

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

Data as of 1/25/2021

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)	0.85733		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	0.75614		0.56967	
Acarbose Tab 100 MG	0.41548		0.13000	
Acarbose Tab 25 MG	0.19421		0.15360	
Acarbose Tab 50 MG	0.24244		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	

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

Data as of 1/25/2021

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
Acyclovir Oint 5%			1.94109	
Acyclovir Susp 200 MG/5ML	0.42542		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%	2.12908		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	66.04533		80.25000	
Albumin, Human Inj 25%			1.39750	
Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)			4.10189	
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	

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

Data as of 1/25/2021

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
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	0.61566		0.23750	
Alendronate Sodium Tab 5 MG			0.14633	
Alendronate Sodium Tab 70 MG	0.38457		0.23250	
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	0.11426		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	0.43461		0.25192	
Amantadine HCl Cap 100 MG	0.35512		0.18726	
Amantadine HCl Syrup 50 MG/5ML	0.04510		0.01886	
Amantadine HCl Tab 100 MG	0.78539		0.73017	
Ambrisentan Tab 10 MG			307.25305	
Ambrisentan Tab 5 MG			307.25305	

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

Data as of 1/25/2021

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
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	1.69563		1.39967	
Amiodarone HCl Tab 200 MG	0.16496		0.09890	
Amiodarone HCl Tab 400 MG	1.69625		2.20300	
Amitriptyline HCl Tab 10 MG	0.06661		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	0.09362		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)	0.03474		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	2.45661		1.99467	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	2.15091		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	0.27303		0.13100	
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	0.16842		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	0.19030		0.08980	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	1.12610		0.31333	

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

Data as of 1/25/2021

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
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	0.96059		0.49867	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	0.78748		0.44433	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	1.37041		0.72308	
Amlodipine Besylate-Valsartan Tab 10-160 MG	0.87193		0.34522	
Amlodipine Besylate-Valsartan Tab 10-320 MG	1.12037		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			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	1.65095		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	0.07657		0.04196	
Amoxicillin (Trihydrate) Cap 500 MG	0.08569		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	

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

Data as of 1/25/2021

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
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	0.20828		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	4.90920		1.36870	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	5.22377		1.04890	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	5.20495		1.10000	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	5.54259		1.33106	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	5.31988		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	

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

Data as of 1/25/2021

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
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	1.74553		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	

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

Data as of 1/25/2021

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
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	



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

Data as of 1/25/2021

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
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	1.28752		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	1.73998		1.09107	
Armodafinil Tab 200 MG	2.01891		0.83889	
Armodafinil Tab 250 MG	3.77056		1.08200	
Armodafinil Tab 50 MG	0.84809		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	0.11099		0.02990	
Atenolol Tab 25 MG	0.05674		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 1/25/2021

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)	2.14757		1.66900	
Atomoxetine HCl Cap 18 MG (Base Equiv)	1.58702		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)	1.99911		1.92717	
Atomoxetine HCl Cap 80 MG (Base Equiv)	2.03753		1.94570	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	0.09066		0.03668	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	0.10332		0.04711	
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	0.12663		0.05800	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	0.14735		0.08612	
Atovaquone Susp 750 MG/5ML	1.98143		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%	1.56952		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	1.62678		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 1/25/2021

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	0.07939		0.05757	
Baclofen Tab 20 MG	0.16903		0.10450	
Baclofen Tab 5 MG			0.79016	
Bacteriostatic Sodium Chloride Inj Soln 0.9%***			0.03033	
Balsalazide Disodium Cap 750 MG	0.41822		0.36714	
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	0.64447		0.49990	
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	0.55147		0.19990	
Benazepril & Hydrochlorothiazide Tab 20-25 MG			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			0.04180	
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	0.09135		0.06904	
Benztropine Mesylate Tab 2 MG	0.12928		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 1/25/2021

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	0.33700		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	0.41067		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 1/25/2021

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	1.10552		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)	0.95093		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 1/25/2021

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)	0.96886		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	68.85656		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	0.19241		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	0.20650		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		0.01998	
Bupirone HCl Tab 7.5 MG	0.34827		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	0.74976		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 1/25/2021

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	0.33531		0.26200	
Calcitriol Oral Soln 1 MCG/ML	4.84830		4.59200	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	0.48734		0.11590	
Calcium Acetate (Phosphate Binder) Tab 667 MG			0.30825	
Calcium Gluconate Inj 10%			0.17000	
Candesartan Cilexetil Tab 16 MG	1.20032		1.10091	
Candesartan Cilexetil Tab 32 MG	1.71647		1.06144	
Candesartan Cilexetil Tab 4 MG	1.17468		0.99090	
Candesartan Cilexetil Tab 8 MG	1.08841		1.28291	
Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	2.06440		1.36980	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG			2.02290	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG			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 1/25/2021

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
Capecitabine Tab 500 MG	5.85743		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	1.44470		0.62433	
Carbamazepine Cap ER 12HR 200 MG	1.36470		1.24992	
Carbamazepine Cap ER 12HR 300 MG	1.44990		0.75498	
Carbamazepine Chew Tab 100 MG	0.30349		0.21800	
Carbamazepine Susp 100 MG/5ML	0.23127		0.10766	
Carbamazepine Tab 200 MG	0.51066		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	3.24434		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	0.18228		0.09582	
Carbidopa & Levodopa Tab ER 25-100 MG	0.22112		0.11510	
Carbidopa & Levodopa Tab ER 50-200 MG	0.38978		0.18000	
Carbidopa Tab 25 MG	3.32366		1.99000	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	1.96923		2.67548	



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

Data as of 1/25/2021

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
Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG	1.31007		3.06482	
Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG	2.00789		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	7.53119		5.85267	
Carvedilol Phosphate Cap ER 24HR 20 MG	8.22469		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	0.02814		0.02193	
Carvedilol Tab 25 MG	0.03893		0.02887	
Carvedilol Tab 3.125 MG	0.02314		0.02094	
Carvedilol Tab 6.25 MG	0.02354		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	0.24623		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  
Generic and Multi-Source Brand Drugs**

Data as of 1/25/2021

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
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	4.75285		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 1/25/2021

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	1.19419		0.49205	
Celecoxib Cap 50 MG	0.22386		0.17967	
Cephalexin Cap 250 MG	0.10032		0.05200	
Cephalexin Cap 500 MG	0.13424		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	4.72080		4.84756	
Chlorpromazine HCl Tab 200 MG	5.87484		6.39990	
Chlorpromazine HCl Tab 25 MG	2.38638		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 1/25/2021

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	0.34312		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%			0.24845	
Ciclopirox Solution 8%	1.86310		1.24242	
Cilostazol Tab 100 MG	0.15497		0.05433	
Cilostazol Tab 50 MG	0.11775		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)	11.62814		28.58533	
Cinacalcet HCl Tab 90 MG (Base Equiv)	14.49883		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)	0.10263		0.09120	

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

Data as of 1/25/2021

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)	0.32175		0.23220	
Ciprofloxacin IV Soln 400 MG/40ML (1%)			0.09230	
Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	30.99708		23.05932	
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)	0.04992		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	0.42870		0.54704	
Clarithromycin Tab 500 MG	0.55131		0.40642	
Clarithromycin Tab ER 24HR 500 MG			1.24967	
Clemastine Fumarate Tab 2.68 MG			0.19150	
Clindamycin HCl Cap 150 MG	0.14613		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%	1.92623		1.62938	

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

Data as of 1/25/2021

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%			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	7.19285		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	2.92080		2.00045	
Clomipramine HCl Cap 50 MG	2.60885		2.04320	
Clomipramine HCl Cap 75 MG	2.42509		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	1.24929		1.01222	
Clonazepam Tab 0.5 MG	0.03978		0.01355	
Clonazepam Tab 1 MG	0.05726		0.02300	
Clonazepam Tab 2 MG	0.07898		0.03110	

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

Data as of 1/25/2021

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	21.22305		16.29000	
Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	0.10372		0.05733	
Clorazepate Dipotassium Tab 15 MG			2.29050	
Clorazepate Dipotassium Tab 3.75 MG			0.87940	
Clorazepate Dipotassium Tab 7.5 MG	1.71132		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	0.86563		0.34440	
Clozapine Tab 200 MG	1.55638		0.97640	
Clozapine Tab 25 MG	0.30449		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 1/25/2021

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	0.50761		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 1/25/2021

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	0.03565		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	2.24628		1.70933	
Cyclosporine Modified Cap 25 MG	0.54999		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	1.57721		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	1.06333		0.54067	

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

Data as of 1/25/2021

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)			2.54224	
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**

Data as of 1/25/2021

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
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)	0.87954		0.74250	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	0.98090		0.53967	
Dexamethasone Elixir 0.5 MG/5ML			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 1/25/2021

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	8.39070		2.41738	
Dexamethylphenidate HCl Cap ER 24 HR 30 MG	7.12781		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	0.42145		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	3.77975		1.00806	
Dextroamphetamine Sulfate Cap ER 24HR 5 MG	2.63990		1.19229	
Dextroamphetamine Sulfate Oral Solution 5 MG/5ML			1.42901	
Dextroamphetamine Sulfate Tab 10 MG	0.70138		0.40200	
Dextroamphetamine Sulfate Tab 5 MG	0.67914		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 1/25/2021

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		0.02294	
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%	0.46453		0.60676	
Diclofenac Sodium Gel 1%			0.12820	
Diclofenac Sodium Ophth Soln 0.1%			0.88800	
Diclofenac Sodium Soln 1.5%	0.18639		0.11873	
Diclofenac Sodium Tab Delayed Release 25 MG			0.85301	
Diclofenac Sodium Tab Delayed Release 50 MG	0.12161		0.07270	
Diclofenac Sodium Tab Delayed Release 75 MG	0.11238		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	0.12695		0.10960	
Dicyclomine HCl Oral Soln 10 MG/5ML			0.20802	
Dicyclomine HCl Tab 20 MG	0.18491		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 1/25/2021

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)	0.29917		0.21936	
Digoxin Tab 250 MCG (0.25 MG)	0.31675		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	0.26177		0.14611	
Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	0.30023		0.12444	
Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	0.33364		0.23078	
Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	0.54407		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	0.34080		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 1/25/2021

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	0.50533		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)	1.54025		1.57150	
Dofetilide Cap 500 MCG (0.5 MG)	1.42249		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	0.10094		0.03508	
Donepezil Hydrochloride Tab 23 MG	1.10339		0.24733	
Donepezil Hydrochloride Tab 5 MG	0.09258		0.03111	

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

Data as of 1/25/2021

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%	1.55966		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	0.18155		0.08800	
Doxepin HCl Cap 10 MG	0.31970		0.13390	
Doxepin HCl Cap 100 MG	0.93696		0.45580	
Doxepin HCl Cap 150 MG			0.64000	
Doxepin HCl Cap 25 MG	0.36743		0.24400	
Doxepin HCl Cap 50 MG	0.47090		0.35900	
Doxepin HCl Cap 75 MG	1.00473		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 1/25/2021

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	0.29365		0.27133	
Doxycycline Monohydrate Tab 100 MG	0.34597		0.22315	
Doxycycline Monohydrate Tab 50 MG	0.27648		0.32590	
Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG	4.23467		3.25424	
Dronabinol Cap 10 MG	3.59880		5.74309	
Dronabinol Cap 2.5 MG	1.08518		1.49667	
Dronabinol Cap 5 MG	2.18874		2.50000	
Droperidol Inj 2.5 MG/ML			0.75400	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	4.22346		2.97274	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	0.79775		0.47960	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	0.66808		0.24209	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	0.17924		0.09200	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	0.18349		0.09361	
Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	2.25252		2.62425	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	0.22730	0.09066	0.10200	01/07/2021
Dutasteride Cap 0.5 MG	0.33113		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)	8.54611		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 1/25/2021

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	0.22679		0.05919	
Enalapril Maleate Tab 2.5 MG	0.14367		0.05650	
Enalapril Maleate Tab 20 MG	0.17014		0.07320	
Enalapril Maleate Tab 5 MG	0.17761		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	0.63795		0.33480	
Entecavir Tab 0.5 MG	3.31745		0.69967	
Entecavir Tab 1 MG	3.53269		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	1.01393		0.36544	

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

Data as of 1/25/2021

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	0.98948		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	3.48529		1.63247	
Erythromycin Pads 2%			0.90540	
Erythromycin Soln 2%	0.45439		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)	0.42734		0.31615	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	0.11096		0.04156	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	0.14069		0.03570	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	0.14303		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	2.09200		1.90804	

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

Data as of 1/25/2021

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	0.10666		0.07130	
Estradiol Tab 2 MG	0.13915		0.10090	
Estradiol TD Patch Twice Weekly 0.025 MG/24HR	7.99236		7.54528	
Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	7.72591		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	8.65119		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	16.58249		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	2.12696		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  
State Maximum Allowable Cost (SMAC) List  
Generic and Multi-Source Brand Drugs**

Data as of 1/25/2021

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	0.62613		0.68140	
Etodolac Tab 400 MG	0.36785		0.34640	
Etodolac Tab 500 MG	0.44513		0.26330	
Etodolac Tab ER 24HR 400 MG	2.11411		0.75000	
Etodolac Tab ER 24HR 500 MG	1.54735		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	1.10899		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	0.38877		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 1/25/2021

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	1.72397		2.11000	
Febuxostat Tab 80 MG	1.87297		2.53000	
Felbamate Susp 600 MG/5ML			1.10721	
Felbamate Tab 400 MG	4.37723		0.86430	
Felbamate Tab 600 MG	6.54267		1.41430	
Felodipine Tab ER 24HR 10 MG	0.24202		0.09000	
Felodipine Tab ER 24HR 2.5 MG	0.22032		0.13429	
Felodipine Tab ER 24HR 5 MG	0.19345		0.07260	
Fenofibrate Micronized Cap 130 MG			1.67627	
Fenofibrate Micronized Cap 134 MG	0.21949		0.14630	
Fenofibrate Micronized Cap 200 MG	0.35868		0.43290	
Fenofibrate Micronized Cap 43 MG			0.68921	
Fenofibrate Micronized Cap 67 MG	0.28582		0.11000	
Fenofibrate Tab 120 MG			16.73827	
Fenofibrate Tab 145 MG	0.19916		0.15267	
Fenofibrate Tab 160 MG	0.25289		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 1/25/2021

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	0.12587		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 1/25/2021

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	0.77438		0.48000	
Fluconazole Tab 50 MG	0.40800		0.66800	
Fludarabine Phosphate For Inj 50 MG			94.50000	
Fludarabine Phosphate Inj 25 MG/ML			54.37500	
Fludrocortisone Acetate Tab 0.1 MG	0.49776		0.30660	
Fluocinolone Acetonide (Otic) Oil 0.01%	2.38679		2.62950	
Fluocinolone Acetonide Cream 0.01%			1.44233	
Fluocinolone Acetonide Cream 0.025%			1.29967	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	0.42969		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%	1.80177		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	0.16712		0.02584	
Fluoxetine HCl Cap 20 MG	0.14793		0.02323	



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

Data as of 1/25/2021

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
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 1/25/2021

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	0.39058		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	0.02331		0.01700	
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	1.16029		0.88800	
Fosinopril Sodium Tab 10 MG	0.22054		0.10244	
Fosinopril Sodium Tab 20 MG	0.21896		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	0.02728		0.02282	
Furosemide Tab 40 MG	0.03159		0.01631	
Furosemide Tab 80 MG	0.05958		0.03412	
Gabapentin Cap 100 MG	0.03518		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 1/25/2021

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	0.08368		0.04698	
Gabapentin Oral Soln 250 MG/5ML			0.10158	
Gabapentin Tab 600 MG	0.13423		0.06198	
Gabapentin Tab 800 MG	0.18611		0.12455	
Galantamine Hydrobromide Cap ER 24HR 16 MG	1.32337		1.18400	
Galantamine Hydrobromide Cap ER 24HR 24 MG	1.60043		1.31500	
Galantamine Hydrobromide Cap ER 24HR 8 MG	1.24889		1.40000	
Galantamine Hydrobromide Tab 12 MG			0.49000	
Galantamine Hydrobromide Tab 4 MG	0.74965		0.56661	
Galantamine Hydrobromide Tab 8 MG			0.46428	
Galsulfase Soln For IV Infusion 1 MG/ML			382.23400	
Gatifloxacin Ophth Soln 0.5%	16.09991		19.39950	
Gemfibrozil Tab 600 MG	0.11203		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%	1.00043		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	0.06307		0.03695	
Glimepiride Tab 4 MG	0.06000		0.03453	
Glipizide Tab 10 MG	0.04325		0.03160	
Glipizide Tab 5 MG	0.03299		0.02070	
Glipizide Tab ER 24HR 10 MG	0.19220		0.11496	
Glipizide Tab ER 24HR 2.5 MG	0.15125		0.10696	
Glipizide Tab ER 24HR 5 MG	0.11014		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 1/25/2021

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	0.20414		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	0.05703		0.04746	
Glyburide-Metformin Tab 5-500 MG	0.06076		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  
State Maximum Allowable Cost (SMAC) List  
Generic and Multi-Source Brand Drugs**

Data as of 1/25/2021

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
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)	0.30872		0.24130	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	0.30617		0.24000	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	0.36340		0.39568	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	0.50165		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	0.32569		0.19360	
Haloperidol Tab 1 MG	0.43158		0.31640	
Haloperidol Tab 10 MG	0.54415		0.52480	
Haloperidol Tab 2 MG	0.48487		0.37676	
Haloperidol Tab 20 MG	1.93366		0.72120	
Haloperidol Tab 5 MG	0.48041		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	0.03869		0.03167	
Hydralazine HCl Tab 100 MG	0.09636		0.06205	
Hydralazine HCl Tab 25 MG	0.04186		0.03020	
Hydralazine HCl Tab 50 MG	0.05362		0.03105	
Hydrochlorothiazide Cap 12.5 MG	0.03677		0.02738	

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

Data as of 1/25/2021

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	0.06939		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 1/25/2021

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%	0.53725		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	0.66120		0.23010	
Hydroxyprogesterone Caproate (Bulk) Powder			160.00000	
Hydroxyprogesterone Caproate Soln Auto-Injector 275 MG/1.1ML			727.08000	
Hydroxyurea Cap 500 MG	0.29835		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	0.05785		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	0.07790	01/07/2021

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

Data as of 1/25/2021

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)	8.22609		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	0.05309		0.03286	
Ibuprofen Tab 600 MG	0.06932		0.03420	
Ibuprofen Tab 800 MG	0.08321		0.04700	
Ifosfamide For Inj 1 GM			36.74000	
Iloprost Inhalation Solution 10 MCG/ML			134.16120	
Imatinib Mesylate Tab 100 MG (Base Equivalent)	33.29131		3.78000	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	120.68837		8.90026	
Imipramine HCl Tab 10 MG	0.08642		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 1/25/2021

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	0.12708		0.07690	
Indomethacin Cap ER 75 MG	0.32340		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 1/25/2021

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	0.62612		0.04367	
Irbesartan Tab 75 MG	0.35158		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	0.40563		0.35323	
Isosorbide Dinitrate Tab 20 MG	0.40435		0.32465	
Isosorbide Dinitrate Tab 30 MG	0.53020		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	0.12617		0.06790	
Isotretinoin Cap 10 MG	2.72242		2.13467	
Isotretinoin Cap 20 MG	3.07586		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 1/25/2021

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	1.17238		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 1/25/2021

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	0.15465		0.10450	
Labetalol HCl Tab 200 MG	0.20439		0.11565	
Labetalol HCl Tab 300 MG	0.24834		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)			3.02950	
Lamivudine Tab 150 MG	1.21325		0.57867	
Lamivudine Tab 300 MG	2.18107		1.18467	
Lamivudine-Zidovudine Tab 150-300 MG	1.51755		0.33467	
Lamotrigine Orally Disintegrating Tab 100 MG	8.49479		3.93467	
Lamotrigine Orally Disintegrating Tab 200 MG	9.78506		6.31279	
Lamotrigine Orally Disintegrating Tab 25 MG	6.72329		4.41567	
Lamotrigine Orally Disintegrating Tab 50 MG	6.46970		3.33933	
Lamotrigine Tab 100 MG	0.51931		0.03635	
Lamotrigine Tab 150 MG	0.64247		0.05278	
Lamotrigine Tab 200 MG	0.71420		0.11702	
Lamotrigine Tab 25 MG	0.24474		0.02230	
Lamotrigine Tab 35 x 25 MG Starter Kit			0.08574	
Lamotrigine Tab Chewable Dispersible 25 MG	1.79296		0.08860	
Lamotrigine Tab Chewable Dispersible 5 MG	0.78325		0.11000	

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

Data as of 1/25/2021

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
Lamotrigine Tab ER 24HR 100 MG	5.25072		1.91000	
Lamotrigine Tab ER 24HR 200 MG	9.28197		1.62533	
Lamotrigine Tab ER 24HR 25 MG	2.20012		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	0.43053		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)	8.41366		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	1.32813		0.76500	
Leflunomide Tab 20 MG	1.03146		1.03800	
Letrozole Tab 2.5 MG	0.24724		0.08978	
Leucovorin Calcium For Inj 200 MG			7.80000	
Leucovorin Calcium Inj 10 MG/ML			0.26000	
Leucovorin Calcium Tab 25 MG	6.20702		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  
State Maximum Allowable Cost (SMAC) List  
Generic and Multi-Source Brand Drugs**

Data as of 1/25/2021

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	0.10019		0.03332	
Levetiracetam Tab 1000 MG	0.67532		0.19272	
Levetiracetam Tab 250 MG	0.22382		0.05475	
Levetiracetam Tab 500 MG	0.35127		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	1.81494		0.21650	
Levobunolol HCl Ophth Soln 0.5%			0.59600	
Levocarnitine Oral Soln 1 GM/10ML (10%)	0.27475		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	0.20524		0.12500	
Levofloxacin Tab 500 MG	0.18711		0.12400	
Levofloxacin Tab 750 MG	0.42163		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)	0.40478		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	0.21883		0.11607	
Levonorgestrel Tab 1.5 MG			35.07625	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	0.46908		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 1/25/2021

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	0.46358		0.39760	
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		0.24367	
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%	0.33785		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 1/25/2021

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	0.55590		0.32280	
Liothyronine Sodium Tab 50 MCG	1.16328		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	0.05251		0.03200	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG	0.04913		0.03001	
Lisinopril Tab 10 MG	0.02320		0.01190	
Lisinopril Tab 2.5 MG	0.01749		0.01029	
Lisinopril Tab 20 MG	0.02695		0.01700	
Lisinopril Tab 30 MG	0.06595		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	0.05500		0.03598	
Lithium Carbonate Cap 600 MG	0.13958		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	0.22793		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 1/25/2021

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	0.03839		0.02588	
Lorazepam Tab 2 MG	0.20106		0.04021	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	0.47811		0.07169	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	0.49935		0.07633	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	0.34360		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	0.06646		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	0.16223		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 1/25/2021

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
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	0.02841		0.01567	
Meloxicam Tab 7.5 MG	0.02434		0.01708	
Memantine HCl Cap ER 24HR 14 MG	1.72009		1.59156	
Memantine HCl Cap ER 24HR 21 MG	1.85229		2.41733	
Memantine HCl Cap ER 24HR 28 MG	1.83585		0.97767	
Memantine HCl Cap ER 24HR 7 MG	1.72753		1.63966	
Memantine HCl Oral Solution 2 MG/ML			1.30975	
Memantine HCl Tab 10 MG	0.10437		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	
Meproamate Tab 400 MG			2.78736	
Mercaptopurine Tab 50 MG			0.88334	
Meropenem IV For Soln 1 GM			5.71300	
Mesalamine Cap DR 400 MG	3.17484		1.81439	

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

Data as of 1/25/2021

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	0.18764		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	6.03750		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	0.88635		0.45990	
Metformin HCl Tab 1000 MG	0.03401		0.01938	
Metformin HCl Tab 500 MG	0.01912		0.01408	
Metformin HCl Tab 850 MG	0.03336		0.02127	
Metformin HCl Tab ER 24HR 500 MG	0.04187		0.02605	
Metformin HCl Tab ER 24HR 750 MG	0.17245		0.04510	
Metformin HCl Tab ER 24HR Modified Release 1000 MG	24.50368		8.83979	
Metformin HCl Tab ER 24HR Modified Release 500 MG	20.48464		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			0.04205	
Methocarbamol Tab 500 MG	0.07564		0.05878	

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

Data as of 1/25/2021

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
Methocarbamol Tab 750 MG	0.09619		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)	0.50579		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 1/25/2021

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	8.14651		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	8.14651		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	1.81972		1.75672	
Methylprednisolone Tab 32 MG			2.98680	
Methylprednisolone Tab 4 MG	0.20151		0.23180	
Methylprednisolone Tab 8 MG	1.32243		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)	0.04164		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 1/25/2021

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
Metolazone Tab 2.5 MG	1.08163		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		0.26240	
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	0.02476		0.01457	
Metoprolol Tartrate Tab 50 MG	0.02202		0.01363	
Metoprolol Tartrate Tab 75 MG			0.16500	
Metronidazole Cream 0.75%	1.03671		0.70934	
Metronidazole Gel 0.75%	0.85592		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%	0.95548		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	

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

Data as of 1/25/2021

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
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	0.60399		0.51220	
Midodrine HCl Tab 2.5 MG	0.25627		0.16000	
Midodrine HCl Tab 5 MG	0.35618		0.23470	
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	0.19579		0.15200	
Minocycline HCl Cap 75 MG	0.42258		0.26765	
Minocycline HCl Tab 100 MG	2.64237		1.72432	
Minocycline HCl Tab 50 MG			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	0.79822		0.76367	
Mirtazapine Tab 15 MG	0.08618		0.05492	
Mirtazapine Tab 30 MG	0.11196		0.07900	
Mirtazapine Tab 45 MG	0.15880		0.07467	
Mirtazapine Tab 7.5 MG			0.53922	

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

Data as of 1/25/2021

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
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	1.75312		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)	0.10210		0.09800	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	0.10029		0.06795	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)			1.78811	
Montelukast Sodium Tab 10 MG (Base Equiv)	0.09267		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	0.05580		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 1/25/2021

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	2.61962		1.86820	
Morphine Sulfate Tab ER 30 MG	0.32011		0.23720	
Morphine Sulfate Tab ER 60 MG	0.66111		0.54275	
Moxifloxacin HCl Ophth 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		0.26740	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	1.20269		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	0.51444		0.29000	
Nadolol Tab 40 MG	0.54554		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	0.79929		0.57500	

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

Data as of 1/25/2021

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	0.45857		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	0.33961		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			0.50000	
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%	5.65576		4.62700	

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

Data as of 1/25/2021

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	0.43613		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	0.38009		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	1.48343		0.59015	
Nitrofurantoin Macrocrystalline Cap 25 MG			3.49140	
Nitrofurantoin Macrocrystalline Cap 50 MG			0.29340	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	1.04187		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 1/25/2021

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	0.57686		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	2.08907		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	0.33509		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	0.27965		0.19802	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	0.33254		0.15557	
Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	1.98840		1.78571	
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	1.08940		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	0.22206		0.08214	
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	0.50247		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 1/25/2021

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
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	0.43106		0.34870	
Nystatin Topical Powder			0.68313	
Nystatin Topical Powder 100000 Unit/GM			0.24117	
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	1.30471		0.35333	
Olanzapine Orally Disintegrating Tab 15 MG	1.39335		0.57400	
Olanzapine Orally Disintegrating Tab 20 MG	2.91827		0.41667	
Olanzapine Orally Disintegrating Tab 5 MG	1.79539		0.18167	

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

Data as of 1/25/2021

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
Olanzapine Tab 10 MG	0.33840		0.10867	
Olanzapine Tab 15 MG	0.49654		0.11167	
Olanzapine Tab 2.5 MG	0.14782		0.07267	
Olanzapine Tab 20 MG	0.91019		0.10000	
Olanzapine Tab 5 MG	0.22996		0.06533	
Olanzapine Tab 7.5 MG	0.20166		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	0.25287		0.02211	
Olmesartan Medoxomil Tab 40 MG	0.38212		0.16989	
Olmesartan Medoxomil Tab 5 MG	0.40005		0.04767	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	0.82235		0.13000	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	1.50156		0.19648	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	1.49844		0.17600	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	1.87156		1.37855	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	5.38865		1.82389	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	2.54217		0.99833	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	3.08388		1.89000	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	2.43316		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	0.25669		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  
State Maximum Allowable Cost (SMAC) List  
Generic and Multi-Source Brand Drugs**

Data as of 1/25/2021

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
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	0.27372		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)	0.97259		0.61000	
Oxacillin Sodium For Inj 2 GM (Base Equivalent)			10.16600	
Oxandrolone Tab 2.5 MG			3.19985	
Oxaprozin Tab 600 MG	1.12098		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)	0.72030		0.27481	
Oxcarbazepine Tab 150 MG	0.20379		0.07290	
Oxcarbazepine Tab 300 MG	0.43718		0.11990	
Oxcarbazepine Tab 600 MG	0.87743		0.27592	

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

Data as of 1/25/2021

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
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	0.26822		0.17877	
Oxybutynin Chloride Tab ER 24HR 5 MG	0.18517		0.17300	
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	0.14007		0.11260	
Oxycodone HCl Tab 20 MG	0.18962		0.19400	
Oxycodone HCl Tab 30 MG	0.27540		0.19490	
Oxycodone HCl Tab 5 MG	0.09695		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	0.35343		0.24612	
Oxycodone w/ Acetaminophen Tab 2.5-325 MG	1.46989		1.47814	
Oxycodone w/ Acetaminophen Tab 5-325 MG	0.14613		0.08296	
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	0.22745		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	0.76593		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	



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

Data as of 1/25/2021

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
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	12.32921		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 1/25/2021

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	1.68775		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)	4.88297		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 1/25/2021

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	0.00942		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	0.00470		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	0.13284		0.05740	
Pentazocine w/ Naloxone Tab 50-0.5 MG			1.05396	
Pentoxifyline Tab ER 400 MG	0.20744		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	0.28668		0.33598	
Perphenazine Tab 4 MG	0.40471		0.42579	
Perphenazine Tab 8 MG	0.45039		0.44333	
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 1/25/2021

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	0.62846		0.19360	
Phenytoin Sodium Extended Cap 100 MG	0.54782		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%	5.00755		3.84333	
Pilocarpine HCl Ophth Soln 2%	4.81099		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 1/25/2021

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)	0.24444		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	0.66760		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%	0.62008		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	0.16379		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 1/25/2021

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	0.25338		0.17111	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	0.20751		0.17428	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	0.68173		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)	0.21099		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)	1.09314		0.40120	
Potassium Citrate Tab ER 5 MEQ (540 MG)	0.63754		0.52180	
Pramipexole Dihydrochloride Tab 0.125 MG	0.04544		0.03978	
Pramipexole Dihydrochloride Tab 0.25 MG	0.05147		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)	0.58057		0.23434	
Prasugrel HCl Tab 5 MG (Base Equiv)	0.68837		0.46458	
Pravastatin Sodium Tab 10 MG	0.09071		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	0.53268		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 1/25/2021

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	0.10255		0.07430	
Prednisone Tab 20 MG	0.11697		0.07874	
Prednisone Tab 5 MG	0.06491		0.05260	
Prednisone Tab 50 MG	0.28777		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	0.31557		0.11111	
Pregabalin Cap 300 MG	0.92992		0.17767	
Pregabalin Cap 50 MG	0.37608		0.10200	
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 1/25/2021

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	2.13402		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	5.28542		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	0.11995		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	2.59364		1.88000	
Propafenone HCl Cap ER 12HR 325 MG	2.90983		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 1/25/2021

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
Propafenone HCl Tab 150 MG	0.19058		0.10840	
Propafenone HCl Tab 225 MG	0.27382		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	0.48703		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	0.29788		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	7.29206		7.33730	
Pyridoxine HCl Powder			0.24781	
Quetiapine Fumarate Tab 100 MG	0.10164		0.04790	
Quetiapine Fumarate Tab 200 MG	0.17313		0.07230	
Quetiapine Fumarate Tab 25 MG	0.04780		0.03137	
Quetiapine Fumarate Tab 300 MG	0.23388		0.12583	
Quetiapine Fumarate Tab 400 MG	0.31196		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 1/25/2021

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	1.27360		0.45000	
Quetiapine Fumarate Tab ER 24HR 50 MG	0.31865		0.13350	
Quinapril HCl Tab 10 MG	0.21487		0.09013	
Quinapril HCl Tab 20 MG	0.29031		0.07900	
Quinapril HCl Tab 40 MG	0.17852		0.07200	
Quinapril HCl Tab 5 MG	0.21792		0.08701	
Quinapril-Hydrochlorothiazide Tab 10-12.5 MG			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	1.49503		1.69000	
Rabeprazole Sodium EC Tab 20 MG	0.76432		0.19089	
Raloxifene HCl Tab 60 MG	0.70169		0.23433	
Ramelteon Tab 8 MG	3.89947		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)	4.73875		2.48667	
Rasagiline Mesylate Tab 1 MG (Base Equiv)	5.27006		4.40000	
Repaglinide Tab 0.5 MG	0.21809		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 1/25/2021

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	1.31704		0.79485	
Rifampin Cap 300 MG	1.20503		0.50500	
Riluzole Tab 50 MG	0.50761		0.28500	
Risedronate Sodium Tab 150 MG	36.96154		29.14556	
Risedronate Sodium Tab 35 MG	7.27325		4.77875	
Risedronate Sodium Tab 5 MG			2.33300	
Risedronate Sodium Tab Delayed Release 35 MG	31.00861		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	0.92273		0.16267	
Risperidone Tab 0.25 MG	0.04582		0.02047	
Risperidone Tab 0.5 MG	0.09987		0.04686	
Risperidone Tab 1 MG	0.16852		0.04384	
Risperidone Tab 2 MG	0.29175		0.05638	
Risperidone Tab 3 MG	0.36974		0.04333	
Risperidone Tab 4 MG	0.47120		0.06578	
Ritonavir Tab 100 MG	2.29798		1.07000	
Rivastigmine Tartrate Cap 1.5 MG (Base Equivalent)	0.44485		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	7.38782		2.78575	

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

Data as of 1/25/2021

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)	1.95657		0.59194	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	1.00288		0.55500	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	1.43704		0.37778	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	0.81912		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	0.11374		0.06920	
Ropinirole Hydrochloride Tab 5 MG	0.12503		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	0.15422		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 1/25/2021

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	7.21715		5.50700	
Sirolimus Tab 1 MG	11.25902		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%			0.00505	
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 1/25/2021

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	0.06104		0.04836	
Spironolactone Tab 50 MG	0.14806		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 1/25/2021

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	0.21689		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	0.09900		0.12683	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	0.08386		0.06590	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	0.07370		0.04090	
Sulfasalazine Tab 500 MG	0.18415		0.13500	
Sulfasalazine Tab Delayed Release 500 MG			0.19492	
Sulindac Tab 150 MG	0.24634		0.12100	
Sulindac Tab 200 MG			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 1/25/2021

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	0.67474		0.44458	
Sumatriptan Succinate Tab 25 MG	0.67832		0.34111	
Sumatriptan Succinate Tab 50 MG	0.59768		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	0.78177		0.08055	
Tacrolimus Cap 1 MG	1.08304		0.13478	
Tacrolimus Cap 5 MG	6.93400		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)	32.99266		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)	0.53061		0.24500	
Tamsulosin HCl Cap 0.4 MG			0.05541	
Tazarotene Cream 0.1%			4.29567	
Telmisartan Tab 20 MG	0.46704		0.22067	
Telmisartan Tab 40 MG	0.39852		0.12822	
Telmisartan Tab 80 MG	0.45820		0.21717	
Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	1.83770		0.73467	
Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	1.65172		1.17000	

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

Data as of 1/25/2021

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	1.99454		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	1.64091		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	4.52719		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	0.16491		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 1/25/2021

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%)	3.27467		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	1.96204		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	1.41672		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**

Data as of 1/25/2021

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
Thyrotropin Alfa For Inj 1.1 MG			1618.99800	
Tiagabine HCl Tab 2 MG	4.34267		4.79365	
Tiagabine HCl Tab 4 MG	4.58397		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)	0.17625		0.29733	
Tizanidine HCl Cap 4 MG (Base Equivalent)	0.26654		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 1/25/2021

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	1.36725		0.90000	
Tolterodine Tartrate Tab 1 MG	0.74238		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	0.08822		0.06643	
Torsemide Tab 5 MG	0.08183		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			1.07000	

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

Data as of 1/25/2021

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
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	1.80749		1.89000	
Trazodone HCl Tab 50 MG	0.04926		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%	5.04714		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%	0.29092		0.24200	
Triamcinolone Acetonide Dental Paste 0.1%	5.84364		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%	0.42033		0.33200	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	0.13526		0.07540	
Triamterene & Hydrochlorothiazide Cap 50-25 MG			1.51850	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	0.10228		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 1/25/2021

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
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	0.06018		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%			0.34733	
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	1.28537		0.86985	
Valacyclovir HCl Tab 1 GM	0.69305		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)	5.04720		4.48050	

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

Data as of 1/25/2021

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
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	0.22418		0.14560	
Valsartan Tab 160 MG	0.68898		0.09700	
Valsartan Tab 320 MG	0.84136		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)	0.17931		0.11520	



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

Data as of 1/25/2021

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
Venlafaxine HCl Tab 37.5 MG (Base Equivalent)	0.13072		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)	5.20980		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	4.69173		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	0.11344		0.06659	

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

Data as of 1/25/2021

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
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		0.07840	
Warfarin Sodium Tab 5 MG	0.11578		0.06310	
Warfarin Sodium Tab 6 MG	0.12126		0.09867	
Warfarin Sodium Tab 7.5 MG	0.13089		0.09088	
Water For Injection			0.03734	
Water For Irrigation, Sterile Irrigation Soln			0.00390	
Water For IV Injection			0.00217	
Wound Dressings - Cream***			0.52347	
Zafirlukast Tab 10 MG	1.05247		1.16850	
Zafirlukast Tab 20 MG	1.26971		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	0.66240		0.26000	
Ziprasidone HCl Cap 60 MG	0.59219		0.32417	
Ziprasidone HCl Cap 80 MG	0.79317		0.27141	
Zolmitriptan Orally Disintegrating Tab 2.5 MG	6.28775		2.49370	
Zolmitriptan Orally Disintegrating Tab 5 MG	5.94020		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	0.08953		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	0.47887		0.30106	
Zonisamide Cap 100 MG	0.16526		0.09670	
Zonisamide Cap 25 MG	0.09715		0.07950	
Zonisamide Cap 50 MG	0.10357		0.15154	