

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

Data as of 12/27/2021

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)	0.79217		0.36867	
Abacavir Sulfate-Lamivudine Tab 600-300 MG	2.13690		1.19425	
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			2.03634	
Abiraterone Acetate Tab 500 MG			71.66645	
Acamprosate Calcium Tab Delayed Release 333 MG	0.65917		0.52328	
Acarbose Tab 100 MG	0.38665		0.13000	
Acarbose Tab 25 MG	0.16997		0.15360	
Acarbose Tab 50 MG	0.19866		0.12500	
Acebutolol HCl Cap 200 MG			0.49290	
Acebutolol HCl Cap 400 MG			0.26613	
Acetaminophen w/ Codeine Soln 120-12 MG/5ML			0.01600	
Acetaminophen w/ Codeine Tab 300-15 MG	0.11864		0.11018	
Acetaminophen w/ Codeine Tab 300-30 MG	0.11273		0.08147	
Acetaminophen w/ Codeine Tab 300-60 MG	0.19796		0.17150	
Acetazolamide Cap ER 12HR 500 MG	0.41414		0.49990	
Acetazolamide Sodium For Inj 500 MG			9.11877	
Acetazolamide Tab 125 MG	0.13938		0.88273	
Acetazolamide Tab 250 MG	0.28299		0.21375	
Acetic Acid Irrigation Soln 0.25%			0.00270	
Acetic Acid Otic Soln 2%			1.05933	
Acetylcysteine Inhal Soln 10%			0.35144	
Acetylcysteine Inhal Soln 20%			0.32033	
Acitretin Cap 10 MG	7.89167		9.17876	
Acitretin Cap 17.5 MG			25.25000	
Acitretin Cap 25 MG	9.02360		9.33333	
Acyclovir Cap 200 MG	0.11611		0.05480	

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

Data as of 12/27/2021

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 Cream 5%	82.70060		90.38892	
Acyclovir Oint 5%			1.19400	
Acyclovir Susp 200 MG/5ML	0.25551		0.37206	
Acyclovir Tab 400 MG	0.10579		0.05732	
Acyclovir Tab 800 MG	0.19955		0.13520	
Adalimumab Pen-injector Kit 80 MG/0.8ML			5762.18413	
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%			2.88667	
Adapalene Gel 0.1%			1.51887	
Adapalene Gel 0.3%	1.83456		1.28511	
Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	0.89484		1.08104	
Adefovir Dipivoxil Tab 10 MG			22.87983	
Albendazole Tab 200 MG	14.26738		28.82360	
Albumin, Human Inj 25%			1.39750	
Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)			3.74192	
Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)			0.03173	
Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)			0.34743	
Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)		0.11333	0.19507	11/22/2021
Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)			0.15240	
Albuterol Sulfate Syrup 2 MG/5ML	0.03978		0.01017	
Albuterol Sulfate Tab 2 MG	0.67057		0.08000	
Albuterol Sulfate Tab 4 MG	0.54530		3.00247	

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

Data as of 12/27/2021

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 Oral Soln 70 MG/75ML			0.48500	
Alendronate Sodium Tab 10 MG			0.13200	
Alendronate Sodium Tab 35 MG	0.40223		0.23750	
Alendronate Sodium Tab 5 MG			0.14633	
Alendronate Sodium Tab 70 MG	0.30646		0.23250	
Alfuzosin HCl Tab ER 24HR 10 MG	0.14305		0.05870	
Aliskiren Fumarate Tab 150 MG (Base Equivalent)			5.54267	
Aliskiren Fumarate Tab 300 MG (Base Equivalent)			7.46570	
Allopurinol Tab 100 MG	0.05825		0.04100	
Allopurinol Tab 300 MG	0.09828		0.05230	
Almotriptan Malate Tab 12.5 MG			19.23583	
Alosetron HCl Tab 0.5 MG (Base Equiv)	4.08603		10.07880	
Alosetron HCl Tab 1 MG (Base Equiv)	13.14873		9.57338	
Alprazolam Orally Disintegrating Tab 0.5 MG			1.28974	
Alprazolam Tab 0.25 MG	0.03497		0.01612	
Alprazolam Tab 0.5 MG	0.05593		0.01385	
Alprazolam Tab 1 MG	0.05619		0.01660	
Alprazolam Tab 2 MG	0.12259		0.03917	
Alprazolam Tab ER 24HR 0.5 MG	0.19705		0.18083	
Alprazolam Tab ER 24HR 1 MG	0.22763		0.17943	
Alprazolam Tab ER 24HR 2 MG	0.37228		0.18687	
Alprazolam Tab ER 24HR 3 MG	0.44995		0.25192	
Amantadine HCl Cap 100 MG	0.32813		0.17195	
Amantadine HCl Soln 50 MG/5ML			0.01839	
Amantadine HCl Syrup 50 MG/5ML			0.01886	
Amantadine HCl Tab 100 MG	0.68699		0.59535	

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

Data as of 12/27/2021

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
Ambrisentan Tab 10 MG			38.40133	
Ambrisentan Tab 5 MG			38.40133	
Amiloride & Hydrochlorothiazide Tab 5-50 MG			0.28000	
Amiloride HCl Tab 5 MG	0.22558		0.13230	
Aminocaproic Acid Tab 500 MG			4.38000	
Amiodarone HCl Tab 100 MG	1.31362		1.39967	
Amiodarone HCl Tab 200 MG	0.12422		0.09890	
Amiodarone HCl Tab 400 MG	2.38507		2.20300	
Amitriptyline HCl Tab 10 MG	0.05593		0.03635	
Amitriptyline HCl Tab 100 MG	0.32128		0.24283	
Amitriptyline HCl Tab 150 MG	0.61031		0.29900	
Amitriptyline HCl Tab 25 MG	0.09009		0.06200	
Amitriptyline HCl Tab 50 MG	0.13795		0.04370	
Amitriptyline HCl Tab 75 MG	0.24848		0.12500	
Amlodipine Besylate Tab 10 MG (Base Equivalent)	0.02492		0.01026	
Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	0.01909		0.00974	
Amlodipine Besylate Tab 5 MG (Base Equivalent)	0.01846		0.01159	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	1.79195		1.46667	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	2.56382		1.99467	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	2.25659		1.94133	
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG			4.82300	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	1.93828		2.66894	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	1.90657		2.74000	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	3.30242		3.09133	
Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	0.19810		0.09755	
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	0.22766		0.13100	
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	0.17424		0.08560	
Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	0.15263		0.07450	
Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	0.17677		0.09650	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	0.15672		0.08980	

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

Data as of 12/27/2021

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 10-20 MG	0.33719		0.31333	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	0.55133		0.49867	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	0.87732		0.44433	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	0.50216		0.72308	
Amlodipine Besylate-Valsartan Tab 10-160 MG	0.78395		0.34522	
Amlodipine Besylate-Valsartan Tab 10-320 MG	0.92746		0.43333	
Amlodipine Besylate-Valsartan Tab 5-160 MG	0.69446		0.33484	
Amlodipine Besylate-Valsartan Tab 5-320 MG	0.85916		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	0.06583		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			0.06147	
Amoxicillin & K Clavulanate Tab 250-125 MG	2.69313		2.00000	
Amoxicillin & K Clavulanate Tab 500-125 MG	0.29796		0.24500	
Amoxicillin & K Clavulanate Tab 875-125 MG	0.27032		0.26983	
Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG			4.70250	
Amoxicillin (Trihydrate) Cap 250 MG	0.06093		0.04196	
Amoxicillin (Trihydrate) Cap 500 MG	0.06703		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	
Amoxicillin (Trihydrate) For Susp 125 MG/5ML			0.02037	

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

Data as of 12/27/2021

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 200 MG/5ML			0.01700	
Amoxicillin (Trihydrate) For Susp 250 MG/5ML			0.01628	
Amoxicillin (Trihydrate) For Susp 400 MG/5ML			0.01956	
Amoxicillin (Trihydrate) Tab 500 MG	0.13554		0.13125	
Amoxicillin (Trihydrate) Tab 875 MG	0.14027		0.08600	
Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack			2.57209	
Amphetamine Sulfate Tab 10 MG	1.91534		0.67830	
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	4.29870		0.54748	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	4.73511		0.53692	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	4.38945		0.70180	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	4.65366		0.54315	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	4.45251		0.64000	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	4.60142		0.81560	
Amphetamine-Dextroamphetamine Tab 10 MG	0.24723		0.21760	
Amphetamine-Dextroamphetamine Tab 12.5 MG	0.66091		0.52640	
Amphetamine-Dextroamphetamine Tab 15 MG	0.29230		0.33810	
Amphetamine-Dextroamphetamine Tab 20 MG	0.31120		0.30067	
Amphetamine-Dextroamphetamine Tab 30 MG	0.31326		0.32948	
Amphetamine-Dextroamphetamine Tab 5 MG	0.30817		0.28390	
Amphetamine-Dextroamphetamine Tab 7.5 MG	0.33899		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	
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	

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

Data as of 12/27/2021

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 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	1.01133		0.13560	
Anagrelide HCl Cap 1 MG			0.76180	
Anastrozole Tab 1 MG	0.19385		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-rFVIIIIFc) For Inj 1000 Unit			1.48000	
Antihemophilic Factor Rcmb (BDD-rFVIIIIFc) For Inj 1500 Unit			1.48000	
Antihemophilic Factor Rcmb (BDD-rFVIIIIFc) For Inj 2000 Unit			1.48000	
Antihemophilic Factor Rcmb (BDD-rFVIIIIFc) For Inj 250 Unit			1.48000	
Antihemophilic Factor Rcmb (BDD-rFVIIIIFc) For Inj 3000 Unit			1.48000	
Antihemophilic Factor Rcmb (BDD-rFVIIIIFc) For Inj 4000 Unit			1.48000	
Antihemophilic Factor Rcmb (BDD-rFVIIIIFc) For Inj 500 Unit			1.48000	
Antihemophilic Factor Rcmb (BDD-rFVIIIIFc) For Inj 5000 Unit			1.48000	
Antihemophilic Factor Rcmb (BDD-rFVIIIIFc) For Inj 6000 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 12/27/2021

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
Aripiprazole Tab 15 MG	0.27100		0.15039	
Aripiprazole Tab 2 MG	0.19179		0.09400	
Aripiprazole Tab 20 MG	0.49717		0.20576	
Aripiprazole Tab 30 MG	0.63176		0.16745	
Aripiprazole Tab 5 MG	0.18704		0.10533	
Armodafinil Tab 150 MG	1.81755		1.09107	
Armodafinil Tab 200 MG	0.84734		0.83889	
Armodafinil Tab 250 MG	1.23264		1.08200	
Armodafinil Tab 50 MG	0.49844		0.33919	
Asenapine Maleate SL Tab 10 MG (Base Equiv)	13.37936		3.43853	
Asenapine Maleate SL Tab 5 MG (Base Equiv)	12.34944		2.97048	
Aspirin-Caff-Butalbital w/ Codeine Cap 200-40-50-30 MG			1.65624	
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	0.85482		0.74217	
Atazanavir Sulfate Cap 150 MG (Base Equiv)			6.80917	
Atazanavir Sulfate Cap 200 MG (Base Equiv)			2.49167	
Atazanavir Sulfate Cap 300 MG (Base Equiv)	9.64801		5.41367	
Atenolol & Chlorthalidone Tab 100-25 MG	0.52632		0.36700	
Atenolol & Chlorthalidone Tab 50-25 MG	0.45390		0.32543	
Atenolol Tab 100 MG	0.04524		0.02990	
Atenolol Tab 25 MG	0.03120		0.01982	
Atenolol Tab 50 MG	0.03589		0.02811	
Atomoxetine HCl Cap 10 MG (Base Equiv)	1.44585		1.83300	
Atomoxetine HCl Cap 100 MG (Base Equiv)	1.60534		1.66900	
Atomoxetine HCl Cap 18 MG (Base Equiv)	1.27218		0.82333	
Atomoxetine HCl Cap 25 MG (Base Equiv)	1.45589		1.39066	
Atomoxetine HCl Cap 40 MG (Base Equiv)	1.27561		1.18329	
Atomoxetine HCl Cap 60 MG (Base Equiv)	1.48595		1.92717	
Atomoxetine HCl Cap 80 MG (Base Equiv)	1.43157		1.55155	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	0.05546		0.02891	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	0.07453		0.04133	

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

Data as of 12/27/2021

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
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	0.09031		0.04889	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	0.12060		0.08612	
Atovaquone Susp 750 MG/5ML	1.48995		1.42857	
Atovaquone-Proguanil HCl Tab 250-100 MG	3.49956		2.19550	
Atovaquone-Proguanil HCl Tab 62.5-25 MG			1.25680	
Atropine Sulfate Ophth Soln 1%			9.21410	
Azathioprine Tab 50 MG	0.22838		0.18135	
Azelaic Acid Gel 15%	1.82904		1.97380	
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)			0.27350	
Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)			0.60033	
Azelastine HCl Ophth Soln 0.05%	1.36937		1.03791	
Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT	4.25038		4.41696	
Azithromycin For Susp 100 MG/5ML	0.58231		0.42933	
Azithromycin For Susp 200 MG/5ML			0.29600	
Azithromycin IV For Soln 500 MG			6.80550	
Azithromycin Tab 250 MG	0.46612		0.27091	
Azithromycin Tab 500 MG	1.04751		0.56111	
Azithromycin Tab 600 MG	1.08173		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	
Bacitracin-Polymyxin B Ophth Oint			2.05714	
Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%			6.88857	
Baclofen Tab 10 MG	0.07383		0.05757	
Baclofen Tab 20 MG	0.13228		0.10450	
Baclofen Tab 5 MG	0.82800		0.65578	
Bacteriostatic Sodium Chloride Inj Soln 0.9%***			0.03033	
Balsalazide Disodium Cap 750 MG	0.40861		0.36714	
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG			0.49990	

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

Data as of 12/27/2021

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
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	0.58388		0.19990	
Benazepril & Hydrochlorothiazide Tab 20-25 MG	0.64244		0.53480	
Benazepril & Hydrochlorothiazide Tab 5-6.25 MG			0.89470	
Benazepril HCl Tab 10 MG	0.08251		0.01900	
Benazepril HCl Tab 20 MG	0.10406		0.04278	
Benazepril HCl Tab 40 MG	0.13180		0.05240	
Benazepril HCl Tab 5 MG	0.06399		0.04180	
Benzonate Cap 100 MG	0.09613		0.08170	
Benzonate Cap 200 MG	0.13645		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%			1.44505	
Benzphetamine HCl Tab 50 MG			0.35330	
Benztropine Mesylate Inj 1 MG/ML			18.50133	
Benztropine Mesylate Tab 0.5 MG	0.08435		0.05798	
Benztropine Mesylate Tab 1 MG	0.08347		0.06904	
Benztropine Mesylate Tab 2 MG	0.11264		0.08160	
Betamethasone Dipropionate Augmented Cream 0.05%			0.15427	
Betamethasone Dipropionate Augmented Gel 0.05%			0.40432	
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%	0.39924		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	

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

Data as of 12/27/2021

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 Valerate Lotion 0.1% (Base Equivalent)			0.26967	
Betamethasone Valerate Oint 0.1% (Base Equivalent)			0.56667	
Betaxolol HCl Opth Soln 0.5%			8.13900	
Betaxolol HCl Tab 10 MG			0.56150	
Betaxolol HCl Tab 20 MG			1.24790	
Bethanechol Chloride Tab 10 MG			0.13610	
Bethanechol Chloride Tab 25 MG	0.30039		0.19520	
Bethanechol Chloride Tab 5 MG			0.11570	
Bethanechol Chloride Tab 50 MG			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	0.39288		0.10180	
Bimatoprost Opth Soln 0.03%			31.18000	
Bimatoprost Soln 0.03%			32.50000	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	0.32691		0.05313	
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	0.32318		0.03462	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	0.35925		0.04470	
Bisoprolol Fumarate Tab 10 MG	0.42604		0.18530	
Bisoprolol Fumarate Tab 5 MG	0.37672		0.15655	
Bleomycin Sulfate For Inj 15 Unit			35.41200	
Bleomycin Sulfate For Inj 30 Unit			72.96900	
Blood Glucose Monitoring Kit w/ Device***			7.50000	
Bosentan Tab 125 MG			19.38600	
Bosentan Tab 62.5 MG			19.38600	
Brimonidine Tartrate Opth Soln 0.15%			19.22480	
Brimonidine Tartrate Opth Soln 0.2%			0.42067	
Brinzolamide Opth Susp 1%			20.28920	
Bromfenac Sodium Opth Soln 0.09% (Base Equiv) (Once-Daily)			38.95000	
Bromocriptine Mesylate Cap 5 MG (Base Equivalent)			3.62000	
Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)	1.72847		1.06633	

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

Data as of 12/27/2021

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
Budesonide Delayed Release Particles Cap 3 MG	0.88922		0.48290	
Budesonide Inhalation Susp 0.25 MG/2ML			0.64421	
Budesonide Inhalation Susp 0.5 MG/2ML			0.55450	
Budesonide Inhalation Susp 1 MG/2ML			4.11367	
Budesonide Tab ER 24HR 9 MG	43.91798		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	0.22509		0.15810	
Bumetanide Tab 1 MG	0.21694		0.24294	
Bumetanide Tab 2 MG	0.46658		0.62780	
Bupivacaine HCl Preservative Free (PF) Inj 0.5%			0.11333	
Buprenorphine HCl SL Tab 2 MG (Base Equiv)	0.37447		0.30700	
Buprenorphine HCl SL Tab 8 MG (Base Equiv)	0.74360		0.66700	
Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG (Base Equiv)			6.66891	
Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)			2.28683	
Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv)			4.37570	
Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)			3.43167	
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	
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)	0.86031		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)	0.99777		1.03049	
Buprenorphine HCl-Naloxone HCl SL Tab 8.6-2.1 MG (Base Eq)			13.02833	
Buprenorphine TD Patch Weekly 10 MCG/HR	84.87802		55.26143	
Buprenorphine TD Patch Weekly 5 MCG/HR	55.44209		41.86250	
Buprenorphine TD Patch Weekly 7.5 MCG/HR			59.45286	
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	

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

Data as of 12/27/2021

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-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	0.15378		0.09950	
Bupropion HCl Tab 75 MG	0.15043		0.06050	
Bupropion HCl Tab ER 12HR 100 MG	0.14073		0.07644	
Bupropion HCl Tab ER 12HR 150 MG	0.11053		0.05360	
Bupropion HCl Tab ER 12HR 200 MG	0.18226		0.08069	
Bupropion HCl Tab ER 24HR 150 MG	0.14366		0.11400	
Bupropion HCl Tab ER 24HR 300 MG	0.18125		0.14086	
Burrow's Solution w/ Acetic Acid Otic Soln 2%			0.11450	
Buspirone HCl Tab 10 MG	0.03752		0.03497	
Buspirone HCl Tab 15 MG	0.04878		0.05239	
Buspirone HCl Tab 30 MG	0.20599		0.11717	
Buspirone HCl Tab 5 MG	0.02503		0.01998	
Buspirone HCl Tab 7.5 MG	0.23028		0.24170	
Butalbital-Acetaminophen Tab 50-300 MG			1.60000	
Butalbital-Acetaminophen Tab 50-325 MG			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			0.86725	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	0.64565		0.68049	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	3.34496		0.60905	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	0.21743		0.15773	
Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG			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	2.22779		1.99500	
Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)			2.80000	
Calcipotriene Cream 0.005%			1.08283	
Calcipotriene Oint 0.005%			2.48205	

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

Data as of 12/27/2021

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
Calcipotriene Soln 0.005% (50 MCG/ML)	1.10262		0.94983	
Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%	5.49843		7.02000	
Calcitonin (Salmon) Nasal Soln 200 Unit/ACT			6.33784	
Calcitriol Cap 0.25 MCG	0.18417		0.12704	
Calcitriol Cap 0.5 MCG	0.34370		0.25950	
Calcitriol Oral Soln 1 MCG/ML	6.44808		4.59200	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	0.35497		0.11590	
Calcium Acetate (Phosphate Binder) Tab 667 MG			0.30825	
Calcium Gluconate Inj 10%			0.17000	
Candesartan Cilexetil Tab 16 MG	0.91844		0.61200	
Candesartan Cilexetil Tab 32 MG	1.20368		1.06144	
Candesartan Cilexetil Tab 4 MG	1.34896		0.99090	
Candesartan Cilexetil Tab 8 MG	0.98581		1.28291	
Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	1.91539		1.36980	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	1.71624		2.02290	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	2.46749		1.50969	
Cannabidiol Soln 100 MG/ML			14.12900	
Capecitabine Tab 150 MG			0.34945	
Capecitabine Tab 500 MG	2.12894		0.49958	
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			1.32038	
Captopril Tab 12.5 MG	0.50682		0.52210	
Captopril Tab 25 MG	0.67999		0.12075	
Captopril Tab 50 MG			0.77990	
Carbamazepine Cap ER 12HR 100 MG	1.39248		0.62433	
Carbamazepine Cap ER 12HR 200 MG	1.19923		1.20983	

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

Data as of 12/27/2021

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
Carbamazepine Cap ER 12HR 300 MG	1.36694		0.75498	
Carbamazepine Chew Tab 100 MG	0.30485		0.21800	
Carbamazepine Susp 100 MG/5ML			0.10414	
Carbamazepine Tab 200 MG	0.61424		0.18497	
Carbamazepine Tab ER 12HR 100 MG	0.85868		0.39510	
Carbamazepine Tab ER 12HR 200 MG	1.52912		0.84990	
Carbamazepine Tab ER 12HR 400 MG	2.94397		1.48790	
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	0.15199		0.09610	
Carbidopa & Levodopa Tab 25-100 MG	0.09853		0.07030	
Carbidopa & Levodopa Tab 25-250 MG	0.16937		0.09582	
Carbidopa & Levodopa Tab ER 25-100 MG	0.29141		0.11510	
Carbidopa & Levodopa Tab ER 50-200 MG	0.33733		0.18000	
Carbidopa Tab 25 MG	3.58006		0.93340	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	1.99484		2.67548	
Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG			3.06482	
Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG			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			0.49016	
Carboplatin IV Soln 600 MG/60ML			0.56753	
Carisoprodol Tab 250 MG	2.04921		1.11400	
Carisoprodol Tab 350 MG	0.16627		0.04670	
Carteolol HCl Opth Soln 1%			1.40920	
Carvedilol Phosphate Cap ER 24HR 10 MG	13.04884		5.85267	



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

Data as of 12/27/2021

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
Carvedilol Phosphate Cap ER 24HR 20 MG	13.83084		5.43233	
Carvedilol Phosphate Cap ER 24HR 40 MG	13.39101		4.72533	
Carvedilol Phosphate Cap ER 24HR 80 MG	12.03564		5.99833	
Carvedilol Tab 12.5 MG	0.02816		0.02125	
Carvedilol Tab 25 MG	0.04024		0.02294	
Carvedilol Tab 3.125 MG	0.02062		0.01830	
Carvedilol Tab 6.25 MG	0.02192		0.01794	
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	0.20706		0.12410	
Cefadroxil For Susp 250 MG/5ML	0.26081		0.20100	
Cefadroxil For Susp 500 MG/5ML	0.31946		0.24250	
Cefadroxil Tab 1 GM			3.15000	
Cefazolin Sodium For Inj 1 GM			0.92300	
Cefazolin Sodium For Inj 10 GM			6.05100	
Cefdinir Cap 300 MG	0.54750		0.38283	
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 Cap 400 MG			9.94480	
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 For Susp 100 MG/5ML			1.16000	

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

Data as of 12/27/2021

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
Cefpodoxime Proxetil For Susp 50 MG/5ML			0.47995	
Cefpodoxime Proxetil Tab 100 MG	2.81482		1.77000	
Cefpodoxime Proxetil Tab 200 MG	3.54882		2.20000	
Cefprozil For Susp 125 MG/5ML	0.25784		0.14400	
Cefprozil For Susp 250 MG/5ML			0.21875	
Cefprozil Tab 250 MG	0.65626		0.77750	
Cefprozil Tab 500 MG	1.02449		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			14.68750	
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 1 GM			4.14500	
Ceftriaxone Sodium For IV Soln 2 GM			10.98500	
Cefuroxime Axetil Tab 250 MG	0.42179		0.26250	
Cefuroxime Axetil Tab 500 MG	0.56842		0.38067	
Cefuroxime Sodium For Inj 1.5 GM			5.72000	
Cefuroxime Sodium For Inj 750 MG			2.92500	
Cefuroxime Sodium For IV Soln 1.5 GM			5.72000	
Celecoxib Cap 100 MG	0.15014		0.11230	
Celecoxib Cap 200 MG	0.29474		0.11246	
Celecoxib Cap 400 MG	0.66646		0.49205	
Celecoxib Cap 50 MG	0.18749		0.12367	
Cephalexin Cap 250 MG	0.09559		0.05200	
Cephalexin Cap 500 MG	0.11701		0.07836	
Cephalexin Cap 750 MG			5.35800	

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

Data as of 12/27/2021

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
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	0.92286		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%			0.00571	
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	1.29919		1.55000	
Chlorpromazine HCl Tab 100 MG	3.80384		3.25725	
Chlorpromazine HCl Tab 200 MG	5.47775		4.60216	
Chlorpromazine HCl Tab 25 MG	1.80462		1.67110	
Chlorpromazine HCl Tab 50 MG	2.26160		1.96941	
Chlorpropamide Tab 100 MG			0.20075	
Chlorpropamide Tab 250 MG			0.34000	
Chlorthalidone Tab 25 MG	0.16684		0.13520	
Chlorthalidone Tab 50 MG	0.26533		0.24788	
Chlorzoxazone Tab 500 MG			0.22652	
Cholestyramine Light Powder 4 GM/DOSE			0.16658	
Cholestyramine Light Powder Packets 4 GM			0.29672	
Cholestyramine Powder 4 GM/DOSE			0.14640	
Cholestyramine Powder Packets 4 GM			1.07534	
Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	0.70234		0.84782	
Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	0.22190		0.38065	

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

Data as of 12/27/2021

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
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%	0.33420		0.24845	
Ciclopirox Solution 8%	1.94701		1.24242	
Cilostazol Tab 100 MG	0.16249		0.05433	
Cilostazol Tab 50 MG	0.11762		0.07320	
Cimetidine HCl Soln 300 MG/5ML	0.23162		0.07052	
Cimetidine Tab 200 MG			0.06613	
Cimetidine Tab 300 MG			0.19250	
Cimetidine Tab 400 MG			0.57070	
Cimetidine Tab 800 MG			0.83477	
Cinacalcet HCl Tab 30 MG (Base Equiv)	1.72802		0.68699	
Cinacalcet HCl Tab 60 MG (Base Equiv)	3.88899		3.03142	
Cinacalcet HCl Tab 90 MG (Base Equiv)	5.77172		4.99967	
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)	0.55985		0.08880	
Ciprofloxacin HCl Tab 500 MG (Base Equiv)	1.74743		0.08439	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)	0.28980		0.23220	
Ciprofloxacin IV Soln 400 MG/40ML (1%)			0.09230	
Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	19.27054		17.51181	
Cisplatin Inj 100 MG/100ML (1 MG/ML)			0.31445	
Cisplatin Inj 50 MG/50ML (1 MG/ML)			0.31445	
Citalopram Hydrobromide Oral Soln 10 MG/5ML	0.19933		0.20829	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	0.03562		0.01764	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	0.04788		0.02485	

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

Data as of 12/27/2021

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
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	0.06038		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	0.35209		0.53000	
Clarithromycin Tab 500 MG	0.48801		0.36436	
Clarithromycin Tab ER 24HR 500 MG	3.72397		1.24967	
Clemastine Fumarate Tab 2.68 MG			0.19150	
Clindamycin HCl Cap 150 MG	0.15267		0.07280	
Clindamycin HCl Cap 300 MG	0.25001		0.17964	
Clindamycin HCl Cap 75 MG			0.45743	
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	0.17895		0.17000	
Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	0.65566		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%	0.97654		0.75017	
Clindamycin Phosphate Soln 1%			0.23674	
Clindamycin Phosphate Swab 1%			0.30288	
Clindamycin Phosphate Vaginal Cream 2%	1.65355		1.54325	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%			1.52390	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%	1.86656		1.24646	
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	

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

Data as of 12/27/2021

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
Clobazam Suspension 2.5 MG/ML	2.42542		0.60358	
Clobazam Tab 10 MG	6.95413		0.28460	
Clobazam Tab 20 MG	14.18678		0.70656	
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%			1.22050	
Clobetasol Propionate Lotion 0.05%			1.06534	
Clobetasol Propionate Oint 0.05%			0.25597	
Clobetasol Propionate Shampoo 0.05%	0.77279		0.73288	
Clobetasol Propionate Soln 0.05%			0.45980	
Clobetasol Propionate Spray 0.05%			0.42972	
Clomiphene Citrate Tab 50 MG			0.51333	
Clomipramine HCl Cap 25 MG	1.39306		1.59457	
Clomipramine HCl Cap 50 MG	1.85134		1.22086	
Clomipramine HCl Cap 75 MG	1.26293		0.87475	
Clonazepam Orally Disintegrating Tab 0.125 MG			0.61050	
Clonazepam Orally Disintegrating Tab 0.25 MG			0.51183	
Clonazepam Orally Disintegrating Tab 0.5 MG			0.51100	
Clonazepam Orally Disintegrating Tab 1 MG			0.58810	
Clonazepam Orally Disintegrating Tab 2 MG			1.01222	
Clonazepam Tab 0.5 MG	0.03239		0.01355	
Clonazepam Tab 1 MG	0.04275		0.02300	
Clonazepam Tab 2 MG	0.06276		0.03110	
Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML			9.80000	
Clonidine HCl Tab 0.1 MG	0.03035		0.02396	
Clonidine HCl Tab 0.2 MG	0.04153		0.03280	
Clonidine HCl Tab 0.3 MG	0.04871		0.02763	
Clonidine HCl Tab ER 12HR 0.1 MG	0.75693		0.69150	

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

Data as of 12/27/2021

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 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	11.22522		5.49500	
Clonidine TD Patch Weekly 0.2 MG/24HR	17.13948		10.45875	
Clonidine TD Patch Weekly 0.3 MG/24HR	27.60668		11.95461	
Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	0.08934		0.05733	
Clorazepate Dipotassium Tab 15 MG			2.19764	
Clorazepate Dipotassium Tab 3.75 MG			0.87940	
Clorazepate Dipotassium Tab 7.5 MG			1.39350	
Clotrimazole Cream 1%			0.17030	
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	5.65884		4.76825	
Clozapine Tab 100 MG	1.88606		0.34440	
Clozapine Tab 200 MG	1.54486		0.99090	
Clozapine Tab 25 MG	0.46218		0.17340	
Clozapine Tab 50 MG	0.56979		0.32500	
Coagulation Factor VIIa (Recom)-jncw For Inj 1 MG (1000 MCG)			1.50000	
Coagulation Factor VIIa (Recom)-jncw For Inj 5 MG (5000 MCG)			1.50000	
Codeine Sulfate Tab 30 MG			0.31600	
Colchicine Tab 0.6 MG	0.61088		0.79755	
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	0.87872		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	

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

Data as of 12/27/2021

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
Colistimethate Sodium For Inj 150 MG			16.66526	
Cromolyn Sodium Ophth Soln 4%			0.48600	
Cromolyn Sodium Oral Conc 100 MG/5ML	0.39000		0.47749	
Cromolyn Sodium Soln Nebu 20 MG/2ML			2.17127	
Cyanocobalamin Inj 1000 MCG/ML			2.70000	
Cyclobenzaprine HCl Tab 10 MG	0.02442		0.01594	
Cyclobenzaprine HCl Tab 5 MG	0.02785		0.01860	
Cyclobenzaprine HCl Tab 7.5 MG	2.25184		1.32316	
Cyclopentolate HCl Ophth Soln 1%			2.56500	
Cyclopentolate HCl Ophth Soln 2%			5.65200	
Cyclophosphamide Cap 25 MG			5.41412	
Cyclophosphamide Cap 50 MG			5.01850	
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	2.33955		1.63667	
Cyclosporine Modified Cap 25 MG	0.78121		0.41700	
Cyclosporine Modified Cap 50 MG			0.82113	
Cyclosporine Modified Oral Soln 100 MG/ML			1.76740	
Cyproheptadine HCl Syrup 2 MG/5ML	0.05967		0.06266	
Cyproheptadine HCl Tab 4 MG	0.09813		0.08125	
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	



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

Data as of 12/27/2021

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
Dalfampridine Tab ER 12HR 10 MG	1.23014		0.82500	
Danazol Cap 200 MG			3.15200	
Dantrolene Sodium Cap 100 MG			0.82590	
Dantrolene Sodium Cap 25 MG	0.40298		0.35000	
Dantrolene Sodium Cap 50 MG	0.92118		0.63900	
Dapsone Gel 5%			3.53217	
Dapsone Tab 100 MG	1.36647		0.54067	
Dapsone Tab 25 MG	0.60709		0.33333	
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)	2.11251		1.45025	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	1.56817		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			3.30300	
Deferasirox Tab 360 MG			155.76942	
Deferasirox Tab 90 MG			3.80000	
Deferasirox Tab For Oral Susp 125 MG			1.67000	
Deferasirox Tab For Oral Susp 250 MG			3.33000	
Deferasirox Tab For Oral Susp 500 MG			6.67000	
Deferiprone Tab 500 MG			58.19668	
Deferoxamine Mesylate For Inj 2 GM			31.00000	
Deferoxamine Mesylate For Inj 500 MG			12.16800	
Demeclocycline HCl Tab 150 MG			1.30000	
Demeclocycline HCl Tab 300 MG	10.01184		5.31417	
Dermatological Products Misc - Cream**			1.03051	
Desipramine HCl Tab 10 MG	0.31516		0.57533	

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

Data as of 12/27/2021

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
Desipramine HCl Tab 100 MG			1.78620	
Desipramine HCl Tab 150 MG			2.86792	
Desipramine HCl Tab 25 MG	0.35852		0.42950	
Desipramine HCl Tab 50 MG	0.52220		1.31850	
Desipramine HCl Tab 75 MG			1.75430	
Desloratadine Tab 5 MG			0.20100	
Desmopressin Acetate Inj 4 MCG/ML			7.67000	
Desmopressin Acetate Nasal Spray Soln 0.01%	10.60417		12.56615	
Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)	10.60417		19.21240	
Desmopressin Acetate Tab 0.1 MG	0.43012		0.23400	
Desmopressin Acetate Tab 0.2 MG	0.48856		0.38950	
Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	0.26905		0.23179	
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	0.21679		0.10127	
Desonide Cream 0.05%			0.55433	
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%			2.58526	
Desoximetasone Oint 0.25%			0.29867	
Desoximetasone Spray 0.25%			1.22948	
Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	1.06444		0.49614	
Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	0.72910		0.62784	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	0.85636		0.47200	
Dexamethasone Elixir 0.5 MG/5ML	0.10770		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	

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

Data as of 12/27/2021

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 Sodium Phosphate Inj 20 MG/5ML			0.46303	
Dexamethasone Sodium Phosphate Inj 4 MG/ML			0.46303	
Dexamethasone Sodium Phosphate Ophth Soln 0.1%			9.74500	
Dexamethasone Tab 0.5 MG			0.04650	
Dexamethasone Tab 0.75 MG			0.09400	
Dexamethasone Tab 1.5 MG			0.11454	
Dexamethasone Tab 4 MG			0.32250	
Dexamethasone Tab 6 MG			0.37206	
Dexmethylphenidate HCl Cap ER 24 HR 10 MG	5.80042		1.46765	
Dexmethylphenidate HCl Cap ER 24 HR 15 MG	5.89854		0.40120	
Dexmethylphenidate HCl Cap ER 24 HR 20 MG	6.46966		1.68026	
Dexmethylphenidate HCl Cap ER 24 HR 25 MG	7.05911		2.41738	
Dexmethylphenidate HCl Cap ER 24 HR 30 MG	6.26166		2.56200	
Dexmethylphenidate HCl Cap ER 24 HR 35 MG	7.93733		2.54081	
Dexmethylphenidate HCl Cap ER 24 HR 40 MG	6.39587		1.94380	
Dexmethylphenidate HCl Cap ER 24 HR 5 MG	5.25098		1.65352	
Dexmethylphenidate HCl Tab 10 MG	0.25774		0.39990	
Dexmethylphenidate HCl Tab 2.5 MG	0.54398		0.20541	
Dexmethylphenidate HCl Tab 5 MG	0.41520		0.27054	
Dextroamphetamine Sulfate Cap ER 24HR 10 MG	1.47792		0.46820	
Dextroamphetamine Sulfate Cap ER 24HR 15 MG	2.86837		1.00806	
Dextroamphetamine Sulfate Cap ER 24HR 5 MG	1.18938		1.19229	
Dextroamphetamine Sulfate Oral Solution 5 MG/5ML			1.42901	
Dextroamphetamine Sulfate Tab 10 MG	0.50778		0.40200	
Dextroamphetamine Sulfate Tab 5 MG	0.54478		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	

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

Data as of 12/27/2021

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
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	
Diazepam IM Solution Auto-inj 10 MG/2ML			1.47550	
Diazepam Inj 5 MG/ML			3.48640	
Diazepam Oral Soln 1 MG/ML			0.10254	
Diazepam Rectal Gel Delivery System 2.5 MG			224.50000	
Diazepam Tab 10 MG	0.04965		0.02294	
Diazepam Tab 2 MG	0.02389		0.01740	
Diazepam Tab 5 MG	0.02948		0.01518	
Diazoxide Susp 50 MG/ML			7.34950	
Diclofenac Potassium Tab 50 MG	0.45556		0.25630	
Diclofenac Sodium (Actinic Keratoses) Gel 3%	0.48361		0.37480	
Diclofenac Sodium Gel 1%			0.10411	
Diclofenac Sodium Ophth Soln 0.1%			0.88800	
Diclofenac Sodium Soln 1.5%	0.30643		0.11873	
Diclofenac Sodium Tab Delayed Release 25 MG			0.85301	
Diclofenac Sodium Tab Delayed Release 50 MG	0.10039		0.07270	
Diclofenac Sodium Tab Delayed Release 75 MG	0.10222		0.07730	
Diclofenac Sodium Tab ER 24HR 100 MG			0.19545	
Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	1.45517		1.79467	
Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	1.68483		1.59850	
Dicloxacillin Sodium Cap 250 MG			0.27170	
Dicloxacillin Sodium Cap 500 MG			0.49800	
Dicyclomine HCl Cap 10 MG	0.10121		0.10960	
Dicyclomine HCl Oral Soln 10 MG/5ML			0.20802	
Dicyclomine HCl Tab 20 MG	0.17835		0.09870	

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

Data as of 12/27/2021

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
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	1.22583		1.03390	
Digoxin Oral Soln 0.05 MG/ML			1.84000	
Digoxin Tab 125 MCG (0.125 MG)	0.27188		0.21936	
Digoxin Tab 250 MCG (0.25 MG)	0.28614		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	0.19090		0.14611	
Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	0.23865		0.12444	
Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	0.29882		0.23078	
Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	0.38713		0.28339	
Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	3.05647		1.18850	
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	

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

Data as of 12/27/2021

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
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	0.39563		0.26220	
Diltiazem HCl Tab 30 MG	0.18684		0.06520	
Diltiazem HCl Tab 60 MG	0.30239		0.13197	
Diltiazem HCl Tab 90 MG			0.18460	
Dimethyl Fumarate Capsule Delayed Release 120 MG			5.35714	
Dimethyl Fumarate Capsule Delayed Release 240 MG	5.15494		3.75000	
Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG			3.75000	
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	0.19463		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			0.32562	
Disopyramide Phosphate Cap 150 MG	1.52568		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	0.56397		0.23220	
Divalproex Sodium Tab Delayed Release 125 MG	0.12645		0.03952	
Divalproex Sodium Tab Delayed Release 250 MG	0.21969		0.05204	
Divalproex Sodium Tab Delayed Release 500 MG	0.30888		0.08036	
Divalproex Sodium Tab ER 24 HR 250 MG	0.37166		0.09345	
Divalproex Sodium Tab ER 24 HR 500 MG	0.54314		0.20565	
Docusate Sodium Cap 100 MG			0.04688	
Dofetilide Cap 125 MCG (0.125 MG)	0.84405		1.35570	
Dofetilide Cap 250 MCG (0.25 MG)	1.00224		1.57150	

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

Data as of 12/27/2021

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
Dofetilide Cap 500 MCG (0.5 MG)	0.77923		0.54983	
Donepezil Hydrochloride Orally Disintegrating Tab 10 MG			0.23100	
Donepezil Hydrochloride Orally Disintegrating Tab 5 MG			0.18000	
Donepezil Hydrochloride Tab 10 MG	0.06321		0.03508	
Donepezil Hydrochloride Tab 23 MG	0.79200		0.24733	
Donepezil Hydrochloride Tab 5 MG	0.05271		0.03111	
Dornase Alfa Inhal Soln 2.5 MG/2.5ML			44.43000	
Dorzolamide HCl Opth Soln 2%	1.39003		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	1.45412		0.78900	
Doxazosin Mesylate Tab 1 MG	0.08645		0.04370	
Doxazosin Mesylate Tab 2 MG	0.07411		0.05640	
Doxazosin Mesylate Tab 4 MG	0.12175		0.05202	
Doxazosin Mesylate Tab 8 MG	0.11059		0.05768	
Doxepin HCl (Sleep) Tab 6 MG (Base Equiv)	8.40387		7.85695	
Doxepin HCl Cap 10 MG	0.24266		0.13390	
Doxepin HCl Cap 100 MG	0.68337		0.45580	
Doxepin HCl Cap 150 MG			0.64000	
Doxepin HCl Cap 25 MG	0.32365		0.24400	
Doxepin HCl Cap 50 MG	0.31979		0.29678	
Doxepin HCl Cap 75 MG	0.77770		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	0.16507		0.10060	
Doxycycline Hyclate Cap 50 MG	0.29432		0.16100	
Doxycycline Hyclate Tab 100 MG	0.14276		0.09980	

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

Data as of 12/27/2021

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 Hyclate Tab 150 MG			10.05523	
Doxycycline Hyclate Tab 20 MG	0.28374		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 150 MG			13.80000	
Doxycycline Monohydrate Cap 50 MG	0.24175		0.12490	
Doxycycline Monohydrate For Susp 25 MG/5ML			0.21400	
Doxycycline Monohydrate Tab 100 MG	0.43461		0.22315	
Doxycycline Monohydrate Tab 150 MG			4.38400	
Doxycycline Monohydrate Tab 50 MG	0.16440		0.12322	
Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG	4.06575		3.25424	
Dronabinol Cap 10 MG	4.93074		3.56967	
Dronabinol Cap 2.5 MG	1.28277		1.49667	
Dronabinol Cap 5 MG	2.42532		2.50000	
Droperidol Inj 2.5 MG/ML			0.75400	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	3.06242		2.97274	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	0.47801		0.33708	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	0.36300		0.24209	
Dulaglutide Soln Pen-injector 0.75 MG/0.5ML			378.18120	
Dulaglutide Soln Pen-injector 1.5 MG/0.5ML			378.18120	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	0.13708		0.09200	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	0.12993		0.07333	
Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	2.47882		2.62425	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	0.18214		0.10200	
Dutasteride Cap 0.5 MG	0.25179		0.11478	
Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	2.03218		2.18000	
Econazole Nitrate Cream 1%			0.24988	
Efavirenz Tab 600 MG	8.73810		10.84033	



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

Data as of 12/27/2021

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
Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	7.07033		6.75129	
Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	5.82873		3.50000	
Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	6.35416		3.10833	
Eltrombopag Olamine Tab 50 MG (Base Equiv)			295.98920	
Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG			107.24270	
Emicizumab-kxwh Subcutaneous Soln 105 MG/0.7ML (150 MG/ML)			11160.20000	
Emicizumab-kxwh Subcutaneous Soln 150 MG/ML			11160.20000	
Emicizumab-kxwh Subcutaneous Soln 30 MG/ML			2232.05000	
Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML)			11160.20000	
Emtricitabine Caps 200 MG			17.81246	
Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG			93.36272	
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	1.55048		0.75832	
Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG			0.07566	
Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG			0.07613	
Enalapril Maleate Oral Soln 1 MG/ML			3.26493	
Enalapril Maleate Tab 10 MG	0.28694		0.05919	
Enalapril Maleate Tab 2.5 MG	0.13470		0.05650	
Enalapril Maleate Tab 20 MG	0.30048		0.07320	
Enalapril Maleate Tab 5 MG	0.15567		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	18.42932		10.59000	
Enoxaparin Sodium Inj 40 MG/0.4ML			11.13375	
Enoxaparin Sodium Subcutaneous Soln 60 MG/0.6ML			8.08667	
Enoxaparin Sodium Subcutaneous Soln 80 MG/0.8ML			7.60938	
Entacapone Tab 200 MG	0.44818		0.33480	
Entecavir Tab 0.5 MG	1.64424		0.69967	

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

Data as of 12/27/2021

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
Entecavir Tab 1 MG	1.85929		1.61346	
Epinastine HCl Opth Soln 0.05%			5.43300	
Epinephrine HCl Inj 1 MG/ML			1.99933	
Epinephrine HCl Soln Prefilled Syringe 0.1 MG/ML			0.34000	
Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)			142.50000	
Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)			139.95000	
Epirubicin HCl For IV Inj 50 MG			75.33500	
Epirubicin HCl IV Soln 200 MG/100ML (2 MG/ML)			2.14682	
Epirubicin HCl IV Soln 50 MG/25ML (2 MG/ML)			2.53188	
Eplerenone Tab 25 MG	0.82203		0.36544	
Eplerenone Tab 50 MG	0.90150		1.24967	
Epoprostenol Sodium For Inj 1.5 MG			36.32200	
Ergocalciferol Cap 1.25 MG (50000 Unit)	0.14197		0.08700	
Ergotamine w/ Caffeine Suppos 2-100 MG			5.57917	
Ergotamine w/ Caffeine Tab 1-100 MG			0.87490	
Ertapenem Sodium For Inj 1 GM (Base Equivalent)			75.20000	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML	1.96999		1.85988	
Erythromycin Ethylsuccinate For Susp 400 MG/5ML			5.37317	
Erythromycin Ethylsuccinate Tab 400 MG			9.14690	
Erythromycin Gel 2%			0.68967	
Erythromycin Opth Oint 5 MG/GM	3.61946		1.63247	
Erythromycin Pads 2%			0.90540	
Erythromycin Soln 2%			0.32978	
Erythromycin Tab 250 MG	6.52118		6.78000	
Erythromycin Tab 500 MG	13.22133		11.43594	
Erythromycin Tab Delayed Release 250 MG	5.75981		6.31170	
Erythromycin Tab Delayed Release 333 MG			6.28133	
Erythromycin Tab Delayed Release 500 MG			7.73400	
Erythromycin w/ Delayed Release Particles Cap 250 MG			4.37424	
Erythromycin-Sulfisoxazole For Susp 200-600 MG/5ML			0.25716	

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

Data as of 12/27/2021

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
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	0.48490		0.31615	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	0.08562		0.04156	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	0.12721		0.05640	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	0.07879		0.03020	
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)			0.15611	
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	1.44476		0.12056	
Estazolam Tab 1 MG			0.51402	
Estazolam Tab 2 MG	3.59229		0.31754	
Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	1.43087		1.73571	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG	1.34881		1.40036	
Estradiol Tab 0.5 MG	0.09763		0.06180	
Estradiol Tab 1 MG	0.09420		0.07130	
Estradiol Tab 2 MG	0.12717		0.10090	
Estradiol TD Patch Twice Weekly 0.025 MG/24HR	7.45125		6.68000	
Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	8.47802		6.68000	
Estradiol TD Patch Twice Weekly 0.05 MG/24HR	8.46060		6.30625	
Estradiol TD Patch Twice Weekly 0.075 MG/24HR	9.07223		6.39170	
Estradiol TD Patch Twice Weekly 0.1 MG/24HR	7.95871		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			10.02125	
Estradiol TD Patch Weekly 0.06 MG/24HR	16.46256		9.01000	
Estradiol TD Patch Weekly 0.075 MG/24HR			12.59000	
Estradiol TD Patch Weekly 0.1 MG/24HR			12.84435	
Estradiol Vaginal Cream 0.1 MG/GM	1.26173		1.06419	
Estradiol Vaginal Tab 10 MCG	12.32123		7.73889	
Estradiol Valerate IM in Oil 20 MG/ML			17.44200	
Estradiol Valerate IM In Oil 40 MG/ML			31.30000	
Estropipate Tab 0.75 MG			0.14670	
Estropipate Tab 1.5 MG			0.45257	

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

Data as of 12/27/2021

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
Estropipate Tab 3 MG			1.24110	
Eszopiclone Tab 1 MG	0.26449		0.25131	
Eszopiclone Tab 2 MG	0.21866		0.14584	
Eszopiclone Tab 3 MG	0.36405		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	5.67996		5.52000	
Ethambutol HCl Tab 400 MG	0.64623		0.52340	
Ethosuximide Cap 250 MG	0.64896		0.38487	
Ethosuximide Soln 250 MG/5ML	0.19459		0.11248	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	0.57186		0.42041	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG			0.58781	
Etodolac Cap 200 MG			0.67124	
Etodolac Cap 300 MG			0.57610	
Etodolac Tab 400 MG	0.33757		0.30493	
Etodolac Tab 500 MG	0.39893		0.26330	
Etodolac Tab ER 24HR 400 MG			0.75000	
Etodolac Tab ER 24HR 500 MG			0.16333	
Etodolac Tab ER 24HR 600 MG			1.50241	
Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR			100.38510	
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 0.25 MG			5.38836	
Everolimus Tab 0.5 MG			11.60260	
Everolimus Tab 10 MG			517.32418	
Everolimus Tab 2.5 MG			534.14840	
Everolimus Tab 5 MG			517.35228	
Everolimus Tab 7.5 MG			558.71011	
Everolimus Tab for Oral Susp 2 MG			492.11542	

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

Data as of 12/27/2021

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
Everolimus Tab for Oral Susp 3 MG			497.04526	
Everolimus Tab for Oral Susp 5 MG			517.32418	
Exemestane Tab 25 MG	1.48566		1.74633	
Ezetimibe Tab 10 MG	0.15423		0.05500	
Ezetimibe-Simvastatin Tab 10-10 MG	0.88032		1.63098	
Ezetimibe-Simvastatin Tab 10-20 MG	1.14381		0.48000	
Ezetimibe-Simvastatin Tab 10-40 MG	1.08284		0.71933	
Ezetimibe-Simvastatin Tab 10-80 MG	1.52178		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	0.30813		0.25255	
Famciclovir Tab 250 MG	0.41936		0.39178	
Famciclovir Tab 500 MG	0.85001		0.49467	
Famotidine For Susp 40 MG/5ML	1.05222		1.50000	
Famotidine Inj 20 MG/2ML			0.38350	
Famotidine Inj 200 MG/20ML			0.29900	
Famotidine Inj 40 MG/4ML			0.29900	
Famotidine Inj 500 MG/50ML			0.29900	
Famotidine Tab 20 MG			0.03450	
Famotidine Tab 40 MG	0.08216		0.05563	
Fat Emulsion IV Soln 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	1.02380		0.87809	
Febuxostat Tab 80 MG	0.80668		1.16900	
Felbamate Susp 600 MG/5ML			1.10721	
Felbamate Tab 400 MG	2.76493		0.86430	
Felbamate Tab 600 MG	5.81303		1.41430	
Felodipine Tab ER 24HR 10 MG	0.24079		0.09000	
Felodipine Tab ER 24HR 2.5 MG	0.20965		0.13429	

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

Data as of 12/27/2021

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
Felodipine Tab ER 24HR 5 MG	0.18900		0.07260	
Fenofibrate Micronized Cap 130 MG			1.67627	
Fenofibrate Micronized Cap 134 MG	0.18826		0.13990	
Fenofibrate Micronized Cap 200 MG	0.37155		0.43290	
Fenofibrate Micronized Cap 43 MG			0.68921	
Fenofibrate Micronized Cap 67 MG	0.13914		0.11000	
Fenofibrate Tab 120 MG			15.55544	
Fenofibrate Tab 145 MG	0.19762		0.15267	
Fenofibrate Tab 160 MG	0.23755		0.16816	
Fenofibrate Tab 40 MG			8.35000	
Fenofibrate Tab 48 MG	0.11907		0.08641	
Fenofibrate Tab 54 MG	0.15434		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	
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	8.85655		6.41480	
Fentanyl TD Patch 72HR 12 MCG/HR	7.56545		5.44174	
Fentanyl TD Patch 72HR 25 MCG/HR	2.99907		1.96240	
Fentanyl TD Patch 72HR 37.5 MCG/HR	42.77350		39.39600	
Fentanyl TD Patch 72HR 50 MCG/HR	4.76587		2.98250	
Fentanyl TD Patch 72HR 62.5 MCG/HR			70.94000	
Fentanyl TD Patch 72HR 75 MCG/HR	8.32773		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	

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

Data as of 12/27/2021

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
Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent)			0.12770	
Fexofenadine HCl Tab 180 MG	0.26835		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	0.11149		0.12194	
Finasteride Tab 5 MG	0.07987		0.05049	
Flavoxate HCl Tab 100 MG			0.48641	
Flecainide Acetate Tab 100 MG	0.24688		0.17270	
Flecainide Acetate Tab 150 MG	0.49003		0.19130	
Flecainide Acetate Tab 50 MG	0.17017		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	
Fluconazole Tab 100 MG	0.38630		0.18067	
Fluconazole Tab 150 MG	0.76913		0.52194	
Fluconazole Tab 200 MG	0.64571		0.48000	
Fluconazole Tab 50 MG	0.28647		0.66800	
Fludarabine Phosphate For Inj 50 MG			94.50000	
Fludarabine Phosphate Inj 25 MG/ML			54.37500	
Fludrocortisone Acetate Tab 0.1 MG	0.46778		0.30660	
Fluocinolone Acetonide (Otic) Oil 0.01%	2.19416		1.46265	
Fluocinolone Acetonide Cream 0.01%			1.44233	
Fluocinolone Acetonide Cream 0.025%			1.29967	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	0.32022		0.37286	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	0.40499		0.18592	
Fluocinolone Acetonide Oint 0.025%			1.31000	

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

Data as of 12/27/2021

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
Fluocinolone Acetonide Soln 0.01%	0.38331		0.55169	
Fluocinonide Cream 0.05%			0.53592	
Fluocinonide Cream 0.1%			0.66167	
Fluocinonide Emulsified Base Cream 0.05%			0.95713	
Fluocinonide Gel 0.05%			1.04867	
Fluocinonide Oint 0.05%			0.47396	
Fluocinonide Soln 0.05%			0.62225	
Fluorometholone Ophth Susp 0.1%			12.50254	
Fluorouracil Cream 5%	1.55941		1.36683	
Fluorouracil IV Soln 1 GM/20ML (50 MG/ML)			0.28000	
Fluorouracil IV Soln 2.5 GM/50ML (50 MG/ML)			0.16802	
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	0.20670		0.54087	
Fluoxetine HCl (PMDD) Tab 20 MG	0.26861		0.55872	
Fluoxetine HCl Cap 10 MG	0.12326		0.02584	
Fluoxetine HCl Cap 20 MG	0.15512		0.02323	
Fluoxetine HCl Cap 40 MG	0.23466		0.05020	
Fluoxetine HCl Cap Delayed Release 90 MG			25.64000	
Fluoxetine HCl Solution 20 MG/5ML	0.39768		0.33759	
Fluoxetine HCl Tab 10 MG	0.20670		0.16925	
Fluoxetine HCl Tab 20 MG	0.26861		0.21387	
Fluoxetine HCl Tab 60 MG	1.32943		0.99890	
Fluphenazine Decanoate Inj 25 MG/ML			12.95867	
Fluphenazine HCl Oral Conc 5 MG/ML			1.00155	
Fluphenazine HCl Tab 1 MG			1.98230	
Fluphenazine HCl Tab 10 MG			4.23180	
Fluphenazine HCl Tab 2.5 MG			3.75800	
Fluphenazine HCl Tab 5 MG			2.73790	



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

Data as of 12/27/2021

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
Flurandrenolide Lotion 0.05%			1.46608	
Flurazepam HCl Cap 15 MG			0.06130	
Flurazepam HCl Cap 30 MG			0.07810	
Flurbiprofen Sodium Ophth Soln 0.03%			1.86816	
Flurbiprofen Tab 100 MG			0.29920	
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)			20.37167	
Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)			32.60583	
Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)			16.94974	
Fluticasone Propionate Nasal Susp 50 MCG/ACT			0.21532	
Fluticasone Propionate Oint 0.005%			0.34483	
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE			1.69187	
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE			1.94050	
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE			2.91650	
Fluvastatin Sodium Cap 20 MG (Base Equivalent)			2.73167	
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	0.35943		0.16238	
Fluvoxamine Maleate Tab 25 MG	0.24945		0.15390	
Fluvoxamine Maleate Tab 50 MG	0.39231		0.23950	
Folic Acid Tab 1 MG	0.02375		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	

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

Data as of 12/27/2021

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
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML			64.06952	
Fosamprenavir Calcium Tab 700 MG (Base Equiv)			14.06850	
Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)			59.95480	
Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG			0.95700	
Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG			0.88800	
Fosinopril Sodium Tab 10 MG	0.16202		0.10244	
Fosinopril Sodium Tab 20 MG	0.16004		0.09833	
Fosinopril Sodium Tab 40 MG	0.25147		0.14937	
Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)			0.88400	
Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	15.19467		18.88778	
Furosemide Inj 10 MG/ML			0.36590	
Furosemide Oral Soln 10 MG/ML			0.08325	
Furosemide Tab 20 MG	0.02995		0.02282	
Furosemide Tab 40 MG	0.03223		0.01631	
Furosemide Tab 80 MG	0.06991		0.03013	
Gabapentin Cap 100 MG	0.02889		0.02291	
Gabapentin Cap 300 MG	0.05098		0.03899	
Gabapentin Cap 400 MG	0.07452		0.04698	
Gabapentin Oral Soln 250 MG/5ML	0.14002		0.10805	
Gabapentin Tab 600 MG	0.12515		0.06198	
Gabapentin Tab 800 MG	0.19111		0.12083	
Galantamine Hydrobromide Cap ER 24HR 16 MG	1.36356		1.18400	
Galantamine Hydrobromide Cap ER 24HR 24 MG			1.31500	
Galantamine Hydrobromide Cap ER 24HR 8 MG			1.40000	
Galantamine Hydrobromide Tab 12 MG	0.42585		0.49000	
Galantamine Hydrobromide Tab 4 MG	0.57157		0.56661	
Galantamine Hydrobromide Tab 8 MG	0.52464		0.46428	
Galsulfase Soln For IV Infusion 1 MG/ML			382.23400	
Gatifloxacin Ophth Soln 0.5%	14.36700		12.24211	
Gemfibrozil Tab 600 MG	0.11640		0.08802	

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

Data as of 12/27/2021

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
Gentamicin Sulfate Cream 0.1%			1.21067	
Gentamicin Sulfate Inj 40 MG/ML			0.42084	
Gentamicin Sulfate Oint 0.1%			1.66667	
Gentamicin Sulfate Ophth Oint 0.3%			2.95143	
Gentamicin Sulfate Ophth Soln 0.3%	0.65664		0.68286	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML			45.59638	
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML			121.91297	
Glimepiride Tab 1 MG	0.04403		0.02340	
Glimepiride Tab 2 MG	0.05197		0.02810	
Glimepiride Tab 4 MG	0.05315		0.03453	
Glipizide Tab 10 MG	0.05638		0.03160	
Glipizide Tab 5 MG	0.03633		0.01834	
Glipizide Tab ER 24HR 10 MG	0.17907		0.11496	
Glipizide Tab ER 24HR 2.5 MG	0.13929		0.10696	
Glipizide Tab ER 24HR 5 MG	0.10662		0.07990	
Glipizide-Metformin HCl Tab 2.5-250 MG			0.31596	
Glipizide-Metformin HCl Tab 2.5-500 MG	0.23958		0.27505	
Glipizide-Metformin HCl Tab 5-500 MG	0.17248		0.11384	
Glucagon (rDNA) For Inj Kit 1 MG			268.40000	
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			0.06810	
Glyburide Tab 2.5 MG	0.10086		0.03220	
Glyburide Tab 5 MG	0.11250		0.03451	
Glyburide-Metformin Tab 1.25-250 MG			0.03860	
Glyburide-Metformin Tab 2.5-500 MG	0.05507		0.04746	
Glyburide-Metformin Tab 5-500 MG	0.05614		0.03338	
Glycerol Phenylbutyrate Liquid 1.1 GM/ML			191.45632	

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

Data as of 12/27/2021

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
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	0.12407		0.06670	
Glycopyrrolate Tab 2 MG	0.27351		0.17500	
Goserelin Acetate Implant 10.8 MG			1898.12700	
Goserelin Acetate Implant 3.6 MG			667.42180	
Granisetron HCl Inj 1 MG/ML			18.52500	
Granisetron HCl Tab 1 MG			1.88283	
Griseofulvin Microsize Susp 125 MG/5ML	0.37681		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	
Guanfacine HCl Tab 1 MG	0.47763		0.36780	
Guanfacine HCl Tab 2 MG	0.81991		0.60180	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	0.24348		0.24130	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	0.29613		0.24000	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	0.31661		0.21004	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	0.37483		0.21390	
Halobetasol Propionate Cream 0.05%			0.75600	
Halobetasol Propionate Oint 0.05%			1.65860	
Haloperidol Decanoate IM Soln 100 MG/ML			29.40000	
Haloperidol Decanoate IM Soln 50 MG/ML			16.48167	
Haloperidol Lactate Inj 5 MG/ML			0.63747	
Haloperidol Lactate Oral Conc 2 MG/ML			0.03924	

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

Data as of 12/27/2021

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
Haloperidol Tab 0.5 MG	0.31374		0.19360	
Haloperidol Tab 1 MG	0.37081		0.31640	
Haloperidol Tab 10 MG	0.56391		0.52480	
Haloperidol Tab 2 MG	0.47371		0.37676	
Haloperidol Tab 20 MG	1.19547		0.72120	
Haloperidol Tab 5 MG	0.46791		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	0.03614		0.03167	
Hydralazine HCl Tab 100 MG	0.08994		0.06205	
Hydralazine HCl Tab 25 MG	0.04033		0.03020	
Hydralazine HCl Tab 50 MG	0.04968		0.03105	
Hydrochlorothiazide Cap 12.5 MG	0.03409		0.02738	
Hydrochlorothiazide Tab 12.5 MG	0.05695		0.04926	
Hydrochlorothiazide Tab 25 MG	0.01513		0.01157	
Hydrochlorothiazide Tab 50 MG	0.02616		0.01804	
Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML			0.31710	
Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	0.19403		0.06417	
Hydrocodone w/ Homatropine Tab 5-1.5 MG			0.67035	
Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML			0.06718	
Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML			0.03010	
Hydrocodone-Acetaminophen Tab 10-300 MG	1.11086		0.48977	
Hydrocodone-Acetaminophen Tab 10-325 MG	0.11815		0.09900	
Hydrocodone-Acetaminophen Tab 5-300 MG	0.94379		0.22920	
Hydrocodone-Acetaminophen Tab 5-325 MG	0.08767		0.07820	

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

Data as of 12/27/2021

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
Hydrocodone-Acetaminophen Tab 7.5-300 MG	0.70235		0.47991	
Hydrocodone-Acetaminophen Tab 7.5-325 MG	0.11112		0.07087	
Hydrocodone-Ibuprofen Tab 10-200 MG			2.25479	
Hydrocodone-Ibuprofen Tab 7.5-200 MG			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%			0.59650	
Hydrocortisone Perianal Cream 2.5%	0.33609		0.34234	
Hydrocortisone Sodium Succinate For Inj 100 MG			2.52200	
Hydrocortisone Tab 10 MG	0.44084		0.18980	
Hydrocortisone Tab 20 MG	0.66698		0.13960	
Hydrocortisone Tab 5 MG	0.39274		0.15309	
Hydrocortisone Valerate Cream 0.2%			1.04733	
Hydrocortisone Valerate Oint 0.2%			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	0.29044		0.23245	
Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML			1.67263	
Hydromorphone HCl Preservative Free (PF) Inj 2 MG/ML			0.65000	

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

Data as of 12/27/2021

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
Hydromorphone HCl Tab 2 MG	0.08008		0.05790	
Hydromorphone HCl Tab 4 MG	0.12069		0.07665	
Hydromorphone HCl Tab 8 MG	0.35378		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	0.27356		0.20240	
Hydroxyprogesterone Caproate (Bulk) Powder			160.00000	
Hydroxyprogesterone Caproate Soln Auto-Injector 275 MG/1.1ML			727.08000	
Hydroxyurea Cap 500 MG	0.27686		0.18352	
Hydroxyzine HCl IM Soln 50 MG/ML			4.38000	
Hydroxyzine HCl Syrup 10 MG/5ML			0.02875	
Hydroxyzine HCl Tab 10 MG	0.03881		0.03086	
Hydroxyzine HCl Tab 25 MG	0.07258		0.05090	
Hydroxyzine HCl Tab 50 MG	0.09920		0.03598	
Hydroxyzine Pamoate Cap 100 MG			0.46230	
Hydroxyzine Pamoate Cap 25 MG	0.07322		0.05416	
Hydroxyzine Pamoate Cap 50 MG	0.09378		0.07790	
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			0.12900	
Hyoscyamine Sulfate Tab ER 12HR 0.375 MG			0.24290	
Ibandronate Sodium Tab 150 MG (Base Equivalent)	5.64799		3.72000	
Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML			43608.24900	
Ibuprofen Susp 100 MG/5ML			0.03119	
Ibuprofen Tab 400 MG	0.05149		0.03286	
Ibuprofen Tab 600 MG	0.06020		0.03420	
Ibuprofen Tab 800 MG	0.07844		0.04700	

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

Data as of 12/27/2021

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
Icosapent Ethyl Cap 1 GM			1.65852	
Ifosfamide For Inj 1 GM			36.74000	
Iloprost Inhalation Solution 10 MCG/ML			134.16120	
Imatinib Mesylate Tab 100 MG (Base Equivalent)			2.05000	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	79.19108		3.95500	
Imipramine HCl Tab 10 MG			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%			1.06625	
Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML			8.89895	
Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML			8.89895	
Immune Globulin (Human) IV Soln 0.5 GM/10ML			6.91373	
Immune Globulin (Human) IV Soln 10 GM/100ML			8.31000	
Immune Globulin (Human) IV Soln 10 GM/200ML			7.59101	
Immune Globulin (Human) IV Soln 2.5 GM/50ML			6.91373	
Immune Globulin (Human) IV Soln 20 GM/200ML			8.31000	
Immune Globulin (Human) IV Soln 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	



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

Data as of 12/27/2021

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
Indapamide Tab 2.5 MG			0.14820	
Indomethacin Cap 25 MG	0.11096		0.02910	
Indomethacin Cap 50 MG	0.13479		0.07690	
Indomethacin Cap ER 75 MG	0.27805		0.06667	
Infliximab For IV Inj 100 MG			1067.19408	
Interferon Beta-1a For IM Inj Kit 30MCG (33MCG/Vial)			1724.51175	
Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML			6898.04700	
Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML			6898.04700	
Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML			1262.86824	
Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML			1262.86824	
Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML			1262.86824	
Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML			1262.86824	
Ipratropium Bromide Inhal Soln 0.02%			0.05067	
Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)	0.83165		0.23084	
Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	1.54301		0.54166	
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML			0.04222	
Irbesartan Tab 150 MG	0.32485		0.11244	
Irbesartan Tab 300 MG	0.29144		0.04367	
Irbesartan Tab 75 MG	0.62720		0.08700	
Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	0.45669		0.15667	
Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	0.46134		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			0.09990	
Isopropyl Alcohol Wipes 70%			0.01500	
Isosorbide Dinitrate Tab 10 MG	0.33953		0.35323	
Isosorbide Dinitrate Tab 20 MG	0.33365		0.32465	

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

Data as of 12/27/2021

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
Isosorbide Dinitrate Tab 30 MG	0.43895		0.26098	
Isosorbide Dinitrate Tab 5 MG	0.26367		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	0.30678		0.18133	
Isosorbide Mononitrate Tab ER 24HR 30 MG	0.09977		0.06873	
Isosorbide Mononitrate Tab ER 24HR 60 MG	0.12360		0.06790	
Isotretinoin Cap 10 MG			2.13467	
Isotretinoin Cap 20 MG			1.92767	
Isotretinoin Cap 30 MG			3.79000	
Isotretinoin Cap 40 MG			2.12667	
Isradipine Cap 2.5 MG			0.96050	
Isradipine Cap 5 MG			1.27072	
Itraconazole Cap 100 MG	1.01063		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%			7.04263	
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	

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

Data as of 12/27/2021

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
Ketoconazole Cream 2%			0.43374	
Ketoconazole Foam 2%			6.99900	
Ketoconazole Shampoo 2%			0.05492	
Ketoconazole Tab 200 MG			0.64820	
Ketoprofen Cap 50 MG			0.41000	
Ketoprofen Cap 75 MG			0.40251	
Ketoprofen Cap ER 24HR 200 MG			2.06200	
Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)			0.79300	
Ketorolac Tromethamine Inj 15 MG/ML			0.97500	
Ketorolac Tromethamine Inj 30 MG/ML			0.79300	
Ketorolac Tromethamine Inj 300 MG/10ML (30 MG/ML)			1.38080	
Ketorolac Tromethamine Inj 60 MG/2ML (30 MG/ML)			0.79300	
Ketorolac Tromethamine Ophth Soln 0.4%			7.27600	
Ketorolac Tromethamine Ophth Soln 0.5%			0.98140	
Ketorolac Tromethamine Tab 10 MG	0.67480		0.65000	
Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)			12.82400	
Labetalol HCl Tab 100 MG	0.14923		0.09981	
Labetalol HCl Tab 200 MG	0.19626		0.11565	
Labetalol HCl Tab 300 MG	0.27421		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%			0.05875	
Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM			0.12324	
Lactulose (Encephalopathy) Solution 10 GM/15ML	0.01497		0.01127	
Lactulose Solution 10 GM/15ML			0.01128	
Lamivudine Oral Soln 10 MG/ML			0.24042	
Lamivudine Tab 100 MG (HBV)	2.72253		2.69028	
Lamivudine Tab 150 MG	0.96758		0.57867	
Lamivudine Tab 300 MG	1.84659		1.18467	

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

Data as of 12/27/2021

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
Lamivudine-Zidovudine Tab 150-300 MG	0.97669		0.33467	
Lamotrigine Orally Disintegrating Tab 100 MG	7.87746		3.93467	
Lamotrigine Orally Disintegrating Tab 200 MG	8.62068		6.31279	
Lamotrigine Orally Disintegrating Tab 25 MG	6.42256		4.41567	
Lamotrigine Orally Disintegrating Tab 50 MG	5.74616		3.33933	
Lamotrigine Tab 100 MG	0.49312		0.03635	
Lamotrigine Tab 150 MG	0.61249		0.05278	
Lamotrigine Tab 200 MG	0.88770		0.08725	
Lamotrigine Tab 25 MG	0.23462		0.02230	
Lamotrigine Tab 35 x 25 MG Starter Kit			0.08574	
Lamotrigine Tab Chewable Dispersible 25 MG	1.56822		0.08860	
Lamotrigine Tab Chewable Dispersible 5 MG	0.56224		0.11000	
Lamotrigine Tab ER 24HR 100 MG	6.60281		1.16543	
Lamotrigine Tab ER 24HR 200 MG	7.71846		1.37267	
Lamotrigine Tab ER 24HR 25 MG	2.69986		1.55055	
Lamotrigine Tab ER 24HR 250 MG	10.34018		5.13930	
Lamotrigine Tab ER 24HR 300 MG	10.35622		2.65000	
Lamotrigine Tab ER 24HR 50 MG	3.64124		0.99967	
Lancets Misc.***			0.07800	
Lancets***			0.07800	
Lansoprazole Cap Delayed Release 15 MG			0.13167	
Lansoprazole Cap Delayed Release 30 MG	0.32816		0.08956	
Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG			4.77520	
Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG			5.70433	
Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	6.62433		6.13203	
Lanthanum Carbonate Chew Tab 500 MG (Elemental)			11.55667	
Latanoprost Ophth Soln 0.005%			1.59600	
Ledipasvir-Sofosbuvir Tab 90-400 MG			1120.50000	
Leflunomide Tab 10 MG	0.65272		0.76500	
Leflunomide Tab 20 MG	0.76606		0.66667	

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

Data as of 12/27/2021

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
Letrozole Tab 2.5 MG	0.17516		0.08978	
Leucovorin Calcium For Inj 200 MG			7.80000	
Leucovorin Calcium Inj 10 MG/ML			0.26000	
Leucovorin Calcium Tab 10 MG			5.25150	
Leucovorin Calcium Tab 25 MG	4.93549		5.32387	
Leucovorin Calcium Tab 5 MG	0.76168		0.60030	
Leuprolide Acetate Inj Kit 5 MG/ML			263.20000	
Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)			0.36456	
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	
Levetiracetam Oral Soln 100 MG/ML	0.09766		0.03030	
Levetiracetam Tab 1000 MG	0.74907		0.19272	
Levetiracetam Tab 250 MG	0.21696		0.05475	
Levetiracetam Tab 500 MG	0.30763		0.08050	
Levetiracetam Tab 750 MG	0.44716		0.14614	
Levetiracetam Tab ER 24HR 500 MG	0.97624		0.16667	
Levetiracetam Tab ER 24HR 750 MG	1.43267		0.21650	
Levobunolol HCl Ophth Soln 0.5%			0.59600	
Levocarnitine Oral Soln 1 GM/10ML (10%)	0.21644		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			0.06056	
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	0.19924		0.12500	
Levofloxacin Tab 500 MG	0.19205		0.10800	
Levofloxacin Tab 750 MG	0.84306		0.22400	
Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG			3.68308	

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

Data as of 12/27/2021

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
Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	0.40762		0.31808	
Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	0.57928		0.31610	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	0.24168		0.19314	
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	0.21258		0.19533	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.22161		0.11607	
Levonorgestrel Tab 1.5 MG			35.07625	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	0.35299		0.18904	
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG	1.30103		1.17500	
Levothyroxine Sodium For IV Inj 200 MCG			198.55200	
Levothyroxine Sodium For IV Inj 500 MCG			26.00000	
Levothyroxine Sodium Tab 100 MCG	0.28720		0.18244	
Levothyroxine Sodium Tab 112 MCG	0.22611		0.17450	
Levothyroxine Sodium Tab 125 MCG	0.24249		0.22957	
Levothyroxine Sodium Tab 137 MCG	0.24612		0.15141	
Levothyroxine Sodium Tab 150 MCG	0.24103		0.18088	
Levothyroxine Sodium Tab 175 MCG	0.38919		0.29582	
Levothyroxine Sodium Tab 200 MCG	0.30167		0.38161	
Levothyroxine Sodium Tab 25 MCG	0.16537		0.10353	
Levothyroxine Sodium Tab 300 MCG	0.44085		0.39278	
Levothyroxine Sodium Tab 50 MCG	0.17394		0.14181	
Levothyroxine Sodium Tab 75 MCG	0.19629		0.24367	
Levothyroxine Sodium Tab 88 MCG	0.18818		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%	1.03096		0.26000	
Lidocaine HCl Urethral/Mucosal Gel 2%			0.69829	

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

Data as of 12/27/2021

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
Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2%			0.54591	
Lidocaine HCl Viscous Soln 2%	0.06725		0.04712	
Lidocaine Oint 5%			0.20580	
Lidocaine Patch 5%	3.19853		1.76667	
Lidocaine-Hydrocortisone Acetate Perianal Cream 3-0.5%			0.65107	
Lidocaine-Prilocaine Cream 2.5-2.5%	0.44667		0.17500	
Lidocaine-Prilocaine Cream Kit 2.5-2.5%			0.23130	
Linezolid For Susp 100 MG/5ML			4.75000	
Linezolid Tab 600 MG	2.07047		1.00000	
Liothyronine Sodium Tab 25 MCG	0.56426		0.42480	
Liothyronine Sodium Tab 5 MCG	0.39831		0.26940	
Liothyronine Sodium Tab 50 MCG	0.77939		0.64390	
Lisdexamfetamine Dimesylate Chew Tab 10 MG			9.72970	
Lisdexamfetamine Dimesylate Chew Tab 20 MG			9.74889	
Lisdexamfetamine Dimesylate Chew Tab 30 MG			10.14530	
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	0.03857		0.02300	
Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	0.05346		0.03200	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG	0.05265		0.03001	
Lisinopril Tab 10 MG	0.02125		0.01190	
Lisinopril Tab 2.5 MG	0.01751		0.01029	
Lisinopril Tab 20 MG	0.02858		0.01700	
Lisinopril Tab 30 MG	0.06288		0.04442	
Lisinopril Tab 40 MG	0.08035		0.04000	
Lisinopril Tab 5 MG	0.01825		0.00918	
Lithium Carbonate Cap 150 MG	0.08022		0.03780	
Lithium Carbonate Cap 300 MG	0.06368		0.03598	
Lithium Carbonate Cap 600 MG	0.13338		0.09110	

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

Data as of 12/27/2021

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
Lithium Carbonate Tab 300 MG			0.09870	
Lithium Carbonate Tab ER 300 MG	0.18286		0.09970	
Lithium Carbonate Tab ER 450 MG	0.20961		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	0.64243		0.26900	
Lorazepam Inj 2 MG/ML			0.46840	
Lorazepam Inj 4 MG/ML			1.19860	
Lorazepam Tab 0.5 MG	0.05537		0.01474	
Lorazepam Tab 1 MG	0.07530		0.02588	
Lorazepam Tab 2 MG	0.55344		0.04021	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	0.17459		0.07169	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	0.18016		0.07633	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	0.15458		0.06191	
Losartan Potassium Tab 100 MG	0.09248		0.04900	
Losartan Potassium Tab 25 MG	0.05411		0.03240	
Losartan Potassium Tab 50 MG	0.06548		0.03286	
Loteprednol Etabonate Ophth Gel 0.5%			19.54175	
Loteprednol Etabonate Ophth Susp 0.5%			32.51312	
Lovastatin Tab 10 MG	0.05888		0.03900	
Lovastatin Tab 20 MG	0.05755		0.03900	
Lovastatin Tab 40 MG	0.06470		0.04778	
Loxapine Succinate Cap 10 MG	0.55480		0.33900	
Loxapine Succinate Cap 25 MG	0.85994		0.26310	
Loxapine Succinate Cap 5 MG			0.28570	
Loxapine Succinate Cap 50 MG	1.01035		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	



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

Data as of 12/27/2021

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
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	0.09502		0.04940	
Meclizine HCl Tab 25 MG	0.12532		0.04200	
Meclofenamate Sodium Cap 100 MG			1.78455	
Meclofenamate Sodium Cap 50 MG			0.56134	
Medroxyprogesterone Acetate IM Susp 150 MG/ML			27.78000	
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML			38.13200	
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	1.81489		2.09993	
Megestrol Acetate Tab 20 MG			0.10850	
Megestrol Acetate Tab 40 MG	0.18561		0.10500	
Meloxicam Tab 15 MG	0.02895		0.01567	
Meloxicam Tab 7.5 MG	0.02267		0.01708	
Memantine HCl Cap ER 24HR 14 MG	1.34011		0.92529	
Memantine HCl Cap ER 24HR 21 MG	1.53815		2.41733	
Memantine HCl Cap ER 24HR 28 MG	1.25393		0.97767	
Memantine HCl Cap ER 24HR 7 MG	1.83311		1.27104	
Memantine HCl Oral Solution 2 MG/ML			1.30975	

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

Data as of 12/27/2021

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
Memantine HCl Tab 10 MG	0.09017		0.04825	
Memantine HCl Tab 28 x 5 MG & 21 x 10 MG Titration Pack			0.27204	
Memantine HCl Tab 5 MG	0.09375		0.07000	
Meperidine HCl Inj 50 MG/ML			2.00280	
Meperidine HCl Tab 100 MG			0.38541	
Meperidine HCl Tab 50 MG			0.20013	
Meprobamate Tab 400 MG			2.78736	
Mercaptopurine Tab 50 MG	1.01091		0.88334	
Meropenem IV For Soln 1 GM			5.71300	
Mesalamine Cap DR 400 MG	2.49204		1.81439	
Mesalamine Cap ER 24HR 0.375 GM	3.97196		2.63158	
Mesalamine Enema 4 GM	0.15733		0.16262	
Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**			110.04250	
Mesalamine Suppos 1000 MG			3.62764	
Mesalamine Tab Delayed Release 1.2 GM	6.02637		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 400 MG			3.68121	
Metaxalone Tab 800 MG	0.66702		0.45990	
Metformin HCl Tab 1000 MG	0.03266		0.02328	
Metformin HCl Tab 500 MG	0.01846		0.01367	
Metformin HCl Tab 850 MG	0.02888		0.02127	
Metformin HCl Tab ER 24HR 500 MG	0.03743		0.02605	
Metformin HCl Tab ER 24HR 750 MG	0.08558		0.04510	
Metformin HCl Tab ER 24HR Modified Release 1000 MG	20.04479		8.83979	
Metformin HCl Tab ER 24HR Modified Release 500 MG	17.36598		5.19144	
Metformin HCl Tab ER 24HR Osmotic 1000 MG			2.21933	
Metformin HCl Tab ER 24HR Osmotic 500 MG	1.78738		2.17045	
Methadone HCl Conc 10 MG/ML			0.05102	

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

Data as of 12/27/2021

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
Methadone HCl Tab 10 MG	0.11372		0.08050	
Methadone HCl Tab 5 MG	0.11613		0.10660	
Methadone HCl Tab For Oral Susp 40 MG			0.30600	
Methamphetamine HCl Tab 5 MG			5.86582	
Methazolamide Tab 25 MG	2.08134		2.63280	
Methazolamide Tab 50 MG	4.59441		2.41000	
Methenamine Hippurate Tab 1 GM	0.92362		0.59990	
Methenamine Mandelate Tab 1 GM			1.12356	
Methimazole Tab 10 MG	0.11393		0.07845	
Methimazole Tab 5 MG	0.08054		0.04205	
Methocarbamol Tab 500 MG	0.06303		0.05878	
Methocarbamol Tab 750 MG	0.08621		0.05730	
Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)			2.70000	
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)	0.29244		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	23.23343		27.26667	
Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)			191.79640	
Methylnaltrexone Bromide Inj Kit 12 MG/0.6ML			59.31180	

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

Data as of 12/27/2021

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 Cap ER 10 MG (CD)	1.75175		1.44480	
Methylphenidate HCl Cap ER 20 MG (CD)	1.20969		1.54805	
Methylphenidate HCl Cap ER 24HR 10 MG (LA)			2.87252	
Methylphenidate HCl Cap ER 24HR 20 MG (LA)			2.04020	
Methylphenidate HCl Cap ER 24HR 30 MG (LA)			2.44420	
Methylphenidate HCl Cap ER 24HR 40 MG (LA)			1.62510	
Methylphenidate HCl Cap ER 30 MG (CD)	1.38680		1.21250	
Methylphenidate HCl Cap ER 40 MG (CD)	1.98011		1.87890	
Methylphenidate HCl Cap ER 50 MG (CD)	2.30361		2.20883	
Methylphenidate HCl Cap ER 60 MG (CD)	2.00887		2.21480	
Methylphenidate HCl Chew Tab 10 MG			3.06074	
Methylphenidate HCl Chew Tab 2.5 MG			2.22000	
Methylphenidate HCl Chew Tab 5 MG			3.17000	
Methylphenidate HCl Soln 10 MG/5ML	0.14574		0.14676	
Methylphenidate HCl Soln 5 MG/5ML	0.13659		0.13551	
Methylphenidate HCl Tab 10 MG	0.14564		0.11087	
Methylphenidate HCl Tab 20 MG	0.20193		0.16635	
Methylphenidate HCl Tab 5 MG	0.10802		0.12928	
Methylphenidate HCl Tab ER 10 MG	0.41910		1.14450	
Methylphenidate HCl Tab ER 20 MG	0.72171		0.81042	
Methylphenidate HCl Tab ER 24HR 18 MG	7.14608		7.09784	
Methylphenidate HCl Tab ER 24HR 27 MG	7.42107		2.79950	
Methylphenidate HCl Tab ER 24HR 36 MG	10.35943		1.97932	
Methylphenidate HCl Tab ER 24HR 54 MG	7.80429		1.49053	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	7.14608		1.90787	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	7.42107		1.51297	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	10.35943		1.48923	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	7.80429		2.07262	
Methylprednisolone Acetate Inj Susp 40 MG/ML			4.68000	
Methylprednisolone Acetate Inj Susp 80 MG/ML			11.16906	

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

Data as of 12/27/2021

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
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	0.16855		0.23180	
Methylprednisolone Tab 8 MG	1.16036		1.09045	
Methylprednisolone Tab Therapy Pack 4 MG (21)	0.18552		0.16432	
Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv)			0.03070	
Metoclopramide HCl Tab 10 MG (Base Equivalent)	0.05549		0.02857	
Metoclopramide HCl Tab 5 MG (Base Equivalent)	0.04794		0.02200	
Metolazone Tab 10 MG	1.01007		1.31845	
Metolazone Tab 2.5 MG	0.89742		0.79000	
Metolazone Tab 5 MG	0.99215		0.72220	
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)	0.14916		0.11025	
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	0.42144		0.21745	
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	0.08811		0.06050	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	0.10113		0.09784	
Metoprolol Tartrate Tab 100 MG	0.03428		0.02334	
Metoprolol Tartrate Tab 25 MG	0.02252		0.01457	
Metoprolol Tartrate Tab 37.5 MG			0.06980	
Metoprolol Tartrate Tab 50 MG	0.02345		0.01363	
Metoprolol Tartrate Tab 75 MG			0.16500	
Metronidazole Cream 0.75%	1.03215		0.70934	
Metronidazole Gel 0.75%	0.60409		0.61767	
Metronidazole Gel 1%	1.74129		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	

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

Data as of 12/27/2021

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
Metronidazole Tab 250 MG	0.11656		0.07480	
Metronidazole Tab 500 MG	0.15238		0.11483	
Metronidazole Vaginal Gel 0.75%	0.83408		0.45000	
Mexiletine HCl Cap 150 MG	0.77982		0.49466	
Mexiletine HCl Cap 200 MG	0.83585		0.70200	
Mexiletine HCl Cap 250 MG	1.48782		0.82212	
Miconazole Nitrate Vaginal Suppos 200 MG			13.71500	
Midazolam HCl Inj 10 MG/10ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 10 MG/2ML (Base Equivalent)			0.43550	
Midazolam HCl Inj 2 MG/2ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 25 MG/5ML (Base Equivalent)			0.43550	
Midazolam HCl Inj 5 MG/5ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 5 MG/ML (Base Equivalent)			0.43550	
Midazolam HCl Inj 50 MG/10ML (Base Equivalent)			0.43550	
Midazolam HCl Syrup 2 MG/ML (Base Equivalent)			0.52224	
Midodrine HCl Tab 10 MG	0.48444		0.51220	
Midodrine HCl Tab 2.5 MG	0.24504		0.16000	
Midodrine HCl Tab 5 MG	0.31375		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	0.37349		0.31729	
Minocycline HCl Cap 50 MG	0.20143		0.15200	
Minocycline HCl Cap 75 MG	0.36632		0.26765	
Minocycline HCl Tab 100 MG	1.86286		1.72432	
Minocycline HCl Tab 50 MG	0.75266		0.96342	
Minocycline HCl Tab ER 24HR 65 MG			3.83871	

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

Data as of 12/27/2021

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
Minocycline HCl Tab ER 24HR 80 MG			4.88507	
Minoxidil Tab 10 MG			0.12250	
Minoxidil Tab 2.5 MG			0.10050	
Mirtazapine Orally Disintegrating Tab 15 MG	0.69278		0.38489	
Mirtazapine Orally Disintegrating Tab 30 MG	0.55782		0.49533	
Mirtazapine Orally Disintegrating Tab 45 MG	0.84907		0.76367	
Mirtazapine Tab 15 MG	0.08560		0.05492	
Mirtazapine Tab 30 MG	0.10194		0.07900	
Mirtazapine Tab 45 MG	0.13505		0.07467	
Mirtazapine Tab 7.5 MG			0.53922	
Misoprostol Tab 100 MCG			0.36067	
Misoprostol Tab 200 MCG			0.52727	
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	0.43039		0.25933	
Modafinil Tab 200 MG	1.56292		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			1.97647	
Mometasone Furoate Oint 0.1%			0.18244	
Mometasone Furoate Solution 0.1% (Lotion)			0.21162	
Montelukast Sodium Chew Tab 4 MG (Base Equiv)	0.10408		0.07095	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	0.09268		0.05211	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)			1.35967	

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

Data as of 12/27/2021

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
Montelukast Sodium Tab 10 MG (Base Equiv)	0.07207		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	0.08934		0.04020	
Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)			0.24545	
Morphine Sulfate Oral Soln 20 MG/5ML			0.07870	
Morphine Sulfate Tab 15 MG	0.29536		0.09000	
Morphine Sulfate Tab 30 MG	0.45042		0.68000	
Morphine Sulfate Tab ER 100 MG	1.17020		0.70590	
Morphine Sulfate Tab ER 15 MG	0.18456		0.15530	
Morphine Sulfate Tab ER 200 MG			1.86820	
Morphine Sulfate Tab ER 30 MG	0.32223		0.23720	
Morphine Sulfate Tab ER 60 MG	0.61220		0.54275	
Moxifloxacin HCl Opth Soln 0.5% (Base Equiv)	5.05655		4.07500	
Moxifloxacin HCl Tab 400 MG (Base Equiv)	1.78848		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%			6.15926	
Mupirocin Oint 2%			0.13514	
Mycophenolate Mofetil Cap 250 MG	0.34188		0.12520	
Mycophenolate Mofetil For Oral Susp 200 MG/ML	5.75398		4.56844	
Mycophenolate Mofetil Tab 500 MG	0.53462		0.20498	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	0.81840		0.82950	
Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	1.62211		1.19296	



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

Data as of 12/27/2021

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
Nabumetone Tab 500 MG	0.26237		0.12800	
Nabumetone Tab 750 MG			0.17590	
Nadolol Tab 20 MG	0.44486		0.29000	
Nadolol Tab 40 MG	0.52000		0.32630	
Nadolol Tab 80 MG	0.69653		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			10.10236	
Naltrexone For IM Extended Release Susp 380 MG			1328.57000	
Naltrexone HCl Tab 50 MG	0.76570		0.50964	
Naproxen Sodium Tab 275 MG			0.08963	
Naproxen Sodium Tab 550 MG	0.45222		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	0.05976		0.03202	
Naproxen Tab 375 MG	0.07317		0.04691	
Naproxen Tab 500 MG	0.07650		0.05330	
Naproxen Tab EC 375 MG			0.11710	
Naproxen Tab EC 500 MG			3.54110	
Naratriptan HCl Tab 1 MG (Base Equiv)	2.37873		2.42489	
Naratriptan HCl Tab 2.5 MG (Base Equiv)	2.12080		1.04219	
Natalizumab for IV Inj Conc 300 MG/15ML			439.57929	
Nateglinide Tab 120 MG	0.34524		0.14756	
Nateglinide Tab 60 MG	0.25071		0.26967	
Nebivolol HCl Tab 10 MG (Base Equivalent)	4.38369		0.58847	
Nebivolol HCl Tab 5 MG (Base Equivalent)	4.30446		0.64296	
Nefazodone HCl Tab 100 MG			0.46100	
Nefazodone HCl Tab 150 MG			0.47540	

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

Data as of 12/27/2021

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
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 Opth Oint 0.1%	3.18137		1.53143	
Neomycin-Polymyxin-Dexamethasone Opth Susp 0.1%	2.50787		2.47400	
Neomycin-Polymyxin-HC Opth Susp			14.80800	
Neomycin-Polymyxin-HC Otic Soln 1%			5.19000	
Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	5.88011		4.62700	
Nevirapine Tab 200 MG			0.10617	
Nevirapine Tab ER 24HR 400 MG			0.44233	
Niacin Tab ER 1000 MG (Antihyperlipidemic)	0.43215		0.62311	
Niacin Tab ER 500 MG (Antihyperlipidemic)	0.53079		0.08178	
Niacin Tab ER 750 MG (Antihyperlipidemic)			0.93243	
Nicardipine HCl Cap 20 MG			0.12545	
Nicardipine HCl Cap 30 MG			1.60211	
Nifedipine Cap 10 MG	0.42411		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	0.19467		0.10000	
Nifedipine Tab ER 24HR Osmotic Release 60 MG	0.26305		0.15000	
Nifedipine Tab ER 24HR Osmotic Release 90 MG	0.43885		0.15262	
Nilutamide Tab 150 MG			133.33333	
Nimodipine Cap 30 MG			1.58455	
Nisoldipine Tab ER 24HR 17 MG			4.79755	

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

Data as of 12/27/2021

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
Nisoldipine Tab ER 24HR 25.5 MG			6.55000	
Nisoldipine Tab ER 24HR 34 MG			5.80000	
Nisoldipine Tab ER 24HR 8.5 MG			3.75000	
Nitrofurantoin Macrocrystalline Cap 100 MG	0.57032		0.59015	
Nitrofurantoin Macrocrystalline Cap 25 MG	4.58426		3.49140	
Nitrofurantoin Macrocrystalline Cap 50 MG	0.48874		0.29340	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	0.56872		0.46800	
Nitroglycerin SL Tab 0.3 MG	0.21691		0.20820	
Nitroglycerin SL Tab 0.4 MG			0.20950	
Nitroglycerin SL Tab 0.6 MG	0.30318		0.27649	
Nitroglycerin TD Patch 24HR 0.1 MG/HR			0.44189	
Nitroglycerin TD Patch 24HR 0.2 MG/HR			0.35275	
Nitroglycerin TD Patch 24HR 0.4 MG/HR			0.39678	
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	
Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR			39.90333	
Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	0.42063		0.24429	
Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	0.69918		0.47533	
Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	0.33143		0.33595	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG			1.32607	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	2.58537		1.80607	
Norethindrone & Mestranol Tab 1 MG-50MCG			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	0.32865		0.17698	
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	0.63397		0.42460	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	0.27901		0.19802	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	0.35249		0.15557	

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

Data as of 12/27/2021

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
Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	0.87690		1.54750	
Norethindrone Ace-Ethinyl Estradiol-FE Cap 1 MG-20 MCG (24)			2.96466	
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	0.88476		0.52805	
Norethindrone Acetate Tab 5 MG	0.55899		0.91840	
Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG	1.47258		1.91320	
Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	1.53240		1.01938	
Norethindrone Tab 0.35 MG	0.18335		0.08214	
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	0.39360		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	0.20989		0.17571	
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	0.16240		0.15456	
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	0.18480		0.09250	
Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	0.45720		0.26161	
Nortriptyline HCl Cap 10 MG	0.22914		0.06356	
Nortriptyline HCl Cap 25 MG	0.21462		0.06686	
Nortriptyline HCl Cap 50 MG	0.26058		0.07767	
Nortriptyline HCl Cap 75 MG	0.26500		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			0.22433	
Nystatin Susp 100000 Unit/ML			0.05010	
Nystatin Tab 500000 Unit			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	

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

Data as of 12/27/2021

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
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)			44.25000	
Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)			9.10000	
Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)			2.68182	
Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)			14.90000	
Ofloxacin Opth Soln 0.3%			1.45200	
Ofloxacin Otic Soln 0.3%			2.16133	
Olanzapine For IM Inj 10 MG			26.97600	
Olanzapine Orally Disintegrating Tab 10 MG	0.94688		0.35333	
Olanzapine Orally Disintegrating Tab 15 MG	1.32409		0.57400	
Olanzapine Orally Disintegrating Tab 20 MG	2.54148		0.41667	
Olanzapine Orally Disintegrating Tab 5 MG	0.60302		0.18167	
Olanzapine Tab 10 MG	0.24371		0.08590	
Olanzapine Tab 15 MG	0.37181		0.11167	
Olanzapine Tab 2.5 MG	0.13995		0.07267	
Olanzapine Tab 20 MG	0.57976		0.11500	
Olanzapine Tab 5 MG	0.14409		0.06533	
Olanzapine Tab 7.5 MG	0.15204		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	3.79133		4.74767	
Olanzapine-Fluoxetine HCl Cap 6-25 MG	7.88317		5.30145	
Olanzapine-Fluoxetine HCl Cap 6-50 MG			7.83104	
Olmesartan Medoxomil Tab 20 MG	0.19698		0.02211	
Olmesartan Medoxomil Tab 40 MG	0.26162		0.14348	
Olmesartan Medoxomil Tab 5 MG	0.15813		0.04767	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	0.57355		0.13000	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	0.77770		0.19648	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	0.88213		0.17600	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	1.72038		1.37855	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	2.77956		1.82389	

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

Data as of 12/27/2021

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
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	1.90766		0.99833	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	2.25198		1.89000	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	1.99797		1.71000	
Olopatadine HCl Nasal Soln 0.6%			1.78088	
Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)			1.80956	
Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)			3.26800	
Omega-3-acid Ethyl Esters Cap 1 GM	0.27904		0.17763	
Omeprazole Cap Delayed Release 10 MG	0.07906		0.02056	
Omeprazole Cap Delayed Release 20 MG	0.04029		0.02840	
Omeprazole Cap Delayed Release 40 MG	0.06489		0.04444	
Omeprazole-Sodium Bicarbonate Cap 20-1100 MG			1.11772	
Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	4.02090		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	0.26742		0.18500	
Ondansetron HCl Tab 4 MG	0.08928		0.05643	
Ondansetron HCl Tab 8 MG	0.09406		0.09415	
Ondansetron Orally Disintegrating Tab 4 MG	0.23529		0.14295	
Ondansetron Orally Disintegrating Tab 8 MG	0.26381		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)			3.64600	
Oseltamivir Phosphate Cap 45 MG (Base Equiv)			3.11900	
Oseltamivir Phosphate Cap 75 MG (Base Equiv)	2.33478		1.55000	
Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	1.37284		0.61000	

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

Data as of 12/27/2021

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
Oxacillin Sodium For Inj 2 GM (Base Equivalent)			10.16600	
Oxaliplatin IV Soln 100 MG/20ML			2.49420	
Oxaliplatin IV Soln 50 MG/10ML			2.49420	
Oxandrolone Tab 2.5 MG			3.19985	
Oxaprozin Tab 600 MG	0.77071		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)	0.70750		0.27481	
Oxcarbazepine Tab 150 MG	0.14092		0.08840	
Oxcarbazepine Tab 300 MG	0.65620		0.11990	
Oxcarbazepine Tab 600 MG	1.29744		0.27592	
Oxiconazole Nitrate Cream 1%			6.03042	
Oxybutynin Chloride Syrup 5 MG/5ML			0.01858	
Oxybutynin Chloride Tab 5 MG	0.07511		0.06620	
Oxybutynin Chloride Tab ER 24HR 10 MG	0.19836		0.16231	
Oxybutynin Chloride Tab ER 24HR 15 MG	0.23549		0.15440	
Oxybutynin Chloride Tab ER 24HR 5 MG	0.18026		0.17300	
Oxycodone HCl Cap 5 MG	0.69449		0.53200	
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	2.82794		2.61221	
Oxycodone HCl Soln 5 MG/5ML			0.09998	
Oxycodone HCl Tab 10 MG	0.13760		0.11311	
Oxycodone HCl Tab 15 MG	0.12620		0.11260	
Oxycodone HCl Tab 20 MG	0.19503		0.19400	
Oxycodone HCl Tab 30 MG	0.25369		0.19490	
Oxycodone HCl Tab 5 MG	0.07727		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	

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

Data as of 12/27/2021

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
Oxycodone w/ Acetaminophen Tab 10-325 MG	0.34655		0.24612	
Oxycodone w/ Acetaminophen Tab 2.5-325 MG			1.47814	
Oxycodone w/ Acetaminophen Tab 5-325 MG	0.16189		0.08296	
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	0.20661		0.08620	
Oxycodone-Aspirin Tab 4.8355-325 MG			0.59858	
Oxymorphone HCl Tab 10 MG	0.57087		1.08716	
Oxymorphone HCl Tab 5 MG	0.40116		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	
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	8.05366		9.18267	
Paliperidone Tab ER 24HR 3 MG	10.51622		4.40211	
Paliperidone Tab ER 24HR 6 MG	10.29540		4.44713	
Paliperidone Tab ER 24HR 9 MG	17.43099		6.95917	
Palivizumab IM Soln 100 MG/ML			2817.90312	
Palivizumab IM Soln 50 MG/0.5ML			2984.61360	
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 3000-10000-14000 Unit			1.77275	
Panobinostat Lactate Cap 10 MG (Base Equivalent)			1351.22838	
Panobinostat Lactate Cap 15 MG (Base Equivalent)			1351.22838	
Panobinostat Lactate Cap 20 MG (Base Equivalent)			1351.22838	



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

Data as of 12/27/2021

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
Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	0.10505		0.04411	
Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	0.07188		0.05012	
Paricalcitol Cap 1 MCG	1.54463		0.94067	
Paricalcitol Cap 2 MCG			8.16667	
Paroxetine HCl Tab 10 MG	0.06455		0.04078	
Paroxetine HCl Tab 20 MG	0.07981		0.05422	
Paroxetine HCl Tab 30 MG	0.11044		0.08967	
Paroxetine HCl Tab 40 MG	0.12391		0.08511	
Paroxetine HCl Tab ER 24HR 12.5 MG	1.11015		1.31183	
Paroxetine HCl Tab ER 24HR 25 MG	0.95887		1.27800	
Paroxetine HCl Tab ER 24HR 37.5 MG	1.12926		0.83200	
Paroxetine Mesylate Cap 7.5 MG (Base Equiv)	3.81233		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	
Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***			0.10270	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	0.00385		0.00275	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM			0.00226	
PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	0.00633		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	

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

Data as of 12/27/2021

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
Penicillin V Potassium For Soln 250 MG/5ML			0.05925	
Penicillin V Potassium Tab 250 MG	0.07261		0.05000	
Penicillin V Potassium Tab 500 MG	0.09770		0.05740	
Pentazocine w/ Naloxone HCl Tab 50-0.5 MG			1.05396	
Pentoxifylline Tab ER 400 MG	0.34933		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%	0.32422		0.29678	
Permethrin Creme Rinse 1%			0.14150	
Perphenazine Tab 16 MG	0.76730		0.76030	
Perphenazine Tab 2 MG	0.42197		0.33598	
Perphenazine Tab 4 MG	0.41842		0.42579	
Perphenazine Tab 8 MG	0.45494		0.40647	
Perphenazine-Amitriptyline Tab 2-10 MG			0.06450	
Perphenazine-Amitriptyline Tab 2-25 MG			1.27540	
Perphenazine-Amitriptyline Tab 4-10 MG			0.21320	
Perphenazine-Amitriptyline Tab 4-25 MG			0.71400	
Perphenazine-Amitriptyline Tab 4-50 MG			1.11240	
Phenazopyridine HCl Tab 100 MG			0.27000	
Phenazopyridine HCl Tab 200 MG			0.29990	
Phendimetrazine Tartrate Tab 35 MG	0.17123		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			0.14700	
Phenobarbital Tab 60 MG			0.22000	

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

Data as of 12/27/2021

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
Phenobarbital Tab 64.8 MG			0.48560	
Phenobarbital Tab 97.2 MG			0.34479	
Phentermine HCl Cap 15 MG	0.13414		0.16000	
Phentermine HCl Cap 30 MG	0.11809		0.15680	
Phentermine HCl Cap 37.5 MG	0.20968		0.12359	
Phentermine HCl Tab 37.5 MG	0.15778		0.05568	
Phenylephrine HCl Ophth Soln 2.5%			2.08607	
Phenytoin Chew Tab 50 MG			0.19360	
Phenytoin Sodium Extended Cap 100 MG	0.76550		0.11645	
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	0.14807		0.06283	
Phytonadione Inj 1 MG/0.5ML (2 MG/ML)			8.54000	
Phytonadione Tab 5 MG			33.99967	
Pilocarpine HCl Ophth Soln 1%	3.93175		3.84333	
Pilocarpine HCl Ophth Soln 2%	4.03367		3.47330	
Pilocarpine HCl Ophth Soln 4%	4.37517		4.14400	
Pilocarpine HCl Tab 5 MG	0.27419		0.28990	
Pilocarpine HCl Tab 7.5 MG	0.60703		1.04620	
Pimecrolimus Cream 1%			4.55123	
Pindolol Tab 10 MG			0.79990	
Pindolol Tab 5 MG	0.95975		0.47956	
Pioglitazone HCl Tab 15 MG (Base Equiv)	0.10362		0.05857	
Pioglitazone HCl Tab 30 MG (Base Equiv)	0.13546		0.07133	
Pioglitazone HCl Tab 45 MG (Base Equiv)	0.15972		0.03389	
Pioglitazone HCl-Glimepiride Tab 30-4 MG			10.22653	
Pioglitazone HCl-Metformin HCl Tab 15-500 MG	0.70968		0.84389	
Pioglitazone HCl-Metformin HCl Tab 15-850 MG	0.44950		0.61100	
Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)			3.25000	

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

Data as of 12/27/2021

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
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	0.34246		0.08918	
Piroxicam Cap 20 MG	0.41950		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%	0.48459		0.38700	
Posaconazole Tab Delayed Release 100 MG	23.84625		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	0.14771		0.10374	
Potassium Chloride Cap ER 8 mEq	0.24042		0.15000	
Potassium Chloride Inj 2 mEq/ML			0.04150	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	0.23794		0.19245	
Potassium Chloride Microencapsulated Crys ER Tab 15 mEq			0.79400	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	0.22644		0.12992	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	0.18177		0.17428	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	0.65264		0.38055	
Potassium Chloride Powder Packet 20 mEq			2.66633	
Potassium Chloride Powder Packet 25 mEq			0.23387	
Potassium Chloride Tab ER 10 mEq	0.14418		0.11950	
Potassium Chloride Tab ER 20 mEq (1500 MG)			0.26000	
Potassium Chloride Tab ER 8 mEq (600 MG)	0.18170		0.16207	
Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML			0.08112	
Potassium Citrate Tab ER 10 MEQ (1080 MG)			0.40707	

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

Data as of 12/27/2021

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 Citrate Tab ER 15 MEQ (1620 MG)	0.91474		0.40120	
Potassium Citrate Tab ER 5 MEQ (540 MG)	0.61161		0.52180	
Pramipexole Dihydrochloride Tab 0.125 MG	0.05033		0.03356	
Pramipexole Dihydrochloride Tab 0.25 MG	0.05833		0.03480	
Pramipexole Dihydrochloride Tab 0.5 MG	0.05822		0.02844	
Pramipexole Dihydrochloride Tab 0.75 MG			0.07100	
Pramipexole Dihydrochloride Tab 1 MG	0.05826		0.03333	
Pramipexole Dihydrochloride Tab 1.5 MG	0.06817		0.05300	
Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG			9.43194	
Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG	6.32320		10.33089	
Prasugrel HCl Tab 10 MG (Base Equiv)	0.41592		0.23434	
Prasugrel HCl Tab 5 MG (Base Equiv)	0.40438		0.46458	
Pravastatin Sodium Tab 10 MG	0.08359		0.04363	
Pravastatin Sodium Tab 20 MG	0.05722		0.05534	
Pravastatin Sodium Tab 40 MG	0.09070		0.06651	
Pravastatin Sodium Tab 80 MG	0.15561		0.11322	
Prazosin HCl Cap 1 MG	0.18377		0.16160	
Prazosin HCl Cap 2 MG	0.26529		0.27003	
Prazosin HCl Cap 5 MG	0.42641		0.36400	
Prednisolone Acetate Ophth Susp 1%			5.79248	
Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)	0.59663		0.57465	
Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv)			2.48882	
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	0.09111		0.08132	
Prednisone Tab 10 MG	0.08494		0.07127	
Prednisone Tab 2.5 MG	0.09626		0.07430	
Prednisone Tab 20 MG	0.10570		0.07874	
Prednisone Tab 5 MG	0.07777		0.04424	

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

Data as of 12/27/2021

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
Prednisone Tab 50 MG	0.28258		0.23360	
Prednisone Tab Therapy Pack 10 MG (21)	0.72972		0.26542	
Prednisone Tab Therapy Pack 10 MG (48)	0.72972		0.26542	
Prednisone Tab Therapy Pack 5 MG (21)	0.54035		0.12024	
Prednisone Tab Therapy Pack 5 MG (48)	0.54035		0.12024	
Pregabalin Cap 100 MG	0.48566		0.08206	
Pregabalin Cap 150 MG	0.62461		0.08611	
Pregabalin Cap 200 MG	0.72795		0.12939	
Pregabalin Cap 225 MG	0.71215		0.22595	
Pregabalin Cap 25 MG	0.28302		0.11111	
Pregabalin Cap 300 MG	0.88348		0.17767	
Pregabalin Cap 50 MG	0.39833		0.07678	
Pregabalin Cap 75 MG	0.42418		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***			0.12070	
Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***			0.18187	
Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***			0.15587	
Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***			0.16000	
Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***			0.08435	
Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 29-1 MG***			0.32000	
Primidone Tab 250 MG	0.80650		0.13285	
Primidone Tab 50 MG	0.19566		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	

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

Data as of 12/27/2021

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
Progesterone Cap 100 MG	0.24894		0.20810	
Progesterone Cap 200 MG	0.57658		0.36263	
Progesterone IM in Oil 50 MG/ML			1.52800	
Progesterone Micronized Cap 100 MG			0.21878	
Progesterone Micronized Cap 200 MG			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			3.66597	
Promethazine HCl Suppos 25 MG			3.57167	
Promethazine HCl Syrup 6.25 MG/5ML	0.05050		0.01551	
Promethazine HCl Tab 12.5 MG	0.04644		0.04160	
Promethazine HCl Tab 25 MG	0.05002		0.04365	
Promethazine HCl Tab 50 MG	0.08034		0.14205	
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	0.04987		0.01268	
Promethazine-DM Syrup 6.25-15 MG/5ML	0.07014		0.00863	
Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML			0.07010	
Propafenone HCl Cap ER 12HR 225 MG	1.38767		1.88000	
Propafenone HCl Cap ER 12HR 325 MG	1.80597		1.69967	
Propafenone HCl Cap ER 12HR 425 MG			5.68307	
Propafenone HCl Tab 150 MG	0.14723		0.10840	
Propafenone HCl Tab 225 MG	0.22375		0.19070	
Propafenone HCl Tab 300 MG			0.62703	
Proparacaine HCl Opth Soln 0.5%			0.19507	
Propranolol HCl Cap ER 24HR 120 MG	0.58306		0.40220	
Propranolol HCl Cap ER 24HR 160 MG	0.77279		0.35770	
Propranolol HCl Cap ER 24HR 60 MG	0.36779		0.24880	
Propranolol HCl Cap ER 24HR 80 MG	0.49884		0.27910	
Propranolol HCl Oral Soln 20 MG/5ML			0.09670	

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

Data as of 12/27/2021

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
Propranolol HCl Tab 10 MG	0.07766		0.04190	
Propranolol HCl Tab 20 MG	0.09354		0.07908	
Propranolol HCl Tab 40 MG	0.12057		0.09057	
Propranolol HCl Tab 60 MG	0.34666		0.47256	
Propranolol HCl Tab 80 MG	0.20650		0.15770	
Propylthiouracil Tab 50 MG			0.17870	
Protriptyline HCl Tab 10 MG			1.43650	
Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML			0.05776	
Pyrazinamide Tab 500 MG			1.92400	
Pyridostigmine Bromide Oral Soln 60 MG/5ML			1.79704	
Pyridostigmine Bromide Tab 60 MG	0.40666		0.24830	
Pyridostigmine Bromide Tab ER 180 MG	5.84063		5.46133	
Pyridoxine HCl Powder			0.24781	
Quetiapine Fumarate Tab 100 MG	0.07673		0.04790	
Quetiapine Fumarate Tab 200 MG	0.15801		0.07336	
Quetiapine Fumarate Tab 25 MG	0.03853		0.03137	
Quetiapine Fumarate Tab 300 MG	0.20942		0.12117	
Quetiapine Fumarate Tab 400 MG	0.28557		0.14260	
Quetiapine Fumarate Tab 50 MG	0.05453		0.03800	
Quetiapine Fumarate Tab ER 24HR 150 MG	0.34960		0.18783	
Quetiapine Fumarate Tab ER 24HR 200 MG	0.50327		0.25400	
Quetiapine Fumarate Tab ER 24HR 300 MG	0.85271		0.28000	
Quetiapine Fumarate Tab ER 24HR 400 MG	0.92234		0.45000	
Quetiapine Fumarate Tab ER 24HR 50 MG	0.25856		0.13350	
Quinapril HCl Tab 10 MG	0.18003		0.09013	
Quinapril HCl Tab 20 MG	0.20625		0.07900	
Quinapril HCl Tab 40 MG	0.13042		0.07200	
Quinapril HCl Tab 5 MG	0.10894		0.08701	
Quinapril-Hydrochlorothiazide Tab 10-12.5 MG			0.44502	
Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	0.37389		0.36578	



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

Data as of 12/27/2021

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
Quinapril-Hydrochlorothiazide Tab 20-25 MG			0.35755	
Quinidine Gluconate Tab ER 324 MG			6.82330	
Quinine Sulfate Cap 324 MG	1.36603		1.69000	
Rabeprazole Sodium EC Tab 20 MG	1.17757		0.19089	
Raloxifene HCl Tab 60 MG	0.36697		0.23433	
Ramelteon Tab 8 MG	2.69050		1.92700	
Ramipril Cap 1.25 MG	0.30197		0.08994	
Ramipril Cap 10 MG	0.10965		0.04168	
Ramipril Cap 2.5 MG	0.08867		0.04723	
Ramipril Cap 5 MG	0.11059		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	0.68323		0.46750	
Ranolazine Tab ER 12HR 500 MG	0.39533		0.27383	
Rasagiline Mesylate Tab 0.5 MG (Base Equiv)	3.57214		2.48667	
Rasagiline Mesylate Tab 1 MG (Base Equiv)	2.37851		2.38313	
Repaglinide Tab 0.5 MG	0.17472		0.08777	
Repaglinide Tab 1 MG	0.16326		0.11823	
Repaglinide Tab 2 MG	0.13884		0.10198	
Reserpine Tab 0.1 MG			0.06000	
Ribavirin Cap 200 MG			0.93250	
Ribavirin Tab 200 MG			0.57350	
Rifabutin Cap 150 MG			11.95918	
Rifampin Cap 150 MG	1.00623		0.79485	
Rifampin Cap 300 MG	0.98358		0.41917	
Riluzole Tab 50 MG	1.23111		0.28500	
Risedronate Sodium Tab 150 MG	31.71623		29.14556	

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

Data as of 12/27/2021

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
Risedronate Sodium Tab 35 MG	4.26061		3.44000	
Risedronate Sodium Tab 5 MG			2.33300	
Risedronate Sodium Tab Delayed Release 35 MG			22.00000	
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	0.61277		0.39467	
Risperidone Tab 0.25 MG	0.04471		0.02047	
Risperidone Tab 0.5 MG	0.06469		0.03900	
Risperidone Tab 1 MG	0.09959		0.04384	
Risperidone Tab 2 MG	0.13867		0.04011	
Risperidone Tab 3 MG	0.18217		0.04333	
Risperidone Tab 4 MG	0.22298		0.06578	
Ritonavir Tab 100 MG	2.21129		0.98372	
Rivastigmine Tartrate Cap 1.5 MG (Base Equivalent)	0.38281		0.15325	
Rivastigmine Tartrate Cap 3 MG (Base Equivalent)	0.27818		0.11583	
Rivastigmine Tartrate Cap 4.5 MG (Base Equivalent)	0.29289		0.11583	
Rivastigmine Tartrate Cap 6 MG (Base Equivalent)	0.26035		0.27576	
Rivastigmine TD Patch 24HR 13.3 MG/24HR	4.80862		2.78575	
Rivastigmine TD Patch 24HR 4.6 MG/24HR	5.05798		1.79500	
Rivastigmine TD Patch 24HR 9.5 MG/24HR	5.23166		2.99456	
Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	1.05626		0.59194	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	0.97934		0.55500	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	0.67525		0.34874	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	0.84679		0.43333	
Ropinirole Hydrochloride Tab 0.25 MG	0.05338		0.04812	
Ropinirole Hydrochloride Tab 0.5 MG	0.08068		0.04000	

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

Data as of 12/27/2021

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
Ropinirole Hydrochloride Tab 1 MG	0.05358		0.03847	
Ropinirole Hydrochloride Tab 2 MG	0.06452		0.06414	
Ropinirole Hydrochloride Tab 3 MG	0.09962		0.06620	
Ropinirole Hydrochloride Tab 4 MG	0.07836		0.06920	
Ropinirole Hydrochloride Tab 5 MG	0.10466		0.08350	
Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)	2.53667		3.63095	
Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	0.76253		0.74883	
Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	0.86915		1.00020	
Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)	1.97387		1.61926	
Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent)	1.96695		1.88900	
Rosuvastatin Calcium Tab 10 MG	0.11316		0.04500	
Rosuvastatin Calcium Tab 20 MG	0.12507		0.07272	
Rosuvastatin Calcium Tab 40 MG	0.16213		0.10520	
Rosuvastatin Calcium Tab 5 MG	0.11065		0.04575	
Rufinamide Susp 40 MG/ML	1.96670		3.02211	
Rufinamide Tab 200 MG			11.49902	
Rufinamide Tab 400 MG	28.57720		23.06029	
Salicylic Acid Cream 6%			0.06125	
Salicylic Acid Film Forming Liquid 27.5%			7.02400	
Salicylic Acid Lotion 6%			0.08792	
Salicylic Acid Shampoo 6%			0.14124	
Saline Injection w/ Benzyl Alcohol			0.03033	
Salsalate Tab 500 MG			0.37549	
Salsalate Tab 750 MG			0.60680	
Scopolamine TD Patch 72HR 1 MG/3DAYS	13.65813		9.83800	
Selegiline HCl Cap 5 MG	0.99381		0.84167	
Selegiline HCl Tab 5 MG			1.03445	
Selenium Sulfide Lotion 2.5%			0.06809	
Selenium Sulfide Shampoo 2.25%			0.16000	
Sertraline HCl Oral Concentrate for Solution 20 MG/ML	0.53061		0.60625	



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

Data as of 12/27/2021

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
Sodium Chloride IV Soln 0.9%			0.02780	
Sodium Chloride IV Soln 4 mEq/ML (23.4%)			0.01648	
Sodium Chloride Preservative Free (PF) Inj 0.9%			0.06960	
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 Paste 1.1%			0.11167	
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	0.52593		0.15733	
Solifenacin Succinate Tab 5 MG	0.34019		0.17658	
Somatropin (Non-Refrigerated) For Inj 5 MG			617.90844	
Somatropin (Non-Refrigerated) For Inj 8.8 MG			988.65948	
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	

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

Data as of 12/27/2021

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 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	0.11268		0.13750	
Sotalol HCl (AFIB/AFL) Tab 160 MG	0.13379		0.18700	
Sotalol HCl (AFIB/AFL) Tab 80 MG	0.08681		0.08482	
Sotalol HCl Tab 120 MG	0.11268		0.07900	
Sotalol HCl Tab 160 MG	0.13379		0.18700	
Sotalol HCl Tab 240 MG			0.33276	
Sotalol HCl Tab 80 MG	0.08681		0.05260	
Spirolactone & Hydrochlorothiazide Tab 25-25 MG	0.70770		0.68200	
Spirolactone Tab 100 MG	0.20864		0.17885	
Spirolactone Tab 25 MG	0.05604		0.04436	
Spirolactone Tab 50 MG	0.12416		0.08910	
Stavudine Cap 15 MG			1.95477	
Stavudine Cap 20 MG			1.21300	
Stavudine Cap 30 MG			0.86000	
Stavudine Cap 40 MG			0.91833	
Sucralfate Susp 1 GM/10ML	0.45099		0.32145	
Sucralfate Tab 1 GM	0.19571		0.15950	
Sulfacetamide Sodium Lotion 10% (Acne)			0.48687	
Sulfacetamide Sodium Ophth Oint 10%			15.68000	
Sulfacetamide Sodium Ophth Soln 10%			2.01667	
Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8%			0.82435	

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

Data as of 12/27/2021

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
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	0.07896		0.12683	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	0.05989		0.05025	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	0.05937		0.04090	
Sulfasalazine Tab 500 MG	1.04880		0.13500	
Sulfasalazine Tab Delayed Release 500 MG			0.19492	
Sulindac Tab 150 MG			0.12100	
Sulindac Tab 200 MG			0.13438	
Sumatriptan Nasal Spray 20 MG/ACT			35.13238	
Sumatriptan Nasal Spray 5 MG/ACT			34.59524	
Sumatriptan Succinate Inj 6 MG/0.5ML			23.01000	
Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML			139.20000	
Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML			69.87308	
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	0.57547		0.44458	
Sumatriptan Succinate Tab 25 MG	0.68478		0.34111	
Sumatriptan Succinate Tab 50 MG	0.57283		0.33111	
Sumatriptan-Naproxen Sodium Tab 85-500 MG	47.63942		20.88000	
Sunitinib Malate Cap 12.5 MG (Base Equivalent)			173.87848	
Sunitinib Malate Cap 25 MG (Base Equivalent)			347.75767	

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

Data as of 12/27/2021

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
Sunitinib Malate Cap 50 MG (Base Equivalent)			605.39726	
Tacrolimus Cap 0.5 MG	0.42050		0.08055	
Tacrolimus Cap 1 MG	0.80907		0.13478	
Tacrolimus Cap 5 MG	4.40703		0.39610	
Tacrolimus Oint 0.03%			3.54733	
Tacrolimus Oint 0.1%			2.02194	
Tadalafil Tab 10 MG	0.66588		0.54643	
Tadalafil Tab 2.5 MG	0.19064		0.22733	
Tadalafil Tab 20 MG	0.77149		0.42967	
Tadalafil Tab 20 MG (PAH)	0.76955		0.46283	
Tadalafil Tab 5 MG	0.29791		0.13767	
Tamoxifen Citrate Tab 10 MG (Base Equivalent)	0.18098		0.15000	
Tamoxifen Citrate Tab 20 MG (Base Equivalent)	0.41776		0.34317	
Tamsulosin HCl Cap 0.4 MG			0.05377	
Tazarotene Cream 0.1%			3.43623	
Telmisartan Tab 20 MG	0.44436		0.22067	
Telmisartan Tab 40 MG	0.35392		0.12822	
Telmisartan Tab 80 MG	0.40817		0.21717	
Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	1.64312		0.73467	
Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	1.22871		1.17000	
Telmisartan-Hydrochlorothiazide Tab 80-25 MG	1.74411		0.56667	
Temazepam Cap 15 MG	0.10305		0.04590	
Temazepam Cap 22.5 MG	2.23153		3.77648	
Temazepam Cap 30 MG	0.13697		0.07112	
Temazepam Cap 7.5 MG	1.32683		0.37420	
Temozolomide Cap 100 MG			19.52800	
Temozolomide Cap 140 MG	13.83623		32.50000	
Temozolomide Cap 180 MG			27.78000	
Temozolomide Cap 20 MG			4.07143	
Temozolomide Cap 250 MG			65.30400	



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

Data as of 12/27/2021

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
Temozolomide Cap 5 MG			1.35714	
Temsirolimus Soln For IV Infusion 25 MG/ML			1433.21000	
Tenofovir Disoproxil Fumarate Tab 300 MG	3.34987		0.24167	
Terazosin HCl Cap 1 MG (Base Equivalent)	0.17155		0.04550	
Terazosin HCl Cap 10 MG (Base Equivalent)	0.19477		0.04670	
Terazosin HCl Cap 2 MG (Base Equivalent)	0.14662		0.04550	
Terazosin HCl Cap 5 MG (Base Equivalent)	0.16760		0.05040	
Terbinafine HCl Tab 250 MG	0.15208		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%			1.19850	
Terconazole Vaginal Suppos 80 MG			12.70933	
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%)			5.56080	
Testosterone TD Gel 12.5 MG/ACT (1%)			0.98319	
Testosterone TD Gel 20.25 MG/1.25GM (1.62%)	9.48567		6.61702	
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%)	6.09904		2.23400	
Testosterone TD Gel 50 MG/5GM (1%)	1.12048		1.01935	
Testosterone TD Soln 30 MG/ACT	1.35600		2.03210	
Tetrabenazine Tab 12.5 MG			1.98289	
Tetrabenazine Tab 25 MG			26.52000	
Tetracycline HCl Cap 250 MG	1.03855		1.20000	
Tetracycline HCl Cap 500 MG	0.82352		1.53190	
Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPK			398.40000	

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

Data as of 12/27/2021

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
Thalidomide Cap 50 MG			170.21817	
Theophylline Tab ER 12HR 300 MG			1.40000	
Theophylline Tab ER 24HR 400 MG	0.75611		0.52770	
Theophylline Tab ER 24HR 600 MG	1.31290		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	
Tiagabine HCl Tab 2 MG			4.79365	
Tiagabine HCl Tab 4 MG			3.86484	
Ticlopidine HCl Tab 250 MG			0.16510	
Timolol Maleate Ophth Gel Forming Soln 0.25%			20.20189	
Timolol Maleate Ophth Gel Forming Soln 0.5%			20.87000	
Timolol Maleate Ophth Soln 0.25%			0.42234	
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	

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

Data as of 12/27/2021

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
Timolol Maleate Tab 5 MG			0.28691	
Tinidazole Tab 500 MG			2.19850	
Tizanidine HCl Cap 2 MG (Base Equivalent)	0.13648		0.12463	
Tizanidine HCl Cap 4 MG (Base Equivalent)	0.18590		0.40807	
Tizanidine HCl Cap 6 MG (Base Equivalent)	0.33810		0.26287	
Tizanidine HCl Tab 2 MG (Base Equivalent)	0.04941		0.02233	
Tizanidine HCl Tab 4 MG (Base Equivalent)	0.05853		0.03761	
Tobramycin Inhal Cap 28 MG			45.07149	
Tobramycin Nebu Soln 300 MG/5ML			3.75611	
Tobramycin Ophth Soln 0.3%	1.25808		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	1.42672		1.23116	
Tolterodine Tartrate Cap ER 24HR 4 MG	1.22887		0.90000	
Tolterodine Tartrate Tab 1 MG	0.88959		0.43100	
Tolterodine Tartrate Tab 2 MG	0.46626		0.43000	
Topiramate Cap ER 24HR Sprinkle 100 MG			16.90700	
Topiramate Cap ER 24HR Sprinkle 150 MG			20.79947	
Topiramate Cap ER 24HR Sprinkle 200 MG			22.09013	
Topiramate Sprinkle Cap 15 MG			0.26700	
Topiramate Sprinkle Cap 25 MG			0.44250	
Topiramate Tab 100 MG	0.34584		0.04248	
Topiramate Tab 200 MG	1.23846		0.08979	
Topiramate Tab 25 MG	0.07814		0.02447	

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

Data as of 12/27/2021

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
Topiramate Tab 50 MG	0.12589		0.02333	
Torsemide Tab 10 MG	0.09018		0.04670	
Torsemide Tab 100 MG	0.25313		0.12655	
Torsemide Tab 20 MG	0.08642		0.06643	
Torsemide Tab 5 MG	0.09136		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	0.02582		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	0.10816		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	
Tranylcypromine Sulfate Tab 10 MG			1.15600	
Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)			35.72064	
Trazodone HCl Tab 100 MG	0.07064		0.06378	
Trazodone HCl Tab 150 MG	0.14455		0.08180	
Trazodone HCl Tab 300 MG	1.68659		1.52750	
Trazodone HCl Tab 50 MG	0.03986		0.03221	
Tretinoin Cap 10 MG			10.73980	
Tretinoin Cream 0.025%			1.86419	
Tretinoin Cream 0.05%			2.64176	

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

Data as of 12/27/2021

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
Tretinoin Cream 0.1%			3.12978	
Tretinoin Gel 0.01%			3.28378	
Tretinoin Gel 0.025%			2.68889	
Tretinoin Gel 0.05%	4.55300		3.99000	
Tretinoin Microsphere Gel 0.04%			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			2.64159	
Triamcinolone Acetonide Cream 0.025%			0.07188	
Triamcinolone Acetonide Cream 0.1%			0.05313	
Triamcinolone Acetonide Cream 0.5%	0.25544		0.24200	
Triamcinolone Acetonide Dental Paste 0.1%	4.88465		4.25950	
Triamcinolone Acetonide Inj Susp 40 MG/ML			6.74900	
Triamcinolone Acetonide Lotion 0.025%	0.44404		0.41583	
Triamcinolone Acetonide Lotion 0.1%	0.37995		0.31167	
Triamcinolone Acetonide Oint 0.025%			0.07946	
Triamcinolone Acetonide Oint 0.1%			0.07063	
Triamcinolone Acetonide Oint 0.5%	0.40018		0.33200	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	0.15494		0.07540	
Triamterene & Hydrochlorothiazide Cap 50-25 MG			1.51850	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	0.11013		0.08188	
Triamterene & Hydrochlorothiazide Tab 75-50 MG	0.13048		0.05500	
Triazolam Tab 0.125 MG	1.08624		0.19590	
Triazolam Tab 0.25 MG	1.05982		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	

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

Data as of 12/27/2021

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
Trihexyphenidyl HCl Oral Soln 0.4 MG/ML			0.06175	
Trihexyphenidyl HCl Tab 2 MG	0.04957		0.04600	
Trihexyphenidyl HCl Tab 5 MG	0.11091		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			3.05941	
Trospium Chloride Tab 20 MG	0.34891		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	0.57208		0.50586	
Ursodiol Tab 250 MG	0.81092		0.55937	
Ursodiol Tab 500 MG	1.14505		0.86985	
Valacyclovir HCl Tab 1 GM	0.67586		0.42150	
Valacyclovir HCl Tab 500 MG	0.36564		0.18433	
Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)			8.42511	
Valganciclovir HCl Tab 450 MG (Base Equivalent)	6.09038		2.95113	
Valproate Sodium Inj 100 MG/ML			3.46000	
Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	0.01878		0.01420	
Valproate Sodium Syrup 250 MG/5ML			0.03040	
Valproic Acid Cap 250 MG			0.14010	
Valsartan Tab 160 MG	0.49704		0.09700	
Valsartan Tab 320 MG	0.52809		0.12938	
Valsartan Tab 40 MG	0.39657		0.05556	

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

Data as of 12/27/2021

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
Valsartan Tab 80 MG	0.39967		0.18891	
Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	0.31855		0.11778	
Valsartan-Hydrochlorothiazide Tab 160-25 MG	0.40094		0.14689	
Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	0.54603		0.20556	
Valsartan-Hydrochlorothiazide Tab 320-25 MG	0.45563		0.20818	
Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	0.41213		0.12778	
Vancomycin HCl Cap 125 MG (Base Equivalent)	1.91178		1.76030	
Vancomycin HCl Cap 250 MG (Base Equivalent)	2.64878		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	6.03397		18.61573	
Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	0.25284		0.14119	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	0.16353		0.09175	
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	0.21413		0.10311	
Venlafaxine HCl Tab 100 MG (Base Equivalent)	0.13592		0.05010	
Venlafaxine HCl Tab 25 MG (Base Equivalent)	0.17240		0.11520	
Venlafaxine HCl Tab 37.5 MG (Base Equivalent)	0.10400		0.07010	
Venlafaxine HCl Tab 50 MG (Base Equivalent)	0.19663		0.08789	
Venlafaxine HCl Tab 75 MG (Base Equivalent)	0.10744		0.09000	
Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	2.06707		2.20528	
Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	3.53138		3.59542	
Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)	2.97691		2.55183	
Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	1.82650		2.29000	
Verapamil HCl Cap ER 24HR 100 MG			3.68996	

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

Data as of 12/27/2021

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
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			1.32330	
Verapamil HCl Cap ER 24HR 360 MG			3.86000	
Verapamil HCl Tab 120 MG			0.05824	
Verapamil HCl Tab 40 MG			0.09890	
Verapamil HCl Tab 80 MG			0.04170	
Verapamil HCl Tab ER 120 MG			0.11030	
Verapamil HCl Tab ER 180 MG	0.20970		0.22810	
Verapamil HCl Tab ER 240 MG	0.29893		0.07657	
Vigabatrin Powd Pack 500 MG			145.81778	
Vigabatrin Tab 500 MG			95.20000	
Vincristine Sulfate IV Soln 1 MG/ML			7.11750	
Vinorelbine Tartrate Inj 10 MG/ML (Base Equiv)			15.11900	
Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv)			17.12360	
Voriconazole Tab 200 MG	3.32101		3.37688	
Voriconazole Tab 50 MG			3.17450	
Warfarin Sodium Tab 1 MG	0.11054		0.02470	
Warfarin Sodium Tab 10 MG	0.11585		0.08770	
Warfarin Sodium Tab 2 MG	0.11131		0.06659	
Warfarin Sodium Tab 2.5 MG	0.11024		0.05970	
Warfarin Sodium Tab 3 MG	0.09312		0.06967	
Warfarin Sodium Tab 4 MG	0.09029		0.07840	
Warfarin Sodium Tab 5 MG	0.10162		0.06310	
Warfarin Sodium Tab 6 MG	0.12480		0.07800	
Warfarin Sodium Tab 7.5 MG	0.11165		0.08960	
Water For Injection			0.03734	
Water For Irrigation, Sterile Irrigation Soln			0.00390	
Water For IV Injection			0.00217	



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

Data as of 12/27/2021

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
Wound Dressings - Cream***			0.52347	
Zafirlukast Tab 10 MG	0.85056		1.16850	
Zafirlukast Tab 20 MG	1.01341		0.82500	
Zaleplon Cap 10 MG	0.14109		0.13820	
Zaleplon Cap 5 MG	0.18775		0.17120	
Zidovudine Cap 100 MG			1.46290	
Zidovudine Syrup 10 MG/ML			0.09521	
Zidovudine Tab 300 MG			0.14500	
Zileuton Tab ER 12HR 600 MG			15.04897	
Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)			0.03887	
Ziprasidone HCl Cap 20 MG	0.25617		0.19433	
Ziprasidone HCl Cap 40 MG	0.41403		0.26000	
Ziprasidone HCl Cap 60 MG	0.42405		0.32417	
Ziprasidone HCl Cap 80 MG	0.62020		0.27141	
Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML			1.41600	
Zolmitriptan Orally Disintegrating Tab 2.5 MG			2.49370	
Zolmitriptan Orally Disintegrating Tab 5 MG	2.75074		2.41933	
Zolmitriptan Tab 2.5 MG	2.64618		1.15000	
Zolmitriptan Tab 5 MG	4.63187		1.56333	
Zolpidem Tartrate Tab 10 MG	0.12790		0.02037	
Zolpidem Tartrate Tab 5 MG	0.06658		0.01975	
Zolpidem Tartrate Tab ER 12.5 MG	0.88770		0.06591	
Zolpidem Tartrate Tab ER 6.25 MG	0.54653		0.30106	
Zonisamide Cap 100 MG	0.17087		0.09160	
Zonisamide Cap 25 MG	0.08816		0.07950	
Zonisamide Cap 50 MG			0.15154	

