

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

Data as of 9/10/2018

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 Soln 20 MG/ML (Base Equiv)			0.52279	
Abacavir Sulfate Tab 300 MG (Base Equiv)	1.44668		1.71062	
Abacavir Sulfate-Lamivudine Tab 600-300 MG	11.87585		3.49833	
Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG			20.06646	
Acamprosate Calcium Tab Delayed Release 333 MG	0.68909		0.56967	
Acarbose Tab 100 MG	0.33057		0.18990	
Acarbose Tab 25 MG	0.22085		0.15360	
Acarbose Tab 50 MG	0.23043		0.17333	
Acebutolol HCl Cap 200 MG			0.19710	
Acebutolol HCl Cap 400 MG			0.26613	
Acetaminophen w/ Codeine Soln 120-12 MG/5ML			0.01600	
Acetaminophen w/ Codeine Tab 300-15 MG	0.11172		0.15000	
Acetaminophen w/ Codeine Tab 300-30 MG	0.11620		0.09167	
Acetaminophen w/ Codeine Tab 300-60 MG	0.21237		0.17150	
Acetazolamide Cap ER 12HR 500 MG	0.92371		0.59156	
Acetazolamide Sodium For Inj 500 MG			9.11877	
Acetazolamide Tab 125 MG	1.15459		1.37675	
Acetazolamide Tab 250 MG	1.38863		1.13615	
Acetic Acid Irrigation Soln 0.25%			0.00270	
Acetic Acid Otic Soln 2%			1.22934	
Acetylcysteine Inhal Soln 10%			0.36618	
Acetylcysteine Inhal Soln 20%			0.32400	
Acitretin Cap 10 MG	11.30206		14.45000	
Acitretin Cap 17.5 MG			25.25000	
Acitretin Cap 25 MG	13.92800		15.20000	
Acyclovir Cap 200 MG	0.09525		0.05480	
Acyclovir Oint 5%			7.02000	
Acyclovir Susp 200 MG/5ML	0.52705		0.62953	
Acyclovir Tab 400 MG	0.09004		0.05732	
Acyclovir Tab 800 MG	0.17959		0.13520	

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

Data as of 9/10/2018

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
Adalimumab Pen-injector Kit 40 MG/0.8ML			2426.27592	
Adalimumab Prefilled Syringe Kit 40 MG/0.8ML			2426.27592	
Adapalene Cream 0.1%			3.31978	
Adapalene Gel 0.1%			1.90000	
Adapalene Gel 0.3%	2.21575		4.44500	
Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	3.83638		8.78933	
Adefovir Dipivoxil Tab 10 MG			46.97833	
Albumin, Human Inj 25%			1.39750	
Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)			0.03173	
Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)			0.56410	
Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)			0.19667	
Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)			0.13733	
Albuterol Sulfate Syrup 2 MG/5ML			0.01017	
Albuterol Sulfate Tab 2 MG	3.66423		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%			0.62411	
Alcohol Swabs***			0.01500	
Alendronate Sodium Tab 10 MG			0.13200	
Alendronate Sodium Tab 35 MG	0.42818		0.35333	
Alendronate Sodium Tab 5 MG			0.19460	
Alendronate Sodium Tab 70 MG	0.38596		0.27875	
Alfuzosin HCl Tab ER 24HR 10 MG	0.21981		0.11326	
Allopurinol Tab 100 MG	0.09227		0.09429	
Allopurinol Tab 300 MG	0.15025		0.15479	
Alosetron HCl Tab 0.5 MG (Base Equiv)	12.00893		15.75000	
Alprazolam Tab 0.25 MG	0.04074		0.01612	
Alprazolam Tab 0.5 MG	0.04382		0.02755	
Alprazolam Tab 1 MG	0.06831		0.02720	

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

Data as of 9/10/2018

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
Alprazolam Tab 2 MG	0.23917		0.04891	
Alprazolam Tab ER 24HR 0.5 MG	0.23789		0.18083	
Alprazolam Tab ER 24HR 1 MG	0.45696		0.21717	
Alprazolam Tab ER 24HR 2 MG	0.39324		0.34454	
Alprazolam Tab ER 24HR 3 MG	0.39536		0.35500	
Amantadine HCl Cap 100 MG	0.59894		0.24644	
Amantadine HCl Syrup 50 MG/5ML	0.02032		0.03776	
Amantadine HCl Tab 100 MG	1.25516		1.27048	
Amiloride & Hydrochlorothiazide Tab 5-50 MG			0.35241	
Amiloride HCl Tab 5 MG	0.18831		0.18960	
Aminocaproic Acid Tab 500 MG			4.38000	
Amiodarone HCl Tab 100 MG			1.96500	
Amiodarone HCl Tab 200 MG	0.14208		0.12740	
Amitriptyline HCl Tab 10 MG	0.09770		0.08681	
Amitriptyline HCl Tab 100 MG	0.75152		0.60065	
Amitriptyline HCl Tab 150 MG	1.27707		1.05157	
Amitriptyline HCl Tab 25 MG	0.16596		0.17140	
Amitriptyline HCl Tab 50 MG	0.35768		0.27030	
Amitriptyline HCl Tab 75 MG	0.63877		0.35820	
Amlodipine Besylate Tab 10 MG (Base Equivalent)	0.04177		0.02098	
Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	0.03605		0.01878	
Amlodipine Besylate Tab 5 MG (Base Equivalent)	0.03062		0.01285	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	3.75606		3.69400	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	2.65333		4.06230	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	3.14696		2.74000	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	2.87756		3.35767	
Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	0.17995		0.12698	
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	0.27536		0.14950	
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	0.18338		0.08560	
Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	0.16616		0.07450	

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

Data as of 9/10/2018

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-Benazepril HCl Cap 5-20 MG	0.18898		0.13157	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	0.14538		0.08980	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	1.18429		0.52000	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	1.58029		0.68867	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	1.02498		0.44433	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	1.57755		0.88000	
Amlodipine Besylate-Valsartan Tab 10-160 MG	0.75516		0.53333	
Amlodipine Besylate-Valsartan Tab 10-320 MG	0.94101		0.43333	
Amlodipine Besylate-Valsartan Tab 5-160 MG	0.83980		0.42083	
Amlodipine Besylate-Valsartan Tab 5-320 MG	0.79715		0.78167	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	1.14926		0.91533	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	2.25263		1.41333	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	0.80600		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			0.07700	
Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML			0.50050	
Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML			0.05520	
Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML			0.07638	
Amoxicillin & K Clavulanate Tab 250-125 MG	3.58494		3.35700	
Amoxicillin & K Clavulanate Tab 500-125 MG	0.44402		0.29917	
Amoxicillin & K Clavulanate Tab 875-125 MG	0.49053		0.28951	
Amoxicillin (Trihydrate) Cap 250 MG	0.06834		0.04196	
Amoxicillin (Trihydrate) Cap 500 MG	0.06655		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	

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

Data as of 9/10/2018

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
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			0.01695	
Amoxicillin (Trihydrate) For Susp 400 MG/5ML			0.02189	
Amoxicillin (Trihydrate) Tab 500 MG	0.23016		0.26000	
Amoxicillin (Trihydrate) Tab 875 MG	0.12939		0.12879	
Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	3.82443		1.93720	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	4.44573		2.87100	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	4.08694		2.06800	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	4.13460		3.31174	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	3.96544		1.97693	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	5.93519		1.00560	
Amphetamine-Dextroamphetamine Tab 10 MG	0.50772		0.47303	
Amphetamine-Dextroamphetamine Tab 12.5 MG			0.52640	
Amphetamine-Dextroamphetamine Tab 15 MG	0.41069		0.42130	
Amphetamine-Dextroamphetamine Tab 20 MG	0.52013		0.39190	
Amphetamine-Dextroamphetamine Tab 30 MG	0.55398		0.31250	
Amphetamine-Dextroamphetamine Tab 5 MG	0.49698		0.52970	
Amphetamine-Dextroamphetamine Tab 7.5 MG	0.54738		0.64960	
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			0.25110	
Ampicillin Sodium For Inj 1 GM			5.46000	

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

Data as of 9/10/2018

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
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	0.16292		0.07854	
Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit			1.19000	
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	

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

Data as of 9/10/2018

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 (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	
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 2000 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	
Antithrombin III (Human) For Inj 500 Unit			1.69000	
Apremilast Tab 30 MG			54.49930	

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

Data as of 9/10/2018

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
Aripiprazole Oral Solution 1 MG/ML	2.60962		3.56153	
Aripiprazole Tab 10 MG	3.74304		0.32633	
Aripiprazole Tab 15 MG	3.68258		0.39635	
Aripiprazole Tab 2 MG	2.27598		0.34434	
Aripiprazole Tab 20 MG	5.52983		0.38334	
Aripiprazole Tab 30 MG	6.10327		0.26950	
Aripiprazole Tab 5 MG	2.93545		0.37589	
Armodafinil Tab 250 MG	10.85050		1.51716	
Aspirin-Caff-Butalbital w/ Codeine Cap 200-40-50-30 MG			1.65624	
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	7.19973		4.29200	
Atazanavir Sulfate Cap 150 MG (Base Equiv)			24.29011	
Atazanavir Sulfate Cap 200 MG (Base Equiv)			15.24000	
Atazanavir Sulfate Cap 300 MG (Base Equiv)			35.76467	
Atenolol & Chlorthalidone Tab 100-25 MG	0.64809		0.36700	
Atenolol & Chlorthalidone Tab 50-25 MG	0.40073		0.31240	
Atenolol Tab 100 MG	0.12910		0.02990	
Atenolol Tab 25 MG	0.11512		0.01982	
Atenolol Tab 50 MG	0.07622		0.04274	
Atomoxetine HCl Cap 10 MG (Base Equiv)	3.75086		1.99500	
Atomoxetine HCl Cap 100 MG (Base Equiv)	3.47046		2.49833	
Atomoxetine HCl Cap 18 MG (Base Equiv)	3.97684		2.41000	
Atomoxetine HCl Cap 25 MG (Base Equiv)	2.86364		2.11367	
Atomoxetine HCl Cap 40 MG (Base Equiv)	3.20019		2.67567	
Atomoxetine HCl Cap 60 MG (Base Equiv)	3.48310		3.09330	
Atomoxetine HCl Cap 80 MG (Base Equiv)	3.91124		2.85767	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	0.11376		0.05920	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	0.14488		0.06483	
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	0.16732		0.09526	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	0.18466		0.11409	
Atovaquone Susp 750 MG/5ML	4.66126		2.73798	

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

Data as of 9/10/2018

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
Atovaquone-Proguanil HCl Tab 250-100 MG	3.06401		3.09766	
Atovaquone-Proguanil HCl Tab 62.5-25 MG			0.91013	
Atropine Sulfate Ophth Soln 1%			9.21410	
Azathioprine Tab 50 MG	0.32984		0.27375	
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	0.41380		0.37362	
Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	1.55336		1.60175	
Azelastine HCl Ophth Soln 0.05%			1.75028	
Azithromycin For Susp 100 MG/5ML	0.81157		0.70600	
Azithromycin For Susp 200 MG/5ML			0.45450	
Azithromycin IV For Soln 500 MG			6.80550	
Azithromycin Tab 250 MG	1.01058		0.27106	
Azithromycin Tab 500 MG	1.63815		0.84239	
Azithromycin Tab 600 MG			1.58391	
B-Complex w/ C & Folic Acid Cap 1 MG***			0.09660	
B-Complex w/ C & Folic Acid Tab 1 MG***			0.10190	
Bacitracin Intramuscular For Soln 50000 Unit			6.50000	
Bacitracin Zinc Oint 500 Unit/GM			0.18693	
Bacitracin-Polymyxin B Ophth Oint	2.89330		2.24572	
Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%			12.61429	
Baclofen Tab 10 MG	0.10393		0.09563	
Baclofen Tab 20 MG	0.20222		0.21930	
Balsalazide Disodium Cap 750 MG	0.35925		0.22496	
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	0.57624		0.94691	
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	0.57287		0.19990	
Benazepril & Hydrochlorothiazide Tab 20-25 MG	0.65453		0.78420	
Benazepril & Hydrochlorothiazide Tab 5-6.25 MG			0.89470	
Benazepril HCl Tab 10 MG	0.04637		0.04350	
Benazepril HCl Tab 20 MG	0.04293		0.04278	
Benazepril HCl Tab 40 MG	0.06645		0.05313	
Benazepril HCl Tab 5 MG	0.04105		0.04180	

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

Data as of 9/10/2018

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
Benzonatate Cap 100 MG	0.12884		0.16481	
Benzonatate Cap 200 MG	0.22628		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%			5.15000	
Benztropine Mesylate Inj 1 MG/ML			19.50100	
Benztropine Mesylate Tab 0.5 MG	0.09412		0.08100	
Benztropine Mesylate Tab 1 MG	0.10319		0.10350	
Benztropine Mesylate Tab 2 MG	0.13327		0.10805	
Betamethasone Dipropionate Augmented Cream 0.05%			0.19500	
Betamethasone Dipropionate Augmented Gel 0.05%			0.40432	
Betamethasone Dipropionate Augmented Lotion 0.05%			2.02000	
Betamethasone Dipropionate Augmented Oint 0.05%			2.45000	
Betamethasone Dipropionate Cream 0.05%			1.68000	
Betamethasone Dipropionate Lotion 0.05%	0.53400		0.06980	
Betamethasone Dipropionate Oint 0.05%			1.83200	
Betamethasone Valerate Aerosol Foam 0.12%	4.24288		4.28000	
Betamethasone Valerate Cream 0.1% (Base Equivalent)			1.01200	
Betamethasone Valerate Lotion 0.1% (Base Equivalent)			0.60292	
Betamethasone Valerate Oint 0.1% (Base Equivalent)			0.69763	
Bethanechol Chloride Tab 10 MG	0.36346		0.39694	
Bethanechol Chloride Tab 25 MG	0.39816		0.30547	
Bethanechol Chloride Tab 5 MG	0.19058		0.11570	
Bethanechol Chloride Tab 50 MG	0.80067		0.33784	
Bicalutamide Tab 50 MG	0.27540		0.10180	
Bimatoprost Soln 0.03%			32.50000	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	0.37631		0.05313	

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

Data as of 9/10/2018

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
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG			0.03462	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	0.32606		0.04470	
Bisoprolol Fumarate Tab 10 MG	0.25317		0.18530	
Bisoprolol Fumarate Tab 5 MG			0.15655	
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 Opth Soln 0.15%			19.22480	
Brimonidine Tartrate Opth Soln 0.2%			0.58583	
Bromfenac Sodium Opth Soln 0.09% (Base Equiv) (Once-Daily)			38.95000	
Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)	2.74394		2.95581	
Budesonide Delayed Release Particles Cap 3 MG	4.67006		3.77630	
Budesonide Inhalation Susp 0.25 MG/2ML			1.17167	
Budesonide Inhalation Susp 0.5 MG/2ML			0.94870	
Budesonide Inhalation Susp 1 MG/2ML			7.27000	
Bumetanide Inj 0.25 MG/ML			0.20540	
Bumetanide Tab 0.5 MG	0.51425		0.26071	
Bumetanide Tab 1 MG	0.49835		0.39720	
Bumetanide Tab 2 MG	0.85957		0.85306	
Bupivacaine HCl Preservative Free (PF) Inj 0.5%			0.11333	
Buprenorphine HCl SL Tab 2 MG (Base Equiv)	0.76487		0.43600	
Buprenorphine HCl SL Tab 8 MG (Base Equiv)	1.40266		1.24987	
Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	2.02204		2.57400	
Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	2.72387		2.38370	
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	0.33653		0.20967	
Bupropion HCl Tab 100 MG	0.26633		0.21130	
Bupropion HCl Tab 75 MG	0.24955		0.11450	
Bupropion HCl Tab ER 12HR 100 MG	0.19384		0.07644	
Bupropion HCl Tab ER 12HR 150 MG	0.23609		0.11848	

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

Data as of 9/10/2018

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
Bupropion HCl Tab ER 12HR 200 MG	0.54748		0.23880	
Bupropion HCl Tab ER 24HR 150 MG	1.03194		0.20050	
Bupropion HCl Tab ER 24HR 300 MG			0.36090	
Burrow's Solution w/ Acetic Acid Otic Soln 2%			0.11450	
Buspirone HCl Tab 10 MG	0.05020	0.03980	0.05020	07/31/2018
Buspirone HCl Tab 15 MG	0.06664		0.06644	
Buspirone HCl Tab 30 MG	0.32723		0.29700	
Buspirone HCl Tab 5 MG	0.03010		0.03760	
Buspirone HCl Tab 7.5 MG	0.38606		0.41440	
Butalbital-Acetaminophen Tab 50-325 MG	0.92462		1.12285	
Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	0.89853		0.99709	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	2.28566		2.36850	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG			0.60905	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	0.57447		0.44476	
Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	1.53718		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	12.35519		6.20530	
Cabergoline Tab 0.5 MG	4.67659		4.25125	
Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)			6.66666	
Calcipotriene Cream 0.005%			2.27000	
Calcipotriene Oint 0.005%			2.76038	
Calcipotriene Soln 0.005% (50 MCG/ML)	2.05861		1.68000	
Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%			7.02000	
Calcitonin (Salmon) Nasal Soln 200 Unit/ACT			8.43108	
Calcitriol Cap 0.25 MCG	0.22389		0.15948	
Calcitriol Cap 0.5 MCG	0.41154		0.31830	
Calcitriol Oral Soln 1 MCG/ML			5.41210	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)			0.14475	

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

Data as of 9/10/2018

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
Calcium Acetate (Phosphate Binder) Tab 667 MG			0.42680	
Calcium Gluconate Inj 10%			0.17000	
Candesartan Cilexetil Tab 16 MG	1.81809		1.75200	
Candesartan Cilexetil Tab 32 MG	2.08323		1.85811	
Candesartan Cilexetil Tab 4 MG	1.52305		1.46500	
Candesartan Cilexetil Tab 8 MG	1.52518		1.34111	
Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	2.87678		2.02290	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	3.35740		2.02290	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	3.66180		3.03985	
Capecitabine Tab 500 MG	8.75995		2.52025	
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	1.61950		1.55550	
Captopril Tab 12.5 MG	0.71676		0.52210	
Captopril Tab 25 MG	0.77285		0.12075	
Captopril Tab 50 MG	1.32650		1.29560	
Carbamazepine Cap ER 12HR 100 MG	0.73223		0.62433	
Carbamazepine Cap ER 12HR 200 MG	0.66316		0.53017	
Carbamazepine Cap ER 12HR 300 MG	0.75686		0.72565	
Carbamazepine Chew Tab 100 MG	0.32084		0.25520	
Carbamazepine Susp 100 MG/5ML	0.31708		0.11588	
Carbamazepine Tab 200 MG	0.45830		0.31642	
Carbamazepine Tab ER 12HR 100 MG	0.75940		0.54345	
Carbamazepine Tab ER 12HR 200 MG	1.23100		0.90340	
Carbamazepine Tab ER 12HR 400 MG			1.59656	
Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG			1.14127	

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

Data as of 9/10/2018

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
Carbidopa & Levodopa Orally Disintegrating Tab 25-250 MG			0.85410	
Carbidopa & Levodopa Tab 10-100 MG	0.13394		0.09610	
Carbidopa & Levodopa Tab 25-100 MG	0.11609		0.08025	
Carbidopa & Levodopa Tab 25-250 MG	0.16910		0.16231	
Carbidopa & Levodopa Tab ER 25-100 MG	0.36754		0.18200	
Carbidopa & Levodopa Tab ER 50-200 MG	0.44257		0.34048	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	1.44245		2.67548	
Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG	1.94892		3.06482	
Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG	1.28661		2.80555	
Carbinoxamine Maleate Tab 4 MG	0.47295		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 250 MG	2.25137		1.87370	
Carisoprodol Tab 350 MG	0.11472		0.05785	
Carteolol HCl Ophth Soln 1%			1.40920	
Carvedilol Phosphate Cap ER 24HR 20 MG	9.18015		5.82500	
Carvedilol Phosphate Cap ER 24HR 80 MG	9.21614		6.91250	
Carvedilol Tab 12.5 MG	0.04324		0.03350	
Carvedilol Tab 25 MG	0.05738		0.02887	
Carvedilol Tab 3.125 MG	0.02824		0.02240	
Carvedilol Tab 6.25 MG	0.03290		0.02830	
Cefaclor Cap 250 MG			1.21625	
Cefaclor Cap 500 MG			1.99803	
Cefaclor For Susp 125 MG/5ML			0.73655	
Cefaclor For Susp 250 MG/5ML			1.16666	
Cefaclor For Susp 375 MG/5ML			2.21067	
Cefadroxil Cap 500 MG	0.22492		0.16060	

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

Data as of 9/10/2018

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
Cefadroxil For Susp 250 MG/5ML	0.21620		0.20100	
Cefadroxil For Susp 500 MG/5ML			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	0.59884		0.39355	
Cefdinir For Susp 125 MG/5ML			0.19289	
Cefdinir For Susp 250 MG/5ML			0.18235	
Cefepime HCl For Inj 1 GM			4.54700	
Cefepime HCl For Inj 2 GM			8.52600	
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	4.08675		2.94000	
Cefpodoxime Proxetil Tab 200 MG	4.97602		4.82411	
Cefprozil For Susp 125 MG/5ML	0.24954		0.21679	
Cefprozil For Susp 250 MG/5ML			0.23730	
Cefprozil Tab 250 MG	0.86897		0.77750	
Cefprozil Tab 500 MG	1.16780		1.36460	
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			2.75000	
Ceftriaxone Sodium For Inj 250 MG			0.63100	
Ceftriaxone Sodium For Inj 500 MG			2.33000	
Ceftriaxone Sodium For IV Soln 2 GM			10.98500	
Cefuroxime Axetil Tab 250 MG	0.62392		0.48133	

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

Data as of 9/10/2018

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
Cefuroxime Axetil Tab 500 MG	0.77863		0.82145	
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	0.39389		0.20620	
Celecoxib Cap 200 MG	0.66117		0.22666	
Celecoxib Cap 400 MG	1.47009		1.45200	
Celecoxib Cap 50 MG	0.34344		0.28033	
Cephalexin Cap 250 MG	0.07754		0.05200	
Cephalexin Cap 500 MG	0.11604		0.07754	
Cephalexin For Susp 125 MG/5ML			0.09450	
Cephalexin For Susp 250 MG/5ML			0.10126	
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)			0.02087	
Chlordiazepoxide HCl Cap 10 MG			0.05930	
Chlordiazepoxide HCl Cap 25 MG			0.06297	
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 10 MG			2.01331	
Chlorpromazine HCl Tab 100 MG			5.23685	
Chlorpromazine HCl Tab 200 MG		5.90560	8.69320	08/17/2018
Chlorpromazine HCl Tab 25 MG			2.83355	
Chlorpromazine HCl Tab 50 MG			3.54755	
Chlorpropamide Tab 100 MG			0.20075	
Chlorpropamide Tab 250 MG			0.34000	

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

Data as of 9/10/2018

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
Chlorthalidone Tab 25 MG	0.64765		0.48310	
Chlorthalidone Tab 50 MG	0.85501		0.74330	
Chlorzoxazone Tab 500 MG			0.28010	
Cholestyramine Light Powder 4 GM/DOSE			0.23429	
Cholestyramine Light Powder Packets 4 GM			0.29672	
Cholestyramine Powder 4 GM/DOSE	0.18757		0.18040	
Cholestyramine Powder Packets 4 GM			1.13699	
Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	1.22020		1.09206	
Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	0.79713		0.41211	
Ciclopirox Gel 0.77%			1.11874	
Ciclopirox Olamine Cream 0.77% (Base Equiv)			0.20745	
Ciclopirox Olamine Susp 0.77% (Base Equiv)			0.76780	
Ciclopirox Shampoo 1%	0.51250		0.44000	
Ciclopirox Solution 8%	2.34641		2.29000	
Cilostazol Tab 100 MG	0.12061		0.11183	
Cilostazol Tab 50 MG	0.10968		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			0.52650	
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%			0.68000	
Ciprofloxacin HCl Tab 100 MG (Base Equiv)			2.93583	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)	0.20930		0.09120	
Ciprofloxacin HCl Tab 500 MG (Base Equiv)	0.11572		0.09853	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)	0.24701		0.23220	
Ciprofloxacin IV Soln 400 MG/40ML (1%)			0.09230	

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

Data as of 9/10/2018

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
Citalopram Hydrobromide Oral Soln 10 MG/5ML			0.26420	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	0.02740		0.01764	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	0.03446		0.02579	
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	0.04645		0.03987	
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	0.69533		0.54704	
Clarithromycin Tab 500 MG	0.66958		0.57736	
Clarithromycin Tab ER 24HR 500 MG			1.24967	
Clemastine Fumarate Tab 2.68 MG			0.19150	
Clindamycin HCl Cap 150 MG	0.12559		0.06950	
Clindamycin HCl Cap 300 MG	0.24829		0.19863	
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	0.25383		0.24340	
Clindamycin Phosphate Foam 1%			5.21000	
Clindamycin Phosphate Gel 1%			1.27667	
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%			1.18000	
Clindamycin Phosphate Soln 1%			0.44000	
Clindamycin Phosphate Swab 1%			0.30288	
Clindamycin Phosphate Vaginal Cream 2%	1.71777		1.66175	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%			2.41000	
Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%			9.25000	
Clobetasol Propionate Cream 0.05%			1.27759	
Clobetasol Propionate Emollient Base Cream 0.05%			1.58689	
Clobetasol Propionate Emulsion Foam 0.05%			3.69000	

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

Data as of 9/10/2018

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 Foam 0.05%			2.53750	
Clobetasol Propionate Gel 0.05%			2.39000	
Clobetasol Propionate Lotion 0.05%			2.60000	
Clobetasol Propionate Oint 0.05%			1.69997	
Clobetasol Propionate Shampoo 0.05%	1.58302		1.63602	
Clobetasol Propionate Soln 0.05%			0.91485	
Clobetasol Propionate Spray 0.05%			3.16000	
Clomiphene Citrate Tab 50 MG			0.51333	
Clomipramine HCl Cap 25 MG	4.34611		4.60511	
Clomipramine HCl Cap 50 MG	4.54141		4.99967	
Clomipramine HCl Cap 75 MG	4.88883		4.24770	
Clonazepam Orally Disintegrating Tab 0.125 MG	0.61052	0.54167	0.61050	07/16/2018
Clonazepam Orally Disintegrating Tab 0.25 MG	0.68576		0.62800	
Clonazepam Orally Disintegrating Tab 0.5 MG	0.65656		0.62917	
Clonazepam Orally Disintegrating Tab 1 MG	0.88056		0.58810	
Clonazepam Orally Disintegrating Tab 2 MG	1.39750		1.35500	
Clonazepam Tab 0.5 MG	0.06387		0.02180	
Clonazepam Tab 1 MG	0.05793		0.02300	
Clonazepam Tab 2 MG	0.09759		0.03110	
Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML			22.75000	
Clonidine HCl Tab 0.1 MG	0.02242		0.02202	
Clonidine HCl Tab 0.2 MG	0.03207		0.03521	
Clonidine HCl Tab 0.3 MG	0.03926		0.02763	
Clonidine HCl Tab ER 12HR 0.1 MG	4.58552		1.57392	
Clonidine HCl TD Patch Weekly 0.1 MG/24HR	12.46535		11.20500	
Clonidine HCl TD Patch Weekly 0.2 MG/24HR			20.60250	
Clonidine HCl TD Patch Weekly 0.3 MG/24HR	27.90003		18.99000	
Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	0.12408		0.05919	
Clorazepate Dipotassium Tab 15 MG			2.29050	
Clorazepate Dipotassium Tab 3.75 MG			0.87940	

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

Data as of 9/10/2018

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
Clorazepate Dipotassium Tab 7.5 MG	1.43394		1.39350	
Clotrimazole Cream 1%			0.44000	
Clotrimazole Soln 1%			1.46278	
Clotrimazole Troche 10 MG			0.29457	
Clotrimazole w/ Betamethasone Cream 1-0.05%			0.12360	
Clotrimazole w/ Betamethasone Lotion 1-0.05%			0.68260	
Clozapine Tab 100 MG	1.29729		0.58154	
Clozapine Tab 200 MG	1.77158		1.63620	
Clozapine Tab 25 MG	0.56496		0.26970	
Clozapine Tab 50 MG	0.77590		0.52825	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit			2.20000	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit			2.20000	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit			2.20000	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit			2.20000	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit			2.20000	
Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit			2.20000	
Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit			3.84000	
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	
Coagulation Factor IX For Inj 1000 Unit			0.68500	
Coagulation Factor IX For Inj 1500 Unit			0.68500	
Coagulation Factor IX For Inj 500 Unit			0.68500	
Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt			1.30000	
Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt			1.30000	

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

Data as of 9/10/2018

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
Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt			1.30000	
Codeine Sulfate Tab 30 MG			0.31600	
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	0.60096		0.80422	
Cromolyn Sodium Soln Nebu 20 MG/2ML			2.17127	
Cyanocobalamin Inj 1000 MCG/ML			3.63950	
Cyclobenzaprine HCl Tab 10 MG	0.02347		0.02970	
Cyclobenzaprine HCl Tab 5 MG	0.03310		0.03519	
Cyclopentolate HCl Ophth Soln 1%			5.39000	
Cyclopentolate HCl Ophth Soln 2%			5.65200	
Cyclophosphamide For Inj 2 GM			1459.14000	
Cyclophosphamide Tab 50 MG			2.63500	
Cyclosporine Cap 100 MG			8.96300	
Cyclosporine Cap 25 MG			1.77280	
Cyclosporine Modified Cap 100 MG	3.25013		1.89033	
Cyclosporine Modified Cap 25 MG	1.19360		0.50994	
Cyclosporine Modified Oral Soln 100 MG/ML			3.20100	
Cyproheptadine HCl Syrup 2 MG/5ML			0.06893	
Cyproheptadine HCl Tab 4 MG	0.24157		0.25302	
Cysteamine Bitartrate Cap 150 MG			0.82000	
Cysteamine Bitartrate Cap 50 MG			0.28000	
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 100 MG			0.97500	

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

Data as of 9/10/2018

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
Dantrolene Sodium Cap 25 MG	0.71938		0.39540	
Dantrolene Sodium Cap 50 MG	1.07048		0.63900	
Dapsone Gel 5%			5.72000	
Dapsone Tab 100 MG	2.37930		1.43567	
Dapsone Tab 25 MG	1.47800		1.35000	
Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML			3854.52000	
Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	5.70977		6.87431	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	6.01134		7.09333	
Darunavir Ethanolate Tab 400 MG (Base Equiv)			20.88545	
Darunavir Ethanolate Tab 600 MG (Base Equiv)			26.23862	
Dasatinib Tab 70 MG			237.84779	
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	3.22498		2.95730	
Demeclocycline HCl Tab 300 MG			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			0.87520	
Desipramine HCl Tab 50 MG			1.31850	
Desipramine HCl Tab 75 MG			1.75430	
Desloratadine Tab 5 MG	0.40004		0.33544	
Desmopressin Acetate Inj 4 MCG/ML			7.67000	
Desmopressin Acetate Nasal Spray Soln 0.01%			19.79800	
Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)			19.21240	
Desmopressin Acetate Tab 0.1 MG	0.76773		0.50020	
Desmopressin Acetate Tab 0.2 MG	0.71540		0.58240	

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

Data as of 9/10/2018

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)	0.62225		0.37988	
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG			0.58024	
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.39039		0.21696	
Desonide Cream 0.05%			1.75000	
Desonide Lotion 0.05%			0.16060	
Desonide Oint 0.05%			2.84000	
Desoximetasone Cream 0.05%	3.75658		2.89109	
Desoximetasone Cream 0.25%			0.71000	
Desoximetasone Oint 0.25%			2.65000	
Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	1.58623		0.83606	
Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	1.49084		1.09967	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	1.50410		0.79718	
Dexamethasone Elixir 0.5 MG/5ML	0.15742		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			0.04650	
Dexamethasone Tab 0.75 MG			0.09400	
Dexamethasone Tab 1.5 MG			0.11454	
Dexamethasone Tab 4 MG			0.08400	
Dexamethasone Tab 6 MG			0.37206	
Dexmethylphenidate HCl Cap ER 24 HR 10 MG	9.29153		5.22820	
Dexmethylphenidate HCl Cap ER 24 HR 15 MG	11.35935		3.84667	
Dexmethylphenidate HCl Cap ER 24 HR 20 MG	5.58782		5.45218	
Dexmethylphenidate HCl Cap ER 24 HR 25 MG	11.67584		8.23960	
Dexmethylphenidate HCl Cap ER 24 HR 30 MG	4.71265		3.70220	

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

Data as of 9/10/2018

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
Dexmethylphenidate HCl Cap ER 24 HR 40 MG	8.78472		4.69154	
Dexmethylphenidate HCl Cap ER 24 HR 5 MG	4.29096		4.03380	
Dexmethylphenidate HCl Tab 10 MG	0.87099		0.82285	
Dexmethylphenidate HCl Tab 2.5 MG	0.42255		0.41599	
Dexmethylphenidate HCl Tab 5 MG	0.59254		0.59573	
Dextroamphetamine Sulfate Cap ER 24HR 10 MG	2.59763		0.74300	
Dextroamphetamine Sulfate Cap ER 24HR 15 MG	3.28040		1.00806	
Dextroamphetamine Sulfate Tab 10 MG	0.73545		0.44970	
Dextroamphetamine Sulfate Tab 5 MG	1.08938		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	0.02697		0.02456	
Diazepam Tab 2 MG	0.02086		0.01740	
Diazepam Tab 5 MG	0.02453		0.02148	
Diclofenac Potassium Tab 50 MG	0.51509		0.29960	
Diclofenac Sodium (Actinic Keratoses) Gel 3%	1.26487		1.56000	
Diclofenac Sodium Gel 1%			0.26485	
Diclofenac Sodium Ophth Soln 0.1%			0.88800	
Diclofenac Sodium Soln 1.5%	0.25208		0.45000	
Diclofenac Sodium Tab Delayed Release 50 MG	0.13422		0.11433	

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

Data as of 9/10/2018

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
Diclofenac Sodium Tab Delayed Release 75 MG	0.13214		0.09980	
Diclofenac Sodium Tab ER 24HR 100 MG	0.90251		0.19545	
Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	1.99493		1.88383	
Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	1.85560		1.74367	
Dicloxacillin Sodium Cap 250 MG			0.27170	
Dicloxacillin Sodium Cap 500 MG			0.49800	
Dicyclomine HCl Cap 10 MG	0.14755		0.10210	
Dicyclomine HCl Oral Soln 10 MG/5ML			0.20802	
Dicyclomine HCl Tab 20 MG	0.15096		0.15070	
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%			11.18150	
Diflorasone Diacetate Oint 0.05%			4.78816	
Diffunisal Tab 500 MG			1.03390	
Digoxin Tab 125 MCG (0.125 MG)	0.52544		0.40033	
Digoxin Tab 250 MCG (0.25 MG)	7.99598		0.41165	
Diltiazem HCl Cap ER 12HR 120 MG			4.07250	
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			0.35690	
Diltiazem HCl Cap ER 24HR 180 MG			0.45530	
Diltiazem HCl Cap ER 24HR 240 MG			0.42815	
Diltiazem HCl Coated Beads Cap ER 24HR 120 MG			0.18078	
Diltiazem HCl Coated Beads Cap ER 24HR 180 MG			0.23356	
Diltiazem HCl Coated Beads Cap ER 24HR 240 MG			0.33473	
Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	0.54839		0.41122	
Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	3.79846		3.96500	
Diltiazem HCl Coated Beads Tab ER 24HR 180 MG			2.05944	
Diltiazem HCl Coated Beads Tab ER 24HR 420 MG			3.52000	

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

Data as of 9/10/2018

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 120 MG	0.29094		0.23822	
Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	0.35694		0.26622	
Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	0.46130		0.41667	
Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	0.57536		0.65163	
Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	0.58700		0.52089	
Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG			1.17522	
Diltiazem HCl Tab 120 MG	0.89670		0.28510	
Diltiazem HCl Tab 30 MG	0.16497		0.06520	
Diltiazem HCl Tab 60 MG	0.19445		0.15960	
Diltiazem HCl Tab 90 MG	0.39726		0.24125	
Diphenhydramine HCl Cap 50 MG	0.04378		0.02188	
Diphenhydramine HCl Elixir 12.5 MG/5ML			0.01108	
Diphenhydramine HCl Inj 50 MG/ML			0.52510	
Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	0.40468		0.25830	
Dipyridamole Tab 25 MG			0.29450	
Dipyridamole Tab 50 MG			0.20175	
Dipyridamole Tab 75 MG			0.28409	
Disopyramide Phosphate Cap 100 MG	1.57920		0.32562	
Disopyramide Phosphate Cap 150 MG	1.59658		0.32562	
Disopyramide Phosphate Cap ER 12HR 150 MG			1.04950	
Disulfiram Tab 250 MG	1.57407		1.64667	
Disulfiram Tab 500 MG			3.03000	
Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	0.49474		0.43747	
Divalproex Sodium Tab Delayed Release 125 MG	0.09465		0.05061	
Divalproex Sodium Tab Delayed Release 250 MG	0.18144		0.09090	
Divalproex Sodium Tab Delayed Release 500 MG	0.26615		0.11493	
Divalproex Sodium Tab ER 24 HR 250 MG	0.45615		0.43461	
Divalproex Sodium Tab ER 24 HR 500 MG	0.68956		0.37342	
Docusate Sodium Cap 100 MG			0.04688	

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

Data as of 9/10/2018

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
Dofetilide Cap 250 MCG (0.25 MG)	4.97847		3.94367	
Dofetilide Cap 500 MCG (0.5 MG)	4.67306		4.16633	
Donepezil Hydrochloride Orally Disintegrating Tab 10 MG			0.23100	
Donepezil Hydrochloride Orally Disintegrating Tab 5 MG			0.41666	
Donepezil Hydrochloride Tab 10 MG	0.11997		0.03508	
Donepezil Hydrochloride Tab 23 MG	1.73719		1.03483	
Donepezil Hydrochloride Tab 5 MG	0.09978		0.05115	
Dornase Alfa Inhal Soln 1 MG/ML			45.78413	
Dorzolamide HCl Opth Soln 2%	2.11042		0.82800	
Dorzolamide HCl-Timolol Maleate Opth Soln 22.3-6.8 MG/ML	1.98442		0.88700	
Doxazosin Mesylate Tab 1 MG	0.19615		0.13300	
Doxazosin Mesylate Tab 2 MG	0.24262		0.10910	
Doxazosin Mesylate Tab 4 MG	0.23588		0.18470	
Doxazosin Mesylate Tab 8 MG	0.24660		0.10930	
Doxepin HCl Cap 10 MG			0.34521	
Doxepin HCl Cap 100 MG			1.06700	
Doxepin HCl Cap 150 MG			0.64000	
Doxepin HCl Cap 25 MG			0.41839	
Doxepin HCl Cap 50 MG			0.63402	
Doxepin HCl Cap 75 MG			1.01335	
Doxepin HCl Conc 10 MG/ML			0.05363	
Doxercalciferol Cap 0.5 MCG			5.75840	
Doxercalciferol Cap 1 MCG			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	0.23663		0.31458	
Doxycycline Hyclate Cap 50 MG	0.31685		0.49423	
Doxycycline Hyclate Tab 100 MG	0.31775		0.27070	
Doxycycline Hyclate Tab 20 MG	0.26898		0.20950	

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

Data as of 9/10/2018

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
Doxycycline Hyclate Tab Delayed Release 100 MG			8.75500	
Doxycycline Monohydrate Cap 100 MG			0.32283	
Doxycycline Monohydrate Cap 50 MG	0.21354		0.14000	
Doxycycline Monohydrate For Susp 25 MG/5ML			0.27133	
Doxycycline Monohydrate Tab 100 MG			0.57846	
Doxycycline Monohydrate Tab 50 MG			0.32590	
Dronabinol Cap 10 MG	7.97607		7.63483	
Dronabinol Cap 2.5 MG	2.40743		2.65850	
Dronabinol Cap 5 MG	4.01479		3.70750	
Droperidol Inj 2.5 MG/ML			0.75400	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	4.01675		2.97274	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	0.75306		0.64071	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	0.70747		0.39301	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	0.26562		0.16839	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	0.24818		0.16724	
Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)			2.80000	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	0.28226		0.15400	
Dutasteride Cap 0.5 MG	0.37651		0.17979	
Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	2.79437		2.43333	
Econazole Nitrate Cream 1%			0.88000	
Efavirenz Tab 600 MG			29.51267	
Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	20.01529		14.16611	
Emicizumab-kxwh Subcutaneous Soln 105 MG/0.7ML (150 MG/ML)			11160.20000	
Emicizumab-kxwh Subcutaneous Soln 150 MG/ML			11160.20000	
Emicizumab-kxwh Subcutaneous Soln 30 MG/ML			2232.05000	
Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML)			11160.20000	
Emtricitabine Caps 200 MG			17.81246	
Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG			89.00156	

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

Data as of 9/10/2018

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
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG			55.63623	
Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	0.15376		0.07566	
Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG	0.15050		0.07613	
Enalapril Maleate Tab 10 MG	0.33376		0.12094	
Enalapril Maleate Tab 2.5 MG	0.16919		0.10962	
Enalapril Maleate Tab 20 MG	0.22989		0.19983	
Enalapril Maleate Tab 5 MG	0.20018		0.18980	
Enalaprilat IV Inj 1.25 MG/ML			1.87850	
Enoxaparin Sodium Inj 100 MG/ML			8.25420	
Enoxaparin Sodium Inj 120 MG/0.8ML			18.35558	
Enoxaparin Sodium Inj 150 MG/ML			15.19400	
Enoxaparin Sodium Inj 30 MG/0.3ML			12.68333	
Enoxaparin Sodium Inj 300 MG/3ML	33.45533		36.25000	
Enoxaparin Sodium Inj 40 MG/0.4ML			9.28417	
Enoxaparin Sodium Inj 60 MG/0.6ML			8.52916	
Enoxaparin Sodium Inj 80 MG/0.8ML			7.79875	
Entacapone Tab 200 MG	1.25614		0.84635	
Entecavir Tab 0.5 MG	12.98377		1.95800	
Entecavir Tab 1 MG	15.12105		2.02000	
Epinastine HCl Ophth Soln 0.05%	6.53696		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 25 MG	1.43794		1.44555	
Eplerenone Tab 50 MG	1.63384		1.76766	
Epoprostenol Sodium For Inj 1.5 MG			36.32200	
Ergocalciferol Cap 50000 Unit	0.14468		0.09770	
Ergotamine w/ Caffeine Suppos 2-100 MG			5.57917	

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

Data as of 9/10/2018

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
Ergotamine w/ Caffeine Tab 1-100 MG			0.87490	
Erlotinib HCl Tab 150 MG (Base Equivalent)			280.58648	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML			2.90335	
Erythromycin Ethylsuccinate Tab 400 MG			9.14690	
Erythromycin Gel 2%			1.90217	
Erythromycin Ophth Oint 5 MG/GM	2.33039		1.86286	
Erythromycin Pads 2%			0.90540	
Erythromycin Soln 2%	0.58135		0.54999	
Erythromycin Tab 250 MG			11.28000	
Erythromycin w/ Delayed Release Particles Cap 250 MG			4.37424	
Erythromycin-Sulfisoxazole For Susp 200-600 MG/5ML			0.25716	
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	0.39232		0.38024	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	0.14234		0.06044	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	0.18891		0.13078	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	0.14009		0.03320	
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)			0.45011	
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	2.08681		0.43500	
Estazolam Tab 1 MG			0.51402	
Estazolam Tab 2 MG			0.31754	
Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	2.54264		2.33786	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG	2.34522		3.18286	
Estradiol Tab 0.5 MG	0.11068		0.06180	
Estradiol Tab 1 MG	0.13201		0.12564	
Estradiol Tab 2 MG	0.16623		0.15000	
Estradiol TD Patch Twice Weekly 0.025 MG/24HR			8.23750	
Estradiol TD Patch Twice Weekly 0.0375 MG/24HR			7.90500	
Estradiol TD Patch Twice Weekly 0.05 MG/24HR			7.97000	
Estradiol TD Patch Twice Weekly 0.1 MG/24HR			7.14500	
Estradiol TD Patch Weekly 0.025 MG/24HR	13.76182		10.76000	

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

Data as of 9/10/2018

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 TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	13.05731		13.04919	
Estradiol TD Patch Weekly 0.05 MG/24HR			12.60000	
Estradiol TD Patch Weekly 0.075 MG/24HR	13.30518		14.22500	
Estradiol TD Patch Weekly 0.1 MG/24HR			14.19967	
Estradiol Vaginal Cream 0.1 MG/GM			4.70329	
Estradiol Vaginal Tab 10 MCG			14.83750	
Estropipate Tab 0.75 MG			0.14670	
Estropipate Tab 1.5 MG			0.45257	
Estropipate Tab 3 MG			1.24110	
Eszopiclone Tab 1 MG	0.37093		0.29577	
Eszopiclone Tab 2 MG	0.49827		0.19400	
Eszopiclone Tab 3 MG	0.79530		0.21170	
Ethambutol HCl Tab 400 MG	0.70324		0.36260	
Ethosuximide Cap 250 MG	0.82588		0.81120	
Ethosuximide Soln 250 MG/5ML	0.25360		0.20611	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	0.50849		0.58262	
Etodolac Cap 200 MG	0.78214		0.84280	
Etodolac Cap 300 MG	0.76826		0.70490	
Etodolac Tab 400 MG	0.45402		0.42692	
Etodolac Tab 500 MG	0.59010		0.49930	
Etodolac Tab ER 24HR 400 MG	1.86025		0.75000	
Etodolac Tab ER 24HR 500 MG	2.09380		0.87980	
Etodolac Tab ER 24HR 600 MG	1.97393		1.50241	
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	3.34082		3.63678	
Ezetimibe Tab 10 MG			0.40822	
Ezetimibe-Simvastatin Tab 10-20 MG	6.47371		2.19733	
Factor IX Complex For Inj 1000 Unit			0.58220	

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

Data as of 9/10/2018

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
Factor IX Complex For Inj 1500 Unit			0.58220	
Factor IX Complex For Inj 500 Unit			0.58220	
Famciclovir Tab 125 MG	0.33413		0.49443	
Famciclovir Tab 250 MG	0.36017		0.46741	
Famciclovir Tab 500 MG	0.76041		0.53333	
Famotidine For Susp 40 MG/5ML			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	0.07557		0.05563	
Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG			0.22100	
Felbamate Susp 600 MG/5ML			1.68937	
Felbamate Tab 400 MG	5.12652		1.73000	
Felbamate Tab 600 MG	5.60518		1.84978	
Felodipine Tab ER 24HR 10 MG	0.26694		0.09000	
Felodipine Tab ER 24HR 2.5 MG	0.21082		0.14760	
Felodipine Tab ER 24HR 5 MG	0.18952		0.07260	
Fenofibrate Micronized Cap 130 MG	2.25686		2.10000	
Fenofibrate Micronized Cap 134 MG	0.52603		0.72960	
Fenofibrate Micronized Cap 200 MG	1.16397		0.88740	
Fenofibrate Micronized Cap 67 MG	0.38372		0.17790	
Fenofibrate Tab 145 MG	0.70517		0.27231	
Fenofibrate Tab 160 MG	0.35690		0.29044	
Fenofibrate Tab 48 MG	0.27083		0.23611	
Fenofibrate Tab 54 MG	0.29118		0.22478	
Fentanyl Citrate IV Soln Prefilled Syringe 100 MCG/2ML			0.16050	
Fentanyl Citrate Lozenge on a Handle 200 MCG			7.47933	
Fentanyl Citrate Lozenge on a Handle 800 MCG			16.23657	

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

Data as of 9/10/2018

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 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	20.42399		6.84400	
Fentanyl TD Patch 72HR 12 MCG/HR	9.74207		9.69400	
Fentanyl TD Patch 72HR 25 MCG/HR	3.26576		2.12700	
Fentanyl TD Patch 72HR 50 MCG/HR	6.74344		4.68600	
Fentanyl TD Patch 72HR 75 MCG/HR	13.12907		7.12300	
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	0.50838		0.54805	
Fexofenadine HCl Tab 60 MG			0.40750	
Filgrastim Inj 300 MCG/ML			313.57068	
Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML			664.74036	
Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)			661.63035	
Finasteride Tab 1 MG	0.20614		0.15567	
Finasteride Tab 5 MG	0.09034		0.05049	
Flavoxate HCl Tab 100 MG			0.48641	
Flecainide Acetate Tab 100 MG	0.33627		0.24600	
Flecainide Acetate Tab 150 MG	0.63592		0.19130	
Flecainide Acetate Tab 50 MG	0.23322		0.17253	
Fluconazole For Susp 10 MG/ML	0.30143		0.22571	
Fluconazole For Susp 40 MG/ML	0.67668		0.49314	
Fluconazole in Dextrose Inj 400 MG/200ML			0.15600	
Fluconazole in NaCl 0.9% Inj 200 MG/100ML			0.19500	

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

Data as of 9/10/2018

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 400 MG/200ML			0.04758	
Fluconazole Tab 100 MG	0.72306		0.56622	
Fluconazole Tab 150 MG	1.25529		0.80333	
Fluconazole Tab 200 MG	0.87776		0.51633	
Fluconazole Tab 50 MG	0.94032		0.79167	
Fludarabine Phosphate For Inj 50 MG			94.50000	
Fludarabine Phosphate Inj 25 MG/ML			54.37500	
Fludrocortisone Acetate Tab 0.1 MG	0.34355		0.30660	
Fluocinolone Acetonide (Otic) Oil 0.01%			3.34250	
Fluocinolone Acetonide Cream 0.01%			2.10000	
Fluocinolone Acetonide Cream 0.025%			1.86200	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	0.96997		1.16000	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	0.82146		0.82150	
Fluocinolone Acetonide Oint 0.025%			1.42150	
Fluocinolone Acetonide Soln 0.01%	1.01005		1.25000	
Fluocinonide Cream 0.05%			1.65000	
Fluocinonide Cream 0.1%			3.72000	
Fluocinonide Emulsified Base Cream 0.05%			1.35000	
Fluocinonide Gel 0.05%			1.75000	
Fluocinonide Oint 0.05%			1.09000	
Fluocinonide Soln 0.05%			0.74317	
Fluorometholone Opth Susp 0.1%			13.43500	
Fluorouracil Cream 5%	2.23152		2.72000	
Fluorouracil IV Soln 500 MG/10ML (50 MG/ML)			0.35500	
Fluoxetine HCl (PMDD) Cap 10 MG	0.09732		0.03692	
Fluoxetine HCl (PMDD) Cap 20 MG	0.09615		0.03142	
Fluoxetine HCl (PMDD) Tab 10 MG	0.56509		0.69389	
Fluoxetine HCl (PMDD) Tab 20 MG	1.30429		0.55872	
Fluoxetine HCl Cap 10 MG	0.09732		0.02584	
Fluoxetine HCl Cap 20 MG	0.09615		0.01830	

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

Data as of 9/10/2018

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 Cap 40 MG	0.23686		0.09452	
Fluoxetine HCl Cap Delayed Release 90 MG			25.64000	
Fluoxetine HCl Solution 20 MG/5ML	0.04454		0.03867	
Fluoxetine HCl Tab 10 MG	0.56509		0.43637	
Fluoxetine HCl Tab 20 MG	1.30429		0.55872	
Fluphenazine Decanoate Inj 25 MG/ML			13.83300	
Fluphenazine HCl Oral Conc 5 MG/ML			1.00155	
Fluphenazine HCl Tab 1 MG			0.08190	
Fluphenazine HCl Tab 10 MG			0.43770	
Fluphenazine HCl Tab 2.5 MG			0.57420	
Fluphenazine HCl Tab 5 MG			2.92200	
Flurazepam HCl Cap 15 MG			0.06130	
Flurazepam HCl Cap 30 MG			0.07810	
Flurbiprofen Sodium Opth Soln 0.03%			1.86816	
Flurbiprofen Tab 100 MG			0.31150	
Flurbiprofen Tab 50 MG			0.19500	
Flutamide Cap 125 MG			0.49639	
Fluticasone Propionate Cream 0.05%			0.45000	
Fluticasone Propionate Nasal Susp 50 MCG/ACT	0.27210		0.24261	
Fluticasone Propionate Oint 0.005%			0.38940	
Fluvastatin Sodium Cap 20 MG			2.73167	
Fluvastatin Sodium Cap 40 MG			3.23686	
Fluvastatin Sodium Tab ER 24 HR 80 MG			6.04667	
Fluvoxamine Maleate Cap ER 24HR 150 MG			6.91425	
Fluvoxamine Maleate Tab 100 MG	0.33263		0.16238	
Fluvoxamine Maleate Tab 25 MG	0.28898		0.15390	
Fluvoxamine Maleate Tab 50 MG	0.34144		0.28000	
Folic Acid Tab 1 MG	0.02763		0.01775	
Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG			0.26489	
Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG			0.47039	

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

Data as of 9/10/2018

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 10 MG/0.8ML			72.62500	
Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML			25.48000	
Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML			145.25000	
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML			72.48567	
Fosamprenavir Calcium Tab 700 MG (Base Equiv)			16.66467	
Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG			0.95700	
Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG			0.88800	
Fosinopril Sodium Tab 10 MG			0.10244	
Fosinopril Sodium Tab 20 MG			0.13656	
Fosinopril Sodium Tab 40 MG	0.32060		0.14937	
Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)			0.88400	
Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	39.44842		25.76889	
Furosemide Inj 10 MG/ML			0.36590	
Furosemide Oral Soln 10 MG/ML			0.08325	
Furosemide Tab 20 MG	0.02581		0.02578	
Furosemide Tab 40 MG	0.03586		0.03800	
Furosemide Tab 80 MG	0.08065		0.03412	
Gabapentin Cap 100 MG	0.04533		0.02447	
Gabapentin Cap 300 MG	0.07741		0.05000	
Gabapentin Cap 400 MG	0.09578		0.06120	
Gabapentin Oral Soln 250 MG/5ML			0.10772	
Gabapentin Tab 600 MG	0.17774		0.10172	
Gabapentin Tab 800 MG	0.23889		0.11830	
Galantamine Hydrobromide Cap ER 24HR 16 MG	1.66151		1.59729	
Galantamine Hydrobromide Cap ER 24HR 24 MG	1.61988		1.91492	
Galantamine Hydrobromide Cap ER 24HR 8 MG	2.00921		1.40000	
Galantamine Hydrobromide Tab 12 MG	0.75400		0.65067	
Galantamine Hydrobromide Tab 4 MG	0.51747		0.89375	
Galantamine Hydrobromide Tab 8 MG	0.49026		0.70461	

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

Data as of 9/10/2018

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
Gemfibrozil Tab 600 MG	0.09050		0.06474	
Gentamicin Sulfate Cream 0.1%			2.31200	
Gentamicin Sulfate Inj 40 MG/ML			0.50340	
Gentamicin Sulfate Oint 0.1%			2.63330	
Gentamicin Sulfate Ophth Oint 0.3%			2.95143	
Gentamicin Sulfate Ophth Soln 0.3%	0.92861		0.68286	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML			82.43700	
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML			419.43750	
Glimepiride Tab 1 MG	0.04881		0.03490	
Glimepiride Tab 2 MG	0.05882		0.03695	
Glimepiride Tab 4 MG	0.07005		0.04760	
Glipizide Tab 10 MG	0.04327		0.03160	
Glipizide Tab 5 MG	0.02890		0.02070	
Glipizide Tab ER 24HR 10 MG	0.25658		0.24132	
Glipizide Tab ER 24HR 2.5 MG	0.15867		0.15400	
Glipizide Tab ER 24HR 5 MG	0.14691		0.12707	
Glipizide-Metformin HCl Tab 2.5-500 MG	0.32391		0.43437	
Glipizide-Metformin HCl Tab 5-500 MG	0.28236		0.24565	
Glucose Blood Test Strip			1.20877	
Glyburide Micronized Tab 1.5 MG			0.02580	
Glyburide Micronized Tab 3 MG			0.03081	
Glyburide Micronized Tab 6 MG			0.05788	
Glyburide Tab 1.25 MG			0.07710	
Glyburide Tab 2.5 MG			0.03220	
Glyburide Tab 5 MG	0.10745		0.06952	
Glyburide-Metformin Tab 1.25-250 MG	0.05810		0.10894	
Glyburide-Metformin Tab 2.5-500 MG	0.05327		0.06310	
Glyburide-Metformin Tab 5-500 MG	0.05648		0.04940	
Glycine Diluent for Injection			0.21840	
Glycopyrrolate Inj 0.2 MG/ML			11.45400	

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

Data as of 9/10/2018

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
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			0.06670	
Glycopyrrolate Tab 2 MG		0.17170	0.37170	07/16/2018
Goserelin Acetate Implant 10.8 MG			1807.74000	
Goserelin Acetate Implant 3.6 MG			602.58000	
Granisetron HCl Inj 1 MG/ML			18.52500	
Granisetron HCl Tab 1 MG	6.87333		1.88283	
Griseofulvin Microsize Susp 125 MG/5ML			0.20572	
Griseofulvin Microsize Tab 500 MG			5.76313	
Griseofulvin Ultramicrosize Tab 250 MG			3.04733	
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	0.10391	0.05500	0.10890	08/27/2018
Guanfacine HCl Tab 2 MG			0.16890	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	0.57190		0.45993	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	0.62100		0.54790	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	0.67485		0.53910	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	1.06044		0.40130	
Halobetasol Propionate Cream 0.05%			2.46000	
Halobetasol Propionate Oint 0.05%			3.10000	
Haloperidol Decanoate IM Soln 100 MG/ML			46.67893	
Haloperidol Lactate Inj 5 MG/ML			0.63747	
Haloperidol Lactate Oral Conc 2 MG/ML			0.03924	
Haloperidol Tab 0.5 MG			0.19360	
Haloperidol Tab 1 MG			0.15050	
Haloperidol Tab 10 MG	0.53451		0.43996	
Haloperidol Tab 2 MG			0.19690	

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

Data as of 9/10/2018

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
Haloperidol Tab 20 MG			0.96000	
Haloperidol Tab 5 MG	0.40262		0.29550	
Heparin Sodium (Porcine) Inj 1000 Unit/ML			0.30247	
Heparin Sodium (Porcine) Inj 10000 Unit/ML			3.44650	
Heparin Sodium (Porcine) Inj 5000 Unit/ML			1.09640	
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			3830.80524	
Hydralazine HCl Tab 10 MG	0.03908		0.03805	
Hydralazine HCl Tab 100 MG	0.10271		0.07458	
Hydralazine HCl Tab 25 MG	0.04138		0.03020	
Hydralazine HCl Tab 50 MG	0.05313		0.03105	
Hydrochlorothiazide Cap 12.5 MG	0.04011		0.02738	
Hydrochlorothiazide Tab 12.5 MG			0.08385	
Hydrochlorothiazide Tab 25 MG	0.00921		0.01213	
Hydrochlorothiazide Tab 50 MG	0.02278		0.01804	
Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	0.07843		0.08801	
Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML			0.04658	
Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML			0.03010	
Hydrocodone-Acetaminophen Tab 10-300 MG	1.38399		1.18145	
Hydrocodone-Acetaminophen Tab 10-325 MG	0.15047		0.12750	
Hydrocodone-Acetaminophen Tab 5-300 MG	0.92859		0.41600	
Hydrocodone-Acetaminophen Tab 5-325 MG	0.09844		0.09831	
Hydrocodone-Acetaminophen Tab 7.5-325 MG	0.13211		0.11234	
Hydrocodone-Ibuprofen Tab 7.5-200 MG	0.30835		0.21120	
Hydrocortisone Acetate Suppos 25 MG			5.87000	
Hydrocortisone Butyrate Cream 0.1%			2.60000	
Hydrocortisone Butyrate Oint 0.1%			0.54640	
Hydrocortisone Butyrate Soln 0.1%			1.90000	
Hydrocortisone Cream 1%			0.14000	

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

Data as of 9/10/2018

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 Cream 2.5%			0.15000	
Hydrocortisone Enema 100 MG/60ML	0.10454		0.10994	
Hydrocortisone Lotion 1%			0.06599	
Hydrocortisone Lotion 2.5%			0.26360	
Hydrocortisone Oint 1%			0.04667	
Hydrocortisone Oint 2.5%			0.12291	
Hydrocortisone Rectal Cream 1%			0.66448	
Hydrocortisone Rectal Cream 2.5%	0.56555		0.54037	
Hydrocortisone Sodium Succinate For Inj 100 MG			2.52200	
Hydrocortisone Tab 10 MG	0.24745		0.18980	
Hydrocortisone Tab 20 MG	0.48561		0.13960	
Hydrocortisone Tab 5 MG	0.16578		0.16140	
Hydrocortisone Valerate Cream 0.2%			2.52000	
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	0.30625		0.36374	
Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML			1.67263	
Hydromorphone HCl Preservative Free (PF) Inj 2 MG/ML			0.65000	
Hydromorphone HCl Tab 2 MG	0.07678		0.07683	
Hydromorphone HCl Tab 4 MG	0.12114		0.07665	
Hydromorphone HCl Tab 8 MG	0.32322		0.23750	
Hydromorphone HCl Tab ER 24HR Deter 12 MG	11.03196		15.92100	
Hydroquinone Cream 4%			0.36681	
Hydroquinone Microspheres Cream 4%			2.49000	
Hydroxocobalamin Inj 1000 MCG/ML			0.83333	
Hydroxychloroquine Sulfate Tab 200 MG	0.41084		0.35893	
Hydroxyprogesterone Caproate (Bulk) Powder			160.00000	
Hydroxyprogesterone Caproate Soln Auto-Injector 275 MG/1.1ML			727.08000	
Hydroxyurea Cap 500 MG	0.29254		0.18352	

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

Data as of 9/10/2018

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
Hydroxyzine HCl IM Soln 50 MG/ML			4.38000	
Hydroxyzine HCl Syrup 10 MG/5ML			0.03692	
Hydroxyzine HCl Tab 10 MG	0.05471		0.03772	
Hydroxyzine HCl Tab 25 MG	0.05866		0.05470	
Hydroxyzine HCl Tab 50 MG	0.08617		0.06234	
Hydroxyzine Pamoate Cap 100 MG			0.46230	
Hydroxyzine Pamoate Cap 25 MG	0.06780		0.06135	
Hydroxyzine Pamoate Cap 50 MG	0.08288		0.06333	
Hyoscyamine Sulfate Elixir 0.125 MG/5ML			0.08078	
Hyoscyamine Sulfate Soln 0.125 MG/ML			1.68913	
Hyoscyamine Sulfate Tab 0.125 MG			0.22860	
Hyoscyamine Sulfate Tab Disint 0.125 MG			0.18450	
Hyoscyamine Sulfate Tab ER 12HR 0.375 MG			0.27190	
Hyoscyamine Sulfate Tab SL 0.125 MG			0.19500	
Ibandronate Sodium Tab 150 MG (Base Equivalent)	7.74280		8.09095	
Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML			43608.24900	
Ibrutinib Cap 70 MG			404.37280	
Ibrutinib Tab 140 MG			404.37280	
Ibrutinib Tab 280 MG			404.37280	
Ibrutinib Tab 420 MG			404.37280	
Ibrutinib Tab 560 MG			404.37280	
Ibuprofen Susp 100 MG/5ML			0.03119	
Ibuprofen Tab 400 MG	0.04086		0.03286	
Ibuprofen Tab 600 MG	0.04688		0.03420	
Ibuprofen Tab 800 MG	0.06182		0.04364	
Ifosfamide For Inj 1 GM			45.79900	
Iloprost Inhalation Solution 10 MCG/ML			134.16120	
Imatinib Mesylate Tab 100 MG (Base Equivalent)	50.80022		3.78000	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	177.69888		14.52000	
Imipramine HCl Tab 10 MG	0.10676		0.06140	

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

Data as of 9/10/2018

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
Imipramine HCl Tab 25 MG	0.17252		0.06780	
Imipramine HCl Tab 50 MG	0.15950		0.14120	
Imiquimod Cream 5%			2.47653	
Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML			8.89895	
Immune Globulin (Human) IV Soln 0.5 GM/10ML			6.91373	
Immune Globulin (Human) IV Soln 10 GM/100ML			8.31000	
Immune Globulin (Human) IV Soln 10 GM/200ML			7.59101	
Immune Globulin (Human) IV Soln 2.5 GM/50ML			6.91373	
Immune Globulin (Human) IV Soln 20 GM/200ML			8.31000	
Immune Globulin (Human) IV Soln 5 GM/100ML			7.59101	
Immune Globulin (Human) IV Soln 5 GM/50ML			8.31000	
Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML			19.22200	
Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML			18.82000	
Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML			19.00000	
Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML			19.22200	
Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML			19.66000	
Indapamide Tab 1.25 MG	0.20004		0.17220	
Indapamide Tab 2.5 MG	0.20936		0.17880	
Indomethacin Cap 25 MG	0.09768		0.07340	
Indomethacin Cap 50 MG	0.10278		0.09440	
Indomethacin Cap ER 75 MG	0.37224		0.27750	
Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)			1690.69755	
Ipratropium Bromide Inhal Soln 0.02%			0.05067	

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

Data as of 9/10/2018

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
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			0.06210	
Irbesartan Tab 150 MG	0.17311		0.11244	
Irbesartan Tab 300 MG	0.25040		0.17767	
Irbesartan Tab 75 MG	0.15308		0.08700	
Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	0.34173		0.15667	
Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	0.31441		0.19011	
Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)			2.63400	
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			0.09990	
Isopropyl Alcohol Wipes 70%			0.01500	
Isosorbide Dinitrate Tab 10 MG	0.51778		0.35323	
Isosorbide Dinitrate Tab 20 MG	0.51132		0.41250	
Isosorbide Dinitrate Tab 30 MG			0.48000	
Isosorbide Dinitrate Tab 5 MG	0.49242		0.42630	
Isosorbide Dinitrate Tab ER 40 MG			0.62660	
Isosorbide Mononitrate Tab 10 MG			0.07890	
Isosorbide Mononitrate Tab 20 MG			0.09070	
Isosorbide Mononitrate Tab ER 24HR 120 MG	0.39772		0.24000	
Isosorbide Mononitrate Tab ER 24HR 30 MG	0.12946		0.12907	
Isosorbide Mononitrate Tab ER 24HR 60 MG	0.16196		0.15990	
Isotretinoin Cap 10 MG			6.03251	
Isotretinoin Cap 20 MG			5.10000	
Isotretinoin Cap 30 MG			7.32000	
Isotretinoin Cap 40 MG			4.51000	
Isradipine Cap 5 MG			1.35000	
Itraconazole Cap 100 MG	2.54188		2.44167	

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

Data as of 9/10/2018

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
Ivermectin Tab 3 MG			3.72700	
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	
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%			1.02000	
Ketoconazole Shampoo 2%	0.07770		0.05695	
Ketoconazole Tab 200 MG			0.93167	
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%			8.25600	
Ketorolac Tromethamine Ophth Soln 0.5%			1.04333	
Ketorolac Tromethamine Tab 10 MG			0.79990	
Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)			12.82400	
Labetalol HCl Tab 100 MG	0.19652		0.21068	
Labetalol HCl Tab 200 MG	0.23102		0.18547	
Labetalol HCl Tab 300 MG	0.33818		0.26440	
Lactated Ringer's Solution			0.00388	

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

Data as of 9/10/2018

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
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	
Lactulose Solution 10 GM/15ML			0.01128	
Lamivudine Oral Soln 10 MG/ML			0.24042	
Lamivudine Tab 150 MG	1.75222		1.33000	
Lamivudine Tab 300 MG	2.74912		1.18467	
Lamivudine-Zidovudine Tab 150-300 MG	1.55148		0.33467	
Lamotrigine Orally Disintegrating Tab 100 MG	10.08354		7.39067	
Lamotrigine Orally Disintegrating Tab 25 MG	7.38798		5.03000	
Lamotrigine Orally Disintegrating Tab 50 MG	7.09870		4.66667	
Lamotrigine Tab 100 MG	0.59326		0.05623	
Lamotrigine Tab 150 MG	0.72234		0.07634	
Lamotrigine Tab 200 MG	1.01177		0.07676	
Lamotrigine Tab 25 MG	0.31897		0.02760	
Lamotrigine Tab 25 MG (35) Starter Kit			0.08574	
Lamotrigine Tab Chewable Dispersible 25 MG	3.61071		0.08860	
Lamotrigine Tab Chewable Dispersible 5 MG	0.79218		0.17530	
Lamotrigine Tab ER 24HR 100 MG	10.22340		2.97333	
Lamotrigine Tab ER 24HR 200 MG	11.35717		3.34600	
Lamotrigine Tab ER 24HR 25 MG	3.57436		1.55055	
Lamotrigine Tab ER 24HR 250 MG	15.07471		8.60000	
Lamotrigine Tab ER 24HR 300 MG	12.92734		1.64433	
Lamotrigine Tab ER 24HR 50 MG	7.03106		4.99000	
Lancets Misc.***			0.07800	
Lancets***			0.07800	
Lansoprazole Cap Delayed Release 15 MG			0.33100	
Lansoprazole Cap Delayed Release 30 MG	0.37474		0.15656	

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

Data as of 9/10/2018

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
Lanthanum Carbonate Chew Tab 500 MG (Elemental)			11.55667	
Latanoprost Opth Soln 0.005%			1.76560	
Leflunomide Tab 10 MG	2.38625		2.90567	
Leflunomide Tab 20 MG	2.02043		1.84567	
Letrozole Tab 2.5 MG	0.32961		0.10433	
Leucovorin Calcium For Inj 200 MG			7.80000	
Leucovorin Calcium Inj 10 MG/ML			0.26000	
Leucovorin Calcium Tab 25 MG			4.84400	
Leucovorin Calcium Tab 5 MG			0.60030	
Leuprolide Acetate Inj Kit 5 MG/ML			263.20000	
Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)			0.85475	
Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)			0.44833	
Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)			0.29673	
Levetiracetam Oral Soln 100 MG/ML	0.10011		0.05176	
Levetiracetam Tab 1000 MG	0.89061		0.15150	
Levetiracetam Tab 250 MG	0.28430		0.05475	
Levetiracetam Tab 500 MG	0.30846		0.07706	
Levetiracetam Tab 750 MG	0.44534		0.14614	
Levetiracetam Tab ER 24HR 500 MG	1.26516		0.25033	
Levetiracetam Tab ER 24HR 750 MG	1.76524		0.45410	
Levobunolol HCl Opth Soln 0.5%			0.59600	
Levocarnitine Oral Soln 1 GM/10ML (10%)			0.35000	
Levocarnitine Tab 330 MG			0.70406	
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)	0.33985		0.37648	
Levocetirizine Dihydrochloride Tab 5 MG	0.19016		0.09644	
Levofloxacin in D5W IV Soln 750 MG/150ML			0.02000	
Levofloxacin Oral Soln 25 MG/ML			0.90262	
Levofloxacin Tab 250 MG	0.20021		0.16355	
Levofloxacin Tab 500 MG	0.16957		0.14673	
Levofloxacin Tab 750 MG	0.41671		0.24150	

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

Data as of 9/10/2018

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
Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG &Eth Est 0.01 MG			3.68308	
Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	1.21535		1.08159	
Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	1.01824		1.16500	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	0.31397		0.20286	
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	0.28589		0.24036	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.33609		0.11607	
Levonorgestrel Tab 1.5 MG			35.07625	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	0.44273		0.42000	
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG			1.21764	
Levothyroxine Sodium For IV Inj 200 MCG			198.55200	
Levothyroxine Sodium For IV Inj 500 MCG			26.00000	
Levothyroxine Sodium Tab 100 MCG			0.42350	
Levothyroxine Sodium Tab 112 MCG			0.47460	
Levothyroxine Sodium Tab 125 MCG			0.41990	
Levothyroxine Sodium Tab 137 MCG	0.64920		0.40700	
Levothyroxine Sodium Tab 150 MCG			0.45250	
Levothyroxine Sodium Tab 175 MCG			0.46417	
Levothyroxine Sodium Tab 200 MCG			0.55820	
Levothyroxine Sodium Tab 25 MCG			0.25756	
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			0.38515	
Lidocaine HCl Cream 3%			1.08179	
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	

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

Data as of 9/10/2018

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
Lidocaine HCl Soln 4%			0.26000	
Lidocaine HCl Viscous Soln 2%			0.07390	
Lidocaine Oint 5%			1.10000	
Lidocaine Patch 5%	3.14031		2.85000	
Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%			0.65107	
Lidocaine-Prilocaine Cream 2.5-2.5%			0.85000	
Lidocaine-Prilocaine Cream Kit 2.5-2.5%			0.23130	
Linezolid For Susp 100 MG/5ML			4.75000	
Linezolid Tab 600 MG	13.20087		1.23700	
Liothyronine Sodium Tab 25 MCG	1.14525		0.42480	
Liothyronine Sodium Tab 5 MCG	0.83446		0.32280	
Liothyronine Sodium Tab 50 MCG	1.50155		0.64390	
Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	0.02933		0.02300	
Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	0.03945		0.03200	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG	0.04066		0.03001	
Lisinopril Tab 10 MG	0.02152		0.01190	
Lisinopril Tab 2.5 MG	0.01357		0.01029	
Lisinopril Tab 20 MG	0.02761		0.01700	
Lisinopril Tab 30 MG	0.06591		0.04442	
Lisinopril Tab 40 MG	0.05340		0.04257	
Lisinopril Tab 5 MG	0.01760		0.00918	
Lithium Carbonate Cap 150 MG	0.08010		0.05420	
Lithium Carbonate Cap 300 MG	0.05048		0.03598	
Lithium Carbonate Cap 600 MG	0.14378		0.09110	
Lithium Carbonate Tab 300 MG			0.17190	
Lithium Carbonate Tab ER 300 MG	0.37178	0.15830	0.19330	07/18/2018
Lithium Carbonate Tab ER 450 MG	0.22244		0.09360	
Lithium Oral Solution 8 mEq/5ML			0.03281	
Lomustine Cap 40 MG			332.51460	
Loperamide HCl Cap 2 MG			0.21868	

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

Data as of 9/10/2018

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
Lorazepam Conc 2 MG/ML	0.58761		0.32867	
Lorazepam Inj 2 MG/ML			0.59480	
Lorazepam Inj 4 MG/ML			1.19860	
Lorazepam Tab 0.5 MG	0.09034		0.02631	
Lorazepam Tab 1 MG	0.18006		0.03110	
Lorazepam Tab 2 MG	0.40840		0.04021	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	0.08355		0.07169	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	0.09421		0.07633	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	0.08266		0.06191	
Losartan Potassium Tab 100 MG	0.05560		0.04900	
Losartan Potassium Tab 25 MG	0.03444		0.03240	
Losartan Potassium Tab 50 MG	0.04038		0.04647	
Lovastatin Tab 10 MG	0.05393		0.05820	
Lovastatin Tab 20 MG	0.05731		0.03900	
Lovastatin Tab 40 MG	0.07488		0.04717	
Loxapine Succinate Cap 10 MG			0.33900	
Loxapine Succinate Cap 25 MG	0.60646		0.58970	
Loxapine Succinate Cap 5 MG	0.32372		0.28570	
Loxapine Succinate Cap 50 MG	0.93394		0.66820	
Magnesium Hydroxide Susp 400 MG/5ML			0.00651	
Magnesium Sulfate Inj 50%			0.16190	
Malathion Lotion 0.5%			3.64000	
Meclizine HCl Chew Tab 25 MG			0.17912	
Meclizine HCl Tab 12.5 MG			0.04940	
Meclizine HCl Tab 25 MG			0.11236	
Meclofenamate Sodium Cap 100 MG			1.78455	
Meclofenamate Sodium Cap 50 MG			0.56134	
Medroxyprogesterone Acetate IM Susp 150 MG/ML			64.06800	
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML			72.91625	
Medroxyprogesterone Acetate Tab 10 MG			0.12420	

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

Data as of 9/10/2018

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
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 Susp 625 MG/5ML	2.86587		3.53747	
Megestrol Acetate Tab 20 MG	0.12730		0.10850	
Megestrol Acetate Tab 40 MG	0.18222		0.15820	
Meloxicam Tab 15 MG	0.02597		0.01567	
Meloxicam Tab 7.5 MG	0.03064		0.01708	
Memantine HCl Cap ER 24HR 14 MG			9.59225	
Memantine HCl Cap ER 24HR 21 MG			5.27717	
Memantine HCl Cap ER 24HR 28 MG			9.58174	
Memantine HCl Cap ER 24HR 7 MG			4.72143	
Memantine HCl Tab 10 MG	0.12657		0.12656	
Memantine HCl Tab 5 MG	0.14283		0.09917	
Meperidine HCl Tab 100 MG	1.02190		0.38541	
Meperidine HCl Tab 50 MG	0.48625		0.20013	
Mercaptopurine Tab 50 MG	1.20291		0.88334	
Mesalamine Enema 4 GM			0.16262	
Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**			119.25000	
Mesalamine Tab Delayed Release 1.2 GM	9.47921		5.51108	
Mesna Inj 100 MG/ML			2.60000	
Metaproterenol Sulfate Syrup 10 MG/5ML			0.02460	
Metaxalone Tab 800 MG	1.26351		1.54535	
Metformin HCl Tab 1000 MG	0.12289		0.02399	
Metformin HCl Tab 500 MG	0.02023		0.01438	
Metformin HCl Tab 850 MG	0.03050		0.02127	
Metformin HCl Tab ER 24HR 500 MG	0.03049		0.03594	
Metformin HCl Tab ER 24HR 750 MG	0.06078		0.06915	
Metformin HCl Tab ER 24HR Modified Release 1000 MG	42.20938		21.49589	

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

Data as of 9/10/2018

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 ER 24HR Osmotic 1000 MG	5.84378		4.64267	
Metformin HCl Tab ER 24HR Osmotic 500 MG			3.33250	
Methadone HCl Conc 10 MG/ML			0.05102	
Methadone HCl Tab 10 MG	0.10155		0.09170	
Methadone HCl Tab 5 MG	0.13972		0.11860	
Methadone HCl Tab For Oral Susp 40 MG			0.30600	
Methazolamide Tab 25 MG			2.84785	
Methazolamide Tab 50 MG			2.41000	
Methenamine Hippurate Tab 1 GM	0.91891		0.95305	
Methenamine Mandelate Tab 1 GM			1.19500	
Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***			2.58650	
Methimazole Tab 10 MG	0.12720		0.08775	
Methimazole Tab 5 MG	0.08733		0.04940	
Methocarbamol Tab 500 MG	0.15002		0.05570	
Methocarbamol Tab 750 MG	0.34450		0.05730	
Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)			3.34200	
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)	0.70618		0.51252	
Methscopolamine Bromide Tab 2.5 MG	1.06016		0.31450	
Methscopolamine Bromide Tab 5 MG			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			0.06990	
Methyldopa Tab 500 MG	0.28806		0.18460	

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

Data as of 9/10/2018

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)	3.22145		2.31590	
Methylphenidate HCl Cap ER 20 MG (CD)	2.84680		2.31590	
Methylphenidate HCl Cap ER 24HR 20 MG (LA)			3.58677	
Methylphenidate HCl Cap ER 24HR 30 MG (LA)			3.29452	
Methylphenidate HCl Cap ER 24HR 40 MG (LA)			3.82880	
Methylphenidate HCl Cap ER 30 MG (CD)	3.20720		2.81770	
Methylphenidate HCl Cap ER 40 MG (CD)	4.39544		2.26920	
Methylphenidate HCl Cap ER 50 MG (CD)	5.78088		2.20883	
Methylphenidate HCl Cap ER 60 MG (CD)	4.76563		2.21480	
Methylphenidate HCl Chew Tab 5 MG			3.26022	
Methylphenidate HCl Soln 10 MG/5ML	0.40524		0.82100	
Methylphenidate HCl Soln 5 MG/5ML	0.20171		0.55068	
Methylphenidate HCl Tab 10 MG	0.27274		0.26370	
Methylphenidate HCl Tab 20 MG	0.35953		0.34888	
Methylphenidate HCl Tab 5 MG	0.18637		0.15000	
Methylphenidate HCl Tab ER 10 MG	2.31753		2.50480	
Methylphenidate HCl Tab ER 20 MG	1.93308		1.70023	
Methylphenidate HCl Tab ER 24HR 18 MG	9.07479		7.09784	
Methylphenidate HCl Tab ER 24HR 27 MG	9.44065		6.46201	
Methylphenidate HCl Tab ER 24HR 36 MG	9.83552		8.23080	
Methylphenidate HCl Tab ER 24HR 54 MG	10.50218		7.55780	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	9.07479		6.59200	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	9.44065		6.26405	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	9.83552		7.85520	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	10.50218		7.55780	
Methylprednisolone Acetate Inj Susp 40 MG/ML			4.68000	

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

Data as of 9/10/2018

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
Methylprednisolone Sod Succ For Inj 125 MG (Base Equiv)			5.20000	
Methylprednisolone Sod Succ For Inj 40 MG (Base Equiv)			5.72610	
Methylprednisolone Tab 16 MG	2.05386		2.23620	
Methylprednisolone Tab 4 MG	0.30517		0.31030	
Methylprednisolone Tab Therapy Pack 4 MG (21)	0.28764		0.28952	
Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv)			0.03843	
Metoclopramide HCl Tab 10 MG (Base Equivalent)	0.03610		0.02857	
Metoclopramide HCl Tab 5 MG (Base Equivalent)	0.03873		0.02200	
Metolazone Tab 10 MG			1.38400	
Metolazone Tab 2.5 MG			0.81000	
Metolazone Tab 5 MG	1.35754		1.09870	
Metoprolol & Hydrochlorothiazide Tab 50-25 MG			0.67570	
Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	0.60735		0.34261	
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	0.81405		0.43537	
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	0.35441		0.15360	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	0.36286		0.18055	
Metoprolol Tartrate Tab 100 MG	0.03142		0.02870	
Metoprolol Tartrate Tab 25 MG	0.02221		0.02226	
Metoprolol Tartrate Tab 50 MG	0.02177		0.01363	
Metronidazole Cream 0.75%	1.33357		1.45000	
Metronidazole Gel 0.75%	1.22776		1.35000	
Metronidazole Gel 1%	2.13352		3.16000	
Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML			0.01486	
Metronidazole Lotion 0.75%			2.50441	
Metronidazole Tab 250 MG	0.21000		0.17585	
Metronidazole Tab 500 MG	0.22190		0.14590	
Metronidazole Vaginal Gel 0.75%			0.68482	
Mexiletine HCl Cap 150 MG			0.20910	
Mexiletine HCl Cap 200 MG			0.70200	

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

Data as of 9/10/2018

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
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	
Midazolam HCl Syrup 2 MG/ML (Base Equivalent)			0.52224	
Midodrine HCl Tab 10 MG			0.73000	
Midodrine HCl Tab 2.5 MG	0.35529		0.16000	
Midodrine HCl Tab 5 MG	0.49612		0.31267	
Miglustat Cap 100 MG			296.80800	
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	0.46537		0.38287	
Minocycline HCl Cap 50 MG	0.25028		0.21410	
Minocycline HCl Cap 75 MG	0.39198		0.26765	
Minocycline HCl Tab 100 MG	2.62840		1.80620	
Minocycline HCl Tab 50 MG	1.11480		1.07802	
Minoxidil Tab 10 MG	0.19683		0.20050	
Minoxidil Tab 2.5 MG	0.11989		0.10050	
Mirtazapine Orally Disintegrating Tab 15 MG	0.63737		0.47533	
Mirtazapine Orally Disintegrating Tab 30 MG	0.87841		0.53400	
Mirtazapine Orally Disintegrating Tab 45 MG	0.95160		0.80780	
Mirtazapine Tab 15 MG	0.08549		0.07880	
Mirtazapine Tab 30 MG	0.11801		0.12665	

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

Data as of 9/10/2018

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
Mirtazapine Tab 45 MG	0.22743		0.19011	
Mirtazapine Tab 7.5 MG			1.36934	
Misoprostol Tab 100 MCG	0.45851		0.39396	
Misoprostol Tab 200 MCG	0.78600		0.67449	
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	1.09123		1.21100	
Modafinil Tab 200 MG	1.71821		0.86500	
Moexipril HCl Tab 15 MG			0.31400	
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%			0.32000	
Mometasone Furoate Nasal Susp 50 MCG/ACT			3.44749	
Mometasone Furoate Oint 0.1%			0.35000	
Mometasone Furoate Solution 0.1% (Lotion)			0.21162	
Montelukast Sodium Chew Tab 4 MG (Base Equiv)	0.14461		0.10275	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	0.14143		0.11444	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	2.48987		2.62314	
Montelukast Sodium Tab 10 MG (Base Equiv)	0.11480		0.07164	
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			0.04420	
Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)			0.24545	
Morphine Sulfate Tab 15 MG			0.09000	

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

Data as of 9/10/2018

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
Morphine Sulfate Tab ER 100 MG	1.11115		1.23870	
Morphine Sulfate Tab ER 15 MG	0.20702		0.15750	
Morphine Sulfate Tab ER 200 MG	2.59513		2.23770	
Morphine Sulfate Tab ER 30 MG	0.36530		0.35780	
Morphine Sulfate Tab ER 60 MG	0.67109		0.60430	
Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	22.51039		7.85500	
Moxifloxacin HCl Tab 400 MG (Base Equiv)	3.43548		8.85327	
Multiple Vitamin Tab**			0.02313	
Multiple Vitamins w/ Iron Tab**			0.02788	
Multiple Vitamins w/ Minerals Tab**			2.18465	
Mupirocin Calcium Cream 2%			10.99000	
Mupirocin Oint 2%			0.20727	
Mycophenolate Mofetil Cap 250 MG	1.00276		0.12520	
Mycophenolate Mofetil For Oral Susp 200 MG/ML			6.32612	
Mycophenolate Mofetil Tab 500 MG	2.24620		0.15350	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	2.70355		2.07262	
Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	5.13216		3.56442	
Nabumetone Tab 500 MG	0.20095		0.15359	
Nabumetone Tab 750 MG	0.22212		0.17270	
Nadolol Tab 20 MG	1.72411		1.13250	
Nadolol Tab 40 MG	2.39961		0.80040	
Nadolol Tab 80 MG	2.48528		2.64490	
Nalbuphine HCl Inj 20 MG/ML			2.36600	
Naloxone HCl Inj 0.4 MG/ML			11.10000	
Naloxone HCl Inj 4 MG/10ML			13.56000	
Naltrexone For IM Extended Release Susp 380 MG			1303.76400	
Naltrexone HCl Tab 50 MG	0.97688		0.57500	
Naproxen Sodium Tab 275 MG	1.11922		0.08963	
Naproxen Sodium Tab 550 MG	0.75468		0.88131	
Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv)			9.75680	

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

Data as of 9/10/2018

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
Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)			7.98520	
Naproxen Susp 125 MG/5ML			0.78000	
Naproxen Tab 250 MG	0.05940		0.03202	
Naproxen Tab 375 MG	0.06079		0.04691	
Naproxen Tab 500 MG	0.07154	0.04714	0.06420	07/24/2018
Naproxen Tab EC 375 MG			0.11710	
Naproxen Tab EC 500 MG			0.16431	
Naratriptan HCl Tab 1 MG (Base Equiv)	2.65689		3.86000	
Naratriptan HCl Tab 2.5 MG (Base Equiv)	1.93887		1.55944	
Natalizumab for IV Inj Conc 300 MG/15ML			410.35200	
Nateglinide Tab 120 MG	0.56066		0.48995	
Nateglinide Tab 60 MG	0.54407		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	1.34697		0.50000	
Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin			10.52000	
Neomycin-Polymy-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%	3.31648		3.41429	
Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	2.70031		2.52100	
Neomycin-Polymyxin-HC Ophth Susp			14.80800	
Neomycin-Polymyxin-HC Otic Soln 1%		3.96167	5.15200	07/17/2018
Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%			3.37300	
Nevirapine Tab 200 MG	1.22965		0.10617	
Nevirapine Tab ER 24HR 400 MG	7.70506		6.85933	
Niacin Tab ER 1000 MG (Antihyperlipidemic)	3.30461		0.62311	

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

Data as of 9/10/2018

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
Niacin Tab ER 500 MG (Antihyperlipidemic)	1.31020		0.34556	
Nicardipine HCl Cap 20 MG	1.66533		0.12545	
Nifedipine Cap 10 MG	0.53314		0.43570	
Nifedipine Cap 20 MG			1.45000	
Nifedipine Tab ER 24HR 30 MG	0.27952		0.24470	
Nifedipine Tab ER 24HR 60 MG	0.35893		0.42891	
Nifedipine Tab ER 24HR 90 MG	0.85833		0.42470	
Nifedipine Tab ER 24HR Osmotic Release 30 MG			0.12832	
Nifedipine Tab ER 24HR Osmotic Release 60 MG			0.20292	
Nifedipine Tab ER 24HR Osmotic Release 90 MG	0.70210		0.28260	
Nilutamide Tab 150 MG			133.33333	
Nisoldipine Tab ER 24HR 17 MG			5.60720	
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	0.79961		0.74480	
Nitrofurantoin Macrocrystalline Cap 50 MG	0.56011		0.32360	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	0.73415		0.68440	
Nitrofurantoin Susp 25 MG/5ML			1.27345	
Nitroglycerin SL Tab 0.4 MG			0.35950	
Nitroglycerin TD Patch 24HR 0.1 MG/HR			0.63167	
Nitroglycerin TD Patch 24HR 0.2 MG/HR			0.35275	
Nitroglycerin TD Patch 24HR 0.4 MG/HR			0.44945	
Nitroglycerin TD Patch 24HR 0.6 MG/HR			0.54533	
Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)			21.89721	
Nizatidine Cap 150 MG	0.20503		0.20325	
Nizatidine Cap 300 MG			0.57267	
Nizatidine Oral Soln 15 MG/ML			0.81250	
Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	0.54349		0.47145	
Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	0.67730		0.62440	

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

Data as of 9/10/2018

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
Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	0.43925		0.46413	
Norethindrone & Mestranol Tab 1 MG-50MCG			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	0.38757		0.37590	
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	0.70789		0.57873	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	0.34002		0.27095	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	0.36473		0.27230	
Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	3.02920		3.57571	
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	1.07484		1.31762	
Norethindrone Acetate Tab 5 MG	1.12989		0.97890	
Norethindrone Tab 0.35 MG			0.14992	
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	0.54877		0.51417	
Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	0.66414		0.75004	
Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	0.26069		0.24173	
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	0.90194		0.31595	
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	0.23972		0.20485	
Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	0.43455		0.38712	
Nortriptyline HCl Cap 10 MG	0.07894		0.06356	
Nortriptyline HCl Cap 25 MG	0.11308		0.12007	
Nortriptyline HCl Cap 50 MG	0.14003		0.11860	
Nortriptyline HCl Cap 75 MG	0.19614		0.12989	
Nortriptyline HCl Soln 10 MG/5ML			0.25084	
Nystatin Cream 100000 Unit/GM			0.30367	
Nystatin Oint 100000 Unit/GM			0.36000	
Nystatin Susp 100000 Unit/ML			0.04895	
Nystatin Tab 500000 Unit	0.50665		0.34870	
Nystatin Topical Powder			0.68313	
Nystatin Topical Powder 100000 Unit/GM			0.28233	

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

Data as of 9/10/2018

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
Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%			1.69000	
Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%			1.89000	
Octreotide Acetate For IM Inj Kit 20 MG			4064.76564	
Octreotide Acetate For IM Inj Kit 30 MG			6086.69544	
Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)			2.69662	
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)			2.68182	
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)			14.90000	
Ofloxacin Opth Soln 0.3%			2.31667	
Ofloxacin Otic Soln 0.3%			4.55000	
Olanzapine Orally Disintegrating Tab 10 MG	1.63142		1.01000	
Olanzapine Orally Disintegrating Tab 15 MG	1.69402		0.74833	
Olanzapine Orally Disintegrating Tab 20 MG	2.69807		0.65000	
Olanzapine Orally Disintegrating Tab 5 MG	1.08340		0.27200	
Olanzapine Tab 10 MG	0.42666		0.17972	
Olanzapine Tab 15 MG	0.54482		0.20711	
Olanzapine Tab 2.5 MG	0.25253		0.07267	
Olanzapine Tab 20 MG	0.70913		0.24514	
Olanzapine Tab 5 MG	0.20041		0.09878	
Olanzapine Tab 7.5 MG	0.25809		0.13867	
Olmesartan Medoxomil Tab 20 MG	0.69125		0.02211	
Olmesartan Medoxomil Tab 40 MG	0.98006		0.16989	
Olmesartan Medoxomil Tab 5 MG	0.71740		0.04767	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	0.69416		0.13000	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	0.72670		0.21033	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	1.03811		0.22141	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	2.92844		2.75967	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	3.32112		1.91000	

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

Data as of 9/10/2018

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-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	2.86917		2.49000	
Olopatadine HCl Nasal Soln 0.6%			2.69803	
Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)			2.46080	
Omega-3-acid Ethyl Esters Cap 1 GM	1.07813		0.32492	
Omeprazole Cap Delayed Release 10 MG	0.37030		0.02056	
Omeprazole Cap Delayed Release 20 MG	0.09228		0.03423	
Omeprazole Cap Delayed Release 40 MG	0.13637		0.07110	
Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	17.18178		6.25000	
OnabotulinumtoxinA (Cosmetic) For Inj 50 Unit			329.67600	
Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)			0.25000	
Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)			0.10075	
Ondansetron HCl Oral Soln 4 MG/5ML	0.30700		0.28000	
Ondansetron HCl Tab 4 MG	0.10382		0.10100	
Ondansetron HCl Tab 8 MG	0.17212		0.19187	
Ondansetron Orally Disintegrating Tab 4 MG	0.32601		0.26733	
Ondansetron Orally Disintegrating Tab 8 MG	0.41832		0.32500	
Opium Tincture 1% (10 MG/ML) (Morphine Equiv)			2.38890	
Oral Vehicles - Syrup***			0.04063	
Oral Vehicles***			0.04063	
Orphenadrine Citrate Tab ER 12HR 100 MG	0.36763		0.28550	
Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG			2.04000	
Oseltamivir Phosphate Cap 30 MG (Base Equiv)			7.04590	
Oseltamivir Phosphate Cap 45 MG (Base Equiv)			6.63393	
Oseltamivir Phosphate Cap 75 MG (Base Equiv)			7.02615	
Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)			1.59500	
Oxandrolone Tab 2.5 MG			3.19985	
Oxaprozin Tab 600 MG	0.99055		1.51684	
Oxazepam Cap 10 MG			0.50649	
Oxazepam Cap 15 MG			0.77050	
Oxazepam Cap 30 MG			1.06925	

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

Data as of 9/10/2018

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 Susp 300 MG/5ML (60 MG/ML)	0.53614		0.31013	
Oxcarbazepine Tab 150 MG	0.16655		0.09147	
Oxcarbazepine Tab 300 MG	0.39784		0.16900	
Oxcarbazepine Tab 600 MG	0.90331		0.31193	
Oxiconazole Nitrate Cream 1%			10.81000	
Oxybutynin Chloride Syrup 5 MG/5ML			0.02415	
Oxybutynin Chloride Tab 5 MG	0.20681		0.19000	
Oxybutynin Chloride Tab ER 24HR 10 MG	0.58810		0.34824	
Oxybutynin Chloride Tab ER 24HR 15 MG	0.65915		0.31443	
Oxybutynin Chloride Tab ER 24HR 5 MG	0.41765		0.36045	
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	3.05133		2.95000	
Oxycodone HCl Soln 5 MG/5ML			0.22800	
Oxycodone HCl Tab 10 MG	0.14435		0.13875	
Oxycodone HCl Tab 15 MG	0.17157		0.11260	
Oxycodone HCl Tab 20 MG	0.22972		0.19400	
Oxycodone HCl Tab 30 MG	0.29429		0.25470	
Oxycodone HCl Tab 5 MG	0.09723		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	0.42911		0.31324	
Oxycodone w/ Acetaminophen Tab 5-325 MG	0.13664		0.10370	
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	0.29029		0.20590	
Oxycodone-Aspirin Tab 4.8355-325 MG			0.69850	
Oxymorphone HCl Tab 10 MG	1.62144		1.86200	
Oxymorphone HCl Tab 5 MG	0.78051		1.36790	
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	

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

Data as of 9/10/2018

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
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 1.5 MG	16.62952		12.98000	
Paliperidone Tab ER 24HR 3 MG	21.34353		9.76000	
Paliperidone Tab ER 24HR 6 MG	19.93647		13.05809	
Paliperidone Tab ER 24HR 9 MG	29.96832		15.95000	
Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)			90.23760	
Pamidronate Disodium For Inj 90 MG			56.37000	
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)	0.10921		0.04411	
Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	0.09236		0.05844	
Paricalcitol Cap 1 MCG	1.74858		0.94067	
Paricalcitol Cap 2 MCG			8.16667	
Paroxetine HCl Tab 10 MG	0.07740		0.05431	
Paroxetine HCl Tab 20 MG	0.08269		0.07085	
Paroxetine HCl Tab 30 MG	0.10489		0.08967	
Paroxetine HCl Tab 40 MG	0.13039		0.09200	
Paroxetine HCl Tab ER 24HR 12.5 MG	2.67645		2.25281	
Paroxetine HCl Tab ER 24HR 25 MG	2.30810		2.25917	
Paroxetine HCl Tab ER 24HR 37.5 MG	3.24047		1.67797	
Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**			0.11440	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***			0.06770	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***			0.06583	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***			0.08267	
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	

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

Data as of 9/10/2018

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
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	0.00278		0.00400	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	0.00285		0.00270	
PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	0.00299		0.00494	
Peginterferon alfa-2a Inj 180 MCG/ML			1017.40404	
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	0.09599		0.07000	
Penicillin V Potassium Tab 500 MG	0.13683		0.09173	
Pentazocine w/ Naloxone Tab 50-0.5 MG			1.05396	
Pentoxifylline Tab ER 400 MG	0.16377		0.15750	
Perindopril Erbumine Tab 2 MG			0.72800	
Perindopril Erbumine Tab 4 MG			0.54988	
Perindopril Erbumine Tab 8 MG			0.44392	
Permethrin Cream 5%			0.65000	
Permethrin Creme Rinse 1%			0.14150	
Perphenazine Tab 16 MG	0.99036		1.49140	
Perphenazine Tab 2 MG	0.54529		0.45370	
Perphenazine Tab 4 MG	0.67858		0.75200	
Perphenazine Tab 8 MG	0.94132		0.49510	
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			0.29990	

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

Data as of 9/10/2018

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 Elixir 20 MG/5ML			0.11948	
Phenobarbital Tab 100 MG			0.08363	
Phenobarbital Tab 15 MG			0.14000	
Phenobarbital Tab 16.2 MG			0.37840	
Phenobarbital Tab 30 MG			0.51300	
Phenobarbital Tab 32.4 MG			0.45877	
Phenobarbital Tab 60 MG			0.22000	
Phenobarbital Tab 64.8 MG			0.63390	
Phenobarbital Tab 97.2 MG			0.80000	
Phentermine HCl Cap 15 MG	0.20353		0.16000	
Phentermine HCl Tab 37.5 MG	0.21499		0.07720	
Phenylephrine HCl Ophth Soln 2.5%			2.08607	
Phenytoin Chew Tab 50 MG	0.45610		0.19360	
Phenytoin Sodium Extended Cap 100 MG	0.52710		0.21915	
Phenytoin Sodium Inj 50 MG/ML			0.42900	
Phenytoin Susp 125 MG/5ML	0.08136		0.06283	
Pilocarpine HCl Ophth Soln 1%			4.43333	
Pilocarpine HCl Ophth Soln 2%			4.65067	
Pilocarpine HCl Ophth Soln 4%			4.56530	
Pilocarpine HCl Tab 5 MG	0.96095		0.38580	
Pindolol Tab 10 MG	0.93771		1.19850	
Pindolol Tab 5 MG	0.79028		0.70350	
Pioglitazone HCl Tab 15 MG (Base Equiv)	0.08940		0.09519	
Pioglitazone HCl Tab 30 MG (Base Equiv)	0.11701		0.11541	
Pioglitazone HCl Tab 45 MG (Base Equiv)	0.13769		0.08233	
Pioglitazone HCl-Metformin HCl Tab 15-850 MG	0.96696		1.02022	
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	0.55335		0.08918	

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

Data as of 9/10/2018

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
Piroxicam Cap 20 MG	0.76920		1.39000	
Podofilox Soln 0.5%			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%	0.54946		0.41400	
Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG			0.17733	
Potassium Acetate Inj 2 mEq/ML			0.17000	
Potassium Bicarbonate Effer Tab 25 mEq			0.18200	
Potassium Chloride 20 MEQ/L (0.15%) in Dextrose 5% Inj			0.00303	
Potassium Chloride Cap ER 10 mEq	0.24850		0.19080	
Potassium Chloride Cap ER 8 mEq	0.38688		0.38305	
Potassium Chloride Inj 2 mEq/ML			0.04150	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	0.30326		0.22600	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq			0.23098	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)			0.33512	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)			0.83683	
Potassium Chloride Powder Packet 20 mEq			5.95000	
Potassium Chloride Powder Packet 25 mEq			0.23387	
Potassium Chloride Tab ER 10 mEq			0.18467	
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)	0.93132		0.93250	
Potassium Citrate Tab ER 15 MEQ (1620 MG)	1.46501		0.58910	
Potassium Citrate Tab ER 5 MEQ (540 MG)	0.82777		0.74056	
Pramipexole Dihydrochloride Tab 0.125 MG	0.05433		0.03978	
Pramipexole Dihydrochloride Tab 0.25 MG	0.05876		0.04211	

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

Data as of 9/10/2018

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
Pramipexole Dihydrochloride Tab 0.5 MG	0.06074		0.05272	
Pramipexole Dihydrochloride Tab 0.75 MG	0.08080		0.07222	
Pramipexole Dihydrochloride Tab 1 MG	0.09525		0.06056	
Pramipexole Dihydrochloride Tab 1.5 MG	0.14516		0.05300	
Prasugrel HCl Tab 10 MG (Base Equiv)			0.70000	
Prasugrel HCl Tab 5 MG (Base Equiv)			0.70533	
Pravastatin Sodium Tab 10 MG	0.11746		0.08686	
Pravastatin Sodium Tab 20 MG	0.09235		0.07688	
Pravastatin Sodium Tab 40 MG	0.12926		0.06651	
Pravastatin Sodium Tab 80 MG	0.20188		0.11322	
Prazosin HCl Cap 1 MG	0.34044		0.31595	
Prazosin HCl Cap 2 MG	0.54981		0.50547	
Prazosin HCl Cap 5 MG	0.86091		0.80135	
Prednisolone Acetate Ophth Susp 1%			5.79248	
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)			0.08102	
Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)			0.03850	
Prednisolone Syrup 5 MG/5ML			0.11750	
Prednisone Tab 1 MG	0.11859		0.08790	
Prednisone Tab 10 MG	0.09970		0.11083	
Prednisone Tab 2.5 MG			0.08990	
Prednisone Tab 20 MG	0.13493		0.11890	
Prednisone Tab 5 MG	0.08935		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	

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

Data as of 9/10/2018

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
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	1.12343		0.13285	
Primidone Tab 50 MG	0.15687		0.08207	
Probenecid Tab 500 MG	1.98699		0.37921	
Procarbazine HCl Cap 50 MG			97.52832	
Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	0.08429		0.05960	
Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	0.08264		0.05210	
Prochlorperazine Suppos 25 MG			7.07875	
Progesterone IM in Oil 50 MG/ML			1.52800	
Progesterone Micronized Cap 100 MG	0.64130		0.49150	
Progesterone Micronized Cap 200 MG	1.09257		1.01340	
Progesterone Vaginal Gel 8%			25.21783	
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	6.50156		7.03646	
Promethazine HCl Suppos 25 MG	5.53653		6.44375	
Promethazine HCl Syrup 6.25 MG/5ML			0.01551	
Promethazine HCl Tab 12.5 MG	0.07703		0.04160	
Promethazine HCl Tab 25 MG	0.06156		0.04713	
Promethazine HCl Tab 50 MG	0.15778		0.19092	
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML			0.01268	
Promethazine-DM Syrup 6.25-15 MG/5ML			0.00863	
Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML			0.07010	
Propafenone HCl Cap ER 12HR 425 MG	5.37528		6.06450	

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

Data as of 9/10/2018

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
Propafenone HCl Tab 150 MG	0.15336		0.10840	
Propafenone HCl Tab 225 MG	0.26854		0.22256	
Propafenone HCl Tab 300 MG	0.69037		0.66747	
Proparacaine HCl Opth Soln 0.5%	2.13770		0.19507	
Propranolol HCl Cap ER 24HR 120 MG	1.13844		0.77990	
Propranolol HCl Cap ER 24HR 160 MG	1.42248		0.91122	
Propranolol HCl Cap ER 24HR 60 MG	0.99633		0.44990	
Propranolol HCl Cap ER 24HR 80 MG	0.86892		0.49990	
Propranolol HCl Oral Soln 20 MG/5ML			0.09670	
Propranolol HCl Tab 10 MG	0.13482		0.13200	
Propranolol HCl Tab 20 MG	0.18715		0.16741	
Propranolol HCl Tab 40 MG	0.21203		0.19265	
Propranolol HCl Tab 60 MG			0.55290	
Propranolol HCl Tab 80 MG	0.40790		0.31115	
Propylthiouracil Tab 50 MG			0.48050	
Protriptyline HCl Tab 10 MG			1.59000	
Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML			0.08926	
Pyrazinamide Tab 500 MG			1.92400	
Pyridostigmine Bromide Tab 60 MG	0.54234		0.41075	
Pyridoxine HCl Powder			0.24781	
Quetiapine Fumarate Tab 100 MG	0.13576		0.06500	
Quetiapine Fumarate Tab 200 MG	0.24586		0.12102	
Quetiapine Fumarate Tab 25 MG	0.06239		0.03388	
Quetiapine Fumarate Tab 300 MG	0.45810		0.14417	
Quetiapine Fumarate Tab 400 MG	0.32860		0.13920	
Quetiapine Fumarate Tab 50 MG	0.20136		0.06104	
Quetiapine Fumarate Tab ER 24HR 150 MG	1.63749		1.59000	
Quetiapine Fumarate Tab ER 24HR 200 MG	2.90166		0.72278	
Quetiapine Fumarate Tab ER 24HR 300 MG	2.43197		0.81667	
Quetiapine Fumarate Tab ER 24HR 400 MG	5.38854		0.83039	

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

Data as of 9/10/2018

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
Quetiapine Fumarate Tab ER 24HR 50 MG	0.68274		0.54817	
Quinapril HCl Tab 10 MG	0.20526		0.09013	
Quinapril HCl Tab 20 MG	0.16115		0.11967	
Quinapril HCl Tab 40 MG	0.21513		0.07200	
Quinapril HCl Tab 5 MG	0.10182		0.08701	
Quinapril-Hydrochlorothiazide Tab 10-12.5 MG	0.52467		0.46621	
Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	0.47778		0.52424	
Quinapril-Hydrochlorothiazide Tab 20-25 MG	0.42847		0.43647	
Quinidine Gluconate Tab ER 324 MG			6.82330	
Quinine Sulfate Cap 324 MG	2.16267		2.16667	
Rabeprazole Sodium EC Tab 20 MG	2.23104		0.31567	
Raloxifene HCl Tab 60 MG	0.72372		0.75533	
Ramipril Cap 1.25 MG	0.19445		0.17690	
Ramipril Cap 10 MG	0.25613		0.04168	
Ramipril Cap 2.5 MG	0.08042		0.04723	
Ramipril Cap 5 MG	0.22355		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)	0.02702		0.01770	
Ranitidine HCl Tab 150 MG			0.03460	
Ranitidine HCl Tab 300 MG	0.11335		0.10192	
Rasagiline Mesylate Tab 0.5 MG (Base Equiv)	8.68206		9.00000	
Rasagiline Mesylate Tab 1 MG (Base Equiv)	8.15360		7.68250	
Repaglinide Tab 0.5 MG	0.17960		0.17060	
Repaglinide Tab 1 MG	0.22786		0.14890	
Repaglinide Tab 2 MG	0.34879		0.10198	
Reserpine Tab 0.1 MG			0.06000	
Ribavirin Cap 200 MG			0.93250	
Ribavirin Tab 200 MG			0.57350	
Rifabutin Cap 150 MG			13.58000	

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

Data as of 9/10/2018

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
Rifampin Cap 150 MG	1.01902		0.79485	
Rifampin Cap 300 MG	0.73494		0.50500	
Riluzole Tab 50 MG			48.64547	
Risedronate Sodium Tab 150 MG	47.60027		49.02033	
Risedronate Sodium Tab 35 MG	11.28859		5.00000	
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			0.65200	
Risperidone Orally Disintegrating Tab 1 MG			0.53571	
Risperidone Orally Disintegrating Tab 2 MG			1.46214	
Risperidone Orally Disintegrating Tab 3 MG			5.91000	
Risperidone Orally Disintegrating Tab 4 MG			7.74000	
Risperidone Soln 1 MG/ML	0.40707		0.07167	
Risperidone Tab 0.25 MG	0.08754		0.04256	
Risperidone Tab 0.5 MG	0.14499		0.04150	
Risperidone Tab 1 MG	0.14641		0.03897	
Risperidone Tab 2 MG	0.34728		0.04394	
Risperidone Tab 3 MG	0.44615		0.04333	
Risperidone Tab 4 MG	0.29639		0.07709	
Ritonavir Tab 100 MG			5.49467	
Rivastigmine Tartrate Cap 1.5 MG	0.52491		0.61033	
Rivastigmine Tartrate Cap 3 MG	0.53839		0.74608	
Rivastigmine Tartrate Cap 4.5 MG	0.48600		0.26333	
Rivastigmine Tartrate Cap 6 MG	0.44620		0.45891	
Rivastigmine TD Patch 24HR 13.3 MG/24HR	14.10985		5.46950	
Rivastigmine TD Patch 24HR 4.6 MG/24HR	13.94376		4.78633	
Rivastigmine TD Patch 24HR 9.5 MG/24HR	6.98015		6.68167	
Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	1.69572		0.83889	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	1.24747		0.93230	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	1.05658		0.55556	

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

Data as of 9/10/2018

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
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	0.64806		0.95722	
Ropinirole Hydrochloride Tab 0.25 MG	0.08557		0.06600	
Ropinirole Hydrochloride Tab 0.5 MG	0.07408		0.06727	
Ropinirole Hydrochloride Tab 1 MG	0.08230		0.04490	
Ropinirole Hydrochloride Tab 2 MG	0.18239		0.06980	
Ropinirole Hydrochloride Tab 3 MG	0.08515		0.09940	
Ropinirole Hydrochloride Tab 4 MG	0.09614		0.06920	
Ropinirole Hydrochloride Tab 5 MG	0.11983		0.09924	
Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)			4.25900	
Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	1.46201		0.99967	
Rosuvastatin Calcium Tab 10 MG	0.31409		0.09504	
Rosuvastatin Calcium Tab 20 MG	0.36861		0.13173	
Rosuvastatin Calcium Tab 40 MG	0.51889		0.16356	
Rosuvastatin Calcium Tab 5 MG	0.30717		0.08878	
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			0.37549	
Salsalate Tab 750 MG			0.60680	
Scopolamine TD Patch 72HR 1 MG/3DAYS			16.15000	
Selegiline HCl Tab 5 MG			1.35000	
Selenium Sulfide Lotion 2.5%			0.08945	
Sertraline HCl Oral Concentrate for Solution 20 MG/ML	0.80746		0.79669	
Sertraline HCl Tab 100 MG	0.09915		0.04255	
Sertraline HCl Tab 25 MG	0.06122		0.03430	
Sertraline HCl Tab 50 MG	0.06291		0.04215	
Sevelamer Carbonate Packet 0.8 GM			16.25611	
Sevelamer Carbonate Tab 800 MG	5.13451		1.35000	

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

Data as of 9/10/2018

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
Sildenafil Citrate Tab 100 MG	88.98510		1.48000	
Sildenafil Citrate Tab 20 MG	0.29363		0.16133	
Sildenafil Citrate Tab 25 MG	51.23607		23.31167	
Sildenafil Citrate Tab 50 MG	69.02307		1.16025	
Silver Sulfadiazine Cream 1%			0.19908	
Simvastatin Tab 10 MG	0.03418		0.02164	
Simvastatin Tab 20 MG	0.03579		0.01895	
Simvastatin Tab 40 MG	0.05112		0.03583	
Simvastatin Tab 5 MG	0.04031		0.03640	
Simvastatin Tab 80 MG	0.10517		0.05544	
Sirolimus Tab 0.5 MG	6.77446		5.50700	
Sirolimus Tab 1 MG	9.44207		7.85000	
Sirolimus Tab 2 MG	22.11549		19.52000	
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)			0.06196	
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**

Data as of 9/10/2018

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)			0.10320	
Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful			54.29196	
Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML			0.06750	
Sodium Polystyrene Sulfonate Powder**	0.10425		0.10772	
Somatropin (Non-Refrigerated) For Inj 5 MG			588.48660	
Somatropin (Non-Refrigerated) For Inj 8.8 MG			941.57856	
Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG			1214.08416	
Somatropin For Inj 0.2 MG			26.35274	
Somatropin For Inj 0.4 MG			52.71259	
Somatropin For Inj 0.6 MG			79.06533	
Somatropin For Inj 12 MG (13.8 MG Overfill)			1450.81344	
Somatropin For Inj 12 MG (36 Unit)			1466.51040	
Somatropin For Inj 24 MG			2933.02080	
Somatropin For Inj 5 MG			611.04600	
Somatropin For Inj 5.8 MG			313.78482	
Somatropin For Inj 6 MG (18 Unit)			733.25520	
Somatropin For Subcutaneous Inj 5 MG			604.49232	
Somatropin Inj 5 MG/1.5ML			395.38544	
Sorafenib Tosylate Tab 200 MG (Base Equivalent)			154.96407	
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			0.05260	
Spirolactone & Hydrochlorothiazide Tab 25-25 MG	0.82888		0.72300	

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

Data as of 9/10/2018

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
Spironolactone Tab 100 MG	0.30591		0.27650	
Spironolactone Tab 25 MG	0.08282		0.05213	
Spironolactone Tab 50 MG	0.29258		0.14983	
Stavudine Cap 15 MG			1.95477	
Stavudine Cap 20 MG			1.21300	
Stavudine Cap 30 MG			0.86000	
Stavudine Cap 40 MG			0.91833	
Sucralfate Tab 1 GM	0.20943		0.20530	
Sulfacetamide Sodium Lotion 10% (Acne)	0.99134		0.48687	
Sulfacetamide Sodium Ophth Oint 10%			15.68000	
Sulfacetamide Sodium Ophth Soln 10%			2.42133	
Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%			0.13718	
Sulfacetamide Sodium w/ Sulfur Lotion 10-5%			2.01032	
Sulfacetamide Sodium w/ Sulfur Susp 8-4%			0.13000	
Sulfacetamide Sodium w/ Sulfur Wash 9-4%			0.15000	
Sulfacetamide Sodium w/ Sulfur Wash 9-4.5%			0.18000	
Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%			2.23200	
Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML			0.92890	
Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML			0.18027	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	0.08447		0.06590	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	0.08172		0.04090	
Sulfasalazine Tab 500 MG	0.17037		0.16644	
Sulfasalazine Tab Delayed Release 500 MG			0.19492	
Sulindac Tab 150 MG	0.14289		0.12100	
Sulindac Tab 200 MG	0.17830		0.13438	
Sumatriptan Nasal Spray 20 MG/ACT			48.52000	
Sumatriptan Nasal Spray 5 MG/ACT			48.38333	
Sumatriptan Succinate Inj 6 MG/0.5ML			39.37257	
Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML			169.85000	

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

Data as of 9/10/2018

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
Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML			93.88000	
Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML			110.77440	
Sumatriptan Succinate Tab 100 MG	0.88208		0.49710	
Sumatriptan Succinate Tab 25 MG	0.75040		0.48889	
Sumatriptan Succinate Tab 50 MG	0.52240		0.46667	
Sunitinib Malate Cap 12.5 MG (Base Equivalent)			173.87848	
Sunitinib Malate Cap 25 MG (Base Equivalent)			347.75767	
Sunitinib Malate Cap 50 MG (Base Equivalent)			605.39726	
Tacrolimus Cap 0.5 MG	0.73521		0.08055	
Tacrolimus Cap 1 MG	1.28350		0.22162	
Tacrolimus Cap 5 MG	10.49389		0.39610	
Tacrolimus Oint 0.03%			5.17000	
Tacrolimus Oint 0.1%			4.85000	
Tamoxifen Citrate Tab 10 MG (Base Equivalent)	0.29050		0.15000	
Tamoxifen Citrate Tab 20 MG (Base Equivalent)	0.47972		0.46067	
Tamsulosin HCl Cap 0.4 MG	0.10462		0.09815	
Tazarotene Cream 0.1%			6.29000	
Telmisartan Tab 20 MG	0.99299		0.25467	
Telmisartan Tab 40 MG	0.69773		0.26333	
Telmisartan Tab 80 MG	0.55860		0.26433	
Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	1.77885		0.73467	
Telmisartan-Hydrochlorothiazide Tab 80-25 MG	1.94607		1.23867	
Temazepam Cap 15 MG	0.11638		0.04590	
Temazepam Cap 30 MG	0.11621		0.07112	
Temazepam Cap 7.5 MG	2.68199		1.55470	
Temozolomide Cap 100 MG			43.20000	
Temozolomide Cap 140 MG			98.35000	
Temozolomide Cap 180 MG			126.66000	
Temozolomide Cap 20 MG			14.07357	
Temozolomide Cap 250 MG			136.06400	

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

Data as of 9/10/2018

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
Temsirolimus Soln For IV Infusion 25 MG/ML			1762.51164	
Tenofovir Disoproxil Fumarate Tab 300 MG			2.30500	
Terazosin HCl Cap 1 MG (Base Equivalent)	0.14182		0.04550	
Terazosin HCl Cap 10 MG (Base Equivalent)	0.19928		0.04670	
Terazosin HCl Cap 2 MG (Base Equivalent)	0.16721		0.04550	
Terazosin HCl Cap 5 MG (Base Equivalent)	0.14371		0.05040	
Terbinafine HCl Tab 250 MG	0.17479		0.11213	
Terbutaline Sulfate Tab 2.5 MG			0.85620	
Terbutaline Sulfate Tab 5 MG			1.60116	
Terconazole Vaginal Cream 0.4%			0.63444	
Terconazole Vaginal Cream 0.8%			1.59370	
Terconazole Vaginal Suppos 80 MG			20.15007	
Tesamorelin Acetate For Inj 1 MG (Base Equiv)		76.36000	80.92500	09/03/2018
Testosterone Cypionate IM Inj in Oil 200 MG/ML			11.47233	
Testosterone Enanthate IM Inj in Oil 200 MG/ML			11.16600	
Testosterone TD Gel 50 MG/5GM (1%)	1.08842		1.51508	
Tetrabenazine Tab 12.5 MG			13.06000	
Tetrabenazine Tab 25 MG			26.52000	
Tetracycline HCl Cap 250 MG	3.44178		4.52000	
Tetracycline HCl Cap 500 MG			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 12HR 300 MG			3.11000	
Theophylline Tab ER 24HR 400 MG			0.89440	
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	

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

Data as of 9/10/2018

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
Thiothixene Cap 1 MG			0.76030	
Thiothixene Cap 10 MG			1.46520	
Thiothixene Cap 2 MG			0.89633	
Thiothixene Cap 5 MG			1.52400	
Thyroid Tab 120 MG (2 Grain)			1.12660	
Thyroid Tab 15 MG (1/4 Grain)			0.51563	
Thyroid Tab 30 MG (1/2 Grain)			0.41000	
Thyroid Tab 60 MG (1 Grain)			0.52000	
Thyroid Tab 90 MG (1 1/2 Grain)			0.82100	
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%			0.45600	
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	
Tinidazole Tab 500 MG	3.55931		3.57950	
Tizanidine HCl Cap 2 MG (Base Equivalent)	0.77668		1.03127	
Tizanidine HCl Cap 4 MG (Base Equivalent)			0.55853	
Tizanidine HCl Tab 2 MG (Base Equivalent)	0.10171		0.08142	
Tizanidine HCl Tab 4 MG (Base Equivalent)	0.07683		0.05560	
Tobramycin Nebu Soln 300 MG/5ML			11.89600	
Tobramycin Ophth Soln 0.3%	1.25292		1.11000	
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	

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

Data as of 9/10/2018

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
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	2.50357		2.28183	
Tolterodine Tartrate Cap ER 24HR 4 MG	2.30412		1.92643	
Tolterodine Tartrate Tab 1 MG	0.85028		0.87467	
Tolterodine Tartrate Tab 2 MG	0.69808		0.94356	
Topiramate Sprinkle Cap 15 MG			0.26700	
Topiramate Sprinkle Cap 25 MG			0.42946	
Topiramate Tab 100 MG	0.58736		0.06431	
Topiramate Tab 200 MG	1.10872		0.08979	
Topiramate Tab 25 MG	0.11978		0.02767	
Topiramate Tab 50 MG	0.24400		0.03750	
Torsemide Tab 10 MG	0.08460		0.06650	
Torsemide Tab 100 MG	0.32001		0.26032	
Torsemide Tab 20 MG	0.08629		0.07950	
Torsemide Tab 5 MG	0.08239		0.08030	
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	0.03019		0.01633	
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	0.19698		0.08010	
Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)			105.17528	
Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)			357.96572	
Trandolapril Tab 1 MG	0.21783		0.21365	

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

Data as of 9/10/2018

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
Trandolapril Tab 2 MG	0.18825		0.21365	
Trandolapril Tab 4 MG	0.23103		0.21365	
Tranexamic Acid Tab 650 MG	1.87843		1.84463	
Trazodone HCl Tab 100 MG	0.08843		0.09067	
Trazodone HCl Tab 150 MG	0.16932		0.15340	
Trazodone HCl Tab 300 MG			2.19790	
Trazodone HCl Tab 50 MG	0.04504		0.04520	
Tretinoin Cream 0.025%			2.95000	
Tretinoin Cream 0.05%			3.91000	
Tretinoin Cream 0.1%			4.70000	
Tretinoin Gel 0.01%			4.21500	
Tretinoin Gel 0.025%			3.67500	
Tretinoin Gel 0.05%	5.50029		3.99000	
Tretinoin Microsphere Gel 0.04%	12.73028		9.75000	
Tretinoin Microsphere Gel 0.1%			10.03000	
Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*			5158.51300	
Triamcinolone Acetonide Cream 0.025%			0.12482	
Triamcinolone Acetonide Cream 0.1%			0.14000	
Triamcinolone Acetonide Cream 0.5%	0.36880		0.28000	
Triamcinolone Acetonide Dental Paste 0.1%	6.48744		6.06867	
Triamcinolone Acetonide Lotion 0.025%			0.44000	
Triamcinolone Acetonide Lotion 0.1%			0.48192	
Triamcinolone Acetonide Oint 0.025%			0.14000	
Triamcinolone Acetonide Oint 0.1%			0.17000	
Triamcinolone Acetonide Oint 0.5%	0.40860		0.42000	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	0.14877		0.07900	
Triamterene & Hydrochlorothiazide Cap 50-25 MG			1.51850	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	0.12125		0.12220	
Triamterene & Hydrochlorothiazide Tab 75-50 MG	0.14083		0.05500	
Triazolam Tab 0.125 MG			0.19590	

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

Data as of 9/10/2018

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
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)			0.72000	
Trifluoperazine HCl Tab 5 MG (Base Equivalent)			0.95030	
Trifluridine Ophth Soln 1%			15.62000	
Trihexyphenidyl HCl Elixir 0.4 MG/ML			0.04700	
Trihexyphenidyl HCl Tab 2 MG			0.04600	
Trihexyphenidyl HCl Tab 5 MG			0.06878	
Trimethoprim Tab 100 MG	0.22773		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%			0.34733	
Trospium Chloride Cap ER 24HR 60 MG			4.54867	
Urea Cream 40%			0.50000	
Urea Cream 50%			0.15778	
Urea Gel 40%			3.42333	
Urea Lotion 40%			0.06704	
Ursodiol Cap 300 MG	2.40503		2.18293	
Ursodiol Tab 250 MG	0.84928		0.56460	
Ursodiol Tab 500 MG	1.56926		1.20053	
Valacyclovir HCl Tab 1 GM	0.79774		0.37833	
Valacyclovir HCl Tab 500 MG	0.48838		0.25367	
Valganciclovir HCl Tab 450 MG (Base Equivalent)	7.80497		14.10750	
Valproate Sodium Inj 100 MG/ML			3.46000	
Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	0.02419		0.02395	
Valproate Sodium Syrup 250 MG/5ML			0.03040	
Valproic Acid Cap 250 MG	0.24012		0.14560	

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

Data as of 9/10/2018

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
Valsartan Tab 160 MG	0.35732		0.09700	
Valsartan Tab 320 MG	0.35563		0.12938	
Valsartan Tab 40 MG	0.21945		0.05556	
Valsartan Tab 80 MG	0.33608		0.07372	
Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	0.27881		0.11778	
Valsartan-Hydrochlorothiazide Tab 160-25 MG	0.28238		0.14689	
Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	0.27294		0.20556	
Valsartan-Hydrochlorothiazide Tab 320-25 MG	0.28841		0.20818	
Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	0.36392		0.13963	
Vancomycin HCl Cap 125 MG	4.41100		4.63400	
Vancomycin HCl Cap 250 MG	7.63655		7.85000	
Vancomycin HCl For Inj 10 GM			40.99000	
Vancomycin HCl For Inj 1000 MG			5.57150	
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)	0.35213		0.14709	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	0.26452		0.10578	
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	0.26072		0.12041	
Venlafaxine HCl Tab 100 MG	0.22460		0.21218	
Venlafaxine HCl Tab 25 MG	0.15854		0.24000	
Venlafaxine HCl Tab 37.5 MG	0.16892		0.14520	
Venlafaxine HCl Tab 50 MG	0.20707		0.14160	
Venlafaxine HCl Tab 75 MG	0.17500		0.12000	
Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	5.07842		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			1.52380	
Verapamil HCl Cap ER 24HR 200 MG			1.04240	
Verapamil HCl Cap ER 24HR 240 MG			1.29670	

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

Data as of 9/10/2018

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 Cap ER 24HR 360 MG			3.86000	
Verapamil HCl Tab 120 MG	0.06519		0.06180	
Verapamil HCl Tab 40 MG			0.13940	
Verapamil HCl Tab 80 MG	0.04627		0.04170	
Verapamil HCl Tab ER 120 MG	0.25299		0.11030	
Verapamil HCl Tab ER 180 MG	0.14441		0.10355	
Verapamil HCl Tab ER 240 MG	0.22573		0.07657	
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	11.74474		3.81133	
Warfarin Sodium Tab 1 MG	0.14130		0.10873	
Warfarin Sodium Tab 10 MG	0.24206		0.08770	
Warfarin Sodium Tab 2 MG	0.14227		0.08733	
Warfarin Sodium Tab 2.5 MG	0.14336		0.06438	
Warfarin Sodium Tab 3 MG	0.16375		0.09721	
Warfarin Sodium Tab 4 MG	0.16413		0.08110	
Warfarin Sodium Tab 5 MG	0.16649		0.09266	
Warfarin Sodium Tab 6 MG	0.17850		0.09867	
Warfarin Sodium Tab 7.5 MG	0.19392		0.13195	
Water For Injection			0.08302	
Water For Irrigation, Sterile Irrigation Soln			0.00601	
Water For IV Injection			0.00203	
Wound Dressings - Cream***			0.52347	
Zafirlukast Tab 10 MG			1.32000	
Zafirlukast Tab 20 MG			1.07300	
Zaleplon Cap 10 MG	0.30027		0.13820	
Zaleplon Cap 5 MG	0.19171		0.17120	
Zidovudine Cap 100 MG			1.58570	
Zidovudine Syrup 10 MG/ML			0.10500	

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Zidovudine Tab 300 MG	0.41694		0.14500	
Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)			0.03887	
Ziprasidone HCl Cap 20 MG	0.71973		0.46005	
Ziprasidone HCl Cap 40 MG	0.78751		0.28225	
Ziprasidone HCl Cap 60 MG	0.80023		0.41737	
Ziprasidone HCl Cap 80 MG	0.89902		0.43250	
Zolmitriptan Orally Disintegrating Tab 2.5 MG	6.50600		6.64000	
Zolmitriptan Orally Disintegrating Tab 5 MG	4.91625		3.89667	
Zolmitriptan Tab 2.5 MG	8.66272		1.15000	
Zolmitriptan Tab 5 MG	6.14154		3.36667	
Zolpidem Tartrate Tab 10 MG	0.24872		0.02037	
Zolpidem Tartrate Tab 5 MG	0.22830		0.01975	
Zolpidem Tartrate Tab ER 12.5 MG	1.41819		0.06591	
Zolpidem Tartrate Tab ER 6.25 MG	1.18352		1.42100	
Zonisamide Cap 100 MG	1.44929		0.09670	
Zonisamide Cap 25 MG	1.42225		0.10463	
Zonisamide Cap 50 MG	0.13936		0.12180	