

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List -
PROPOSED
Effective 11-01-2014

Generic Name	Current FUL	Current IL SMAC	Proposed IL SMAC
ACITRETIN ORAL CAPSULE 25 MG		26.70000	23.89355
CALCIPOTRIENE TOPICAL SOLUTION, NON-ORAL 0.005 %		3.56000	2.94612
CLARITHROMYCIN ORAL TABLET 250 MG		2.65353	1.87928
CLARITHROMYCIN ORAL TABLET 500 MG		1.86906	1.85065
DEXTROAMPHETAMINE SULF-SACCHARATE/AMPHETAMINE SULF-ASPARTATE ORAL CAPSULE, EXT RELEASE 24 HR 25 MG		4.25900	3.79070
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 240 MG		0.56214	0.44817
DORZOLAMIDE HCL OPHTHALMIC DROPS 2 %		1.51100	1.10800
DRONABINOL ORAL CAPSULE 5 MG		6.17506	5.65871
DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		1.84000	1.42665
EXEMESTANE ORAL TABLET 25 MG		12.89520	9.89194
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 48 MG		1.03929	0.82211
FENOFIBRIC ACID (CHOLINE) ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 45 MG		1.65033	1.17497
HYDROCORTISONE TOPICAL CREAM (GRAM) 1 %		0.19048	0.13969
ISOTRETINOIN ORAL CAPSULE 10 MG		7.59713	6.52410
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG		0.70646	0.52044
MUPIROCIN TOPICAL OINTMENT (GRAM) 2 %	1.88390	0.43142	0.40309
NADOLOL ORAL TABLET 40 MG		3.04000	2.35374
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG		0.85336	0.60888
OXYCODONE HCL ORAL CONCENTRATE, ORAL 20 MG/ML		5.91660	5.34033
POTASSIUM CHLORIDE ORAL PACKET (EA) 20 MEQ		4.85000	4.08330
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 25 MG		9.65658	8.88187