

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List -
PROPOSED**

Effective: 07/01/2025

Generic Name	Current FUL	Current IL SMAC	Proposed IL SMAC
Acetaminophen w/ Codeine Tab 300-30 MG	0.27683	0.20760	0.16200
Amoxicillin (Trihydrate) Cap 250 MG	0.07038	0.05279	0.04700
Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	0.95439	0.45100	0.43428
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	1.04461	0.52200	0.45763
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	1.15513	0.51250	0.42583
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	1.27728	0.52230	0.46480
Amphetamine-Dextroamphetamine Tab 10 MG	0.28393	0.21760	0.19935
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG		0.49990	0.15011
Brimonidine Tartrate Ophth Soln 0.2%		0.59867	0.42067
Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)		2.18683	1.80195
Bupropion HCl Tab ER 24HR 150 MG	0.10545	0.08365	0.07000
Carbamazepine Tab ER 12HR 200 MG	0.81442	0.52146	0.36545
Carbidopa & Levodopa Tab 25-100 MG	0.09667	0.06590	0.05700
Chlorpromazine HCl Tab 50 MG	0.50059	0.46000	0.45325
Ciprofloxacin HCl Ophth Soln 0.3% (Base Equivalent)		2.20000	1.81713
Cyproheptadine HCl Tab 4 MG	0.08111	0.06348	0.05500
Diltiazem HCl Tab 60 MG	0.16106	0.12680	0.07000
Fluphenazine HCl Tab 1 MG	0.35364	0.65475	0.25000
Fluphenazine HCl Tab 5 MG	0.38778	1.30150	0.34070
Gabapentin Tab 800 MG	0.12393	0.08207	0.07600
Glycopyrrolate Oral Soln 1 MG/5ML	0.37731	0.41189	0.21459
Guanfacine HCl Tab 1 MG	0.16899	0.36780	0.16799
Isosorbide Mononitrate Tab ER 24HR 30 MG	0.07276	0.06873	0.05500
Ketorolac Tromethamine Tab 10 MG	0.29173	0.50889	0.26499
Loperamide HCl Cap 2 MG		0.12160	0.08918
Prazosin HCl Cap 1 MG	0.11458	0.09778	0.09230
Pregabalin Cap 200 MG	0.35228	0.12939	0.06422
Sildenafil Citrate For Suspension 10 MG/ML	0.68493	0.60250	0.58527
Triamcinolone Acetonide Oint 0.025%		0.14991	0.09625