

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

Data as of 4/7/2025

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)	0.60252		0.36867	
Abacavir Sulfate-Lamivudine Tab 600-300 MG	1.67410		1.19425	
Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG			19.81500	
Abatacept For IV Soln 250 MG			1104.59388	
Abiraterone Acetate Tab 250 MG	1.80093		1.83429	
Abiraterone Acetate Tab 500 MG	17.69063		71.66645	
Acamprosate Calcium Tab Delayed Release 333 MG	0.55801		0.46444	
Acarbose Tab 100 MG	0.23503		0.13000	
Acarbose Tab 25 MG	0.17730		0.11720	
Acarbose Tab 50 MG			0.12500	
Acebutolol HCl Cap 200 MG	0.59735		0.49290	
Acebutolol HCl Cap 400 MG			0.26613	
Acetaminophen w/ Codeine Soln 120-12 MG/5ML			0.01406	
Acetaminophen w/ Codeine Tab 300-15 MG	0.28807		0.11018	
Acetaminophen w/ Codeine Tab 300-30 MG	0.25861		0.20760	
Acetaminophen w/ Codeine Tab 300-60 MG	0.47506		0.17150	
Acetazolamide Cap ER 12HR 500 MG	0.28902		0.35614	
Acetazolamide Sodium For Inj 500 MG			9.11877	
Acetazolamide Tab 125 MG	0.10351		0.11042	
Acetazolamide Tab 250 MG	0.14828		0.14623	
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%			0.62755	
Acitretin Cap 10 MG	5.13487		5.03987	
Acitretin Cap 17.5 MG	10.13984		25.25000	
Acitretin Cap 25 MG	5.17574		5.41254	
Acyclovir Cap 200 MG	0.09763		0.05480	
Acyclovir Cream 5%	9.61237		32.93000	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Acyclovir Oint 5%			0.97167	
Acyclovir Susp 200 MG/5ML			0.13092	
Acyclovir Tab 400 MG	0.08773		0.06357	
Acyclovir Tab 800 MG	0.15158		0.13520	
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			3309.01230	
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%			1.92956	
Adapalene Gel 0.1%			1.51887	
Adapalene Gel 0.3%	0.55994		1.28511	
Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	0.47256		0.61306	
Adapalene-Benzoyl Peroxide Gel 0.3-2.5%	0.67595		0.22453	
Adefovir Dipivoxil Tab 10 MG			22.87983	
Albendazole Tab 200 MG	8.08243		12.69038	
Albumin, Human Inj 25%			1.39750	
Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)			2.82119	
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)			0.19507	
Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)			0.15240	
Albuterol Sulfate Syrup 2 MG/5ML			0.01017	
Albuterol Sulfate Tab 2 MG	0.33128		0.08000	
Albuterol Sulfate Tab 4 MG	0.28929		0.51642	
Albuterol Sulfate Tab ER 12HR 4 MG			0.83750	

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

Data as of 4/7/2025

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
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	0.31335		0.23750	
Alendronate Sodium Tab 5 MG			0.14633	
Alendronate Sodium Tab 70 MG	0.25705		0.20500	
Alfuzosin HCl Tab ER 24HR 10 MG	0.10352		0.05870	
Aliskiren Fumarate Tab 150 MG (Base Equivalent)			5.54267	
Aliskiren Fumarate Tab 300 MG (Base Equivalent)			5.03173	
Allopurinol Tab 100 MG	0.06144		0.03974	
Allopurinol Tab 300 MG	0.12350		0.05230	
Almotriptan Malate Tab 12.5 MG			15.88757	
Almotriptan Malate Tab 6.25 MG			21.65000	
Alosetron HCl Tab 0.5 MG (Base Equiv)	2.22804		2.46472	
Alosetron HCl Tab 1 MG (Base Equiv)	4.34716		3.72269	
Alprazolam Orally Disintegrating Tab 0.25 MG			1.07900	
Alprazolam Orally Disintegrating Tab 0.5 MG			1.28974	
Alprazolam Tab 0.25 MG	0.03873		0.02600	
Alprazolam Tab 0.5 MG	0.04481		0.01385	
Alprazolam Tab 1 MG	0.03736		0.01660	
Alprazolam Tab 2 MG	0.09438		0.03917	
Alprazolam Tab ER 24HR 0.5 MG	0.16798		0.18083	
Alprazolam Tab ER 24HR 1 MG	0.17571		0.17943	
Alprazolam Tab ER 24HR 2 MG	0.17886		0.18687	
Alprazolam Tab ER 24HR 3 MG	0.20106		0.25192	
Amantadine HCl Cap 100 MG	0.17141	0.17195	0.09877	04/01/2025
Amantadine HCl Soln 50 MG/5ML	0.12719		0.01839	
Amantadine HCl Syrup 50 MG/5ML			0.01886	

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

Data as of 4/7/2025

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
Amantadine HCl Tab 100 MG	0.36291		0.37050	
Ambrisentan Tab 10 MG			9.31585	
Ambrisentan Tab 5 MG		38.40133	17.15000	04/01/2025
Amiloride & Hydrochlorothiazide Tab 5-50 MG			0.28000	
Amiloride HCl Tab 5 MG	0.25129		0.13230	
Aminocaproic Acid Tab 500 MG	2.07998		1.80000	
Amiodarone HCl Tab 100 MG	0.62062		0.69137	
Amiodarone HCl Tab 200 MG	0.12744		0.09890	
Amiodarone HCl Tab 400 MG	0.61552		0.91036	
Amitriptyline HCl Tab 10 MG	0.03750		0.02220	
Amitriptyline HCl Tab 100 MG	0.14052		0.14087	
Amitriptyline HCl Tab 150 MG	0.18503		0.24230	
Amitriptyline HCl Tab 25 MG	0.05635		0.04890	
Amitriptyline HCl Tab 50 MG	0.07513		0.04370	
Amitriptyline HCl Tab 75 MG	0.10092		0.12500	
Amlodipine Besylate Tab 10 MG (Base Equivalent)	0.01745		0.01450	
Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	0.01348		0.00961	
Amlodipine Besylate Tab 5 MG (Base Equivalent)	0.01200		0.00961	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	1.09479		1.46667	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	0.94917		1.99467	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	1.43385		1.94133	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG	1.62827		3.25327	
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG			4.82300	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	1.05489		2.66894	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	0.92828		2.74000	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	1.80306		3.09133	
Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	0.12777		0.10120	
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	0.15048		0.12650	
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	0.10404		0.06012	

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

Data as of 4/7/2025

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-Benazepril HCl Cap 5-10 MG	0.10384		0.07450	
Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	0.10908		0.10150	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	0.13852		0.08980	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	0.32666		0.31333	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	0.32581		0.49867	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	0.32280		0.44433	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	0.36207		0.72308	
Amlodipine Besylate-Valsartan Tab 10-160 MG	0.52610		0.34522	
Amlodipine Besylate-Valsartan Tab 10-320 MG	0.68438		0.43333	
Amlodipine Besylate-Valsartan Tab 5-160 MG	0.47642		0.33484	
Amlodipine Besylate-Valsartan Tab 5-320 MG	0.57056		0.37667	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG			1.15467	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG			0.91533	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG			0.94400	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG			0.82914	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG			1.04403	
Amoxapine Tab 100 MG			0.80600	
Amoxapine Tab 50 MG			0.47021	
Amoxicillin & K Clavulanate Chew Tab 400-57 MG			2.33412	
Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML			0.04850	
Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML			0.30000	
Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML			0.05520	
Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML			0.06147	
Amoxicillin & K Clavulanate Tab 250-125 MG	1.40529		2.00000	
Amoxicillin & K Clavulanate Tab 500-125 MG	0.33062		0.26677	
Amoxicillin & K Clavulanate Tab 875-125 MG	0.36064		0.28250	
Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG			4.70250	

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

Data as of 4/7/2025

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) Cap 250 MG	0.07872		0.05279	
Amoxicillin (Trihydrate) Cap 500 MG			0.08154	
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			0.02033	
Amoxicillin (Trihydrate) For Susp 200 MG/5ML			0.01700	
Amoxicillin (Trihydrate) For Susp 250 MG/5ML			0.02450	
Amoxicillin (Trihydrate) For Susp 400 MG/5ML			0.01956	
Amoxicillin (Trihydrate) Tab 500 MG	0.18993		0.12250	
Amoxicillin (Trihydrate) Tab 875 MG	0.16872		0.08600	
Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack			2.57209	
Amphetamine Sulfate Tab 10 MG	0.52352		0.67830	
Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 12.5 MG			8.97643	
Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 25 MG	12.72814		8.94741	
Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 37.5 MG	10.34505		8.93356	
Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 50 MG	10.68446		8.91497	
Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	0.87104		0.45100	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	1.04235		0.41975	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	0.99394		0.52200	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	0.97945		0.51250	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	1.33913		0.52230	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	1.05152	0.42870	0.47167	04/01/2025
Amphetamine-Dextroamphetamine Tab 10 MG	0.24512		0.21760	
Amphetamine-Dextroamphetamine Tab 12.5 MG	0.41740	0.52640	0.24170	04/01/2025
Amphetamine-Dextroamphetamine Tab 15 MG	0.28201		0.22335	
Amphetamine-Dextroamphetamine Tab 20 MG	0.32905		0.28790	
Amphetamine-Dextroamphetamine Tab 30 MG	0.33590		0.23328	

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

Data as of 4/7/2025

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
Amphetamine-Dextroamphetamine Tab 5 MG	0.26710		0.19617	
Amphetamine-Dextroamphetamine Tab 7.5 MG	0.35585		0.20080	
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	
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			0.13560	
Anagrelide HCl Cap 1 MG			0.76180	
Anastrozole Tab 1 MG	0.15102	0.04100	0.13138	04/01/2025
Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit			0.98580	
Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit			0.98580	
Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 3000 Unit			1.59000	
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit			0.98580	
Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit			0.98580	
Antiinhibitor Coagulant Complex For IV Soln 1000 Unit			1.47000	
Antiinhibitor Coagulant Complex For IV Soln 2500 Unit			1.47000	
Antiinhibitor Coagulant Complex For IV Soln 500 Unit			1.47000	
Antiseptic Products Misc - Pads**			0.01500	
Antithrombin III (Human) For Inj 500 Unit			1.69000	
Apraclonidine HCl Opth Soln 0.5% (Base Equivalent)			11.88400	
Apremilast Tab 30 MG			56.40680	

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

Data as of 4/7/2025

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
Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG			61.53469	
Aprepitant Capsule 40 MG			41.82856	
Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)			1.49548	
Aripiprazole Oral Solution 1 MG/ML	0.55877		0.85856	
Aripiprazole Tab 10 MG	0.14685		0.11489	
Aripiprazole Tab 15 MG	0.18765		0.11475	
Aripiprazole Tab 2 MG	0.12617		0.07041	
Aripiprazole Tab 20 MG	0.30857		0.16222	
Aripiprazole Tab 30 MG	0.43034		0.16745	
Aripiprazole Tab 5 MG	0.10802		0.08378	
Armodafinil Tab 150 MG	0.68124		0.64700	
Armodafinil Tab 200 MG	1.07170		0.83889	
Armodafinil Tab 250 MG	1.94527		1.08200	
Armodafinil Tab 50 MG	0.68007		0.33919	
Asenapine Maleate SL Tab 10 MG (Base Equiv)	4.74357		2.26061	
Asenapine Maleate SL Tab 2.5 MG (Base Equiv)	3.69220		3.12394	
Asenapine Maleate SL Tab 5 MG (Base Equiv)	5.36820		1.68750	
Aspirin-Caff-Butalbital w/ Codeine Cap 200-40-50-30 MG			1.65624	
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	0.64811		0.74217	
Atazanavir Sulfate Cap 150 MG (Base Equiv)			6.80917	
Atazanavir Sulfate Cap 200 MG (Base Equiv)	1.72738		2.49167	
Atazanavir Sulfate Cap 300 MG (Base Equiv)	3.96120		5.41367	
Atenolol & Chlorthalidone Tab 100-25 MG	0.35794		0.36700	
Atenolol & Chlorthalidone Tab 50-25 MG	0.26703		0.32543	
Atenolol Tab 100 MG	0.03967		0.02990	
Atenolol Tab 25 MG	0.02272		0.01835	
Atenolol Tab 50 MG	0.02636		0.01835	
Atomoxetine HCl Cap 10 MG (Base Equiv)	0.81134		0.49367	
Atomoxetine HCl Cap 100 MG (Base Equiv)	0.77006		0.79200	
Atomoxetine HCl Cap 18 MG (Base Equiv)	0.64414		0.38867	



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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Atomoxetine HCl Cap 25 MG (Base Equiv)	0.46946		0.38867	
Atomoxetine HCl Cap 40 MG (Base Equiv)	0.52533		0.60107	
Atomoxetine HCl Cap 60 MG (Base Equiv)	0.65688		1.01643	
Atomoxetine HCl Cap 80 MG (Base Equiv)	0.77499		0.84658	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	0.03899		0.01945	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	0.04892	0.03737	0.03140	04/01/2025
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	0.06228	0.03647	0.04269	04/01/2025
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	0.09184	0.07967	0.07330	04/01/2025
Atovaquone Susp 750 MG/5ML	1.03235		1.29928	
Atovaquone-Proguanil HCl Tab 250-100 MG	1.66688		2.19550	
Atovaquone-Proguanil HCl Tab 62.5-25 MG	1.19599		1.25680	
Atropine Sulfate Ophth Soln 1%			7.73600	
Azathioprine Tab 50 MG	0.14836		0.18135	
Azelaic Acid Gel 15%	0.61076		0.69280	
Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)			0.24164	
Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)			0.49656	
Azelastine HCl Ophth Soln 0.05%	1.04185		1.03791	
Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT	3.15474		2.61213	
Azithromycin For Susp 100 MG/5ML	0.36164		0.42933	
Azithromycin For Susp 200 MG/5ML			0.29600	
Azithromycin IV For Soln 500 MG			6.80550	
Azithromycin Tab 250 MG	0.36217		0.22000	
Azithromycin Tab 500 MG	0.61913		0.56111	
Azithromycin Tab 600 MG	2.46439		1.25500	
Bacitracin IM For Soln 50000 U			6.50000	
Bacitracin Zinc Oint 500 Unit/GM			0.18693	
Bacitracin-Polymyxin B Ophth Oint			2.05714	
Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%			5.38057	
Baclofen Tab 10 MG	0.04118		0.03100	
Baclofen Tab 20 MG	0.05775		0.07300	

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

Data as of 4/7/2025

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
Baclofen Tab 5 MG	0.09631		0.09000	
Bacteriostatic Sodium Chloride Inj Soln 0.9%***			0.03033	
Balsalazide Disodium Cap 750 MG	0.40611		0.36714	
B-Complex w/ C & Folic Acid Cap 1 MG***			0.09660	
B-Complex w/ C & Folic Acid Tab 1 MG***			0.10190	
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	0.26660		0.49990	
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	0.20841		0.19990	
Benazepril & Hydrochlorothiazide Tab 20-25 MG			0.25423	
Benazepril & Hydrochlorothiazide Tab 5-6.25 MG	0.46552		0.89470	
Benazepril HCl Tab 10 MG	0.06082		0.01900	
Benazepril HCl Tab 20 MG	0.06815		0.04278	
Benazepril HCl Tab 40 MG	0.09773		0.08620	
Benazepril HCl Tab 5 MG	0.04388		0.04180	
Benzonatate Cap 100 MG			0.07661	
Benzonatate Cap 200 MG	0.10616		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	0.07697		0.05798	
Benztropine Mesylate Tab 1 MG	0.07818		0.06904	
Benztropine Mesylate Tab 2 MG	0.10555		0.08160	
Bepotastine Besilate Ophth Soln 1.5%			19.15800	
Betamethasone Dipropionate Augmented Cream 0.05%			0.15427	
Betamethasone Dipropionate Augmented Gel 0.05%			0.40432	
Betamethasone Dipropionate Augmented Lotion 0.05%			1.59583	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Betamethasone Dipropionate Augmented Oint 0.05%			0.93797	
Betamethasone Dipropionate Cream 0.05%			0.56508	
Betamethasone Dipropionate Lotion 0.05%	0.30052		0.06980	
Betamethasone Dipropionate Oint 0.05%			0.91284	
Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML			8.35933	
Betamethasone Valerate Aerosol Foam 0.12%			2.11408	
Betamethasone Valerate Cream 0.1% (Base Equivalent)			0.16667	
Betamethasone Valerate Lotion 0.1% (Base Equivalent)			0.26967	
Betamethasone Valerate Oint 0.1% (Base Equivalent)			0.56667	
Betaxolol HCl Opth Soln 0.5%			8.13900	
Betaxolol HCl Tab 10 MG			0.56150	
Betaxolol HCl Tab 20 MG			1.24790	
Bethanechol Chloride Tab 10 MG	0.21055		0.13610	
Bethanechol Chloride Tab 25 MG	0.22527		0.19520	
Bethanechol Chloride Tab 5 MG	0.12279		0.11570	
Bethanechol Chloride Tab 50 MG	0.30249		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	0.49144		0.10180	
Bimatoprost Opth Soln 0.03%			14.84156	
Bimatoprost Soln 0.03%			20.51051	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	0.20598		0.05313	
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	0.21053		0.03462	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	0.19145		0.04470	
Bisoprolol Fumarate Tab 10 MG	0.20984		0.18530	
Bisoprolol Fumarate Tab 5 MG	0.16732		0.15655	
Bleomycin Sulfate For Inj 15 Unit			35.41200	
Bleomycin Sulfate For Inj 30 Unit			72.96900	
Blood Glucose Monitoring Devices***			18.00000	
Blood Glucose Monitoring Kit w/ Device***			7.50000	

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

Data as of 4/7/2025

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
Bosentan Tab 125 MG			2.94492	
Bosentan Tab 62.5 MG			3.08342	
Brimonidine Tartrate Ophth Soln 0.15%			18.70967	
Brimonidine Tartrate Ophth Soln 0.2%			0.59867	
Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5%			19.85600	
Brinzolamide Ophth Susp 1%			11.47600	
Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily)			38.95000	
Bromocriptine Mesylate Cap 5 MG (Base Equivalent)			2.59105	
Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)			1.06633	
Budesonide Delayed Release Particles Cap 3 MG	0.53566		0.48290	
Budesonide Inhalation Susp 0.25 MG/2ML			0.64421	
Budesonide Inhalation Susp 0.5 MG/2ML			0.63915	
Budesonide Inhalation Susp 1 MG/2ML			2.87122	
Budesonide Tab ER 24HR 9 MG	43.22907		25.73717	
Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT			22.12418	
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT			19.79950	
Bumetanide Inj 0.25 MG/ML			0.20540	
Bumetanide Tab 0.5 MG	0.14251		0.15810	
Bumetanide Tab 1 MG	0.16290		0.15992	
Bumetanide Tab 2 MG	0.31565		0.33530	
Bupivacaine HCl Preservative Free (PF) Inj 0.5%			0.11333	
Buprenorphine HCl SL Tab 2 MG (Base Equiv)	0.36783		0.30700	
Buprenorphine HCl SL Tab 8 MG (Base Equiv)	0.74046	0.87258	0.76625	04/01/2025
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)			2.18683	
Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv)			3.51261	
Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)			2.42794	
Buprenorphine HCl-Naloxone HCl SL Tab 0.7-0.18 MG (Base Eq)			4.13273	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Buprenorphine HCl-Naloxone HCl SL Tab 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 2.9-0.71 MG (Base Eq)			9.75750	
Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	0.49860		0.49200	
Buprenorphine HCl-Naloxone HCl SL Tab 8.6-2.1 MG (Base Eq)			13.95600	
Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	0.75033		0.85817	
Buprenorphine TD Patch Weekly 10 MCG/HR	31.33047		39.16922	
Buprenorphine TD Patch Weekly 15 MCG/HR	51.75184		68.80147	
Buprenorphine TD Patch Weekly 20 MCG/HR	55.54983		81.29188	
Buprenorphine TD Patch Weekly 5 MCG/HR	25.07567		32.26740	
Buprenorphine TD Patch Weekly 7.5 MCG/HR	29.41669		45.47031	
Buprenorphine-Naloxone Buccal Film 2.1-0.3 MG (Base Equiv)			8.18480	
Buprenorphine-Naloxone Buccal Film 4.2-0.7 MG (Base Equiv)			7.42820	
Buprenorphine-Naloxone Buccal Film 6.3-1 MG (Base Equiv)			15.45792	
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	0.25895		0.18392	
Bupropion HCl Tab 100 MG	0.13236		0.09950	
Bupropion HCl Tab 75 MG	0.10183		0.06050	
Bupropion HCl Tab ER 12HR 100 MG	0.09253		0.04380	
Bupropion HCl Tab ER 12HR 150 MG	0.07985		0.04730	
Bupropion HCl Tab ER 12HR 200 MG	0.12680		0.08069	
Bupropion HCl Tab ER 24HR 150 MG	0.09969		0.08365	
Bupropion HCl Tab ER 24HR 300 MG	0.14431		0.10000	
Burrow's Solution w/ Acetic Acid Otic Soln 2%			0.11450	
Buspirone HCl Tab 10 MG	0.03079		0.03003	
Buspirone HCl Tab 15 MG	0.04593		0.04204	
Buspirone HCl Tab 30 MG	0.12222		0.10612	
Buspirone HCl Tab 5 MG	0.02195		0.01998	
Buspirone HCl Tab 7.5 MG	0.10388		0.11346	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Butalbital-Acetaminophen 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	0.78677		0.86725	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG			0.42680	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	2.46801		0.60905	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	0.14389		0.15773	
Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG			0.82050	
Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	0.82130		0.77338	
Butorphanol Tartrate Inj 2 MG/ML			1.75500	
Butorphanol Tartrate Nasal Soln 10 MG/ML			6.20530	
Cabergoline Tab 0.5 MG	1.47918		1.76708	
Caffeine Citrate Inj 60 MG/3ML (10 MG/ML Base Equiv)			3.87333	
Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)			2.80000	
Calcipotriene Cream 0.005%			0.73600	
Calcipotriene Oint 0.005%			2.29000	
Calcipotriene Soln 0.005% (50 MCG/ML)			0.94983	
Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%			2.46777	
Calcitonin (Salmon) Nasal Soln 200 Unit/ACT			6.33784	
Calcitriol Cap 0.25 MCG	0.15381		0.12704	
Calcitriol Cap 0.5 MCG	0.22696		0.23930	
Calcitriol Oral Soln 1 MCG/ML	8.63877		5.84222	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	0.18097		0.11590	
Calcium Acetate (Phosphate Binder) Tab 667 MG			0.30825	
Calcium Gluconate Inj 10%			0.17000	
Candesartan Cilexetil Tab 16 MG	0.56834		0.61200	
Candesartan Cilexetil Tab 32 MG	0.74105		0.80122	
Candesartan Cilexetil Tab 4 MG	0.59143		0.80284	

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

Data as of 4/7/2025

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
Candesartan Cilexetil Tab 8 MG	0.68763		0.61233	
Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	0.90728		1.36980	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	1.09418		1.73289	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	1.21008		1.50969	
Cannabidiol Soln 100 MG/ML			14.12900	
Capecitabine Tab 150 MG	0.37128		0.34945	
Capecitabine Tab 500 MG	0.75962		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	0.40583		1.32038	
Captopril Tab 12.5 MG	0.19842		0.52210	
Captopril Tab 25 MG	0.23305		0.12075	
Captopril Tab 50 MG	0.32928		0.77990	
Carbamazepine Cap ER 12HR 100 MG	1.06988		0.62433	
Carbamazepine Cap ER 12HR 200 MG	1.02951		1.08992	
Carbamazepine Cap ER 12HR 300 MG	1.12083		0.75498	
Carbamazepine Chew Tab 100 MG	0.23093		0.21800	
Carbamazepine Susp 100 MG/5ML	0.17901		0.09749	
Carbamazepine Tab 200 MG	0.29064		0.15000	
Carbamazepine Tab ER 12HR 100 MG	0.45521		0.23340	
Carbamazepine Tab ER 12HR 200 MG	0.90509		0.52146	
Carbamazepine Tab ER 12HR 400 MG	1.85162		0.51033	
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	0.09395		0.08190	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Carbidopa & Levodopa Tab 25-100 MG	0.08728		0.06590	
Carbidopa & Levodopa Tab 25-250 MG	0.13674		0.09582	
Carbidopa & Levodopa Tab ER 25-100 MG	0.13835		0.11510	
Carbidopa & Levodopa Tab ER 50-200 MG	0.19282		0.18000	
Carbidopa Tab 25 MG	0.75434		0.93340	
Carbidopa-Levodopa-Entacapone Tabs 18.75-75-200 MG			2.62496	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	0.71100		0.83370	
Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG			0.67620	
Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG			1.15120	
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	0.54480		1.11400	
Carisoprodol Tab 350 MG	0.09709		0.04670	
Carteolol HCl Ophth Soln 1%			1.40920	
Carvedilol Phosphate Cap ER 24HR 10 MG	5.40676		4.26055	
Carvedilol Phosphate Cap ER 24HR 20 MG	4.57836		4.45906	
Carvedilol Phosphate Cap ER 24HR 40 MG	5.82079		4.47611	
Carvedilol Phosphate Cap ER 24HR 80 MG	5.24990		4.99833	
Carvedilol Tab 12.5 MG	0.02658		0.01643	
Carvedilol Tab 25 MG			0.02294	
Carvedilol Tab 3.125 MG	0.01884		0.01830	
Carvedilol Tab 6.25 MG	0.02291		0.01794	
Cefaclor Cap 250 MG			1.08959	
Cefaclor Cap 500 MG			1.27079	



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

Data as of 4/7/2025

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
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	0.27757		0.12410	
Cefadroxil For Susp 250 MG/5ML	0.17533		0.13106	
Cefadroxil For Susp 500 MG/5ML			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	0.47036		0.38283	
Cefdinir For Susp 125 MG/5ML			0.09890	
Cefdinir For Susp 250 MG/5ML			0.08000	
Cefepime HCl For Inj 1 GM			3.38740	
Cefepime HCl For Inj 2 GM			4.76300	
Cefepime HCl For IV Soln 2 GM			4.76300	
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	
Cefpodoxime Proxetil For Susp 50 MG/5ML			0.47995	
Cefpodoxime Proxetil Tab 100 MG			1.53013	
Cefpodoxime Proxetil Tab 200 MG			2.20000	
Cefprozil For Susp 125 MG/5ML			0.14400	
Cefprozil For Susp 250 MG/5ML			0.21875	
Cefprozil Tab 250 MG	0.47155		0.77750	
Cefprozil Tab 500 MG	1.07241		1.07200	
Ceftazidime For Inj 1 GM			3.67263	

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

Data as of 4/7/2025

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
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	0.29807		0.26250	
Cefuroxime Axetil Tab 500 MG	0.47484		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	0.13908		0.08946	
Celecoxib Cap 200 MG	0.22250		0.09263	
Celecoxib Cap 400 MG	0.34637		0.49205	
Celecoxib Cap 50 MG	0.11919		0.09000	
Cephalexin Cap 250 MG	0.09175		0.05200	
Cephalexin Cap 500 MG	0.12140		0.11290	
Cephalexin Cap 750 MG			5.35800	
Cephalexin For Susp 125 MG/5ML			0.07000	
Cephalexin For Susp 250 MG/5ML			0.06019	
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)			0.01907	
Cevimeline HCl Cap 30 MG	0.74509		0.62670	
Chlordiazepoxide HCl Cap 10 MG	0.25827		0.05930	
Chlordiazepoxide HCl Cap 25 MG	0.29116		0.10033	
Chlordiazepoxide HCl Cap 5 MG			0.07574	
Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG	0.28438		1.27283	

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

Data as of 4/7/2025

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
Chlordiazepoxide-Amitriptyline Tab 10-25 MG			1.65270	
Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG			0.69002	
Chlorhexidine Gluconate Soln 0.12%			0.01078	
Chloroquine Phosphate Tab 250 MG			1.27760	
Chloroquine Phosphate Tab 500 MG	5.89295		1.61582	
Chlorothiazide Tab 500 MG			0.15275	
Chlorpromazine HCl Inj 25 MG/ML			26.00000	
Chlorpromazine HCl Tab 10 MG	0.21250	0.88212	0.20530	04/01/2025
Chlorpromazine HCl Tab 100 MG	0.74633		0.39200	
Chlorpromazine HCl Tab 200 MG	1.23860		2.29700	
Chlorpromazine HCl Tab 25 MG	0.31558	0.57115	0.31870	04/01/2025
Chlorpromazine HCl Tab 50 MG	0.44094		0.46000	
Chlorpropamide Tab 100 MG			0.20075	
Chlorpropamide Tab 250 MG			0.34000	
Chlorthalidone Tab 25 MG	0.07732		0.09063	
Chlorthalidone Tab 50 MG	0.11644		0.13267	
Chlorzoxazone Tab 375 MG	2.17662		0.69470	
Chlorzoxazone Tab 500 MG	0.20245		0.22652	
Cholestyramine Light Powder 4 GM/DOSE			0.14534	
Cholestyramine Light Powder Packets 4 GM			0.62633	
Cholestyramine Powder 4 GM/DOSE			0.10196	
Cholestyramine Powder Packets 4 GM	0.86461		0.69607	
Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	0.28820		0.50700	
Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	0.11845		0.38065	
Ciclopirox Gel 0.77%			0.89877	
Ciclopirox Olamine Cream 0.77% (Base Equiv)		0.10611	0.13656	04/01/2025
Ciclopirox Olamine Susp 0.77% (Base Equiv)			0.76780	
Ciclopirox Shampoo 1%	0.27122		0.24845	
Ciclopirox Solution 8%	1.43872		1.24242	
Cilostazol Tab 100 MG	0.13438		0.05433	

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

Data as of 4/7/2025

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
Cilostazol Tab 50 MG	0.12169		0.07320	
Cimetidine HCl Soln 300 MG/5ML			0.07052	
Cimetidine Tab 200 MG			0.06613	
Cimetidine Tab 300 MG			0.19250	
Cimetidine Tab 400 MG	0.38192		0.39882	
Cimetidine Tab 800 MG			0.83477	
Cinacalcet HCl Tab 30 MG (Base Equiv)			0.23550	
Cinacalcet HCl Tab 60 MG (Base Equiv)			0.50000	
Cinacalcet HCl Tab 90 MG (Base Equiv)			0.90700	
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 Opth Soln 0.3% (Base Equivalent)			2.20000	
Ciprofloxacin HCl Tab 100 MG (Base Equiv)			2.93583	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)	0.10851		0.08770	
Ciprofloxacin HCl Tab 500 MG (Base Equiv)	0.13765		0.08439	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)	0.28074		0.23220	
Ciprofloxacin IV Soln 400 MG/40ML (1%)			0.09230	
Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%			15.35300	
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			0.20829	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	0.02656		0.01764	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	0.03635		0.01978	
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	0.04433		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	0.40847		0.34333	
Clarithromycin Tab 500 MG	0.43079		0.36436	

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

Data as of 4/7/2025

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
Clarithromycin Tab ER 24HR 500 MG			1.24967	
Clemastine Fumarate Tab 2.68 MG			0.19150	
Clindamycin HCl Cap 150 MG	0.08994		0.07280	
Clindamycin HCl Cap 300 MG	0.18817		0.17964	
Clindamycin HCl Cap 75 MG	0.27208		0.45743	
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	0.17938		0.17000	
Clindamycin Phosphate Foam 1%			3.56290	
Clindamycin Phosphate Gel 1%			0.62129	
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%	0.31096		0.34117	
Clindamycin Phosphate Soln 1%			0.23674	
Clindamycin Phosphate Swab 1%	0.58887		0.30288	
Clindamycin Phosphate Vaginal Cream 2%	1.48172		1.54325	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%	1.28917		1.24646	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%			1.01279	
Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%			6.02185	
Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	0.45314		0.60222	
Clobazam Oral Film 10 MG			25.94800	
Clobazam Oral Film 20 MG			51.89600	
Clobazam Oral Film 5 MG			12.97400	
Clobazam Suspension 2.5 MG/ML			0.60358	
Clobazam Tab 10 MG	2.37672		0.28460	
Clobazam Tab 20 MG	6.32746		0.67580	
Clobetasol Propionate Cream 0.05%			0.29558	
Clobetasol Propionate Emollient Base Cream 0.05%			0.66483	
Clobetasol Propionate Emulsion Foam 0.05%			3.10000	

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

Data as of 4/7/2025

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
Clobetasol Propionate Foam 0.05%			0.43110	
Clobetasol Propionate Gel 0.05%			0.67219	
Clobetasol Propionate Lotion 0.05%			1.06534	
Clobetasol Propionate Oint 0.05%			0.15400	
Clobetasol Propionate Shampoo 0.05%	0.22975		0.38746	
Clobetasol Propionate Soln 0.05%			0.27013	
Clobetasol Propionate Spray 0.05%			0.42972	
Clocortolone Pivalate Cream 0.1%			5.19757	
Clomiphene Citrate Tab 50 MG			0.51333	
Clomipramine HCl Cap 25 MG	0.56404		0.39477	
Clomipramine HCl Cap 50 MG	0.49705		0.31808	
Clomipramine HCl Cap 75 MG	0.49723		0.42450	
Clonazepam Orally Disintegrating Tab 0.125 MG	0.48738		0.61050	
Clonazepam Orally Disintegrating Tab 0.25 MG	0.49303		0.45400	
Clonazepam Orally Disintegrating Tab 0.5 MG	0.49967		0.51100	
Clonazepam Orally Disintegrating Tab 1 MG			0.58810	
Clonazepam Orally Disintegrating Tab 2 MG	0.93121		1.01222	
Clonazepam Tab 0.5 MG	0.03623		0.01355	
Clonazepam Tab 1 MG	0.04133	0.01922	0.02338	04/01/2025
Clonazepam Tab 2 MG	0.05566		0.03049	
Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML			9.80000	
Clonidine HCl Tab 0.1 MG	0.02500		0.02120	
Clonidine HCl Tab 0.2 MG	0.03461		0.03185	
Clonidine HCl Tab 0.3 MG	0.04020		0.02763	
Clonidine HCl Tab ER 12HR 0.1 MG	0.27961		0.21819	
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	6.06536		5.49500	
Clonidine TD Patch Weekly 0.2 MG/24HR	9.23263		9.27125	

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

Data as of 4/7/2025

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 TD Patch Weekly 0.3 MG/24HR	13.10242		10.93735	
Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	0.07723		0.05548	
Clorazepate Dipotassium Tab 15 MG			2.19764	
Clorazepate Dipotassium Tab 3.75 MG			0.63200	
Clorazepate Dipotassium Tab 7.5 MG			1.39350	
Clotrimazole Cream 1%			0.13867	
Clotrimazole Soln 1%			1.07259	
Clotrimazole Troche 10 MG	0.35891		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			4.76825	
Clozapine Orally Disintegrating Tab 25 MG			1.36200	
Clozapine Tab 100 MG	2.22075		0.34440	
Clozapine Tab 200 MG	1.08877		1.16480	
Clozapine Tab 25 MG	0.34045		0.17340	
Clozapine Tab 50 MG	0.51419		0.32500	
Coagulation Factor IX For Inj 1000 Unit			0.72610	
Coagulation Factor IX For Inj 1500 Unit			0.72610	
Coagulation Factor IX For Inj 500 Unit			0.72610	
Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt			1.37800	
Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt			1.37800	
Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt			1.37800	
Coagulation Factor VIIa (Recom)-jncw For Inj 1 MG (1000 MCG)			1.59000	
Coagulation Factor VIIa (Recom)-jncw For Inj 5 MG (5000 MCG)			1.59000	
Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG)			1.59000	
Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG)			1.59000	
Coagulation Factor X (Human) For Inj 250 Unit			6.36000	
Coagulation Factor X (Human) For Inj 500 Unit			6.36000	
Codeine Sulfate Tab 30 MG			0.31600	

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

Data as of 4/7/2025

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
Colchicine Cap 0.6 MG	4.67829		3.83870	
Colchicine Tab 0.6 MG	0.18049		0.19000	
Colchicine w/ Probenecid Tab 0.5-500 MG			0.63950	
Colesevelam HCl Packet For Susp 3.75 GM			6.13586	
Colesevelam HCl Tab 625 MG	0.26430		0.29037	
Colestipol HCl Granule Packets 5 GM			2.68754	
Colestipol HCl Tab 1 GM	0.68394		0.42452	
Colistimethate Sod For Inj 150 MG (Colistin Base Activity)			14.31000	
Colistimethate Sodium For Inj 150 MG			16.66526	
COVID-19 At Home Antigen Test Kit			12.00000	
COVID-19 At Home Molecular Test Kit			73.87000	
Cromolyn Sodium Ophth Soln 4%			0.48600	
Cromolyn Sodium Oral Conc 100 MG/5ML	1.51992		0.47749	
Cromolyn Sodium Soln Nebu 20 MG/2ML			2.17127	
Cyanocobalamin Inj 1000 MCG/ML			2.12440	
Cyclobenzaprine HCl Cap ER 24HR 15 MG	1.50385		6.70000	
Cyclobenzaprine HCl Cap ER 24HR 30 MG	2.76206		1.18481	
Cyclobenzaprine HCl Tab 10 MG	0.01915		0.01595	
Cyclobenzaprine HCl Tab 5 MG	0.02073		0.01900	
Cyclobenzaprine HCl Tab 7.5 MG	0.35531		0.31790	
Cyclopentolate HCl Ophth Soln 1%			1.92500	
Cyclopentolate HCl Ophth Soln 2%			5.65200	
Cyclophosphamide Cap 25 MG	3.42205		5.41412	
Cyclophosphamide Cap 50 MG			5.01850	
Cyclophosphamide For Inj 2 GM			1138.44000	
Cyclophosphamide Tab 50 MG			2.63500	
Cyclosporine (Ophth) Emulsion 0.05%			2.41600	
Cyclosporine Cap 100 MG			6.95353	
Cyclosporine Cap 25 MG			1.77280	
Cyclosporine IV Soln 50 MG/ML			7.13420	



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

Data as of 4/7/2025

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
Cyclosporine Modified Cap 100 MG	2.39186		1.27353	
Cyclosporine Modified Cap 25 MG	0.48468		0.41700	
Cyclosporine Modified Cap 50 MG	1.26411		0.82113	
Cyclosporine Modified Oral Soln 100 MG/ML	4.38189		1.76740	
Cyproheptadine HCl Syrup 2 MG/5ML	0.03867		0.06266	
Cyproheptadine HCl Tab 4 MG	0.07397		0.06348	
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	
Dabigatran Etexilate Mesylate Cap 150 MG (Etexilate Base Eq)			2.55889	
Dabigatran Etexilate Mesylate Cap 75 MG (Etexilate Base Eq)			5.22900	
Dacarbazine For Inj 200 MG			8.46300	
Dalfampridine Tab ER 12HR 10 MG	0.61198		0.82500	
Danazol Cap 200 MG			3.15200	
Dantrolene Sodium Cap 100 MG	0.91199		0.82590	
Dantrolene Sodium Cap 25 MG	0.42781		0.31680	
Dantrolene Sodium Cap 50 MG	0.55728		0.63900	
Dapsone Gel 5%			2.07250	
Dapsone Gel 7.5%			2.23050	
Dapsone Tab 100 MG	0.95590		0.54067	
Dapsone Tab 25 MG	0.51647		0.33333	
Daptomycin For IV Soln 500 MG			18.63832	
Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML			3854.52000	
Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	0.31505		1.45025	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	0.59983		1.74933	
Darunavir Ethanolate Tab 400 MG (Base Equiv)			20.88545	

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

Data as of 4/7/2025

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
Darunavir Ethanolate Tab 600 MG (Base Equiv)			28.04902	
Darunavir Tab 800 MG			59.65167	
Dasatinib Tab 70 MG			252.11865	
Daunorubicin HCl Inj 5 MG/ML (Base Equiv)			10.14000	
Deferasirox Tab 180 MG			0.64276	
Deferasirox Tab 360 MG	17.14164		1.87833	
Deferasirox Tab 90 MG			0.44167	
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			41.44835	
Deferoxamine Mesylate For Inj 2 GM			26.33481	
Deferoxamine Mesylate For Inj 500 MG			12.16800	
Demeclocycline HCl Tab 150 MG	3.41016		1.30000	
Demeclocycline HCl Tab 300 MG	5.09141		5.31417	
Dermatological Products Misc - Cream**			1.03051	
Desipramine HCl Tab 10 MG	0.11129		0.57533	
Desipramine HCl Tab 100 MG	0.45859		0.52114	
Desipramine HCl Tab 150 MG	0.83146		2.86792	
Desipramine HCl Tab 25 MG	0.13805		0.42950	
Desipramine HCl Tab 50 MG	0.30484		0.28990	
Desipramine HCl Tab 75 MG	0.34928		1.75430	
Desloratadine Tab 5 MG	0.30321		0.20100	
Desmopressin Acetate Inj 4 MCG/ML			7.67000	
Desmopressin Acetate Nasal Spray Soln 0.01%			7.57300	
Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)			19.21240	
Desmopressin Acetate Tab 0.1 MG	0.29482		0.23400	
Desmopressin Acetate Tab 0.2 MG	0.39716		0.38488	
Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	0.20270		0.23179	
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG			0.58024	

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

Data as of 4/7/2025

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
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.13493		0.10127	
Desonide Cream 0.05%			0.55433	
Desonide Lotion 0.05%			0.16060	
Desonide Oint 0.05%			0.43580	
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)	0.47205		0.37100	
Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	0.48442		0.53834	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	0.45945		0.48184	
Dexamethasone Elixir 0.5 MG/5ML			0.06692	
Dexamethasone Sodium Phosphate Inj 10 MG/ML			0.53367	
Dexamethasone Sodium Phosphate Inj 100 MG/10ML			0.53367	
Dexamethasone Sodium Phosphate Inj 120 MG/30ML			0.46303	
Dexamethasone Sodium Phosphate Inj 20 MG/5ML			0.46303	
Dexamethasone Sodium Phosphate Inj 4 MG/ML			0.46303	
Dexamethasone Sodium Phosphate Ophth Soln 0.1%			9.74500	
Dexamethasone Tab 0.5 MG	0.09635		0.04650	
Dexamethasone Tab 0.75 MG			0.09400	
Dexamethasone Tab 1 MG			0.22230	
Dexamethasone Tab 1.5 MG	0.22433		0.07502	
Dexamethasone Tab 2 MG	0.32244		0.39870	
Dexamethasone Tab 4 MG	0.28058		0.32250	
Dexamethasone Tab 6 MG	0.68815		0.37206	
Dexlansoprazole Cap Delayed Release 30 MG	4.59171		6.87667	
Dexlansoprazole Cap Delayed Release 60 MG	4.75105		5.60614	
Dexmethylphenidate HCl Cap ER 24 HR 10 MG	2.05824		1.46765	

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

Data as of 4/7/2025

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
Dexamethylphenidate HCl Cap ER 24 HR 15 MG	1.94532		0.40120	
Dexamethylphenidate HCl Cap ER 24 HR 20 MG	2.15955		1.68026	
Dexamethylphenidate HCl Cap ER 24 HR 25 MG	2.00712		2.41738	
Dexamethylphenidate HCl Cap ER 24 HR 30 MG	2.12254		1.21190	
Dexamethylphenidate HCl Cap ER 24 HR 35 MG	3.40153		1.31344	
Dexamethylphenidate HCl Cap ER 24 HR 40 MG	2.17727		1.94380	
Dexamethylphenidate HCl Cap ER 24 HR 5 MG	1.26048		0.59917	
Dexamethylphenidate HCl Tab 10 MG	0.39044		0.39990	
Dexamethylphenidate HCl Tab 2.5 MG	0.20353		0.20541	
Dexamethylphenidate HCl Tab 5 MG	0.29327		0.27054	
Dextroamphetamine Sulfate Cap ER 24HR 10 MG			0.46820	
Dextroamphetamine Sulfate Cap ER 24HR 15 MG			1.00806	
Dextroamphetamine Sulfate Cap ER 24HR 5 MG			1.19229	
Dextroamphetamine Sulfate Oral Solution 5 MG/5ML			1.42901	
Dextroamphetamine Sulfate Tab 10 MG	0.51070		0.40200	
Dextroamphetamine Sulfate Tab 15 MG			4.74807	
Dextroamphetamine Sulfate Tab 5 MG	0.46871		0.31093	
Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML			0.02035	
Dextrose 5% in Lactated Ringers			0.00300	
Dextrose 5% w/ Sodium Chloride 0.2%			0.00228	
Dextrose 5% w/ Sodium Chloride 0.225%			0.00228	
Dextrose 5% w/ Sodium Chloride 0.45%			0.00185	
Dextrose 5% w/ Sodium Chloride 0.9%			0.00228	
Dextrose Inj 10%			0.00268	
Dextrose Inj 5%			0.00449	
Dextrose Inj 50%			0.13312	
Dextrose Inj 70%			0.00741	
Diazepam Conc 5 MG/ML			0.88533	
Diazepam IM Solution Auto-inj 10 MG/2ML			1.47550	
Diazepam Inj 5 MG/ML			3.48640	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Diazepam Oral Soln 1 MG/ML			0.10254	
Diazepam Rectal Gel Delivery System 2.5 MG			224.50000	
Diazepam Tab 10 MG	0.02924		0.02294	
Diazepam Tab 2 MG	0.02157		0.01740	
Diazepam Tab 5 MG	0.02667		0.02219	
Diazoxide Susp 50 MG/ML			7.34950	
Diclofenac Potassium Cap 25 MG	3.17565		5.57258	
Diclofenac Potassium Tab 25 MG			28.63100	
Diclofenac Potassium Tab 50 MG			0.25630	
Diclofenac Sodium (Actinic Keratoses) Gel 3%	0.33693		0.37480	
Diclofenac Sodium Gel 1% (1.16% Diethylamine Equiv)			0.07005	
Diclofenac Sodium Opth Soln 0.1%			0.88800	
Diclofenac Sodium Soln 1.5%	0.27055		0.11873	
Diclofenac Sodium Tab Delayed Release 25 MG	0.73728		0.85301	
Diclofenac Sodium Tab Delayed Release 50 MG	0.09023		0.07270	
Diclofenac Sodium Tab Delayed Release 75 MG	0.08864		0.07730	
Diclofenac Sodium Tab ER 24HR 100 MG	0.64631		0.19545	
Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	0.94455		1.79467	
Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	1.02406		1.11100	
Dicloxacillin Sodium Cap 250 MG			0.27170	
Dicloxacillin Sodium Cap 500 MG			0.49800	
Dicyclomine HCl Cap 10 MG	0.08345		0.10960	
Dicyclomine HCl Oral Soln 10 MG/5ML	0.19552		0.19479	
Dicyclomine HCl Tab 20 MG	0.08697		0.09870	
Didanosine Delayed Release Capsule 200 MG			3.64700	
Didanosine Delayed Release Capsule 250 MG			4.63500	
Didanosine Delayed Release Capsule 400 MG			7.21500	
Diethylpropion HCl Tab 25 MG			0.14407	
Difflorasone Diacetate Cream 0.05%			11.18150	
Difflorasone Diacetate Oint 0.05%			3.15839	

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

Data as of 4/7/2025

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
Diflunisal Tab 500 MG			1.03390	
Difluprednate Ophth Emulsion 0.05%	13.58885		18.63467	
Digoxin Oral Soln 0.05 MG/ML	1.17523		1.84000	
Digoxin Tab 125 MCG (0.125 MG)	0.13679		0.19990	
Digoxin Tab 250 MCG (0.25 MG)	0.15466		0.17780	
Diltiazem HCl Cap ER 12HR 120 MG	2.37203		2.32834	
Diltiazem HCl Cap ER 12HR 60 MG	1.71270		1.46125	
Diltiazem HCl Cap ER 12HR 90 MG	2.09077		0.56930	
Diltiazem HCl Cap ER 24HR 120 MG			0.34127	
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	0.15214		0.11674	
Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	0.22685		0.12444	
Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	0.24616		0.19042	
Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	0.34726		0.28339	
Diltiazem HCl Coated Beads Cap ER 24HR 360 MG			0.78780	
Diltiazem HCl Coated Beads Tab ER 24HR 240 MG			1.94733	
Diltiazem HCl Coated Beads Tab ER 24HR 360 MG			2.40333	
Diltiazem HCl Coated Beads Tab SR 24HR 180 MG			1.73733	
Diltiazem HCl Coated Beads Tab SR 24HR 300 MG			3.31911	
Diltiazem HCl Coated Beads Tab SR 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			0.19819	
Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG			0.38018	
Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG			0.33644	
Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG			0.35344	
Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG			1.16828	
Diltiazem HCl Tab 120 MG	0.20948		0.26220	
Diltiazem HCl Tab 30 MG	0.07227		0.06520	

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

Data as of 4/7/2025

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 Tab 60 MG	0.15088	0.11684	0.12680	04/01/2025
Diltiazem HCl Tab 90 MG	0.20578	0.16861	0.18480	04/01/2025
Diltiazem HCl Tab ER 24HR 180 MG	1.48488		1.73733	
Diltiazem HCl Tab ER 24HR 240 MG	1.95316		1.94733	
Diltiazem HCl Tab ER 24HR 360 MG	2.61763		2.49768	
Diltiazem HCl Tab ER 24HR 420 MG	3.18650		3.13330	
Dimethyl Fumarate Capsule Delayed Release 120 MG			5.35714	
Dimethyl Fumarate Capsule Delayed Release 240 MG	0.92740		2.74180	
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	0.17255		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	0.77056		0.32562	
Disopyramide Phosphate Cap 150 MG	1.10512		0.32562	
Disopyramide Phosphate Cap ER 12HR 150 MG			1.04950	
Disulfiram Tab 250 MG	2.87325		1.23333	
Disulfiram Tab 500 MG			4.13917	
Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	0.31553		0.23220	
Divalproex Sodium Tab Delayed Release 125 MG	0.09381		0.03952	
Divalproex Sodium Tab Delayed Release 250 MG	0.21743		0.05204	
Divalproex Sodium Tab Delayed Release 500 MG	0.31740		0.07484	
Divalproex Sodium Tab ER 24 HR 250 MG	0.62129	0.09345	0.10915	04/01/2025
Divalproex Sodium Tab ER 24 HR 500 MG	0.22464		0.17650	
Docusate Sodium Cap 100 MG			0.04688	
Dofetilide Cap 125 MCG (0.125 MG)	0.28327		1.35570	
Dofetilide Cap 250 MCG (0.25 MG)	0.24375		0.25433	
Dofetilide Cap 500 MCG (0.5 MG)	0.23649		0.54983	

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

Data as of 4/7/2025

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
Donepezil Hydrochloride Orally Disintegrating Tab 10 MG			0.23100	
Donepezil Hydrochloride Orally Disintegrating Tab 5 MG			0.18000	
Donepezil Hydrochloride Tab 10 MG	0.05264		0.03172	
Donepezil Hydrochloride Tab 23 MG	0.76136		0.24733	
Donepezil Hydrochloride Tab 5 MG	0.04593		0.03111	
Dornase Alfa Inhal Soln 2.5 MG/2.5ML			48.44080	
Dorzolamide HCl Ophth Soln 2%	1.83703		0.82800	
Dorzolamide HCl-Timolol Maleate Ophth Soln 2-0.5%			0.78900	
Dorzolamide HCl-Timolol Maleate PF Ophth Soln 2-0.5%			1.38250	
Doxazosin Mesylate Tab 1 MG	0.06651		0.04370	
Doxazosin Mesylate Tab 2 MG	0.08701		0.05640	
Doxazosin Mesylate Tab 4 MG	0.09594		0.05202	
Doxazosin Mesylate Tab 8 MG	0.09480		0.05768	
Doxepin HCl (Sleep) Tab 3 MG (Base Equiv)	2.64289		4.60201	
Doxepin HCl (Sleep) Tab 6 MG (Base Equiv)	3.08104		5.33404	
Doxepin HCl Cap 10 MG	0.09126		0.10254	
Doxepin HCl Cap 100 MG	0.22553		0.32241	
Doxepin HCl Cap 150 MG			0.64000	
Doxepin HCl Cap 25 MG			0.21910	
Doxepin HCl Cap 50 MG	0.14716		0.29678	
Doxepin HCl Cap 75 MG	0.21689		0.27865	
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	0.11870		0.10369	
Doxycycline Hyclate Cap 50 MG	0.15077		0.16100	
Doxycycline Hyclate Tab 100 MG	0.11790		0.07394	



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

Data as of 4/7/2025

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	0.10427		0.11881	
Doxycycline Hyclate Tab 50 MG			8.06517	
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	0.23181		0.17980	
Doxycycline Monohydrate Cap 150 MG			13.80000	
Doxycycline Monohydrate Cap 50 MG	0.15252		0.12490	
Doxycycline Monohydrate For Susp 25 MG/5ML			0.21400	
Doxycycline Monohydrate Tab 100 MG	0.26452		0.22315	
Doxycycline Monohydrate Tab 150 MG			4.38400	
Doxycycline Monohydrate Tab 50 MG	0.16151		0.12322	
Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG	1.48195		2.39210	
Dronabinol Cap 10 MG			3.56967	
Dronabinol Cap 2.5 MG			1.49667	
Dronabinol Cap 5 MG			1.99342	
Droperidol Inj 2.5 MG/ML			0.75400	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	0.38480		0.21189	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	0.28182		0.24209	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02 -0.451 MG	1.81858		1.18958	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03 -0.451 MG			3.96298	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	0.10517		0.07427	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	0.09506	0.07333	0.05672	04/01/2025
Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	1.50779		1.82628	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	0.12878		0.10200	
Dutasteride Cap 0.5 MG	0.18595		0.11478	
Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG			1.56576	
Econazole Nitrate Cream 1%			0.24988	

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

Data as of 4/7/2025

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 Tab 600 MG	1.32664		5.01900	
Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	1.71471		6.75129	
Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	4.58264		3.50000	
Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	4.58380		2.00472	
Eltrombopag Olamine Tab 50 MG (Base Equiv)			295.98920	
Emicizumab-kxwh Subcutaneous Soln 12 MG/0.4ML (30 MG/ML)			2365.97300	
Emtricitabine Caps 200 MG			13.34083	
Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG			93.36272	
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	0.56882		0.62256	
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	1.10202		3.26493	
Enalapril Maleate Tab 10 MG	0.08087		0.07115	
Enalapril Maleate Tab 2.5 MG	0.05799		0.05650	
Enalapril Maleate Tab 20 MG	0.10508		0.07320	
Enalapril Maleate Tab 5 MG	0.07223		0.07120	
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			8.99667	
Enoxaparin Sodium Inj 300 MG/3ML	13.14079		10.59000	
Enoxaparin Sodium Inj 40 MG/0.4ML			10.02500	
Enoxaparin Sodium Inj 60 MG/0.6ML			8.08667	
Enoxaparin Sodium Inj 80 MG/0.8ML			7.60938	
Enoxaparin Sodium Inj Soln Pref Syr 100 MG/ML			7.11400	
Enoxaparin Sodium Inj Soln Pref Syr 120 MG/0.8ML			11.26190	
Enoxaparin Sodium Inj Soln Pref Syr 150 MG/ML			11.17120	
Enoxaparin Sodium Inj Soln Pref Syr 30 MG/0.3ML			8.09480	

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

Data as of 4/7/2025

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
Enoxaparin Sodium Inj Soln Pref Syr 40 MG/0.4ML			8.49357	
Enoxaparin Sodium Inj Soln Pref Syr 60 MG/0.6ML			7.55347	
Enoxaparin Sodium Inj Soln Pref Syr 80 MG/0.8ML			7.91375	
Entacapone Tab 200 MG	0.33778		0.33480	
Entecavir Tab 0.5 MG	0.73041		0.69967	
Entecavir Tab 1 MG	1.11895		1.61346	
Epinastine HCl Ophth 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	0.51183		0.36544	
Eplerenone Tab 50 MG	0.61331		0.73750	
Epoprostenol Sodium For Inj 1.5 MG			36.32200	
Ergocalciferol Cap 1.25 MG (50000 Unit)	0.11721		0.08289	
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)			27.34065	
Erythromycin Ethylsuccinate For Susp 200 MG/5ML			1.06509	
Erythromycin Ethylsuccinate For Susp 400 MG/5ML			5.37317	
Erythromycin Ethylsuccinate Tab 400 MG			9.14690	
Erythromycin Gel 2%			0.68967	
Erythromycin Ophth Oint 5 MG/GM			1.41246	
Erythromycin Pads 2%			0.90540	
Erythromycin Soln 2%	0.40195		0.32978	
Erythromycin Tab 250 MG	1.93105		3.71475	
Erythromycin Tab 500 MG	2.81653		7.33253	

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

Data as of 4/7/2025

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
Erythromycin Tab Delayed Release 250 MG			2.68388	
Erythromycin Tab Delayed Release 333 MG			6.02967	
Erythromycin Tab Delayed Release 500 MG			4.78789	
Erythromycin w/ Delayed Release Particles Cap 250 MG			4.37424	
Erythromycin-Sulfisoxazole For Susp 200-600 MG/5ML			0.25716	
Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	0.16898		0.20483	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	0.05676		0.03881	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	0.09573		0.05640	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	0.04173		0.03020	
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)			0.15611	
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	0.33856		0.12056	
Esomeprazole Magnesium For Delayed Release Susp Packet 10 MG			6.06867	
Esomeprazole Magnesium For Delayed Release Susp Packet 20 MG			5.51414	
Esomeprazole Magnesium For Delayed Release Susp Packet 40 MG			5.78067	
Estazolam Tab 1 MG	0.79469		0.51402	
Estazolam Tab 2 MG	0.72673		0.31754	
Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG			1.83400	
Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG			2.54927	
Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	0.69664		0.51236	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG	0.65635		1.40036	
Estradiol Tab 0.5 MG	0.06768		0.05595	
Estradiol Tab 1 MG	0.06622		0.07130	
Estradiol Tab 2 MG	0.08802		0.10090	
Estradiol TD Patch Twice Weekly 0.025 MG/24HR	6.29395		5.24303	
Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	6.78053		5.36123	
Estradiol TD Patch Twice Weekly 0.05 MG/24HR	6.56038		5.13063	
Estradiol TD Patch Twice Weekly 0.075 MG/24HR	6.66731		5.29125	
Estradiol TD Patch Twice Weekly 0.1 MG/24HR	6.86916		5.60750	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Estradiol TD Patch Weekly 0.025 MG/24HR			7.62282	
Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)			9.12143	
Estradiol TD Patch Weekly 0.05 MG/24HR			8.49833	
Estradiol TD Patch Weekly 0.06 MG/24HR	11.77462		9.01000	
Estradiol TD Patch Weekly 0.075 MG/24HR			7.90231	
Estradiol TD Patch Weekly 0.1 MG/24HR			9.86910	
Estradiol Vaginal Cream 0.1 MG/GM	0.47264		0.54073	
Estradiol Vaginal Tab 10 MCG	9.52329		7.13625	
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	
Estropipate Tab 3 MG			1.24110	
Eszopiclone Tab 1 MG	0.12412	0.25131	0.09027	04/01/2025
Eszopiclone Tab 2 MG	0.09574	0.14584	0.11000	04/01/2025
Eszopiclone Tab 3 MG	0.09492	0.19837	0.07045	04/01/2025
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	1.44623		2.95286	
Ethambutol HCl Tab 100 MG			0.16990	
Ethambutol HCl Tab 400 MG	0.47813		0.52340	
Ethosuximide Cap 250 MG	0.26006		0.27530	
Ethosuximide Soln 250 MG/5ML	0.09653		0.11248	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	0.36259		0.42041	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG			0.58781	
Etodolac Cap 200 MG	0.35355		0.67124	
Etodolac Cap 300 MG	0.35002		0.37190	
Etodolac Tab 400 MG	0.26230		0.25070	
Etodolac Tab 500 MG	0.33451		0.26330	
Etodolac Tab ER 24HR 400 MG	1.17563		0.75000	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Etodolac Tab ER 24HR 500 MG	0.88274		0.16333	
Etodolac Tab ER 24HR 600 MG	0.96974		1.50241	
Etonogestrel-Ethinyl Estradiol VA Ring 0.12-0.015 MG/24HR			68.50125	
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	
Etravirine Tab 200 MG	13.46298		15.39481	
Everolimus Tab 0.25 MG	2.12820		5.38836	
Everolimus Tab 0.5 MG	5.15823		8.54150	
Everolimus Tab 0.75 MG	10.10198		12.50000	
Everolimus Tab 1 MG	15.43653		16.22325	
Everolimus Tab 10 MG	151.81115		517.32418	
Everolimus Tab 2.5 MG			55.88612	
Everolimus Tab 5 MG	111.95117		517.35228	
Everolimus Tab 7.5 MG			558.71011	
Everolimus Tab for Oral Susp 2 MG			492.11542	
Everolimus Tab for Oral Susp 3 MG			319.54050	
Everolimus Tab for Oral Susp 5 MG			336.57448	
Exemestane Tab 25 MG	0.73776		0.85293	
Ezetimibe Tab 10 MG	0.08952		0.05500	
Ezetimibe-Simvastatin Tab 10-10 MG	0.48860		1.63098	
Ezetimibe-Simvastatin Tab 10-20 MG	0.76794		0.48000	
Ezetimibe-Simvastatin Tab 10-40 MG	0.49404		0.71933	
Ezetimibe-Simvastatin Tab 10-80 MG	0.64918		0.40630	
Factor IX Complex For Inj 1000 Unit			0.61713	
Factor IX Complex For Inj 1500 Unit			0.61713	
Factor IX Complex For Inj 500 Unit			0.61713	
Famciclovir Tab 125 MG	0.32766		0.25255	
Famciclovir Tab 250 MG	0.41561		0.33750	
Famciclovir Tab 500 MG	0.82214		0.49467	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Famotidine For Susp 40 MG/5ML			0.56300	
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			0.02885	
Famotidine Tab 40 MG	0.05417		0.04543	
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	0.37533		0.38889	
Febuxostat Tab 80 MG	0.47581		0.53134	
Felbamate Susp 600 MG/5ML			1.10721	
Felbamate Tab 400 MG	1.89245		0.86430	
Felbamate Tab 600 MG	2.63181		1.41430	
Felodipine Tab ER 24HR 10 MG	0.16313		0.09000	
Felodipine Tab ER 24HR 2.5 MG	0.15365		0.13429	
Felodipine Tab ER 24HR 5 MG	0.17861		0.07260	
Fenofibrate Micronized Cap 130 MG	0.69812		0.80857	
Fenofibrate Micronized Cap 134 MG	0.12518		0.11625	
Fenofibrate Micronized Cap 200 MG	0.14614		0.29635	
Fenofibrate Micronized Cap 43 MG			0.68921	
Fenofibrate Micronized Cap 67 MG	0.07847		0.11000	
Fenofibrate Tab 120 MG			12.96389	
Fenofibrate Tab 145 MG	0.14678		0.10267	
Fenofibrate Tab 160 MG	0.11759		0.11996	
Fenofibrate Tab 40 MG			8.35000	
Fenofibrate Tab 48 MG	0.09590		0.06456	
Fenofibrate Tab 54 MG	0.07253		0.05834	
Fenoprofen Calcium Tab 600 MG			0.28040	
Fentanyl Citrate IV Soln Prefilled Syringe 100 MCG/2ML			0.16050	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Fentanyl Citrate Lozenge on a Handle 1200 MCG			17.43853	
Fentanyl Citrate Lozenge on a Handle 1600 MCG			24.83833	
Fentanyl Citrate Lozenge on a Handle 200 MCG			7.47933	
Fentanyl Citrate Lozenge on a Handle 400 MCG			10.09572	
Fentanyl Citrate Lozenge on a Handle 600 MCG			12.90000	
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	17.43110		6.41480	
Fentanyl TD Patch 72HR 12 MCG/HR	9.20180		5.14400	
Fentanyl TD Patch 72HR 25 MCG/HR	5.41910		1.96240	
Fentanyl TD Patch 72HR 37.5 MCG/HR			39.39600	
Fentanyl TD Patch 72HR 50 MCG/HR	9.44043		2.98250	
Fentanyl TD Patch 72HR 62.5 MCG/HR			70.94000	
Fentanyl TD Patch 72HR 75 MCG/HR	12.68095		4.63650	
Ferrous Sulfate Dried Tab 200 MG (65 MG Elemental Fe)			0.03200	
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)			0.03200	
Ferrous Sulfate Tab EC 325 MG (65 MG Fe Equivalent)			0.12770	
Fesoterodine Fumarate Tab ER 24HR 4 MG			1.22224	
Fesoterodine Fumarate Tab ER 24HR 8 MG			1.09759	
Fexofenadine HCl Tab 180 MG	0.24884		0.54805	
Fexofenadine HCl Tab 60 MG	0.17448		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	



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

Data as of 4/7/2025

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
Finasteride Tab 1 MG	0.07041		0.12194	
Finasteride Tab 5 MG	0.06956		0.05049	
Fingolimod HCl Cap 0.5 MG (Base Equiv)	109.51009		260.85472	
Flavoxate HCl Tab 100 MG			0.48641	
Flecainide Acetate Tab 100 MG	0.17967	0.17270	0.14000	04/01/2025
Flecainide Acetate Tab 150 MG	0.30187		0.19130	
Flecainide Acetate Tab 50 MG			0.09979	
Fluconazole For Susp 10 MG/ML			0.22571	
Fluconazole For Susp 40 MG/ML	0.58929		0.43343	
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			0.02119	
Fluconazole Tab 100 MG	0.31675	0.18067	0.23501	04/01/2025
Fluconazole Tab 150 MG	0.59122		0.51000	
Fluconazole Tab 200 MG	0.41182		0.37545	
Fluconazole Tab 50 MG	0.26521		0.19000	
Fludarabine Phosphate For Inj 50 MG			94.50000	
Fludarabine Phosphate Inj 25 MG/ML			54.37500	
Fludrocortisone Acetate Tab 0.1 MG	0.37916		0.30660	
Flunisolide Nasal Soln 25 MCG/ACT (0.025%)			1.84202	
Fluocinolone Acetonide (Otic) Oil 0.01%	1.01141		1.23900	
Fluocinolone Acetonide Cream 0.01%			1.44233	
Fluocinolone Acetonide Cream 0.025%			1.29967	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	0.19435		0.18168	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	0.19876		0.18592	
Fluocinolone Acetonide Oint 0.025%			0.93333	
Fluocinolone Acetonide Soln 0.01%	0.21214		0.20445	
Fluocinonide Cream 0.05%			0.47899	
Fluocinonide Cream 0.1%			0.66167	
Fluocinonide Emulsified Base Cream 0.05%			0.95713	

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

Data as of 4/7/2025

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
Fluocinonide Gel 0.05%			1.01809	
Fluocinonide Oint 0.05%			0.32067	
Fluocinonide Soln 0.05%			0.29229	
Fluorometholone Ophth Susp 0.1%			12.50254	
Fluorouracil Cream 5%	0.73951		0.69825	
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 5 GM/100ML (50 MG/ML)			0.11050	
Fluorouracil IV Soln 500 MG/10ML (50 MG/ML)			0.20100	
Fluoxetine HCl (PMDD) Cap 10 MG			0.03692	
Fluoxetine HCl (PMDD) Cap 20 MG			0.03142	
Fluoxetine HCl (PMDD) Tab 10 MG	0.09033		0.54087	
Fluoxetine HCl (PMDD) Tab 20 MG	0.08942		0.55872	
Fluoxetine HCl Cap 10 MG	0.03263		0.01700	
Fluoxetine HCl Cap 20 MG	0.03107		0.01800	
Fluoxetine HCl Cap 40 MG	0.08333		0.05020	
Fluoxetine HCl Cap Delayed Release 90 MG			25.64000	
Fluoxetine HCl Solution 20 MG/5ML	0.22101		0.33759	
Fluoxetine HCl Tab 10 MG	0.09033	0.11513	0.09122	04/01/2025
Fluoxetine HCl Tab 20 MG	0.08942	0.13694	0.06427	04/01/2025
Fluoxetine HCl Tab 60 MG	0.40398	0.87290	0.38066	04/01/2025
Fluphenazine Decanoate Inj 25 MG/ML			11.66533	
Fluphenazine HCl Oral Conc 5 MG/ML			1.00155	
Fluphenazine HCl Tab 1 MG	0.25775		0.65475	
Fluphenazine HCl Tab 10 MG	0.61359		1.08020	
Fluphenazine HCl Tab 2.5 MG	0.40812		1.44270	
Fluphenazine HCl Tab 5 MG	0.38549		1.30150	
Flurandrenolide Lotion 0.05%			1.46608	
Flurazepam HCl Cap 15 MG			0.06130	
Flurazepam HCl Cap 30 MG			0.07810	

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

Data as of 4/7/2025

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
Flurbiprofen Sodium Opth Soln 0.03%			1.86816	
Flurbiprofen Tab 100 MG			0.29920	
Flurbiprofen Tab 50 MG			0.19500	
Flutamide Cap 125 MG			0.43997	
Fluticasone Propionate Cream 0.05%			0.13383	
Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT			21.63250	
Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT			33.58416	
Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT			18.39390	
Fluticasone Propionate Lotion 0.05%			3.21000	
Fluticasone Propionate Nasal Susp 50 MCG/ACT	0.44945		0.21532	
Fluticasone Propionate Oint 0.005%			0.34483	
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/ACT			1.42452	
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/ACT			1.47903	
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/ACT			2.06925	
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)	2.45983		3.83567	
Fluvoxamine Maleate Cap ER 24HR 100 MG	6.54978		4.08433	
Fluvoxamine Maleate Cap ER 24HR 150 MG	6.65253		4.80633	
Fluvoxamine Maleate Tab 100 MG	0.24326		0.16238	
Fluvoxamine Maleate Tab 25 MG	0.18238		0.15390	
Fluvoxamine Maleate Tab 50 MG	0.22161		0.23950	
Folic Acid Tab 1 MG	0.02395		0.01480	
Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG			0.26489	
Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG			0.47039	
Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML			72.62500	
Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML			25.48000	
Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML			145.25000	
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML			64.06952	

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

Data as of 4/7/2025

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
Formoterol Fumarate Soln Nebu 20 MCG/2ML			5.35892	
Fosamprenavir Calcium Tab 700 MG (Base Equiv)			14.06850	
Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)			42.37800	
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	0.15627		0.10244	
Fosinopril Sodium Tab 20 MG	0.16319		0.09833	
Fosinopril Sodium Tab 40 MG	0.21511		0.14937	
Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)			0.88400	
Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	4.84241		11.86500	
Furosemide Inj 10 MG/ML			0.36590	
Furosemide Oral Soln 10 MG/ML			0.07583	
Furosemide Tab 20 MG	0.02649		0.02040	
Furosemide Tab 40 MG	0.03299		0.02848	
Furosemide Tab 80 MG	0.05495		0.03013	
Gabapentin Cap 100 MG	0.02395		0.02175	
Gabapentin Cap 300 MG	0.04239		0.03384	
Gabapentin Cap 400 MG	0.05923		0.04271	
Gabapentin Oral Soln 250 MG/5ML			0.10805	
Gabapentin Tab 600 MG	0.09858		0.05868	
Gabapentin Tab 800 MG	0.13290		0.08207	
Galantamine Hydrobromide Cap ER 24HR 16 MG			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	0.68929		0.49000	
Galantamine Hydrobromide Tab 4 MG	0.28032		0.44900	
Galantamine Hydrobromide Tab 8 MG	0.37335		0.46428	
Galsulfase Soln For IV Infusion 1 MG/ML			382.23400	
Ganirelix Acetate Soln Prefilled Syringe 250 MCG/0.5ML			362.83778	

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

Data as of 4/7/2025

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
Gatifloxacin Ophth Soln 0.5%			12.24211	
Gemfibrozil Tab 600 MG	0.10067		0.08802	
Gentamicin Sulfate Cream 0.1%			1.08078	
Gentamicin Sulfate Inj 40 MG/ML			0.42084	
Gentamicin Sulfate Oint 0.1%			1.23464	
Gentamicin Sulfate Ophth Oint 0.3%			2.95143	
Gentamicin Sulfate Ophth Soln 0.3%			0.52933	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML			45.59638	
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML			115.90958	
Glimepiride Tab 1 MG	0.03163		0.02340	
Glimepiride Tab 2 MG	0.03060		0.03708	
Glimepiride Tab 4 MG	0.03233		0.03453	
Glipizide Tab 10 MG		0.03160	0.04341	04/01/2025
Glipizide Tab 5 MG	0.03233	0.01834	0.02902	04/01/2025
Glipizide Tab ER 24HR 10 MG	0.15695		0.11025	
Glipizide Tab ER 24HR 2.5 MG	0.11687		0.09021	
Glipizide Tab ER 24HR 5 MG			0.07500	
Glipizide-Metformin HCl Tab 2.5-250 MG	0.27421		0.31596	
Glipizide-Metformin HCl Tab 2.5-500 MG	0.23819		0.27505	
Glipizide-Metformin HCl Tab 5-500 MG	0.23319		0.11384	
Glucagon (rDNA) For Inj Kit 1 MG			224.00000	
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	0.07119		0.06810	
Glyburide Tab 2.5 MG	0.08065		0.02991	
Glyburide Tab 5 MG	0.05596		0.03451	
Glyburide-Metformin Tab 1.25-250 MG			0.03860	
Glyburide-Metformin Tab 2.5-500 MG	0.26291		0.04746	

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

Data as of 4/7/2025

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
Glyburide-Metformin Tab 5-500 MG	0.24489		0.03338	
Glycerol Phenylbutyrate Liquid 1.1 GM/ML			191.45632	
Glycine Diluent for Injection			0.21840	
Glycopyrrolate Inj 0.2 MG/ML			11.45400	
Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)			11.45400	
Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML)			5.40643	
Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)			11.45400	
Glycopyrrolate Oral Soln 1 MG/5ML	0.39847	0.74033	0.41189	04/01/2025
Glycopyrrolate Tab 1 MG	0.11198		0.06670	
Glycopyrrolate Tab 2 MG	0.20760		0.17500	
Goserelin Acetate Implant 10.8 MG			1898.12700	
Goserelin Acetate Implant 3.6 MG			667.42180	
Granisetron HCl Inj 1 MG/ML			6.71000	
Granisetron HCl Tab 1 MG			1.76350	
Griseofulvin Microsize Susp 125 MG/5ML			0.13333	
Griseofulvin Microsize Tab 500 MG			5.76313	
Griseofulvin Ultramicrosize Tab 125 MG			2.57431	
Griseofulvin Ultramicrosize Tab 250 MG	4.10276		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	0.18102		0.36780	
Guanfacine HCl Tab 2 MG	0.31842		0.60180	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	0.16515		0.21919	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	0.19234		0.15602	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	0.18030		0.19281	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	0.22017		0.21390	
Halobetasol Propionate Cream 0.05%			0.46000	
Halobetasol Propionate Oint 0.05%			0.83075	
Haloperidol Decanoate IM Soln 100 MG/ML			19.91578	

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

Data as of 4/7/2025

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 Decanoate IM Soln 50 MG/ML			14.49000	
Haloperidol Lactate Inj 5 MG/ML		0.63747	0.88000	04/01/2025
Haloperidol Lactate Oral Conc 2 MG/ML			0.11966	
Haloperidol Tab 0.5 MG	0.10853		0.07500	
Haloperidol Tab 1 MG	0.17283		0.08000	
Haloperidol Tab 10 MG	0.29346		0.10500	
Haloperidol Tab 2 MG	0.20462		0.09500	
Haloperidol Tab 20 MG	0.54851		0.72120	
Haloperidol Tab 5 MG	0.25655		0.25636	
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	
Heparin Sodium (Porcine) Lock Flush PF IV Soln 100 Unit/ML			0.44907	
Histrelin Acetate Implant Kit 50 MG			4211.40672	
Hydralazine HCl Tab 10 MG	0.03011		0.03167	
Hydralazine HCl Tab 100 MG	0.08035		0.06205	
Hydralazine HCl Tab 25 MG	0.03582		0.02545	
Hydralazine HCl Tab 50 MG	0.04625		0.03105	
Hydrochlorothiazide Cap 12.5 MG	0.02926		0.02500	
Hydrochlorothiazide Tab 12.5 MG	0.04813		0.03516	
Hydrochlorothiazide Tab 25 MG	0.01217		0.01043	
Hydrochlorothiazide Tab 50 MG	0.03428	0.01804	0.02460	04/01/2025
Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML			0.31710	
Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML			0.06417	
Hydrocodone w/ Homatropine Tab 5-1.5 MG			0.67035	
Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	0.44227		0.04484	

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

Data as of 4/7/2025

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 Soln 7.5-500 MG/15ML			0.03010	
Hydrocodone-Acetaminophen Tab 10-300 MG	0.90327		0.48977	
Hydrocodone-Acetaminophen Tab 10-325 MG	0.15673		0.08520	
Hydrocodone-Acetaminophen Tab 5-300 MG	0.87702		0.22920	
Hydrocodone-Acetaminophen Tab 5-325 MG	0.12126		0.07820	
Hydrocodone-Acetaminophen Tab 7.5-300 MG	0.67380		0.39750	
Hydrocodone-Acetaminophen Tab 7.5-325 MG	0.15504		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%			1.02800	
Hydrocortisone Butyrate Cream 0.1%			2.56852	
Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%			1.53311	
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%		0.09147	0.07709	04/01/2025
Hydrocortisone Perianal Cream 1%			0.59650	
Hydrocortisone Perianal Cream 2.5%	0.26695		0.26059	
Hydrocortisone Sodium Succinate For Inj 100 MG			2.52200	
Hydrocortisone Sodium Succinate PF For Inj 100 MG			2.52200	
Hydrocortisone Tab 10 MG			0.18980	
Hydrocortisone Tab 20 MG			0.13960	
Hydrocortisone Tab 5 MG			0.17220	



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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Hydrocortisone Valerate Cream 0.2%			0.69867	
Hydrocortisone Valerate Oint 0.2%			2.67600	
Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	7.33111		5.51733	
Hydromorphone HCl Inj 2 MG/ML			0.65000	
Hydromorphone HCl Liqd 1 MG/ML	0.29597		0.23245	
Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML			1.67263	
Hydromorphone HCl Preservative Free (PF) Inj 2 MG/ML			0.65000	
Hydromorphone HCl Tab 2 MG			0.05790	
Hydromorphone HCl Tab 4 MG	0.29046		0.07665	
Hydromorphone HCl Tab 8 MG	0.76504		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	0.16684		0.17469	
Hydroxyprogesterone Caproate (Bulk) Powder			160.00000	
Hydroxyprogesterone Caproate IM in Oil 250 MG/ML			178.47000	
Hydroxyprogesterone Caproate Soln Auto-Injector 275 MG/1.1ML			727.08000	
Hydroxyurea Cap 500 MG	0.25423		0.18352	
Hydroxyzine HCl IM Soln 50 MG/ML			4.38000	
Hydroxyzine HCl Syrup 10 MG/5ML	0.27415		0.02875	
Hydroxyzine HCl Tab 10 MG	0.02999		0.02844	
Hydroxyzine HCl Tab 25 MG	0.04247		0.03719	
Hydroxyzine HCl Tab 50 MG	0.06182		0.06190	
Hydroxyzine Pamoate Cap 100 MG			0.46230	
Hydroxyzine Pamoate Cap 25 MG	0.06939		0.05416	
Hydroxyzine Pamoate Cap 50 MG	0.08246		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			1.16667	
Hyoscyamine Sulfate Tab 0.125 MG			0.07440	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Hyoscyamine Sulfate Tab Disint 0.125 MG			0.12900	
Hyoscyamine Sulfate Tab ER 12HR 0.375 MG			0.24290	
Ibandronate Sodium Tab 150 MG (Base Equivalent)	3.56626		3.57080	
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	0.04213		0.03286	
Ibuprofen Tab 600 MG	0.04873		0.03420	
Ibuprofen Tab 800 MG	0.06029		0.04700	
Icosapent Ethyl Cap 1 GM	0.66378		1.10875	
Ifosfamide For Inj 1 GM			36.74000	
Iloprost Inhalation Solution 10 MCG/ML			134.16120	
Imatinib Mesylate Tab 100 MG (Base Equivalent)	18.87519		0.75589	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	32.65894		2.36134	
Imipramine HCl Tab 10 MG	0.07828		0.06140	
Imipramine HCl Tab 25 MG	0.09227		0.06780	
Imipramine HCl Tab 50 MG	0.11288		0.10530	
Imipramine Pamoate Cap 100 MG			4.72727	
Imipramine Pamoate Cap 75 MG			4.92940	
Imiquimod Cream 5%			0.60615	
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	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Immune Globulin (Human) IV 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	0.09759		0.09380	
Indapamide Tab 2.5 MG	0.10736		0.14820	
Indomethacin Cap 25 MG	0.09368		0.02910	
Indomethacin Cap 50 MG			0.07690	
Indomethacin Cap ER 75 MG	0.19699		0.06667	
Infliximab For IV Inj 100 MG			1067.19408	
Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/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)	0.55062		0.23084	
Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	1.09407		0.54166	
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML			0.04222	
Irbesartan Tab 150 MG	0.11764		0.11244	
Irbesartan Tab 300 MG	0.17935		0.04367	

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

Data as of 4/7/2025

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
Irbesartan Tab 75 MG	0.11845		0.08700	
Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	0.16663		0.15667	
Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	0.19846		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	0.22363	0.29547	0.18900	04/01/2025
Isosorbide Dinitrate Tab 20 MG	0.22782		0.24302	
Isosorbide Dinitrate Tab 30 MG	0.36550		0.26098	
Isosorbide Dinitrate Tab 40 MG	2.76705		4.19490	
Isosorbide Dinitrate Tab 5 MG	0.21691		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	0.16395		0.18133	
Isosorbide Mononitrate Tab ER 24HR 30 MG	0.06993		0.06873	
Isosorbide Mononitrate Tab ER 24HR 60 MG	0.09281		0.08500	
Isotretinoin Cap 10 MG			2.13467	
Isotretinoin Cap 20 MG			1.92767	
Isotretinoin Cap 30 MG			3.17898	
Isotretinoin Cap 40 MG			2.12667	
Isradipine Cap 2.5 MG			0.96050	
Isradipine Cap 5 MG			1.27072	
Itraconazole Cap 100 MG	0.85346		0.84033	
Itraconazole Oral Soln 10 MG/ML			1.15633	
Ivacaftor Packet 25 MG			425.86318	

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

Data as of 4/7/2025

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
Ivacaftor Packet 50 MG			425.00974	
Ivacaftor Packet 75 MG			425.00974	
Ivermectin Cream 1%	3.38794		4.27820	
Ivermectin Tab 3 MG			3.46600	
KCl 0.15% in D5/0.33% NaCl			0.00217	
KCl 10 MEQ/L (0.075%) in Dextrose 5% & NaCl 0.45% Inj			0.00303	
KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.45% Inj			0.00263	
KCl 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.9% Inj			0.00342	
KCl 20 MEQ/L (0.15%) in NaCl 0.45% Inj			0.00380	
KCl 20 MEQ/L (0.15%) in NaCl 0.9% Inj			0.00325	
KCl 30 MEQ/L (0.224%) in Dextrose 5% & NaCl 0.45% Inj			0.00232	
KCl 40 MEQ/L (0.3%) in Dextrose 5% & NaCl 0.45% Inj			0.00217	
KCl 40 MEQ/L (0.3%) in NaCl 0.9% Inj			0.00325	
Ketoconazole Cream 2%			0.21795	
Ketoconazole Foam 2%			2.84994	
Ketoconazole Shampoo 2%	0.09539		0.05492	
Ketoconazole Tab 200 MG	0.65300		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)			0.73620	
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%			1.05037	
Ketorolac Tromethamine Tab 10 MG	0.25658		0.50889	
Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)			12.82400	

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

Data as of 4/7/2025

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
Labetalol HCl Tab 100 MG	0.08108		0.08663	
Labetalol HCl Tab 200 MG	0.14637		0.11565	
Labetalol HCl Tab 300 MG	0.19539		0.15397	
Lacosamide Oral Solution 10 MG/ML			0.14506	
Lacosamide Tab 100 MG			0.34039	
Lacosamide Tab 150 MG	0.28560		0.36220	
Lacosamide Tab 200 MG	0.31594		0.37218	
Lacosamide Tab 50 MG	0.14870		0.17877	
Lactated Ringer's Solution			0.00314	
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			0.01127	
Lactulose Solution 10 GM/15ML			0.01300	
Lamivudine Oral Soln 10 MG/ML	0.33744		0.24042	
Lamivudine Tab 100 MG (HBV)			2.69028	
Lamivudine Tab 150 MG	0.60554		0.57867	
Lamivudine Tab 300 MG	1.64628		1.18467	
Lamivudine-Zidovudine Tab 150-300 MG	0.56051		0.33467	
Lamotrigine Orally Disintegrating Tab 100 MG	3.30955		2.12516	
Lamotrigine Orally Disintegrating Tab 200 MG	4.69028		6.31279	
Lamotrigine Orally Disintegrating Tab 25 MG	2.14266		4.41567	
Lamotrigine Orally Disintegrating Tab 50 MG	1.95876		2.52450	
Lamotrigine Tab 100 MG	0.22296	0.03635	0.03549	04/01/2025
Lamotrigine Tab 150 MG	0.26293		0.05278	
Lamotrigine Tab 200 MG	0.34987		0.07150	
Lamotrigine Tab 25 MG	0.12526		0.01978	
Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit			13.21145	
Lamotrigine Tab 35 x 25 MG Starter Kit			0.08574	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Lamotrigine Tab Chewable Dispersible 25 MG	0.48762		0.08860	
Lamotrigine Tab Chewable Dispersible 5 MG	0.17030		0.11000	
Lamotrigine Tab ER 24HR 100 MG	3.50106		0.72007	
Lamotrigine Tab ER 24HR 200 MG	4.20546		1.18612	
Lamotrigine Tab ER 24HR 25 MG	1.09703		1.55055	
Lamotrigine Tab ER 24HR 250 MG	4.99826		2.33333	
Lamotrigine Tab ER 24HR 300 MG	4.58931		1.97146	
Lamotrigine Tab ER 24HR 50 MG			0.99967	
Lancets Misc.***			0.07800	
Lancets***			0.07800	
Lansoprazole Cap Delayed Release 15 MG			0.10000	
Lansoprazole Cap Delayed Release 30 MG	0.18211		0.07668	
Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG			3.85946	
Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG			3.07195	
Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	3.51051		5.06310	
Lanthanum Carbonate Chew Tab 500 MG (Elemental)	3.59120		3.64325	
Latanoprost Ophth Soln 0.005%			1.00000	
Ledipasvir-Sofosbuvir Tab 90-400 MG			1120.50000	
Leflunomide Tab 10 MG	0.30803		0.35667	
Leflunomide Tab 20 MG	0.31319		0.22793	
Letrozole Tab 2.5 MG	0.19709		0.08978	
Leucovorin Calcium For Inj 200 MG			7.80000	
Leucovorin Calcium Inj 10 MG/ML			0.26000	
Leucovorin Calcium Tab 10 MG	2.32958		3.10633	
Leucovorin Calcium Tab 25 MG	2.47704		5.32387	
Leucovorin Calcium Tab 5 MG	0.40851		0.60030	
Leuprolide Acetate Inj Kit 1 MG/0.2ML (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	

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

Data as of 4/7/2025

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
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	0.06660		0.02752	
Levetiracetam Tab 1000 MG	0.41085		0.14300	
Levetiracetam Tab 250 MG	0.12165	0.05475	0.04400	04/01/2025
Levetiracetam Tab 500 MG	0.22744		0.07000	
Levetiracetam Tab 750 MG	0.23748		0.10000	
Levetiracetam Tab ER 24HR 500 MG	0.64371		0.16667	
Levetiracetam Tab ER 24HR 750 MG	0.64922		0.21650	
Levobunolol HCl Ophth Soln 0.5%			0.59600	
Levocarnitine Oral Soln 1 GM/10ML (10%)	0.16031		0.19661	
Levocarnitine Tab 330 MG	0.84590		0.47111	
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)			0.32655	
Levocetirizine Dihydrochloride Tab 5 MG			0.05573	
Levofloxacin in D5W IV Soln 750 MG/150ML			0.02000	
Levofloxacin Ophth Soln 0.5%			6.40702	
Levofloxacin Oral Soln 25 MG/ML			0.89120	
Levofloxacin Tab 250 MG	0.12377		0.12500	
Levofloxacin Tab 500 MG	0.14580		0.10800	
Levofloxacin Tab 750 MG	0.42006		0.22400	
Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG &Eth Est 0.01 MG			3.68308	
Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	0.16302		0.19314	
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	0.14726		0.15476	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.10957		0.11607	
Levonorgestrel Tab 1.5 MG			35.07625	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	0.34029		0.18904	
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG	1.02210		1.17500	
Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	0.21055		0.31808	



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

Data as of 4/7/2025

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 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	0.19873		0.25901	
Levothyroxine Sodium For IV Inj 200 MCG			198.55200	
Levothyroxine Sodium For IV Inj 500 MCG			26.00000	
Levothyroxine Sodium Tab 100 MCG	0.10097		0.09086	
Levothyroxine Sodium Tab 112 MCG	0.11552		0.17450	
Levothyroxine Sodium Tab 125 MCG	0.12398		0.06837	
Levothyroxine Sodium Tab 137 MCG	0.18258		0.06672	
Levothyroxine Sodium Tab 150 MCG	0.11050		0.06551	
Levothyroxine Sodium Tab 175 MCG	0.12775		0.11815	
Levothyroxine Sodium Tab 200 MCG	0.12255		0.12768	
Levothyroxine Sodium Tab 25 MCG	0.06053		0.05904	
Levothyroxine Sodium Tab 300 MCG	0.21016		0.27478	
Levothyroxine Sodium Tab 50 MCG	0.08044		0.05508	
Levothyroxine Sodium Tab 75 MCG	0.09967		0.05543	
Levothyroxine Sodium Tab 88 MCG	0.09595		0.09056	
Lidocaine HCl Cream 3%			0.51777	
Lidocaine HCl Gel 2%			0.32194	
Lidocaine HCl Local Inj 1%			0.05490	
Lidocaine HCl Local Inj 2%			0.06146	
Lidocaine HCl Local Preservative Free (PF) Inj 1%			0.58140	
Lidocaine HCl Local Preservative Free (PF) Inj 2%			0.42500	
Lidocaine HCl Soln 4%			0.26000	
Lidocaine HCl Urethral/Mucosal Gel 2%			0.69829	
Lidocaine HCl Urethral/Mucosal Gel Prefilled Syringe 2%			0.54591	
Lidocaine HCl Viscous Soln 2%	0.09935		0.04712	
Lidocaine Oint 5%			0.20580	
Lidocaine Patch 5%			1.53900	
Lidocaine-Hydrocortisone Acetate Perianal Cream 3-0.5%			0.65107	
Lidocaine-Prilocaine Cream 2.5-2.5%	0.28125		0.17500	
Lidocaine-Prilocaine Cream Kit 2.5-2.5%			0.23130	

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

Data as of 4/7/2025

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
Linezolid For Susp 100 MG/5ML			4.75000	
Linezolid Tab 600 MG	1.59042		1.00000	
Liothyronine Sodium Tab 25 MCG	0.35165		0.33667	
Liothyronine Sodium Tab 5 MCG	0.27771		0.25242	
Liothyronine Sodium Tab 50 MCG	0.68725		0.64390	
Lisdexamfetamine Dimesylate Cap 10 MG	4.21309		3.67290	
Lisdexamfetamine Dimesylate Cap 20 MG	4.08974		3.67290	
Lisdexamfetamine Dimesylate Cap 30 MG	4.64996		3.67290	
Lisdexamfetamine Dimesylate Cap 40 MG	5.39495		3.67290	
Lisdexamfetamine Dimesylate Cap 50 MG	5.79751		3.67290	
Lisdexamfetamine Dimesylate Cap 60 MG	7.08544		3.67290	
Lisdexamfetamine Dimesylate Cap 70 MG	7.30052		3.67290	
Lisdexamfetamine Dimesylate Chew Tab 10 MG	9.63954		9.72970	
Lisdexamfetamine Dimesylate Chew Tab 20 MG	9.47116		9.74889	
Lisdexamfetamine Dimesylate Chew Tab 30 MG	9.03603		11.59660	
Lisdexamfetamine Dimesylate Chew Tab 40 MG	9.86254		11.35527	
Lisdexamfetamine Dimesylate Chew Tab 50 MG	9.68780		10.10774	
Lisdexamfetamine Dimesylate Chew Tab 60 MG	9.28740		10.10774	
Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	0.02947		0.02300	
Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	0.04003		0.02280	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG	0.04107		0.03001	
Lisinopril Tab 10 MG	0.01770		0.01190	
Lisinopril Tab 2.5 MG			0.01029	
Lisinopril Tab 20 MG	0.02538		0.01700	
Lisinopril Tab 30 MG			0.03809	
Lisinopril Tab 40 MG			0.03904	
Lisinopril Tab 5 MG		0.00918	0.01298	04/01/2025
Lithium Carbonate Cap 150 MG	0.10140		0.03780	
Lithium Carbonate Cap 300 MG	0.12332		0.03352	
Lithium Carbonate Cap 600 MG	0.30342		0.09110	

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

Data as of 4/7/2025

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	0.23461		0.09970	
Lithium Carbonate Tab ER 450 MG	0.25210		0.09783	
Lithium Oral Solution 8 mEq/5ML			0.30000	
Lomustine Cap 40 MG			362.43444	
Loperamide HCl Cap 2 MG			0.12160	
Lopinavir-Ritonavir Tab 200-50 MG	4.94993		5.66667	
Lorazepam Conc 2 MG/ML	0.61553		0.26900	
Lorazepam Inj 2 MG/ML			0.46840	
Lorazepam Inj 4 MG/ML			1.19860	
Lorazepam Tab 0.5 MG	0.06900		0.03233	
Lorazepam Tab 1 MG	0.04733		0.03665	
Lorazepam Tab 2 MG	0.33927		0.04021	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	0.09594		0.07169	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	0.08622		0.07700	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	0.07531		0.05678	
Losartan Potassium Tab 100 MG	0.05123		0.04800	
Losartan Potassium Tab 25 MG	0.02921		0.02685	
Losartan Potassium Tab 50 MG	0.03818		0.03286	
Loteprednol Etabonate Ophth Gel 0.5%			19.54175	
Loteprednol Etabonate Ophth Susp 0.5%			22.61000	
Lovastatin Tab 10 MG	0.04491		0.03900	
Lovastatin Tab 20 MG	0.04310		0.03691	
Lovastatin Tab 40 MG	0.05982		0.04778	
Loxapine Succinate Cap 10 MG			0.31890	
Loxapine Succinate Cap 25 MG	0.69007		0.26310	
Loxapine Succinate Cap 5 MG	0.34409		0.28570	
Loxapine Succinate Cap 50 MG	0.88058		0.62000	
Lubiprostone Cap 24 MCG	1.13908		1.68493	
Lubiprostone Cap 8 MCG	0.76369		0.81667	

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

Data as of 4/7/2025

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 Granules Packet 100-125 MG			372.81056	
Lumacaftor-Ivacaftor Granules Packet 150-188 MG			372.81056	
Lumacaftor-Ivacaftor Tab 100-125 MG			186.03172	
Lumacaftor-Ivacaftor Tab 200-125 MG			186.03172	
Lurasidone HCl Tab 120 MG	0.71703		0.55342	
Lurasidone HCl Tab 20 MG	0.20225		0.18484	
Lurasidone HCl Tab 40 MG	0.29149		0.24697	
Lurasidone HCl Tab 60 MG	0.39856		0.34767	
Lurasidone HCl Tab 80 MG	0.46339		0.41367	
Magnesium Hydroxide Susp 400 MG/5ML			0.00651	
Magnesium Sulfate Inj 50%			0.16190	
Malathion Lotion 0.5%			2.68358	
Maraviroc Tab 150 MG	22.88613		15.40817	
Meclizine HCl Chew Tab 25 MG			0.17912	
Meclizine HCl Tab 12.5 MG	0.06061		0.03010	
Meclizine HCl Tab 25 MG	0.08105		0.04200	
Meclofenamate Sodium Cap 100 MG			1.78455	
Meclofenamate Sodium Cap 50 MG			0.56134	
Medroxyprogesterone Acetate IM Susp 150 MG/ML			22.82500	
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML			41.26000	
Medroxyprogesterone Acetate Tab 10 MG			0.11260	
Medroxyprogesterone Acetate Tab 2.5 MG			0.05330	
Medroxyprogesterone Acetate Tab 5 MG			0.07980	
Mefenamic Acid Cap 250 MG			1.46808	
Mefloquine HCl Tab 250 MG			2.91063	
Megestrol Acetate Susp 40 MG/ML			0.06512	
Megestrol Acetate Susp 625 MG/5ML			2.09993	
Megestrol Acetate Tab 20 MG			0.10850	
Megestrol Acetate Tab 40 MG	0.19911		0.10500	
Meloxicam Tab 15 MG	0.01913		0.01567	

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

Data as of 4/7/2025

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
Meloxicam Tab 7.5 MG	0.01655		0.01686	
Memantine HCl Cap ER 24HR 14 MG	0.39405		0.92529	
Memantine HCl Cap ER 24HR 21 MG	0.45749		0.76684	
Memantine HCl Cap ER 24HR 28 MG	0.53423		0.51606	
Memantine HCl Cap ER 24HR 7 MG	0.40867		0.36913	
Memantine HCl Oral Solution 2 MG/ML	0.50333		1.30975	
Memantine HCl Tab 10 MG	0.06475		0.04825	
Memantine HCl Tab 28 x 5 MG & 21 x 10 MG Titration Pack			0.27204	
Memantine HCl Tab 5 MG	0.07779		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			0.76000	
Meropenem IV For Soln 1 GM			5.71300	
Mesalamine Cap DR 400 MG	2.25768		1.63467	
Mesalamine Cap ER 24HR 0.375 GM	1.37314		0.79027	
Mesalamine Cap ER 500 MG			4.08942	
Mesalamine Enema 4 GM			0.16262	
Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**	120.61375		110.04250	
Mesalamine Suppos 1000 MG	1.78031		2.70260	
Mesalamine Tab Delayed Release 1.2 GM	1.63927		2.14258	
Mesalamine Tab Delayed Release 800 MG	6.02703		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	0.51631		0.40000	
Metformin HCl Oral Soln 500 MG/5ML	0.60429		0.95146	
Metformin HCl Tab 1000 MG	0.02367		0.02074	
Metformin HCl Tab 500 MG	0.01368		0.01260	

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

Data as of 4/7/2025

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
Metformin HCl Tab 850 MG	0.02356		0.02127	
Metformin HCl Tab ER 24HR 500 MG	0.02878		0.02600	
Metformin HCl Tab ER 24HR 750 MG	0.06359		0.04510	
Metformin HCl Tab ER 24HR Modified Release 1000 MG	0.56993		1.17800	
Metformin HCl Tab ER 24HR Modified Release 500 MG	0.39720		2.50000	
Metformin HCl Tab ER 24HR Osmotic 1000 MG			0.40964	
Metformin HCl Tab ER 24HR Osmotic 500 MG	0.15979		0.14300	
Methadone HCl Conc 10 MG/ML	0.54142		0.05102	
Methadone HCl Tab 10 MG			0.08050	
Methadone HCl Tab 5 MG	0.18461		0.10660	
Methadone HCl Tab For Oral Susp 40 MG			0.30600	
Methamphetamine HCl Tab 5 MG			5.86582	
Methazolamide Tab 25 MG	0.76950		2.63280	
Methazolamide Tab 50 MG	1.48917		2.41000	
Methenamine Hippurate Tab 1 GM	0.37624		0.44610	
Methenamine Mandelate Tab 1 GM			1.12356	
Methimazole Tab 10 MG	0.13672		0.07845	
Methimazole Tab 5 MG	0.07132		0.06279	
Methocarbamol Tab 500 MG	0.03634		0.05720	
Methocarbamol Tab 750 MG	0.04034		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)	0.15552		0.15715	
Methscopolamine Bromide Tab 2.5 MG			0.31450	

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

Data as of 4/7/2025

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
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	14.43106		11.05167	
Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)			191.79640	
Methylnaltrexone Bromide Inj Kit 12 MG/0.6ML			59.31180	
Methylphenidate HCl Cap ER 10 MG (CD)			1.44480	
Methylphenidate HCl Cap ER 20 MG (CD)			1.54805	
Methylphenidate HCl Cap ER 24HR 10 MG (LA)	4.08731		2.87252	
Methylphenidate HCl Cap ER 24HR 20 MG (LA)	3.06865		1.13327	
Methylphenidate HCl Cap ER 24HR 30 MG (LA)	2.92892		1.46800	
Methylphenidate HCl Cap ER 24HR 40 MG (LA)	2.67540		1.51294	
Methylphenidate HCl Cap ER 24HR 40 MG (XR)			3.81066	
Methylphenidate HCl Cap ER 30 MG (CD)			1.21250	
Methylphenidate HCl Cap ER 40 MG (CD)			1.87890	
Methylphenidate HCl Cap ER 50 MG (CD)			2.20883	
Methylphenidate HCl Cap ER 60 MG (CD)			2.21480	
Methylphenidate HCl Chew Tab 10 MG			3.06074	
Methylphenidate HCl Chew Tab 2.5 MG			1.49180	
Methylphenidate HCl Chew Tab 5 MG			1.97845	
Methylphenidate HCl Soln 10 MG/5ML	0.11459		0.14676	
Methylphenidate HCl Soln 5 MG/5ML	0.06875		0.13551	
Methylphenidate HCl Tab 10 MG	0.20868		0.11087	
Methylphenidate HCl Tab 20 MG	0.26322		0.13068	
Methylphenidate HCl Tab 5 MG	0.14335		0.08470	
Methylphenidate HCl Tab ER 10 MG	0.45516		0.44352	
Methylphenidate HCl Tab ER 20 MG	0.49934		0.81042	

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

Data as of 4/7/2025

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 Tab ER 24HR 18 MG	2.86536		7.09784	
Methylphenidate HCl Tab ER 24HR 27 MG	0.82297		0.67700	
Methylphenidate HCl Tab ER 24HR 36 MG	3.95263		1.97932	
Methylphenidate HCl Tab ER 24HR 54 MG	3.69341		1.49053	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	2.86536		0.67320	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	0.82297		0.67700	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	3.95263		0.85580	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	3.69341		0.82590	
Methylphenidate TD Patch 30 MG/9HR			10.25812	
Methylprednisolone Acetate Inj Susp 40 MG/ML			4.68000	
Methylprednisolone Acetate Inj Susp 80 MG/ML			11.16906	
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	1.18133		1.75672	
Methylprednisolone Tab 32 MG	2.21102		2.98680	
Methylprednisolone Tab 4 MG	0.12783		0.16150	
Methylprednisolone Tab 8 MG	0.91455		1.09045	
Methylprednisolone Tab Therapy Pack 4 MG (21)	0.13230		0.16432	
Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv)			0.03070	
Metoclopramide HCl Tab 10 MG (Base Equivalent)	0.05137		0.03440	
Metoclopramide HCl Tab 5 MG (Base Equivalent)	0.04372		0.02200	
Metolazone Tab 10 MG	0.45785		1.31845	
Metolazone Tab 2.5 MG	0.21400	0.23420	0.20000	04/01/2025
Metolazone Tab 5 MG	0.24651		0.33050	
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)	0.11223		0.08120	
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	0.19099		0.16884	



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

Data as of 4/7/2025

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
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	0.05762	0.05179	0.04856	04/01/2025
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	0.06702		0.06846	
Metoprolol Tartrate Tab 100 MG	0.02759	0.02334	0.02355	04/01/2025
Metoprolol Tartrate Tab 25 MG	0.01677		0.01457	
Metoprolol Tartrate Tab 37.5 MG			0.06980	
Metoprolol Tartrate Tab 50 MG	0.02142		0.01646	
Metoprolol Tartrate Tab 75 MG			0.16500	
Metronidazole Cap 375 MG			3.91000	
Metronidazole Cream 0.75%	0.27669		0.63078	
Metronidazole Gel 0.75%			0.32294	
Metronidazole Gel 1%	0.63933		1.56383	
Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML			0.01486	
Metronidazole IV Soln 500 MG/100ML			0.02216	
Metronidazole Lotion 0.75%			1.65530	
Metronidazole Tab 250 MG	0.09857		0.07480	
Metronidazole Tab 500 MG	0.10911		0.09050	
Metronidazole Vaginal Gel 0.75%	0.20183		0.41846	
Mexiletine HCl Cap 150 MG	0.26832		0.36212	
Mexiletine HCl Cap 200 MG	0.32162		0.70200	
Mexiletine HCl Cap 250 MG			0.82212	
Micafungin Sodium For IV Soln 100 MG			45.09556	
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	

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

Data as of 4/7/2025

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
Midodrine HCl Tab 10 MG	0.21576		0.15300	
Midodrine HCl Tab 2.5 MG	0.08994		0.08030	
Midodrine HCl Tab 5 MG	0.13794		0.10950	
Mifepristone Tab 200 MG			68.33000	
Miglustat Cap 100 MG			221.01915	
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	0.33396		0.27420	
Minocycline HCl Cap 50 MG	0.16829		0.15200	
Minocycline HCl Cap 75 MG	0.26394		0.26765	
Minocycline HCl Tab 100 MG			0.76675	
Minocycline HCl Tab 50 MG			0.96342	
Minocycline HCl Tab ER 24HR 55 MG			26.20867	
Minocycline HCl Tab ER 24HR 65 MG			2.15962	
Minocycline HCl Tab ER 24HR 80 MG			4.88507	
Minocycline HCl Tab ER 24HR 90 MG			2.41844	
Minoxidil Tab 10 MG	0.16679		0.12250	
Minoxidil Tab 2.5 MG	0.09802		0.08976	
Mirtazapine Orally Disintegrating Tab 15 MG	0.31924		0.34622	
Mirtazapine Orally Disintegrating Tab 30 MG	0.42669		0.33067	
Mirtazapine Orally Disintegrating Tab 45 MG	0.43214		0.76367	
Mirtazapine Tab 15 MG	0.07254		0.05492	
Mirtazapine Tab 30 MG	0.08897		0.07900	
Mirtazapine Tab 45 MG	0.12774		0.07467	
Mirtazapine Tab 7.5 MG	0.41378		0.53922	
Misoprostol Tab 100 MCG	0.47328		0.36067	
Misoprostol Tab 200 MCG	0.64322		0.52727	

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

Data as of 4/7/2025

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
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	0.45648		0.25933	
Modafinil Tab 200 MG	1.10844		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%			0.25262	
Mometasone Furoate Nasal Susp 50 MCG/ACT			1.59907	
Mometasone Furoate Oint 0.1%			0.18244	
Mometasone Furoate Solution 0.1% (Lotion)			0.21162	
Montelukast Sodium Chew Tab 4 MG (Base Equiv)	0.07510		0.07095	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	0.07440		0.05211	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)			0.65911	
Montelukast Sodium Tab 10 MG (Base Equiv)	0.05461		0.04843	
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			0.04020	
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	0.25331		0.09000	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Morphine Sulfate Tab 30 MG	0.38397		0.68000	
Morphine Sulfate Tab ER 100 MG	0.85035		0.70590	
Morphine Sulfate Tab ER 15 MG	0.26962		0.15530	
Morphine Sulfate Tab ER 200 MG	2.26402		1.86820	
Morphine Sulfate Tab ER 30 MG	0.38510		0.23720	
Morphine Sulfate Tab ER 60 MG	0.59066		0.54275	
Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	2.27649		3.66967	
Moxifloxacin HCl Tab 400 MG (Base Equiv)	2.00592		1.17500	
Multiple Vitamin Tab**			0.02313	
Multiple Vitamins w/ Iron Tab**			0.02788	
Multiple Vitamins w/ Minerals Tab**			0.39409	
Mupirocin Calcium Cream 2%			2.17100	
Mupirocin Oint 2%			0.13314	
Mycophenolate Mofetil Cap 250 MG	0.26142		0.12520	
Mycophenolate Mofetil For Oral Susp 200 MG/ML	2.20024		2.59444	
Mycophenolate Mofetil Tab 500 MG	0.36473		0.20390	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	0.41590		0.19450	
Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	0.81057		0.53656	
Nabumetone Tab 500 MG	0.12581		0.10490	
Nabumetone Tab 750 MG	0.14767		0.15470	
Nadolol Tab 20 MG	0.12041	0.29000	0.10000	04/01/2025
Nadolol Tab 40 MG	0.22483		0.32630	
Nadolol Tab 80 MG	0.26981		0.49690	
Naftifine HCl Cream 2%			4.27667	
Nalbuphine HCl Inj 20 MG/ML			2.36600	
Naloxone HCl Inj 0.4 MG/ML			8.88200	
Naloxone HCl Inj 4 MG/10ML			6.88818	
Naloxone HCl Nasal Spray 4 MG/0.1ML			35.51000	
Naloxone HCl Nasal Spray 8 MG/0.1ML			35.51000	
Naloxone HCl Soln Prefilled Syringe 2 MG/2ML			15.48117	

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

Data as of 4/7/2025

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
Naltrexone For IM Extended Release Susp 380 MG			1540.81000	
Naltrexone HCl Tab 50 MG	1.51651		0.50964	
Naproxen Sodium Tab 275 MG	0.16142		0.08963	
Naproxen Sodium Tab 550 MG	0.18368		0.21800	
Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv)			9.75680	
Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)	10.53977		6.96787	
Naproxen Susp 125 MG/5ML			0.78000	
Naproxen Tab 250 MG	0.05132		0.03202	
Naproxen Tab 375 MG	0.05924		0.04691	
Naproxen Tab 500 MG	0.05941		0.05330	
Naproxen Tab EC 375 MG			0.11710	
Naproxen Tab EC 500 MG	2.08869		2.53550	
Naratriptan HCl Tab 1 MG (Base Equiv)			2.29900	
Naratriptan HCl Tab 2.5 MG (Base Equiv)	1.18398		0.83704	
Natalizumab for IV Inj Conc 300 MG/15ML			439.57929	
Nateglinide Tab 120 MG	0.26668		0.14756	
Nateglinide Tab 60 MG	0.20446		0.26967	
Nebivolol HCl Tab 10 MG (Base Equivalent)			0.19233	
Nebivolol HCl Tab 2.5 MG (Base Equivalent)	0.25211		0.29440	
Nebivolol HCl Tab 20 MG (Base Equivalent)	0.33051		0.25578	
Nebivolol HCl Tab 5 MG (Base Equivalent)			0.23233	
Nefazodone HCl Tab 100 MG			0.46100	
Nefazodone HCl Tab 150 MG			0.47540	
Nefazodone HCl Tab 200 MG			0.46900	
Nefazodone HCl Tab 250 MG			0.49716	
Nefazodone HCl Tab 50 MG			0.24500	
Neomycin Sulfate Tab 500 MG			0.48150	
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	

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

Data as of 4/7/2025

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
Neomycin-Polymyxin B GU Irrigation Soln			13.36010	
Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%	2.75327		1.53143	
Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	1.96296		2.04670	
Neomycin-Polymyxin-HC Ophth Susp			14.80800	
Neomycin-Polymyxin-HC Otic Soln 1%			4.36700	
Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	4.52660		4.62700	
Nevirapine Tab 200 MG	0.12863		0.10617	
Nevirapine Tab ER 24HR 400 MG			0.44233	
Niacin Tab ER 1000 MG (Antihyperlipidemic)	0.24641		0.62311	
Niacin Tab ER 500 MG (Antihyperlipidemic)	0.15061		0.08178	
Niacin Tab ER 750 MG (Antihyperlipidemic)			0.93243	
Nicardipine HCl Cap 20 MG	2.27633		0.12545	
Nicardipine HCl Cap 30 MG	3.91704		1.60211	
Nifedipine Cap 10 MG	0.30279		0.28690	
Nifedipine Cap 20 MG	0.58274		0.95160	
Nifedipine Tab ER 24HR 30 MG			0.10710	
Nifedipine Tab ER 24HR 60 MG			0.09810	
Nifedipine Tab ER 24HR 90 MG			0.17703	
Nifedipine Tab ER 24HR Osmotic Release 30 MG	0.11978		0.10000	
Nifedipine Tab ER 24HR Osmotic Release 60 MG	0.18292		0.13903	
Nifedipine Tab ER 24HR Osmotic Release 90 MG	0.22067		0.15262	
Nilutamide Tab 150 MG			133.33333	
Nimodipine Cap 30 MG			1.58455	
Nisoldipine Tab ER 24HR 17 MG			4.79755	
Nisoldipine Tab ER 24HR 25.5 MG			6.55000	
Nisoldipine Tab ER 24HR 34 MG			5.37000	
Nisoldipine Tab ER 24HR 8.5 MG			3.75000	
Nitrofurantoin Macrocrystalline Cap 100 MG	0.27184		0.41050	
Nitrofurantoin Macrocrystalline Cap 25 MG	1.43092		1.66280	
Nitrofurantoin Macrocrystalline Cap 50 MG	0.18687	0.32000	0.18600	04/01/2025

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

Data as of 4/7/2025

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
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	0.46149		0.28202	
Nitroglycerin SL Tab 0.3 MG	0.08458		0.12840	
Nitroglycerin SL Tab 0.4 MG			0.11400	
Nitroglycerin SL Tab 0.6 MG	0.14369		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			35.43889	
Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	0.31044		0.24429	
Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	0.50938		0.47533	
Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	0.23545		0.33595	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG			0.32840	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	1.65542		1.70095	
Norethindrone & Mestranol Tab 1 MG-50MCG			0.92340	
Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	0.28365		0.17698	
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	0.45330		0.34307	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	0.15984		0.15188	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	0.19360		0.15557	
Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	0.32102		0.25167	
Norethindrone Ace-Ethinyl Estradiol-FE Cap 1 MG-20 MCG (24)			1.12286	
Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	0.21635		0.27697	
Norethindrone Acetate Tab 5 MG	0.29538		0.29900	

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

Data as of 4/7/2025

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 Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG			1.91320	
Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	0.98779		1.01938	
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	1.05920		0.96988	
Norethindrone Tab 0.35 MG	0.08614		0.08214	
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	0.25069		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	0.12083		0.11827	
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	0.10912		0.15456	
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	0.12837		0.09250	
Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	0.37102		0.26161	
Nortriptyline HCl Cap 10 MG			0.05945	
Nortriptyline HCl Cap 25 MG	0.14971		0.06686	
Nortriptyline HCl Cap 50 MG	0.22868		0.07767	
Nortriptyline HCl Cap 75 MG	0.28239		0.10436	
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			0.13788	
Nystatin Oint 100000 Unit/GM			0.18673	
Nystatin Susp 100000 Unit/ML			0.04670	
Nystatin Tab 500000 Unit	0.35007		0.34870	
Nystatin Topical Powder			0.68313	
Nystatin Topical Powder 100000 Unit/GM			0.22770	
Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%			0.24666	
Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%			0.18333	
Octreotide Acetate For IM Inj Kit 20 MG			4064.76564	
Octreotide Acetate For IM Inj Kit 30 MG			6086.69544	
Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)			2.69662	
Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)			34.03343	
Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)			9.10000	



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

Data as of 4/7/2025

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 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%			1.61325	
Olanzapine For IM Inj 10 MG			26.97600	
Olanzapine Orally Disintegrating Tab 10 MG	0.74036		0.34400	
Olanzapine Orally Disintegrating Tab 15 MG	1.16457		0.57400	
Olanzapine Orally Disintegrating Tab 20 MG	0.75930		0.41667	
Olanzapine Orally Disintegrating Tab 5 MG	0.39077		0.18167	
Olanzapine Tab 10 MG	0.16726		0.08590	
Olanzapine Tab 15 MG	0.19473		0.11167	
Olanzapine Tab 2.5 MG	0.08329		0.05758	
Olanzapine Tab 20 MG	0.32882	0.11500	0.12946	04/01/2025
Olanzapine Tab 5 MG	0.08525		0.06533	
Olanzapine Tab 7.5 MG	0.09243		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			4.74767	
Olanzapine-Fluoxetine HCl Cap 6-25 MG			5.30145	
Olanzapine-Fluoxetine HCl Cap 6-50 MG			7.83104	
Olmesartan Medoxomil Tab 20 MG	0.15441		0.02211	
Olmesartan Medoxomil Tab 40 MG	0.15743		0.12763	
Olmesartan Medoxomil Tab 5 MG	0.10818		0.04767	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	0.20647		0.13000	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	0.26097		0.19648	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	0.27343		0.17600	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	1.29377		1.37855	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	1.70820		1.82389	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	1.43488		0.99833	

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

Data as of 4/7/2025

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 40-5-12.5 MG	1.57477		1.89000	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	1.48377		1.71000	
Olopatadine HCl Nasal Soln 0.6%	0.92117		0.89122	
Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	4.05474		1.80956	
Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	4.89168		3.26800	
Omega-3-acid Ethyl Esters Cap 1 GM	0.20655		0.17150	
Omeprazole Cap Delayed Release 10 MG	0.07614		0.02056	
Omeprazole Cap Delayed Release 20 MG	0.03379		0.02317	
Omeprazole Cap Delayed Release 40 MG	0.10091		0.04444	
Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	0.70842		1.11772	
Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	0.77577		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	0.32730		0.18500	
Ondansetron HCl Tab 4 MG	0.06660		0.05400	
Ondansetron HCl Tab 8 MG	0.08941		0.06372	
Ondansetron Orally Disintegrating Tab 4 MG	0.17264		0.14295	
Ondansetron Orally Disintegrating Tab 8 MG	0.17645		0.20671	
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)	1.11596		1.59093	
Oseltamivir Phosphate Cap 45 MG (Base Equiv)	1.86254		3.11900	
Oseltamivir Phosphate Cap 75 MG (Base Equiv)	1.52845		1.27529	
Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	0.20046		0.12917	

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

Data as of 4/7/2025

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			0.76500	
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)			0.27886	
Oxcarbazepine Tab 150 MG	0.13148		0.08840	
Oxcarbazepine Tab 300 MG	0.27761		0.11990	
Oxcarbazepine Tab 600 MG	0.68023		0.27592	
Oxiconazole Nitrate Cream 1%			6.03042	
Oxybutynin Chloride Solution 5 MG/5ML			0.02744	
Oxybutynin Chloride Syrup 5 MG/5ML			0.01858	
Oxybutynin Chloride Tab 5 MG	0.04905		0.05600	
Oxybutynin Chloride Tab ER 24HR 10 MG	0.10207		0.09574	
Oxybutynin Chloride Tab ER 24HR 15 MG	0.13451		0.13383	
Oxybutynin Chloride Tab ER 24HR 5 MG	0.09502		0.10550	
Oxycodone HCl Cap 5 MG			0.45380	
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)			2.61221	
Oxycodone HCl Soln 5 MG/5ML			0.09998	
Oxycodone HCl Tab 10 MG	0.15153		0.09270	
Oxycodone HCl Tab 15 MG	0.20857		0.11260	
Oxycodone HCl Tab 20 MG	0.24217		0.18695	
Oxycodone HCl Tab 30 MG	0.37454		0.19490	
Oxycodone HCl Tab 5 MG	0.12988		0.07650	
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	

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

Data as of 4/7/2025

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 HCl Tab ER 12HR Deter 80 MG			12.00223	
Oxycodone w/ Acetaminophen Tab 10-325 MG	0.42190		0.13560	
Oxycodone w/ Acetaminophen Tab 2.5-325 MG	1.30808		1.47814	
Oxycodone w/ Acetaminophen Tab 5-325 MG	0.18490		0.07329	
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	0.28495		0.08620	
Oxycodone-Aspirin Tab 4.8355-325 MG			0.59858	
Oxymorphone HCl Tab 10 MG			1.08716	
Oxymorphone HCl Tab 5 MG			0.45050	
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	1.51040		1.56953	
Paliperidone Tab ER 24HR 3 MG	1.47793		1.50296	
Paliperidone Tab ER 24HR 6 MG	1.38742		1.81130	
Paliperidone Tab ER 24HR 9 MG	2.02302		1.69256	
Palivizumab IM Soln 100 MG/ML			3145.12520	
Palivizumab IM Soln 50 MG/0.5ML			3331.20110	
Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)			1.72600	
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 12000-38000-60000 Unit			3.36280	
Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit			4.65068	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit			7.87046	
Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-14000 Unit			1.77275	
Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-9500-15000 Unit			1.26377	
Pancrelipase (Lip-Prot-Amyl) DR Cap 4000-14375-15125 Unit			1.55688	
Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit			1.49220	
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	
Pantoprazole Sodium EC Tab 20 MG (Base Equiv)			0.06111	
Pantoprazole Sodium EC Tab 40 MG (Base Equiv)			0.04995	
Pantoprazole Sodium For Delayed Release Susp Packet 40 MG			9.36400	
Paricalcitol Cap 1 MCG	0.87125		0.94067	
Paricalcitol Cap 2 MCG			8.16667	
Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)			1.22326	
Paroxetine HCl Tab 10 MG	0.06669		0.04078	
Paroxetine HCl Tab 20 MG	0.07135		0.04700	
Paroxetine HCl Tab 30 MG	0.09368		0.08261	
Paroxetine HCl Tab 40 MG	0.12683		0.08511	
Paroxetine HCl Tab ER 24HR 12.5 MG	0.46658		0.59985	
Paroxetine HCl Tab ER 24HR 25 MG	0.50313		0.69350	
Paroxetine HCl Tab ER 24HR 37.5 MG	0.48717		0.83200	
Paroxetine Mesylate Cap 7.5 MG (Base Equiv)			3.29267	
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***			0.07170	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***			0.10270	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***			0.11440	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Pediatric Vitamins ACD 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-KCI-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	0.00441		0.00350	
PEG 3350-KCI-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM			0.00226	
PEG 3350-KCI-NaCl-Na Sulfate-Na Ascorbate-C For Soln 100 GM			53.42857	
PEG 3350-KCI-Sod Bicarb-NaCl For Soln 420 GM	0.00660		0.00473	
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 Prefilled Syringe 125 MCG/0.5ML			6898.04700	
Penicillin G Potassium For Inj 5000000 Unit			5.09100	
Penicillin V Potassium For Soln 125 MG/5ML			0.02880	
Penicillin V Potassium For Soln 250 MG/5ML			0.05925	
Penicillin V Potassium Tab 250 MG	0.07064		0.05000	
Penicillin V Potassium Tab 500 MG	0.09899		0.05740	
Pentazocine w/ Naloxone HCl Tab 50-0.5 MG			1.05396	
Pentoxifylline Tab ER 400 MG	0.31665		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%	0.24421		0.29678	
Permethrin Creme Rinse 1%			0.14150	
Perphenazine Tab 16 MG	0.40904		0.63256	
Perphenazine Tab 2 MG	0.16211		0.22730	
Perphenazine Tab 4 MG	0.22303		0.29070	
Perphenazine Tab 8 MG	0.26107		0.29300	
Perphenazine-Amitriptyline Tab 2-10 MG			0.06450	
Perphenazine-Amitriptyline Tab 2-25 MG			1.27540	
Perphenazine-Amitriptyline Tab 4-10 MG			0.21320	

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

Data as of 4/7/2025

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
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	0.12539		0.12531	
Phenelzine Sulfate Tab 15 MG			0.54005	
Phenobarbital Elixir 20 MG/5ML			0.06540	
Phenobarbital Sodium Inj 130 MG/ML			47.46680	
Phenobarbital Tab 100 MG			0.08363	
Phenobarbital Tab 15 MG		0.11663	0.06307	04/01/2025
Phenobarbital Tab 16.2 MG			0.32878	
Phenobarbital Tab 30 MG			0.14081	
Phenobarbital Tab 32.4 MG			0.14700	
Phenobarbital Tab 60 MG			0.14400	
Phenobarbital Tab 64.8 MG			0.19289	
Phenobarbital Tab 97.2 MG			0.30326	
Phentermine HCl Cap 15 MG	0.09168		0.16000	
Phentermine HCl Cap 30 MG	0.11135		0.15680	
Phentermine HCl Cap 37.5 MG			0.12359	
Phentermine HCl Tab 37.5 MG	0.10515		0.05568	
Phenylephrine HCl Ophth Soln 2.5%			2.08607	
Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML			0.07010	
Phenytoin Chew Tab 50 MG	0.58667		0.19360	
Phenytoin Sodium Extended Cap 100 MG	0.46359		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	0.10267		0.06283	
Phytonadione Inj 1 MG/0.5ML (2 MG/ML)			7.08800	
Phytonadione Inj 10 MG/ML			45.19514	

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

Data as of 4/7/2025

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
Phytonadione Tab 5 MG	11.44811		20.63668	
Pilocarpine HCl Ophth Soln 1%	3.22288		3.03837	
Pilocarpine HCl Ophth Soln 2%	3.59799		3.47330	
Pilocarpine HCl Ophth Soln 4%	3.10916		4.14400	
Pilocarpine HCl Tab 5 MG	0.31457		0.18000	
Pilocarpine HCl Tab 7.5 MG	0.38936		1.04620	
Pimecrolimus Cream 1%			2.76400	
Pindolol Tab 10 MG	0.75696		0.79990	
Pindolol Tab 5 MG	0.59965		0.47956	
Pioglitazone HCl Tab 15 MG (Base Equiv)	0.07523		0.05857	
Pioglitazone HCl Tab 30 MG (Base Equiv)	0.10558		0.07133	
Pioglitazone HCl Tab 45 MG (Base Equiv)	0.13394		0.03389	
Pioglitazone HCl-Glimepiride Tab 30-2 MG			6.57850	
Pioglitazone HCl-Glimepiride Tab 30-4 MG			10.22653	
Pioglitazone HCl-Metformin HCl Tab 15-500 MG	0.53749		0.84389	
Pioglitazone HCl-Metformin HCl Tab 15-850 MG	0.34523		0.61100	
Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)			3.25000	
Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)			9.43800	
Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)			4.35700	
Piroxicam Cap 10 MG	0.26393		0.08918	
Piroxicam Cap 20 MG	0.21185		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%	0.46083		0.38700	
Posaconazole Tab Delayed Release 100 MG	3.73202		7.24539	
Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG			0.17733	



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

Data as of 4/7/2025

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 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	0.14392		0.09794	
Potassium Chloride Cap ER 8 mEq	0.13608		0.15000	
Potassium Chloride Inj 2 mEq/ML			0.04150	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	0.12738		0.11950	
Potassium Chloride Microencapsulated Crys ER Tab 15 mEq			0.79400	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	0.13671		0.12992	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	0.05168		0.05980	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	0.05970		0.38055	
Potassium Chloride Powder Packet 20 mEq			1.56100	
Potassium Chloride Powder Packet 25 mEq			0.23387	
Potassium Chloride Tab ER 10 mEq	0.09741		0.10386	
Potassium Chloride Tab ER 20 mEq (1500 MG)	0.18932		0.21894	
Potassium Chloride Tab ER 8 mEq (600 MG)	0.13751		0.13347	
Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML			0.05328	
Potassium Citrate Tab ER 10 MEQ (1080 MG)	0.21524		0.16439	
Potassium Citrate Tab ER 15 MEQ (1620 MG)	0.39767		0.28250	
Potassium Citrate Tab ER 5 MEQ (540 MG)	0.17220		0.52180	
Pramipexole Dihydrochloride Tab 0.125 MG	0.04538		0.03356	
Pramipexole Dihydrochloride Tab 0.25 MG	0.04617		0.03480	
Pramipexole Dihydrochloride Tab 0.5 MG	0.05508		0.02844	
Pramipexole Dihydrochloride Tab 0.75 MG			0.07100	
Pramipexole Dihydrochloride Tab 1 MG	0.06761		0.03333	
Pramipexole Dihydrochloride Tab 1.5 MG	0.06643		0.05300	
Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG	2.03024		9.43194	
Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG	2.10498		6.15760	
Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG	2.58470		10.33089	

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

Data as of 4/7/2025

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
Prasugrel HCl Tab 10 MG (Base Equiv)	0.28505		0.23434	
Prasugrel HCl Tab 5 MG (Base Equiv)	0.33772		0.46458	
Pravastatin Sodium Tab 10 MG	0.05614		0.03222	
Pravastatin Sodium Tab 20 MG	0.06083		0.05223	
Pravastatin Sodium Tab 40 MG	0.08818		0.06281	
Pravastatin Sodium Tab 80 MG	0.16524		0.11322	
Prazosin HCl Cap 1 MG	0.10295		0.09778	
Prazosin HCl Cap 2 MG	0.09396		0.18590	
Prazosin HCl Cap 5 MG	0.17562		0.36400	
Prednisolone Acetate Ophth Susp 1%			5.79248	
Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv)			2.48882	
Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)	0.11657		0.06224	
Prednisolone Sod Phosphate Oral Soln 5 MG/5ML (Base Equiv)			0.57465	
Prednisolone Soln 15 MG/5ML			0.18828	
Prednisolone Syrup 15 MG/5ML			0.03850	
Prednisolone Syrup 5 MG/5ML			0.11750	
Prednisone Tab 1 MG	0.04122		0.03279	
Prednisone Tab 10 MG	0.05827	0.04940	0.05228	04/01/2025
Prednisone Tab 2.5 MG	0.06114		0.07430	
Prednisone Tab 20 MG	0.08167		0.07000	
Prednisone Tab 5 MG	0.04743		0.04160	
Prednisone Tab 50 MG	0.18345		0.23360	
Prednisone Tab Therapy Pack 10 MG (21)	0.49100		0.26542	
Prednisone Tab Therapy Pack 10 MG (48)	0.49100		0.26542	
Prednisone Tab Therapy Pack 5 MG (21)	0.36834		0.12024	
Prednisone Tab Therapy Pack 5 MG (48)	0.36834		0.12024	
Pregabalin Cap 100 MG	0.15152	0.06233	0.04456	04/01/2025
Pregabalin Cap 150 MG	0.19972	0.07167	0.05456	04/01/2025
Pregabalin Cap 200 MG	0.19648		0.12939	
Pregabalin Cap 225 MG	0.39862		0.11633	

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

Data as of 4/7/2025

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
Pregabalin Cap 25 MG	0.14677		0.08650	
Pregabalin Cap 300 MG	0.43978		0.17767	
Pregabalin Cap 50 MG	0.12282	0.05611	0.04679	04/01/2025
Pregabalin Cap 75 MG	0.14001		0.06611	
Pregabalin Soln 20 MG/ML	0.16645		0.14000	
Pregabalin Tab ER 24HR 330 MG	2.60673		6.75660	
Pregnancy Test			3.40000	
Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***			0.28847	
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 Chew Tab 29-1 MG***			0.52140	
Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***			0.07500	
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/ Fe Fumarate-FA Tab 60-1 MG***			0.17500	
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	0.82310	0.13285	0.17404	04/01/2025
Primidone Tab 50 MG	0.12462		0.08207	
Probenecid Tab 500 MG	0.96246		0.37921	
Procarbazine HCl Cap 50 MG			98.50440	
Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	0.23067		0.42000	
Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	0.16884		0.05210	
Prochlorperazine Suppos 25 MG			4.87250	
Progesterone Cap 100 MG	0.24029		0.14970	
Progesterone Cap 200 MG	0.40063		0.35000	
Progesterone IM in Oil 50 MG/ML			1.52800	
Progesterone Micronized Cap 100 MG			0.21878	

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

Data as of 4/7/2025

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 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	2.17532		3.66597	
Promethazine HCl Suppos 25 MG	2.30375		2.91167	
Promethazine HCl Syrup 6.25 MG/5ML			0.01551	
Promethazine HCl Tab 12.5 MG	0.04576		0.04160	
Promethazine HCl Tab 25 MG	0.04607		0.03200	
Promethazine HCl Tab 50 MG	0.08501		0.14205	
Promethazine w/ Codeine Syrup 6.25-10 MG/5ML			0.01268	
Promethazine-DM Syrup 6.25-15 MG/5ML			0.00863	
Propafenone HCl Cap ER 12HR 225 MG			1.88000	
Propafenone HCl Cap ER 12HR 325 MG			1.69967	
Propafenone HCl Cap ER 12HR 425 MG			2.72034	
Propafenone HCl Tab 150 MG	0.12000		0.10840	
Propafenone HCl Tab 225 MG	0.20546		0.19070	
Propafenone HCl Tab 300 MG	0.28659		0.62703	
Proparacaine HCl Opth Soln 0.5%	1.86146		0.19507	
Propranolol HCl Cap ER 24HR 120 MG	0.36436		0.40220	
Propranolol HCl Cap ER 24HR 160 MG	0.40800		0.31278	
Propranolol HCl Cap ER 24HR 60 MG	0.23458		0.13940	
Propranolol HCl Cap ER 24HR 80 MG	0.40466		0.19361	
Propranolol HCl Oral Soln 20 MG/5ML			0.08200	
Propranolol HCl Tab 10 MG	0.05711		0.04190	
Propranolol HCl Tab 20 MG	0.06834		0.06923	
Propranolol HCl Tab 40 MG	0.08916		0.08100	
Propranolol HCl Tab 60 MG	0.16774		0.25040	
Propranolol HCl Tab 80 MG	0.17758		0.15770	

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

Data as of 4/7/2025

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
Propylthiouracil Tab 50 MG			0.17870	
Protriptyline HCl Tab 10 MG			1.43650	
Protriptyline HCl Tab 5 MG			1.43575	
Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML			0.05776	
Pyrazinamide Tab 500 MG	2.77258		1.89500	
Pyridostigmine Bromide Oral Soln 60 MG/5ML	1.46006		1.79704	
Pyridostigmine Bromide Tab 60 MG	0.36996		0.22791	
Pyridostigmine Bromide Tab ER 180 MG	6.85005		4.09133	
Pyridoxine HCl Powder			0.24781	
Quetiapine Fumarate Tab 100 MG	0.05618		0.04269	
Quetiapine Fumarate Tab 200 MG	0.13598		0.07336	
Quetiapine Fumarate Tab 25 MG	0.03058		0.02287	
Quetiapine Fumarate Tab 300 MG	0.19164		0.10522	
Quetiapine Fumarate Tab 400 MG	0.22173		0.16135	
Quetiapine Fumarate Tab 50 MG	0.04132		0.03800	
Quetiapine Fumarate Tab ER 24HR 150 MG	0.22153		0.11667	
Quetiapine Fumarate Tab ER 24HR 200 MG	0.34151		0.13333	
Quetiapine Fumarate Tab ER 24HR 300 MG	0.44415		0.16667	
Quetiapine Fumarate Tab ER 24HR 400 MG	0.77306		0.20000	
Quetiapine Fumarate Tab ER 24HR 50 MG	0.15399		0.08333	
Quinapril HCl Tab 10 MG			0.08380	
Quinapril HCl Tab 20 MG			0.07900	
Quinapril HCl Tab 40 MG			0.07200	
Quinapril HCl Tab 5 MG			0.08701	
Quinapril-Hydrochlorothiazide Tab 10-12.5 MG			0.44502	
Quinapril-Hydrochlorothiazide Tab 20-12.5 MG			0.36578	
Quinapril-Hydrochlorothiazide Tab 20-25 MG			0.35755	
Quinidine Gluconate Tab ER 324 MG			6.82330	
Quinine Sulfate Cap 324 MG	0.79830		1.69000	
Rabeprazole Sodium EC Tab 20 MG	0.23146		0.19089	

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

Data as of 4/7/2025

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
Raloxifene HCl Tab 60 MG	0.26481		0.19067	
Ramelteon Tab 8 MG	1.24668		0.94567	
Ramipril Cap 1.25 MG	0.09543		0.08994	
Ramipril Cap 10 MG	0.07332		0.03375	
Ramipril Cap 2.5 MG	0.07436		0.03995	
Ramipril Cap 5 MG	0.05725		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	0.32492		0.31121	
Ranolazine Tab ER 12HR 500 MG	0.19732		0.17967	
Rasagiline Mesylate Tab 0.5 MG (Base Equiv)	1.63618		2.48667	
Rasagiline Mesylate Tab 1 MG (Base Equiv)	0.98690		1.78983	
Repaglinide Tab 0.5 MG	0.07934		0.08777	
Repaglinide Tab 1 MG	0.11765		0.11823	
Repaglinide Tab 2 MG	0.11372		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	0.77707		0.65019	
Rifampin Cap 300 MG	0.70363		0.41917	
Riluzole Tab 50 MG			0.28500	
Risedronate Sodium Tab 150 MG	17.91235		10.34982	
Risedronate Sodium Tab 35 MG	1.75518		1.40500	
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	

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

Data as of 4/7/2025

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
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	0.88726		0.23400	
Risperidone Tab 0.25 MG	0.03943		0.02047	
Risperidone Tab 0.5 MG	0.04041		0.03900	
Risperidone Tab 1 MG	0.05002		0.03683	
Risperidone Tab 2 MG	0.08203		0.04011	
Risperidone Tab 3 MG	0.09065		0.04333	
Risperidone Tab 4 MG	0.09203		0.06578	
Ritonavir Tab 100 MG	1.24029		0.81858	
Rivastigmine Tartrate Cap 1.5 MG (Base Equivalent)	0.17464		0.15325	
Rivastigmine Tartrate Cap 3 MG (Base Equivalent)	0.17610		0.11583	
Rivastigmine Tartrate Cap 4.5 MG (Base Equivalent)	0.18670		0.11583	
Rivastigmine Tartrate Cap 6 MG (Base Equivalent)	0.20899		0.27576	
Rivastigmine TD Patch 24HR 13.3 MG/24HR	2.28196		1.79374	
Rivastigmine TD Patch 24HR 4.6 MG/24HR	2.56104		1.79500	
Rivastigmine TD Patch 24HR 9.5 MG/24HR	2.21047		2.09089	
Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	0.59520		0.56852	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	0.60135		0.44778	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	0.36943		0.34874	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	0.42803		0.37500	
Roflumilast Tab 500 MCG	0.35421		0.61200	
Ropinirole Hydrochloride Tab 0.25 MG	0.04522		0.04812	
Ropinirole Hydrochloride Tab 0.5 MG	0.04433		0.03847	
Ropinirole Hydrochloride Tab 1 MG	0.05250		0.03847	
Ropinirole Hydrochloride Tab 2 MG	0.06183		0.05429	
Ropinirole Hydrochloride Tab 3 MG	0.07271		0.06620	

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

Data as of 4/7/2025

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 4 MG	0.07591		0.06920	
Ropinirole Hydrochloride Tab 5 MG	0.07049		0.08350	
Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)	2.50893		3.63095	
Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	0.49130		0.74883	
Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	0.67185		1.00020	
Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)	1.05539		1.61926	
Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent)	1.68885		1.88900	
Rosuvastatin Calcium Tab 10 MG	0.28851		0.04500	
Rosuvastatin Calcium Tab 20 MG	0.23953		0.06067	
Rosuvastatin Calcium Tab 40 MG	0.24739		0.08841	
Rosuvastatin Calcium Tab 5 MG	0.30906		0.03467	
Rufinamide Susp 40 MG/ML			1.01754	
Rufinamide Tab 200 MG	6.15417		2.34170	
Rufinamide Tab 400 MG	11.05927		3.18460	
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	
Sapropterin Dihydrochloride Powder Packet 100 MG			18.61867	
Sapropterin Dihydrochloride Powder Packet 500 MG			93.09367	
Sapropterin Dihydrochloride Tab 100 MG			17.84892	
Scopolamine TD Patch 72HR 1 MG/3DAYS	5.15755		6.84344	
Selegiline HCl Cap 5 MG	0.65369		0.84167	
Selegiline HCl Tab 5 MG			1.03445	
Selenium Sulfide Lotion 2.5%			0.06425	
Selenium Sulfide Shampoo 2.25%			0.16000	





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

Data as of 4/7/2025

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 Irrigation Soln 0.9%			0.00431	
Sodium Chloride IV Soln 0.45%			0.00202	
Sodium Chloride IV Soln 0.9%			0.02780	
Sodium Chloride IV Soln 4 mEq/ML (23.4%)			0.01648	
Sodium Chloride Preservative Free (PF) Inj 0.9%			0.06960	
Sodium Chloride Soln Nebu 0.9%			0.09591	
Sodium Chloride Soln Nebu 3%			0.06250	
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 Fluoride-Potassium Nitrate Gel 1.1-5%			0.09765	
Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful			18.03447	
Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML			0.11862	
Sodium Polystyrene Sulfonate Powder**	0.16684		0.08276	
Solifenacin Succinate Tab 10 MG	0.19636		0.15733	
Solifenacin Succinate Tab 5 MG	0.18464		0.15130	
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	

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

Data as of 4/7/2025

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 10 MG			577.68000	
Somatropin For Inj 12 MG (13.8 MG Overfill)			1523.35212	
Somatropin For Inj 12 MG (36 Unit)			1525.07520	
Somatropin For Inj 24 MG			3050.15040	
Somatropin For Inj 5 MG			635.44800	
Somatropin For Inj 5.8 MG			313.78482	
Somatropin For Inj 6 MG (18 Unit)			762.53760	
Somatropin For Subcutaneous Inj 5 MG			620.94000	
Somatropin Inj 10 MG/1.5ML			828.20720	
Somatropin Inj 5 MG/1.5ML			414.10360	
Sorafenib Tosylate Tab 200 MG (Base Equivalent)			154.96407	
Sorbitol Oral Solution 70%			0.00899	
Sorbitol Rectal Solution 70%			0.00899	
Sorbitol Solution (Bulk)			0.00899	
Sotalol HCl (AFIB/AFL) Tab 120 MG	0.08434		0.13750	
Sotalol HCl (AFIB/AFL) Tab 160 MG	0.13521		0.18700	
Sotalol HCl (AFIB/AFL) Tab 80 MG	0.07363		0.08482	
Sotalol HCl Tab 120 MG	0.08434		0.07900	
Sotalol HCl Tab 160 MG	0.13521		0.18700	
Sotalol HCl Tab 240 MG			0.33276	
Sotalol HCl Tab 80 MG	0.07363		0.05260	
Spirolactone & Hydrochlorothiazide Tab 25-25 MG	0.51698		0.52198	
Spirolactone Tab 100 MG	0.18716		0.16880	
Spirolactone Tab 25 MG	0.04940		0.03604	
Spirolactone Tab 50 MG	0.09621		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		0.26638	0.21036	04/01/2025

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

Data as of 4/7/2025

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
Sucralfate Tab 1 GM	0.22741		0.14940	
Sulfacetamide Sodium Lotion 10% (Acne)	0.57037		0.48687	
Sulfacetamide Sodium Ophth Oint 10%			15.68000	
Sulfacetamide Sodium Ophth Soln 10%			1.92933	
Sulfacetamide Sodium w/ Sulfur Cleanser 10-5%			0.13728	
Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8%			0.82435	
Sulfacetamide Sodium w/ Sulfur Cleanser 9-4%			0.15000	
Sulfacetamide Sodium w/ Sulfur Cleanser 9-4.5%			0.07379	
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-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	0.05664		0.08457	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	0.05615		0.05025	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	0.05897		0.05110	
Sulfasalazine Tab 500 MG	0.24874		0.13500	
Sulfasalazine Tab Delayed Release 500 MG			0.19492	
Sulindac Tab 150 MG	0.19461		0.12100	
Sulindac Tab 200 MG	0.20551		0.13438	
Sumatriptan Nasal Spray 20 MG/ACT			16.25600	
Sumatriptan Nasal Spray 5 MG/ACT			21.46394	
Sumatriptan Succinate Inj 6 MG/0.5ML			13.01000	
Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML			112.69915	
Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML			57.76441	
Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML			147.72286	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML			110.77440	
Sumatriptan Succinate Tab 100 MG	0.50939		0.44458	
Sumatriptan Succinate Tab 25 MG	0.32035		0.33333	
Sumatriptan Succinate Tab 50 MG	0.36066		0.30392	
Sumatriptan-Naproxen Sodium Tab 85-500 MG	12.28562		15.66331	
Sunitinib Malate Cap 12.5 MG (Base Equivalent)			173.87848	
Sunitinib Malate Cap 25 MG (Base Equivalent)			347.75767	
Sunitinib Malate Cap 50 MG (Base Equivalent)			605.39726	
Tacrolimus Cap 0.5 MG	0.30025		0.08055	
Tacrolimus Cap 1 MG	0.28843		0.13478	
Tacrolimus Cap 5 MG	2.47807		0.39610	
Tacrolimus Oint 0.03%			1.50000	
Tacrolimus Oint 0.1%			1.28758	
Tadalafil Tab 10 MG	0.18008		0.54643	
Tadalafil Tab 2.5 MG	0.11702		0.22733	
Tadalafil Tab 20 MG	0.20514		0.31739	
Tadalafil Tab 20 MG (PAH)	0.24700		0.46283	
Tadalafil Tab 5 MG	0.10727		0.13767	
Tamoxifen Citrate Tab 10 MG (Base Equivalent)	0.15105		0.15000	
Tamoxifen Citrate Tab 20 MG (Base Equivalent)	0.29345		0.24500	
Tamsulosin HCl Cap 0.4 MG	0.05953		0.04838	
Tavorole Soln 5%	3.29618		10.61900	
Tazarotene Cream 0.1%			2.19546	
Telmisartan Tab 20 MG	0.11134		0.22067	
Telmisartan Tab 40 MG	0.17138		0.12822	
Telmisartan Tab 80 MG	0.15445		0.21717	
Telmisartan-Amlodipine Tab 40-10 MG			3.87707	
Telmisartan-Amlodipine Tab 40-5 MG			1.60793	
Telmisartan-Amlodipine Tab 80-10 MG			1.30174	
Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	0.54626		0.73467	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	0.61530		1.17000	
Telmisartan-Hydrochlorothiazide Tab 80-25 MG	0.59595		0.56667	
Temazepam Cap 15 MG	0.08622		0.04590	
Temazepam Cap 22.5 MG	1.63526		3.77648	
Temazepam Cap 30 MG	0.11147		0.07112	
Temazepam Cap 7.5 MG	0.99375		0.37420	
Temozolomide Cap 100 MG	17.09495		6.46000	
Temozolomide Cap 140 MG	23.81110		11.93613	
Temozolomide Cap 180 MG	35.67700		27.78000	
Temozolomide Cap 20 MG	4.11240		4.07143	
Temozolomide Cap 250 MG			65.30400	
Temozolomide Cap 5 MG			1.35714	
Temsirolimus Soln For IV Infusion 25 MG/ML			1433.21000	
Tenofovir Disoproxil Fumarate Tab 300 MG	0.81208		0.24167	
Terazosin HCl Cap 1 MG (Base Equivalent)	0.14624		0.04550	
Terazosin HCl Cap 10 MG (Base Equivalent)	0.16070		0.04670	
Terazosin HCl Cap 2 MG (Base Equivalent)	0.13596		0.04550	
Terazosin HCl Cap 5 MG (Base Equivalent)	0.14773		0.05040	
Terbinafine HCl Tab 250 MG	0.14465	0.08000	0.10000	04/01/2025
Terbutaline Sulfate Tab 2.5 MG	1.06983		0.85620	
Terbutaline Sulfate Tab 5 MG	1.25357		1.60116	
Terconazole Vaginal Cream 0.4%			0.50889	
Terconazole Vaginal Cream 0.8%			1.13550	
Terconazole Vaginal Suppos 80 MG			12.70933	
Teriflunomide Tab 14 MG	4.22429		2.78800	
Teriflunomide Tab 7 MG	5.14305		2.78800	
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	9.06421	04/01/2025
Testosterone Enanthate IM Inj in Oil 200 MG/ML			11.16600	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Testosterone TD Gel 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%)			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%)			2.23400	
Testosterone TD Gel 50 MG/5GM (1%)	0.54341		1.01935	
Testosterone TD Soln 30 MG/ACT	0.79546		2.03210	
Tetrabenazine Tab 12.5 MG	7.10714		1.83349	
Tetrabenazine Tab 25 MG	15.92080		26.52000	
Tetracycline HCl Cap 250 MG	0.57093		1.20000	
Tetracycline HCl Cap 500 MG	0.69535		1.53190	
Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPK			398.40000	
Thalidomide Cap 50 MG			170.21817	
Theophylline Tab ER 12HR 100 MG			0.12790	
Theophylline Tab ER 12HR 200 MG			0.34260	
Theophylline Tab ER 12HR 300 MG	0.50812		1.40000	
Theophylline Tab ER 12HR 450 MG	2.62525		3.92240	
Theophylline Tab ER 24HR 400 MG			0.52770	
Theophylline Tab ER 24HR 600 MG			1.11250	
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			0.57900	
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	

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

Data as of 4/7/2025

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
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 12 MG			8.37633	
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%	21.92033		20.20189	
Timolol Maleate Ophth Gel Forming Soln 0.5%	22.52506		20.87000	
Timolol Maleate Ophth Soln 0.25%			0.42234	
Timolol Maleate Ophth Soln 0.5%		0.96680	0.80100	04/01/2025
Timolol Maleate Ophth Soln 0.5% (Once-Daily)			23.35467	
Timolol Maleate Tab 10 MG			0.38870	
Timolol Maleate Tab 20 MG			0.71955	
Timolol Maleate Tab 5 MG			0.28691	
Tinidazole Tab 500 MG			2.19850	
Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)			12.15492	
Tizanidine HCl Cap 2 MG (Base Equivalent)	0.08299		0.12463	
Tizanidine HCl Cap 4 MG (Base Equivalent)	0.12195		0.40807	
Tizanidine HCl Cap 6 MG (Base Equivalent)	0.15456		0.26287	
Tizanidine HCl Tab 2 MG (Base Equivalent)	0.03136		0.02233	
Tizanidine HCl Tab 4 MG (Base Equivalent)	0.04558		0.03761	
Tobramycin Inhal Cap 28 MG			45.07149	
Tobramycin Nebu Soln 300 MG/5ML			1.82850	
Tobramycin Ophth Soln 0.3%	1.05297		1.00000	
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	



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

Data as of 4/7/2025

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
Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)			0.67440	
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%			5.68573	
Tolbutamide Tab 500 MG			0.20592	
Tolmetin Sodium Tab 600 MG			1.52152	
Tolterodine Tartrate Cap ER 24HR 2 MG	0.38011		0.46033	
Tolterodine Tartrate Cap ER 24HR 4 MG	0.32912		0.36126	
Tolterodine Tartrate Tab 1 MG	0.24473		0.43100	
Tolterodine Tartrate Tab 2 MG	0.23721		0.43000	
Topiramate Cap ER 24HR 100 MG	23.56586		19.41483	
Topiramate Cap ER 24HR 25 MG	6.96338		7.66405	
Topiramate Cap ER 24HR 50 MG	9.98052		9.84355	
Topiramate Cap ER 24HR Sprinkle 100 MG	12.69823		10.21700	
Topiramate Cap ER 24HR Sprinkle 150 MG			13.54066	
Topiramate Cap ER 24HR Sprinkle 200 MG			13.32420	
Topiramate Cap ER 24HR Sprinkle 25 MG			5.17067	
Topiramate Cap ER 24HR Sprinkle 50 MG			5.80386	
Topiramate Sprinkle Cap 15 MG	0.56897		0.26700	
Topiramate Sprinkle Cap 25 MG	0.69523		0.44250	
Topiramate Tab 100 MG	0.18862		0.04248	
Topiramate Tab 200 MG	0.81678		0.08979	
Topiramate Tab 25 MG	0.05405		0.02346	
Topiramate Tab 50 MG	0.05084		0.02333	
Torseamide Tab 10 MG	0.07593		0.04670	
Torseamide Tab 100 MG	0.20949		0.12655	
Torseamide Tab 20 MG	0.08515		0.06643	
Torseamide Tab 5 MG	0.06140		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 100 MG			1.35000	
Tramadol HCl Tab 50 MG	0.02756		0.02377	

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

Data as of 4/7/2025

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
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	0.10752		0.09250	
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	1.15002		1.07000	
Tranylcypromine Sulfate Tab 10 MG	0.67533		0.89820	
Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)			21.30400	
Trazodone HCl Tab 100 MG	0.06358		0.05259	
Trazodone HCl Tab 150 MG	0.11438		0.07614	
Trazodone HCl Tab 300 MG	0.99498		1.52750	
Trazodone HCl Tab 50 MG	0.03412		0.04525	
Tretinoin Cap 10 MG			10.73980	
Tretinoin Cream 0.025%			1.13060	
Tretinoin Cream 0.05%			1.50636	
Tretinoin Cream 0.1%			1.89179	
Tretinoin Gel 0.01%			3.18981	
Tretinoin Gel 0.025%			2.20170	
Tretinoin Gel 0.05%	4.53861		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	

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

Data as of 4/7/2025

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
Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM			2.64159	
Triamcinolone Acetonide Cream 0.025%			0.04020	
Triamcinolone Acetonide Cream 0.1%			0.05313	
Triamcinolone Acetonide Cream 0.5%	0.22135		0.21107	
Triamcinolone Acetonide Dental Paste 0.1%	2.96893		3.69400	
Triamcinolone Acetonide Inj Susp 40 MG/ML			5.40067	
Triamcinolone Acetonide Lotion 0.025%			0.41583	
Triamcinolone Acetonide Lotion 0.1%	0.27972		0.31167	
Triamcinolone Acetonide Oint 0.025%			0.14991	
Triamcinolone Acetonide Oint 0.05%	0.17178		1.01692	
Triamcinolone Acetonide Oint 0.1%			0.07334	
Triamcinolone Acetonide Oint 0.5%	0.30882		0.26867	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	0.10807		0.10220	
Triamterene & Hydrochlorothiazide Cap 50-25 MG			1.51850	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	0.08485		0.08188	
Triamterene & Hydrochlorothiazide Tab 75-50 MG	0.10613		0.05500	
Triamterene Cap 100 MG			5.10863	
Triamterene Cap 50 MG			5.83737	
Triazolam Tab 0.125 MG			0.19590	
Triazolam Tab 0.25 MG	0.31906		0.17110	
Trifluoperazine HCl Tab 1 MG (Base Equivalent)			0.54492	
Trifluoperazine HCl Tab 10 MG (Base Equivalent)			1.34032	
Trifluoperazine HCl Tab 2 MG (Base Equivalent)			0.69000	
Trifluoperazine HCl Tab 5 MG (Base Equivalent)			0.95030	
Trifluridine Ophth Soln 1%			15.62000	
Trihexyphenidyl HCl Elixir 0.4 MG/ML			0.03584	
Trihexyphenidyl HCl Oral Soln 0.4 MG/ML			0.06175	
Trihexyphenidyl HCl Tab 2 MG	0.07435		0.00458	
Trihexyphenidyl HCl Tab 5 MG			0.06878	
Trimethobenzamide HCl Cap 300 MG			1.17796	

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

Data as of 4/7/2025

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
Trimethoprim Tab 100 MG	1.37115		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	1.90602		2.29204	
Trospium Chloride Tab 20 MG	0.29421		0.23537	
Urea Cream 39%			0.32853	
Urea Cream 39.5%			0.32853	
Urea Cream 40%			0.32853	
Urea Cream 41%			0.32853	
Urea Cream 45%			0.32853	
Urea Cream 47%			0.32853	
Urea Cream 50%			0.15778	
Urea Gel 40%			3.42333	
Urea Lotion 40%			0.06704	
Ursodiol Cap 300 MG	0.45262		0.42930	
Ursodiol Tab 250 MG	0.38923		0.55937	
Ursodiol Tab 500 MG	0.73358		0.86985	
Valacyclovir HCl Tab 1 GM	0.47233		0.42150	
Valacyclovir HCl Tab 500 MG	0.26648		0.18433	
Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)			8.42511	
Valganciclovir HCl Tab 450 MG (Base Equivalent)	2.54440		1.89902	
Valproate Sodium Inj 100 MG/ML			0.40587	
Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	0.04016		0.01420	
Valproate Sodium Syrup 250 MG/5ML			0.03040	
Valproic Acid Cap 250 MG	0.22918		0.14010	
Valsartan Tab 160 MG	0.19463		0.09700	
Valsartan Tab 320 MG	0.24152		0.12938	

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

Data as of 4/7/2025

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 40 MG	0.12836		0.05556	
Valsartan Tab 80 MG	0.15530		0.15516	
Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	0.16686		0.11778	
Valsartan-Hydrochlorothiazide Tab 160-25 MG	0.15982		0.14689	
Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	0.22100		0.20556	
Valsartan-Hydrochlorothiazide Tab 320-25 MG	0.22023		0.20818	
Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	0.18539		0.12778	
Vancomycin HCl Cap 125 MG (Base Equivalent)	1.30273		1.11850	
Vancomycin HCl Cap 250 MG (Base Equivalent)	1.93493		2.18290	
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	
Vancomycin HCl For Oral Soln 50 MG/ML (Base Equivalent)			1.90883	
Vardenafil HCl Tab 10 MG	3.48913		23.05313	
Vardenafil HCl Tab 20 MG	2.90447		18.61573	
Varenicline Tartrate Tab 1 MG (Base Equiv)	0.58443		6.04393	
Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	0.13255		0.12000	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	0.08574		0.07778	
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	0.09563		0.08164	
Venlafaxine HCl Tab 100 MG (Base Equivalent)	0.11680		0.05010	
Venlafaxine HCl Tab 25 MG (Base Equivalent)	0.08460		0.11520	
Venlafaxine HCl Tab 37.5 MG (Base Equivalent)	0.07737		0.07010	
Venlafaxine HCl Tab 50 MG (Base Equivalent)	0.08801		0.08789	
Venlafaxine HCl Tab 75 MG (Base Equivalent)	0.08534		0.07146	
Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	0.24985		0.38700	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	0.65956		1.19242	
Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)	0.35658		2.55183	
Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	0.48852		1.05714	
Verapamil HCl Cap ER 24HR 100 MG			3.68996	
Verapamil HCl Cap ER 24HR 120 MG			0.80000	
Verapamil HCl Cap ER 24HR 180 MG			1.03620	
Verapamil HCl Cap ER 24HR 200 MG			1.04240	
Verapamil HCl Cap ER 24HR 240 MG			1.17250	
Verapamil HCl Cap ER 24HR 360 MG			3.86000	
Verapamil HCl Tab 120 MG	0.07361		0.05824	
Verapamil HCl Tab 40 MG			0.09890	
Verapamil HCl Tab 80 MG	0.05734		0.04170	
Verapamil HCl Tab ER 120 MG			0.11030	
Verapamil HCl Tab ER 180 MG			0.16427	
Verapamil HCl Tab ER 240 MG			0.07657	
Vigabatrin Powd Pack 500 MG			71.02000	04/01/2025
Vigabatrin Tab 500 MG			95.20000	
Vilazodone HCl Tab 10 MG	1.03171		0.83900	
Vilazodone HCl Tab 20 MG	1.08146		1.39310	
Vilazodone HCl Tab 40 MG	1.07041		1.42800	
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	1.75235		2.08250	
Voriconazole Tab 50 MG	0.95276		1.51833	
Warfarin Sodium Tab 1 MG	0.08889		0.02470	
Warfarin Sodium Tab 10 MG	0.11389		0.08770	
Warfarin Sodium Tab 2 MG	0.08951		0.05800	
Warfarin Sodium Tab 2.5 MG	0.09840		0.05970	

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

Data as of 4/7/2025

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Warfarin Sodium Tab 3 MG	0.09174		0.06967	
Warfarin Sodium Tab 4 MG	0.08728		0.07840	
Warfarin Sodium Tab 5 MG	0.09585		0.05246	
Warfarin Sodium Tab 6 MG	0.11957		0.07800	
Warfarin Sodium Tab 7.5 MG	0.10168		0.08960	
Water For Injection			0.03734	
Water For Irrigation, Sterile Irrigation Soln			0.00390	
Water For IV Injection			0.00217	
Wound Dressings - Cream***			0.52347	
Zafirlukast Tab 10 MG	0.42231		1.16850	
Zafirlukast Tab 20 MG	0.61629		0.82500	
Zaleplon Cap 10 MG	0.15531		0.13820	
Zaleplon Cap 5 MG	0.14208		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	4.36279		7.80730	
Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)			0.03887	
Ziprasidone HCl Cap 20 MG	0.28227		0.19433	
Ziprasidone HCl Cap 40 MG			0.18333	
Ziprasidone HCl Cap 60 MG			0.25015	
Ziprasidone HCl Cap 80 MG	0.50835		0.27141	
Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML			1.41600	
Zolmitriptan Nasal Spray 5 MG/Spray Unit			49.06700	
Zolmitriptan Orally Disintegrating Tab 2.5 MG	2.95408		2.49370	
Zolmitriptan Orally Disintegrating Tab 5 MG	3.57160		2.41933	
Zolmitriptan Tab 2.5 MG	1.19680		1.15000	
Zolmitriptan Tab 5 MG	2.08902		1.23150	
Zolpidem Tartrate Tab 10 MG	0.09501		0.02898	
Zolpidem Tartrate Tab 5 MG	0.03520	0.01975	0.02343	04/01/2025

Generic Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Zolpidem Tartrate Tab ER 12.5 MG	0.33048		0.06591	
Zolpidem Tartrate Tab ER 6.25 MG	0.26640		0.30106	
Zonisamide Cap 100 MG	0.11217		0.09728	
Zonisamide Cap 25 MG	0.07226		0.07950	
Zonisamide Cap 50 MG			0.09224	