

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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) | | | 0.50046 | |
| Abacavir Sulfate Tab 300 MG (Base Equiv) | 0.71985 | | 0.36867 | |
| Abacavir Sulfate-Lamivudine Tab 600-300 MG | 8.27934 | | 2.41182 | |
| Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG | | | 19.81500 | |
| Abacavir-Dolutegravir-Lamivudine Tab 600-50-300 MG | | | 95.92675 | |
| Abatacept For IV Soln 250 MG | | | 1104.59388 | |
| Abiraterone Acetate Tab 250 MG | 7.76922 | | 3.78058 | |
| Acamprosate Calcium Tab Delayed Release 333 MG | 0.65968 | | 0.56967 | |
| Acarbose Tab 100 MG | 0.35979 | | 0.13000 | |
| Acarbose Tab 25 MG | 0.19105 | | 0.15360 | |
| Acarbose Tab 50 MG | 0.21698 | | 0.12500 | |
| Acebutolol HCl Cap 200 MG | | | 0.61061 | |
| Acebutolol HCl Cap 400 MG | | | 0.26613 | |
| Acetaminophen w/ Codeine Soln 120-12 MG/5ML | | | 0.01600 | |
| Acetaminophen w/ Codeine Tab 300-15 MG | 0.11047 | | 0.11018 | |
| Acetaminophen w/ Codeine Tab 300-30 MG | 0.10807 | | 0.08147 | |
| Acetaminophen w/ Codeine Tab 300-60 MG | 0.20383 | | 0.17150 | |
| Acetazolamide Cap ER 12HR 500 MG | 0.43911 | | 0.49990 | |
| Acetazolamide Sodium For Inj 500 MG | | | 9.11877 | |
| Acetazolamide Tab 125 MG | 0.86302 | | 0.88273 | |
| Acetazolamide Tab 250 MG | 0.70694 | | 0.57850 | |
| Acetic Acid 2% in Aluminum Acetate Otic Soln | | | 0.11450 | |
| Acetic Acid Irrigation Soln 0.25% | | | 0.00270 | |
| Acetic Acid Otic Soln 2% | 1.40577 | | 1.05933 | |
| Acetylcysteine Inhal Soln 10% | | | 0.35144 | |
| Acetylcysteine Inhal Soln 20% | | | 0.32033 | |
| Acitretin Cap 10 MG | 7.33180 | | 9.17876 | |
| Acitretin Cap 17.5 MG | | | 25.25000 | |
| Acitretin Cap 25 MG | 8.73585 | | 9.33333 | |
| Acyclovir Cap 200 MG | 0.11379 | | 0.05480 | |

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Acyclovir Oint 5% | | | 1.94109 | |
| Acyclovir Susp 200 MG/5ML | 0.36172 | | 0.37206 | |
| Acyclovir Tab 400 MG | 0.10005 | | 0.05732 | |
| Acyclovir Tab 800 MG | 0.17627 | | 0.13520 | |
| Adalimumab Pen-injector Kit 80 MG/0.8ML | | | 5163.75846 | |
| Adalimumab Pen-injector Kit 80 MG/0.8ML & 40 MG/0.4ML | | | 3442.50120 | |
| Adalimumab Prefilled Syringe Kit 10 MG/0.1ML | | | 2581.87091 | |
| Adalimumab Prefilled Syringe Kit 10 MG/0.2ML | | | 2581.87091 | |
| Adalimumab Prefilled Syringe Kit 20 MG/0.2ML | | | 2581.87091 | |
| Adalimumab Prefilled Syringe Kit 20 MG/0.4ML | | | 2581.87091 | |
| Adalimumab Prefilled Syringe Kit 40 MG/0.4ML | | | 2539.63722 | |
| Adalimumab Prefilled Syringe Kit 40 MG/0.8ML | | | 2520.56115 | |
| Adalimumab Prefilled Syringe Kit 80 MG/0.8ML | | | 5163.75846 | |
| Adalimumab Prefilled Syringe Kit 80 MG/0.8ML & 40 MG/0.4ML | | | 3872.81884 | |
| Adapalene Cream 0.1% | | | 3.31978 | |
| Adapalene Gel 0.1% | | | 1.51887 | |
| Adapalene Gel 0.3% | 1.86466 | | 1.81527 | |
| Adapalene-Benzoyl Peroxide Gel 0.1-2.5% | 1.08690 | | 1.08104 | |
| Adefovir Dipivoxil Tab 10 MG | | | 22.87983 | |
| Albendazole Tab 200 MG | 59.74395 | | 80.25000 | |
| Albumin, Human Inj 25% | | | 1.39750 | |
| Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv) | | 4.64849 | 4.10189 | 01/01/2021 |
| Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML) | | | 0.03173 | |
| Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML) | | | 0.49967 | |
| Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv) | | | 0.11333 | |
| Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv) | | | 0.15240 | |
| Albuterol Sulfate Syrup 2 MG/5ML | 0.03992 | | 0.01017 | |
| Albuterol Sulfate Tab 2 MG | 0.87034 | | 0.08000 | |
| Albuterol Sulfate Tab 4 MG | 0.81730 | | 3.00247 | |

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Albuterol Sulfate Tab ER 12HR 4 MG | | | 0.83750 | |
| Alclometasone Dipropionate Cream 0.05% | | | 0.62717 | |
| Alclometasone Dipropionate Oint 0.05% | | | 0.62411 | |
| Alcohol Swabs*** | | | 0.01500 | |
| Alendronate Sodium Tab 10 MG | | | 0.13200 | |
| Alendronate Sodium Tab 35 MG | 0.52470 | | 0.23750 | |
| Alendronate Sodium Tab 5 MG | | | 0.14633 | |
| Alendronate Sodium Tab 70 MG | 0.32019 | 0.24127 | 0.23250 | 01/01/2021 |
| Alfuzosin HCl Tab ER 24HR 10 MG | 0.13226 | | 0.05870 | |
| Aliskiren Fumarate Tab 150 MG (Base Equivalent) | | | 5.54267 | |
| Aliskiren Fumarate Tab 300 MG (Base Equivalent) | | | 7.46570 | |
| Allopurinol Tab 100 MG | 0.06443 | | 0.04100 | |
| Allopurinol Tab 300 MG | 0.11361 | | 0.05230 | |
| Almotriptan Malate Tab 12.5 MG | | | 19.23583 | |
| Alosetron HCl Tab 0.5 MG (Base Equiv) | 12.42280 | | 10.07880 | |
| Alosetron HCl Tab 1 MG (Base Equiv) | 13.56306 | | 23.48172 | |
| Alprazolam Orally Disintegrating Tab 0.5 MG | | | 1.28974 | |
| Alprazolam Tab 0.25 MG | 0.03752 | | 0.01612 | |
| Alprazolam Tab 0.5 MG | 0.04103 | | 0.01385 | |
| Alprazolam Tab 1 MG | 0.05751 | | 0.01660 | |
| Alprazolam Tab 2 MG | 0.13519 | | 0.04891 | |
| Alprazolam Tab ER 24HR 0.5 MG | 0.17558 | | 0.18083 | |
| Alprazolam Tab ER 24HR 1 MG | 0.19842 | | 0.17943 | |
| Alprazolam Tab ER 24HR 2 MG | 0.25835 | | 0.18687 | |
| Alprazolam Tab ER 24HR 3 MG | 0.35323 | | 0.25192 | |
| Amantadine HCl Cap 100 MG | 0.33886 | | 0.18726 | |
| Amantadine HCl Syrup 50 MG/5ML | 0.04510 | | 0.01886 | |
| Amantadine HCl Tab 100 MG | 0.78154 | | 0.73017 | |
| Ambrisentan Tab 10 MG | | | 307.25305 | |
| Ambrisentan Tab 5 MG | | | 307.25305 | |

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Amiloride & Hydrochlorothiazide Tab 5-50 MG | | | 0.28000 | |
| Amiloride HCl Tab 5 MG | | | 0.13230 | |
| Aminocaproic Acid Tab 500 MG | | | 4.38000 | |
| Amiodarone HCl Tab 100 MG | 1.51330 | | 1.39967 | |
| Amiodarone HCl Tab 200 MG | 0.15701 | | 0.09890 | |
| Amiodarone HCl Tab 400 MG | 1.69625 | | 2.20300 | |
| Amitriptyline HCl Tab 10 MG | 0.06603 | | 0.04000 | |
| Amitriptyline HCl Tab 100 MG | 0.41522 | | 0.31750 | |
| Amitriptyline HCl Tab 150 MG | 0.71990 | | 0.29900 | |
| Amitriptyline HCl Tab 25 MG | 0.09167 | | 0.06200 | |
| Amitriptyline HCl Tab 50 MG | 0.22721 | | 0.04370 | |
| Amitriptyline HCl Tab 75 MG | 0.34642 | | 0.12500 | |
| Amlodipine Besylate Tab 10 MG (Base Equivalent) | 0.03366 | | 0.01026 | |
| Amlodipine Besylate Tab 2.5 MG (Base Equivalent) | 0.02834 | | 0.01378 | |
| Amlodipine Besylate Tab 5 MG (Base Equivalent) | 0.02488 | | 0.01285 | |
| Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG | 3.11622 | | 1.46667 | |
| Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG | 2.06341 | | 1.99467 | |
| Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG | 1.83387 | | 1.94133 | |
| Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG | | | 4.82300 | |
| Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG | 1.96133 | | 2.66894 | |
| Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG | 2.50339 | | 2.74000 | |
| Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG | 4.81833 | | 3.09133 | |
| Amlodipine Besylate-Benazepril HCl Cap 10-20 MG | 0.17024 | | 0.09755 | |
| Amlodipine Besylate-Benazepril HCl Cap 10-40 MG | 0.25083 | | 0.13100 | |
| Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG | 0.14683 | | 0.08560 | |
| Amlodipine Besylate-Benazepril HCl Cap 5-10 MG | 0.15421 | | 0.07450 | |
| Amlodipine Besylate-Benazepril HCl Cap 5-20 MG | 0.21297 | | 0.10230 | |
| Amlodipine Besylate-Benazepril HCl Cap 5-40 MG | 0.17013 | | 0.08980 | |
| Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG | 0.85958 | | 0.31333 | |

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|---|---------|----------------|--------------------|----------------|
| Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG | 0.71309 | | 0.49867 | |
| Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG | 0.63347 | | 0.44433 | |
| Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG | 0.91523 | | 0.72308 | |
| Amlodipine Besylate-Valsartan Tab 10-160 MG | 0.87193 | | 0.34522 | |
| Amlodipine Besylate-Valsartan Tab 10-320 MG | 1.05898 | | 0.43333 | |
| Amlodipine Besylate-Valsartan Tab 5-160 MG | 0.72056 | | 0.33484 | |
| Amlodipine Besylate-Valsartan Tab 5-320 MG | 1.12209 | | 0.37667 | |
| Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG | | | 1.15467 | |
| Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG | 2.54541 | | 0.91533 | |
| Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG | | | 0.94400 | |
| Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG | | | 0.82914 | |
| Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG | | | 1.04403 | |
| 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 | | | 0.04850 | |
| Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML | | | 0.30000 | |
| Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML | | | 0.05520 | |
| Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML | | | 0.06436 | |
| Amoxicillin & K Clavulanate Tab 250-125 MG | 1.63303 | | 2.00000 | |
| Amoxicillin & K Clavulanate Tab 500-125 MG | 0.30953 | | 0.24850 | |
| Amoxicillin & K Clavulanate Tab 875-125 MG | 0.28325 | | 0.29298 | |
| Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG | | | 4.70250 | |
| Amoxicillin (Trihydrate) Cap 250 MG | 0.06942 | | 0.04196 | |
| Amoxicillin (Trihydrate) Cap 500 MG | 0.08069 | | 0.05190 | |
| Amoxicillin (Trihydrate) Chew Tab 125 MG | | | 0.17329 | |
| Amoxicillin (Trihydrate) Chew Tab 250 MG | | | 0.29980 | |
| Amoxicillin (Trihydrate) Chew Tab 400 MG | | | 0.34880 | |

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|---|---------|----------------|--------------------|----------------|
| Amoxicillin (Trihydrate) For Susp 125 MG/5ML | | | 0.02037 | |
| Amoxicillin (Trihydrate) For Susp 200 MG/5ML | | | 0.01700 | |
| Amoxicillin (Trihydrate) For Susp 250 MG/5ML | | | 0.01628 | |
| Amoxicillin (Trihydrate) For Susp 400 MG/5ML | | | 0.02187 | |
| Amoxicillin (Trihydrate) Tab 500 MG | 0.15384 | | 0.15087 | |
| Amoxicillin (Trihydrate) Tab 875 MG | 0.11734 | | 0.09690 | |
| Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack | | | 2.57209 | |
| Amphetamine Sulfate Tab 10 MG | 3.69020 | | 5.05674 | |
| Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 12.5 MG | | | 8.97643 | |
| Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 25 MG | | | 8.94741 | |
| Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 37.5 MG | | | 8.93356 | |
| Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 50 MG | | | 8.91497 | |
| Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG | 4.65731 | | 1.36870 | |
| Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG | 4.98045 | | 1.04890 | |
| Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG | 4.95606 | | 1.10000 | |
| Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG | 4.77692 | | 1.33106 | |
| Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG | 4.46015 | | 1.59000 | |
| Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG | 4.95591 | | 0.81560 | |
| Amphetamine-Dextroamphetamine Tab 10 MG | 0.30390 | | 0.24460 | |
| Amphetamine-Dextroamphetamine Tab 12.5 MG | 0.68003 | | 0.52640 | |
| Amphetamine-Dextroamphetamine Tab 15 MG | 0.32497 | | 0.33810 | |
| Amphetamine-Dextroamphetamine Tab 20 MG | 0.36660 | | 0.37225 | |
| Amphetamine-Dextroamphetamine Tab 30 MG | 0.41059 | | 0.36677 | |
| Amphetamine-Dextroamphetamine Tab 5 MG | 0.30176 | | 0.36280 | |
| Amphetamine-Dextroamphetamine Tab 7.5 MG | 0.61543 | | 0.51550 | |
| Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM | | | 3.41900 | |
| Ampicillin & Sulbactam Sodium For Inj 10-5 GM | | | 41.79500 | |
| Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM | | | 6.43500 | |

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|--|---------|----------------|--------------------|----------------|
| Ampicillin & Sulbactam Sodium For IV Soln 1.5 (1-0.5) GM | | | 4.75800 | |
| Ampicillin & Sulbactam Sodium For IV Soln 15 (10-5) GM | | | 33.00000 | |
| 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 | |
| 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 | 0.89748 | | 0.13560 | |
| Anagrelide HCl Cap 1 MG | | | 0.76180 | |
| Anastrozole Tab 1 MG | 0.19384 | | 0.04100 | |
| Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit | | | 0.93000 | |
| Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit | | | 0.93000 | |
| Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit | | | 0.93000 | |
| Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit | | | 0.93000 | |
| Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2500 Unit | | | 1.19000 | |
| Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 3000 Unit | | | 1.19000 | |
| Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 4000 Unit | | | 1.19000 | |
| Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2500 Unit | | | 1.19000 | |
| Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 3000 Unit | | | 1.19000 | |
| Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 4000 Unit | | | 1.19000 | |
| 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 Rcmb (BDD-rFVIII Fc) For Inj 1000 Unit | | | 1.48000 | |
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 1500 Unit | | | 1.48000 | |

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|--|---------|----------------|--------------------|----------------|
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 2000 Unit | | | 1.48000 | |
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 250 Unit | | | 1.48000 | |
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 3000 Unit | | | 1.48000 | |
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 4000 Unit | | | 1.48000 | |
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 500 Unit | | | 1.48000 | |
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 5000 Unit | | | 1.48000 | |
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 6000 Unit | | | 1.48000 | |
| Antihemophilic Factor Rcmb (BDD-rFVIII Fc) For Inj 750 Unit | | | 1.48000 | |
| Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit | | | 0.87000 | |
| Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1500 Unit | | | 1.00000 | |
| Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit | | | 0.87000 | |
| Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit | | | 0.87000 | |
| Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit | | | 0.87000 | |
| Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit | | | 0.87000 | |
| 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/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 | |

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|---|----------|----------------|--------------------|----------------|
| Antiinhibitor Coagulant Complex For IV Soln 1000 Unit | | | 1.47000 | |
| Antiinhibitor Coagulant Complex For IV Soln 2500 Unit | | | 1.47000 | |
| Antiinhibitor Coagulant Complex For IV Soln 500 Unit | | | 1.47000 | |
| Antiseptic Products Misc - Pads** | | | 0.01500 | |
| Antithrombin III (Human) For Inj 500 Unit | | | 1.69000 | |
| Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent) | | | 11.88400 | |
| Apremilast Tab 30 MG | | | 56.40680 | |
| Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG | | | 61.53469 | |
| Aprepitant Capsule 40 MG | | | 75.78400 | |
| Aripiprazole Oral Solution 1 MG/ML | 1.13330 | | 1.91233 | |
| Aripiprazole Tab 10 MG | 0.33021 | | 0.15567 | |
| Aripiprazole Tab 15 MG | 0.39887 | | 0.17195 | |
| Aripiprazole Tab 2 MG | 0.35821 | | 0.09966 | |
| Aripiprazole Tab 20 MG | 0.59578 | | 0.20576 | |
| Aripiprazole Tab 30 MG | 0.84740 | | 0.16745 | |
| Aripiprazole Tab 5 MG | 0.32032 | | 0.12652 | |
| Armodafinil Tab 150 MG | 1.32412 | | 1.09107 | |
| Armodafinil Tab 200 MG | 1.78292 | | 0.83889 | |
| Armodafinil Tab 250 MG | 2.35572 | | 1.08200 | |
| Armodafinil Tab 50 MG | 0.84247 | | 0.33919 | |
| Aspirin-Caff-Butalbital w/ Codeine Cap 200-40-50-30 MG | | | 1.65624 | |
| Aspirin-Dipyridamole Cap ER 12HR 25-200 MG | 1.02531 | | 1.91650 | |
| Atazanavir Sulfate Cap 150 MG (Base Equiv) | | | 6.80917 | |
| Atazanavir Sulfate Cap 200 MG (Base Equiv) | 5.31176 | | 2.49167 | |
| Atazanavir Sulfate Cap 300 MG (Base Equiv) | 13.89024 | | 7.94617 | |
| Atenolol & Chlorthalidone Tab 100-25 MG | 0.52187 | | 0.36700 | |
| Atenolol & Chlorthalidone Tab 50-25 MG | 0.40842 | | 0.32543 | |
| Atenolol Tab 100 MG | 0.08933 | | 0.02990 | |
| Atenolol Tab 25 MG | 0.05584 | | 0.01982 | |
| Atenolol Tab 50 MG | 0.06558 | | 0.02811 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Atomoxetine HCl Cap 10 MG (Base Equiv) | 1.71319 | | 1.83300 | |
| Atomoxetine HCl Cap 100 MG (Base Equiv) | 1.88883 | | 1.66900 | |
| Atomoxetine HCl Cap 18 MG (Base Equiv) | 1.40172 | | 0.82333 | |
| Atomoxetine HCl Cap 25 MG (Base Equiv) | 1.57948 | | 1.41167 | |
| Atomoxetine HCl Cap 40 MG (Base Equiv) | 1.28033 | | 1.64600 | |
| Atomoxetine HCl Cap 60 MG (Base Equiv) | 1.94704 | | 1.92717 | |
| Atomoxetine HCl Cap 80 MG (Base Equiv) | 1.93604 | | 1.94570 | |
| Atorvastatin Calcium Tab 10 MG (Base Equivalent) | 0.08617 | | 0.03668 | |
| Atorvastatin Calcium Tab 20 MG (Base Equivalent) | 0.09584 | | 0.04711 | |
| Atorvastatin Calcium Tab 40 MG (Base Equivalent) | 0.11550 | | 0.05800 | |
| Atorvastatin Calcium Tab 80 MG (Base Equivalent) | 0.14451 | | 0.08612 | |
| Atovaquone Susp 750 MG/5ML | 1.54830 | | 1.42857 | |
| Atovaquone-Proguanil HCl Tab 250-100 MG | 2.30575 | | 2.19550 | |
| Atovaquone-Proguanil HCl Tab 62.5-25 MG | | | 1.25680 | |
| Atropine Sulfate Ophth Soln 1% | | | 9.21410 | |
| Azathioprine Tab 50 MG | 0.29934 | | 0.18135 | |
| Azelaic Acid Gel 15% | 1.83623 | | 1.97380 | |
| Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY) | 0.33997 | | 0.27350 | |
| Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY) | 0.86196 | | 0.69133 | |
| Azelastine HCl Ophth Soln 0.05% | 1.55695 | | 1.33000 | |
| Azithromycin For Susp 100 MG/5ML | 0.65368 | | 0.42933 | |
| Azithromycin For Susp 200 MG/5ML | | | 0.29600 | |
| Azithromycin IV For Soln 500 MG | | | 6.80550 | |
| Azithromycin Tab 250 MG | 0.66729 | | 0.27091 | |
| Azithromycin Tab 500 MG | 1.06438 | | 0.60000 | |
| Azithromycin Tab 600 MG | 1.25150 | | 1.25500 | |
| 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 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Bacitracin-Polymyxin B Ophth Oint | | | 2.24572 | |
| Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1% | | | 6.88857 | |
| Baclofen Tab 10 MG | 0.07330 | | 0.05757 | |
| Baclofen Tab 20 MG | 0.15890 | | 0.10450 | |
| Baclofen Tab 5 MG | | | 0.79016 | 01/01/2021 |
| Bacteriostatic Sodium Chloride Inj Soln 0.9%*** | | | 0.03033 | |
| Balsalazide Disodium Cap 750 MG | 0.38477 | | 0.36714 | |
| Benazepril & Hydrochlorothiazide Tab 10-12.5 MG | 0.58734 | | 0.49990 | |
| Benazepril & Hydrochlorothiazide Tab 20-12.5 MG | 0.55147 | | 0.19990 | |
| Benazepril & Hydrochlorothiazide Tab 20-25 MG | 0.63648 | | 0.53480 | |
| Benazepril & Hydrochlorothiazide Tab 5-6.25 MG | | | 0.89470 | |
| Benazepril HCl Tab 10 MG | 0.06599 | | 0.01900 | |
| Benazepril HCl Tab 20 MG | 0.06819 | | 0.04278 | |
| Benazepril HCl Tab 40 MG | 0.10950 | | 0.05240 | |
| Benazepril HCl Tab 5 MG | 0.05795 | | 0.04180 | |
| Benzonatate Cap 100 MG | 0.09339 | | 0.08170 | |
| Benzonatate Cap 200 MG | 0.13683 | | 0.08920 | |
| 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% | | | 1.75300 | |
| Benzphetamine HCl Tab 50 MG | | | 0.35330 | |
| Benztropine Mesylate Inj 1 MG/ML | | | 19.50100 | |
| Benztropine Mesylate Tab 0.5 MG | 0.09214 | | 0.05798 | |
| Benztropine Mesylate Tab 1 MG | 0.08734 | 0.07020 | 0.06904 | 01/01/2021 |
| Benztropine Mesylate Tab 2 MG | 0.12608 | | 0.08160 | |
| Betamethasone Dipropionate Augmented Cream 0.05% | | | 0.15427 | |
| Betamethasone Dipropionate Augmented Gel 0.05% | | | 0.40432 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Betamethasone Dipropionate Augmented Lotion 0.05% | | | 1.78763 | |
| Betamethasone Dipropionate Augmented Oint 0.05% | | | 1.43620 | |
| Betamethasone Dipropionate Cream 0.05% | | | 0.64593 | |
| Betamethasone Dipropionate Lotion 0.05% | 0.44832 | | 0.06980 | |
| Betamethasone Dipropionate Oint 0.05% | | | 1.83200 | |
| Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML | | | 8.35933 | |
| Betamethasone Valerate Aerosol Foam 0.12% | | | 2.11408 | |
| Betamethasone Valerate Cream 0.1% (Base Equivalent) | | | 0.16667 | |
| Betamethasone Valerate Lotion 0.1% (Base Equivalent) | | | 0.26967 | |
| Betamethasone Valerate Oint 0.1% (Base Equivalent) | | | 0.56667 | |
| Betaxolol HCl Opth Soln 0.5% | | | 8.38367 | |
| Betaxolol HCl Tab 10 MG | | | 0.56150 | |
| Betaxolol HCl Tab 20 MG | | | 1.24790 | |
| Bethanechol Chloride Tab 10 MG | 0.28422 | | 0.13610 | |
| Bethanechol Chloride Tab 25 MG | 0.32242 | | 0.19520 | |
| Bethanechol Chloride Tab 5 MG | 0.24806 | | 0.11570 | |
| Bethanechol Chloride Tab 50 MG | 0.49993 | | 0.25990 | |
| Bevacizumab IV Soln 100 MG/4ML (For Infusion) | | | 198.43806 | |
| Bevacizumab IV Soln 400 MG/16ML (For Infusion) | | | 198.43806 | |
| Bicalutamide Tab 50 MG | 0.38923 | | 0.10180 | |
| Bimatoprost Opth Soln 0.03% | | | 31.18000 | |
| Bimatoprost Soln 0.03% | | | 32.50000 | |
| Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG | 0.39338 | | 0.05313 | |
| Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG | 0.41002 | | 0.03462 | |
| Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG | 0.40326 | | 0.04470 | |
| Bisoprolol Fumarate Tab 10 MG | 0.47372 | | 0.18530 | |
| Bisoprolol Fumarate Tab 5 MG | 0.40375 | | 0.15655 | |
| Bleomycin Sulfate For Inj 15 Unit | | | 35.41200 | |
| Bleomycin Sulfate For Inj 30 Unit | | | 72.96900 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Blood Glucose Monitoring Kit w/ Device*** | | | 7.50000 | |
| Bosentan Tab 125 MG | | | 180.62460 | |
| Bosentan Tab 62.5 MG | | | 180.62460 | |
| Brimonidine Tartrate Ophth Soln 0.15% | | | 19.22480 | |
| Brimonidine Tartrate Ophth Soln 0.2% | | | 0.42067 | |
| Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily) | | | 38.95000 | |
| Bromocriptine Mesylate Cap 5 MG (Base Equivalent) | | | 3.78941 | |
| Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent) | 1.64732 | | 1.06633 | |
| Budesonide Delayed Release Particles Cap 3 MG | 0.98579 | | 0.48290 | |
| Budesonide Inhalation Susp 0.25 MG/2ML | | | 0.82783 | |
| Budesonide Inhalation Susp 0.5 MG/2ML | | | 0.62646 | |
| Budesonide Inhalation Susp 1 MG/2ML | | | 4.11367 | |
| Budesonide Tab ER 24HR 9 MG | 55.29135 | | 33.33300 | |
| Budesonide-Formoterol Fumarate Dihyd Aerosol 160- 4.5 MCG/ACT | | | 37.69433 | |
| Budesonide-Formoterol Fumarate Dihyd Aerosol 80- 4.5 MCG/ACT | | | 28.59280 | |
| Bumetanide Inj 0.25 MG/ML | | | 0.20540 | |
| Bumetanide Tab 0.5 MG | 0.31924 | | 0.15810 | |
| Bumetanide Tab 1 MG | 0.29293 | | 0.27990 | |
| Bumetanide Tab 2 MG | 0.54943 | | 0.62780 | |
| Bupivacaine HCl Preservative Free (PF) Inj 0.5% | | | 0.11333 | |
| Buprenorphine HCl SL Tab 2 MG (Base Equiv) | 0.42335 | | 0.43600 | |
| Buprenorphine HCl SL Tab 8 MG (Base Equiv) | 0.92208 | | 0.79867 | |
| Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG (Base Equiv) | | | 8.18600 | |
| Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv) | | | 2.58767 | |
| Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv) | | | 4.37570 | |
| Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv) | | | 4.41134 | |
| Buprenorphine HCl-Naloxone HCl SL Tab 0.7-0.18 MG (Base Eq) | | | 4.13273 | |
| Buprenorphine HCl-Naloxone HCl SL Tab 1.4-0.36 MG (Base Eq) | | | 4.00373 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Buprenorphine HCl-Naloxone HCl SL Tab 11.4-2.9 MG (Base Eq) | | | 16.37400 | |
| Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv) | 0.93004 | | 1.19133 | |
| Buprenorphine HCl-Naloxone HCl SL Tab 2.9-0.71 MG (Base Eq) | | | 8.43200 | |
| Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv) | 1.16362 | | 1.12933 | |
| Buprenorphine HCl-Naloxone HCl SL Tab 8.6-2.1 MG (Base Eq) | | | 12.64900 | |
| Buprenorphine TD Patch Weekly 10 MCG/HR | 95.66651 | | 77.29281 | |
| Buprenorphine TD Patch Weekly 5 MCG/HR | 68.40619 | | 41.86250 | |
| Buprenorphine-Naloxone Buccal Film 2.1-0.3 MG (Base Equiv) | | | 8.18480 | |
| Buprenorphine-Naloxone Buccal Film 4.2-0.7 MG (Base Equiv) | | | 7.42820 | |
| Buprenorphine-Naloxone Buccal Film 6.3-1 MG (Base Equiv) | | | 15.45792 | |
| Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG | | | 0.20967 | |
| Bupropion HCl Tab 100 MG | 0.18648 | | 0.11485 | |
| Bupropion HCl Tab 75 MG | 0.16661 | | 0.05590 | |
| Bupropion HCl Tab ER 12HR 100 MG | 0.14707 | | 0.07644 | |
| Bupropion HCl Tab ER 12HR 150 MG | 0.11115 | | 0.05698 | |
| Bupropion HCl Tab ER 12HR 200 MG | 0.22030 | | 0.08069 | |
| Bupropion HCl Tab ER 24HR 150 MG | 0.16067 | | 0.13534 | |
| Bupropion HCl Tab ER 24HR 300 MG | 0.20566 | | 0.19016 | |
| Bupirone HCl Tab 10 MG | 0.04400 | | 0.03737 | |
| Bupirone HCl Tab 15 MG | 0.05911 | | 0.05312 | |
| Bupirone HCl Tab 30 MG | 0.24381 | | 0.11717 | |
| Bupirone HCl Tab 5 MG | 0.03326 | 0.02551 | 0.01998 | 01/01/2021 |
| Bupirone HCl Tab 7.5 MG | 0.33651 | | 0.28190 | |
| Butalbital-Acetaminophen Tab 50-300 MG | | | 1.60000 | |
| Butalbital-Acetaminophen Tab 50-325 MG | 0.78187 | | 1.04112 | |
| Butalbital-Acetaminophen-Caff w/ COD Cap 50-300-40-30 MG | | | 5.87217 | |
| Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG | 0.66793 | | 0.86725 | |
| Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG | 0.77453 | | 1.52512 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG | 3.87646 | | 0.60905 | |
| Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG | 0.17557 | | 0.15773 | |
| Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG | 1.24783 | | 1.23660 | |
| Butalbital-Aspirin-Caffeine Cap 50-325-40 MG | | | 0.88420 | |
| Butorphanol Tartrate Inj 2 MG/ML | | | 1.75500 | |
| Butorphanol Tartrate Nasal Soln 10 MG/ML | | | 6.20530 | |
| Cabergoline Tab 0.5 MG | 2.31424 | | 2.12000 | |
| Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv) | | | 6.66666 | |
| Calcipotriene Cream 0.005% | | | 1.36619 | |
| Calcipotriene Oint 0.005% | | | 2.48205 | |
| Calcipotriene Soln 0.005% (50 MCG/ML) | 1.28588 | | 0.94983 | |
| Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064% | | | 7.02000 | |
| Calcitonin (Salmon) Nasal Soln 200 Unit/ACT | | | 6.33784 | |
| Calcitriol Cap 0.25 MCG | 0.19891 | | 0.12704 | |
| Calcitriol Cap 0.5 MCG | 0.33252 | | 0.26200 | |
| Calcitriol Oral Soln 1 MCG/ML | 4.84830 | | 4.59200 | |
| Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca) | 0.43026 | | 0.11590 | |
| Calcium Acetate (Phosphate Binder) Tab 667 MG | | | 0.30825 | |
| Calcium Gluconate Inj 10% | | | 0.17000 | |
| Candesartan Cilexetil Tab 16 MG | 0.96620 | | 1.10091 | |
| Candesartan Cilexetil Tab 32 MG | 1.23581 | | 1.06144 | |
| Candesartan Cilexetil Tab 4 MG | 1.17468 | | 0.99090 | |
| Candesartan Cilexetil Tab 8 MG | 0.89968 | | 1.28291 | |
| Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG | 1.87857 | | 1.36980 | |
| Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG | 1.71608 | | 2.02290 | |
| Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG | 1.58567 | | 1.50969 | |
| Cannabidiol Soln 100 MG/ML | | | 13.10000 | |
| Capecitabine Tab 150 MG | | | 0.34945 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Capecitabine Tab 500 MG | 4.64456 | | 0.63775 | |
| 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 | 1.60120 | | 1.32038 | |
| Captopril Tab 12.5 MG | 0.71160 | | 0.52210 | |
| Captopril Tab 25 MG | 0.54424 | | 0.12075 | |
| Captopril Tab 50 MG | 0.81436 | | 0.77990 | |
| Carbamazepine Cap ER 12HR 100 MG | 1.33037 | | 0.62433 | |
| Carbamazepine Cap ER 12HR 200 MG | 1.36470 | | 1.24992 | |
| Carbamazepine Cap ER 12HR 300 MG | 1.42733 | | 0.75498 | |
| Carbamazepine Chew Tab 100 MG | 0.29895 | | 0.21800 | |
| Carbamazepine Susp 100 MG/5ML | 0.19585 | | 0.10766 | |
| Carbamazepine Tab 200 MG | 0.43798 | | 0.18497 | |
| Carbamazepine Tab ER 12HR 100 MG | 0.78309 | | 0.39510 | |
| Carbamazepine Tab ER 12HR 200 MG | 1.65389 | | 0.84990 | |
| Carbamazepine Tab ER 12HR 400 MG | 3.10420 | | 1.65680 | |
| Carbidopa & Levodopa Orally Disintegrating Tab 10-100 MG | | | 0.51270 | |
| Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG | | | 0.67500 | |
| Carbidopa & Levodopa Orally Disintegrating Tab 25-250 MG | | | 0.85410 | |
| Carbidopa & Levodopa Tab 10-100 MG | 0.14954 | | 0.09610 | |
| Carbidopa & Levodopa Tab 25-100 MG | 0.09965 | | 0.06590 | |
| Carbidopa & Levodopa Tab 25-250 MG | 0.17918 | | 0.09582 | |
| Carbidopa & Levodopa Tab ER 25-100 MG | 0.21786 | | 0.11510 | |
| Carbidopa & Levodopa Tab ER 50-200 MG | 0.35510 | | 0.18000 | |
| Carbidopa Tab 25 MG | 2.71750 | | 1.99000 | |
| Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG | 1.96923 | | 2.67548 | |

**Illinois Department of Healthcare and Family Services
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Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG | 1.31007 | | 3.06482 | |
| Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG | 1.80676 | | 2.80555 | |
| Carbinoxamine Maleate Soln 4 MG/5ML | | | 0.09558 | |
| Carbinoxamine Maleate Tab 4 MG | | | 0.33018 | |
| 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 | 1.50496 | | 1.11400 | |
| Carisoprodol Tab 350 MG | 0.07179 | | 0.04670 | |
| Carteolol HCl Ophth Soln 1% | | | 1.40920 | |
| Carvedilol Phosphate Cap ER 24HR 10 MG | 6.62183 | | 5.85267 | |
| Carvedilol Phosphate Cap ER 24HR 20 MG | 7.32466 | | 5.59000 | |
| Carvedilol Phosphate Cap ER 24HR 40 MG | 7.97872 | | 4.72533 | |
| Carvedilol Phosphate Cap ER 24HR 80 MG | 5.96634 | | 5.99833 | |
| Carvedilol Tab 12.5 MG | 0.02695 | | 0.02193 | |
| Carvedilol Tab 25 MG | 0.03893 | | 0.02887 | |
| Carvedilol Tab 3.125 MG | 0.02121 | | 0.02094 | |
| Carvedilol Tab 6.25 MG | 0.02240 | | 0.02058 | |
| Cefaclor Cap 250 MG | | | 1.08959 | |
| Cefaclor Cap 500 MG | | | 1.27079 | |
| 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 | 0.21649 | | 0.12410 | |
| Cefadroxil For Susp 250 MG/5ML | 0.16820 | | 0.20100 | |
| Cefadroxil For Susp 500 MG/5ML | | | 0.24250 | |
| Cefadroxil Tab 1 GM | | | 3.15000 | |
| Cefazolin Sodium For Inj 1 GM | | | 0.92300 | |

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
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Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|-------------------------------------|---------|----------------|--------------------|----------------|
| Cefazolin Sodium For Inj 10 GM | | | 7.04093 | |
| Cefdinir Cap 300 MG | 0.51786 | | 0.33556 | |
| Cefdinir For Susp 125 MG/5ML | | | 0.10693 | |
| Cefdinir For Susp 250 MG/5ML | | | 0.08000 | |
| Cefepime HCl For Inj 1 GM | | | 3.99900 | |
| Cefepime HCl For Inj 2 GM | | | 8.52600 | |
| Cefixime For Susp 100 MG/5ML | | | 2.87712 | |
| Cefixime For Susp 200 MG/5ML | | | 5.63013 | |
| Cefotaxime Sodium For Inj 1 GM | | | 2.86000 | |
| Cefoxitin Sodium For IV Soln 1 GM | | | 6.28160 | |
| Cefoxitin Sodium For IV Soln 2 GM | | | 11.74784 | |
| Cefpodoxime Proxetil Tab 100 MG | 2.97583 | | 1.77000 | |
| Cefpodoxime Proxetil Tab 200 MG | 4.48153 | | 2.20000 | |
| Cefprozil For Susp 125 MG/5ML | 0.14837 | | 0.14400 | |
| Cefprozil For Susp 250 MG/5ML | | | 0.21875 | |
| Cefprozil Tab 250 MG | 0.83970 | | 0.77750 | |
| Cefprozil Tab 500 MG | 1.12380 | | 1.07200 | |
| 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 | | | 1.31000 | |
| Ceftriaxone Sodium For Inj 10 GM | | | 17.23295 | |
| Ceftriaxone Sodium For Inj 2 GM | | | 2.30600 | |
| Ceftriaxone Sodium For Inj 250 MG | | | 0.63100 | |
| Ceftriaxone Sodium For Inj 500 MG | | | 0.95190 | |
| Ceftriaxone Sodium For IV Soln 2 GM | | | 10.98500 | |
| Cefuroxime Axetil Tab 250 MG | 0.47220 | | 0.26250 | |
| Cefuroxime Axetil Tab 500 MG | 0.58862 | | 0.38067 | |
| Cefuroxime Sodium For Inj 1.5 GM | | | 5.72000 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Cefuroxime Sodium For Inj 750 MG | | | 2.92500 | |
| Cefuroxime Sodium For IV Soln 1.5 GM | | | 5.72000 | |
| Celecoxib Cap 100 MG | 0.18337 | | 0.11230 | |
| Celecoxib Cap 200 MG | 0.36057 | | 0.12055 | |
| Celecoxib Cap 400 MG | 0.69678 | | 0.49205 | |
| Celecoxib Cap 50 MG | 0.22386 | | 0.17967 | |
| Cephalexin Cap 250 MG | 0.10032 | | 0.05200 | |
| Cephalexin Cap 500 MG | 0.12479 | | 0.08430 | |
| Cephalexin Cap 750 MG | | | 5.49950 | |
| Cephalexin For Susp 125 MG/5ML | | | 0.07000 | |
| Cephalexin For Susp 250 MG/5ML | | | 0.04245 | |
| Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) | | | 0.01907 | |
| Cevimeline HCl Cap 30 MG | 1.01451 | | 0.62670 | |
| Chlordiazepoxide HCl Cap 10 MG | | | 0.05930 | |
| Chlordiazepoxide HCl Cap 25 MG | | | 0.06297 | |
| Chlordiazepoxide HCl Cap 5 MG | | | 0.07574 | |
| Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG | | | 1.27283 | |
| Chlordiazepoxide-Amitriptyline Tab 10-25 MG | | | 1.65270 | |
| Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG | | | 0.69002 | |
| Chlorhexidine Gluconate Soln 0.12% | 0.00706 | | 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 | 1.22842 | | 1.77988 | |
| Chlorpromazine HCl Tab 100 MG | 4.33497 | | 4.84756 | |
| Chlorpromazine HCl Tab 200 MG | 5.87484 | | 6.39990 | |
| Chlorpromazine HCl Tab 25 MG | 2.28806 | | 1.85000 | |
| Chlorpromazine HCl Tab 50 MG | 2.96607 | | 2.95200 | |
| 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 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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 | 0.25653 | | 0.21557 | |
| Chlorthalidone Tab 50 MG | 0.33657 | | 0.35950 | |
| Chlorzoxazone Tab 500 MG | | | 0.28010 | |
| Cholestyramine Light Powder 4 GM/DOSE | | | 0.16658 | |
| Cholestyramine Light Powder Packets 4 GM | | | 0.29672 | |
| Cholestyramine Powder 4 GM/DOSE | | | 0.14794 | |
| Cholestyramine Powder Packets 4 GM | | | 1.13699 | |
| Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv) | 0.62899 | | 0.84782 | |
| Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv) | 0.39719 | | 0.38065 | |
| Ciclopirox Gel 0.77% | | | 0.89877 | |
| Ciclopirox Olamine Cream 0.77% (Base Equiv) | | | 0.10611 | |
| Ciclopirox Olamine Susp 0.77% (Base Equiv) | | | 0.76780 | |
| Ciclopirox Shampoo 1% | 0.28341 | | 0.24845 | |
| Ciclopirox Solution 8% | 1.86310 | | 1.24242 | |
| Cilostazol Tab 100 MG | 0.14963 | | 0.05433 | |
| Cilostazol Tab 50 MG | 0.11200 | | 0.07320 | |
| Cimetidine HCl Soln 300 MG/5ML | | | 0.07052 | |
| Cimetidine Tab 200 MG | | | 0.06613 | |
| Cimetidine Tab 300 MG | | | 0.19250 | |
| Cimetidine Tab 400 MG | | | 0.37858 | |
| Cimetidine Tab 800 MG | | | 0.83477 | |
| Cinacalcet HCl Tab 30 MG (Base Equiv) | 3.63731 | | 5.76000 | |
| Cinacalcet HCl Tab 60 MG (Base Equiv) | 9.38250 | | 28.58533 | |
| Cinacalcet HCl Tab 90 MG (Base Equiv) | 13.38787 | | 44.71000 | |
| 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% (Base Equivalent) | | | 0.56000 | |
| Ciprofloxacin HCl Tab 100 MG (Base Equiv) | | | 2.93583 | |
| Ciprofloxacin HCl Tab 250 MG (Base Equiv) | 0.10175 | | 0.09120 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Ciprofloxacin HCl Tab 500 MG (Base Equiv) | 0.17515 | | 0.08439 | |
| Ciprofloxacin HCl Tab 750 MG (Base Equiv) | 0.28670 | | 0.23220 | |
| Ciprofloxacin IV Soln 400 MG/40ML (1%) | | | 0.09230 | |
| Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1% | 29.08035 | | 23.05932 | 01/01/2021 |
| Citalopram Hydrobromide Oral Soln 10 MG/5ML | 0.24540 | | 0.20829 | |
| Citalopram Hydrobromide Tab 10 MG (Base Equiv) | 0.02955 | | 0.01764 | |
| Citalopram Hydrobromide Tab 20 MG (Base Equiv) | 0.03775 | | 0.02579 | |
| Citalopram Hydrobromide Tab 40 MG (Base Equiv) | 0.04672 | | 0.02572 | |
| 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 | 0.38934 | | 0.54704 | |
| Clarithromycin Tab 500 MG | 0.49808 | | 0.40642 | |
| Clarithromycin Tab ER 24HR 500 MG | 3.73681 | | 1.24967 | |
| Clemastine Fumarate Tab 2.68 MG | | | 0.19150 | |
| Clindamycin HCl Cap 150 MG | 0.14407 | | 0.07280 | |
| Clindamycin HCl Cap 300 MG | 0.26610 | | 0.17964 | |
| Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv) | 0.21699 | | 0.17000 | |
| Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5% | 1.07522 | | 1.05800 | |
| Clindamycin Phosphate Foam 1% | | | 3.56290 | |
| Clindamycin Phosphate Gel 1% | | | 0.87733 | |
| 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% | | | 0.99650 | |
| Clindamycin Phosphate Soln 1% | | | 0.28030 | |
| Clindamycin Phosphate Swab 1% | | | 0.30288 | |
| Clindamycin Phosphate Vaginal Cream 2% | 1.69939 | | 1.62938 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5% | 2.32937 | | 1.52390 | |
| Clindamycin Phosphate-Tretinoin Gel 1.2-0.025% | | | 9.25000 | |
| Clobazam Oral Film 10 MG | | | 25.94800 | |
| Clobazam Oral Film 20 MG | | | 51.89600 | |
| Clobazam Oral Film 5 MG | | | 12.97400 | |
| Clobazam Suspension 2.5 MG/ML | 2.39452 | | 0.81825 | |
| Clobazam Tab 10 MG | 5.29866 | | 0.37000 | |
| Clobazam Tab 20 MG | 9.40818 | | 0.99990 | |
| Clobetasol Propionate Cream 0.05% | | | 0.47451 | |
| Clobetasol Propionate Emollient Base Cream 0.05% | | | 0.66483 | |
| Clobetasol Propionate Emulsion Foam 0.05% | | | 3.10000 | |
| Clobetasol Propionate Foam 0.05% | | | 1.24600 | |
| Clobetasol Propionate Gel 0.05% | | | 1.40762 | |
| Clobetasol Propionate Lotion 0.05% | | | 1.06534 | |
| Clobetasol Propionate Oint 0.05% | | | 0.32367 | |
| Clobetasol Propionate Shampoo 0.05% | 0.97951 | | 1.08042 | |
| Clobetasol Propionate Soln 0.05% | | | 0.45980 | |
| Clobetasol Propionate Spray 0.05% | | | 1.45887 | |
| Clomiphene Citrate Tab 50 MG | | | 0.51333 | |
| Clomipramine HCl Cap 25 MG | 2.84970 | | 2.00045 | |
| Clomipramine HCl Cap 50 MG | 2.31741 | | 2.04320 | |
| Clomipramine HCl Cap 75 MG | 1.94189 | | 1.58230 | |
| Clonazepam Orally Disintegrating Tab 0.125 MG | 0.69758 | | 0.61050 | |
| Clonazepam Orally Disintegrating Tab 0.25 MG | 0.68232 | | 0.51183 | |
| Clonazepam Orally Disintegrating Tab 0.5 MG | 0.65740 | | 0.51100 | |
| Clonazepam Orally Disintegrating Tab 1 MG | 0.74036 | | 0.58810 | |
| Clonazepam Orally Disintegrating Tab 2 MG | 1.19153 | | 1.01222 | |
| Clonazepam Tab 0.5 MG | 0.03978 | | 0.01355 | |
| Clonazepam Tab 1 MG | 0.04982 | | 0.02300 | |
| Clonazepam Tab 2 MG | 0.06751 | | 0.03110 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML | | | 9.80000 | |
| Clonidine HCl Tab 0.1 MG | 0.03091 | | 0.02202 | |
| Clonidine HCl Tab 0.2 MG | 0.05016 | | 0.03521 | |
| Clonidine HCl Tab 0.3 MG | 0.06039 | | 0.02763 | |
| Clonidine HCl Tab ER 12HR 0.1 MG | | | 0.69150 | |
| Clonidine HCl TD Patch Weekly 0.1 MG/24HR | | | 11.20500 | |
| Clonidine HCl TD Patch Weekly 0.2 MG/24HR | | | 20.60250 | |
| Clonidine HCl TD Patch Weekly 0.3 MG/24HR | | | 18.99000 | |
| Clonidine TD Patch Weekly 0.1 MG/24HR | 8.09369 | | 6.74000 | |
| Clonidine TD Patch Weekly 0.2 MG/24HR | | | 11.08000 | |
| Clonidine TD Patch Weekly 0.3 MG/24HR | 19.05985 | | 16.29000 | |
| Clopidogrel Bisulfate Tab 75 MG (Base Equiv) | 0.08584 | | 0.05733 | |
| Clorazepate Dipotassium Tab 15 MG | | | 2.29050 | |
| Clorazepate Dipotassium Tab 3.75 MG | | | 0.87940 | |
| Clorazepate Dipotassium Tab 7.5 MG | 1.24092 | | 1.39350 | |
| Clotrimazole Cream 1% | | | 0.25000 | |
| Clotrimazole Soln 1% | | | 1.32386 | |
| 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 Orally Disintegrating Tab 100 MG | 6.08599 | | 4.76825 | |
| Clozapine Tab 100 MG | 0.75434 | | 0.34440 | |
| Clozapine Tab 200 MG | 1.41648 | | 0.97640 | |
| Clozapine Tab 25 MG | 0.27594 | | 0.17340 | |
| Clozapine Tab 50 MG | 0.51177 | | 0.32500 | |
| 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 | |

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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) (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 | |
| Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt | | | 1.30000 | |
| Codeine Sulfate Tab 30 MG | | | 0.31600 | |
| Colchicine Tab 0.6 MG | 3.86233 | | 2.97767 | |
| Colchicine w/ Probenecid Tab 0.5-500 MG | | | 0.63950 | |
| Colesevelam HCl Packet For Susp 3.75 GM | | | 13.72077 | |
| Colesevelam HCl Tab 625 MG | 1.39362 | | 0.55550 | |
| Colestipol HCl Granule Packets 5 GM | | | 2.68754 | |
| Colestipol HCl Tab 1 GM | | | 0.42452 | |
| Colistimethate Sod For Inj 150 MG (Colistin Base Activity) | | | 14.31000 | |
| Colistimethate Sodium For Inj 150 MG | | | 16.66526 | |
| Cromolyn Sodium Opth Soln 4% | | | 0.48600 | |
| Cromolyn Sodium Oral Conc 100 MG/5ML | 0.46978 | | 0.47749 | |
| Cromolyn Sodium Soln Nebu 20 MG/2ML | | | 2.17127 | |
| Cyanocobalamin Inj 1000 MCG/ML | | | 2.70000 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Cyclobenzaprine HCl Tab 10 MG | 0.02598 | | 0.02070 | |
| Cyclobenzaprine HCl Tab 5 MG | 0.03347 | | 0.01860 | |
| Cyclobenzaprine HCl Tab 7.5 MG | 1.31892 | | 1.32316 | |
| Cyclopentolate HCl Ophth Soln 1% | | | 2.56500 | |
| Cyclopentolate HCl Ophth Soln 2% | | | 5.65200 | |
| Cyclophosphamide Cap 50 MG | 8.05093 | | 7.21000 | |
| Cyclophosphamide For Inj 2 GM | | | 1138.44000 | |
| Cyclophosphamide Tab 50 MG | | | 2.63500 | |
| Cyclosporine Cap 100 MG | | | 6.95353 | |
| Cyclosporine Cap 25 MG | | | 1.77280 | |
| Cyclosporine IV Soln 50 MG/ML | | | 7.13420 | |
| Cyclosporine Modified Cap 100 MG | 1.92149 | | 1.70933 | |
| Cyclosporine Modified Cap 25 MG | 0.53964 | | 0.41700 | |
| Cyclosporine Modified Oral Soln 100 MG/ML | | | 1.76740 | |
| Cyproheptadine HCl Syrup 2 MG/5ML | 0.05913 | | 0.06266 | |
| Cyproheptadine HCl Tab 4 MG | 0.14626 | | 0.14405 | |
| 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 100 MG/ML | | | 0.83850 | |
| Cytarabine Inj PF 20 MG/ML | | | 1.03740 | |
| Dacarbazine For Inj 200 MG | | | 8.46300 | |
| Dalfampridine Tab ER 12HR 10 MG | 1.15817 | | 0.82500 | |
| Danazol Cap 200 MG | | | 3.15200 | |
| Dantrolene Sodium Cap 100 MG | 1.12694 | | 0.82590 | |
| Dantrolene Sodium Cap 25 MG | 0.44164 | | 0.35000 | |
| Dantrolene Sodium Cap 50 MG | 0.92948 | | 0.63900 | |
| Dapsone Gel 5% | | | 5.14453 | |
| Dapsone Tab 100 MG | 1.03160 | | 0.54067 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Dapsone Tab 25 MG | 0.76889 | | 0.46202 | |
| Daptomycin For IV Soln 500 MG | | | 105.00000 | |
| Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML | | | 3854.52000 | |
| Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv) | 2.46500 | | 2.54224 | |
| Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv) | 1.76579 | | 2.41867 | |
| Darunavir Ethanolate Tab 400 MG (Base Equiv) | | | 20.88545 | |
| Darunavir Ethanolate Tab 600 MG (Base Equiv) | | | 28.04902 | |
| Darunavir Ethanolate Tab 800 MG (Base Equiv) | | | 56.09838 | |
| Dasatinib Tab 70 MG | | | 252.11865 | |
| Daunorubicin HCl Inj 5 MG/ML (Base Equiv) | | | 10.14000 | |
| Deferasirox Tab 180 MG | | | 77.88620 | |
| Deferasirox Tab 360 MG | | | 155.76942 | |
| Deferasirox Tab 90 MG | | | 38.94393 | |
| Deferasirox Tab For Oral Susp 125 MG | | | 38.94393 | |
| Deferasirox Tab For Oral Susp 250 MG | | | 77.88620 | |
| Deferasirox Tab For Oral Susp 500 MG | | | 100.52000 | |
| Deferiprone Tab 500 MG | | | 58.19668 | |
| Deferoxamine Mesylate For Inj 2 GM | | | 39.32000 | |
| Deferoxamine Mesylate For Inj 500 MG | | | 12.16800 | |
| Demeclocycline HCl Tab 150 MG | | | 1.30000 | |
| Demeclocycline HCl Tab 300 MG | | | 5.31417 | |
| Dermatological Products Misc - Cream** | | | 1.03051 | |
| Desipramine HCl Tab 10 MG | 0.26416 | | 0.57533 | |
| Desipramine HCl Tab 100 MG | | | 1.78620 | |
| Desipramine HCl Tab 150 MG | | | 2.86792 | |
| Desipramine HCl Tab 25 MG | 0.44630 | | 0.42950 | |
| Desipramine HCl Tab 50 MG | 0.76618 | | 1.31850 | |
| Desipramine HCl Tab 75 MG | | | 1.75430 | |
| Desloratadine Tab 5 MG | 0.44829 | | 0.20100 | |
| Desmopressin Acetate Inj 4 MCG/ML | | | 7.67000 | |

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

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Desmopressin Acetate Nasal Spray Soln 0.01% | 12.54995 | | 14.16800 | |
| Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated) | 12.54995 | | 19.21240 | |
| Desmopressin Acetate Tab 0.1 MG | 0.40092 | | 0.23400 | |
| Desmopressin Acetate Tab 0.2 MG | 0.50973 | | 0.50400 | |
| Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5) | 0.39904 | | 0.33000 | |
| 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 | 0.23648 | | 0.10127 | |
| Desonide Cream 0.05% | | | 0.66500 | |
| Desonide Lotion 0.05% | | | 0.16060 | |
| Desonide Oint 0.05% | | | 0.90000 | |
| Desoximetasone Cream 0.05% | | | 2.57933 | |
| Desoximetasone Cream 0.25% | | | 0.57933 | |
| Desoximetasone Gel 0.05% | | | 4.08233 | |
| Desoximetasone Oint 0.05% | | | 4.59067 | |
| Desoximetasone Oint 0.25% | | | 0.29867 | |
| Desoximetasone Spray 0.25% | 1.28338 | | 1.22948 | |
| Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv) | 0.97269 | | 0.50550 | |
| Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv) | 0.83755 | | 0.74250 | |
| Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv) | 0.85802 | | 0.53967 | |
| Dexamethasone Elixir 0.5 MG/5ML | 0.11408 | | 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 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Dexamethasone Tab 4 MG | | | 0.32250 | |
| Dexamethasone Tab 6 MG | | | 0.37206 | |
| Dexamethylphenidate HCl Cap ER 24 HR 10 MG | 4.21494 | | 2.27540 | |
| Dexamethylphenidate HCl Cap ER 24 HR 15 MG | 6.01011 | | 0.40120 | |
| Dexamethylphenidate HCl Cap ER 24 HR 20 MG | 5.10963 | | 3.11163 | |
| Dexamethylphenidate HCl Cap ER 24 HR 25 MG | 7.78492 | | 2.41738 | |
| Dexamethylphenidate HCl Cap ER 24 HR 30 MG | 6.90160 | | 2.56200 | |
| Dexamethylphenidate HCl Cap ER 24 HR 35 MG | 7.28829 | | 2.54081 | |
| Dexamethylphenidate HCl Cap ER 24 HR 40 MG | 7.04376 | | 1.94380 | |
| Dexamethylphenidate HCl Cap ER 24 HR 5 MG | 4.35310 | | 2.78500 | |
| Dexamethylphenidate HCl Tab 10 MG | 0.36325 | | 0.39990 | |
| Dexamethylphenidate HCl Tab 2.5 MG | 0.19381 | | 0.20541 | |
| Dexamethylphenidate HCl Tab 5 MG | 0.28502 | | 0.27054 | |
| Dextroamphetamine Sulfate Cap ER 24HR 10 MG | 2.32828 | | 0.46820 | |
| Dextroamphetamine Sulfate Cap ER 24HR 15 MG | 3.76492 | | 1.00806 | |
| Dextroamphetamine Sulfate Cap ER 24HR 5 MG | 1.09895 | | 1.19229 | |
| Dextroamphetamine Sulfate Oral Solution 5 MG/5ML | | | 1.42901 | |
| Dextroamphetamine Sulfate Tab 10 MG | 0.64867 | | 0.40200 | |
| Dextroamphetamine Sulfate Tab 5 MG | 0.65047 | | 0.31093 | |
| Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML | | | 0.02035 | |
| Dextrose 5% in Lactated Ringers | | | 0.00300 | |
| 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 Conc 5 MG/ML | | | 0.88533 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Diazepam IM Solution Auto-inj 10 MG/2ML | | | 1.47550 | |
| Diazepam Inj 5 MG/ML | | | 3.48640 | |
| Diazepam Rectal Gel Delivery System 2.5 MG | | | 224.50000 | |
| Diazepam Tab 10 MG | 0.09361 | 0.02456 | 0.02294 | 01/01/2021 |
| Diazepam Tab 2 MG | 0.06433 | | 0.01740 | |
| Diazepam Tab 5 MG | 0.05890 | | 0.01870 | |
| Diclofenac Potassium Tab 50 MG | | | 0.25630 | |
| Diclofenac Sodium (Actinic Keratoses) Gel 3% | 0.45219 | | 0.60676 | |
| Diclofenac Sodium Gel 1% | | | 0.12820 | |
| Diclofenac Sodium Ophth Soln 0.1% | | | 0.88800 | |
| Diclofenac Sodium Soln 1.5% | 0.12457 | | 0.11873 | |
| Diclofenac Sodium Tab Delayed Release 25 MG | | | 0.85301 | |
| Diclofenac Sodium Tab Delayed Release 50 MG | 0.12031 | | 0.07270 | |
| Diclofenac Sodium Tab Delayed Release 75 MG | 0.10559 | | 0.08230 | |
| Diclofenac Sodium Tab ER 24HR 100 MG | | | 0.19545 | |
| Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG | 1.61278 | | 1.79467 | |
| Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG | 1.72659 | | 1.59850 | |
| Dicloxacillin Sodium Cap 250 MG | | | 0.27170 | |
| Dicloxacillin Sodium Cap 500 MG | | | 0.49800 | |
| Dicyclomine HCl Cap 10 MG | 0.12399 | | 0.10960 | |
| Dicyclomine HCl Oral Soln 10 MG/5ML | | | 0.20802 | |
| Dicyclomine HCl Tab 20 MG | 0.18280 | | 0.09870 | |
| Didanosine Delayed Release Capsule 200 MG | | | 3.64700 | |
| Didanosine Delayed Release Capsule 250 MG | | | 4.63500 | |
| Didanosine Delayed Release Capsule 400 MG | | | 7.21500 | |
| Diethylpropion HCl Tab 25 MG | | | 0.14407 | |
| Diflorasone Diacetate Cream 0.05% | | | 11.18150 | |
| Diflorasone Diacetate Oint 0.05% | | | 4.78816 | |
| Diflunisal Tab 500 MG | | | 1.03390 | |
| Digoxin Oral Soln 0.05 MG/ML | | | 1.84000 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Digoxin Tab 125 MCG (0.125 MG) | 0.28728 | | 0.21936 | |
| Digoxin Tab 250 MCG (0.25 MG) | 0.29046 | | 0.17780 | |
| Diltiazem HCl Cap ER 12HR 120 MG | | | 2.91560 | |
| 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 | | | 0.40190 | |
| Diltiazem HCl Coated Beads Cap ER 24HR 120 MG | 0.25011 | | 0.14611 | |
| Diltiazem HCl Coated Beads Cap ER 24HR 180 MG | 0.27401 | | 0.12444 | |
| Diltiazem HCl Coated Beads Cap ER 24HR 240 MG | 0.33206 | | 0.23078 | |
| Diltiazem HCl Coated Beads Cap ER 24HR 300 MG | 0.49338 | | 0.28339 | |
| Diltiazem HCl Coated Beads Cap ER 24HR 360 MG | 3.42704 | | 2.87662 | |
| Diltiazem HCl Coated Beads Tab ER 24HR 180 MG | | | 1.73733 | |
| Diltiazem HCl Coated Beads Tab ER 24HR 240 MG | | | 1.94733 | |
| Diltiazem HCl Coated Beads Tab ER 24HR 300 MG | | | 3.31911 | |
| Diltiazem HCl Coated Beads Tab ER 24HR 360 MG | | | 2.40333 | |
| Diltiazem HCl Coated Beads Tab ER 24HR 420 MG | | | 3.21667 | |
| Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG | | | 0.23822 | |
| Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG | | | 0.26622 | |
| Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG | | | 0.38018 | |
| Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG | | | 0.33644 | |
| Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG | | | 0.35344 | |
| Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG | | | 1.16828 | |
| Diltiazem HCl Tab 120 MG | 0.33292 | | 0.26220 | |
| Diltiazem HCl Tab 30 MG | 0.17311 | | 0.06520 | |
| Diltiazem HCl Tab 60 MG | 0.26609 | | 0.13197 | |
| Diltiazem HCl Tab 90 MG | 0.45276 | | 0.23158 | |
| Dimethyl Fumarate Capsule Delayed Release 120 MG | | | 122.27323 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Dimethyl Fumarate Capsule Delayed Release 240 MG | | | 122.75917 | |
| Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG | | | 122.26813 | |
| Diphenhydramine HCl Cap 50 MG | | | 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 | 0.21219 | | 0.21900 | |
| Dipyridamole Tab 25 MG | | | 0.29450 | |
| Dipyridamole Tab 50 MG | | | 0.20175 | |
| Dipyridamole Tab 75 MG | | | 0.28409 | |
| Disopyramide Phosphate Cap 100 MG | 1.32229 | | 0.32562 | |
| Disopyramide Phosphate Cap 150 MG | 1.43218 | | 0.32562 | |
| Disopyramide Phosphate Cap ER 12HR 150 MG | | | 1.04950 | |
| Disulfiram Tab 250 MG | | | 1.23333 | |
| Disulfiram Tab 500 MG | | | 3.03000 | |
| Divalproex Sodium Cap Delayed Release Sprinkle 125 MG | 0.46437 | | 0.23220 | |
| Divalproex Sodium Tab Delayed Release 125 MG | 0.12059 | | 0.04440 | |
| Divalproex Sodium Tab Delayed Release 250 MG | 0.21224 | | 0.05204 | |
| Divalproex Sodium Tab Delayed Release 500 MG | 0.29552 | | 0.08036 | |
| Divalproex Sodium Tab ER 24 HR 250 MG | 0.29990 | | 0.09345 | |
| Divalproex Sodium Tab ER 24 HR 500 MG | 0.49270 | | 0.20565 | |
| Docusate Sodium Cap 100 MG | | | 0.04688 | |
| Dofetilide Cap 125 MCG (0.125 MG) | 1.11776 | | 2.84800 | |
| Dofetilide Cap 250 MCG (0.25 MG) | 1.27967 | | 1.57150 | |
| Dofetilide Cap 500 MCG (0.5 MG) | 1.41058 | | 1.71667 | |
| Donepezil Hydrochloride Orally Disintegrating Tab 10 MG | | | 0.23100 | |
| Donepezil Hydrochloride Orally Disintegrating Tab 5 MG | | | 0.18000 | |
| Donepezil Hydrochloride Tab 10 MG | 0.08074 | | 0.03508 | |
| Donepezil Hydrochloride Tab 23 MG | 0.97471 | | 0.24733 | |
| Donepezil Hydrochloride Tab 5 MG | 0.06996 | | 0.03111 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Dornase Alfa Inhal Soln 1 MG/ML | | | 44.43000 | |
| Dorzolamide HCl Opth Soln 2% | 1.50933 | | 0.82800 | |
| Dorzolamide HCl-Timolol Maleate Opth Sol 22.3-6.8 MG/ML PF | | | 1.38250 | |
| Dorzolamide HCl-Timolol Maleate Opth Soln 22.3-6.8 MG/ML | 1.67379 | | 0.78900 | |
| Doxazosin Mesylate Tab 1 MG | 0.12900 | | 0.04370 | |
| Doxazosin Mesylate Tab 2 MG | 0.10814 | | 0.05640 | |
| Doxazosin Mesylate Tab 4 MG | 0.10228 | | 0.05202 | |
| Doxazosin Mesylate Tab 8 MG | 0.15453 | | 0.08800 | |
| Doxepin HCl Cap 10 MG | 0.31970 | 0.22778 | 0.13390 | 01/01/2021 |
| Doxepin HCl Cap 100 MG | 0.85781 | | 0.45580 | |
| Doxepin HCl Cap 150 MG | | | 0.64000 | |
| Doxepin HCl Cap 25 MG | 0.33735 | | 0.24400 | |
| Doxepin HCl Cap 50 MG | 0.45169 | | 0.35900 | |
| Doxepin HCl Cap 75 MG | 0.91359 | | 0.75990 | |
| Doxepin HCl Conc 10 MG/ML | | | 0.04509 | |
| Doxercalciferol Cap 0.5 MCG | | | 5.75840 | |
| Doxercalciferol Cap 1 MCG | | | 9.18400 | |
| Doxercalciferol Cap 2.5 MCG | | | 10.71500 | |
| Doxorubicin HCl For Inj 50 MG | | | 39.00000 | |
| Doxorubicin HCl Inj 2 MG/ML | | | 0.64529 | |
| Doxycycline Hyclate Cap 100 MG | 0.18148 | | 0.10060 | |
| Doxycycline Hyclate Cap 50 MG | 0.29575 | | 0.16100 | |
| Doxycycline Hyclate Tab 100 MG | 0.15014 | | 0.09980 | |
| Doxycycline Hyclate Tab 150 MG | | | 10.05523 | |
| Doxycycline Hyclate Tab 20 MG | 0.18204 | | 0.18620 | |
| Doxycycline Hyclate Tab 75 MG | | | 14.21567 | |
| Doxycycline Hyclate Tab Delayed Release 100 MG | | | 5.37004 | |
| Doxycycline Hyclate Tab Delayed Release 150 MG | | | 5.65250 | |
| Doxycycline Monohydrate Cap 100 MG | | | 0.17980 | |
| Doxycycline Monohydrate Cap 50 MG | 0.22495 | | 0.14000 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Doxycycline Monohydrate For Susp 25 MG/5ML | 0.26131 | | 0.27133 | |
| Doxycycline Monohydrate Tab 100 MG | 0.32769 | | 0.22315 | |
| Doxycycline Monohydrate Tab 50 MG | 0.27648 | | 0.32590 | |
| Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG | 3.81431 | | 3.25424 | 01/01/2021 |
| Dronabinol Cap 10 MG | 3.59880 | | 5.74309 | |
| Dronabinol Cap 2.5 MG | 1.08518 | | 1.49667 | |
| Dronabinol Cap 5 MG | 2.17016 | | 2.50000 | |
| Droperidol Inj 2.5 MG/ML | | | 0.75400 | |
| Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG | 3.66921 | | 2.97274 | |
| Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG | 0.79775 | | 0.47960 | |
| Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG | 0.58826 | | 0.24209 | |
| Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq) | 0.14725 | 0.13200 | 0.09200 | 01/01/2021 |
| Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq) | 0.18349 | | 0.09361 | |
| Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq) | 2.23146 | | 2.62425 | |
| Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq) | 0.20821 | | 0.09066 | |
| Dutasteride Cap 0.5 MG | 0.29241 | | 0.11478 | |
| Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG | 2.27366 | | 2.18000 | |
| Econazole Nitrate Cream 1% | | | 0.24988 | |
| Efavirenz Tab 600 MG | 14.19812 | | 10.84033 | |
| Eletriptan Hydrobromide Tab 20 MG (Base Equivalent) | 6.92646 | | 5.95025 | |
| Eletriptan Hydrobromide Tab 40 MG (Base Equivalent) | 7.87853 | | 3.10833 | |
| Eltrombopag Olamine Tab 50 MG (Base Equiv) | | | 295.98920 | |
| Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG | | | 100.11790 | |
| 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 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG | | | 93.36272 | |
| Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG | | | 55.63623 | |
| Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG | | | 0.07566 | |
| Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG | | | 0.07613 | |
| Enalapril Maleate Tab 10 MG | 0.22076 | | 0.05919 | |
| Enalapril Maleate Tab 2.5 MG | 0.13809 | 0.10962 | 0.05650 | 01/01/2021 |
| Enalapril Maleate Tab 20 MG | 0.17014 | | 0.07320 | |
| Enalapril Maleate Tab 5 MG | 0.17322 | | 0.07035 | |
| Enalaprilat IV Inj 1.25 MG/ML | | | 1.87850 | |
| Enoxaparin Sodium Inj 100 MG/ML | | | 7.75700 | |
| Enoxaparin Sodium Inj 120 MG/0.8ML | | | 14.01000 | |
| Enoxaparin Sodium Inj 150 MG/ML | | | 11.45550 | |
| Enoxaparin Sodium Inj 30 MG/0.3ML | | | 9.31000 | |
| Enoxaparin Sodium Inj 300 MG/3ML | 19.54722 | | 14.85000 | |
| Enoxaparin Sodium Inj 40 MG/0.4ML | | | 11.13375 | |
| Enoxaparin Sodium Inj 60 MG/0.6ML | | | 8.08667 | |
| Enoxaparin Sodium Inj 80 MG/0.8ML | | | 7.60938 | |
| Entacapone Tab 200 MG | 0.60741 | | 0.33480 | |
| Entecavir Tab 0.5 MG | 3.31745 | | 0.69967 | |
| Entecavir Tab 1 MG | 2.79510 | | 1.61346 | |
| Epinephrine HCl Opth Soln 0.05% | | | 5.43300 | |
| Epinephrine HCl Inj 1 MG/ML | | | 1.99933 | |
| Epinephrine HCl Soln Prefilled Syringe 0.1 MG/ML | | | 0.34000 | |
| Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000) | | | 142.50000 | |
| Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000) | | | 139.95000 | |
| 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 | 0.94635 | | 0.36544 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Eplerenone Tab 50 MG | 0.97857 | | 1.24967 | |
| Epoprostenol Sodium For Inj 1.5 MG | | | 36.32200 | |
| Ergocalciferol Cap 1.25 MG (50000 Unit) | 0.13957 | | 0.09770 | |
| Ergotamine w/ Caffeine Suppos 2-100 MG | | | 5.57917 | |
| Ergotamine w/ Caffeine Tab 1-100 MG | | | 0.87490 | |
| Erlotinib HCl Tab 100 MG (Base Equivalent) | | | 248.07106 | |
| Erlotinib HCl Tab 150 MG (Base Equivalent) | | | 12.93400 | |
| Ertapenem Sodium For Inj 1 GM (Base Equivalent) | | | 80.55000 | |
| Erythromycin Ethylsuccinate For Susp 200 MG/5ML | | | 2.56450 | |
| Erythromycin Ethylsuccinate Tab 400 MG | | | 9.14690 | |
| Erythromycin Gel 2% | | | 1.36558 | |
| Erythromycin Ophth Oint 5 MG/GM | 3.43665 | | 1.63247 | |
| Erythromycin Pads 2% | | | 0.90540 | |
| Erythromycin Soln 2% | 0.41839 | | 0.32978 | |
| Erythromycin Tab 250 MG | 10.49329 | | 6.78000 | |
| Erythromycin Tab 500 MG | | | 14.03767 | |
| Erythromycin Tab Delayed Release 250 MG | | | 6.31170 | |
| 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) | 0.31181 | | 0.31615 | |
| Escitalopram Oxalate Tab 10 MG (Base Equiv) | 0.08837 | 0.04514 | 0.04156 | 01/01/2021 |
| Escitalopram Oxalate Tab 20 MG (Base Equiv) | 0.14069 | | 0.03570 | |
| Escitalopram Oxalate Tab 5 MG (Base Equiv) | 0.06307 | | 0.03320 | |
| Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq) | | | 0.18285 | |
| Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq) | 1.34516 | | 0.15306 | |
| Estazolam Tab 1 MG | | | 0.51402 | |
| Estazolam Tab 2 MG | | | 0.31754 | |
| Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG | 2.38667 | | 2.05607 | |
| Estradiol & Norethindrone Acetate Tab 1-0.5 MG | 2.02872 | | 1.90804 | |

**Illinois Department of Healthcare and Family Services
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Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Estradiol Tab 0.5 MG | 0.09649 | | 0.06180 | |
| Estradiol Tab 1 MG | 0.10588 | | 0.07130 | |
| Estradiol Tab 2 MG | 0.13915 | | 0.10090 | |
| Estradiol TD Patch Twice Weekly 0.025 MG/24HR | 7.61140 | | 7.54528 | |
| Estradiol TD Patch Twice Weekly 0.0375 MG/24HR | 7.57253 | | 6.68000 | |
| Estradiol TD Patch Twice Weekly 0.05 MG/24HR | 8.77843 | | 6.69750 | |
| Estradiol TD Patch Twice Weekly 0.075 MG/24HR | 8.35939 | | 7.52125 | |
| Estradiol TD Patch Twice Weekly 0.1 MG/24HR | 7.92865 | | 5.94125 | |
| Estradiol TD Patch Weekly 0.025 MG/24HR | | | 10.76000 | |
| Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR) | | | 11.07000 | |
| Estradiol TD Patch Weekly 0.05 MG/24HR | | | 11.12819 | |
| Estradiol TD Patch Weekly 0.06 MG/24HR | 15.73232 | | 12.63300 | |
| Estradiol TD Patch Weekly 0.075 MG/24HR | | | 12.59000 | |
| Estradiol TD Patch Weekly 0.1 MG/24HR | | | 12.84435 | |
| Estradiol Vaginal Cream 0.1 MG/GM | 1.87748 | | 1.74118 | |
| Estradiol Vaginal Tab 10 MCG | | | 8.45065 | |
| Estropipate Tab 0.75 MG | | | 0.14670 | |
| Estropipate Tab 1.5 MG | | | 0.45257 | |
| Estropipate Tab 3 MG | | | 1.24110 | |
| Eszopiclone Tab 1 MG | 0.25370 | | 0.25131 | |
| Eszopiclone Tab 2 MG | 0.22031 | | 0.14584 | |
| Eszopiclone Tab 3 MG | 0.42601 | | 0.19837 | |
| Eteplirsen IV Soln 100 MG/2ML (50 MG/ML) | | | 796.80000 | |
| Eteplirsen IV Soln 500 MG/10ML (50 MG/ML) | | | 796.80000 | |
| Ethacrynic Acid Tab 25 MG | 5.07990 | | 5.82264 | |
| Ethambutol HCl Tab 400 MG | 0.68254 | | 0.52340 | |
| Ethosuximide Cap 250 MG | 0.66479 | | 0.45000 | |
| Ethosuximide Soln 250 MG/5ML | 0.15797 | | 0.15389 | |
| Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG | 0.39562 | | 0.42041 | |
| Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG | | | 0.58781 | |

**Illinois Department of Healthcare and Family Services
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Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Etodolac Cap 200 MG | 0.73905 | | 0.67124 | |
| Etodolac Cap 300 MG | 0.56638 | | 0.68140 | |
| Etodolac Tab 400 MG | 0.36785 | | 0.34640 | |
| Etodolac Tab 500 MG | 0.44513 | | 0.26330 | |
| Etodolac Tab ER 24HR 400 MG | 1.44629 | | 0.75000 | |
| Etodolac Tab ER 24HR 500 MG | 1.49688 | | 0.16333 | |
| Etodolac Tab ER 24HR 600 MG | 2.25681 | | 1.50241 | |
| Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR | | | 108.55500 | |
| 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 | |
| Everolimus Tab 2.5 MG | | | 534.14840 | |
| Everolimus Tab 5 MG | | | 517.35228 | |
| Everolimus Tab 7.5 MG | | | 558.71011 | |
| Exemestane Tab 25 MG | 1.57663 | | 1.29833 | |
| Ezetimibe Tab 10 MG | 0.24890 | | 0.05500 | |
| Ezetimibe-Simvastatin Tab 10-10 MG | 1.37768 | | 1.63098 | |
| Ezetimibe-Simvastatin Tab 10-20 MG | 0.99649 | | 0.48000 | |
| Ezetimibe-Simvastatin Tab 10-40 MG | 1.24137 | | 0.71933 | |
| Ezetimibe-Simvastatin Tab 10-80 MG | 1.64040 | | 2.08891 | |
| Factor IX Complex For Inj 1000 Unit | | | 0.58220 | |
| Factor IX Complex For Inj 1500 Unit | | | 0.58220 | |
| Factor IX Complex For Inj 500 Unit | | | 0.58220 | |
| Famciclovir Tab 125 MG | 0.36801 | | 0.25255 | |
| Famciclovir Tab 250 MG | 0.52351 | | 0.39178 | |
| Famciclovir Tab 500 MG | 1.01765 | | 0.49467 | |
| Famotidine For Susp 40 MG/5ML | | | 1.50000 | |
| Famotidine Inj 20 MG/2ML | | | 0.38350 | |
| Famotidine Inj 200 MG/20ML | | | 0.29900 | |
| Famotidine Inj 40 MG/4ML | | | 0.29900 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Famotidine Inj 500 MG/50ML | | | 0.29900 | |
| Famotidine Tab 20 MG | | | 0.03196 | |
| Famotidine Tab 40 MG | 0.21619 | | 0.05563 | |
| Fat Emulsion Plant Based IV Emulsion 20% | | | 0.03500 | |
| Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG | | | 0.22100 | |
| Febuxostat Tab 40 MG | 1.68431 | | 2.11000 | |
| Febuxostat Tab 80 MG | 1.85039 | | 2.53000 | |
| Felbamate Susp 600 MG/5ML | | | 1.10721 | |
| Felbamate Tab 400 MG | 4.37723 | | 0.86430 | |
| Felbamate Tab 600 MG | 5.91544 | | 1.41430 | |
| Felodipine Tab ER 24HR 10 MG | 0.24202 | | 0.09000 | |
| Felodipine Tab ER 24HR 2.5 MG | 0.21436 | | 0.13429 | |
| Felodipine Tab ER 24HR 5 MG | 0.19345 | | 0.07260 | |
| Fenofibrate Micronized Cap 130 MG | 1.81932 | 1.96369 | 1.67627 | 01/01/2021 |
| Fenofibrate Micronized Cap 134 MG | 0.21737 | | 0.14630 | |
| Fenofibrate Micronized Cap 200 MG | 0.35868 | | 0.43290 | |
| Fenofibrate Micronized Cap 43 MG | 1.21328 | | 0.68921 | |
| Fenofibrate Micronized Cap 67 MG | 0.20039 | | 0.11000 | |
| Fenofibrate Tab 120 MG | | | 16.73827 | |
| Fenofibrate Tab 145 MG | 0.19916 | | 0.15267 | |
| Fenofibrate Tab 160 MG | 0.22923 | | 0.19589 | |
| Fenofibrate Tab 48 MG | 0.13168 | | 0.10550 | |
| Fenofibrate Tab 54 MG | 0.16400 | | 0.13503 | |
| 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 | |
| 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 | |

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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 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 | 9.24804 | | 6.41480 | |
| Fentanyl TD Patch 72HR 12 MCG/HR | 7.24758 | | 6.75667 | |
| Fentanyl TD Patch 72HR 25 MCG/HR | 3.12074 | | 1.96240 | |
| Fentanyl TD Patch 72HR 37.5 MCG/HR | 42.74709 | | 42.03000 | |
| Fentanyl TD Patch 72HR 50 MCG/HR | 5.53626 | | 3.05057 | |
| Fentanyl TD Patch 72HR 62.5 MCG/HR | | | 70.94000 | |
| Fentanyl TD Patch 72HR 75 MCG/HR | 7.66498 | | 4.63650 | |
| 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 | 0.28403 | | 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) | | | 636.01204 | |
| Finasteride Tab 1 MG | 0.12248 | | 0.12194 | |
| Finasteride Tab 5 MG | 0.07279 | | 0.05049 | |
| Flavoxate HCl Tab 100 MG | | | 0.48641 | |
| Flecainide Acetate Tab 100 MG | 0.25436 | | 0.17270 | |
| Flecainide Acetate Tab 150 MG | 0.54057 | | 0.19130 | |
| Flecainide Acetate Tab 50 MG | 0.21459 | | 0.09979 | |
| Fluconazole For Susp 10 MG/ML | | | 0.22571 | |
| Fluconazole For Susp 40 MG/ML | | | 0.47400 | |
| Fluconazole in Dextrose Inj 400 MG/200ML | | | 0.15600 | |
| Fluconazole in NaCl 0.9% Inj 200 MG/100ML | | | 0.03849 | |
| Fluconazole in NaCl 0.9% Inj 400 MG/200ML | | | 0.04758 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Fluconazole Tab 100 MG | 0.44302 | | 0.44833 | |
| Fluconazole Tab 150 MG | 1.09425 | | 0.62917 | |
| Fluconazole Tab 200 MG | 0.76191 | | 0.48000 | |
| Fluconazole Tab 50 MG | 0.32616 | | 0.66800 | |
| Fludarabine Phosphate For Inj 50 MG | | | 94.50000 | |
| Fludarabine Phosphate Inj 25 MG/ML | | | 54.37500 | |
| Fludrocortisone Acetate Tab 0.1 MG | 0.49321 | | 0.30660 | |
| Fluocinolone Acetonide (Otic) Oil 0.01% | 1.86192 | | 2.62950 | |
| Fluocinolone Acetonide Cream 0.01% | | | 1.44233 | |
| Fluocinolone Acetonide Cream 0.025% | | | 1.29967 | |
| Fluocinolone Acetonide Oil 0.01% (Body Oil) | 0.30597 | | 0.37286 | |
| Fluocinolone Acetonide Oil 0.01% (Scalp Oil) | 0.29122 | | 0.18592 | |
| Fluocinolone Acetonide Oint 0.025% | | | 1.31000 | |
| Fluocinolone Acetonide Soln 0.01% | 0.73354 | | 0.89144 | |
| Fluocinonide Cream 0.05% | | | 0.53592 | |
| Fluocinonide Cream 0.1% | | | 0.81117 | |
| Fluocinonide Emulsified Base Cream 0.05% | | | 0.95713 | |
| Fluocinonide Gel 0.05% | | | 1.04867 | |
| Fluocinonide Oint 0.05% | | | 0.59367 | |
| Fluocinonide Soln 0.05% | | | 0.62225 | |
| Fluorometholone Ophth Susp 0.1% | | | 12.50254 | |
| Fluorouracil Cream 5% | 1.75058 | | 1.36683 | |
| Fluorouracil IV Soln 1 GM/20ML (50 MG/ML) | | | 0.28000 | |
| Fluorouracil IV Soln 500 MG/10ML (50 MG/ML) | | | 0.35500 | |
| Fluoxetine HCl (PMDD) Cap 10 MG | | | 0.03692 | |
| Fluoxetine HCl (PMDD) Cap 20 MG | | | 0.03142 | |
| Fluoxetine HCl (PMDD) Tab 10 MG | 0.30884 | | 0.54087 | |
| Fluoxetine HCl (PMDD) Tab 20 MG | 0.52265 | | 0.55872 | |
| Fluoxetine HCl Cap 10 MG | 0.12719 | | 0.02584 | |
| Fluoxetine HCl Cap 20 MG | 0.14793 | 0.02099 | 0.02323 | 12/17/2020 |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Fluoxetine HCl Cap 40 MG | 0.20314 | | 0.05020 | |
| Fluoxetine HCl Cap Delayed Release 90 MG | | | 25.64000 | |
| Fluoxetine HCl Solution 20 MG/5ML | 0.44547 | | 0.41658 | |
| Fluoxetine HCl Tab 10 MG | 0.30884 | | 0.16925 | |
| Fluoxetine HCl Tab 20 MG | 0.52265 | | 0.45517 | |
| Fluoxetine HCl Tab 60 MG | 1.62025 | | 3.47433 | |
| Fluphenazine Decanoate Inj 25 MG/ML | | | 13.83000 | |
| Fluphenazine HCl Oral Conc 5 MG/ML | | | 1.00155 | |
| Fluphenazine HCl Tab 1 MG | | | 1.98230 | |
| Fluphenazine HCl Tab 10 MG | | | 6.74580 | |
| Fluphenazine HCl Tab 2.5 MG | | | 3.75800 | |
| Fluphenazine HCl Tab 5 MG | | | 5.22855 | |
| Flurandrenolide Lotion 0.05% | | | 1.46608 | |
| 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 | | | 0.29920 | |
| Flurbiprofen Tab 50 MG | | | 0.19500 | |
| Flutamide Cap 125 MG | | | 0.43997 | |
| Fluticasone Propionate Cream 0.05% | | | 0.13383 | |
| Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve) | | | 20.06388 | |
| Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve) | | | 31.18223 | |
| Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve) | | | 16.94974 | |
| Fluticasone Propionate Nasal Susp 50 MCG/ACT | | | 0.23813 | |
| Fluticasone Propionate Oint 0.005% | | | 0.34483 | |
| Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE | | | 1.77925 | |
| Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE | | | 2.19011 | |
| Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE | | | 3.01165 | |
| Fluvastatin Sodium Cap 20 MG (Base Equivalent) | | | 2.73167 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Fluvastatin Sodium Cap 40 MG (Base Equivalent) | | | 3.23686 | |
| Fluvastatin Sodium Tab ER 24 HR 80 MG (Base Equivalent) | | | 3.83567 | |
| Fluvoxamine Maleate Cap ER 24HR 100 MG | | | 4.08433 | |
| Fluvoxamine Maleate Cap ER 24HR 150 MG | | | 6.50733 | |
| Fluvoxamine Maleate Tab 100 MG | 0.39005 | | 0.16238 | |
| Fluvoxamine Maleate Tab 25 MG | 0.25699 | | 0.15390 | |
| Fluvoxamine Maleate Tab 50 MG | 0.40576 | | 0.23950 | |
| Folic Acid Tab 1 MG | 0.02293 | 0.02000 | 0.01700 | 01/01/2021 |
| 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 | |
| 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 | | | 64.06952 | |
| Fosamprenavir Calcium Tab 700 MG (Base Equiv) | | | 14.06850 | |
| Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG | | | 0.95700 | |
| Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG | 1.07907 | | 0.88800 | |
| Fosinopril Sodium Tab 10 MG | 0.22054 | | 0.10244 | |
| Fosinopril Sodium Tab 20 MG | 0.18606 | | 0.09833 | |
| Fosinopril Sodium Tab 40 MG | | | 0.14937 | |
| Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv) | | | 0.88400 | |
| Frovatriptan Succinate Tab 2.5 MG (Base Equivalent) | 19.68296 | | 18.88778 | |
| Furosemide Inj 10 MG/ML | | | 0.36590 | |
| Furosemide Oral Soln 10 MG/ML | | | 0.08325 | |
| Furosemide Tab 20 MG | 0.02612 | 0.02578 | 0.02282 | 01/01/2021 |
| Furosemide Tab 40 MG | 0.03159 | | 0.01631 | |
| Furosemide Tab 80 MG | 0.05619 | | 0.03412 | |
| Gabapentin Cap 100 MG | 0.03343 | | 0.02447 | |
| Gabapentin Cap 300 MG | 0.05028 | | 0.03983 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Gabapentin Cap 400 MG | 0.08286 | | 0.04698 | |
| Gabapentin Oral Soln 250 MG/5ML | | | 0.10158 | |
| Gabapentin Tab 600 MG | 0.11933 | | 0.06198 | |
| Gabapentin Tab 800 MG | 0.18611 | | 0.07500 | |
| Galantamine Hydrobromide Cap ER 24HR 16 MG | 1.32337 | | 1.18400 | |
| Galantamine Hydrobromide Cap ER 24HR 24 MG | 1.54507 | | 1.31500 | |
| Galantamine Hydrobromide Cap ER 24HR 8 MG | 1.24889 | | 1.40000 | |
| Galantamine Hydrobromide Tab 12 MG | 0.54190 | | 0.49000 | |
| Galantamine Hydrobromide Tab 4 MG | 0.41576 | | 0.56661 | |
| Galantamine Hydrobromide Tab 8 MG | 0.67181 | | 0.46428 | |
| Galsulfase Soln For IV Infusion 1 MG/ML | | | 382.23400 | |
| Gatifloxacin Ophth Soln 0.5% | 14.19056 | | 19.39950 | |
| Gemfibrozil Tab 600 MG | 0.10788 | | 0.08802 | |
| Gentamicin Sulfate Cream 0.1% | | | 1.64933 | |
| Gentamicin Sulfate Inj 40 MG/ML | | | 0.42084 | |
| Gentamicin Sulfate Oint 0.1% | | | 1.66667 | |
| Gentamicin Sulfate Ophth Oint 0.3% | | | 2.95143 | |
| Gentamicin Sulfate Ophth Soln 0.3% | 0.93184 | | 0.68286 | |
| Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML | | | 61.09900 | |
| Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML | | | 135.43000 | |
| Glimepiride Tab 1 MG | 0.04295 | | 0.02340 | |
| Glimepiride Tab 2 MG | 0.06237 | | 0.03695 | |
| Glimepiride Tab 4 MG | 0.05255 | | 0.03453 | |
| Glipizide Tab 10 MG | 0.04269 | | 0.03160 | |
| Glipizide Tab 5 MG | 0.03297 | | 0.02070 | |
| Glipizide Tab ER 24HR 10 MG | 0.19057 | | 0.11496 | |
| Glipizide Tab ER 24HR 2.5 MG | 0.14710 | | 0.10696 | |
| Glipizide Tab ER 24HR 5 MG | 0.10686 | | 0.07990 | |
| Glipizide-Metformin HCl Tab 2.5-250 MG | | | 0.31596 | |
| Glipizide-Metformin HCl Tab 2.5-500 MG | 0.21343 | | 0.27505 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Glipizide-Metformin HCl Tab 5-500 MG | 0.19541 | | 0.21777 | |
| 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 | 0.10814 | | 0.06810 | |
| Glyburide Tab 2.5 MG | | | 0.03220 | |
| Glyburide Tab 5 MG | 0.10297 | | 0.03451 | |
| Glyburide-Metformin Tab 1.25-250 MG | | | 0.03860 | |
| Glyburide-Metformin Tab 2.5-500 MG | 0.05118 | | 0.04746 | |
| Glyburide-Metformin Tab 5-500 MG | 0.05750 | | 0.03338 | |
| Glycerol Phenylbutyrate Liquid 1.1 GM/ML | | | 191.45632 | |
| Glycine Diluent for Injection | | | 0.21840 | |
| Glycopyrrolate Inj 0.2 MG/ML | | | 11.45400 | |
| Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML) | | | 11.45400 | |
| Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML) | | | 5.40643 | |
| Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML) | | | 11.45400 | |
| Glycopyrrolate Tab 1 MG | 0.16073 | | 0.06670 | |
| Glycopyrrolate Tab 2 MG | 0.33263 | | 0.17500 | |
| Goserelin Acetate Implant 10.8 MG | | | 1898.12700 | |
| Goserelin Acetate Implant 3.6 MG | | | 632.70900 | |
| Granisetron HCl Inj 1 MG/ML | | | 18.52500 | |
| Granisetron HCl Tab 1 MG | | | 1.88283 | |
| Griseofulvin Microsize Susp 125 MG/5ML | | | 0.13333 | |
| Griseofulvin Microsize Tab 500 MG | | | 5.76313 | |
| Griseofulvin Ultramicrosize Tab 125 MG | | | 2.57431 | |
| 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 | |

**Illinois Department of Healthcare and Family Services
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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Guanfacine HCl Tab 1 MG | 0.50681 | | 0.36780 | |
| Guanfacine HCl Tab 2 MG | 0.69047 | | 0.48865 | |
| Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv) | 0.30106 | 0.29290 | 0.24130 | 01/01/2021 |
| Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv) | 0.30617 | | 0.24000 | |
| Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv) | 0.32629 | | 0.39568 | |
| Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv) | 0.30483 | | 0.34990 | |
| Halobetasol Propionate Cream 0.05% | | | 0.80600 | |
| Halobetasol Propionate Oint 0.05% | | | 1.65860 | |
| Haloperidol Decanoate IM Soln 100 MG/ML | | | 29.40000 | |
| Haloperidol Decanoate IM Soln 50 MG/ML | | | 19.71200 | |
| Haloperidol Lactate Inj 5 MG/ML | | | 0.63747 | |
| Haloperidol Lactate Oral Conc 2 MG/ML | | | 0.03924 | |
| Haloperidol Tab 0.5 MG | 0.25113 | | 0.19360 | |
| Haloperidol Tab 1 MG | 0.35080 | | 0.31640 | |
| Haloperidol Tab 10 MG | 0.53750 | 0.60375 | 0.52480 | 01/01/2021 |
| Haloperidol Tab 2 MG | 0.45190 | | 0.37676 | |
| Haloperidol Tab 20 MG | 1.16924 | | 0.72120 | |
| Haloperidol Tab 5 MG | 0.46773 | | 0.41927 | |
| Heparin Sodium (Porcine) Inj 1000 Unit/ML | | | 0.17836 | |
| Heparin Sodium (Porcine) Inj 10000 Unit/ML | | | 1.99248 | |
| Heparin Sodium (Porcine) Inj 20000 Unit/ML | | | 6.94193 | |
| Heparin Sodium (Porcine) Inj 5000 Unit/ML | | | 0.84168 | |
| 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 | | | 4211.40672 | |
| Hydralazine HCl Tab 10 MG | 0.03751 | | 0.03167 | |
| Hydralazine HCl Tab 100 MG | 0.09024 | | 0.06205 | |
| Hydralazine HCl Tab 25 MG | 0.04049 | | 0.03020 | |
| Hydralazine HCl Tab 50 MG | 0.05362 | | 0.03105 | |
| Hydrochlorothiazide Cap 12.5 MG | 0.03633 | | 0.02738 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Hydrochlorothiazide Tab 12.5 MG | 0.06193 | | 0.04926 | |
| Hydrochlorothiazide Tab 25 MG | 0.00924 | | 0.01164 | |
| Hydrochlorothiazide Tab 50 MG | 0.02186 | | 0.01804 | |
| Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML | | | 0.31710 | |
| Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML | 0.09869 | | 0.06417 | |
| Hydrocodone w/ Homatropine Tab 5-1.5 MG | | | 0.67035 | |
| Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML | | | 0.07820 | |
| Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML | | | 0.03010 | |
| Hydrocodone-Acetaminophen Tab 10-300 MG | 0.78000 | | 0.48977 | |
| Hydrocodone-Acetaminophen Tab 10-325 MG | 0.13015 | | 0.09900 | |
| Hydrocodone-Acetaminophen Tab 5-300 MG | 0.67325 | | 0.32163 | |
| Hydrocodone-Acetaminophen Tab 5-325 MG | 0.09512 | | 0.07820 | |
| Hydrocodone-Acetaminophen Tab 7.5-300 MG | 0.47361 | | 0.47991 | |
| Hydrocodone-Acetaminophen Tab 7.5-325 MG | 0.12206 | | 0.07087 | |
| Hydrocodone-Ibuprofen Tab 10-200 MG | | | 2.25479 | |
| Hydrocodone-Ibuprofen Tab 7.5-200 MG | 0.18555 | | 0.15400 | |
| Hydrocortisone Acetate Suppos 25 MG | | | 2.03875 | |
| Hydrocortisone Acetate w/ Pramoxine Perianal Cream 1-1% | | | 3.08300 | |
| Hydrocortisone Acetate w/ Pramoxine Perianal Cream 2.5-1% | | | 4.53433 | |
| Hydrocortisone Butyrate Cream 0.1% | | | 2.56852 | |
| Hydrocortisone Butyrate Oint 0.1% | | | 0.54640 | |
| Hydrocortisone Butyrate Soln 0.1% | | | 1.11000 | |
| Hydrocortisone Cream 1% | | | 0.07000 | |
| Hydrocortisone Cream 2.5% | | | 0.07675 | |
| Hydrocortisone Enema 100 MG/60ML | | | 0.08828 | |
| Hydrocortisone Lotion 1% | | | 0.06599 | |
| Hydrocortisone Lotion 2.5% | | | 0.11831 | |
| Hydrocortisone Oint 1% | | | 0.04667 | |
| Hydrocortisone Oint 2.5% | | | 0.09200 | |
| Hydrocortisone Perianal Cream 1% | | | 0.66448 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Hydrocortisone Perianal Cream 2.5% | 0.45972 | | 0.34234 | |
| Hydrocortisone Sodium Succinate For Inj 100 MG | | | 2.52200 | |
| Hydrocortisone Tab 10 MG | 0.32169 | | 0.18980 | |
| Hydrocortisone Tab 20 MG | 0.62447 | | 0.13960 | |
| Hydrocortisone Tab 5 MG | 0.27056 | | 0.15309 | |
| Hydrocortisone Valerate Cream 0.2% | | | 1.04733 | |
| Hydrocortisone Valerate Oint 0.2% | 3.42893 | | 3.09854 | |
| Hydrocortisone w/ Acetic Acid Otic Soln 1-2% | | | 5.51733 | |
| Hydromorphone HCl Inj 2 MG/ML | | | 0.65000 | |
| Hydromorphone HCl Liqd 1 MG/ML | 0.25662 | | 0.23245 | |
| 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 | 0.08188 | | 0.05790 | |
| Hydromorphone HCl Tab 4 MG | 0.11525 | | 0.07665 | |
| Hydromorphone HCl Tab 8 MG | 0.29442 | | 0.20310 | |
| Hydroquinone Cream 4% | | | 0.36681 | |
| Hydroquinone Microspheres Cream 4% | | | 2.49000 | |
| Hydroxocobalamin Inj 1000 MCG/ML | | | 0.83333 | |
| Hydroxychloroquine Sulfate Tab 200 MG | 0.29911 | | 0.23010 | |
| Hydroxyprogesterone Caproate (Bulk) Powder | | | 160.00000 | |
| Hydroxyprogesterone Caproate Soln Auto-Injector 275 MG/1.1ML | | | 727.08000 | |
| Hydroxyurea Cap 500 MG | 0.28554 | | 0.18352 | |
| Hydroxyzine HCl IM Soln 50 MG/ML | | | 4.38000 | |
| Hydroxyzine HCl Syrup 10 MG/5ML | | | 0.03692 | |
| Hydroxyzine HCl Tab 10 MG | 0.05704 | | 0.03772 | |
| Hydroxyzine HCl Tab 25 MG | 0.05710 | | 0.05470 | |
| Hydroxyzine HCl Tab 50 MG | 0.08330 | | 0.03598 | |
| Hydroxyzine Pamoate Cap 100 MG | | | 0.46230 | |
| Hydroxyzine Pamoate Cap 25 MG | 0.07435 | | 0.06135 | |
| Hydroxyzine Pamoate Cap 50 MG | 0.08157 | | 0.06333 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|-----------|----------------|--------------------|----------------|
| Hyoscyamine Sulfate Elixir 0.125 MG/5ML | | | 0.08078 | |
| Hyoscyamine Sulfate SL Tab 0.125 MG | | | 0.07820 | |
| Hyoscyamine Sulfate Soln 0.125 MG/ML | | | 1.68913 | |
| Hyoscyamine Sulfate Tab 0.125 MG | | | 0.07440 | |
| Hyoscyamine Sulfate Tab Disint 0.125 MG | | | 0.17739 | |
| Hyoscyamine Sulfate Tab ER 12HR 0.375 MG | | | 0.24290 | |
| Ibandronate Sodium Tab 150 MG (Base Equivalent) | 7.52368 | | 4.34278 | |
| 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 | 0.05135 | | 0.03286 | |
| Ibuprofen Tab 600 MG | 0.06606 | | 0.03420 | |
| Ibuprofen Tab 800 MG | 0.07961 | | 0.04700 | |
| Ifosfamide For Inj 1 GM | | | 36.74000 | |
| Iloprost Inhalation Solution 10 MCG/ML | | | 134.16120 | |
| Imatinib Mesylate Tab 100 MG (Base Equivalent) | 30.14205 | | 3.78000 | |
| Imatinib Mesylate Tab 400 MG (Base Equivalent) | 108.10251 | | 8.90026 | |
| Imipramine HCl Tab 10 MG | 0.07239 | | 0.06140 | |
| Imipramine HCl Tab 25 MG | | | 0.06780 | |
| Imipramine HCl Tab 50 MG | | | 0.10530 | |
| Imipramine Pamoate Cap 75 MG | | | 5.26053 | |
| Imiquimod Cream 5% | | | 1.07625 | |
| 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 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| 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 40 GM/400ML | | | 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 | | | 0.09380 | |
| Indapamide Tab 2.5 MG | | | 0.14820 | |
| Indomethacin Cap 25 MG | 0.11463 | | 0.02910 | |
| Indomethacin Cap 50 MG | 0.12106 | | 0.07690 | |
| Indomethacin Cap ER 75 MG | 0.28593 | | 0.06667 | |
| Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial) | | | 1724.51175 | |
| Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML) | | | 1262.86824 | |
| Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML) | | | 1262.86824 | |
| Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML) | | | 1262.86824 | |
| Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML) | | | 1262.86824 | |
| 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 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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) | 0.83190 | | 0.23084 | |
| Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY) | 1.70263 | | 0.54166 | |
| Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML | | | 0.05357 | |
| Irbesartan Tab 150 MG | 0.33955 | | 0.11244 | |
| Irbesartan Tab 300 MG | 0.54140 | | 0.04367 | |
| Irbesartan Tab 75 MG | 0.34546 | | 0.08700 | |
| Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG | 0.45372 | | 0.15667 | |
| Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG | 0.49381 | | 0.17176 | |
| Irinotecan HCl Inj 100 MG/5ML (20 MG/ML) | | | 2.63400 | |
| Irinotecan HCl Inj 40 MG/2ML (20 MG/ML) | | | 3.38500 | |
| Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG | | | 0.10283 | |
| Isoniazid Syrup 50 MG/5ML | | | 0.61734 | |
| Isoniazid Tab 100 MG | | | 0.09150 | |
| Isoniazid Tab 300 MG | 0.37836 | | 0.09990 | |
| Isopropyl Alcohol Wipes 70% | | | 0.01500 | |
| Isosorbide Dinitrate Tab 10 MG | 0.36747 | | 0.35323 | |
| Isosorbide Dinitrate Tab 20 MG | 0.40435 | | 0.32465 | |
| Isosorbide Dinitrate Tab 30 MG | 0.52791 | | 0.26098 | |
| Isosorbide Dinitrate Tab 5 MG | 0.36049 | | 0.09160 | |
| Isosorbide Dinitrate Tab CR 40 MG | | | 0.62660 | |
| Isosorbide Mononitrate Tab 10 MG | | | 0.11856 | |
| Isosorbide Mononitrate Tab 20 MG | | | 0.09070 | |
| Isosorbide Mononitrate Tab ER 24HR 120 MG | 0.21340 | | 0.24000 | |
| Isosorbide Mononitrate Tab ER 24HR 30 MG | 0.10222 | | 0.06873 | |
| Isosorbide Mononitrate Tab ER 24HR 60 MG | 0.12449 | | 0.06790 | |
| Isotretinoin Cap 10 MG | 1.97267 | | 2.13467 | |
| Isotretinoin Cap 20 MG | 2.83318 | | 1.92767 | |
| Isotretinoin Cap 30 MG | 4.03861 | | 3.79000 | |
| Isotretinoin Cap 40 MG | 3.02858 | | 2.12667 | |
| Isradipine Cap 2.5 MG | | | 0.96050 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Isradipine Cap 5 MG | | | 1.27072 | |
| Itraconazole Cap 100 MG | 1.05722 | | 1.09133 | |
| Itraconazole Oral Soln 10 MG/ML | | | 1.15633 | |
| Ivacaftor Packet 25 MG | | | 425.86318 | |
| Ivacaftor Packet 50 MG | | | 425.00974 | |
| Ivacaftor Packet 75 MG | | | 425.00974 | |
| Ivermectin Cream 1% | | | 10.09978 | |
| Ivermectin Tab 3 MG | | | 3.46600 | |
| KCl 0.15% in D5/0.33% NaCl | | | 0.00217 | |
| 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 0.45% 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% | | | 0.43867 | |
| Ketoconazole Foam 2% | | | 6.99900 | |
| Ketoconazole Shampoo 2% | | | 0.05695 | |
| Ketoconazole Tab 200 MG | 0.87613 | | 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 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Ketorolac Tromethamine Ophth Soln 0.4% | | | 7.27600 | |
| Ketorolac Tromethamine Ophth Soln 0.5% | | | 0.98140 | |
| Ketorolac Tromethamine Tab 10 MG | | | 0.65000 | |
| Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv) | | | 12.82400 | |
| Labetalol HCl Tab 100 MG | 0.13885 | | 0.10450 | |
| Labetalol HCl Tab 200 MG | 0.18814 | | 0.11565 | |
| Labetalol HCl Tab 300 MG | 0.23466 | | 0.15397 | |
| Lactated Ringer's Solution | | | 0.00388 | |
| Lactic Acid (Ammonium Lactate) Cream 12% | | | 0.03121 | |
| Lactic Acid (Ammonium Lactate) Lotion 10% | | | 0.06869 | |
| Lactic Acid (Ammonium Lactate) Lotion 12% | | | 0.06578 | |
| Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM | | | 0.12324 | |
| Lactulose (Encephalopathy) Solution 10 GM/15ML | 0.01822 | | 0.01140 | |
| Lactulose Solution 10 GM/15ML | | | 0.01128 | |
| Lamivudine Oral Soln 10 MG/ML | 0.32360 | | 0.24042 | |
| Lamivudine Tab 100 MG (HBV) | 2.82205 | | 3.02950 | |
| Lamivudine Tab 150 MG | 0.89129 | | 0.57867 | |
| Lamivudine Tab 300 MG | 2.18107 | | 1.18467 | |
| Lamivudine-Zidovudine Tab 150-300 MG | 1.20612 | | 0.33467 | |
| Lamotrigine Orally Disintegrating Tab 100 MG | 8.10519 | | 3.93467 | |
| Lamotrigine Orally Disintegrating Tab 200 MG | 8.84950 | | 6.31279 | |
| Lamotrigine Orally Disintegrating Tab 25 MG | 6.59358 | | 4.41567 | |
| Lamotrigine Orally Disintegrating Tab 50 MG | 6.24377 | | 3.33933 | |
| Lamotrigine Tab 100 MG | 0.44489 | | 0.03635 | |
| Lamotrigine Tab 150 MG | 0.55305 | | 0.05278 | |
| Lamotrigine Tab 200 MG | 0.67092 | | 0.11702 | |
| Lamotrigine Tab 25 MG | 0.21906 | | 0.02230 | |
| Lamotrigine Tab 35 x 25 MG Starter Kit | | | 0.08574 | |
| Lamotrigine Tab Chewable Dispersible 25 MG | 1.38978 | | 0.08860 | |
| Lamotrigine Tab Chewable Dispersible 5 MG | 0.50384 | | 0.11000 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Lamotrigine Tab ER 24HR 100 MG | 5.25072 | | 1.91000 | |
| Lamotrigine Tab ER 24HR 200 MG | 6.02797 | | 1.62533 | |
| Lamotrigine Tab ER 24HR 25 MG | 1.49737 | | 1.55055 | |
| Lamotrigine Tab ER 24HR 250 MG | 9.01055 | | 6.25000 | |
| Lamotrigine Tab ER 24HR 300 MG | 8.88869 | | 2.83067 | |
| Lamotrigine Tab ER 24HR 50 MG | 3.53608 | | 0.99967 | |
| Lancets Misc.*** | | | 0.07800 | |
| Lancets*** | | | 0.07800 | |
| Lansoprazole Cap Delayed Release 15 MG | | | 0.13167 | |
| Lansoprazole Cap Delayed Release 30 MG | 0.39615 | | 0.08956 | |
| Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG | | | 4.77520 | |
| Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG | | | 5.70433 | |
| Lanthanum Carbonate Chew Tab 1000 MG (Elemental) | 6.83022 | | 6.13203 | |
| Lanthanum Carbonate Chew Tab 500 MG (Elemental) | 8.65940 | | 11.55667 | |
| Lapatinib Ditosylate Tab 250 MG (Base Equiv) | | | 49.59848 | |
| Latanoprost Ophth Soln 0.005% | | | 1.62800 | |
| Ledipasvir-Sofosbuvir Tab 90-400 MG | | | 1120.50000 | |
| Leflunomide Tab 10 MG | 1.28871 | | 0.76500 | |
| Leflunomide Tab 20 MG | 1.03146 | | 1.03800 | |
| Letrozole Tab 2.5 MG | 0.22509 | | 0.08978 | |
| Leucovorin Calcium For Inj 200 MG | | | 7.80000 | |
| Leucovorin Calcium Inj 10 MG/ML | | | 0.26000 | |
| Leucovorin Calcium Tab 25 MG | 6.02083 | | 5.32387 | |
| Leucovorin Calcium Tab 5 MG | 0.80009 | | 0.60030 | |
| Leuprolide Acetate Inj Kit 5 MG/ML | | | 263.20000 | |
| Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv) | | | 0.44401 | |
| Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv) | | | 0.25156 | |
| Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv) | | | 0.29673 | |
| Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv) | | | 4.77860 | |

**Illinois Department of Healthcare and Family Services
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Generic and Multi-Source Brand Drugs**

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Levetiracetam Oral Soln 100 MG/ML | 0.09375 | | 0.03332 | |
| Levetiracetam Tab 1000 MG | 0.67532 | | 0.19272 | |
| Levetiracetam Tab 250 MG | 0.20727 | | 0.05475 | |
| Levetiracetam Tab 500 MG | 0.33093 | | 0.08050 | |
| Levetiracetam Tab 750 MG | 0.38898 | | 0.14614 | |
| Levetiracetam Tab ER 24HR 500 MG | 1.03600 | | 0.16667 | |
| Levetiracetam Tab ER 24HR 750 MG | 1.79830 | | 0.21650 | |
| Levobunolol HCl Ophth Soln 0.5% | | | 0.59600 | |
| Levocarnitine Oral Soln 1 GM/10ML (10%) | 0.26565 | | 0.19661 | |
| Levocarnitine Tab 330 MG | | | 0.47111 | |
| Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML) | | | 0.32655 | |
| Levocetirizine Dihydrochloride Tab 5 MG | | | 0.07215 | |
| Levofloxacin in D5W IV Soln 750 MG/150ML | | | 0.02000 | |
| Levofloxacin Ophth Soln 0.5% | | | 8.48120 | |
| Levofloxacin Oral Soln 25 MG/ML | | | 0.89120 | |
| Levofloxacin Tab 250 MG | 0.16848 | | 0.12500 | |
| Levofloxacin Tab 500 MG | 0.18711 | | 0.12400 | |
| Levofloxacin Tab 750 MG | 0.41457 | | 0.22400 | |
| 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) | 0.37285 | | 0.41963 | |
| Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7) | 0.55357 | | 0.31610 | |
| Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG | 0.26262 | | 0.30951 | |
| Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG | 0.21939 | | 0.21500 | |
| Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG | 0.21088 | | 0.11607 | |
| Levonorgestrel Tab 1.5 MG | | | 35.07625 | |
| Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG | 0.35670 | | 0.36145 | |
| Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG | | | 1.17500 | |
| Levothyroxine Sodium For IV Inj 200 MCG | | | 198.55200 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Levothyroxine Sodium For IV Inj 500 MCG | | | 26.00000 | |
| Levothyroxine Sodium Tab 100 MCG | 0.25210 | | 0.29912 | |
| Levothyroxine Sodium Tab 112 MCG | 0.31129 | | 0.30598 | |
| Levothyroxine Sodium Tab 125 MCG | 0.32407 | | 0.33660 | |
| Levothyroxine Sodium Tab 137 MCG | 0.32850 | | 0.32780 | |
| Levothyroxine Sodium Tab 150 MCG | 0.32034 | | 0.36144 | |
| Levothyroxine Sodium Tab 175 MCG | 0.37066 | | 0.35941 | |
| Levothyroxine Sodium Tab 200 MCG | 0.44525 | 0.43616 | 0.39760 | 01/01/2021 |
| Levothyroxine Sodium Tab 25 MCG | 0.20209 | | 0.17988 | |
| Levothyroxine Sodium Tab 300 MCG | 0.38085 | | 0.39278 | |
| Levothyroxine Sodium Tab 50 MCG | 0.21975 | | 0.20082 | |
| Levothyroxine Sodium Tab 75 MCG | 0.25592 | 0.27473 | 0.24367 | 01/01/2021 |
| Levothyroxine Sodium Tab 88 MCG | 0.24891 | | 0.24827 | |
| Lidocaine HCl Cream 3% | | | 0.51777 | |
| Lidocaine HCl Gel 2% | | | 0.32194 | |
| Lidocaine HCl Local Inj 1% | | | 0.05748 | |
| Lidocaine HCl Local Inj 2% | | | 0.06146 | |
| Lidocaine HCl Local Preservative Free (PF) Inj 1% | | | 0.58140 | |
| Lidocaine HCl Local Preservative Free (PF) Inj 2% | | | 0.42500 | |
| Lidocaine HCl Soln 4% | 0.55778 | | 0.26000 | |
| Lidocaine HCl Urethral/Mucosal Gel 2% | | | 0.69829 | |
| Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2% | | | 0.54591 | |
| Lidocaine HCl Viscous Soln 2% | | | 0.05680 | |
| Lidocaine Oint 5% | | | 0.20580 | |
| Lidocaine Patch 5% | 2.60235 | | 1.96922 | |
| Lidocaine-Hydrocortisone Acetate Perianal Cream 3-0.5% | | | 0.65107 | |
| Lidocaine-Prilocaine Cream 2.5-2.5% | 0.33635 | | 0.17500 | |
| Lidocaine-Prilocaine Cream Kit 2.5-2.5% | | | 0.23130 | |
| Linezolid For Susp 100 MG/5ML | | | 4.75000 | |
| Linezolid Tab 600 MG | 2.00578 | | 1.00000 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Liothyronine Sodium Tab 25 MCG | 0.67533 | | 0.42480 | |
| Liothyronine Sodium Tab 5 MCG | 0.48640 | | 0.32280 | |
| Liothyronine Sodium Tab 50 MCG | 0.99823 | | 0.64390 | |
| Lisdexamfetamine Dimesylate Chew Tab 10 MG | | | 9.72970 | |
| Lisdexamfetamine Dimesylate Chew Tab 20 MG | | | 9.74889 | |
| Lisdexamfetamine Dimesylate Chew Tab 30 MG | | | 9.65958 | |
| Lisdexamfetamine Dimesylate Chew Tab 40 MG | | | 9.80249 | |
| Lisdexamfetamine Dimesylate Chew Tab 50 MG | | | 10.10774 | |
| Lisdexamfetamine Dimesylate Chew Tab 60 MG | | | 10.10774 | |
| Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG | 0.03610 | | 0.02300 | |
| Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG | 0.04826 | | 0.03200 | |
| Lisinopril & Hydrochlorothiazide Tab 20-25 MG | 0.04913 | | 0.03001 | |
| Lisinopril Tab 10 MG | 0.02259 | | 0.01190 | |
| Lisinopril Tab 2.5 MG | 0.01724 | | 0.01029 | |
| Lisinopril Tab 20 MG | 0.02695 | | 0.01700 | |
| Lisinopril Tab 30 MG | 0.06360 | | 0.04442 | |
| Lisinopril Tab 40 MG | 0.04523 | | 0.04257 | |
| Lisinopril Tab 5 MG | 0.01755 | | 0.00918 | |
| Lithium Carbonate Cap 150 MG | 0.07189 | | 0.05420 | |
| Lithium Carbonate Cap 300 MG | 0.05134 | | 0.03598 | |
| Lithium Carbonate Cap 600 MG | 0.13885 | | 0.09110 | |
| Lithium Carbonate Tab 300 MG | | | 0.09870 | |
| Lithium Carbonate Tab ER 300 MG | 0.16335 | | 0.09970 | |
| Lithium Carbonate Tab ER 450 MG | 0.21115 | | 0.09783 | |
| Lithium Oral Solution 8 mEq/5ML | | | 0.30000 | |
| Lomustine Cap 40 MG | | | 362.43444 | |
| Loperamide HCl Cap 2 MG | | | 0.21868 | |
| Lorazepam Conc 2 MG/ML | 0.59507 | | 0.26900 | |
| Lorazepam Inj 2 MG/ML | | | 0.46840 | |
| Lorazepam Inj 4 MG/ML | | | 1.19860 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Lorazepam Tab 0.5 MG | 0.23417 | | 0.01474 | |
| Lorazepam Tab 1 MG | 0.03783 | 0.02699 | 0.02588 | 01/01/2021 |
| Lorazepam Tab 2 MG | 0.20106 | | 0.04021 | |
| Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG | 0.29881 | | 0.07169 | |
| Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG | 0.40607 | | 0.07633 | |
| Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG | 0.25970 | | 0.06191 | |
| Losartan Potassium Tab 100 MG | 0.13457 | | 0.04900 | |
| Losartan Potassium Tab 25 MG | 0.07105 | | 0.03240 | |
| Losartan Potassium Tab 50 MG | 0.09259 | | 0.03286 | |
| Loteprednol Etabonate Ophth Susp 0.5% | | | 33.75400 | |
| Lovastatin Tab 10 MG | 0.06527 | | 0.04786 | |
| Lovastatin Tab 20 MG | 0.05970 | | 0.03900 | |
| Lovastatin Tab 40 MG | 0.06509 | | 0.04778 | |
| Loxapine Succinate Cap 10 MG | | | 0.33900 | |
| Loxapine Succinate Cap 25 MG | | | 0.26310 | |
| Loxapine Succinate Cap 5 MG | | | 0.28570 | |
| Loxapine Succinate Cap 50 MG | | | 0.62000 | |
| Lumacaftor-Ivacaftor Granules Packet 100-125 MG | | | 372.81056 | |
| Lumacaftor-Ivacaftor Granules Packet 150-188 MG | | | 372.81056 | |
| Lumacaftor-Ivacaftor Tab 100-125 MG | | | 186.03172 | |
| Lumacaftor-Ivacaftor Tab 200-125 MG | | | 186.03172 | |
| Lurasidone HCl Tab 20 MG | | | 41.00000 | |
| Lurasidone HCl Tab 40 MG | | | 41.00205 | |
| Lurasidone HCl Tab 60 MG | | | 39.16154 | |
| Magnesium Hydroxide Susp 400 MG/5ML | | | 0.00651 | |
| Magnesium Sulfate Inj 50% | | | 0.16190 | |
| Malathion Lotion 0.5% | | | 2.68358 | |
| Meclizine HCl Chew Tab 25 MG | | | 0.17912 | |
| Meclizine HCl Tab 12.5 MG | 0.15132 | | 0.04940 | |
| Meclizine HCl Tab 25 MG | 0.17138 | | 0.04200 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Meclofenamate Sodium Cap 100 MG | | | 1.78455 | |
| Meclofenamate Sodium Cap 50 MG | | | 0.56134 | |
| Medroxyprogesterone Acetate IM Susp 150 MG/ML | | | 30.38788 | |
| Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML | | | 42.29500 | |
| Medroxyprogesterone Acetate Tab 10 MG | | | 0.12420 | |
| Medroxyprogesterone Acetate Tab 2.5 MG | | | 0.05330 | |
| Medroxyprogesterone Acetate Tab 5 MG | | | 0.08900 | |
| Mefenamic Acid Cap 250 MG | | | 3.59983 | |
| Mefloquine HCl Tab 250 MG | | | 3.32640 | |
| Megestrol Acetate Susp 40 MG/ML | | | 0.06512 | |
| Megestrol Acetate Susp 625 MG/5ML | 1.74243 | | 2.09993 | |
| Megestrol Acetate Tab 20 MG | | | 0.10850 | |
| Megestrol Acetate Tab 40 MG | 0.19198 | | 0.10500 | |
| Meloxicam Tab 15 MG | 0.02438 | | 0.01567 | |
| Meloxicam Tab 7.5 MG | 0.01861 | | 0.01708 | |
| Memantine HCl Cap ER 24HR 14 MG | 1.48318 | | 1.59156 | |
| Memantine HCl Cap ER 24HR 21 MG | 1.85229 | | 2.41733 | |
| Memantine HCl Cap ER 24HR 28 MG | 1.83240 | | 0.97767 | |
| Memantine HCl Cap ER 24HR 7 MG | 1.48635 | | 1.63966 | |
| Memantine HCl Oral Solution 2 MG/ML | | | 1.30975 | |
| Memantine HCl Tab 10 MG | 0.10283 | | 0.04825 | |
| Memantine HCl Tab 28 x 5 MG & 21 x 10 MG Titration Pack | | | 0.27204 | |
| Memantine HCl Tab 5 MG | 0.11127 | | 0.09917 | |
| Meperidine HCl Inj 50 MG/ML | | | 2.00280 | |
| Meperidine HCl Tab 100 MG | | | 0.38541 | |
| Meperidine HCl Tab 50 MG | | | 0.20013 | |
| Meprobamate Tab 400 MG | | | 2.78736 | |
| Mercaptopurine Tab 50 MG | | | 0.88334 | |
| Meropenem IV For Soln 1 GM | | | 5.71300 | |
| Mesalamine Cap DR 400 MG | 2.41815 | | 1.81439 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Mesalamine Cap ER 24HR 0.375 GM | 3.21739 | | 2.63158 | |
| Mesalamine Enema 4 GM | 0.15785 | | 0.16262 | |
| Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit** | | | 119.25000 | |
| Mesalamine Suppos 1000 MG | | | 9.50000 | |
| Mesalamine Tab Delayed Release 1.2 GM | 5.96488 | | 2.22400 | |
| Mesalamine Tab Delayed Release 800 MG | | | 4.25000 | |
| Mesna Inj 100 MG/ML | | | 2.60000 | |
| Metaproterenol Sulfate Syrup 10 MG/5ML | | | 0.02460 | |
| Metaxalone Tab 800 MG | 0.84259 | | 0.45990 | |
| Metformin HCl Tab 1000 MG | 0.03094 | | 0.01938 | |
| Metformin HCl Tab 500 MG | 0.01766 | | 0.01408 | |
| Metformin HCl Tab 850 MG | 0.03268 | | 0.02127 | |
| Metformin HCl Tab ER 24HR 500 MG | 0.04187 | | 0.02605 | |
| Metformin HCl Tab ER 24HR 750 MG | 0.12567 | | 0.04510 | |
| Metformin HCl Tab ER 24HR Modified Release 1000 MG | 24.50368 | | 8.83979 | |
| Metformin HCl Tab ER 24HR Modified Release 500 MG | 19.54646 | | 5.19144 | |
| Metformin HCl Tab ER 24HR Osmotic 1000 MG | | | 2.82733 | |
| Metformin HCl Tab ER 24HR Osmotic 500 MG | | | 2.17045 | |
| Methadone HCl Conc 10 MG/ML | | | 0.05102 | |
| Methadone HCl Tab 10 MG | 0.09516 | | 0.09170 | |
| Methadone HCl Tab 5 MG | 0.10765 | | 0.10660 | |
| Methadone HCl Tab For Oral Susp 40 MG | | | 0.30600 | |
| Methamphetamine HCl Tab 5 MG | | | 5.86582 | |
| Methazolamide Tab 25 MG | | | 2.63280 | |
| Methazolamide Tab 50 MG | | | 2.41000 | |
| Methenamine Hippurate Tab 1 GM | | | 0.59990 | |
| Methenamine Mandelate Tab 1 GM | | | 1.19500 | |
| Methimazole Tab 10 MG | 0.11096 | | 0.07845 | |
| Methimazole Tab 5 MG | 0.08088 | | 0.04205 | |
| Methocarbamol Tab 500 MG | 0.07423 | | 0.05878 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Methocarbamol Tab 750 MG | 0.09420 | | 0.05730 | |
| Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML) | | | 2.95100 | |
| 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) | 0.40054 | | 0.21642 | |
| Methscopolamine Bromide Tab 2.5 MG | | | 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 | | | 0.16654 | |
| Methylergonovine Maleate Tab 0.2 MG | | | 27.26667 | |
| Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML) | | | 191.79640 | |
| Methylnaltrexone Bromide Inj Kit 12 MG/0.6ML | | | 59.31180 | |
| Methylphenidate HCl Cap ER 10 MG (CD) | 2.30540 | | 2.31590 | |
| Methylphenidate HCl Cap ER 20 MG (CD) | 2.05902 | | 2.32689 | |
| Methylphenidate HCl Cap ER 24HR 10 MG (LA) | | | 6.53714 | |
| Methylphenidate HCl Cap ER 24HR 20 MG (LA) | | | 3.31913 | |
| Methylphenidate HCl Cap ER 24HR 30 MG (LA) | | | 2.44420 | |
| Methylphenidate HCl Cap ER 24HR 40 MG (LA) | | | 3.39144 | |
| Methylphenidate HCl Cap ER 30 MG (CD) | 1.91861 | | 2.38170 | |
| Methylphenidate HCl Cap ER 40 MG (CD) | 2.66271 | | 2.26920 | |
| Methylphenidate HCl Cap ER 50 MG (CD) | 3.50735 | | 2.20883 | |
| Methylphenidate HCl Cap ER 60 MG (CD) | 2.06842 | | 2.21480 | |
| Methylphenidate HCl Chew Tab 2.5 MG | | | 2.22000 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Methylphenidate HCl Chew Tab 5 MG | 2.49101 | | 3.17000 | |
| Methylphenidate HCl Soln 10 MG/5ML | 0.17834 | | 0.14676 | |
| Methylphenidate HCl Soln 5 MG/5ML | 0.11375 | | 0.13551 | |
| Methylphenidate HCl Tab 10 MG | 0.19277 | | 0.15585 | |
| Methylphenidate HCl Tab 20 MG | 0.25884 | | 0.23660 | |
| Methylphenidate HCl Tab 5 MG | 0.13562 | | 0.12928 | |
| Methylphenidate HCl Tab ER 10 MG | 0.94335 | | 1.92940 | |
| Methylphenidate HCl Tab ER 20 MG | 0.94485 | | 1.41000 | |
| Methylphenidate HCl Tab ER 24HR 18 MG | 5.99777 | | 7.09784 | |
| Methylphenidate HCl Tab ER 24HR 27 MG | 6.16270 | | 6.46201 | |
| Methylphenidate HCl Tab ER 24HR 36 MG | 7.25180 | | 8.23080 | |
| Methylphenidate HCl Tab ER 24HR 54 MG | 7.96542 | | 7.55780 | |
| Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG | 5.99777 | | 5.28990 | |
| Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG | 6.16270 | | 2.79950 | |
| Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG | 7.25180 | | 5.51706 | |
| Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG | 7.96542 | | 6.32000 | |
| Methylprednisolone Acetate Inj Susp 40 MG/ML | | | 4.68000 | |
| Methylprednisolone Acetate Inj Susp 80 MG/ML | | | 14.67000 | |
| 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 | 1.67905 | | 1.75672 | |
| Methylprednisolone Tab 32 MG | | | 2.98680 | |
| Methylprednisolone Tab 4 MG | 0.20151 | | 0.23180 | |
| Methylprednisolone Tab 8 MG | 1.32212 | | 1.09045 | |
| Methylprednisolone Tab Therapy Pack 4 MG (21) | 0.20869 | | 0.16432 | |
| Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv) | | | 0.03070 | |
| Metoclopramide HCl Tab 10 MG (Base Equivalent) | 0.04067 | | 0.02857 | |
| Metoclopramide HCl Tab 5 MG (Base Equivalent) | 0.04320 | | 0.02200 | |
| Metolazone Tab 10 MG | 1.28256 | | 1.31845 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Metolazone Tab 2.5 MG | 1.04756 | | 0.79000 | |
| Metolazone Tab 5 MG | 1.12705 | | 0.88200 | |
| Metoprolol & Hydrochlorothiazide Tab 100-25 MG | | | 1.53740 | |
| Metoprolol & Hydrochlorothiazide Tab 50-25 MG | | | 0.67570 | |
| Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv) | 0.18963 | | 0.17251 | |
| Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv) | 0.37253 | 0.32170 | 0.26240 | 01/01/2021 |
| Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv) | 0.12384 | | 0.06050 | |
| Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv) | 0.11841 | | 0.09784 | |
| Metoprolol Tartrate Tab 100 MG | 0.03105 | | 0.02334 | |
| Metoprolol Tartrate Tab 25 MG | 0.02227 | 0.01782 | 0.01457 | 01/01/2021 |
| Metoprolol Tartrate Tab 50 MG | 0.02202 | | 0.01363 | |
| Metoprolol Tartrate Tab 75 MG | | | 0.16500 | |
| Metronidazole Cream 0.75% | 1.02938 | | 0.70934 | |
| Metronidazole Gel 0.75% | 0.84436 | | 0.81823 | |
| Metronidazole Gel 1% | 1.56792 | | 1.56383 | |
| Metronidazole in NaCl 0.74% IV Soln 500 MG/100ML | | | 0.01486 | |
| Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML | | | 0.01486 | |
| Metronidazole Lotion 0.75% | | | 2.03153 | |
| Metronidazole Tab 250 MG | 0.10947 | | 0.07480 | |
| Metronidazole Tab 500 MG | 0.15522 | | 0.11483 | |
| Metronidazole Vaginal Gel 0.75% | 0.86085 | | 0.45000 | |
| Mexiletine HCl Cap 150 MG | | | 0.49466 | |
| Mexiletine HCl Cap 200 MG | | | 0.70200 | |
| Mexiletine HCl Cap 250 MG | | | 0.82212 | |
| Miconazole Nitrate Vaginal Suppos 200 MG | | | 13.71500 | |
| Midazolam HCl Inj 10 MG/10ML (Base Equivalent) | | | 0.25160 | |
| Midazolam HCl Inj 10 MG/2ML (Base Equivalent) | | | 0.43550 | |
| Midazolam HCl Inj 2 MG/2ML (Base Equivalent) | | | 0.25160 | |
| Midazolam HCl Inj 25 MG/5ML (Base Equivalent) | | | 0.43550 | |

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Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| 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 | 0.58257 | | 0.51220 | |
| Midodrine HCl Tab 2.5 MG | 0.24368 | | 0.16000 | |
| Midodrine HCl Tab 5 MG | 0.35618 | 0.25346 | 0.23470 | 01/01/2021 |
| Mifepristone Tab 200 MG | | | 68.33000 | |
| Miglustat Cap 100 MG | | | 267.90200 | |
| 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) | | | 0.24745 | |
| Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent) | | | 0.28073 | |
| Minocycline HCl Cap 100 MG | 0.37559 | | 0.31729 | |
| Minocycline HCl Cap 50 MG | 0.18419 | 0.20200 | 0.15200 | 01/01/2021 |
| Minocycline HCl Cap 75 MG | 0.39132 | | 0.26765 | |
| Minocycline HCl Tab 100 MG | 2.39802 | | 1.72432 | |
| Minocycline HCl Tab 50 MG | 0.56166 | | 0.96342 | |
| Minocycline HCl Tab ER 24HR 65 MG | | | 5.99833 | |
| Minocycline HCl Tab ER 24HR 80 MG | | | 4.88507 | |
| Minoxidil Tab 10 MG | | | 0.12250 | |
| Minoxidil Tab 2.5 MG | 0.18611 | | 0.10050 | |
| Mirtazapine Orally Disintegrating Tab 15 MG | 0.60849 | | 0.47533 | |
| Mirtazapine Orally Disintegrating Tab 30 MG | 0.71863 | | 0.53400 | |
| Mirtazapine Orally Disintegrating Tab 45 MG | 0.66937 | | 0.76367 | |
| Mirtazapine Tab 15 MG | 0.08373 | | 0.05492 | |
| Mirtazapine Tab 30 MG | 0.10350 | | 0.07900 | |
| Mirtazapine Tab 45 MG | 0.14703 | | 0.07467 | |
| Mirtazapine Tab 7.5 MG | | | 0.53922 | |

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Misoprostol Tab 100 MCG | | | 0.39396 | |
| Misoprostol Tab 200 MCG | | | 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 | 0.42316 | | 0.57574 | |
| Modafinil Tab 200 MG | 1.70186 | | 0.35717 | |
| 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% | | | 0.27933 | |
| Mometasone Furoate Nasal Susp 50 MCG/ACT | | | 2.29942 | |
| Mometasone Furoate Oint 0.1% | | | 0.18244 | |
| Mometasone Furoate Solution 0.1% (Lotion) | | | 0.21162 | |
| Montelukast Sodium Chew Tab 4 MG (Base Equiv) | 0.09963 | | 0.09800 | |
| Montelukast Sodium Chew Tab 5 MG (Base Equiv) | 0.09649 | | 0.06795 | |
| Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv) | | | 1.78811 | |
| Montelukast Sodium Tab 10 MG (Base Equiv) | 0.08348 | | 0.04999 | |
| Morphine Sulfate Cap ER 24HR 10 MG | | | 2.59779 | |
| Morphine Sulfate Cap ER 24HR 100 MG | | | 12.65118 | |
| Morphine Sulfate Cap ER 24HR 20 MG | | | 2.02442 | |
| Morphine Sulfate Cap ER 24HR 30 MG | | | 1.18850 | |
| Morphine Sulfate Cap ER 24HR 50 MG | | | 4.53359 | |
| Morphine Sulfate Cap ER 24HR 60 MG | | | 4.67950 | |
| Morphine Sulfate Inj 10 MG/ML | | | 0.52000 | |
| Morphine Sulfate Oral Soln 10 MG/5ML | 0.05129 | | 0.04020 | |
| Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML) | | | 0.24545 | |

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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 15 MG | | | 0.09000 | |
| Morphine Sulfate Tab 30 MG | | | 0.68000 | |
| Morphine Sulfate Tab ER 100 MG | 1.10163 | | 0.70590 | |
| Morphine Sulfate Tab ER 15 MG | 0.19213 | | 0.15750 | |
| Morphine Sulfate Tab ER 200 MG | 2.56578 | | 1.86820 | |
| Morphine Sulfate Tab ER 30 MG | 0.32011 | | 0.23720 | |
| Morphine Sulfate Tab ER 60 MG | 0.66111 | | 0.54275 | |
| Moxifloxacin HCl Opth Soln 0.5% (Base Equiv) | 7.65671 | | 4.95000 | |
| Moxifloxacin HCl Tab 400 MG (Base Equiv) | 1.77020 | | 1.33333 | |
| Multiple Vitamin Tab** | | | 0.02313 | |
| Multiple Vitamins w/ Iron Tab** | | | 0.02788 | |
| Multiple Vitamins w/ Minerals Tab** | | | 2.18465 | |
| Mupirocin Calcium Cream 2% | | | 8.26319 | |
| Mupirocin Oint 2% | | | 0.13514 | |
| Mycophenolate Mofetil Cap 250 MG | 0.37127 | | 0.12520 | |
| Mycophenolate Mofetil For Oral Susp 200 MG/ML | 5.86934 | | 4.56844 | |
| Mycophenolate Mofetil Tab 500 MG | 0.69587 | | 0.15350 | |
| Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv) | 1.16429 | | 0.82950 | |
| Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv) | 2.34039 | | 2.01000 | |
| Nabumetone Tab 500 MG | 0.21556 | | 0.12800 | |
| Nabumetone Tab 750 MG | 0.23815 | | 0.18017 | |
| Nadolol Tab 20 MG | 0.46525 | | 0.29000 | |
| Nadolol Tab 40 MG | 0.47155 | | 0.44895 | |
| Nadolol Tab 80 MG | 0.69680 | | 0.49690 | |
| Naftifine HCl Cream 2% | | | 4.27667 | |
| 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 | | | 1328.57000 | |
| Naltrexone HCl Tab 50 MG | 0.77687 | | 0.57500 | |

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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 275 MG | 0.62968 | | 0.08963 | |
| Naproxen Sodium Tab 550 MG | 0.40443 | | 0.32180 | |
| Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv) | | | 9.75680 | |
| Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv) | | | 6.96787 | |
| Naproxen Susp 125 MG/5ML | | | 0.78000 | |
| Naproxen Tab 250 MG | 0.05480 | | 0.03202 | |
| Naproxen Tab 375 MG | 0.07449 | | 0.04691 | |
| Naproxen Tab 500 MG | 0.07119 | | 0.05330 | |
| Naproxen Tab EC 375 MG | | | 0.11710 | |
| Naproxen Tab EC 500 MG | | | 0.13590 | |
| Naratriptan HCl Tab 1 MG (Base Equiv) | 2.93422 | | 2.42489 | |
| Naratriptan HCl Tab 2.5 MG (Base Equiv) | 2.06085 | | 1.10278 | |
| Natalizumab for IV Inj Conc 300 MG/15ML | | | 439.57929 | |
| Nateglinide Tab 120 MG | 0.30906 | | 0.14756 | |
| Nateglinide Tab 60 MG | 0.31995 | | 0.26967 | |
| 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 | | | 0.49716 | |
| Nefazodone HCl Tab 50 MG | | | 0.24500 | |
| Neomycin Sulfate Tab 500 MG | 0.77865 | | 0.50000 | |
| Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin | | | 3.90000 | |
| Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML | | | 3.30000 | |
| Neomycin-Polymyxin B GU Irrigation Soln | | | 13.36010 | |
| Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1% | 4.16941 | | 1.53143 | |
| Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1% | 2.48614 | | 2.47400 | |
| Neomycin-Polymyxin-HC Ophth Susp | | | 14.80800 | |
| Neomycin-Polymyxin-HC Otic Soln 1% | | | 6.40100 | |
| Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1% | 5.63939 | | 4.62700 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Nevirapine Tab 200 MG | | | 0.10617 | |
| Nevirapine Tab ER 24HR 400 MG | | | 0.44233 | |
| Niacin Tab ER 1000 MG (Antihyperlipidemic) | 0.46029 | | 0.62311 | |
| Niacin Tab ER 500 MG (Antihyperlipidemic) | 0.31431 | | 0.08178 | |
| Niacin Tab ER 750 MG (Antihyperlipidemic) | 0.91316 | | 0.93243 | |
| Nicardipine HCl Cap 20 MG | | | 0.12545 | |
| Nicardipine HCl Cap 30 MG | | | 1.60211 | |
| Nifedipine Cap 10 MG | 0.35488 | | 0.26340 | |
| Nifedipine Cap 20 MG | | | 1.45000 | |
| Nifedipine Tab ER 24HR 30 MG | | | 0.11185 | |
| Nifedipine Tab ER 24HR 60 MG | | | 0.16950 | |
| Nifedipine Tab ER 24HR 90 MG | | | 0.17703 | |
| Nifedipine Tab ER 24HR Osmotic Release 30 MG | 0.23089 | | 0.10000 | |
| Nifedipine Tab ER 24HR Osmotic Release 60 MG | 0.94789 | | 0.15000 | |
| Nifedipine Tab ER 24HR Osmotic Release 90 MG | 0.66567 | | 0.15262 | |
| Nilutamide Tab 150 MG | | | 133.33333 | |
| Nisoldipine Tab ER 24HR 17 MG | | | 4.79755 | |
| Nisoldipine Tab ER 24HR 25.5 MG | | | 6.55000 | |
| Nisoldipine Tab ER 24HR 34 MG | | | 5.80000 | |
| Nisoldipine Tab ER 24HR 8.5 MG | | | 3.75000 | |
| Nitrofurantoin Macrocrystalline Cap 100 MG | 0.60845 | 1.13973 | 0.59015 | 01/01/2021 |
| Nitrofurantoin Macrocrystalline Cap 25 MG | | | 3.49140 | |
| Nitrofurantoin Macrocrystalline Cap 50 MG | | | 0.29340 | |
| Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG | 0.60913 | | 0.46800 | |
| Nitroglycerin SL Tab 0.3 MG | | | 0.20820 | |
| Nitroglycerin SL Tab 0.4 MG | | | 0.20950 | |
| Nitroglycerin SL Tab 0.6 MG | | | 0.27649 | |
| Nitroglycerin TD Patch 24HR 0.1 MG/HR | | | 0.52000 | |
| Nitroglycerin TD Patch 24HR 0.2 MG/HR | | | 0.35275 | |
| Nitroglycerin TD Patch 24HR 0.4 MG/HR | | | 0.39678 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Nitroglycerin TD Patch 24HR 0.6 MG/HR | | | 0.49433 | |
| Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY) | | | 16.00000 | |
| Nizatidine Cap 150 MG | | | 0.20325 | |
| Nizatidine Cap 300 MG | | | 0.36667 | |
| Nizatidine Oral Soln 15 MG/ML | | | 1.00510 | |
| Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG | 0.56632 | | 0.24429 | |
| Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG | 0.52711 | | 0.47533 | |
| Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG | 0.36822 | | 0.33595 | |
| Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG | | | 1.73000 | |
| Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG | 1.67450 | | 1.80607 | |
| Norethindrone & Mestranol Tab 1 MG-50 MCG | | | 0.92340 | |
| Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG | | | 0.96988 | |
| Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG | 0.33294 | | 0.13889 | |
| Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG | 0.55779 | | 0.42460 | |
| Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG | 0.27548 | | 0.19802 | |
| Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG | 0.30808 | | 0.15557 | |
| Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24) | 1.80107 | | 1.78571 | |
| Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24) | 0.97545 | | 0.69405 | |
| Norethindrone Acetate Tab 5 MG | 0.73606 | | 0.91840 | |
| Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG | 1.28490 | | 1.91320 | |
| Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG | 1.29146 | | 1.01938 | |
| Norethindrone Tab 0.35 MG | 0.20416 | | 0.08214 | |
| Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG | 0.46579 | | 0.15179 | |
| Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG | | | 0.51609 | |
| Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG | 0.20045 | | 0.17571 | |
| Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG | 0.17700 | | 0.15456 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG | 0.17699 | | 0.09250 | |
| Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG | | | 0.26161 | |
| Nortriptyline HCl Cap 10 MG | 0.09303 | | 0.06356 | |
| Nortriptyline HCl Cap 25 MG | 0.11668 | | 0.06686 | |
| Nortriptyline HCl Cap 50 MG | 0.13428 | | 0.07767 | |
| Nortriptyline HCl Cap 75 MG | 0.20500 | | 0.12989 | |
| Nortriptyline HCl Soln 10 MG/5ML | | | 0.25084 | |
| Nusinersen Intrathecal Soln 12 MG/5ML (2.4 MG/ML) | | | 24950.00000 | |
| Nystatin Cream 100000 Unit/GM | | | 0.16033 | |
| Nystatin Oint 100000 Unit/GM | | | 0.25966 | |
| Nystatin Susp 100000 Unit/ML | | | 0.05010 | |
| Nystatin Tab 500000 Unit | 0.41028 | | 0.34870 | |
| Nystatin Topical Powder | | | 0.68313 | |
| Nystatin Topical Powder 100000 Unit/GM | | 0.26384 | 0.24117 | 01/01/2021 |
| Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-% | | | 0.38408 | |
| Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-% | | | 0.18333 | |
| Octreotide Acetate For IM Inj Kit 20 MG | | | 4247.68104 | |
| Octreotide Acetate For IM Inj Kit 30 MG | | | 6360.59544 | |
| 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 Ophth Soln 0.3% | | | 1.45200 | |
| Ofloxacin Otic Soln 0.3% | | | 2.16133 | |
| Olanzapine For IM Inj 10 MG | | | 26.97600 | |
| Olanzapine Orally Disintegrating Tab 10 MG | 1.08334 | | 0.35333 | |
| Olanzapine Orally Disintegrating Tab 15 MG | 1.39335 | | 0.57400 | |
| Olanzapine Orally Disintegrating Tab 20 MG | 2.33103 | | 0.41667 | |
| Olanzapine Orally Disintegrating Tab 5 MG | 0.87743 | | 0.18167 | |

**Illinois Department of Healthcare and Family Services
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Generic and Multi-Source Brand Drugs**

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Olanzapine Tab 10 MG | 0.18779 | | 0.10867 | |
| Olanzapine Tab 15 MG | 0.34192 | | 0.11167 | |
| Olanzapine Tab 2.5 MG | 0.12668 | | 0.07267 | |
| Olanzapine Tab 20 MG | 0.56531 | | 0.10000 | |
| Olanzapine Tab 5 MG | 0.12599 | | 0.06533 | |
| Olanzapine Tab 7.5 MG | 0.15635 | | 0.08533 | |
| Olanzapine-Fluoxetine HCl Cap 12-25 MG | | | 6.71087 | |
| Olanzapine-Fluoxetine HCl Cap 12-50 MG | | | 10.03205 | |
| Olanzapine-Fluoxetine HCl Cap 3-25 MG | 5.27962 | | 4.74767 | |
| Olanzapine-Fluoxetine HCl Cap 6-25 MG | 6.68559 | | 5.30145 | |
| Olanzapine-Fluoxetine HCl Cap 6-50 MG | | | 7.83104 | |
| Olmesartan Medoxomil Tab 20 MG | 0.25110 | | 0.02211 | |
| Olmesartan Medoxomil Tab 40 MG | 0.33371 | | 0.16989 | |
| Olmesartan Medoxomil Tab 5 MG | 0.26950 | | 0.04767 | |
| Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG | 0.82235 | | 0.13000 | |
| Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG | 1.21309 | | 0.19648 | |
| Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG | 1.21969 | | 0.17600 | |
| Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG | 1.54662 | | 1.37855 | |
| Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG | 1.49513 | | 1.82389 | |
| Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG | 2.02210 | | 0.99833 | |
| Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG | 1.98210 | | 1.89000 | |
| Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG | 2.20021 | | 1.71000 | |
| Olopatadine HCl Nasal Soln 0.6% | | | 1.78088 | |
| Olopatadine HCl Ophth Soln 0.1% (Base Equivalent) | 3.42410 | | 2.10667 | |
| Olopatadine HCl Ophth Soln 0.2% (Base Equivalent) | 7.43735 | | 3.26800 | |
| Omega-3-acid Ethyl Esters Cap 1 GM | 0.24725 | | 0.18871 | |
| Omeprazole Cap Delayed Release 10 MG | 0.19041 | | 0.02056 | |
| Omeprazole Cap Delayed Release 20 MG | 0.05516 | | 0.02840 | |
| Omeprazole Cap Delayed Release 40 MG | 0.06413 | | 0.04480 | |

**Illinois Department of Healthcare and Family Services
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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Omeprazole-Sodium Bicarbonate Cap 20-1100 MG | 1.48408 | | 2.08363 | |
| Omeprazole-Sodium Bicarbonate Cap 40-1100 MG | 3.12207 | | 1.28050 | |
| Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG | | | 14.33167 | |
| OnabotulinumtoxinA (Cosmetic) For Inj 50 Unit | | | 329.67600 | |
| Ondansetron HCl Inj 4 MG/2ML (2 MG/ML) | | | 0.14720 | |
| Ondansetron HCl Inj 40 MG/20ML (2 MG/ML) | | | 0.10075 | |
| Ondansetron HCl Oral Soln 4 MG/5ML | 0.26758 | | 0.21000 | |
| Ondansetron HCl Tab 4 MG | 0.07585 | | 0.05643 | |
| Ondansetron HCl Tab 8 MG | 0.10292 | | 0.09415 | |
| Ondansetron Orally Disintegrating Tab 4 MG | 0.24017 | | 0.16667 | |
| Ondansetron Orally Disintegrating Tab 8 MG | 0.26233 | | 0.22773 | |
| 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 | | | 0.14850 | |
| Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG | | | 2.04000 | |
| Oseltamivir Phosphate Cap 30 MG (Base Equiv) | 3.35075 | | 3.64600 | |
| Oseltamivir Phosphate Cap 45 MG (Base Equiv) | 3.41183 | | 3.11900 | |
| Oseltamivir Phosphate Cap 75 MG (Base Equiv) | 2.82474 | | 1.84057 | |
| Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv) | 0.74135 | | 0.61000 | |
| Oxacillin Sodium For Inj 2 GM (Base Equivalent) | | | 10.16600 | |
| Oxandrolone Tab 2.5 MG | | | 3.19985 | |
| Oxaprozin Tab 600 MG | 0.90475 | | 0.76500 | |
| Oxazepam Cap 10 MG | | | 0.50649 | |
| Oxazepam Cap 15 MG | | | 0.77050 | |
| Oxazepam Cap 30 MG | | | 1.06925 | |
| Oxcarbazepine Susp 300 MG/5ML (60 MG/ML) | 0.71224 | | 0.27481 | |
| Oxcarbazepine Tab 150 MG | 0.16710 | | 0.07290 | |
| Oxcarbazepine Tab 300 MG | 0.40328 | | 0.11990 | |
| Oxcarbazepine Tab 600 MG | 0.87743 | | 0.27592 | |

**Illinois Department of Healthcare and Family Services
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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Oxiconazole Nitrate Cream 1% | | | 6.03042 | |
| Oxybutynin Chloride Syrup 5 MG/5ML | | | 0.01858 | |
| Oxybutynin Chloride Tab 5 MG | 0.08106 | | 0.06620 | |
| Oxybutynin Chloride Tab ER 24HR 10 MG | 0.21367 | | 0.19402 | |
| Oxybutynin Chloride Tab ER 24HR 15 MG | 0.26422 | | 0.17877 | |
| Oxybutynin Chloride Tab ER 24HR 5 MG | 0.18517 | 0.18040 | 0.17300 | 01/01/2021 |
| Oxycodone HCl Cap 5 MG | 0.60275 | | 0.53200 | |
| Oxycodone HCl Conc 100 MG/5ML (20 MG/ML) | 1.83272 | | 2.61221 | |
| Oxycodone HCl Soln 5 MG/5ML | | | 0.09998 | |
| Oxycodone HCl Tab 10 MG | 0.12199 | | 0.12574 | |
| Oxycodone HCl Tab 15 MG | 0.12384 | | 0.11260 | |
| Oxycodone HCl Tab 20 MG | 0.18962 | | 0.19400 | |
| Oxycodone HCl Tab 30 MG | 0.25567 | | 0.19490 | |
| Oxycodone HCl Tab 5 MG | 0.09683 | | 0.06683 | |
| 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 | 0.34132 | | 0.24612 | |
| Oxycodone w/ Acetaminophen Tab 2.5-325 MG | 1.36332 | | 1.47814 | |
| Oxycodone w/ Acetaminophen Tab 5-325 MG | 0.14254 | | 0.08296 | |
| Oxycodone w/ Acetaminophen Tab 7.5-325 MG | 0.21449 | | 0.16020 | |
| Oxycodone-Aspirin Tab 4.8355-325 MG | | | 0.59858 | |
| Oxymorphone HCl Tab 10 MG | 0.69628 | | 1.08716 | |
| Oxymorphone HCl Tab 5 MG | 0.34201 | | 0.77624 | |
| Oxymorphone HCl Tab ER 12HR 10 MG | | | 2.59517 | |
| Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML) | | | 1.17465 | |
| Paclitaxel IV Conc 150 MG/25ML (6 MG/ML) | | | 1.17465 | |
| Paclitaxel IV Conc 30 MG/5ML (6 MG/ML) | | | 1.17465 | |
| Paclitaxel IV Conc 300 MG/50ML (6 MG/ML) | | | 1.17465 | |

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Palbociclib Cap 100 MG | | | 592.82714 | |
| Palbociclib Cap 125 MG | | | 592.82714 | |
| Palbociclib Cap 75 MG | | | 562.33875 | |
| Paliperidone Tab ER 24HR 1.5 MG | 8.60456 | | 9.18267 | |
| Paliperidone Tab ER 24HR 3 MG | 11.27533 | | 4.40211 | |
| Paliperidone Tab ER 24HR 6 MG | 11.89407 | | 6.55133 | |
| Paliperidone Tab ER 24HR 9 MG | 18.56418 | | 11.24000 | |
| Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent) | | | 8.71120 | |
| 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 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-32000-42000 Unit | | | 3.22258 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-35500-61500 Unit | | | 2.99699 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit | | | 2.99529 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-47000-63000 Unit | | | 4.61355 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit | | | 4.65068 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-56800-98400 Unit | | | 4.81236 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-54700-83900 Unit | | | 5.99399 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit | | | 6.27650 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-86250-90750 Unit | | | 6.97602 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-79000-105000 Unit | | | 7.85400 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 2600-6200-10850 Unit | | | 0.74151 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-14000 Unit | | | 1.77275 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-9500-15000 Unit | | | 1.26377 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit | | | 9.65189 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 4000-14375-15125 Unit | | | 1.55688 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-126000-168000 Unit | | | 12.48915 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-14200-24600 Unit | | | 1.19860 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-24000 Unit | | | 1.61331 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit | | | 1.49220 | |
| Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit | | | 2.32534 | |
| Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit | | | 2.93292 | |
| Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit | | | 5.78630 | |
| Pantoprazole Sodium EC Tab 20 MG (Base Equiv) | 0.08520 | | 0.04411 | |
| Pantoprazole Sodium EC Tab 40 MG (Base Equiv) | 0.08343 | | 0.05823 | |
| Paricalcitol Cap 1 MCG | 1.62876 | | 0.94067 | |
| Paricalcitol Cap 2 MCG | | | 8.16667 | |
| Paroxetine HCl Tab 10 MG | 0.07278 | | 0.04078 | |
| Paroxetine HCl Tab 20 MG | 0.08502 | | 0.05422 | |
| Paroxetine HCl Tab 30 MG | 0.12396 | | 0.08967 | |
| Paroxetine HCl Tab 40 MG | 0.12215 | | 0.08511 | |
| Paroxetine HCl Tab ER 24HR 12.5 MG | 1.17953 | | 1.31183 | |
| Paroxetine HCl Tab ER 24HR 25 MG | 1.23059 | | 1.27800 | |
| Paroxetine HCl Tab ER 24HR 37.5 MG | 1.24631 | | 0.83200 | |
| Paroxetine Mesylate Cap 7.5 MG (Base Equiv) | 4.42025 | | 4.52294 | |
| 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 | |
| Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML*** | | | 0.10270 | |

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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 0.5 MG/ML*** | | | 0.10270 | |
| PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM | 0.00425 | | 0.00295 | |
| PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM | | | 0.00226 | |
| PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM | 0.00458 | | 0.00380 | |
| Peginterferon alfa-2a Inj 180 MCG/ML | | | 1017.40404 | |
| Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML | | | 867.21720 | |
| Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML | | | 6898.04700 | |
| Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML | | | 6898.04700 | |
| 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 | 0.09391 | | 0.05000 | |
| Penicillin V Potassium Tab 500 MG | 0.11814 | | 0.05740 | |
| Pentazocine w/ Naloxone Tab 50-0.5 MG | | | 1.05396 | |
| Pentoxifyline Tab ER 400 MG | 0.20284 | | 0.12795 | |
| Perindopril Erbumine Tab 2 MG | | | 0.72800 | |
| Perindopril Erbumine Tab 4 MG | | | 0.44901 | |
| Perindopril Erbumine Tab 8 MG | | | 0.44392 | |
| Permethrin Cream 5% | 0.39211 | | 0.29678 | |
| Permethrin Creme Rinse 1% | | | 0.14150 | |
| Perphenazine Tab 16 MG | 0.67376 | | 0.76030 | |
| Perphenazine Tab 2 MG | 0.27048 | | 0.33598 | |
| Perphenazine Tab 4 MG | 0.40471 | | 0.42579 | |
| Perphenazine Tab 8 MG | 0.45039 | 0.47070 | 0.44333 | 01/01/2021 |
| 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 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--------------------------------------|----------|----------------|--------------------|----------------|
| Phenazopyridine HCl Tab 100 MG | | | 0.39570 | |
| Phenazopyridine HCl Tab 200 MG | | | 0.29990 | |
| Phendimetrazine Tartrate Tab 35 MG | 0.19108 | | 0.12531 | |
| Phenelzine Sulfate Tab 15 MG | | | 0.54005 | |
| Phenobarbital Elixir 20 MG/5ML | | | 0.10937 | |
| Phenobarbital Tab 100 MG | | | 0.08363 | |
| Phenobarbital Tab 15 MG | | | 0.11663 | |
| Phenobarbital Tab 16.2 MG | | | 0.32878 | |
| Phenobarbital Tab 30 MG | | | 0.16160 | |
| Phenobarbital Tab 32.4 MG | | | 0.37996 | |
| Phenobarbital Tab 60 MG | | | 0.22000 | |
| Phenobarbital Tab 64.8 MG | | | 0.48560 | |
| Phenobarbital Tab 97.2 MG | | | 0.34479 | |
| Phentermine HCl Cap 15 MG | 0.16298 | | 0.16000 | |
| Phentermine HCl Cap 30 MG | 0.15889 | | 0.15680 | |
| Phentermine HCl Cap 37.5 MG | 0.18835 | | 0.12359 | |
| Phentermine HCl Tab 37.5 MG | 0.11803 | | 0.05568 | |
| Phenylephrine HCl Ophth Soln 2.5% | | | 2.08607 | |
| Phenytoin Chew Tab 50 MG | 0.53541 | | 0.19360 | |
| Phenytoin Sodium Extended Cap 100 MG | 0.52873 | | 0.14680 | |
| Phenytoin Sodium Extended Cap 200 MG | | | 0.74933 | |
| Phenytoin Sodium Extended Cap 300 MG | | | 1.06375 | |
| Phenytoin Sodium Inj 50 MG/ML | | | 0.42900 | |
| Phenytoin Susp 125 MG/5ML | 0.09078 | | 0.06283 | |
| Phytonadione Tab 5 MG | 40.67167 | | 43.18867 | |
| Pilocarpine HCl Ophth Soln 1% | 4.49191 | | 3.84333 | |
| Pilocarpine HCl Ophth Soln 2% | 4.66487 | | 4.22200 | |
| Pilocarpine HCl Ophth Soln 4% | 4.43772 | | 4.14400 | |
| Pilocarpine HCl Tab 5 MG | 0.45520 | | 0.28990 | |
| Pilocarpine HCl Tab 7.5 MG | | | 1.04620 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Pimecrolimus Cream 1% | | | 7.37077 | |
| Pindolol Tab 10 MG | 2.24738 | | 0.79990 | |
| Pindolol Tab 5 MG | | | 0.47956 | |
| Pioglitazone HCl Tab 15 MG (Base Equiv) | 0.14762 | | 0.05857 | |
| Pioglitazone HCl Tab 30 MG (Base Equiv) | 0.22204 | | 0.07133 | |
| Pioglitazone HCl Tab 45 MG (Base Equiv) | 0.24314 | | 0.03389 | |
| Pioglitazone HCl-Glimepiride Tab 30-4 MG | | | 10.22653 | |
| Pioglitazone HCl-Metformin HCl Tab 15-500 MG | 0.60897 | | 0.84389 | |
| Pioglitazone HCl-Metformin HCl Tab 15-850 MG | 0.62936 | | 0.61100 | |
| Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM) | | | 3.25000 | |
| 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) | | | 4.35700 | |
| Piroxicam Cap 10 MG | 0.23918 | | 0.08918 | |
| Piroxicam Cap 20 MG | 0.53477 | | 0.23350 | |
| Podofilox Soln 0.5% | | | 10.30953 | |
| Podophyllum Resin Soln 25% | | | 6.44453 | |
| Polyethylene Glycol 3350 Oral Packet 17 GM | | | 1.35100 | |
| Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP | | | 0.02051 | |
| Polyethylene Glycol 3350 Powder | | | 0.03096 | |
| Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1% | 0.48540 | | 0.38700 | |
| Posaconazole Tab Delayed Release 100 MG | | | 27.37300 | |
| 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 | 0.15955 | | 0.10374 | |
| Potassium Chloride Cap ER 8 mEq | 0.26681 | | 0.15000 | |
| Potassium Chloride Inj 2 mEq/ML | | | 0.04150 | |
| Potassium Chloride Microencapsulated Crys ER Tab 10 mEq | 0.26580 | | 0.19245 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Potassium Chloride Microencapsulated Crys ER Tab 20 mEq | 0.24173 | | 0.17111 | |
| Potassium Chloride Oral Soln 10% (20 MEQ/15ML) | 0.20751 | | 0.17428 | |
| Potassium Chloride Oral Soln 20% (40 MEQ/15ML) | 0.45548 | | 0.38055 | |
| Potassium Chloride Powder Packet 20 mEq | | | 3.83105 | |
| Potassium Chloride Powder Packet 25 mEq | | | 0.23387 | |
| Potassium Chloride Tab ER 10 mEq | 0.17248 | | 0.14761 | |
| Potassium Chloride Tab ER 20 mEq (1500 MG) | | | 0.35060 | |
| Potassium Chloride Tab ER 8 mEq (600 MG) | 0.20723 | | 0.16207 | |
| Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML | | | 0.08112 | |
| Potassium Citrate Tab ER 10 MEQ (1080 MG) | 0.39928 | | 0.52180 | |
| Potassium Citrate Tab ER 15 MEQ (1620 MG) | 0.96173 | | 0.40120 | |
| Potassium Citrate Tab ER 5 MEQ (540 MG) | 0.61087 | | 0.52180 | |
| Pramipexole Dihydrochloride Tab 0.125 MG | 0.04544 | | 0.03978 | |
| Pramipexole Dihydrochloride Tab 0.25 MG | 0.04473 | | 0.03480 | |
| Pramipexole Dihydrochloride Tab 0.5 MG | 0.04771 | | 0.02844 | |
| Pramipexole Dihydrochloride Tab 0.75 MG | | | 0.07222 | |
| Pramipexole Dihydrochloride Tab 1 MG | 0.05550 | | 0.03333 | |
| Pramipexole Dihydrochloride Tab 1.5 MG | 0.06331 | | 0.05300 | |
| Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG | | | 9.43194 | |
| Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG | 9.69793 | | 10.33089 | |
| Prasugrel HCl Tab 10 MG (Base Equiv) | 0.54811 | | 0.23434 | |
| Prasugrel HCl Tab 5 MG (Base Equiv) | 0.68837 | | 0.46458 | |
| Pravastatin Sodium Tab 10 MG | 0.08750 | | 0.04363 | |
| Pravastatin Sodium Tab 20 MG | 0.06536 | | 0.05534 | |
| Pravastatin Sodium Tab 40 MG | 0.09686 | | 0.06651 | |
| Pravastatin Sodium Tab 80 MG | 0.16135 | | 0.11322 | |
| Prazosin HCl Cap 1 MG | 0.22754 | | 0.22789 | |
| Prazosin HCl Cap 2 MG | 0.32057 | | 0.27003 | |
| Prazosin HCl Cap 5 MG | 0.52678 | | 0.36400 | |
| Prednisolone Acetate Ophth Susp 1% | | | 5.79248 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base) | | | 0.57465 | |
| Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv) | | | 0.06224 | |
| Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent) | | | 0.03850 | |
| Prednisolone Syrup 5 MG/5ML | | | 0.11750 | |
| Prednisone Tab 1 MG | 0.09810 | | 0.08132 | |
| Prednisone Tab 10 MG | 0.09046 | | 0.09060 | |
| Prednisone Tab 2.5 MG | 0.09291 | | 0.07430 | |
| Prednisone Tab 20 MG | 0.11282 | | 0.07874 | |
| Prednisone Tab 5 MG | 0.06491 | | 0.05260 | |
| Prednisone Tab 50 MG | 0.27390 | | 0.23360 | |
| Prednisone Tab Therapy Pack 10 MG (21) | 0.74520 | | 0.26542 | |
| Prednisone Tab Therapy Pack 10 MG (48) | 0.74520 | | 0.26542 | |
| Prednisone Tab Therapy Pack 5 MG (21) | 0.54874 | | 0.12024 | |
| Prednisone Tab Therapy Pack 5 MG (48) | 0.54874 | | 0.12024 | |
| Pregabalin Cap 100 MG | 0.54073 | | 0.14356 | |
| Pregabalin Cap 150 MG | 0.61240 | | 0.17447 | |
| Pregabalin Cap 200 MG | 0.73714 | | 0.12939 | |
| Pregabalin Cap 225 MG | 0.59587 | | 0.22595 | |
| Pregabalin Cap 25 MG | 0.30208 | | 0.11111 | |
| Pregabalin Cap 300 MG | 0.92992 | | 0.17767 | |
| Pregabalin Cap 50 MG | 0.37608 | 0.11222 | 0.10200 | 01/01/2021 |
| Pregabalin Cap 75 MG | 0.45340 | | 0.09333 | |
| Pregabalin Soln 20 MG/ML | | | 0.14000 | |
| Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG*** | | | 0.36000 | |
| Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG*** | | | 0.21653 | |
| Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG*** | | | 0.29975 | |
| Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG*** | | | 0.14526 | |
| Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG*** | | | 0.18187 | |
| Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG*** | | | 0.15587 | |

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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/ 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 | 1.81994 | | 0.13285 | |
| Primidone Tab 50 MG | 0.14525 | | 0.08207 | |
| Probenecid Tab 500 MG | | | 0.37921 | |
| Procarbazine HCl Cap 50 MG | | | 98.50440 | |
| Prochlorperazine Maleate Tab 10 MG (Base Equivalent) | | | 0.20370 | |
| Prochlorperazine Maleate Tab 5 MG (Base Equivalent) | | | 0.05210 | |
| Prochlorperazine Suppos 25 MG | | | 4.87250 | |
| Progesterone IM in Oil 50 MG/ML | | | 1.52800 | |
| Progesterone Micronized Cap 100 MG | 0.38151 | | 0.37000 | |
| Progesterone Micronized Cap 200 MG | 0.56852 | | 0.65200 | |
| Progesterone Vaginal Gel 8% | | | 26.45376 | |
| 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 | 4.71250 | | 4.82000 | |
| Promethazine HCl Suppos 25 MG | 4.88764 | | 3.57167 | |
| Promethazine HCl Syrup 6.25 MG/5ML | | | 0.01551 | |
| Promethazine HCl Tab 12.5 MG | 0.06945 | | 0.04160 | |
| Promethazine HCl Tab 25 MG | 0.04552 | | 0.04365 | |
| Promethazine HCl Tab 50 MG | 0.11305 | | 0.14205 | |
| 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 225 MG | 1.88682 | | 1.88000 | |
| Propafenone HCl Cap ER 12HR 325 MG | 2.42745 | | 3.64504 | |
| Propafenone HCl Cap ER 12HR 425 MG | 3.68686 | | 5.68307 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Propafenone HCl Tab 150 MG | 0.15477 | | 0.10840 | |
| Propafenone HCl Tab 225 MG | 0.26460 | | 0.19070 | |
| Propafenone HCl Tab 300 MG | 0.58463 | | 0.62703 | |
| Proparacaine HCl Opth Soln 0.5% | | | 0.19507 | |
| Propranolol HCl Cap ER 24HR 120 MG | 0.72676 | | 0.40220 | |
| Propranolol HCl Cap ER 24HR 160 MG | 0.89597 | | 0.35770 | |
| Propranolol HCl Cap ER 24HR 60 MG | 0.44325 | | 0.24880 | |
| Propranolol HCl Cap ER 24HR 80 MG | 0.42155 | | 0.27910 | |
| Propranolol HCl Oral Soln 20 MG/5ML | | | 0.09670 | |
| Propranolol HCl Tab 10 MG | 0.07319 | | 0.07170 | |
| Propranolol HCl Tab 20 MG | 0.08931 | | 0.08990 | |
| Propranolol HCl Tab 40 MG | 0.13053 | | 0.14075 | |
| Propranolol HCl Tab 60 MG | 0.36053 | | 0.47256 | |
| Propranolol HCl Tab 80 MG | 0.25050 | | 0.15770 | |
| Propylthiouracil Tab 50 MG | | | 0.17870 | |
| Protriptyline HCl Tab 10 MG | 2.95546 | | 1.43650 | |
| Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML | | | 0.05776 | |
| Pyrazinamide Tab 500 MG | | | 1.92400 | |
| Pyridostigmine Bromide Tab 60 MG | 0.36859 | | 0.24830 | |
| Pyridostigmine Bromide Tab ER 180 MG | 7.08970 | | 7.33730 | |
| Pyridoxine HCl Powder | | | 0.24781 | |
| Quetiapine Fumarate Tab 100 MG | 0.08699 | | 0.04790 | |
| Quetiapine Fumarate Tab 200 MG | 0.17313 | | 0.07230 | |
| Quetiapine Fumarate Tab 25 MG | 0.03945 | 0.03388 | 0.03137 | 01/01/2021 |
| Quetiapine Fumarate Tab 300 MG | 0.23388 | | 0.12583 | |
| Quetiapine Fumarate Tab 400 MG | 0.28947 | | 0.14260 | |
| Quetiapine Fumarate Tab 50 MG | 0.05806 | | 0.03800 | |
| Quetiapine Fumarate Tab ER 24HR 150 MG | 0.35452 | | 0.10817 | |
| Quetiapine Fumarate Tab ER 24HR 200 MG | 0.63131 | | 0.25400 | |
| Quetiapine Fumarate Tab ER 24HR 300 MG | 0.75372 | | 0.28000 | |

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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 400 MG | 1.23159 | | 0.45000 | |
| Quetiapine Fumarate Tab ER 24HR 50 MG | 0.31865 | | 0.13350 | |
| Quinapril HCl Tab 10 MG | 0.19064 | | 0.09013 | |
| Quinapril HCl Tab 20 MG | 0.19903 | | 0.07900 | |
| Quinapril HCl Tab 40 MG | 0.16662 | | 0.07200 | |
| Quinapril HCl Tab 5 MG | 0.11887 | | 0.08701 | |
| Quinapril-Hydrochlorothiazide Tab 10-12.5 MG | 0.58437 | | 0.44502 | |
| Quinapril-Hydrochlorothiazide Tab 20-12.5 MG | | | 0.36578 | |
| Quinapril-Hydrochlorothiazide Tab 20-25 MG | 0.40663 | | 0.35755 | |
| Quinidine Gluconate Tab ER 324 MG | | | 6.82330 | |
| Quinine Sulfate Cap 324 MG | 1.34521 | | 1.69000 | |
| Rabeprazole Sodium EC Tab 20 MG | 0.76432 | | 0.19089 | |
| Raloxifene HCl Tab 60 MG | 0.70169 | 0.27733 | 0.23433 | 01/01/2021 |
| Ramelteon Tab 8 MG | 3.82540 | | 1.92700 | |
| Ramipril Cap 1.25 MG | 0.18334 | | 0.08994 | |
| Ramipril Cap 10 MG | 0.10055 | | 0.04168 | |
| Ramipril Cap 2.5 MG | 0.11556 | | 0.04723 | |
| Ramipril Cap 5 MG | 0.13923 | | 0.03974 | |
| Ranitidine HCl Cap 150 MG | | | 0.25625 | |
| Ranitidine HCl Cap 300 MG | | | 0.65926 | |
| Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML) | | | 0.01956 | |
| Ranitidine HCl Tab 150 MG | | | 0.03460 | |
| Ranitidine HCl Tab 300 MG | | | 0.09489 | |
| Ranolazine Tab ER 12HR 1000 MG | 0.77607 | | 0.72164 | |
| Ranolazine Tab ER 12HR 500 MG | 0.44075 | | 0.34100 | |
| Rasagiline Mesylate Tab 0.5 MG (Base Equiv) | 3.81747 | | 2.48667 | |
| Rasagiline Mesylate Tab 1 MG (Base Equiv) | 3.48121 | | 4.40000 | |
| Repaglinide Tab 0.5 MG | 0.16225 | | 0.08777 | |
| Repaglinide Tab 1 MG | 0.19982 | | 0.11823 | |
| Repaglinide Tab 2 MG | 0.15671 | | 0.10198 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|----------|----------------|--------------------|----------------|
| Reserpine Tab 0.1 MG | | | 0.06000 | |
| Ribavirin Cap 200 MG | | | 0.93250 | |
| Ribavirin Tab 200 MG | | | 0.57350 | |
| Rifabutin Cap 150 MG | | | 11.95918 | |
| Rifampin Cap 150 MG | 0.81511 | | 0.79485 | |
| Rifampin Cap 300 MG | 0.79563 | | 0.50500 | |
| Riluzole Tab 50 MG | 0.50761 | | 0.28500 | |
| Risedronate Sodium Tab 150 MG | 34.50431 | | 29.14556 | |
| Risedronate Sodium Tab 35 MG | 5.17145 | | 4.77875 | |
| Risedronate Sodium Tab 5 MG | | | 2.33300 | |
| Risedronate Sodium Tab Delayed Release 35 MG | 27.71346 | | 28.79000 | |
| Risperidone Orally Disintegrating Tab 0.25 MG | | | 1.18967 | |
| Risperidone Orally Disintegrating Tab 0.5 MG | | | 0.63219 | |
| Risperidone Orally Disintegrating Tab 1 MG | | | 0.53571 | |
| Risperidone Orally Disintegrating Tab 2 MG | | | 1.40689 | |
| Risperidone Orally Disintegrating Tab 3 MG | | | 1.15500 | |
| Risperidone Orally Disintegrating Tab 4 MG | | | 2.31447 | |
| Risperidone Soln 1 MG/ML | 0.77905 | | 0.16267 | |
| Risperidone Tab 0.25 MG | 0.04483 | | 0.02047 | |
| Risperidone Tab 0.5 MG | 0.08166 | | 0.04686 | |
| Risperidone Tab 1 MG | 0.09774 | | 0.04384 | |
| Risperidone Tab 2 MG | 0.19059 | | 0.05638 | |
| Risperidone Tab 3 MG | 0.19906 | | 0.04333 | |
| Risperidone Tab 4 MG | 0.15094 | | 0.06578 | |
| Ritonavir Tab 100 MG | 2.29798 | | 1.07000 | |
| Rivastigmine Tartrate Cap 1.5 MG (Base Equivalent) | 0.38895 | | 0.15325 | |
| Rivastigmine Tartrate Cap 3 MG (Base Equivalent) | 0.34237 | | 0.11583 | |
| Rivastigmine Tartrate Cap 4.5 MG (Base Equivalent) | 0.21608 | | 0.11583 | |
| Rivastigmine Tartrate Cap 6 MG (Base Equivalent) | 0.38989 | | 0.27576 | |
| Rivastigmine TD Patch 24HR 13.3 MG/24HR | 6.75178 | | 2.78575 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Rivastigmine TD Patch 24HR 4.6 MG/24HR | | | 1.79500 | |
| Rivastigmine TD Patch 24HR 9.5 MG/24HR | | | 2.99456 | |
| Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq) | 1.32847 | | 0.59194 | |
| Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq) | 1.00288 | | 0.55500 | |
| Rizatriptan Benzoate Tab 10 MG (Base Equivalent) | 0.92745 | | 0.37778 | |
| Rizatriptan Benzoate Tab 5 MG (Base Equivalent) | 0.78431 | | 0.43333 | |
| Ropinirole Hydrochloride Tab 0.25 MG | 0.05841 | | 0.05270 | |
| Ropinirole Hydrochloride Tab 0.5 MG | 0.05944 | | 0.04000 | |
| Ropinirole Hydrochloride Tab 1 MG | 0.05937 | | 0.03847 | |
| Ropinirole Hydrochloride Tab 2 MG | 0.06623 | | 0.06414 | |
| Ropinirole Hydrochloride Tab 3 MG | 0.07900 | | 0.06620 | |
| Ropinirole Hydrochloride Tab 4 MG | 0.11071 | | 0.06920 | |
| Ropinirole Hydrochloride Tab 5 MG | 0.11378 | | 0.08350 | |
| Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent) | | | 3.63095 | |
| Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent) | | | 0.74883 | |
| Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent) | | | 1.00020 | |
| Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent) | | | 1.61926 | |
| Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent) | | | 1.88900 | |
| Rosuvastatin Calcium Tab 10 MG | 0.13203 | | 0.05256 | |
| Rosuvastatin Calcium Tab 20 MG | 0.12838 | | 0.07272 | |
| Rosuvastatin Calcium Tab 40 MG | 0.19341 | | 0.10520 | |
| Rosuvastatin Calcium Tab 5 MG | 0.14431 | | 0.05389 | |
| Rufinamide Susp 40 MG/ML | | | 3.31920 | |
| Rufinamide Tab 200 MG | | | 11.49902 | |
| Rufinamide Tab 400 MG | | | 23.06029 | |
| Salicylic Acid Cream 6% | | | 0.06125 | |
| Salicylic Acid Film Forming Liquid 27.5% | | | 25.41500 | |
| Salicylic Acid Lotion 6% | | | 0.08792 | |
| Salicylic Acid Shampoo 6% | | | 0.14124 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Simvastatin Tab 80 MG | 0.09724 | | 0.05544 | |
| Sirolimus Oral Soln 1 MG/ML | | | 17.50000 | |
| Sirolimus Tab 0.5 MG | 6.72900 | | 5.50700 | |
| Sirolimus Tab 1 MG | 10.01460 | | 7.23546 | |
| Sirolimus Tab 2 MG | 17.88002 | | 13.50950 | |
| Sodium Bicarbonate IV Soln 8.4% | | | 0.15760 | |
| Sodium Chloride Flush IV Soln 0.9% | | | 0.03231 | |
| Sodium Chloride Inj 0.9% | | | 0.03231 | |
| Sodium Chloride Irrigation Soln 0.9% | | 0.00693 | 0.00505 | 01/01/2021 |
| Sodium Chloride IV Soln 0.45% | | | 0.00202 | |
| Sodium Chloride IV Soln 0.9% | | | 0.02780 | |
| Sodium Chloride IV Soln 4 mEq/ML (23.4%) | | | 0.01648 | |
| 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 0.5 MG/ML F (from 1.1 MG/ML NaF) | | | 0.10320 | |
| Sodium Fluoride Soln 0.55 MG/DROP (0.25 MG/DROP F) | | | 0.18330 | |
| Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful | | | 18.03447 | |
| Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML | | | 0.11862 | |
| Sodium Polystyrene Sulfonate Powder** | | | 0.10772 | |
| Solifenacin Succinate Tab 10 MG | 0.61109 | | 0.15733 | |
| Solifenacin Succinate Tab 5 MG | 0.60992 | | 0.21444 | |
| Somatropin (Non-Refrigerated) For Inj 5 MG | | | 617.90844 | |
| Somatropin (Non-Refrigerated) For Inj 8.8 MG | | | 988.65948 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG | | | 1274.78894 | |
| Somatropin For Inj 0.2 MG | | | 27.67030 | |
| Somatropin For Inj 0.4 MG | | | 55.34772 | |
| Somatropin For Inj 0.6 MG | | | 83.01802 | |
| Somatropin For Inj 10 MG | | | 577.68000 | |
| Somatropin For Inj 12 MG (13.8 MG Overfill) | | | 1523.35212 | |
| Somatropin For Inj 12 MG (36 Unit) | | | 1525.07520 | |
| Somatropin For Inj 24 MG | | | 3050.15040 | |
| Somatropin For Inj 5 MG | | | 635.44800 | |
| Somatropin For Inj 5.8 MG | | | 313.78482 | |
| Somatropin For Inj 6 MG (18 Unit) | | | 762.53760 | |
| Somatropin For Subcutaneous Inj 5 MG | | | 620.94000 | |
| Somatropin Inj 10 MG/1.5ML | | | 828.20720 | |
| Somatropin Inj 5 MG/1.5ML | | | 414.10360 | |
| Sorafenib Tosylate Tab 200 MG (Base Equivalent) | | | 159.61896 | |
| Sorbitol Oral Solution 70% | | | 0.00899 | |
| Sorbitol Rectal Solution 70% | | | 0.00899 | |
| Sorbitol Solution (Bulk) | | | 0.00899 | |
| Sotalol HCl (AFIB/AFL) Tab 120 MG | 0.20309 | | 0.13750 | |
| Sotalol HCl (AFIB/AFL) Tab 160 MG | 0.16971 | | 0.18700 | |
| Sotalol HCl (AFIB/AFL) Tab 80 MG | 0.11238 | | 0.08482 | |
| Sotalol HCl Tab 120 MG | 0.20309 | | 0.07900 | |
| Sotalol HCl Tab 160 MG | 0.16971 | | 0.18700 | |
| Sotalol HCl Tab 240 MG | | | 0.33276 | |
| Sotalol HCl Tab 80 MG | 0.11238 | | 0.05260 | |
| Spironolactone & Hydrochlorothiazide Tab 25-25 MG | 0.65598 | | 0.72300 | |
| Spironolactone Tab 100 MG | 0.23874 | | 0.22870 | |
| Spironolactone Tab 25 MG | 0.05870 | 0.05213 | 0.04836 | 01/01/2021 |
| Spironolactone Tab 50 MG | 0.13711 | | 0.12350 | |
| Stavudine Cap 15 MG | | | 1.95477 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Stavudine Cap 20 MG | | | 1.21300 | |
| Stavudine Cap 30 MG | | | 0.86000 | |
| Stavudine Cap 40 MG | | | 0.91833 | |
| Sucralfate Susp 1 GM/10ML | 0.47136 | | 0.37887 | |
| Sucralfate Tab 1 GM | 0.21218 | | 0.15950 | |
| Sulfacetamide Sodium Lotion 10% (Acne) | 0.77819 | | 0.48687 | |
| Sulfacetamide Sodium Ophth Oint 10% | | | 15.68000 | |
| Sulfacetamide Sodium Ophth Soln 10% | | | 2.16100 | |
| Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8% | | | 0.82435 | |
| Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4% | | | 4.23217 | |
| Sulfacetamide Sodium w/ Sulfur Cream 10-2% | | | 10.11965 | |
| Sulfacetamide Sodium w/ Sulfur Cream 10-5% | | | 3.12786 | |
| Sulfacetamide Sodium w/ Sulfur Emulsion 10-5% | | | 0.05344 | |
| Sulfacetamide Sodium w/ Sulfur Lotion 10-5% | | | 2.01032 | |
| Sulfacetamide Sodium w/ Sulfur Susp 8-4% | | | 0.11345 | |
| Sulfacetamide Sodium w/ Sulfur Wash 9-4% | | | 0.15000 | |
| Sulfacetamide Sodium w/ Sulfur Wash 9-4.5% | | | 0.07379 | |
| 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 | 0.08938 | | 0.12683 | |
| Sulfamethoxazole-Trimethoprim Tab 400-80 MG | 0.07441 | | 0.06590 | |
| Sulfamethoxazole-Trimethoprim Tab 800-160 MG | 0.07314 | | 0.04090 | |
| Sulfasalazine Tab 500 MG | 0.18415 | | 0.13500 | |
| Sulfasalazine Tab Delayed Release 500 MG | | | 0.19492 | |
| Sulindac Tab 150 MG | 0.23980 | | 0.12100 | |
| Sulindac Tab 200 MG | 0.33497 | | 0.13438 | |
| Sumatriptan Nasal Spray 20 MG/ACT | | | 39.40000 | |
| Sumatriptan Nasal Spray 5 MG/ACT | | | 38.32500 | |
| Sumatriptan Succinate Inj 6 MG/0.5ML | | | 26.27050 | |

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

Data as of 1/4/2021

Claims will be reimbursed at the lower of NADAC, WAC Based, 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 4 MG/0.5ML | | | 140.32600 | |
| Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML | | | 84.52000 | |
| Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML | | | 147.72286 | |
| Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML | | | 110.77440 | |
| Sumatriptan Succinate Tab 100 MG | 0.65867 | | 0.44458 | |
| Sumatriptan Succinate Tab 25 MG | 0.67832 | | 0.34111 | |
| Sumatriptan Succinate Tab 50 MG | 0.55349 | | 0.33111 | |
| Sumatriptan-Naproxen Sodium Tab 85-500 MG | 65.19458 | | 33.60556 | |
| Sunitinib Malate Cap 12.5 MG (Base Equivalent) | | | 182.57249 | |
| Sunitinib Malate Cap 25 MG (Base Equivalent) | | | 365.14569 | |
| Sunitinib Malate Cap 50 MG (Base Equivalent) | | | 635.66712 | |
| Tacrolimus Cap 0.5 MG | 0.59336 | | 0.08055 | |
| Tacrolimus Cap 1 MG | 0.95999 | | 0.13478 | |
| Tacrolimus Cap 5 MG | 4.02327 | | 0.39610 | |
| Tacrolimus Oint 0.03% | | | 3.54733 | |
| Tacrolimus Oint 0.1% | | | 2.64950 | |
| Tadalafil Tab 10 MG | 0.74714 | | 0.54643 | |
| Tadalafil Tab 2.5 MG | 0.31395 | | 0.22733 | |
| Tadalafil Tab 20 MG | 1.11187 | | 0.42967 | |
| Tadalafil Tab 20 MG (PAH) | 22.28445 | | 0.46283 | |
| Tadalafil Tab 5 MG | 0.41480 | | 0.19767 | |
| Tamoxifen Citrate Tab 10 MG (Base Equivalent) | 0.24769 | | 0.15000 | |
| Tamoxifen Citrate Tab 20 MG (Base Equivalent) | 0.52710 | | 0.24500 | |
| Tamsulosin HCl Cap 0.4 MG | | | 0.05541 | |
| Tazarotene Cream 0.1% | | | 4.29567 | |
| Telmisartan Tab 20 MG | 0.35725 | | 0.22067 | |
| Telmisartan Tab 40 MG | 0.38687 | | 0.12822 | |
| Telmisartan Tab 80 MG | 0.40415 | | 0.21717 | |
| Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG | 1.83770 | | 0.73467 | |
| Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG | 1.60186 | | 1.17000 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Telmisartan-Hydrochlorothiazide Tab 80-25 MG | 1.64744 | | 0.56667 | |
| Temazepam Cap 15 MG | 0.10865 | | 0.04590 | |
| Temazepam Cap 22.5 MG | 2.62076 | | 3.77648 | |
| Temazepam Cap 30 MG | 0.13183 | | 0.07112 | |
| Temazepam Cap 7.5 MG | 1.52509 | | 0.16000 | |
| Temozolomide Cap 100 MG | | | 22.14286 | |
| Temozolomide Cap 140 MG | | | 32.50000 | |
| Temozolomide Cap 180 MG | | | 42.50000 | |
| Temozolomide Cap 20 MG | | | 4.07143 | |
| Temozolomide Cap 250 MG | | | 71.00000 | |
| Temozolomide Cap 5 MG | | | 1.35714 | |
| Temsirolimus Soln For IV Infusion 25 MG/ML | | | 1433.21000 | |
| Tenofovir Disoproxil Fumarate Tab 300 MG | 4.52553 | | 0.24167 | |
| Terazosin HCl Cap 1 MG (Base Equivalent) | | | 0.04550 | |
| Terazosin HCl Cap 10 MG (Base Equivalent) | | | 0.04670 | |
| Terazosin HCl Cap 2 MG (Base Equivalent) | | | 0.04550 | |
| Terazosin HCl Cap 5 MG (Base Equivalent) | | | 0.05040 | |
| Terbinafine HCl Tab 250 MG | 0.16137 | | 0.08000 | |
| Terbutaline Sulfate Tab 2.5 MG | | | 0.85620 | |
| Terbutaline Sulfate Tab 5 MG | | | 1.60116 | |
| Terconazole Vaginal Cream 0.4% | | | 0.50889 | |
| Terconazole Vaginal Cream 0.8% | | | 1.59370 | |
| Terconazole Vaginal Suppos 80 MG | | | 20.15007 | |
| Tesamorelin Acetate For Inj 1 MG (Base Equiv) | | | 87.98000 | |
| Testosterone Cypionate IM Inj in Oil 100 MG/ML | | | 4.63220 | |
| Testosterone Cypionate IM Inj in Oil 200 MG/ML | | | 10.51200 | |
| Testosterone Enanthate IM Inj in Oil 200 MG/ML | | | 11.16600 | |
| Testosterone TD Gel 10MG/ACT (2%) | 5.12061 | | 5.56080 | |
| Testosterone TD Gel 12.5 MG/ACT (1%) | | | 0.98319 | |
| Testosterone TD Gel 20.25 MG/1.25GM (1.62%) | 8.95914 | | 9.95203 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Testosterone TD Gel 20.25 MG/ACT (1.62%) | | | 0.86000 | |
| Testosterone TD Gel 25 MG/2.5GM (1%) | | | 2.32624 | |
| Testosterone TD Gel 40.5 MG/2.5GM (1.62%) | 3.15110 | | 4.72445 | |
| Testosterone TD Gel 50 MG/5GM (1%) | 2.96450 | | 1.22197 | |
| Testosterone TD Soln 30 MG/ACT | 1.32067 | | 2.03210 | |
| Tetrabenazine Tab 12.5 MG | | | 13.06000 | |
| Tetrabenazine Tab 25 MG | | | 26.52000 | |
| Tetracycline HCl Cap 250 MG | 0.94612 | | 1.20000 | |
| Tetracycline HCl Cap 500 MG | 1.63286 | | 2.19010 | |
| Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPK | | | 398.40000 | |
| Thalidomide Cap 50 MG | | | 170.21817 | |
| Theophylline Tab ER 12HR 300 MG | | | 1.40000 | |
| Theophylline Tab ER 24HR 400 MG | 0.69537 | | 0.52770 | |
| Theophylline Tab ER 24HR 600 MG | 0.93997 | | 1.11250 | |
| Theophylline Tab SR 12HR 100 MG | | | 0.12790 | |
| Theophylline Tab SR 12HR 200 MG | | | 0.34260 | |
| 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 | | | 0.62230 | |
| Thioridazine HCl Tab 50 MG | | | 0.56010 | |
| Thiothixene Cap 1 MG | | | 0.74934 | |
| Thiothixene Cap 10 MG | | | 1.46520 | |
| Thiothixene Cap 2 MG | | | 0.89633 | |
| Thiothixene Cap 5 MG | | | 1.52400 | |
| Thyroid Tab 120 MG (2 Grain) | | | 0.93670 | |
| Thyroid Tab 15 MG (1/4 Grain) | | | 0.40170 | |
| 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 | |

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

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Thyrotropin Alfa For Inj 1.1 MG | | | 1618.99800 | |
| Tiagabine HCl Tab 2 MG | 4.34267 | | 4.79365 | |
| Tiagabine HCl Tab 4 MG | 3.77729 | | 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% | | | 0.42234 | |
| Timolol Maleate Ophth Soln 0.5% | | | 0.96680 | |
| Timolol Maleate Ophth Soln 0.5% (Once-Daily) | | | 40.02360 | |
| 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 | 2.16288 | | 2.19850 | |
| Tizanidine HCl Cap 2 MG (Base Equivalent) | 0.15451 | | 0.29733 | |
| Tizanidine HCl Cap 4 MG (Base Equivalent) | 0.23123 | | 0.40807 | |
| Tizanidine HCl Cap 6 MG (Base Equivalent) | 0.44956 | | 1.16054 | |
| Tizanidine HCl Tab 2 MG (Base Equivalent) | 0.06122 | | 0.02233 | |
| Tizanidine HCl Tab 4 MG (Base Equivalent) | 0.05049 | | 0.03761 | |
| Tobramycin Inhal Cap 28 MG | | | 45.07149 | |
| Tobramycin Nebu Soln 300 MG/5ML | | | 6.58884 | |
| Tobramycin Ophth Soln 0.3% | 1.50900 | | 1.11000 | |
| Tobramycin Sulfate For Inj 1.2 GM | | | 77.70000 | |
| Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv) | | | 0.75929 | |
| Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv) | | | 0.75929 | |
| Tobramycin Sulfate Inj 40 MG/ML | | | 0.94410 | |
| Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv) | | | 0.67440 | |
| Tobramycin-Dexamethasone Ophth Susp 0.3-0.1% | | | 13.51333 | |
| Tolbutamide Tab 500 MG | | | 0.20592 | |
| Tolmetin Sodium Tab 600 MG | | | 1.52152 | |
| Tolterodine Tartrate Cap ER 24HR 2 MG | 1.38367 | | 1.23116 | |

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

Data as of 1/4/2021

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

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Tolterodine Tartrate Cap ER 24HR 4 MG | 1.31971 | | 0.90000 | |
| Tolterodine Tartrate Tab 1 MG | 0.71045 | | 0.43100 | |
| Tolterodine Tartrate Tab 2 MG | 0.58875 | | 0.43000 | |
| Topiramate Sprinkle Cap 15 MG | | | 0.26700 | |
| Topiramate Sprinkle Cap 25 MG | | | 0.44250 | |
| Topiramate Tab 100 MG | 0.33036 | | 0.04248 | |
| Topiramate Tab 200 MG | 0.86267 | | 0.08979 | |
| Topiramate Tab 25 MG | 0.07091 | | 0.02447 | |
| Topiramate Tab 50 MG | 0.12953 | | 0.02333 | |
| Torsemide Tab 10 MG | 0.07938 | | 0.04670 | |
| Torsemide Tab 100 MG | 0.27497 | | 0.12655 | |
| Torsemide Tab 20 MG | 0.08642 | | 0.06643 | |
| Torsemide Tab 5 MG | 0.07858 | | 0.04710 | |
| Trace Min (Cr-Cu-Mn-Se-Zn) Inj 0.01-1-0.5-0.06-5 MG/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 | 0.02293 | | 0.01633 | |
| Tramadol HCl Tab ER 24HR 100 MG | | | 1.07000 | |
| Tramadol HCl Tab ER 24HR 200 MG | | | 1.30933 | |
| Tramadol HCl Tab ER 24HR 300 MG | | | 2.41749 | |
| Tramadol HCl Tab ER 24HR Biphasic Release 100 MG | | | 1.47156 | |
| Tramadol HCl Tab ER 24HR Biphasic Release 200 MG | | | 1.88894 | |
| Tramadol HCl Tab ER 24HR Biphasic Release 300 MG | | | 3.19340 | |
| Tramadol-Acetaminophen Tab 37.5-325 MG | 0.11913 | | 0.08010 | |
| Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent) | | | 110.43416 | |
| Trandolapril Tab 1 MG | | | 0.21365 | |
| Trandolapril Tab 2 MG | | | 0.13259 | |
| Trandolapril Tab 4 MG | | | 0.19963 | |
| Trandolapril-Verapamil HCl Tab ER 4-240 MG | | | 3.63558 | |
| Tranexamic Acid Tab 650 MG | 2.35131 | | 1.07000 | |

**Illinois Department of Healthcare and Family Services
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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Tranlycypromine Sulfate Tab 10 MG | | | 1.15600 | |
| Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free) | | | 41.25600 | |
| Trazodone HCl Tab 100 MG | 0.07259 | | 0.06378 | |
| Trazodone HCl Tab 150 MG | 0.15648 | | 0.08990 | |
| Trazodone HCl Tab 300 MG | 1.77006 | | 1.89000 | |
| Trazodone HCl Tab 50 MG | 0.04473 | | 0.03221 | |
| Tretinoin Cream 0.025% | | | 1.86419 | |
| Tretinoin Cream 0.05% | | | 2.89125 | |
| Tretinoin Cream 0.1% | | | 3.37750 | |
| Tretinoin Gel 0.01% | | | 3.28378 | |
| Tretinoin Gel 0.025% | | | 3.14609 | |
| Tretinoin Gel 0.05% | 4.69517 | | 3.99000 | |
| Tretinoin Microsphere Gel 0.04% | 8.42338 | | 7.93267 | |
| Tretinoin Microsphere Gel 0.1% | | | 8.32493 | |
| Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape* | | | 5158.51300 | |
| Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM | 2.97768 | | 2.64159 | |
| Triamcinolone Acetonide Cream 0.025% | | | 0.10181 | |
| Triamcinolone Acetonide Cream 0.1% | | | 0.06275 | |
| Triamcinolone Acetonide Cream 0.5% | 0.27493 | | 0.24200 | |
| Triamcinolone Acetonide Dental Paste 0.1% | 5.23645 | | 5.19600 | |
| Triamcinolone Acetonide Inj Susp 40 MG/ML | | | 6.74900 | |
| Triamcinolone Acetonide Lotion 0.025% | | | 0.41583 | |
| Triamcinolone Acetonide Lotion 0.1% | | | 0.34417 | |
| Triamcinolone Acetonide Oint 0.025% | | | 0.07946 | |
| Triamcinolone Acetonide Oint 0.1% | | | 0.08175 | |
| Triamcinolone Acetonide Oint 0.5% | 0.41158 | | 0.33200 | |
| Triamterene & Hydrochlorothiazide Cap 37.5-25 MG | 0.13263 | | 0.07540 | |
| Triamterene & Hydrochlorothiazide Cap 50-25 MG | | | 1.51850 | |
| Triamterene & Hydrochlorothiazide Tab 37.5-25 MG | 0.09688 | | 0.09520 | |
| Triamterene & Hydrochlorothiazide Tab 75-50 MG | 0.12982 | | 0.05500 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|---------|----------------|--------------------|----------------|
| Triazolam Tab 0.125 MG | | | 0.19590 | |
| Triazolam Tab 0.25 MG | 1.27410 | | 0.17110 | |
| Trifluoperazine HCl Tab 1 MG (Base Equivalent) | | | 0.54492 | |
| Trifluoperazine HCl Tab 10 MG (Base Equivalent) | | | 1.34032 | |
| Trifluoperazine HCl Tab 2 MG (Base Equivalent) | | | 0.69000 | |
| Trifluoperazine HCl Tab 5 MG (Base Equivalent) | | | 0.95030 | |
| Trifluridine Ophth Soln 1% | | | 15.62000 | |
| Trihexyphenidyl HCl Elixir 0.4 MG/ML | | | 0.03584 | |
| Trihexyphenidyl HCl Tab 2 MG | 0.05645 | | 0.04600 | |
| Trihexyphenidyl HCl Tab 5 MG | 0.10025 | | 0.06878 | |
| Trimethobenzamide HCl Cap 300 MG | | | 1.17796 | |
| Trimethoprim Tab 100 MG | | | 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% | 0.90486 | | 0.34733 | |
| Trospium Chloride Cap ER 24HR 60 MG | 3.86073 | | 4.04533 | |
| Trospium Chloride Tab 20 MG | 0.46101 | | 0.45609 | |
| Urea Cream 40% | | | 0.32853 | |
| Urea Cream 50% | | | 0.15778 | |
| Urea Gel 40% | | | 3.42333 | |
| Urea Lotion 40% | | | 0.06704 | |
| Ursodiol Cap 300 MG | 0.59190 | | 0.72870 | |
| Ursodiol Tab 250 MG | 0.76884 | | 0.56460 | |
| Ursodiol Tab 500 MG | 1.20737 | | 0.86985 | |
| Valacyclovir HCl Tab 1 GM | 0.64095 | | 0.42150 | |
| Valacyclovir HCl Tab 500 MG | 0.35444 | | 0.18433 | |
| Valganciclovir HCl For Soln 50 MG/ML (Base Equiv) | | | 8.42511 | |
| Valganciclovir HCl Tab 450 MG (Base Equivalent) | 4.09805 | | 4.48050 | |

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

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Valproate Sodium Inj 100 MG/ML | | | 3.46000 | |
| Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv) | 0.02195 | | 0.01678 | |
| Valproate Sodium Syrup 250 MG/5ML | | | 0.03040 | |
| Valproic Acid Cap 250 MG | 0.21281 | | 0.14560 | |
| Valsartan Tab 160 MG | 0.68898 | | 0.09700 | |
| Valsartan Tab 320 MG | 0.68003 | | 0.12938 | |
| Valsartan Tab 40 MG | 0.52189 | | 0.05556 | |
| Valsartan Tab 80 MG | 0.53209 | | 0.18891 | |
| Valsartan-Hydrochlorothiazide Tab 160-12.5 MG | 0.42959 | | 0.11778 | |
| Valsartan-Hydrochlorothiazide Tab 160-25 MG | 0.43260 | | 0.14689 | |
| Valsartan-Hydrochlorothiazide Tab 320-12.5 MG | 0.53554 | | 0.20556 | |
| Valsartan-Hydrochlorothiazide Tab 320-25 MG | 0.63570 | | 0.20818 | |
| Valsartan-Hydrochlorothiazide Tab 80-12.5 MG | 0.66076 | | 0.12778 | |
| Vancomycin HCl Cap 125 MG (Base Equivalent) | 2.40392 | | 2.02523 | |
| Vancomycin HCl Cap 250 MG (Base Equivalent) | 3.05791 | | 3.73646 | |
| 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 | |
| Vancomycin HCl For IV Soln 1 GM (Base Equivalent) | | | 4.73660 | |
| Vancomycin HCl For IV Soln 500 MG (Base Equivalent) | | | 3.43300 | |
| Vancomycin HCl For IV Soln 750 MG (Base Equivalent) | | | 7.13200 | |
| Vardenafil HCl Tab 10 MG | | | 23.05313 | |
| Vardenafil HCl Tab 20 MG | 13.94484 | | 18.61573 | |
| Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent) | 0.27741 | | 0.17188 | |
| Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent) | 0.19290 | | 0.09175 | |
| Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent) | 0.29146 | | 0.09460 | |
| Venlafaxine HCl Tab 100 MG (Base Equivalent) | 0.15925 | | 0.05010 | |
| Venlafaxine HCl Tab 25 MG (Base Equivalent) | 0.17267 | | 0.11520 | |

**Illinois Department of Healthcare and Family Services
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Generic and Multi-Source Brand Drugs**

Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|--|---------|----------------|--------------------|----------------|
| Venlafaxine HCl Tab 37.5 MG (Base Equivalent) | 0.11262 | | 0.07010 | |
| Venlafaxine HCl Tab 50 MG (Base Equivalent) | 0.15944 | | 0.08789 | |
| Venlafaxine HCl Tab 75 MG (Base Equivalent) | 0.11855 | | 0.09000 | |
| Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent) | 3.27459 | | 2.20528 | |
| Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent) | 3.22813 | | 5.09967 | |
| Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent) | 3.76160 | | 4.03000 | |
| Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent) | 3.96383 | | 2.29000 | |
| Verapamil HCl Cap ER 24HR 100 MG | | | 3.68996 | |
| Verapamil HCl Cap ER 24HR 120 MG | | | 0.80000 | |
| Verapamil HCl Cap ER 24HR 180 MG | | | 1.03620 | |
| Verapamil HCl Cap ER 24HR 200 MG | | | 1.04240 | |
| Verapamil HCl Cap ER 24HR 240 MG | | | 0.94000 | |
| Verapamil HCl Cap ER 24HR 360 MG | | | 3.86000 | |
| Verapamil HCl Tab 120 MG | 0.06190 | | 0.05824 | |
| Verapamil HCl Tab 40 MG | | | 0.09890 | |
| Verapamil HCl Tab 80 MG | 0.05088 | | 0.04170 | |
| Verapamil HCl Tab ER 120 MG | | | 0.11030 | |
| Verapamil HCl Tab ER 180 MG | 0.20798 | | 0.22810 | |
| Verapamil HCl Tab ER 240 MG | 0.22299 | | 0.07657 | |
| Vigabatrin Powd Pack 500 MG | | | 145.81778 | |
| Vigabatrin Tab 500 MG | | | 145.82477 | |
| 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 | 3.66982 | | 3.81133 | |
| Voriconazole Tab 50 MG | | | 4.93000 | |
| Warfarin Sodium Tab 1 MG | 0.10185 | | 0.02470 | |
| Warfarin Sodium Tab 10 MG | 0.10923 | | 0.08770 | |
| Warfarin Sodium Tab 2 MG | 0.11324 | | 0.06659 | |

**Illinois Department of Healthcare and Family Services
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Data as of 1/4/2021

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| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|---|----------|----------------|--------------------|----------------|
| Warfarin Sodium Tab 2.5 MG | 0.10678 | | 0.06438 | |
| Warfarin Sodium Tab 3 MG | 0.10061 | | 0.06967 | |
| Warfarin Sodium Tab 4 MG | 0.10218 | 0.08110 | 0.07840 | 01/01/2021 |
| Warfarin Sodium Tab 5 MG | 0.11227 | | 0.06310 | |
| Warfarin Sodium Tab 6 MG | 0.12126 | | 0.09867 | |
| Warfarin Sodium Tab 7.5 MG | 0.12958 | | 0.09088 | |
| Water For Injection | | | 0.03734 | |
| Water For Irrigation, Sterile Irrigation Soln | | 0.00601 | 0.00390 | 01/01/2021 |
| Water For IV Injection | | | 0.00217 | |
| Wound Dressings - Cream*** | | | 0.52347 | |
| Zafirlukast Tab 10 MG | 0.97678 | | 1.16850 | |
| Zafirlukast Tab 20 MG | 1.12365 | | 0.82500 | |
| Zaleplon Cap 10 MG | 0.17911 | | 0.13820 | |
| Zaleplon Cap 5 MG | 0.18636 | | 0.17120 | |
| Zidovudine Cap 100 MG | | | 1.46290 | |
| Zidovudine Syrup 10 MG/ML | | | 0.10500 | |
| Zidovudine Tab 300 MG | | | 0.14500 | |
| Zileuton Tab ER 12HR 600 MG | 15.68715 | | 19.25956 | |
| Zinc Sulfate Cap 220 MG (50 MG Elemental Zn) | | | 0.03887 | |
| Ziprasidone HCl Cap 20 MG | 0.63407 | | 0.19433 | |
| Ziprasidone HCl Cap 40 MG | 0.60147 | | 0.26000 | |
| Ziprasidone HCl Cap 60 MG | 0.48408 | | 0.32417 | |
| Ziprasidone HCl Cap 80 MG | 0.69928 | | 0.27141 | |
| Zolmitriptan Orally Disintegrating Tab 2.5 MG | 5.05816 | | 2.49370 | |
| Zolmitriptan Orally Disintegrating Tab 5 MG | 4.78939 | | 2.41933 | |
| Zolmitriptan Tab 2.5 MG | 3.38397 | | 1.15000 | |
| Zolmitriptan Tab 5 MG | 5.65414 | | 2.40500 | |
| Zolpidem Tartrate Tab 10 MG | 0.11161 | | 0.02037 | |
| Zolpidem Tartrate Tab 5 MG | 0.07274 | | 0.01975 | |
| Zolpidem Tartrate Tab ER 12.5 MG | 0.64321 | | 0.06591 | |

| Generic Name | ACA FUL | OLD SMAC Price | Current SMAC Price | SMAC Effective |
|----------------------------------|---------|----------------|--------------------|----------------|
| Zolpidem Tartrate Tab ER 6.25 MG | 0.45433 | | 0.30106 | |
| Zonisamide Cap 100 MG | 0.15635 | | 0.09670 | |
| Zonisamide Cap 25 MG | 0.09715 | | 0.07950 | |
| Zonisamide Cap 50 MG | 0.10357 | | 0.15154 | |