Ophth Soln 0.5%			0.46000	
Timolol Maleate Tab 10 MG			0.38870	
Timolol Maleate Tab 20 MG			0.71955	
Timolol Maleate Tab 5 MG			0.28691	
Tizanidine HCl Cap 2 MG (Base Equivalent)	1.13430		1.03127	

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

As of 11/06/2017

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 Price	SMAC Effective
Tizanidine HCl Cap 4 MG (Base Equivalent)	1.51085		0.84850	
Tizanidine HCl Tab 2 MG (Base Equivalent)	0.11842		0.07947	
Tizanidine HCl Tab 4 MG (Base Equivalent)	0.11767		0.08947	
Tobramycin Nebu Soln 300 MG/5ML			26.10163	
Tobramycin Ophth Soln 0.3%	1.42980	1.45210	0.81000	11/01/2017
Tobramycin Sulfate For Inj 1.2 GM			101.01000	
Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)			0.75929	
Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)			0.75929	
Tobramycin Sulfate Inj 40 MG/ML			0.94410	
Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)			0.75929	
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%			13.54590	
Tolbutamide Tab 500 MG			0.20592	
Tolmetin Sodium Tab 600 MG			1.52152	
Tolterodine Tartrate Cap ER 24HR 2 MG	3.59338		3.84201	
Tolterodine Tartrate Cap ER 24HR 4 MG	4.35537		2.16167	
Tolterodine Tartrate Tab 1 MG	1.03731		1.01210	
Tolterodine Tartrate Tab 2 MG	0.99940		0.94356	
Topiramate Sprinkle Cap 15 MG			0.42510	
Topiramate Sprinkle Cap 25 MG	0.43076		0.42946	
Topiramate Tab 100 MG	0.46533	0.10672	0.06431	11/01/2017
Topiramate Tab 200 MG	0.84567		0.10509	
Topiramate Tab 25 MG	0.09952		0.02767	
Topiramate Tab 50 MG	0.18053		0.03750	
Torseamide Tab 10 MG	0.08883	0.10953	0.06650	11/01/2017
Torseamide Tab 100 MG	0.29138		0.26032	
Torseamide Tab 20 MG	0.10251		0.07950	
Torseamide Tab 5 MG	0.07074		0.09400	
Trace Min (Cr-Cu-Mn-Se-Zn) Inj 10-1000-500-60-5000 MCG/ML			0.58500	
Trace Min (Cr-Cu-Mn-Zn) Inj 0.01-1-0.5-5 MG/ML			1.29350	
Tramadol HCl Tab 50 MG	0.02868		0.02751	

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

As of 11/06/2017

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 Price	SMAC Effective
Tramadol HCl Tab ER 24HR 100 MG			1.49017	
Tramadol HCl Tab ER 24HR 200 MG			1.30933	
Tramadol HCl Tab ER 24HR 300 MG			3.21000	
Tramadol HCl Tab ER 24HR Biphasic Release 200 MG			3.16520	
Tramadol-Acetaminophen Tab 37.5-325 MG	0.15664		0.08010	
Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)			97.43669	
Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)			347.87723	
Trandolapril Tab 1 MG	0.23271		0.21365	
Trandolapril Tab 2 MG	0.18895		0.21365	
Trandolapril Tab 4 MG	0.18912		0.21365	
Trazodone HCl Tab 100 MG	0.09067	0.06178	0.09067	09/26/2017
Trazodone HCl Tab 150 MG	0.19128		0.15340	
Trazodone HCl Tab 300 MG			2.19790	
Trazodone HCl Tab 50 MG	0.04855		0.04520	
Tretinoin Cream 0.025%			4.18500	
Tretinoin Cream 0.05%			4.34948	
Tretinoin Cream 0.1%			5.25000	
Tretinoin Gel 0.01%			4.21500	
Tretinoin Gel 0.025%			3.67500	
Triamcinolone Acetonide Cream 0.025%			0.12482	
Triamcinolone Acetonide Cream 0.1%			0.16267	
Triamcinolone Acetonide Cream 0.5%	0.43140		0.36600	
Triamcinolone Acetonide Dental Paste 0.1%	7.47789		7.69540	
Triamcinolone Acetonide Lotion 0.1%	0.40250		0.48192	
Triamcinolone Acetonide Oint 0.025%			0.15866	
Triamcinolone Acetonide Oint 0.1%			0.24330	
Triamcinolone Acetonide Oint 0.5%			0.48450	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	0.16477		0.22100	
Triamterene & Hydrochlorothiazide Cap 50-25 MG			1.51850	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	0.12221		0.12220	



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

As of 11/06/2017

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 Price	SMAC Effective
Triamterene & Hydrochlorothiazide Tab 75-50 MG	0.12924		0.05500	
Triazolam Tab 0.125 MG			0.19590	
Triazolam Tab 0.25 MG			0.17110	
Trifluoperazine HCl Tab 1 MG (Base Equivalent)			0.55102	
Trifluoperazine HCl Tab 10 MG (Base Equivalent)			1.34636	
Trifluoperazine HCl Tab 2 MG (Base Equivalent)			0.82077	
Trifluoperazine HCl Tab 5 MG (Base Equivalent)			1.12464	
Trifluridine Ophth Soln 1%	16.54054		15.62000	
Trihexyphenidyl HCl Elixir 0.4 MG/ML			0.04700	
Trihexyphenidyl HCl Tab 2 MG	0.05104		0.05820	
Trihexyphenidyl HCl Tab 5 MG	0.10721		0.12050	
Trimethoprim Tab 100 MG	0.25617		0.16520	
Triptorelin Pamoate For IM Susp 11.25 MG			2429.95780	
Triptorelin Pamoate For IM Susp 22.5 MG			4859.92390	
Triptorelin Pamoate For IM Susp 3.75 MG			809.98870	
Tropicamide Ophth Soln 0.5%			0.56767	
Tropicamide Ophth Soln 1%	1.17074		0.60667	
Urea Cream 40%			1.04188	
Urea Cream 50%			0.15778	
Urea Gel 40%			3.42333	
Urea Lotion 40%			0.06704	
Ursodiol Cap 300 MG	3.67901		2.65120	
Ursodiol Tab 250 MG	1.17060		0.89394	
Ursodiol Tab 500 MG	1.83532		1.98151	
Valacyclovir HCl Tab 1 GM	0.69040		0.39000	
Valacyclovir HCl Tab 500 MG	0.42750	0.35753	0.28319	11/01/2017
Valganciclovir HCl Tab 450 MG (Base Equivalent)	19.04256		20.69000	
Valproate Sodium Inj 100 MG/ML			3.46000	
Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	0.02278		0.02395	
Valproate Sodium Syrup 250 MG/5ML			0.03040	

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

As of 11/06/2017

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 Price	SMAC Effective
Valproic Acid Cap 250 MG	0.38096		0.16669	
Valsartan Tab 160 MG	0.28858	0.30667	0.10856	11/01/2017
Valsartan Tab 320 MG	0.35228		0.18500	
Valsartan Tab 40 MG	0.23390	0.28333	0.09100	11/01/2017
Valsartan Tab 80 MG	0.32901		0.14458	
Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	0.37713		0.29124	
Valsartan-Hydrochlorothiazide Tab 160-25 MG	0.29312		0.18756	
Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	0.29831		0.27600	
Valsartan-Hydrochlorothiazide Tab 320-25 MG	0.38231		0.29489	
Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	0.38112		0.15711	
Vancomycin HCl Cap 125 MG	6.67669		6.28000	
Vancomycin HCl For Inj 10 GM			54.32000	
Vancomycin HCl For Inj 1000 MG			14.09140	
Vancomycin HCl For Inj 500 MG			2.91853	
Vancomycin HCl For Inj 5000 MG			17.92667	
Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	0.35248		0.17484	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	0.28042	0.20125	0.11800	11/01/2017
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	0.37894	0.20862	0.13318	11/01/2017
Venlafaxine HCl Tab 100 MG	0.21325		0.26010	
Venlafaxine HCl Tab 25 MG	0.20672		0.24000	
Venlafaxine HCl Tab 37.5 MG	0.22112		0.28355	
Venlafaxine HCl Tab 50 MG	0.24235		0.23880	
Venlafaxine HCl Tab 75 MG	0.23309		0.12000	
Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)			2.20528	
Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)			2.29000	
Verapamil HCl Cap ER 24HR 120 MG			1.23000	
Verapamil HCl Cap ER 24HR 180 MG			1.28699	
Verapamil HCl Cap ER 24HR 200 MG			1.04240	
Verapamil HCl Cap ER 24HR 240 MG			1.71910	
Verapamil HCl Cap ER 24HR 360 MG			3.86000	

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

As of 11/06/2017

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 Price	SMAC Effective
Verapamil HCl Tab 120 MG	0.06499		0.06180	
Verapamil HCl Tab 40 MG			0.16613	
Verapamil HCl Tab 80 MG	0.05746		0.06102	
Verapamil HCl Tab ER 120 MG	0.26238		0.18705	
Verapamil HCl Tab ER 180 MG	0.24215		0.10355	
Verapamil HCl Tab ER 240 MG	0.23164	0.15425	0.12965	11/01/2017
Vincristine Sulfate IV Soln 1 MG/ML			7.11750	
Vinorelbine Tartrate Inj 10 MG/ML (Base Equiv)			15.11900	
Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv)			17.12360	
Voriconazole Tab 200 MG	12.09347		3.81133	
Warfarin Sodium Tab 1 MG	0.17786		0.14210	
Warfarin Sodium Tab 10 MG	0.42743		0.10237	
Warfarin Sodium Tab 2 MG	0.20694		0.08733	
Warfarin Sodium Tab 2.5 MG	0.20086		0.06438	
Warfarin Sodium Tab 3 MG	0.19552		0.09721	
Warfarin Sodium Tab 4 MG	0.19992		0.09538	
Warfarin Sodium Tab 5 MG	0.20498	0.09125	0.11713	10/07/2017
Warfarin Sodium Tab 6 MG	0.25654		0.09867	
Warfarin Sodium Tab 7.5 MG	0.26406		0.21250	
Water For Injection			0.08302	
Water For Irrigation, Sterile Irrigation Soln			0.00601	
Water For IV Injection			0.08302	
Wound Dressings - Cream***			0.52347	
Zafirlukast Tab 20 MG			1.42150	
Zaleplon Cap 10 MG	0.29656		0.13820	
Zaleplon Cap 5 MG	0.32438		0.21140	
Zidovudine Cap 100 MG			1.58570	
Zidovudine Tab 300 MG	0.35660		0.33148	
Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)			0.03887	
Ziprasidone HCl Cap 20 MG	0.87323	0.69370	0.65083	11/01/2017

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

As of 11/06/2017

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 Price	SMAC Effective
Ziprasidone HCl Cap 40 MG	0.71956		0.31667	
Ziprasidone HCl Cap 60 MG	0.86826		0.61567	
Ziprasidone HCl Cap 80 MG	1.10028		0.59494	
Zolmitriptan Orally Disintegrating Tab 2.5 MG	10.91229		6.64000	
Zolmitriptan Orally Disintegrating Tab 5 MG	9.53454		3.89667	
Zolmitriptan Tab 2.5 MG	10.02923		1.15000	
Zolmitriptan Tab 5 MG	9.48095	6.32401	3.36667	11/01/2017
Zolpidem Tartrate Tab 10 MG	0.12438		0.02037	
Zolpidem Tartrate Tab 5 MG	0.08307		0.01975	
Zolpidem Tartrate Tab ER 12.5 MG	1.48625		0.83650	
Zolpidem Tartrate Tab ER 6.25 MG	1.28133		1.42100	
Zonisamide Cap 100 MG	2.28626		0.13844	
Zonisamide Cap 25 MG	0.84713		0.10463	
Zonisamide Cap 50 MG	0.16381		0.12180	

