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

Effective: 09/01/2025

Generic Name	Current FUL	Current IL SMAC	Proposed IL SMAC
Albendazole Tab 200 MG	6.90773	12.69038	5.68179
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT		19.79950	19.55534
Calcitriol Oral Soln 1 MCG/ML		5.84222	5.25238
Cefpodoxime Proxetil Tab 100 MG		1.53013	1.21315
Clonidine TD Patch Weekly 0.1 MG/24HR	6.78511	5.49500	5.07105
Clonidine TD Patch Weekly 0.2 MG/24HR	9.73114	9.27125	8.36750
Clonidine TD Patch Weekly 0.3 MG/24HR	13.36870	10.93735	10.43000
Danazol Cap 200 MG		3.15200	3.11371
Dexamethasone Sodium Phosphate Inj 20 MG/5ML		0.46303	0.28517
Doxepin HCl (Sleep) Tab 6 MG (Base Equiv)	2.48087	5.33404	2.21117
Enalapril Maleate Oral Soln 1 MG/ML	1.27779	3.26493	1.14935
Estradiol TD Patch Weekly 0.06 MG/24HR	11.14196	9.01000	8.80600
Estradiol TD Patch Weekly 0.1 MG/24HR		9.86910	9.11000
Everolimus Tab 0.5 MG	5.18522	8.54150	4.70004
Ezetimibe Tab 10 MG	0.24526	0.05500	0.04800
Fentanyl TD Patch 72HR 12 MCG/HR	10.09570	5.14400	4.84120
Flunisolide Nasal Soln 25 MCG/ACT (0.025%)		1.84202	1.77080
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/ACT		1.47903	1.27885
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/ACT		2.06925	1.64000
Lamotrigine Tab ER 24HR 200 MG	4.46816	1.18612	0.68990
Leucovorin Calcium Tab 10 MG	2.97646	3.10633	2.80176
Levothyroxine Sodium Tab 300 MCG	0.21639	0.27478	0.10833
Loteprednol Etabonate Ophth Susp 0.5%		22.61000	16.87680
Nitrofurantoin Macrocrystalline Cap 25 MG	1.50467	1.66280	1.54380
Paliperidone Tab ER 24HR 1.5 MG	1.41596	1.56953	1.09565
Potassium Citrate Tab ER 15 MEQ (1620 MG)	0.29577	0.28250	0.20613
Testosterone TD Gel 20.25 MG/ACT (1.62%)		0.86000	0.52000
Testosterone TD Gel 50 MG/5GM (1%)	0.70753	1.01935	0.71184
Verapamil HCl Cap ER 24HR 180 MG		1.03620	0.89455
Zafirlukast Tab 20 MG	0.71046	0.82500	0.61272