

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
1ST CHOICE LANCETS SUPER (Lancets***)			0.07800	
1ST CHOICE LANCETS THIN (Lancets***)			0.07800	
1ST CHOICE LANCETS ULTRA (Lancets***)			0.07800	
1ST TIER UNILET COMFORTOU (Lancets***)			0.07800	
1-STEP PREGNANCY TEST (Pregnancy Test)			3.40000	
Abacavir Sulfate Soln 20 MG/ML (Base Equiv)			0.50046	
Abacavir Sulfate Tab 300 MG (Base Equiv)	0.73262		0.36867	
Abacavir Sulfate-Lamivudine Tab 600-300 MG	1.26206		1.19425	
Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG			19.81500	
Abiraterone Acetate Tab 250 MG	1.74388		1.83429	
Abiraterone Acetate Tab 500 MG	12.62663		71.66645	
Acamprosate Calcium Tab Delayed Release 333 MG	0.61921		0.46444	
Acarbose Tab 100 MG			0.13000	
Acarbose Tab 25 MG	0.14677		0.11720	
Acarbose Tab 50 MG	0.15718		0.11166	
ACCU-CHEK FASTCLIX LANCET (Lancets***)			0.07800	
ACCU-CHEK MULTICLIX LANCE (Lancets***)			0.07800	
ACCU-CHEK SAFE-T-PRO LANC (Lancets***)			0.07800	
ACCU-CHEK SAFE-T-PRO PLUS (Lancets***)			0.07800	
ACCU-CHEK SOFT TOUCH LANC (Lancets***)			0.07800	
ACCU-CHEK SOFTCLIX LANCET (Lancets***)			0.07800	
ACCU-CLEAR PREGNANCY TEST (Pregnancy Test)			3.40000	
Acebutolol HCl Cap 200 MG	0.56400		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	0.26273		0.11018	
Acetaminophen w/ Codeine Tab 300-30 MG	0.23892		0.16200	
Acetaminophen w/ Codeine Tab 300-60 MG	0.40780		0.17150	
Acetazolamide Cap ER 12HR 500 MG	0.29024		0.24583	
Acetazolamide Sodium For Inj 500 MG			9.11877	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Acetazolamide Tab 125 MG	0.16092		0.11042	
Acetazolamide Tab 250 MG	0.13222		0.14623	
Acetic Acid Irrigation Soln 0.25%			0.00270	
Acetic Acid Otic Soln 2%			1.05933	
Acetylcysteine Inhal Soln 10%			0.79067	
Acetylcysteine Inhal Soln 20%			0.56857	
Acitretin Cap 10 MG	4.78730		5.03987	
Acitretin Cap 17.5 MG	10.72758		25.25000	
Acitretin Cap 25 MG	4.19596		5.41254	
ACTI-LANCE LANCETS 28G (Lancets***)			0.07800	
ACTI-LANCE LITE SAFETY LA (Lancets***)			0.07800	
ACTI-LANCE SPECIAL SAFETY (Lancets***)			0.07800	
ACTI-LANCE UNIVERSAL SAFE (Lancets***)			0.07800	
ACTIVE 1ST BLOOD LANCETS (Lancets***)			0.07800	
Acyclovir Cap 200 MG	0.09997		0.05480	
Acyclovir Cream 5%	9.77438		32.93000	
Acyclovir Oint 5%			0.97167	
Acyclovir Susp 200 MG/5ML			0.07157	
Acyclovir Tab 400 MG	0.09659		0.06357	
Acyclovir Tab 800 MG	0.16934		0.13520	
Adapalene Cream 0.1%			1.92956	
Adapalene Gel 0.1%			1.51887	
Adapalene Gel 0.3%	0.49544		1.28511	
Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	0.28528		0.61306	
Adapalene-Benzoyl Peroxide Gel 0.3-2.5%	0.62599		0.22453	
ADEFLOR (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	
Adefovir Dipivoxil Tab 10 MG			22.87983	
ADVANCE (Pregnancy Test)			3.40000	
ADVANCED MOBILE LANCET 30 (Lancets***)			0.07800	
ADVANTAGE SAFETY LANCETS (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
ADVIN COVID-19 ANTIGEN HO (COVID-19 At Home Antigen Test Kit)			12.00000	
ADVOCATE ALCOHOL PREP PAD (Alcohol Swabs***)			0.01500	
ADVOCATE LANCETS (Lancets***)			0.07800	
ADVOCATE LANCETS 30G (Lancets***)			0.07800	
ADVOCATE SAFETY LANCETS (Lancets***)			0.07800	
ADVOCATE SAFETY LANCETS 2 (Lancets***)			0.07800	
AF LANCETS SUPER THIN (Lancets***)			0.07800	
AFINITOR (Everolimus Tab 2.5 MG)			534.14840	
AFINITOR (Everolimus Tab 7.5 MG)			558.71011	
AGAMATRIX ULTRA-THIN LANC (Lancets***)			0.07800	
AIMSCO TWIST LANCETS 32G (Lancets***)			0.07800	
AIMSCO TWIST LANCETS 33G (Lancets***)			0.07800	
Albendazole Tab 200 MG	4.40289		5.68179	
ALBERTSONS ULTRA THIN LAN (Lancets***)			0.07800	
Albumin, Human Inj 25%			1.39750	
Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)			2.30550	
Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)			0.05333	
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	0.37282		0.08000	
Albuterol Sulfate Tab 4 MG	0.29265		0.51642	
Albuterol Sulfate Tab ER 12HR 4 MG			0.83750	
Alclometasone Dipropionate Cream 0.05%			0.62717	
Alclometasone Dipropionate Oint 0.05%			0.62411	
ALCOH-GLOVE CONTOURED WIP (Alcohol Swabs***)			0.01500	
Alcohol Swabs***			0.01500	
ALCOHOL SWABSTICK (Alcohol Swabs***)			0.01500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Alendronate Sodium Oral Soln 70 MG/75ML			0.48500	
Alendronate Sodium Tab 10 MG			0.11196	
Alendronate Sodium Tab 35 MG	0.35063		0.23750	
Alendronate Sodium Tab 5 MG			0.14633	
Alendronate Sodium Tab 70 MG	0.25589		0.20500	
Alfuzosin HCl Tab ER 24HR 10 MG	0.11112		0.05870	
Aliskiren Fumarate Tab 150 MG (Base Equivalent)			5.54267	
Aliskiren Fumarate Tab 300 MG (Base Equivalent)			5.03173	
ALLBEE (Multiple Vitamins w/ Iron Tab**)			0.02788	
Allopurinol Tab 100 MG	0.05079		0.03974	
Allopurinol Tab 200 MG	3.62322		4.36570	
Allopurinol Tab 300 MG	0.07504		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)	2.33684		2.46472	
Alosetron HCl Tab 1 MG (Base Equiv)	8.22640		3.72269	
ALOXI (Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent))			90.23760	
ALPHANINE SD (Coagulation Factor IX For Inj 1000 Unit)			0.72610	
ALPHANINE SD (Coagulation Factor IX For Inj 1500 Unit)			0.72610	
ALPHANINE SD (Coagulation Factor IX For Inj 500 Unit)			0.72610	
Alprazolam Orally Disintegrating Tab 0.25 MG			1.07900	
Alprazolam Orally Disintegrating Tab 0.5 MG			1.28974	
Alprazolam Tab 0.25 MG	0.05174		0.02600	
Alprazolam Tab 0.5 MG	0.04480		0.01385	
Alprazolam Tab 1 MG	0.05910		0.01660	
Alprazolam Tab 2 MG	0.14137		0.03917	
Alprazolam Tab ER 24HR 0.5 MG			0.14884	
Alprazolam Tab ER 24HR 1 MG			0.17943	
Alprazolam Tab ER 24HR 2 MG	0.19608		0.18687	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Alprazolam Tab ER 24HR 3 MG			0.25192	
ALTRIXA (Multiple Vitamin Tab**)			0.02313	
Amantadine HCl Cap 100 MG	0.14606		0.09877	
Amantadine HCl Soln 50 MG/5ML	0.06495		0.01839	
Amantadine HCl Syrup 50 MG/5ML			0.01886	
Amantadine HCl Tab 100 MG			0.37050	
Ambrisentan Tab 10 MG	120.76936		9.31585	
Ambrisentan Tab 5 MG			17.15000	
AMES GLUCO SYSTEM LANCETS (Lancets***)			0.07800	
Amiloride & Hydrochlorothiazide Tab 5-50 MG			0.28000	
Amiloride HCl Tab 5 MG			0.13230	
Aminocaproic Acid Tab 500 MG	3.27683		1.80000	
Amiodarone HCl Tab 100 MG			0.69137	
Amiodarone HCl Tab 200 MG	0.12070		0.09890	
Amiodarone HCl Tab 400 MG	0.37477		0.91036	
Amitriptyline HCl Tab 10 MG	0.03527		0.02220	
Amitriptyline HCl Tab 100 MG	0.17052		0.14087	
Amitriptyline HCl Tab 150 MG	0.28415		0.24230	
Amitriptyline HCl Tab 25 MG	0.05232		0.05025	
Amitriptyline HCl Tab 50 MG	0.09322		0.06752	
Amitriptyline HCl Tab 75 MG	0.11900		0.12500	
AMLADEX (Multiple Vitamin Tab**)			0.02313	
Amlodipine Besylate Tab 10 MG (Base Equivalent)	0.01741		0.01450	
Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	0.01217		0.00961	
Amlodipine Besylate Tab 5 MG (Base Equivalent)	0.01399		0.00961	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	1.18597		1.46667	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	1.06080		1.99467	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	1.51552		1.94133	
Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG	1.79532		3.25327	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG			4.82300	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	1.09123		2.66894	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	1.00935		2.74000	
Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	1.70014		3.09133	
Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	0.11625		0.10120	
Amlodipine Besylate-Benazepril HCl Cap 10-40 MG			0.12650	
Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	0.09428		0.06012	
Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	0.09988		0.07450	
Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	0.10577		0.10150	
Amlodipine Besylate-Benazepril HCl Cap 5-40 MG			0.08980	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	0.30427		0.31333	
Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	0.35285		0.49867	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	0.53279		0.44433	
Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	0.29419		0.72308	
Amlodipine Besylate-Valsartan Tab 10-160 MG	0.53664		0.34522	
Amlodipine Besylate-Valsartan Tab 10-320 MG	0.65774		0.43333	
Amlodipine Besylate-Valsartan Tab 5-160 MG	0.53658		0.33484	
Amlodipine Besylate-Valsartan Tab 5-320 MG	0.68047		0.37667	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	9.07028		1.15467	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	9.27234		0.91533	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	11.70972		0.94400	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	7.96130		0.82914	
Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	7.78708		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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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	1.50617		1.44100	
Amoxicillin & K Clavulanate Tab 500-125 MG	0.30472		0.26677	
Amoxicillin & K Clavulanate Tab 875-125 MG	0.30510		0.27070	
Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG			4.70250	
Amoxicillin (Trihydrate) Cap 250 MG	0.06729		0.04700	
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	0.10072		0.09067	
Amoxicillin (Trihydrate) Tab 875 MG	0.15204		0.08600	
Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack			2.57209	
Amphetamine Sulfate Tab 10 MG	0.49341		0.67830	
Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	0.90989		0.43428	
Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	0.80211		0.41975	
Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	0.97939		0.45763	
Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	0.92424		0.42583	
Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	1.18010		0.46480	
Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	0.76689		0.47167	
Amphetamine-Dextroamphetamine Tab 10 MG	0.27773		0.19935	
Amphetamine-Dextroamphetamine Tab 12.5 MG	0.31607		0.24170	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Amphetamine-Dextroamphetamine Tab 15 MG	0.28892		0.21167	
Amphetamine-Dextroamphetamine Tab 20 MG	0.36676		0.28950	
Amphetamine-Dextroamphetamine Tab 30 MG	0.45242		0.21762	
Amphetamine-Dextroamphetamine Tab 5 MG	0.29897		0.19617	
Amphetamine-Dextroamphetamine Tab 7.5 MG	0.29921		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			0.45010	
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	
AMPYRA (Dalfampridine Tab ER 12HR 10 MG)	1.64807		44.68504	
Anagrelide HCl Cap 0.5 MG	1.01011		0.13560	
Anagrelide HCl Cap 1 MG			0.76180	
Anastrozole Tab 1 MG	0.19645		0.13138	
ANSWER (Pregnancy Test)			3.40000	
ANSWER 2 (Pregnancy Test)			3.40000	
ANSWER PLUS (Pregnancy Test)			3.40000	
ANSWER PLUS 2 (Pregnancy Test)			3.40000	
ANSWER QUICK & SIMPLE (Pregnancy Test)			3.40000	
ANSWER QUICK & SIMPLE 2 (Pregnancy Test)			3.40000	
ANTI-OXIDANT (Multiple Vitamin Tab**)			0.02313	
Antiseptic Products Misc - Pads**			0.01500	
Antithrombin III (Human) For Inj 500 Unit			1.69000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
APLICARE ALCOHOL SWABSTIC (Alcohol Swabs***)			0.01500	
Apraclonidine HCl Opth Soln 0.5% (Base Equivalent)			11.88400	
Aprepitant Capsule 40 MG	83.68779		41.82856	
AQUALANCE LANCETS UL (Lancets***)			0.07800	
ARANESP ALBUMIN FREE (Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML)			3854.52000	
Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)			1.49548	
Aripiprazole Oral Solution 1 MG/ML	0.32004		0.85856	
Aripiprazole Tab 10 MG	0.10465		0.11489	
Aripiprazole Tab 15 MG	0.13167		0.11475	
Aripiprazole Tab 2 MG	0.13572		0.07041	
Aripiprazole Tab 20 MG	0.28771		0.16222	
Aripiprazole Tab 30 MG	0.21392		0.16745	
Aripiprazole Tab 5 MG	0.09769		0.08378	
Armodafinil Tab 150 MG	0.81971		0.64700	
Armodafinil Tab 200 MG			0.64209	
Armodafinil Tab 250 MG	0.94028		1.08200	
Armodafinil Tab 50 MG			0.33919	
Asenapine Maleate SL Tab 10 MG (Base Equiv)	6.37042		2.26061	
Asenapine Maleate SL Tab 2.5 MG (Base Equiv)	6.18556		3.12394	
Asenapine Maleate SL Tab 5 MG (Base Equiv)	5.33343		1.68750	
Aspirin-Caff-Butalbital w/ Codeine Cap 200-40-50-30 MG			1.65624	
Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	0.55606		0.74217	
ASSURE COMFORT LANCETS UL (Lancets***)			0.07800	
ASSURE HAEMOLANCE PLUS HI (Lancets***)			0.07800	
ASSURE HAEMOLANCE PLUS LO (Lancets***)			0.07800	
ASSURE HAEMOLANCE PLUS MI (Lancets***)			0.07800	
ASSURE HAEMOLANCE PLUS NO (Lancets***)			0.07800	
ASSURE HAEMOLANCE PLUS PE (Lancets***)			0.07800	
ASSURE LANCE LANCETS (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
ASSURE LANCE LANCETS 21G (Lancets***)			0.07800	
ASSURE LANCE PLUS SAFETY (Lancets***)			0.07800	
ASSURE LANCE SAFETY LANCE (Lancets***)			0.07800	
ASSURE LANCETS (Lancets***)			0.07800	
AT LAST LANCETS (Lancets***)			0.07800	
ATABEX OB (Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***)			0.29975	
Atazanavir Sulfate Cap 150 MG (Base Equiv)			6.80917	
Atazanavir Sulfate Cap 200 MG (Base Equiv)	3.38555		2.49167	
Atazanavir Sulfate Cap 300 MG (Base Equiv)	5.02343		5.41367	
Atenolol & Chlorthalidone Tab 100-25 MG	0.34025		0.31610	
Atenolol & Chlorthalidone Tab 50-25 MG	0.26476		0.24491	
Atenolol Tab 100 MG	0.04300		0.02990	
Atenolol Tab 25 MG	0.02418		0.01835	
Atenolol Tab 50 MG	0.02884		0.01835	
Atomoxetine HCl Cap 10 MG (Base Equiv)	0.55907		0.49367	
Atomoxetine HCl Cap 100 MG (Base Equiv)	0.56157		0.79200	
Atomoxetine HCl Cap 18 MG (Base Equiv)	0.46051		0.38867	
Atomoxetine HCl Cap 25 MG (Base Equiv)	0.41911		0.38867	
Atomoxetine HCl Cap 40 MG (Base Equiv)	0.50707		0.60107	
Atomoxetine HCl Cap 60 MG (Base Equiv)	0.52543		1.01643	
Atomoxetine HCl Cap 80 MG (Base Equiv)	0.54988		0.84658	
Atorvastatin Calcium Tab 10 MG (Base Equivalent)	0.03090		0.01945	
Atorvastatin Calcium Tab 20 MG (Base Equivalent)	0.03612		0.03140	
Atorvastatin Calcium Tab 40 MG (Base Equivalent)	0.04456		0.03612	
Atorvastatin Calcium Tab 80 MG (Base Equivalent)	0.07148		0.07330	
Atovaquone Susp 750 MG/5ML	0.96371		0.71776	
Atovaquone-Proguanil HCl Tab 250-100 MG	1.49829		1.63000	
Atovaquone-Proguanil HCl Tab 62.5-25 MG			1.09971	
Atropine Sulfate Ophth Soln 1%			7.73600	
AUM ALCOHOL PREP PADS (Alcohol Swabs***)			0.01500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
AURORA HEALTHCARE LANCETS (Lancets***)			0.07800	
AURORA LANCET SUPER THIN (Lancets***)			0.07800	
AURORA LANCET THIN 23G (Lancets***)			0.07800	
AUTOCLIX LANCETS (Lancets***)			0.07800	
AUTOLET PLATFORMS (Lancets Misc.***)			0.07800	
AUTOLET PLATFORMS REGULAR (Lancets Misc.***)			0.07800	
AUTOLET PLATFORMS SUPER P (Lancets Misc.***)			0.07800	
AVASTIN (Bevacizumab IV Soln 100 MG/4ML (For Infusion))			198.43806	
AVASTIN (Bevacizumab IV Soln 400 MG/16ML (For Infusion))			198.43806	
AVONEX (Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial))			1724.51175	
AVONEX (Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML)			6898.04700	
AVONEX PEN (Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML)			6898.04700	
Azathioprine Tab 50 MG	0.20520		0.18135	
Azelaic Acid Gel 15%	0.47699		0.61308	
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%	0.88305		1.03791	
Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT	3.30208		2.61213	
Azithromycin For Susp 100 MG/5ML	0.41010		0.42933	
Azithromycin For Susp 200 MG/5ML			0.21367	
Azithromycin IV For Soln 500 MG			6.80550	
Azithromycin Tab 250 MG	0.28827		0.22000	
Azithromycin Tab 500 MG	0.60919		0.56111	
Azithromycin Tab 600 MG	2.68039		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	0.04303		0.03100	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Baclofen Tab 20 MG	0.06604		0.07300	
Baclofen Tab 5 MG	0.08516		0.09000	
Bacteriostatic Sodium Chloride Inj Soln 0.9%***			0.03033	
Balsalazide Disodium Cap 750 MG	0.37237		0.22496	
BANZEL (Rufinamide Susp 40 MG/ML)			3.31920	
BANZEL (Rufinamide Tab 200 MG)	3.86608		11.49902	
BANZEL (Rufinamide Tab 400 MG)	10.12213		23.06029	
BAYER MICROLET LANCETS (Lancets***)			0.07800	
B-Complex w/ C & Folic Acid Cap 1 MG***			0.09660	
B-Complex w/ C & Folic Acid Tab 1 MG***			0.10190	
BD GENIE (Lancets***)			0.07800	
BD GENIE LANCETS (Lancets***)			0.07800	
BD LANCET ULTRAFINE 30G (Lancets***)			0.07800	
BD LANCET ULTRAFINE 33G (Lancets***)			0.07800	
B-D MICRO-FINE LANCETS (Lancets***)			0.07800	
BD MICROTAINER LANCETS (Lancets***)			0.07800	
B-D SINGLE USE SWABS REG (Alcohol Swabs***)			0.01500	
BD SWABS SINGLE USE (Alcohol Swabs***)			0.01500	
BD SWABS SINGLE USE BUTTE (Alcohol Swabs***)			0.01500	
BD ULTRA FINE LANCETS (Lancets***)			0.07800	
B-D ULTRA-FINE 33 LANCETS (Lancets***)			0.07800	
BD VERITOR AT-HOME COVID- (COVID-19 At Home Antigen Test Kit)			12.00000	
Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	0.25142		0.15011	
Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	0.34443		0.19990	
Benazepril & Hydrochlorothiazide Tab 20-25 MG	0.24677		0.19927	
Benazepril & Hydrochlorothiazide Tab 5-6.25 MG			0.89470	
Benazepril HCl Tab 10 MG	0.06495		0.01900	
Benazepril HCl Tab 20 MG	0.07599		0.04278	
Benazepril HCl Tab 40 MG	0.10342		0.08620	
Benazepril HCl Tab 5 MG	0.04591		0.04180	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Benzonatate Cap 100 MG			0.07661	
Benzonatate Cap 200 MG	0.10651		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	0.06704		0.05798	
Benztropine Mesylate Tab 1 MG	0.07701		0.06904	
Benztropine Mesylate Tab 2 MG	0.09483		0.08160	
Bepotastine Besilate Ophth Soln 1.5%			19.15800	
BESURE PREGNANCY (Pregnancy Test)			3.40000	
Betamethasone Dipropionate Augmented Cream 0.05%			0.15427	
Betamethasone Dipropionate Augmented Gel 0.05%			0.40432	
Betamethasone Dipropionate Augmented Lotion 0.05%			1.59583	
Betamethasone Dipropionate Augmented Oint 0.05%			0.93797	
Betamethasone Dipropionate Cream 0.05%			0.56508	
Betamethasone Dipropionate Lotion 0.05%	0.30957		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%			0.66240	
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 Ophth Soln 0.5%			8.13900	
Betaxolol HCl Tab 10 MG			0.51160	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Betaxolol HCl Tab 20 MG			1.24790	
Bethanechol Chloride Tab 10 MG	0.16632		0.13610	
Bethanechol Chloride Tab 25 MG	0.25261		0.19520	
Bethanechol Chloride Tab 5 MG	0.11793		0.11570	
Bethanechol Chloride Tab 50 MG	0.33929		0.25990	
Bicalutamide Tab 50 MG			0.34363	
Bimatoprost Ophth Soln 0.03%			14.84156	
Bimatoprost Soln 0.03%			20.51051	
BINAXNOW COVID-19 AG CARD (COVID-19 At Home Antigen Test Kit)			12.00000	
Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	0.21491		0.05313	
Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	0.19512		0.03462	
Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	0.21058		0.04470	
Bisoprolol Fumarate Tab 10 MG	0.19902		0.16100	
Bisoprolol Fumarate Tab 5 MG	0.15718		0.15655	
BIVIGAM (Immune Globulin (Human) IV Soln 10 GM/100ML)			8.31000	
BIVIGAM (Immune Globulin (Human) IV Soln 5 GM/50ML)			8.31000	
BL COLOR LANCETS (Lancets***)			0.07800	
BL LANCETS (Lancets***)			0.07800	
BL LANCETS SUPER THIN (Lancets***)			0.07800	
BL LANCETS THIN (Lancets***)			0.07800	
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	
Bosentan Tab 125 MG			2.94492	
Bosentan Tab 62.5 MG			3.08342	
BOTOX COSMETIC (OnabotulinumtoxinA (Cosmetic) For Inj 50 Unit)			329.67600	
Brimonidine Tartrate Ophth Soln 0.15%			18.70967	
Brimonidine Tartrate Ophth Soln 0.2%			0.42067	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5%			19.85600	
Brinzolamide Ophth Susp 1%			11.47600	
Brivaracetam Oral Soln 10 MG/ML			3.55273	
Brivaracetam Tab 10 MG			17.76366	
Brivaracetam Tab 100 MG			17.76366	
Brivaracetam Tab 25 MG			17.76366	
Brivaracetam Tab 50 MG			17.76366	
Brivaracetam Tab 75 MG			17.76366	
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	0.51543		0.44000	
Budesonide Inhalation Susp 0.25 MG/2ML			0.91667	
Budesonide Inhalation Susp 0.5 MG/2ML			0.83380	
Budesonide Inhalation Susp 1 MG/2ML			2.87122	
Budesonide Tab ER 24HR 9 MG			16.15876	
Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT			20.91754	
Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT			19.55534	
BULLSEYE MINI SAFETY LANC (Lancets***)			0.07800	
BULLSEYE SAFETY LANCETS (Lancets***)			0.07800	
Bumetanide Inj 0.25 MG/ML			0.20540	
Bumetanide Tab 0.5 MG	0.12730		0.15810	
Bumetanide Tab 1 MG	0.12230		0.12514	
Bumetanide Tab 2 MG	0.19031		0.33530	
BUNAVAIL (Buprenorphine-Naloxone Buccal Film 2.1-0.3 MG (Base Equiv))			8.18480	
BUNAVAIL (Buprenorphine-Naloxone Buccal Film 4.2-0.7 MG (Base Equiv))			7.42820	
BUNAVAIL (Buprenorphine-Naloxone Buccal Film 6.3-1 MG (Base Equiv))			15.45792	
Bupivacaine HCl Preservative Free (PF) Inj 0.5%			0.11333	
Buprenorphine HCl SL Tab 2 MG (Base Equiv)	0.29419		0.30733	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Buprenorphine HCl SL Tab 8 MG (Base Equiv)	0.59137		0.65904	
Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG (Base Equiv)			4.50000	
Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)			1.80195	
Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv)			2.93034	
Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)			1.84239	
Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	0.48139		0.49200	
Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	0.66164		0.85817	
Buprenorphine TD Patch Weekly 10 MCG/HR	31.18519		39.16922	
Buprenorphine TD Patch Weekly 15 MCG/HR	47.56824		44.14379	
Buprenorphine TD Patch Weekly 20 MCG/HR	53.40623		81.29188	
Buprenorphine TD Patch Weekly 5 MCG/HR	23.18929		32.26740	
Buprenorphine TD Patch Weekly 7.5 MCG/HR	30.19810		45.47031	
Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	0.26830		0.18392	
Bupropion HCl Tab 100 MG	0.12112		0.08825	
Bupropion HCl Tab 75 MG	0.09527		0.07250	
Bupropion HCl Tab ER 12HR 100 MG	0.06762		0.04380	
Bupropion HCl Tab ER 12HR 150 MG	0.08199		0.04730	
Bupropion HCl Tab ER 12HR 200 MG	0.11110		0.06750	
Bupropion HCl Tab ER 24HR 150 MG	0.07923		0.07000	
Bupropion HCl Tab ER 24HR 300 MG	0.10733		0.10000	
Burrow's Solution w/ Acetic Acid Otic Soln 2%			0.11450	
Buspirone HCl Tab 10 MG	0.02938		0.02922	
Buspirone HCl Tab 15 MG	0.04340		0.04204	
Buspirone HCl Tab 30 MG	0.10976		0.10612	
Buspirone HCl Tab 5 MG	0.02165		0.02103	
Buspirone HCl Tab 7.5 MG	0.11183		0.11346	
Butalbital-Acetaminophen Tab 50-300 MG			1.60000	
Butalbital-Acetaminophen Tab 50-325 MG	0.69592		1.04112	
Butalbital-Acetaminophen-Caff w/ COD Cap 50-300-40-30 MG			5.87217	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	0.87845		0.73427	
Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG			0.42680	
Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG			0.60905	
Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	0.13099		0.15014	
Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG			0.82050	
Butalbital-Aspirin-Caffeine Cap 50-325-40 MG			0.77338	
Butorphanol Tartrate Inj 2 MG/ML			1.75500	
Butorphanol Tartrate Nasal Soln 10 MG/ML			6.20530	
Cabergoline Tab 0.5 MG	1.41419		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	0.16189		0.06050	
Calcitriol Cap 0.5 MCG	0.24196		0.20400	
Calcitriol Oral Soln 1 MCG/ML			5.25238	
Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	0.17222		0.11590	
Calcium Acetate (Phosphate Binder) Tab 667 MG			0.30825	
Calcium Gluconate Inj 10%			0.17000	
Candesartan Cilexetil Tab 16 MG	0.49517		0.61200	
Candesartan Cilexetil Tab 32 MG	0.58068		0.80122	
Candesartan Cilexetil Tab 4 MG	0.54311		0.80284	
Candesartan Cilexetil Tab 8 MG	0.58864		0.48314	
Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	0.93253		1.36980	
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	1.17386		1.73289	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	1.19515		1.50969	
Capecitabine Tab 150 MG	0.39550		0.34945	
Capecitabine Tab 500 MG	3.96561		0.46967	
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	0.35348		1.32038	
Captopril Tab 12.5 MG	0.32532		0.52210	
Captopril Tab 25 MG	0.13778		0.12075	
Captopril Tab 50 MG	0.24122		0.77990	
Carbamazepine Cap ER 12HR 100 MG	1.44490		0.62433	
Carbamazepine Cap ER 12HR 200 MG	1.48829		1.08992	
Carbamazepine Cap ER 12HR 300 MG	1.50445		0.75498	
Carbamazepine Chew Tab 100 MG	0.24350		0.21800	
Carbamazepine Susp 100 MG/5ML	0.21068		0.09749	
Carbamazepine Tab 200 MG	0.35381		0.15000	
Carbamazepine Tab ER 12HR 100 MG	0.47071		0.23340	
Carbamazepine Tab ER 12HR 200 MG	1.12937		0.36545	
Carbamazepine Tab ER 12HR 400 MG	1.72212		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	0.08863		0.08190	
Carbidopa & Levodopa Tab 25-100 MG	0.08161		0.05700	
Carbidopa & Levodopa Tab 25-250 MG	0.11039		0.09582	
Carbidopa & Levodopa Tab ER 25-100 MG	0.11027		0.11510	
Carbidopa & Levodopa Tab ER 50-200 MG	0.17993		0.18000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Carbidopa Tab 25 MG	0.67978		0.93340	
Carbidopa-Levodopa-Entacapone Tabs 18.75-75-200 MG			2.62496	
Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG			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	
CARDENZ (Multiple Vitamin Tab**)			0.02313	
CAREONE LANCET (Lancets***)			0.07800	
CAREONE LANCET SUPER THIN (Lancets***)			0.07800	
CAREONE LANCET THIN (Lancets***)			0.07800	
CAREONE LANCET ULTRA THIN (Lancets***)			0.07800	
CARESENS LANCETS (Lancets***)			0.07800	
CARESTART COVID-19 ANTIGE (COVID-19 At Home Antigen Test Kit)			12.00000	
CARETOUCH ALCOHOL PREP PA (Alcohol Swabs***)			0.01500	
CARETOUCH SAFETY LANCETS/ (Lancets***)			0.07800	
CARETOUCH TWIST LANCETS 2 (Lancets***)			0.07800	
CARETOUCH TWIST LANCETS 3 (Lancets***)			0.07800	
CARETOUCH TWIST LANCETS M (Lancets***)			0.07800	
Carisoprodol Tab 250 MG	0.50510		1.11400	
Carisoprodol Tab 350 MG	0.18223		0.04670	
Carteolol HCl Ophth Soln 1%			1.40920	
Carvedilol Phosphate Cap ER 24HR 10 MG			4.26055	
Carvedilol Phosphate Cap ER 24HR 20 MG			4.45906	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Carvedilol Phosphate Cap ER 24HR 40 MG			4.47611	
Carvedilol Phosphate Cap ER 24HR 80 MG	5.64832		4.99833	
Carvedilol Tab 12.5 MG	0.09287		0.01643	
Carvedilol Tab 25 MG			0.02294	
Carvedilol Tab 3.125 MG	0.05912		0.01626	
Carvedilol Tab 6.25 MG	0.06090		0.01894	
CEENU (Lomustine Cap 40 MG)			362.43444	
Cefaclor Cap 250 MG			1.08959	
Cefaclor Cap 500 MG			1.27079	
Cefaclor For Susp 125 MG/5ML			0.73655	
Cefaclor For Susp 250 MG/5ML			1.16666	
Cefaclor For Susp 375 MG/5ML			2.21067	
Cefadroxil Cap 500 MG	0.28594		0.12410	
Cefadroxil For Susp 250 MG/5ML	0.19319		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	0.46980		0.33000	
Cefdinir For Susp 125 MG/5ML			0.09513	
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			9.38673	
Cefixime For Susp 100 MG/5ML			2.14580	
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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Cefpodoxime Proxetil For Susp 100 MG/5ML			1.16000	
Cefpodoxime Proxetil For Susp 50 MG/5ML			0.47995	
Cefpodoxime Proxetil Tab 100 MG			1.21315	
Cefpodoxime Proxetil Tab 200 MG			1.51990	
Cefprozil For Susp 125 MG/5ML			0.14400	
Cefprozil For Susp 250 MG/5ML			0.15593	
Cefprozil Tab 250 MG	0.49692		0.77750	
Cefprozil Tab 500 MG	0.98558		1.07200	
Ceftazidime For Inj 1 GM			3.67263	
Ceftazidime For Inj 2 GM			11.54400	
Ceftazidime For Inj 6 GM			24.36200	
Ceftazidime For IV Soln 1 GM			8.51500	
Ceftriaxone Sodium For Inj 1 GM			1.31000	
Ceftriaxone Sodium For Inj 10 GM			14.68750	
Ceftriaxone Sodium For Inj 2 GM			2.30600	
Ceftriaxone Sodium For Inj 250 MG			0.63100	
Ceftriaxone Sodium For Inj 500 MG			1.36065	
Ceftriaxone Sodium For IV Soln 1 GM			4.14500	
Ceftriaxone Sodium For IV Soln 2 GM			10.98500	
Cefuroxime Axetil Tab 250 MG	0.28445		0.21093	
Cefuroxime Axetil Tab 500 MG	0.50374		0.35497	
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	0.18919		0.08946	
Celecoxib Cap 200 MG	0.17792		0.07778	
Celecoxib Cap 400 MG	0.34095		0.49205	
Celecoxib Cap 50 MG	0.10369		0.07351	
CELLTRION DIATRUST COVID- (COVID-19 At Home Antigen Test Kit)			12.00000	
CENTRUM MENOPAUSE SUPPORT (Multiple Vitamin Tab**)			0.02313	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Cephalexin Cap 250 MG	0.09722		0.07044	
Cephalexin Cap 500 MG	0.12324		0.11290	
Cephalexin Cap 750 MG			5.35800	
Cephalexin For Susp 125 MG/5ML			0.07000	
Cephalexin For Susp 250 MG/5ML			0.05659	
Cephalexin Tab 250 MG			0.65060	
Cephalexin Tab 500 MG			1.75930	
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)			0.01907	
Cevimeline HCl Cap 30 MG	0.69784		0.62670	
Chlordiazepoxide HCl Cap 10 MG			0.05930	
Chlordiazepoxide HCl Cap 25 MG			0.10033	
Chlordiazepoxide HCl Cap 5 MG			0.07574	
Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG	0.24047		1.27283	
Chlordiazepoxide-Amitriptyline Tab 10-25 MG			1.65270	
Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG			0.69002	
Chlorhexidine Gluconate Soln 0.12%			0.01078	
Chloroquine Phosphate Tab 250 MG			1.27760	
Chloroquine Phosphate Tab 500 MG	5.75536		1.61582	
Chlorothiazide Tab 500 MG			0.15275	
Chlorpromazine HCl Inj 25 MG/ML			26.00000	
Chlorpromazine HCl Tab 10 MG	0.18554		0.20530	
Chlorpromazine HCl Tab 100 MG	0.81800		0.39200	
Chlorpromazine HCl Tab 200 MG	0.72713		1.12524	
Chlorpromazine HCl Tab 25 MG	0.36130		0.20000	
Chlorpromazine HCl Tab 50 MG	0.51483		0.45325	
Chlorpropamide Tab 100 MG			0.20075	
Chlorpropamide Tab 250 MG			0.34000	
Chlorthalidone Tab 25 MG	0.08534		0.07680	
Chlorthalidone Tab 50 MG	0.13187		0.13267	
Chlorzoxazone Tab 375 MG			0.69470	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Chlorzoxazone Tab 500 MG	0.21511		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			0.69607	
Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	0.23661		0.50700	
Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	0.15264		0.38065	
CHOSEN LANCETS 30G (Lancets***)			0.07800	
CHOSEN SAFETY LANCETS 28G (Lancets***)			0.07800	
Ciclopirox Gel 0.77%			0.89877	
Ciclopirox Olamine Cream 0.77% (Base Equiv)			0.13656	
Ciclopirox Olamine Susp 0.77% (Base Equiv)			0.76780	
Ciclopirox Shampoo 1%	0.31780		0.22700	
Ciclopirox Solution 8%	1.31623		1.24242	
Cilostazol Tab 100 MG	0.12895		0.05433	
Cilostazol Tab 50 MG	0.10917		0.07320	
Cimetidine HCl Soln 300 MG/5ML			0.07052	
Cimetidine Tab 200 MG			0.06613	
Cimetidine Tab 300 MG	0.25910		0.19250	
Cimetidine Tab 400 MG	0.33058		0.30920	
Cimetidine Tab 800 MG	0.79381		0.66218	
Cinacalcet HCl Tab 30 MG (Base Equiv)	0.48979		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 Ophth Soln 0.3% (Base Equivalent)			1.81713	
Ciprofloxacin HCl Tab 100 MG (Base Equiv)			2.93583	
Ciprofloxacin HCl Tab 250 MG (Base Equiv)	0.08855		0.08770	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Ciprofloxacin HCl Tab 500 MG (Base Equiv)	0.14250		0.13875	
Ciprofloxacin HCl Tab 750 MG (Base Equiv)	0.24583		0.23220	
Ciprofloxacin IV Soln 400 MG/40ML (1%)			0.09230	
Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	8.30836		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	0.20134		0.20829	
Citalopram Hydrobromide Tab 10 MG (Base Equiv)	0.02851		0.01764	
Citalopram Hydrobromide Tab 20 MG (Base Equiv)	0.03810		0.01978	
Citalopram Hydrobromide Tab 40 MG (Base Equiv)	0.04705		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	0.39346		0.30125	
Clarithromycin Tab 500 MG	0.50971		0.32236	
Clarithromycin Tab ER 24HR 500 MG			1.24967	
CLEANLET KIDS (Lancets***)			0.07800	
CLEANLET LANCETS 25G (Lancets***)			0.07800	
CLEANLET LANCETS 28G (Lancets***)			0.07800	
CLEANLET XL (Lancets***)			0.07800	
CLEARBLUE DIGITAL PLUS PR (Pregnancy Test)			3.40000	
CLEARBLUE DIGITAL PREGNAN (Pregnancy Test)			3.40000	
CLEARBLUE PLUS PREGNANCY (Pregnancy Test)			3.40000	
CLEARDETECT COVID-19 ANTI (COVID-19 At Home Antigen Test Kit)			12.00000	
Clemastine Fumarate Tab 2.68 MG			0.19150	
CLEVER CHEK LANCETS ULTRA (Lancets***)			0.07800	
CLEVER CHOICE COMFORT EZ (Lancets***)			0.07800	
Clindamycin HCl Cap 150 MG	0.10557		0.08280	
Clindamycin HCl Cap 300 MG	0.17912		0.16448	
Clindamycin HCl Cap 75 MG	0.30577		0.45743	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	0.18158		0.14800	
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%	0.29508		0.34117	
Clindamycin Phosphate Soln 1%			0.23674	
Clindamycin Phosphate Swab 1%			0.60130	
Clindamycin Phosphate Vaginal Cream 2%	1.64879		1.38853	
Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%	0.81303		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%	0.43237		0.60222	
CLINITEST RAPID COVID-19 (COVID-19 At Home Antigen Test Kit)			12.00000	
Clobazam Suspension 2.5 MG/ML			0.60358	
Clobazam Tab 10 MG	4.51225		0.25000	
Clobazam Tab 20 MG	5.48171		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	
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%	0.21310		0.38746	
Clobetasol Propionate Soln 0.05%			0.27013	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Clobetasol Propionate Spray 0.05%			0.42972	
Clocortolone Pivalate Cream 0.1%			5.19757	
Clomiphene Citrate Tab 50 MG	10.06355		0.51333	
Clomipramine HCl Cap 25 MG	0.23564		0.39477	
Clomipramine HCl Cap 50 MG	0.30597		0.31808	
Clomipramine HCl Cap 75 MG	0.31885		0.42450	
Clonazepam Orally Disintegrating Tab 0.125 MG	0.54227		0.61050	
Clonazepam Orally Disintegrating Tab 0.25 MG	0.43311		0.45400	
Clonazepam Orally Disintegrating Tab 0.5 MG	0.49089		0.51100	
Clonazepam Orally Disintegrating Tab 1 MG	0.57019		0.51209	
Clonazepam Orally Disintegrating Tab 2 MG	0.89262		0.79257	
Clonazepam Tab 0.5 MG	0.03246		0.02055	
Clonazepam Tab 1 MG	0.04044		0.02338	
Clonazepam Tab 2 MG	0.04965		0.03049	
Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML			9.80000	
Clonidine HCl Tab 0.1 MG	0.02514		0.02120	
Clonidine HCl Tab 0.2 MG	0.03467		0.03185	
Clonidine HCl Tab 0.3 MG	0.03895		0.02763	
Clonidine HCl Tab ER 12HR 0.1 MG	0.24012		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	7.23345		5.07105	
Clonidine TD Patch Weekly 0.2 MG/24HR	8.96020		8.36750	
Clonidine TD Patch Weekly 0.3 MG/24HR	12.10480		10.43000	
Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	0.05788		0.04400	
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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Clotrimazole Soln 1%			1.00000	
Clotrimazole Troche 10 MG	0.29869		0.29457	
Clotrimazole w/ Betamethasone Cream 1-0.05%			0.12360	
Clotrimazole w/ Betamethasone Lotion 1-0.05%			0.68260	
Clozapine Orally Disintegrating Tab 100 MG	5.27141		4.76825	
Clozapine Orally Disintegrating Tab 25 MG	2.40234		1.36200	
Clozapine Tab 100 MG	3.30868		0.34440	
Clozapine Tab 200 MG	1.07214		1.16480	
Clozapine Tab 25 MG	0.26304		0.17340	
Clozapine Tab 50 MG	0.52281		0.32500	
COAGADEX (Coagulation Factor X (Human) For Inj 250 Unit)			6.36000	
COAGADEX (Coagulation Factor X (Human) For Inj 500 Unit)			6.36000	
COAGUCHEK LANCETS (Lancets***)			0.07800	
Codeine Sulfate Tab 30 MG			0.31600	
COLACE (Docusate Sodium Cap 100 MG)			0.04688	
Colchicine Cap 0.6 MG	2.07039		3.83870	
Colchicine Tab 0.6 MG	0.12334		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	0.36906		0.24554	
Colestipol HCl Granule Packets 5 GM			2.68754	
Colestipol HCl Tab 1 GM	0.66757		0.42452	
Colistimethate Sod For Inj 150 MG (Colistin Base Activity)			14.31000	
Colistimethate Sodium For Inj 150 MG			16.66526	
COLOR LANCETS (Lancets***)			0.07800	
COMFORT ASSURED LANCETS M (Lancets***)			0.07800	
COMFORT ASSURED LANCETS S (Lancets***)			0.07800	
COMFORT LANCETS (Lancets***)			0.07800	
COMFORT TOUCH ALCOHOL PRE (Alcohol Swabs***)			0.01500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
COMFORT TOUCH LANCETS ULT (Lancets***)			0.07800	
COMFORT TOUCH PLUS SAFETY (Lancets***)			0.07800	
COMFORT TOUCH TWIST LANCE (Lancets***)			0.07800	
COMPLERA (Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG)			93.36272	
COMPLETENATE (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)			0.52140	
CO-NATAL FA (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)			0.15587	
CONCEIVE (Pregnancy Test)			3.40000	
COVID-19 At Home Antigen Test Kit			12.00000	
CREON (Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit)			3.36280	
CREON (Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit)			7.87046	
CREON (Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-9500-15000 Unit)			1.26377	
CREON (Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit)			12.36000	
CREON (Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit)			1.49220	
CRINONE (Progesterone Vaginal Gel 8%)			26.45376	
Cromolyn Sodium Opth Soln 4%			0.48600	
Cromolyn Sodium Oral Conc 100 MG/5ML	0.73468		0.47749	
Cromolyn Sodium Soln Nebu 20 MG/2ML			2.17127	
CURITY ALCOHOL PREPS (Alcohol Swabs***)			0.01500	
CURITY ALCOHOL PREPS/MEDI (Alcohol Swabs***)			0.01500	
CURITY ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML)			19.22200	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML)			18.82000	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML)			19.00000	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML)			19.22200	
CUVITRU (Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML)			19.66000	
CVS ALCOHOL PREP PADS (Alcohol Swabs***)			0.01500	
CVS ALCOHOL PREP SWABS (Alcohol Swabs***)			0.01500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
CVS ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
CVS COVID-19 AT HOME TEST (COVID-19 At Home Antigen Test Kit)			12.00000	
CVS DIGITAL PREGNANCY TES (Pregnancy Test)			3.40000	
CVS EARLY PREGNANCY TEST (Pregnancy Test)			3.40000	
CVS EARLY RESULT PREGNANC (Pregnancy Test)			3.40000	
CVS LANCETS 21G (Lancets***)			0.07800	
CVS LANCETS MICRO THIN 33 (Lancets***)			0.07800	
CVS LANCETS MICRO-THIN 33 (Lancets***)			0.07800	
CVS LANCETS ORIGINAL (Lancets***)			0.07800	
CVS LANCETS THIN (Lancets***)			0.07800	
CVS LANCETS THIN 26G (Lancets***)			0.07800	
CVS LANCETS ULTRA THIN 30 (Lancets***)			0.07800	
CVS LANCETS ULTRA-THIN 30 (Lancets***)			0.07800	
CVS ONE STEP PREGNANCY TE (Pregnancy Test)			3.40000	
CVS PREGNANCY TEST 1-STEP (Pregnancy Test)			3.40000	
CVS PREGNANCY TEST KIT (Pregnancy Test)			3.40000	
CVS PREP PADS (Alcohol Swabs***)			0.01500	
CVS ULTRA THIN LANCETS (Lancets***)			0.07800	
Cyanocobalamin Inj 1000 MCG/ML			2.12440	
Cyclobenzaprine HCl Cap ER 24HR 15 MG	2.18352		6.70000	
Cyclobenzaprine HCl Cap ER 24HR 30 MG	3.06189		1.18481	
Cyclobenzaprine HCl Tab 10 MG			0.01595	
Cyclobenzaprine HCl Tab 5 MG	0.02088		0.01900	
Cyclobenzaprine HCl Tab 7.5 MG	0.69903		0.31790	
Cyclopentolate HCl Ophth Soln 1%			1.92500	
Cyclopentolate HCl Ophth Soln 2%			5.65200	
Cyclophosphamide Cap 25 MG	3.25573		5.41412	
Cyclophosphamide Cap 50 MG	4.80485		5.01850	
Cyclophosphamide For Inj 2 GM			1138.44000	
Cyclophosphamide Tab 50 MG			2.63500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Cyclosporine Cap 100 MG			6.95353	
Cyclosporine Cap 25 MG			1.77280	
Cyclosporine IV Soln 50 MG/ML			7.13420	
Cyclosporine Modified Cap 100 MG	1.37476		1.27353	
Cyclosporine Modified Cap 25 MG	0.36760		0.41700	
Cyclosporine Modified Cap 50 MG			0.82113	
Cyclosporine Modified Oral Soln 100 MG/ML			1.76740	
Cyproheptadine HCl Syrup 2 MG/5ML	0.04083		0.06266	
Cyproheptadine HCl Tab 4 MG	0.06623		0.05500	
CYSTAGON (Cysteamine Bitartrate Cap 150 MG)			0.82000	
CYSTAGON (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	
DAILY MULTIPLE VITAMIN PL (Multiple Vitamins w/ Iron Tab**)			0.02788	
DAILY MULTIPLE VITAMINS (Multiple Vitamin Tab**)			0.02313	
DAILY VALUE MULTIVITAMIN (Multiple Vitamin Tab**)			0.02313	
DAILY VITAMIN/IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
DAILY VITAMINS (Multiple Vitamin Tab**)			0.02313	
DAILY VITE (Multiple Vitamin Tab**)			0.02313	
DAILY VITE MULTIVITAMIN/I (Multiple Vitamins w/ Iron Tab**)			0.02788	
DAILY-VITE (Multiple Vitamin Tab**)			0.02313	
DAILY-VITE MULTIVITAMIN (Multiple Vitamin Tab**)			0.02313	
Dalfampridine Tab ER 12HR 10 MG	1.64807		0.82500	
Danazol Cap 100 MG			2.10000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Danazol Cap 200 MG			3.11370	
Dantrolene Sodium Cap 100 MG	0.84131		0.82590	
Dantrolene Sodium Cap 25 MG	0.40957		0.31680	
Dantrolene Sodium Cap 50 MG			0.59088	
Dapsone Gel 5%			2.07250	
Dapsone Gel 7.5%			2.23050	
Dapsone Tab 100 MG	1.07934		0.92656	
Dapsone Tab 25 MG	0.51184		0.33333	
Daptomycin For IV Soln 500 MG			18.63832	
Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	0.39982		1.45025	
Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	0.64834		1.74933	
Darunavir Tab 800 MG			2.34156	
Daunorubicin HCl Inj 5 MG/ML (Base Equiv)			10.14000	
DAYALETS (Multiple Vitamin Tab**)			0.02313	
DAYALETS/IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
DD LANCETS (Lancets***)			0.07800	
DD THIN LANCETS (Lancets***)			0.07800	
DE LANCETS (Lancets***)			0.07800	
DE THIN LANCETS (Lancets***)			0.07800	
Deferasirox Tab 180 MG	3.40108		0.64276	
Deferasirox Tab 360 MG	18.95112		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	3.45419		1.30000	
Demeclocycline HCl Tab 300 MG	5.99613		5.31417	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Dermatological Products Misc - Cream**			1.03051	
Desipramine HCl Tab 10 MG			0.57533	
Desipramine HCl Tab 100 MG			0.52114	
Desipramine HCl Tab 150 MG			2.86792	
Desipramine HCl Tab 25 MG	0.17473		0.42950	
Desipramine HCl Tab 50 MG			0.28990	
Desipramine HCl Tab 75 MG	0.54129		1.75430	
Desloratadine Tab 5 MG			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	0.25964		0.23400	
Desmopressin Acetate Tab 0.2 MG	0.36035		0.38488	
Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	0.18212		0.23179	
Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15- 0.025MG-MG			0.58024	
Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.13456		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	
DESTRESS/IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	0.48790		0.37100	
Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	0.44405		0.39800	
Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	0.46817		0.48184	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Dexamethasone Elixir 0.5 MG/5ML	0.13351		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			0.28517	
Dexamethasone Sodium Phosphate Inj 4 MG/ML			0.46303	
Dexamethasone Sodium Phosphate Ophth Soln 0.1%			9.74500	
Dexamethasone Tab 0.5 MG	0.07386		0.04650	
Dexamethasone Tab 0.75 MG	0.10210		0.09400	
Dexamethasone Tab 1 MG			0.21000	
Dexamethasone Tab 1.5 MG	0.20910		0.07502	
Dexamethasone Tab 2 MG	0.29745		0.30529	
Dexamethasone Tab 4 MG	0.19556		0.28850	
Dexamethasone Tab 6 MG	0.43955		0.60000	
Dexlansoprazole Cap Delayed Release 30 MG			6.87667	
Dexlansoprazole Cap Delayed Release 60 MG			5.60614	
Dexmethylphenidate HCl Cap ER 24 HR 10 MG	1.54468		1.46765	
Dexmethylphenidate HCl Cap ER 24 HR 15 MG	1.48568		0.40120	
Dexmethylphenidate HCl Cap ER 24 HR 20 MG	1.95843		1.68026	
Dexmethylphenidate HCl Cap ER 24 HR 25 MG	2.10479		2.10500	
Dexmethylphenidate HCl Cap ER 24 HR 30 MG	1.80804		1.21190	
Dexmethylphenidate HCl Cap ER 24 HR 35 MG	3.11379		1.31344	
Dexmethylphenidate HCl Cap ER 24 HR 40 MG	1.82205		1.94380	
Dexmethylphenidate HCl Cap ER 24 HR 5 MG	1.22150		0.59917	
Dexmethylphenidate HCl Tab 10 MG	0.40625		0.39990	
Dexmethylphenidate HCl Tab 2.5 MG	0.21746		0.20541	
Dexmethylphenidate HCl Tab 5 MG	0.29153		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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Dextroamphetamine Sulfate Oral Solution 5 MG/5ML			1.42901	
Dextroamphetamine Sulfate Tab 10 MG	0.46497		0.40200	
Dextroamphetamine Sulfate Tab 15 MG			4.74807	
Dextroamphetamine Sulfate Tab 5 MG	0.44247		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	
DIABETES LANCETS (Lancets****)			0.07800	
DIABETIC STERILE LANCETS (Lancets***)			0.07800	
DIASTAR EASY TEST II LANC (Lancets***)			0.07800	
DIASTAR EASY TEST LANCETS (Lancets****)			0.07800	
DIATHRIVE LANCETS (Lancets***)			0.07800	
DIATHRIVE LANCETS ULTRA T (Lancets****)			0.07800	
Diazepam Conc 5 MG/ML			0.85240	
Diazepam IM Solution Auto-inj 10 MG/2ML			1.47550	
Diazepam Inj 5 MG/ML			3.48640	
Diazepam Oral Soln 1 MG/ML			0.10254	
Diazepam Rectal Gel Delivery System 2.5 MG			224.50000	
Diazepam Tab 10 MG	0.02849		0.02294	
Diazepam Tab 2 MG	0.02111		0.01740	
Diazepam Tab 5 MG	0.02949		0.02219	
Diazoxide Susp 50 MG/ML			7.34950	
Diclofenac Potassium Cap 25 MG	3.35960		5.57258	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Diclofenac Potassium Tab 25 MG			28.63100	
Diclofenac Potassium Tab 50 MG			0.09424	
Diclofenac Sodium (Actinic Keratoses) Gel 3%	0.37281		0.37480	
Diclofenac Sodium Gel 1% (1.16% Diethylamine Equiv)			0.07005	
Diclofenac Sodium Ophth Soln 0.1%			0.88800	
Diclofenac Sodium Soln 1.5%	0.18306		0.11873	
Diclofenac Sodium Tab Delayed Release 25 MG			0.72118	
Diclofenac Sodium Tab Delayed Release 50 MG	0.07036		0.07270	
Diclofenac Sodium Tab Delayed Release 75 MG			0.07730	
Diclofenac Sodium Tab ER 24HR 100 MG	0.66756		0.19545	
Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	1.24348		1.79467	
Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	1.09056		1.11100	
Dicloxacillin Sodium Cap 250 MG			0.27170	
Dicloxacillin Sodium Cap 500 MG			0.49800	
Dicyclomine HCl Cap 10 MG	0.07527		0.10960	
Dicyclomine HCl Oral Soln 10 MG/5ML	0.17601		0.16912	
Dicyclomine HCl Tab 20 MG	0.05828		0.05213	
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	
Difforasone Diacetate Cream 0.05%			11.18150	
Difforasone Diacetate Oint 0.05%			3.15839	
Diffunisal Tab 500 MG			1.03390	
Diffuprednate Ophth Emulsion 0.05%	9.58196		18.63467	
Digoxin Oral Soln 0.05 MG/ML	1.06604		1.07634	
Digoxin Tab 125 MCG (0.125 MG)	0.11257		0.19990	
Digoxin Tab 250 MCG (0.25 MG)	0.13470		0.17780	
Diltiazem HCl Cap ER 12HR 120 MG	2.64187		2.32834	
Diltiazem HCl Cap ER 12HR 60 MG	1.71829		1.46125	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Diltiazem HCl Cap ER 12HR 90 MG	2.00779		0.56930	
Diltiazem HCl Cap ER 24HR 120 MG			0.34127	
Diltiazem HCl Cap ER 24HR 180 MG			0.39881	
Diltiazem HCl Cap ER 24HR 240 MG			0.40190	
Diltiazem HCl Coated Beads Cap ER 24HR 120 MG	0.15028		0.13200	
Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	0.18158		0.12444	
Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	0.22771		0.19042	
Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	0.30979		0.28339	
Diltiazem HCl Coated Beads Cap ER 24HR 360 MG			0.32858	
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			0.19279	
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			0.92666	
Diltiazem HCl Tab 120 MG			0.17413	
Diltiazem HCl Tab 30 MG			0.06000	
Diltiazem HCl Tab 60 MG	0.07185		0.07000	
Diltiazem HCl Tab 90 MG			0.18480	
Diltiazem HCl Tab ER 24HR 180 MG	1.18160		1.31905	
Diltiazem HCl Tab ER 24HR 240 MG	1.45934		1.94733	
Diltiazem HCl Tab ER 24HR 360 MG	2.18975		2.49768	
Diltiazem HCl Tab ER 24HR 420 MG	3.14267		3.13330	
Dimethyl Fumarate Capsule Delayed Release 120 MG			5.35714	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Dimethyl Fumarate Capsule Delayed Release 240 MG	0.72161		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	0.14909		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	1.20734		0.32562	
Disopyramide Phosphate Cap 150 MG	1.64100		0.32562	
Disopyramide Phosphate Cap ER 12HR 150 MG			1.04950	
Disulfiram Tab 250 MG			1.23333	
Disulfiram Tab 500 MG			4.13917	
Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	0.37118		0.23220	
Divalproex Sodium Tab Delayed Release 125 MG	0.12979		0.03952	
Divalproex Sodium Tab Delayed Release 250 MG	0.20453		0.05204	
Divalproex Sodium Tab Delayed Release 500 MG	0.23822		0.07484	
Divalproex Sodium Tab ER 24 HR 250 MG	0.35693		0.10915	
Divalproex Sodium Tab ER 24 HR 500 MG	0.27042		0.17650	
Docusate Sodium Cap 100 MG			0.04688	
Dofetilide Cap 125 MCG (0.125 MG)	0.32458		1.35570	
Dofetilide Cap 250 MCG (0.25 MG)	0.27739		0.25433	
Dofetilide Cap 500 MCG (0.5 MG)	0.64368		0.54983	
Donepezil Hydrochloride Orally Disintegrating Tab 10 MG			0.23100	
Donepezil Hydrochloride Orally Disintegrating Tab 5 MG			0.18000	
Donepezil Hydrochloride Tab 10 MG	0.04945		0.03172	
Donepezil Hydrochloride Tab 23 MG	0.72867		0.24733	
Donepezil Hydrochloride Tab 5 MG	0.04430		0.03111	
Dorzolamide HCl Ophth Soln 2%	0.89699		0.82800	
Dorzolamide HCl-Timolol Maleate Ophth Soln 2-0.5%			0.78900	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Dorzolamide HCl-Timolol Maleate PF Opth Soln 2-0.5%			1.38250	
Doxazosin Mesylate Tab 1 MG	0.08139		0.04370	
Doxazosin Mesylate Tab 2 MG	0.06935		0.05640	
Doxazosin Mesylate Tab 4 MG	0.09753		0.05202	
Doxazosin Mesylate Tab 8 MG	0.10422		0.05768	
Doxepin HCl (Sleep) Tab 3 MG (Base Equiv)	1.58614		4.60201	
Doxepin HCl (Sleep) Tab 6 MG (Base Equiv)	1.67332		2.21116	
Doxepin HCl Cap 10 MG	0.07828		0.10254	
Doxepin HCl Cap 100 MG	0.27003		0.32241	
Doxepin HCl Cap 150 MG			0.64000	
Doxepin HCl Cap 25 MG			0.21910	
Doxepin HCl Cap 50 MG	0.15168		0.29678	
Doxepin HCl Cap 75 MG	0.22314		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	0.11469		0.10369	
Doxycycline Hyclate Cap 50 MG	0.14811		0.13620	
Doxycycline Hyclate Tab 100 MG	0.11939		0.07394	
Doxycycline Hyclate Tab 150 MG	0.91342		1.00000	
Doxycycline Hyclate Tab 20 MG	0.09355		0.11881	
Doxycycline Hyclate Tab 50 MG			4.80558	
Doxycycline Hyclate Tab 75 MG			0.40000	
Doxycycline Hyclate Tab Delayed Release 100 MG			5.37004	
Doxycycline Hyclate Tab Delayed Release 150 MG			5.65250	
Doxycycline Monohydrate Cap 100 MG	0.23184		0.14700	
Doxycycline Monohydrate Cap 150 MG			13.80000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Doxycycline Monohydrate Cap 50 MG	0.15747		0.12490	
Doxycycline Monohydrate For Susp 25 MG/5ML			0.20130	
Doxycycline Monohydrate Tab 100 MG	0.26002		0.22041	
Doxycycline Monohydrate Tab 150 MG			4.38400	
Doxycycline Monohydrate Tab 50 MG	0.19149		0.12322	
Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG	1.69290		1.07750	
DR LANCETS (Lancets***)			0.07800	
DR THIN LANCETS (Lancets***)			0.07800	
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	
DROPLET LANCETS ULTRA THI (Lancets***)			0.07800	
DROPLET PERSONAL LANCETS (Lancets***)			0.07800	
DROPSAFE ACTI-LANCE SAFTE (Lancets***)			0.07800	
DROPSAFE ALCOHOL PREP PAD (Alcohol Swabs***)			0.01500	
DROPSAFE MEDLANCE PLUS SA (Lancets***)			0.07800	
Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	0.32102		0.21189	
Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	0.28759		0.24209	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02 -0.451 MG	1.74824		1.18958	
Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03 -0.451 MG			3.96298	
DRUG MART LANCETS THIN (Lancets***)			0.07800	
DRUG MART LANCETS ULTRA T (Lancets***)			0.07800	
DRUG MART ON-THE-GO LANCE (Lancets***)			0.07800	
DRUG MART UNILET LANCETS (Lancets***)			0.07800	
DRUG MART UNILET MICRO TH (Lancets***)			0.07800	
DUANE READE LANCET ALTERN (Lancets***)			0.07800	
DUANE READE LANCET SUPER (Lancets***)			0.07800	
DUANE READE LANCET ULTRA (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
DUET (Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***)			0.29975	
Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	0.12470		0.07427	
Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	0.08485		0.05672	
Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	1.04771		1.82628	
Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	0.11362		0.10200	
Dutasteride Cap 0.5 MG	0.17211		0.11478	
Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG			1.56576	
EARLY PREGNANCY TEST (Pregnancy Test)			3.40000	
EARLY RESULT PREGNANCY TE (Pregnancy Test)			3.40000	
EASY COMFORT ALCOHOL PADS (Alcohol Swabs***)			0.01500	
EASY COMFORT LANCETS (Lancets***)			0.07800	
EASY COMFORT LANCETS 30G (Lancets***)			0.07800	
EASY COMFORT LANCETS 30G/ (Lancets***)			0.07800	
EASY COMFORT LANCETS TWIS (Lancets***)			0.07800	
EASY TOUCH ALCOHOL PREP P (Alcohol Swabs***)			0.01500	
EASY TOUCH LANCETS 21G/PR (Lancets***)			0.07800	
EASY TOUCH LANCETS 23G/PR (Lancets***)			0.07800	
EASY TOUCH LANCETS 26G/PR (Lancets***)			0.07800	
EASY TOUCH LANCETS 26G/PU (Lancets***)			0.07800	
EASY TOUCH LANCETS 28G/PR (Lancets***)			0.07800	
EASY TOUCH LANCETS 28G/PU (Lancets***)			0.07800	
EASY TOUCH LANCETS 28G/TW (Lancets***)			0.07800	
EASY TOUCH LANCETS 30G/BU (Lancets***)			0.07800	
EASY TOUCH LANCETS 30G/PR (Lancets***)			0.07800	
EASY TOUCH LANCETS 30G/PU (Lancets***)			0.07800	
EASY TOUCH LANCETS 30G/TW (Lancets***)			0.07800	
EASY TOUCH LANCETS 32G/PR (Lancets***)			0.07800	
EASY TOUCH LANCETS 32G/PU (Lancets***)			0.07800	
EASY TOUCH LANCETS 32G/TW (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
EASY TOUCH LANCETS 33G/TW (Lancets***)			0.07800	
EASY TOUCH SAFETY LANCETS (Lancets***)			0.07800	
EASY TWIST & CAP LANCETS (Lancets***)			0.07800	
EASYTEST II LANCETS (Lancets***)			0.07800	
EASYTEST LANCETS (Lancets***)			0.07800	
ECK ALCOHOL WIPES (Alcohol Swabs***)			0.01500	
ECK EARLY PREGNANCY TEST (Pregnancy Test)			3.40000	
ECK THIN LANCETS (Lancets***)			0.07800	
Econazole Nitrate Cream 1%			0.24988	
Efavirenz Tab 600 MG	1.77436		5.01900	
Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	1.31156		1.56000	
EGRIFTA (Tesamorelin Acetate For Inj 1 MG (Base Equiv))			87.98000	
Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	5.87657		3.50000	
Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	8.59684		2.00472	
ELLUME COVID-19 HOME TEST (COVID-19 At Home Antigen Test Kit)			29.04000	
Eltrombopag Olamine Tab 12.5 MG (Base Equiv)			151.44346	
Eltrombopag Olamine Tab 25 MG (Base Equiv)			151.44346	
Eltrombopag Olamine Tab 50 MG (Base Equiv)			274.06401	
Eltrombopag Olamine Tab 75 MG (Base Equiv)			411.09634	
EMBRACE LANCETS ULTRA THI (Lancets***)			0.07800	
EMBRACE PRESSURE ACTIVATE (Lancets***)			0.07800	
Emtricitabine Caps 200 MG			13.34083	
Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG			89.00156	
Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	0.57349		0.49389	
EMTRIVA (Emtricitabine Caps 200 MG)			17.81246	
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	1.05539		1.14935	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Enalapril Maleate Tab 10 MG	0.06297		0.07115	
Enalapril Maleate Tab 2.5 MG	0.07343		0.05650	
Enalapril Maleate Tab 20 MG	0.10195		0.07320	
Enalapril Maleate Tab 5 MG	0.07087		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	13.50562		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	
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	0.36043		0.33480	
Entecavir Tab 0.5 MG	0.65889		0.27252	
Entecavir Tab 1 MG	1.35769		0.45614	
EPIDIOLEX (Cannabidiol Soln 100 MG/ML)			16.34760	
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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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	0.32873		0.50765	
Eplerenone Tab 50 MG	0.46208		0.38729	
Epoprostenol Sodium For Inj 1.5 MG			36.32200	
EPT (Pregnancy Test)			3.40000	
EPT CERTAINTY DOUBLE (Pregnancy Test)			3.40000	
EPT CERTAINTY SINGLE (Pregnancy Test)			3.40000	
EPT DIGITAL (Pregnancy Test)			3.40000	
EPT DIGITAL STICK DOUBLE (Pregnancy Test)			3.40000	
EPT DIGITAL STICK TRIPLE (Pregnancy Test)			3.40000	
EPT PLUS SINGLE KIT (Pregnancy Test)			3.40000	
EPT STICK DOUBLE (Pregnancy Test)			3.40000	
EPT STICK SINGLE (Pregnancy Test)			3.40000	
EPT STICK TRIPLE (Pregnancy Test)			3.40000	
EPZICOM (Abacavir Sulfate-Lamivudine Tab 600-300 MG)	1.26206		42.88477	
EQ PREGNANCY TEST (Pregnancy Test)			3.40000	
EQ PREGNANCY TEST EARLY R (Pregnancy Test)			3.40000	
EQL ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
EQL COLOR LANCETS 21G (Lancets***)			0.07800	
EQL COLOR LANCETS MICRO T (Lancets***)			0.07800	
EQL ONE-STEP PREGNANCY TE (Pregnancy Test)			3.40000	
EQL PREGNANCY TEST DIGITA (Pregnancy Test)			3.40000	
EQL PREGNANCY TEST EARLY (Pregnancy Test)			3.40000	
EQL SUPER THIN LANCETS 30 (Lancets***)			0.07800	
EQL THIN LANCETS 26G (Lancets***)			0.07800	
EQUATE REGULAR LANCETS (Lancets***)			0.07800	
EQUATE THIN LANCETS (Lancets***)			0.07800	
Ergocalciferol Cap 1.25 MG (50000 Unit)	0.11551		0.08289	
Ergotamine w/ Caffeine Suppos 2-100 MG			5.57917	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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			0.97527	
Erythromycin Ethylsuccinate For Susp 400 MG/5ML			1.62677	
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%			0.32978	
Erythromycin Tab 250 MG	1.58953		3.71475	
Erythromycin Tab 500 MG	2.87779		7.33253	
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)	0.13930		0.20483	
Escitalopram Oxalate Tab 10 MG (Base Equiv)	0.09824		0.03881	
Escitalopram Oxalate Tab 20 MG (Base Equiv)	0.17112		0.05640	
Escitalopram Oxalate Tab 5 MG (Base Equiv)	0.04116		0.03020	
Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)			0.15611	
Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	0.31918		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			0.51402	
Estazolam Tab 2 MG			0.31754	
Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG			1.83400	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG			2.54927	
Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	0.75878		0.51236	
Estradiol & Norethindrone Acetate Tab 1-0.5 MG	0.65878		1.40036	
Estradiol Tab 0.5 MG	0.05932		0.05595	
Estradiol Tab 1 MG	0.06733		0.06000	
Estradiol Tab 2 MG	0.08430		0.07842	
Estradiol TD Patch Twice Weekly 0.025 MG/24HR	6.76489		4.97741	
Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	6.63983		5.36123	
Estradiol TD Patch Twice Weekly 0.05 MG/24HR	7.27563		5.13063	
Estradiol TD Patch Twice Weekly 0.075 MG/24HR	6.96261		5.29125	
Estradiol TD Patch Twice Weekly 0.1 MG/24HR	6.77538		5.37110	
Estradiol TD Patch Weekly 0.025 MG/24HR			7.62282	
Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)			9.06563	
Estradiol TD Patch Weekly 0.05 MG/24HR			8.49833	
Estradiol TD Patch Weekly 0.06 MG/24HR	12.11232		8.80600	
Estradiol TD Patch Weekly 0.075 MG/24HR			7.90231	
Estradiol TD Patch Weekly 0.1 MG/24HR			9.11000	
Estradiol Vaginal Cream 0.01%	0.40801		0.41977	
Estradiol Vaginal Tab 10 MCG			7.13625	
Estradiol Valerate IM in Oil 20 MG/ML			17.44200	
Estradiol Valerate IM In Oil 40 MG/ML			31.30000	
ESTROFACTORS (Multiple Vitamin Tab**)			0.02313	
Estropipate Tab 0.75 MG			0.14670	
Estropipate Tab 1.5 MG			0.45257	
Estropipate Tab 3 MG			1.24110	
Eszopiclone Tab 1 MG	0.09735		0.09027	
Eszopiclone Tab 2 MG	0.08453		0.11000	
Eszopiclone Tab 3 MG	0.08846		0.07045	
Ethacrynic Acid Tab 25 MG	0.81622		2.95286	
Ethambutol HCl Tab 100 MG			0.16990	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Ethambutol HCl Tab 400 MG	0.44745		0.52340	
Ethosuximide Cap 250 MG	0.24722		0.27530	
Ethosuximide Soln 250 MG/5ML	0.09216		0.11248	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	0.33811		0.29150	
Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG			0.58781	
Etodolac Cap 200 MG	0.31421		0.27830	
Etodolac Cap 300 MG	0.31657		0.37190	
Etodolac Tab 400 MG	0.25316		0.25070	
Etodolac Tab 500 MG	0.29533		0.26330	
Etodolac Tab ER 24HR 400 MG	1.00614		0.75000	
Etodolac Tab ER 24HR 500 MG			0.16333	
Etodolac Tab ER 24HR 600 MG	1.06691		1.50241	
Etonogestrel-Ethinyl Estradiol VA Ring 0.12-0.015 MG/24HR			49.31760	
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	16.16167		15.39481	
Everolimus Tab 0.25 MG	2.52739		5.38836	
Everolimus Tab 0.5 MG	3.96667		4.70004	
Everolimus Tab 0.75 MG	7.26421		12.50000	
Everolimus Tab 1 MG	10.76757		16.22325	
Everolimus Tab 10 MG	90.03763		517.32418	
Everolimus Tab 2.5 MG			55.88612	
Everolimus Tab 5 MG	68.28974		517.35228	
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	0.65552		0.59942	
EXONDYS 51 (Eteplirsen IV Soln 100 MG/2ML (50 MG/ML))			796.80000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
EXONDYS 51 (Eteplirsen IV Soln 500 MG/10ML (50 MG/ML))			796.80000	
E-Z JECT BLOOD LANCETS (Lancets***)			0.07800	
E-Z JECT JR BLOOD LANCETS (Lancets***)			0.07800	
E-Z JECT JUNIOR LANCETS (Lancets***)			0.07800	
E-Z JECT LANCETS (Lancets***)			0.07800	
E-Z JECT LANCETS 21G (Lancets***)			0.07800	
E-Z JECT LANCETS COLOR (Lancets***)			0.07800	
E-Z JECT LANCETS SUPER TH (Lancets***)			0.07800	
E-Z JECT LANCETS THIN 26G (Lancets***)			0.07800	
E-Z JECT THIN (Lancets***)			0.07800	
E-Z JECT XL BLOOD LANCETS (Lancets***)			0.07800	
EZ SMART BLOOD GLUCOSE LA (Lancets***)			0.07800	
Ezetimibe Tab 10 MG	0.19971		0.04800	
Ezetimibe-Simvastatin Tab 10-10 MG	0.59859		1.63098	
Ezetimibe-Simvastatin Tab 10-20 MG			0.48000	
Ezetimibe-Simvastatin Tab 10-40 MG	0.42415		0.71933	
Ezetimibe-Simvastatin Tab 10-80 MG	0.47706		0.40630	
E-ZJECT LANCETS MICRO-THI (Lancets***)			0.07800	
EZ-LETS II LANCETS (Lancets***)			0.07800	
EZ-LETS LANCETS (Lancets***)			0.07800	
EZ-LETS LANCETS 21G (Lancets***)			0.07800	
EZ-LETS LANCETS 23G (Lancets***)			0.07800	
EZ-LETS LANCETS 26G (Lancets***)			0.07800	
EZ-LETS LANCETS 26G SUPER (Lancets***)			0.07800	
EZ-LETS LANCETS 28G (Lancets***)			0.07800	
EZ-LETS LANCETS 28G ULTRA (Lancets***)			0.07800	
EZ-LETS LANCETS 30G (Lancets***)			0.07800	
FACT PLUS ONE STEP PREGNA (Pregnancy Test)			3.40000	
FACT PLUS PREGNANCY TEST (Pregnancy Test)			3.40000	
FACT PLUS+ PREGNANCY TEST (Pregnancy Test)			3.40000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Famciclovir Tab 125 MG	0.54183		0.25255	
Famciclovir Tab 250 MG	0.62437		0.33750	
Famciclovir Tab 500 MG	0.83201		0.49467	
Famotidine For Susp 40 MG/5ML			0.38310	
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	0.05137		0.04543	
FARYDAK (Panobinostat Lactate Cap 10 MG (Base Equivalent))			1351.22838	
FARYDAK (Panobinostat Lactate Cap 15 MG (Base Equivalent))			1351.22838	
FARYDAK (Panobinostat Lactate Cap 20 MG (Base Equivalent))			1351.22838	
FASTEP COVID-19 ANTIGEN H (COVID-19 At Home Antigen Test Kit)			12.00000	
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	0.21773		0.38889	
Febuxostat Tab 80 MG	0.39700		0.53134	
FEIBA (Antiinhibitor Coagulant Complex For IV Soln 500 Unit)			1.56000	
FEIBA NF (Antiinhibitor Coagulant Complex For IV Soln 1000 Unit)			1.47000	
FEIBA NF (Antiinhibitor Coagulant Complex For IV Soln 2500 Unit)			1.47000	
FEIBA NF (Antiinhibitor Coagulant Complex For IV Soln 500 Unit)			1.47000	
Felbamate Susp 600 MG/5ML	0.36794		1.10721	
Felbamate Tab 400 MG	4.87941		0.86430	
Felbamate Tab 600 MG	3.71510		1.41430	
Felodipine Tab ER 24HR 10 MG	0.14053		0.09000	
Felodipine Tab ER 24HR 2.5 MG	0.12582		0.13429	
Felodipine Tab ER 24HR 5 MG	0.13212		0.07260	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Fenofibrate Micronized Cap 130 MG			0.80857	
Fenofibrate Micronized Cap 134 MG	0.11024		0.11625	
Fenofibrate Micronized Cap 200 MG	0.16897		0.29635	
Fenofibrate Micronized Cap 43 MG			0.68921	
Fenofibrate Micronized Cap 67 MG	0.07947		0.11000	
Fenofibrate Tab 120 MG			12.96389	
Fenofibrate Tab 145 MG	0.11758		0.10267	
Fenofibrate Tab 160 MG	0.11352		0.11996	
Fenofibrate Tab 40 MG			4.87305	
Fenofibrate Tab 48 MG	0.08283		0.06456	
Fenofibrate Tab 54 MG	0.08484		0.05834	
Fenoprofen Calcium Tab 600 MG			0.28040	
Fentanyl Citrate IV Soln Prefilled Syringe 100 MCG/2ML			0.16050	
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	18.84878		6.41480	
Fentanyl TD Patch 72HR 12 MCG/HR	9.58170		4.84120	
Fentanyl TD Patch 72HR 25 MCG/HR	5.68601		1.96240	
Fentanyl TD Patch 72HR 37.5 MCG/HR	47.84350		39.39600	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Fentanyl TD Patch 72HR 50 MCG/HR	9.38092		2.98250	
Fentanyl TD Patch 72HR 62.5 MCG/HR			70.94000	
Fentanyl TD Patch 72HR 75 MCG/HR	14.56062		4.63650	
FEOSOL (Ferrous Sulfate Dried Tab 200 MG (65 MG Elemental Fe))			0.03200	
FERRIPROX (Deferiprone Tab 500 MG)			63.37618	
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	0.24852		0.54805	
Fexofenadine HCl Tab 60 MG	0.15961		0.40750	
Fidaxomicin Tab 200 MG			183.34368	
FIFTY50 ALCOHOL PREP PADS (Alcohol Swabs***)			0.01500	
FIFTY50 SAFETY SEAL LANCE (Lancets***)			0.07800	
FIFTY50 UNILET LANCETS 33 (Lancets***)			0.07800	
Finasteride Tab 1 MG	0.05823		0.12194	
Finasteride Tab 5 MG	0.06970		0.05049	
FINE 30 (Lancets***)			0.07800	
FINGERSTIX LANCETS (Lancets Misc.***)			0.07800	
FINGERSTIX LANCETS (Lancets***)			0.07800	
Fingolimod HCl Cap 0.5 MG (Base Equiv)	174.51813		260.85472	
FIRST CHOICE LANCETS COLO (Lancets***)			0.07800	
FIRST CHOICE LANCETS THIN (Lancets***)			0.07800	
FIRST RESPONSE DOUBLE (Pregnancy Test)			3.40000	
FIRST RESPONSE PREGNANCY (Pregnancy Test)			3.40000	
Flavoxate HCl Tab 100 MG			0.48641	
FLEBOGAMMA (Immune Globulin (Human) IV Soln 0.5 GM/10ML)			6.91373	
FLEBOGAMMA (Immune Globulin (Human) IV Soln 10 GM/200ML)			7.59101	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
FLEBOGAMMA (Immune Globulin (Human) IV Soln 2.5 GM/50ML)			6.91373	
FLEBOGAMMA (Immune Globulin (Human) IV Soln 5 GM/100ML)			7.59101	
FLEBOGAMMA DIF (Immune Globulin (Human) IV Soln 10 GM/100ML)			8.31000	
FLEBOGAMMA DIF (Immune Globulin (Human) IV Soln 20 GM/200ML)			8.31000	
FLEBOGAMMA DIF (Immune Globulin (Human) IV Soln 5 GM/50ML)			8.31000	
Flecainide Acetate Tab 100 MG	0.18012		0.14000	
Flecainide Acetate Tab 150 MG	0.25494		0.19130	
Flecainide Acetate Tab 50 MG			0.09979	
FLORAFOL PEDIATRIC (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	
FLORAVITA MINI (Multiple Vitamins w/ Iron Tab**)			0.02788	
FLOTREX (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	
FLOVENT HFA (Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT)			21.63250	
FLOVENT HFA (Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT)			33.58416	
FLOVENT HFA (Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT)			18.39390	
FLOWFLEX COVID-19 ANTIGEN (COVID-19 At Home Antigen Test Kit)			12.00000	
Fluconazole For Susp 10 MG/ML			0.22571	
Fluconazole For Susp 40 MG/ML	0.55105		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	0.23483		0.18067	
Fluconazole Tab 150 MG	0.43470		0.43900	
Fluconazole Tab 200 MG	0.43495		0.37545	
Fluconazole Tab 50 MG	0.21302		0.19000	
Fludarabine Phosphate For Inj 50 MG			94.50000	
Fludarabine Phosphate Inj 25 MG/ML			54.37500	
Fludrocortisone Acetate Tab 0.1 MG	0.31950		0.30660	
Flunisolide Nasal Soln 25 MCG/ACT (0.025%)			1.77080	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Fluocinolone Acetonide (Otic) Oil 0.01%	0.97373		1.23900	
Fluocinolone Acetonide Cream 0.01%			1.44233	
Fluocinolone Acetonide Cream 0.025%			1.29967	
Fluocinolone Acetonide Oil 0.01% (Body Oil)	0.17481		0.18168	
Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	0.18266		0.15841	
Fluocinolone Acetonide Oint 0.025%			0.93333	
Fluocinolone Acetonide Soln 0.01%	0.18983		0.20445	
Fluocinonide Cream 0.05%			0.47899	
Fluocinonide Cream 0.1%			0.66167	
Fluocinonide Emulsified Base Cream 0.05%			0.95713	
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%	0.63687		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	0.10618		0.54087	
Fluoxetine HCl (PMDD) Tab 20 MG	0.10207		0.55872	
Fluoxetine HCl Cap 10 MG	0.03481		0.01700	
Fluoxetine HCl Cap 20 MG	0.02981		0.01800	
Fluoxetine HCl Cap 40 MG	0.05426		0.05020	
Fluoxetine HCl Cap Delayed Release 90 MG			25.64000	
Fluoxetine HCl Solution 20 MG/5ML	0.21267		0.33759	
Fluoxetine HCl Tab 10 MG	0.10618		0.05507	
Fluoxetine HCl Tab 20 MG	0.10207		0.06427	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Fluoxetine HCl Tab 60 MG	0.33390		0.32500	
Fluphenazine Decanoate Inj 25 MG/ML			11.66533	
Fluphenazine HCl Oral Conc 5 MG/ML			1.00155	
Fluphenazine HCl Tab 1 MG	0.30296		0.25000	
Fluphenazine HCl Tab 10 MG	0.40100		0.67065	
Fluphenazine HCl Tab 2.5 MG	0.33874		1.44270	
Fluphenazine HCl Tab 5 MG	0.42027		0.34070	
Flurandrenolide Lotion 0.05%			1.46608	
Flurazepam HCl Cap 15 MG			0.06130	
Flurazepam HCl Cap 30 MG			0.07810	
Flurbiprofen Sodium Ophth Soln 0.03%			1.86816	
Flurbiprofen Tab 100 MG			0.29920	
Flurbiprofen Tab 50 MG			0.19500	
Flutamide Cap 125 MG			0.43997	
Fluticasone Propionate Cream 0.05%			0.13383	
Fluticasone Propionate Lotion 0.05%			3.21000	
Fluticasone Propionate Nasal Susp 50 MCG/ACT	0.44734		0.32938	
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			1.27885	
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/ACT			1.64000	
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)	2.53834		3.83567	
Fluvoxamine Maleate Cap ER 24HR 100 MG	5.19576		4.08433	
Fluvoxamine Maleate Cap ER 24HR 150 MG	5.16089		4.80633	
Fluvoxamine Maleate Tab 100 MG			0.16238	
Fluvoxamine Maleate Tab 25 MG			0.15390	
Fluvoxamine Maleate Tab 50 MG			0.18809	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
FOLAWISE (Multiple Vitamin Tab**)			0.02313	
FOLCYTEINE (Multiple Vitamin Tab**)			0.02313	
Folic Acid Tab 1 MG	0.01910		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	
FOLIKA-V (Multiple Vitamin Tab**)			0.02313	
Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	37.88986		72.62500	
Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML			25.48000	
Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	78.89474		145.25000	
Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	42.88263		64.06952	
FONDCIRCLE SINGLE USE LAN (Lancets***)			0.07800	
FORA LANCETS (Lancets***)			0.07800	
Formoterol Fumarate Soln Nebu 20 MCG/2ML			5.35892	
FORTEL MIDSTREAM PREGNANC (Pregnancy Test)			3.40000	
FORTEL PLUS PREGNANCY TES (Pregnancy Test)			3.40000	
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			0.59693	
Fosinopril Sodium Tab 10 MG	0.16359		0.10244	
Fosinopril Sodium Tab 20 MG			0.09833	
Fosinopril Sodium Tab 40 MG			0.14937	
Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)			0.88400	
FP LANCETS (Lancets***)			0.07800	
FP LANCETS SUPER THIN (Lancets***)			0.07800	
FP LANCETS THIN (Lancets***)			0.07800	
FP ONE STEP HOME PREGNANC (Pregnancy Test)			3.40000	
FP ONE STEP PREGNANCY TES (Pregnancy Test)			3.40000	
FP PREGNANCY TEST ONE STE (Pregnancy Test)			3.40000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
FREDS PHARMACY UNILET LAN (Lancets***)			0.07800	
FREESTYLE LANCETS (Lancets***)			0.07800	
FREESTYLE UNISTICK II LAN (Lancets***)			0.07800	
Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	3.16752		11.86500	
FT EARLY RESULT PREGNANCY (Pregnancy Test)			3.40000	
FT ONE STEP PREGNANCY TES (Pregnancy Test)			3.40000	
Furosemide Inj 10 MG/ML			0.36590	
Furosemide Oral Soln 10 MG/ML			0.07583	
Furosemide Tab 20 MG	0.02703		0.02058	
Furosemide Tab 40 MG	0.03163		0.02848	
Furosemide Tab 80 MG	0.05243		0.05020	
FV LANCETS (Lancets***)			0.07800	
FV THIN LANCETS (Lancets***)			0.07800	
Gabapentin Cap 100 MG	0.02478		0.02175	
Gabapentin Cap 300 MG	0.04150		0.03384	
Gabapentin Cap 400 MG	0.06060		0.04271	
Gabapentin Oral Soln 250 MG/5ML			0.10805	
Gabapentin Tab 600 MG	0.06908		0.05868	
Gabapentin Tab 800 MG	0.09930		0.07600	
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	0.56842		0.49000	
Galantamine Hydrobromide Tab 4 MG	0.29082		0.44900	
Galantamine Hydrobromide Tab 8 MG	0.47240		0.46428	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML)			8.89895	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML)			8.89895	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML)			8.89895	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML)			8.89895	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML)			8.89895	
GAMMAGARD LIQUID (Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML)			8.89895	
GAMMAGARD LIQUID ERC (Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML)			8.89895	
GAMMAGARD LIQUID ERC (Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML)			8.89895	
GAMMAKED (Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML)			8.89895	
GAMMAKED (Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML)			8.89895	
GAMMAKED (Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML)			8.89895	
GAMMAPLEX (Immune Globulin (Human) IV Soln 10 GM/100ML)			8.31000	
GAMMAPLEX (Immune Globulin (Human) IV Soln 20 GM/200ML)			8.31000	
GAMMAPLEX (Immune Globulin (Human) IV Soln 5 GM/50ML)			8.31000	
Ganirelix Acetate Soln Prefilled Syringe 250 MCG/0.5ML			362.83778	
Gatifloxacin Ophth Soln 0.5%			12.24211	
Gemfibrozil Tab 600 MG	0.10917		0.08802	
GENABIO COVID-19 RAPID SE (COVID-19 At Home Antigen Test Kit)			12.00000	
GENICIN VITA-Q (Multiple Vitamin Tab**)			0.02313	
GENOTROPIN INTRA-MIX (Somatotropin For Inj 5.8 MG)			313.78482	
GENOTROPIN (Somatotropin For Inj 12 MG (13.8 MG Overfill))			1523.35212	
GENOTROPIN (Somatotropin For Subcutaneous Inj 5 MG)			620.94000	
GENOTROPIN MINIQUEICK (Somatotropin For Inj 0.2 MG)			27.67030	
GENOTROPIN MINIQUEICK (Somatotropin For Inj 0.4 MG)			55.34772	
GENOTROPIN MINIQUEICK (Somatotropin For Inj 0.6 MG)			83.01802	
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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
GENTEEL BUTTERFLY TOUCH L (Lancets***)			0.07800	
GENTEEL CONTACT TIPS/BLUE (Lancets Misc.***)			0.07800	
GENTEEL CONTACT TIPS/CLEA (Lancets Misc.***)			0.07800	
GENTEEL CONTACT TIPS/GREE (Lancets Misc.***)			0.07800	
GENTEEL CONTACT TIPS/ORAN (Lancets Misc.***)			0.07800	
GENTEEL CONTACT TIPS/RAIN (Lancets Misc.***)			0.07800	
GENTEEL CONTACT TIPS/VIOL (Lancets Misc.***)			0.07800	
GENTEEL CONTACT TIPS/YELL (Lancets Misc.***)			0.07800	
GENTEEL NOZZLES (Lancets Misc.***)			0.07800	
GENTLE-LET GP LANCETS (Lancets***)			0.07800	
GENTLE-LET LANCETS (Lancets***)			0.07800	
GENTLE-LET LANCETS GENERA (Lancets***)			0.07800	
GENTLE-LET LANCETS SAFETY (Lancets***)			0.07800	
GENTLE-LET PLATFORMS 2.4M (Lancets Misc.***)			0.07800	
GENTLE-LET PLATFORMS 3.0M (Lancets Misc.***)			0.07800	
GERITOL EXTEND (Multiple Vitamins w/ Iron Tab**)			0.02788	
GIANT EAGLE LANCETS (Lancets***)			0.07800	
GIANT EAGLE LANCETS COLOR (Lancets***)			0.07800	
Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	46.81968		45.59638	
Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	103.74078		115.90958	
GLEEVEC (Imatinib Mesylate Tab 400 MG (Base Equivalent))			336.06467	
Glimepiride Tab 1 MG	0.02372		0.01800	
Glimepiride Tab 2 MG	0.03029		0.03708	
Glimepiride Tab 4 MG	0.04287		0.03453	
Glipizide Tab 10 MG	0.04633		0.04341	
Glipizide Tab 5 MG	0.03594		0.02902	
Glipizide Tab ER 24HR 10 MG	0.13252		0.11025	
Glipizide Tab ER 24HR 2.5 MG	0.10411		0.08459	
Glipizide Tab ER 24HR 5 MG			0.07400	
Glipizide-Metformin HCl Tab 2.5-250 MG	0.24615		0.31596	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Glipizide-Metformin HCl Tab 2.5-500 MG	0.24191		0.27505	
Glipizide-Metformin HCl Tab 5-500 MG	0.21854		0.11384	
GLOBAL ALCOHOL PREP EASE (Alcohol Swabs***)			0.01500	
GLOBAL INJECT EASE LANCET (Lancets***)			0.07800	
Glucagon (rdNA) For Inj Kit 1 MG			224.00000	
GLUCOCOM LANCETS 28G (Lancets***)			0.07800	
GLUCOCOM LANCETS 30G (Lancets***)			0.07800	
GLUCOCOM LANCETS 33G (Lancets***)			0.07800	
GLUCOLET (Lancets Misc.***)			0.07800	
GLUCOLET ENDCAPS REGULAR (Lancets Misc.***)			0.07800	
GLUCOLET ENDCAPS SUPER PU (Lancets Misc.***)			0.07800	
Glucose Blood Test Strip			1.20877	
GLUCOSOURCE LANCETS (Lancets***)			0.07800	
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	0.07094		0.06810	
Glyburide Tab 2.5 MG	0.08049		0.02991	
Glyburide Tab 5 MG	0.05811		0.03451	
Glyburide-Metformin Tab 1.25-250 MG			0.03860	
Glyburide-Metformin Tab 2.5-500 MG	0.22779		0.04746	
Glyburide-Metformin Tab 5-500 MG	0.21023		0.03338	
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	0.19906		0.21459	
Glycopyrrolate Tab 1 MG	0.10285		0.06670	
Glycopyrrolate Tab 2 MG	0.19362		0.17500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
GMATE LANCETS 30G (Lancets***)			0.07800	
GNP ADVANCED EARLY RESULT (Pregnancy Test)			3.40000	
GNP ALCOHOL PREP PADS (Alcohol Swabs***)			0.01500	
GNP ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
GNP COLOR LANCETS (Lancets***)			0.07800	
GNP EARLY RESULT PREGNANC (Pregnancy Test)			3.40000	
GNP ESSENTIAL ONE DAILY (Multiple Vitamin Tab**)			0.02313	
GNP LANCETS (Lancets***)			0.07800	
GNP LANCETS 21G (Lancets***)			0.07800	
GNP LANCETS MICRO THIN 33 (Lancets***)			0.07800	
GNP LANCETS SUPER THIN 30 (Lancets***)			0.07800	
GNP LANCETS THIN (Lancets***)			0.07800	
GNP LANCETS THIN 26G (Lancets***)			0.07800	
GNP MICRO THIN LANCETS 33 (Lancets***)			0.07800	
GNP ONE STEP PREGNANCY TE (Pregnancy Test)			3.40000	
GNP STERILE LANCETS 28G (Lancets***)			0.07800	
GNP STERILE LANCETS 30G (Lancets***)			0.07800	
GNP STERILE LANCETS 33G (Lancets***)			0.07800	
GNP SUPER THIN LANCETS/30 (Lancets***)			0.07800	
GOJJI STERILE LANCETS 30G (Lancets***)			0.07800	
GOODSENSE ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
GOODSENSE COLOR LANCETS M (Lancets***)			0.07800	
GOODSENSE LANCETS MICRO-T (Lancets***)			0.07800	
GOODSENSE LANCETS ULTRA-T (Lancets***)			0.07800	
GOTOKNOW COVID-19 ANTIGEN (COVID-19 At Home Antigen Test Kit)			12.00000	
Granisetron HCl Inj 1 MG/ML			6.71000	
Granisetron HCl Tab 1 MG			1.41202	
Griseofulvin Microsize Susp 125 MG/5ML			0.13333	
Griseofulvin Microsize Tab 500 MG			5.76313	
Griseofulvin Ultramicrosize Tab 125 MG	3.53691		2.57431	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Griseofulvin Ultramicrosize Tab 250 MG	3.49826		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	0.13998		0.16799	
Guanfacine HCl Tab 2 MG	0.24175		0.25640	
Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	0.14634		0.21919	
Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	0.19426		0.15602	
Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	0.17975		0.19281	
Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	0.21974		0.21390	
H&H THINLET LANCETS 26G (Lancets***)			0.07800	
H&H THINLET SUPER THIN LA (Lancets***)			0.07800	
HAEMOLANCE (Lancets***)			0.07800	
HAEMOLANCE LANCETS (Lancets***)			0.07800	
HAEMOLANCE LOW FLOW LANCE (Lancets***)			0.07800	
HAEMOLANCE PLUS (Lancets***)			0.07800	
HAEMOLANCE PLUS HIGH FLOW (Lancets***)			0.07800	
HAEMOLANCE PLUS LOW FLOW (Lancets***)			0.07800	
HAEMOLANCE PLUS MAX FLOW (Lancets***)			0.07800	
HAEMOLANCE PLUS PEDIATRIC (Lancets***)			0.07800	
Halobetasol Propionate Cream 0.05%			0.46000	
Halobetasol Propionate Oint 0.05%			0.83075	
Haloperidol Decanoate IM Soln 100 MG/ML			19.91578	
Haloperidol Decanoate IM Soln 50 MG/ML			14.49000	
Haloperidol Lactate Inj 5 MG/ML			0.88000	
Haloperidol Lactate Oral Conc 2 MG/ML			0.11966	
Haloperidol Tab 0.5 MG	0.12254		0.07500	
Haloperidol Tab 1 MG	0.15131		0.08000	
Haloperidol Tab 10 MG	0.15668		0.10500	
Haloperidol Tab 2 MG	0.16069		0.09500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Haloperidol Tab 20 MG	0.26688		0.28426	
Haloperidol Tab 5 MG	0.18307		0.25636	
HCA LANCETS THIN (Lancets***)			0.07800	
HCA LANCETS ULTRA THIN (Lancets***)			0.07800	
HCA ULTIMATE COMFORT LANC (Lancets***)			0.07800	
HEALTHWISE ALCOHOL PREP P (Alcohol Swabs***)			0.01500	
HEALTHWISE LANCETS 30G (Lancets***)			0.07800	
HEALTHY ACCENTS UNILET LA (Lancets***)			0.07800	
HEALTHY HAIR SKIN & NAILS (Multiple Vitamin Tab**)			0.02313	
H-E-B INCONTROL ALCOHOL P (Alcohol Swabs***)			0.01500	
H-E-B INCONTROL LANCETS M (Lancets***)			0.07800	
H-E-B INCONTROL LANCETS S (Lancets***)			0.07800	
H-E-B INCONTROL LANCETS U (Lancets***)			0.07800	
HEMLIBRA (Emicizumab-kxwh Subcutaneous Soln 12 MG/0.4ML (30 MG/ML))			2365.97300	
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	
HEPSERA (Adefovir Dipivoxil Tab 10 MG)			49.28042	
HIGH POTENCY MULTIVITAMIN (Multiple Vitamin Tab**)			0.02313	
HIZENTRA (Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML)			19.22200	
HIZENTRA (Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML)			18.82000	
HIZENTRA (Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML)			19.00000	
HIZENTRA (Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML)			19.22200	
HM ALCOHOL PREP SWABS (Alcohol Swabs***)			0.01500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
HM LANCETS (Lancets***)			0.07800	
HM LANCETS MICRO THIN 33G (Lancets***)			0.07800	
HM LANCETS ULTRA THIN 30G (Lancets***)			0.07800	
HM LANCETS/THIN (Lancets***)			0.07800	
HM PREGNANCY TEST (Pregnancy Test)			3.40000	
HM PREGNANCY TEST STRIP (Pregnancy Test)			3.40000	
HM STERILE ALCOHOL PREP P (Alcohol Swabs***)			0.01500	
HUMATROPE (Somatropin For Inj 12 MG (36 Unit))			1525.07520	
HUMATROPE (Somatropin For Inj 24 MG)			3050.15040	
HUMATROPE (Somatropin For Inj 5 MG)			635.44800	
HUMATROPE (Somatropin For Inj 6 MG (18 Unit))			762.53760	
HUMATROPE COMBO PACK (Somatropin For Inj 5 MG)			635.44800	
HUMIRA (Adalimumab Prefilled Syringe Kit 10 MG/0.1ML)			2581.87091	
HUMIRA (Adalimumab Prefilled Syringe Kit 10 MG/0.2ML)			2581.87091	
HUMIRA (Adalimumab Prefilled Syringe Kit 20 MG/0.2ML)			2581.87091	
HUMIRA (Adalimumab Prefilled Syringe Kit 20 MG/0.4ML)			2581.87091	
HUMIRA (Adalimumab Prefilled Syringe Kit 40 MG/0.4ML)			3309.01230	
HUMIRA (Adalimumab Prefilled Syringe Kit 40 MG/0.8ML)			2520.56115	
HUMIRA PEDIATRIC CROHNS D (Adalimumab Prefilled Syringe Kit 80 MG/0.8ML & 40 MG/0.4ML)			3872.81884	
HUMIRA PEDIATRIC CROHNS D (Adalimumab Prefilled Syringe Kit 80 MG/0.8ML)			5163.75846	
Hydralazine HCl Tab 10 MG	0.02690		0.02687	
Hydralazine HCl Tab 100 MG	0.07651		0.06220	
Hydralazine HCl Tab 25 MG	0.03562		0.03000	
Hydralazine HCl Tab 50 MG	0.04545		0.03105	
Hydrochlorothiazide Cap 12.5 MG	0.02976		0.02500	
Hydrochlorothiazide Tab 12.5 MG	0.04118		0.03516	
Hydrochlorothiazide Tab 25 MG	0.01212		0.01043	
Hydrochlorothiazide Tab 50 MG	0.03141		0.02460	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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	0.27440		0.04484	
Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML			0.03010	
Hydrocodone-Acetaminophen Tab 10-300 MG	1.41490		0.48977	
Hydrocodone-Acetaminophen Tab 10-325 MG	0.15566		0.08520	
Hydrocodone-Acetaminophen Tab 5-300 MG	1.29141		0.22920	
Hydrocodone-Acetaminophen Tab 5-325 MG	0.12893		0.07820	
Hydrocodone-Acetaminophen Tab 7.5-300 MG	0.93669		0.39750	
Hydrocodone-Acetaminophen Tab 7.5-325 MG	0.13969		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%			0.14537	
Hydrocortisone Oint 2.5%			0.07709	
Hydrocortisone Perianal Cream 1%			0.59650	
Hydrocortisone Perianal Cream 2.5%	0.30610		0.26059	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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	
Hydrocortisone Valerate Cream 0.2%			0.69867	
Hydrocortisone Valerate Oint 0.2%			2.67600	
Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	5.55447		5.51733	
Hydromorphone HCl Inj 2 MG/ML			0.65000	
Hydromorphone HCl Liqd 1 MG/ML	0.36661		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	0.33025		0.07665	
Hydromorphone HCl Tab 8 MG	0.77373		0.20310	
Hydroquinone Cream 4%			0.36681	
Hydroquinone Microspheres Cream 4%			2.49000	
Hydroxocobalamin Inj 1000 MCG/ML			0.83333	
Hydroxychloroquine Sulfate Tab 100 MG			0.17611	
Hydroxychloroquine Sulfate Tab 200 MG	0.16363		0.14432	
Hydroxychloroquine Sulfate Tab 300 MG			0.48368	
Hydroxychloroquine Sulfate Tab 400 MG			0.63504	
Hydroxyprogesterone Caproate (Bulk) Powder			160.00000	
Hydroxyprogesterone Caproate IM in Oil 250 MG/ML			178.47000	
Hydroxyurea Cap 500 MG	0.19927		0.17348	
Hydroxyzine HCl IM Soln 50 MG/ML			4.38000	
Hydroxyzine HCl Syrup 10 MG/5ML	0.12818		0.02875	
Hydroxyzine HCl Tab 10 MG	0.03136		0.02844	
Hydroxyzine HCl Tab 25 MG	0.03466		0.03719	
Hydroxyzine HCl Tab 50 MG	0.06380		0.06190	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Hydroxyzine Pamoate Cap 100 MG			0.46230	
Hydroxyzine Pamoate Cap 25 MG	0.06565		0.05416	
Hydroxyzine Pamoate Cap 50 MG	0.08088		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	
Hyoscyamine Sulfate Tab Disint 0.125 MG			0.12900	
Hyoscyamine Sulfate Tab ER 12HR 0.375 MG			0.24290	
HY-VEE LANCETS (Lancets***)			0.07800	
HY-VEE THIN LANCETS (Lancets***)			0.07800	
Ibandronate Sodium Tab 150 MG (Base Equivalent)	2.79191		3.57080	
IBRANCE (Palbociclib Cap 100 MG)			592.82714	
IBRANCE (Palbociclib Cap 125 MG)			592.82714	
IBRANCE (Palbociclib Cap 75 MG)			562.33875	
Ibuprofen Susp 100 MG/5ML			0.03119	
Ibuprofen Tab 400 MG	0.04002		0.03286	
Ibuprofen Tab 600 MG	0.04285		0.03420	
Ibuprofen Tab 800 MG			0.05825	
Icosapent Ethyl Cap 1 GM	0.45870		1.10875	
Ifosfamide For Inj 1 GM			36.74000	
IHEALTH COVID-19 ANTIGEN (COVID-19 At Home Antigen Test Kit)			12.00000	
Imatinib Mesylate Tab 100 MG (Base Equivalent)	14.14962		0.75589	
Imatinib Mesylate Tab 400 MG (Base Equivalent)	35.67960		2.36134	
Imipramine HCl Tab 10 MG			0.06140	
Imipramine HCl Tab 25 MG			0.06780	
Imipramine HCl Tab 50 MG			0.10530	
Imipramine Pamoate Cap 100 MG			4.72727	
Imipramine Pamoate Cap 75 MG			4.92940	
Imiquimod Cream 5%			2.08333	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
IN TOUCH STERILE LANCETS (Lancets***)			0.07800	
INATAL ADVANCE (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
INATAL GT (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
INATAL ULTRA (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
INCRELEX (Mecasermin Inj 40 MG/4ML (10 MG/ML))			1111.53600	
Indapamide Tab 1.25 MG			0.09380	
Indapamide Tab 2.5 MG			0.09653	
INDICAID COVID-19 RAPID A (COVID-19 At Home Antigen Test Kit)			12.00000	
Indomethacin Cap 25 MG	0.09615		0.02910	
Indomethacin Cap 50 MG			0.07690	
Indomethacin Cap ER 75 MG	0.20626		0.06667	
Infliximab For IV Inj 100 MG			1067.19408	
INTELISWAB COVID-19 RAPID (COVID-19 At Home Antigen Test Kit)			12.00000	
Ipratropium Bromide Inhal Soln 0.02%			0.05067	
Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)			0.23084	
Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)			0.54166	
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML			0.04222	
Irbesartan Tab 150 MG	0.11167		0.11244	
Irbesartan Tab 300 MG	0.14822		0.04367	
Irbesartan Tab 75 MG	0.08431		0.06899	
Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	0.15327		0.12069	
Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	0.20018		0.16568	
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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Isosorbide Dinitrate Tab 10 MG	0.20663		0.18900	
Isosorbide Dinitrate Tab 20 MG	0.24672		0.24302	
Isosorbide Dinitrate Tab 30 MG	0.27031		0.26098	
Isosorbide Dinitrate Tab 40 MG	3.61697		2.70996	
Isosorbide Dinitrate Tab 5 MG	0.21352		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	0.17513		0.16500	
Isosorbide Mononitrate Tab ER 24HR 30 MG	0.07064		0.05500	
Isosorbide Mononitrate Tab ER 24HR 60 MG	0.09616		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	0.83842		0.81617	
Itraconazole Oral Soln 10 MG/ML			1.02020	
Ivabradine HCl Tab 5 MG (Base Equiv)	0.84356		2.13649	
Ivermectin Cream 1%	3.02351		4.27820	
Ivermectin Tab 3 MG	2.42127		3.46600	
JIVI (Antihemophil Fact Rcmb(BDD-rFVIII PEG-auc))For Inj 3000 Unit)			1.59000	
KALYDECO (Ivacaftor Packet 25 MG)			425.86318	
KALYDECO (Ivacaftor Packet 50 MG)			425.00974	
KALYDECO (Ivacaftor Packet 75 MG)			425.00974	
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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
KCI 20 MEQ/L (0.15%) in Dextrose 5% & NaCl 0.9% Inj			0.00342	
KCI 20 MEQ/L (0.15%) in NaCl 0.45% Inj			0.00380	
KCI 20 MEQ/L (0.15%) in NaCl 0.9% Inj			0.00325	
KCI 30 MEQ/L (0.224%) in Dextrose 5% & NaCl 0.45% Inj			0.00232	
KCI 40 MEQ/L (0.3%) in Dextrose 5% & NaCl 0.45% Inj			0.00217	
KCI 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%	0.07981		0.05492	
Ketoconazole Tab 200 MG	0.67342		0.61244	
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	0.12442		0.26499	
Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)			12.82400	
KINNEY LANCETS (Lancets***)			0.07800	
KINNEY THIN LANCETS (Lancets***)			0.07800	
KLOXXADO (Naloxone HCl Nasal Spray 8 MG/0.1ML)			35.51000	
KROGER HEALTHPRO TWIST LA (Lancets***)			0.07800	
KROGER LANCETS (Lancets***)			0.07800	
KROGER LANCETS 21G (Lancets***)			0.07800	
KROGER LANCETS MICRO THIN (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
KROGER LANCETS SUPER THIN (Lancets***)			0.07800	
KROGER LANCETS THIN (Lancets***)			0.07800	
KROGER LANCETS THIN 26G (Lancets***)			0.07800	
KROGER LANCETS ULTRATHIN (Lancets***)			0.07800	
Labetalol HCl Tab 100 MG	0.07885		0.08663	
Labetalol HCl Tab 200 MG	0.14225		0.11565	
Labetalol HCl Tab 300 MG	0.20425		0.15397	
Lacosamide Oral Solution 10 MG/ML			0.14025	
Lacosamide Tab 100 MG			0.18444	
Lacosamide Tab 150 MG	0.22023		0.22031	
Lacosamide Tab 200 MG	0.28570		0.27660	
Lacosamide Tab 50 MG	0.10756		0.09687	
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	
LADY LITE LANCETS (Lancets***)			0.07800	
Lamivudine Oral Soln 10 MG/ML			0.24042	
Lamivudine Tab 100 MG (HBV)			2.69028	
Lamivudine Tab 150 MG	6.64247		0.57867	
Lamivudine Tab 300 MG			1.18467	
Lamivudine-Zidovudine Tab 150-300 MG	0.70411		0.33467	
Lamotrigine Orally Disintegrating Tab 100 MG	2.79776		2.12516	
Lamotrigine Orally Disintegrating Tab 200 MG	3.10173		6.31279	
Lamotrigine Orally Disintegrating Tab 25 MG	1.90062		4.41567	
Lamotrigine Orally Disintegrating Tab 50 MG	1.44697		2.52450	
Lamotrigine Tab 100 MG	0.27991		0.03549	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Lamotrigine Tab 150 MG	0.36758		0.05320	
Lamotrigine Tab 200 MG	0.43965		0.07150	
Lamotrigine Tab 25 MG	0.17473		0.01978	
Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit			13.21145	
Lamotrigine Tab 35 x 25 MG Starter Kit			0.08574	
Lamotrigine Tab Chewable Dispersible 25 MG	0.93217		0.08860	
Lamotrigine Tab Chewable Dispersible 5 MG	0.35327		0.11000	
Lamotrigine Tab ER 24HR 100 MG	3.23237		0.72007	
Lamotrigine Tab ER 24HR 200 MG	3.41751		0.68990	
Lamotrigine Tab ER 24HR 25 MG	0.65762		0.46122	
Lamotrigine Tab ER 24HR 250 MG	3.69590		2.33333	
Lamotrigine Tab ER 24HR 300 MG	4.72891		1.97146	
Lamotrigine Tab ER 24HR 50 MG			0.99967	
LANCET STANDARD (Lancets***)			0.07800	
LANCETS (Lancets***)			0.07800	
LANCETS 33G EXTRA FINE (Lancets***)			0.07800	
LANCETS MICRO THIN 33G (Lancets***)			0.07800	
Lancets Misc.***			0.07800	
LANCETS STANDARD (Lancets***)			0.07800	
LANCETS SUPER THIN (Lancets***)			0.07800	
LANCETS SUPER THIN 28G (Lancets***)			0.07800	
LANCETS THIN (Lancets***)			0.07800	
LANCETS ULTRA FINE (Lancets***)			0.07800	
LANCETS ULTRA THIN (Lancets***)			0.07800	
LANCETS ULTRA THIN 30G (Lancets***)			0.07800	
Lancets***			0.07800	
Lansoprazole Cap Delayed Release 15 MG			0.10000	
Lansoprazole Cap Delayed Release 30 MG	0.24836		0.07668	
Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG			1.60272	
Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG			2.29252	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	4.42467		5.06310	
Lanthanum Carbonate Chew Tab 500 MG (Elemental)	3.40789		3.64325	
Latanoprost Opth Soln 0.005%			1.00000	
LATUDA (Lurasidone HCl Tab 20 MG)	0.14272		45.46950	
LATUDA (Lurasidone HCl Tab 40 MG)	0.22554		45.20924	
LATUDA (Lurasidone HCl Tab 60 MG)	0.31397		44.92570	
LEADER LANCETS COLORED (Lancets***)			0.07800	
LEADER SUPER THIN LANCET (Lancets***)			0.07800	
LEADER THIN LANCETS (Lancets***)			0.07800	
Ledipasvir-Sofosbuvir Tab 90-400 MG			1120.50000	
Leflunomide Tab 10 MG	0.33629		0.35667	
Leflunomide Tab 20 MG	0.28844		0.22793	
Letrozole Tab 2.5 MG	0.14905		0.08978	
Leucovorin Calcium For Inj 200 MG			7.80000	
Leucovorin Calcium Inj 10 MG/ML			0.26000	
Leucovorin Calcium Tab 10 MG	2.37542		2.80176	
Leucovorin Calcium Tab 15 MG	2.14627		1.60967	
Leucovorin Calcium Tab 25 MG	2.35663		2.71047	
Leucovorin Calcium Tab 5 MG	0.43058		0.36090	
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	
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	0.09223		0.02752	
Levetiracetam Tab 1000 MG	0.36267		0.14300	
Levetiracetam Tab 250 MG	0.15903		0.04400	
Levetiracetam Tab 500 MG	0.27063		0.07000	
Levetiracetam Tab 750 MG	0.35392		0.10000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Levetiracetam Tab ER 24HR 500 MG	0.70330		0.16667	
Levetiracetam Tab ER 24HR 750 MG	0.75059		0.21650	
Levobunolol HCl Ophth Soln 0.5%			0.59600	
Levocarnitine Oral Soln 1 GM/10ML (10%)	0.17372		0.13908	
Levocarnitine Tab 330 MG	0.85153		0.47111	
Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)			0.29000	
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			0.82871	
Levofloxacin Tab 250 MG	0.14314		0.09805	
Levofloxacin Tab 500 MG	0.14273		0.10800	
Levofloxacin Tab 750 MG	0.27285		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	0.15146		0.14579	
Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	0.15641		0.12647	
Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	0.11231		0.11607	
Levonorgestrel Tab 1.5 MG			35.07625	
Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG			0.18904	
Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG			1.08020	
Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	0.22804		0.18195	
Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	0.11654		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	0.11080		0.05350	
Levothyroxine Sodium Tab 112 MCG	0.14777		0.07225	
Levothyroxine Sodium Tab 125 MCG	0.18158		0.06837	
Levothyroxine Sodium Tab 137 MCG	0.16188		0.06672	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Levothyroxine Sodium Tab 150 MCG	0.12876		0.06551	
Levothyroxine Sodium Tab 175 MCG	0.14225		0.07931	
Levothyroxine Sodium Tab 200 MCG	0.15760		0.09595	
Levothyroxine Sodium Tab 25 MCG	0.06394		0.05904	
Levothyroxine Sodium Tab 300 MCG	0.16705		0.10833	
Levothyroxine Sodium Tab 50 MCG	0.08244		0.05508	
Levothyroxine Sodium Tab 75 MCG	0.09410		0.05543	
Levothyroxine Sodium Tab 88 MCG	0.11408		0.06215	
LIBERTY MEDICAL LANCETS 3 (Lancets***)			0.07800	
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%			0.50850	
Lidocaine HCl Viscous Soln 2%	0.09785		0.04712	
Lidocaine Oint 5%			0.20580	
Lidocaine Patch 5%			1.48273	
Lidocaine-Hydrocortisone Acetate Perianal Cream 3-0.5%			0.65107	
Lidocaine-Prilocaine Cream 2.5-2.5%			0.17500	
Lidocaine-Prilocaine Cream Kit 2.5-2.5%			0.23130	
LIFESCAN UNISTIK 2 DEEP P (Lancets***)			0.07800	
LIFESCAN UNISTIK II LANCE (Lancets***)			0.07800	
LIFESCAN UNISTIK II NEONA (Lancets***)			0.07800	
Linezolid For Susp 100 MG/5ML			4.75000	
Linezolid Tab 600 MG	1.37704		1.00000	
Liothyronine Sodium Tab 25 MCG	0.31993		0.27698	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Liothyronine Sodium Tab 5 MCG	0.20929		0.20927	
Liothyronine Sodium Tab 50 MCG	0.63396		0.64390	
Lisdexamfetamine Dimesylate Cap 10 MG	3.09705		3.67290	
Lisdexamfetamine Dimesylate Cap 20 MG	2.78062		3.67290	
Lisdexamfetamine Dimesylate Cap 30 MG	2.95842		3.67290	
Lisdexamfetamine Dimesylate Cap 40 MG	3.06463		3.67290	
Lisdexamfetamine Dimesylate Cap 50 MG	3.16992		3.67290	
Lisdexamfetamine Dimesylate Cap 60 MG	3.28726		3.67290	
Lisdexamfetamine Dimesylate Cap 70 MG	3.39422		3.67290	
Lisdexamfetamine Dimesylate Chew Tab 50 MG	5.00775		6.64770	
Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	0.02902		0.02300	
Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	0.03760		0.02280	
Lisinopril & Hydrochlorothiazide Tab 20-25 MG	0.04004		0.03001	
Lisinopril Tab 10 MG	0.01888		0.01190	
Lisinopril Tab 2.5 MG			0.01029	
Lisinopril Tab 20 MG	0.02621		0.01566	
Lisinopril Tab 30 MG			0.03809	
Lisinopril Tab 40 MG			0.03904	
Lisinopril Tab 5 MG			0.01298	
LITE TOUCH LANCETS (Lancets***)			0.07800	
LITETOUCH LANCETS MICRO T (Lancets***)			0.07800	
Lithium Carbonate Cap 150 MG	0.09166		0.03780	
Lithium Carbonate Cap 300 MG	0.12707		0.03352	
Lithium Carbonate Cap 600 MG	0.29181		0.09110	
Lithium Carbonate Tab 300 MG			0.09870	
Lithium Carbonate Tab ER 300 MG	0.24930		0.09970	
Lithium Carbonate Tab ER 450 MG	0.25189		0.09783	
Lithium Oral Solution 8 mEq/5ML			0.30000	
LIVE BETTER LANCET SUPER (Lancets***)			0.07800	
LIVE BETTER LANCET ULTRA (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Lomustine Cap 40 MG			332.51460	
LONGS LANCETS ADULT (Lancets***)			0.07800	
LONGS LANCETS STANDARD (Lancets***)			0.07800	
LONGS LANCETS THIN (Lancets***)			0.07800	
LONGS LANCETS ULTRA THIN (Lancets***)			0.07800	
LONGS ORIGINAL LANCETS (Lancets***)			0.07800	
LONGS ULTRA THIN LANCETS (Lancets***)			0.07800	
Loperamide HCl Cap 2 MG			0.08918	
Lopinavir-Ritonavir Tab 200-50 MG	4.80490		5.66667	
Lorazepam Conc 2 MG/ML	0.64509		0.26900	
Lorazepam Inj 2 MG/ML			0.46840	
Lorazepam Inj 4 MG/ML			1.19860	
Lorazepam Tab 0.5 MG	0.03354		0.03233	
Lorazepam Tab 1 MG	0.03691		0.03665	
Lorazepam Tab 2 MG	0.07064		0.04021	
Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	0.07536		0.07169	
Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	0.08156		0.07700	
Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	0.06467		0.05678	
Losartan Potassium Tab 100 MG	0.09068		0.04800	
Losartan Potassium Tab 25 MG	0.02872		0.02685	
Losartan Potassium Tab 50 MG	0.06697		0.03286	
Loteprednol Etabonate Ophth Gel 0.5%	15.04268		19.54175	
Loteprednol Etabonate Ophth Susp 0.5%			16.87680	
Lovastatin Tab 10 MG	0.03761		0.03900	
Lovastatin Tab 20 MG	0.04213		0.03691	
Lovastatin Tab 40 MG	0.05583		0.04778	
Loxapine Succinate Cap 10 MG			0.31890	
Loxapine Succinate Cap 25 MG			0.26310	
Loxapine Succinate Cap 5 MG			0.28570	
Loxapine Succinate Cap 50 MG			0.62000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Lubiprostone Cap 24 MCG	0.69773		0.57572	
Lubiprostone Cap 8 MCG	0.74539		0.81667	
LUCIRA CHECK IT COVID-19 (COVID-19 At Home Molecular Test Kit)			73.87000	
LUCIRA COVID-19 ALL-IN-ON (COVID-19 At Home Molecular Test Kit)			73.87000	
LUPRON (Leuprolide Acetate Inj Kit 1 MG/0.2ML (5 MG/ML))			410.54000	
LUPRON 2 WEEK SUPPLY (Leuprolide Acetate Inj Kit 1 MG/0.2ML (5 MG/ML))			410.54000	
Lurasidone HCl Tab 120 MG	0.53316		0.55342	
Lurasidone HCl Tab 20 MG	0.14272		0.18484	
Lurasidone HCl Tab 40 MG	0.22554		0.24697	
Lurasidone HCl Tab 60 MG	0.31397		0.34767	
Lurasidone HCl Tab 80 MG	0.37394		0.41367	
LYSIPLEX (Multiple Vitamin Tab**)			0.02313	
Magnesium Hydroxide Susp 400 MG/5ML			0.00651	
Magnesium Sulfate Inj 50%			0.16190	
MAJOR COMFORT LANCETS (Lancets***)			0.07800	
MAKENA (Hydroxyprogesterone Caproate Soln Auto-Injector 275 MG/1.1ML)			727.08000	
Malathion Lotion 0.5%			2.68358	
Maraviroc Tab 150 MG	10.42068		15.40817	
MATERNA (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)			0.17500	
MATERNA (Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***)			0.08435	
MATRONEX (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
MATULANE (Procarbazine HCl Cap 50 MG)			98.50440	
Meclizine HCl Chew Tab 25 MG			0.17912	
Meclizine HCl Tab 12.5 MG	0.04698		0.03010	
Meclizine HCl Tab 25 MG	0.07940		0.10125	
Meclofenamate Sodium Cap 100 MG			1.78455	
Meclofenamate Sodium Cap 50 MG			0.56134	
MEDICHOICE PRE-SET SAFETY (Lancets***)			0.07800	
MEDICHOICE SAFETY LANCET (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
MEDICINE SHOPPE LANCETS (Lancets***)			0.07800	
MEDICINE SHOPPE LANCETS T (Lancets***)			0.07800	
MEDI-LANCE LANCETS (Lancets***)			0.07800	
MEDISENSE THIN LANCETS (Lancets***)			0.07800	
MEDLANCE PLUS EXTRA LANCE (Lancets***)			0.07800	
MEDLANCE PLUS LANCETS (Lancets***)			0.07800	
MEDLANCE PLUS LANCETS LIT (Lancets***)			0.07800	
MEDLANCE PLUS LITE LANCET (Lancets***)			0.07800	
MEDLANCE PLUS SPECIAL LAN (Lancets***)			0.07800	
MEDLANCE PLUS SUPERLITE 3 (Lancets***)			0.07800	
MEDLANCE PLUS UNIVERSAL L (Lancets***)			0.07800	
MEDLANCE PLUS/LITE 25G (Lancets***)			0.07800	
MEDLANCE/EXTRA (Lancets***)			0.07800	
MEDLANCE/LITE (Lancets***)			0.07800	
MEDLANCE/UNIVERSAL (Lancets***)			0.07800	
Medroxyprogesterone Acetate IM Susp 150 MG/ML			21.12000	
Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML			28.97030	
Medroxyprogesterone Acetate Tab 10 MG			0.14250	
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	0.30084		0.10500	
MEIJER ALCOHOL SWABS EXTR (Alcohol Swabs***)			0.01500	
MEIJER COLOR LANCETS UNIV (Lancets***)			0.07800	
MEIJER LANCETS (Lancets***)			0.07800	
MEIJER LANCETS THIN (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
MEIJER LANCETS UNIVERSAL (Lancets***)			0.07800	
MEIJER SUPER THIN LANCETS (Lancets***)			0.07800	
MEIJER THIN LANCETS (Lancets***)			0.07800	
MEKINIST (Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent))			110.43416	
Meloxicam Tab 15 MG	0.10091		0.01567	
Meloxicam Tab 7.5 MG	0.01641		0.01686	
Memantine HCl Cap ER 24HR 14 MG	0.30622		0.92529	
Memantine HCl Cap ER 24HR 21 MG	0.34907		0.76684	
Memantine HCl Cap ER 24HR 28 MG	0.49360		0.51606	
Memantine HCl Cap ER 24HR 7 MG	0.32128		0.36913	
Memantine HCl Oral Solution 2 MG/ML			1.30975	
Memantine HCl Tab 10 MG	0.06315		0.04825	
Memantine HCl Tab 28 x 5 MG & 21 x 10 MG Titration Pack			0.27204	
Memantine HCl Tab 5 MG	0.08191		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			1.63467	
Mesalamine Cap ER 24HR 0.375 GM	0.42098		0.79027	
Mesalamine Cap ER 500 MG			4.08942	
Mesalamine Enema 4 GM			0.12035	
Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**	116.75800		110.04250	
Mesalamine Suppos 1000 MG	1.71578		2.70260	
Mesalamine Tab Delayed Release 1.2 GM	1.39065		1.13750	
Mesalamine Tab Delayed Release 800 MG	4.37215		4.25000	
Mesna Inj 100 MG/ML			2.60000	
Metaproterenol Sulfate Syrup 10 MG/5ML			0.02460	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Metaxalone Tab 400 MG			3.68121	
Metaxalone Tab 800 MG	0.37720		0.40000	
Metformin HCl Oral Soln 500 MG/5ML	0.40416		0.95146	
Metformin HCl Tab 1000 MG	0.04489		0.02074	
Metformin HCl Tab 500 MG	0.01549		0.01260	
Metformin HCl Tab 850 MG	0.02467		0.02127	
Metformin HCl Tab ER 24HR 500 MG	0.02902		0.02600	
Metformin HCl Tab ER 24HR 750 MG	0.05628		0.04510	
Metformin HCl Tab ER 24HR Modified Release 1000 MG	0.41915		0.94444	
Metformin HCl Tab ER 24HR Modified Release 500 MG	0.29962		2.50000	
Metformin HCl Tab ER 24HR Osmotic 1000 MG			0.40964	
Metformin HCl Tab ER 24HR Osmotic 500 MG	0.10577		0.14300	
Methadone HCl Conc 10 MG/ML	0.54497		0.05102	
Methadone HCl Tab 10 MG			0.08050	
Methadone HCl Tab 5 MG	0.17787		0.10660	
Methadone HCl Tab For Oral Susp 40 MG			0.30600	
Methamphetamine HCl Tab 5 MG			5.86582	
Methazolamide Tab 25 MG	0.76003		2.63280	
Methazolamide Tab 50 MG	1.37308		2.41000	
Methenamine Hippurate Tab 1 GM	0.30699		0.35635	
Methenamine Mandelate Tab 1 GM			1.12356	
Methimazole Tab 10 MG	0.11671		0.12995	
Methimazole Tab 5 MG	0.07247		0.06279	
Methocarbamol Tab 500 MG	0.03725		0.05720	
Methocarbamol Tab 750 MG	0.04352		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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML)			1.08193	
Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML)			0.86700	
Methotrexate Sodium Tab 2.5 MG (Base Equiv)	0.15848		0.15715	
Methscopolamine Bromide Tab 2.5 MG	0.72040		0.31450	
Methscopolamine Bromide Tab 5 MG	1.42472		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	6.92811		11.05167	
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)			2.87252	
Methylphenidate HCl Cap ER 24HR 20 MG (LA)			1.13327	
Methylphenidate HCl Cap ER 24HR 30 MG (LA)			1.46800	
Methylphenidate HCl Cap ER 24HR 40 MG (LA)			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	0.11965		0.14676	
Methylphenidate HCl Soln 5 MG/5ML	0.11275		0.13551	
Methylphenidate HCl Tab 10 MG	0.21538		0.11087	
Methylphenidate HCl Tab 20 MG	0.24931		0.13068	
Methylphenidate HCl Tab 5 MG	0.15396		0.08470	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Methylphenidate HCl Tab ER 10 MG	0.46217		0.44352	
Methylphenidate HCl Tab ER 20 MG	0.62074		0.81042	
Methylphenidate HCl Tab ER 24HR 18 MG	2.58743		7.09784	
Methylphenidate HCl Tab ER 24HR 27 MG	2.56767		0.67700	
Methylphenidate HCl Tab ER 24HR 36 MG	2.89160		1.97932	
Methylphenidate HCl Tab ER 24HR 54 MG	3.30559		1.49053	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	2.58743		0.67320	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	2.56767		0.67700	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	2.89160		0.85580	
Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	3.30559		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	1.43032		1.58000	
Methylprednisolone Tab 32 MG			2.98680	
Methylprednisolone Tab 4 MG	0.13236		0.16150	
Methylprednisolone Tab 8 MG			1.09045	
Methylprednisolone Tab Therapy Pack 4 MG (21)	0.11587		0.15286	
Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv)			0.03070	
Metoclopramide HCl Tab 10 MG (Base Equivalent)	0.04578		0.03440	
Metoclopramide HCl Tab 5 MG (Base Equivalent)	0.03871		0.02200	
Metolazone Tab 10 MG	0.32231		0.30586	
Metolazone Tab 2.5 MG	0.22224		0.20000	
Metolazone Tab 5 MG	0.30704		0.33050	
Metoprolol & Hydrochlorothiazide Tab 100-25 MG	1.29291		1.53740	
Metoprolol & Hydrochlorothiazide Tab 50-25 MG	1.00139		0.67570	
Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	0.11146		0.08120	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	0.18204		0.14976	
Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	0.05630		0.04500	
Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	0.06603		0.06846	
Metoprolol Tartrate Tab 100 MG	0.03078		0.02355	
Metoprolol Tartrate Tab 25 MG	0.01757		0.01650	
Metoprolol Tartrate Tab 37.5 MG			0.06980	
Metoprolol Tartrate Tab 50 MG	0.02237		0.01646	
Metoprolol Tartrate Tab 75 MG			0.12197	
Metronidazole Cap 375 MG			3.91000	
Metronidazole Cream 0.75%	0.46616		0.63078	
Metronidazole Gel 0.75%	0.33303		0.28138	
Metronidazole Gel 1%	0.49862		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	0.07133		0.06430	
Metronidazole Tab 500 MG	0.10236		0.09050	
Metronidazole Vaginal Gel 0.75%			0.15308	
Mexiletine HCl Cap 150 MG	0.32122		0.20725	
Mexiletine HCl Cap 200 MG	0.31693		0.26500	
Mexiletine HCl Cap 250 MG			0.82212	
Micafungin Sodium For IV Soln 100 MG			45.09556	
Miconazole Nitrate Vaginal Suppos 200 MG			13.71500	
MICROLET ENDCAPS REGULAR (Lancets Misc.***)			0.07800	
MICROLET ENDCAPS SUPER (Lancets Misc.***)			0.07800	
MICROLET LANCETS (Lancets***)			0.07800	
MICROLET NEXT LANCETS (Lancets***)			0.07800	
MICROTAINER SAFETY FLOW L (Lancets***)			0.07800	
Midazolam HCl Inj 10 MG/10ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 10 MG/2ML (Base Equivalent)			0.43550	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Midazolam HCl Inj 2 MG/2ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 25 MG/5ML (Base Equivalent)			0.43550	
Midazolam HCl Inj 5 MG/5ML (Base Equivalent)			0.25160	
Midazolam HCl Inj 5 MG/ML (Base Equivalent)			0.43550	
Midazolam HCl Inj 50 MG/10ML (Base Equivalent)			0.43550	
Midazolam HCl Syrup 2 MG/ML (Base Equivalent)			0.52224	
Midodrine HCl Tab 10 MG	0.15784		0.15300	
Midodrine HCl Tab 2.5 MG	0.07294		0.08030	
Midodrine HCl Tab 5 MG	0.11104		0.10950	
MIFEPREX (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	
MINCORA (Multiple Vitamin Tab**)			0.02313	
MINILET THIN LANCETS (Lancets***)			0.07800	
Minocycline HCl Cap 100 MG	0.36598		0.22560	
Minocycline HCl Cap 50 MG	0.18347		0.13650	
Minocycline HCl Cap 75 MG	0.42157		0.26765	
Minocycline HCl Tab 100 MG	0.77380		0.56241	
Minocycline HCl Tab 50 MG			0.35933	
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	0.17104		0.12250	
Minoxidil Tab 2.5 MG	0.09542		0.08976	
Mirtazapine Orally Disintegrating Tab 15 MG	0.33054		0.32767	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Mirtazapine Orally Disintegrating Tab 30 MG	0.50208		0.33067	
Mirtazapine Orally Disintegrating Tab 45 MG	0.45157		0.38833	
Mirtazapine Tab 15 MG	0.06757		0.05492	
Mirtazapine Tab 30 MG	0.08769		0.07900	
Mirtazapine Tab 45 MG	0.10785		0.07467	
Mirtazapine Tab 7.5 MG	0.36074		0.34216	
Misoprostol Tab 100 MCG	0.42433		0.36067	
Misoprostol Tab 200 MCG	0.67053		0.52727	
Mitomycin For IV Soln 20 MG			94.90000	
Mitomycin For IV Soln 5 MG			26.00000	
Mitoxantrone HCl Inj Conc 20 MG/10ML (2 MG/ML)			23.65870	
Mitoxantrone HCl Inj Conc 25 MG/12.5ML (2 MG/ML)			23.65870	
Mitoxantrone HCl Inj Conc 30 MG/15ML (2 MG/ML)			23.65870	
MM TWIST LANCETS (Lancets****)			0.07800	
M-NATAL PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG****)			0.07721	
Modafinil Tab 100 MG	0.34681		0.25933	
Modafinil Tab 200 MG	0.69465		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	
MONOJECTOR END CAPS (Lancets Misc.****)			0.07800	
MONOJECTOR OPD END CAPS (Lancets Misc.****)			0.07800	
MONOLET LANCETS (Lancets****)			0.07800	
MONOLET NEOLET LANCETS (Lancets****)			0.07800	
MONOLET OPD LANCETS (Lancets****)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
MONOLET THIN LANCETS (Lancets***)			0.07800	
MONOLETTOR SAFETY LANCETS (Lancets***)			0.07800	
Montelukast Sodium Chew Tab 4 MG (Base Equiv)	0.07750		0.07095	
Montelukast Sodium Chew Tab 5 MG (Base Equiv)	0.06842		0.05211	
Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)			0.55253	
Montelukast Sodium Tab 10 MG (Base Equiv)	0.04575		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			0.09000	
Morphine Sulfate Tab 30 MG			0.68000	
Morphine Sulfate Tab ER 100 MG			0.70590	
Morphine Sulfate Tab ER 15 MG	0.31250		0.15530	
Morphine Sulfate Tab ER 200 MG	2.38152		1.86820	
Morphine Sulfate Tab ER 30 MG	0.43260		0.23720	
Morphine Sulfate Tab ER 60 MG	0.70754		0.54275	
Moxifloxacin HCl Opth Soln 0.5% (Base Equiv)	2.02473		3.66967	
Moxifloxacin HCl Tab 400 MG (Base Equiv)	1.72599		1.12380	
MP PREGNANCY (Pregnancy Test)			3.40000	
MPD SAFETY LANCET 21G/1.8 (Lancets***)			0.07800	
MPD SAFETY LANCET 28G/1.8 (Lancets***)			0.07800	
MPD SAFETY LANCET 30G/1.8 (Lancets***)			0.07800	
MPD SAFETY LANCETS 23G/1. (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
MS SUPER THIN LANCET (Lancets***)			0.07800	
MULTI VITAMIN WITH IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
MULTICEBRIN (Multiple Vitamin Tab**)			0.02313	
Multiple Vitamin Tab**			0.02313	
MULTIPLE VITAMINS (Multiple Vitamin Tab**)			0.02313	
MULTIPLE VITAMINS ESSENTI (Multiple Vitamin Tab**)			0.02313	
Multiple Vitamins w/ Iron Tab**			0.02788	
Multiple Vitamins w/ Minerals Tab**			0.39409	
MULTIVITAMIN (Multiple Vitamin Tab**)			0.02313	
MULTI-VITAMIN (Multiple Vitamin Tab**)			0.02313	
MULTIVITAMIN + FLUORIDE (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	
MULTIVITAMIN ADULT (Multiple Vitamin Tab**)			0.02313	
MULTIVITAMIN ADULT ONE DA (Multiple Vitamin Tab**)			0.02313	
MULTIVITAMIN IRON-FREE (Multiple Vitamin Tab**)			0.02313	
MULTIVITAMIN PLUS IRON AD (Multiple Vitamins w/ Iron Tab**)			0.02788	
MULTIVITAMIN WITH FLUORID (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	
MULTI-VITAMINS (Multiple Vitamin Tab**)			0.02313	
MULTI-VITAMINS/IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
MULTI-VIT-FLOR (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	
Mupirocin Calcium Cream 2%			2.17100	
Mupirocin Oint 2%			0.13314	
M-VIT (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
Mycophenolate Mofetil Cap 250 MG	0.24994		0.11929	
Mycophenolate Mofetil For Oral Susp 200 MG/ML	1.76620		1.60520	
Mycophenolate Mofetil Tab 500 MG	0.31591		0.20390	
Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	0.46910		0.19450	
Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	0.68063		0.20519	
MYDAYIS (Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 12.5 MG)			8.97643	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
MYDAYIS (Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 25 MG)	8.52612		8.94741	
MYDAYIS (Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 37.5 MG)	8.85446		8.93356	
MYDAYIS (Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 50 MG)	8.52548		8.91497	
MYGLUCOHEALTH MGH SOFTLAN (Lancets***)			0.07800	
MYNATAL ADVANCE (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
MYNATAL ULTRACAPLET (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
Nabumetone Tab 500 MG	0.12834		0.10490	
Nabumetone Tab 750 MG	0.17890		0.12250	
Nadolol Tab 20 MG	0.19270		0.08558	
Nadolol Tab 40 MG	0.30363		0.32630	
Nadolol Tab 80 MG	0.38520		0.49690	
Naftifine HCl Cream 2%			4.27667	
NAGLAZYME (Galsulfase Soln For IV Infusion 1 MG/ML)			382.23400	
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 Soln Prefilled Syringe 2 MG/2ML			15.48117	
Naltrexone HCl Tab 50 MG	1.27911		0.50964	
Naproxen Sodium Tab 275 MG	0.23471		0.08963	
Naproxen Sodium Tab 550 MG	0.18731		0.21800	
Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv)			9.75680	
Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)	8.95696		6.96787	
Naproxen Susp 125 MG/5ML			0.35717	
Naproxen Tab 250 MG	0.04591		0.03202	
Naproxen Tab 375 MG	0.05890		0.04691	
Naproxen Tab 500 MG	0.06107		0.05330	
Naproxen Tab EC 375 MG			0.11710	
Naproxen Tab EC 500 MG			2.53550	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Naratriptan HCl Tab 1 MG (Base Equiv)			2.29900	
Naratriptan HCl Tab 2.5 MG (Base Equiv)			0.83704	
NARCAN (Naloxone HCl Nasal Spray 4 MG/0.1ML)			35.51000	
NATACHEW (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)			0.52140	
NATALCHEW (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)			0.52140	
NATALINS (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)			0.17500	
NATALINS RX (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)			0.17500	
NATAL-V RX (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
Nateglinide Tab 120 MG	0.24954		0.14756	
Nateglinide Tab 60 MG	0.17848		0.26967	
NATELLE PREFER (Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***)			0.29975	
NAT-RUL DAILY-VITE + IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
NAVARRO LANCETS (Lancets***)			0.07800	
Nebivolol HCl Tab 10 MG (Base Equivalent)			0.19233	
Nebivolol HCl Tab 2.5 MG (Base Equivalent)	0.23799		0.29440	
Nebivolol HCl Tab 20 MG (Base Equivalent)	0.35938		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	
NEOMULTIVITE (Multiple Vitamin Tab**)			0.02313	
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	
Neomycin-Polymyxin B GU Irrigation Soln			13.36010	
Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%			1.53143	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	1.62906		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%	4.03566		4.62700	
NEONATAL COMPLETE (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
NEONATAL COMPLETE (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)			0.15587	
NEONATAL PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
NESTABS FA (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)			0.15587	
NESTABS RX (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
NETGROUP LANCETS (Lancets****)			0.07800	
NEUPOGEN (Filgrastim Inj 300 MCG/ML)			313.57068	
NEUPOGEN (Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML)			664.74036	
NEUPOGEN (Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML))			636.01204	
Nevirapine Tab 200 MG	0.14423		0.10617	
Nevirapine Tab ER 24HR 400 MG			0.44233	
NEVVITE (Multiple Vitamin Tab**)			0.02313	
NEXAVAR (Sorafenib Tosylate Tab 200 MG (Base Equivalent))			159.61896	
Niacin Tab ER 1000 MG (Antihyperlipidemic)	0.25101		0.21907	
Niacin Tab ER 500 MG (Antihyperlipidemic)	0.16625		0.08178	
Niacin Tab ER 750 MG (Antihyperlipidemic)			0.93243	
Nicardipine HCl Cap 20 MG	1.37273		0.12545	
Nicardipine HCl Cap 30 MG	3.94396		1.60211	
Nifedipine Cap 10 MG	0.30698		0.28690	
Nifedipine Cap 20 MG			0.56369	
Nifedipine Tab ER 24HR 30 MG			0.08310	
Nifedipine Tab ER 24HR 60 MG			0.09810	
Nifedipine Tab ER 24HR 90 MG			0.16585	
Nifedipine Tab ER 24HR Osmotic Release 30 MG	0.12571		0.09880	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Nifedipine Tab ER 24HR Osmotic Release 60 MG	0.15704		0.13903	
Nifedipine Tab ER 24HR Osmotic Release 90 MG	0.27085		0.21750	
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	0.23724		0.26322	
Nitrofurantoin Macrocrystalline Cap 25 MG	1.43713		1.54380	
Nitrofurantoin Macrocrystalline Cap 50 MG	0.14206		0.18600	
Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	0.33183		0.28202	
Nitroglycerin SL Tab 0.3 MG	0.09281		0.12840	
Nitroglycerin SL Tab 0.4 MG			0.11400	
Nitroglycerin SL Tab 0.6 MG	0.12515		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	
NIVA-PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
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	0.29818		0.24429	
Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	0.47484		0.47533	
Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	0.20344		0.23512	
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG	0.53953		0.32840	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	1.64376		1.70095	
Norethindrone & Mestranol Tab 1 MG-50MCG			0.92340	
Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	0.25258		0.17698	
Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	0.39229		0.34307	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG	0.15272		0.12804	
Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG	0.16487		0.15557	
Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	0.33395		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)	0.23040		0.27697	
Norethindrone Acetate Tab 5 MG	0.28947		0.26875	
Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG			1.91320	
Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	0.85181		1.01938	
Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	0.98458		0.91503	
Norethindrone Tab 0.35 MG	0.09445		0.08214	
Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	0.29617		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	0.12394		0.11827	
Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	0.11090		0.09792	
Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	0.13077		0.09250	
Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	0.29884		0.26161	
Nortriptyline HCl Cap 10 MG			0.05945	
Nortriptyline HCl Cap 25 MG	0.15185		0.06686	
Nortriptyline HCl Cap 50 MG			0.07767	
Nortriptyline HCl Cap 75 MG			0.10436	
Nortriptyline HCl Soln 10 MG/5ML			0.24424	
NOVA SAFETY LANCETS 23G (Lancets***)			0.07800	
NOVA SAFETY LANCETS 28G (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
NOVA SUREFLEX LANCETS (Lancets***)			0.07800	
NOVOSEVEN RT (Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG))			1.59000	
NOVOSEVEN RT (Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG))			1.59000	
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	0.38111		0.29628	
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	
O-CAL FA (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
OCTAGAM (Immune Globulin (Human) IV Soln 10 GM/100ML)			8.31000	
OCTAGAM (Immune Globulin (Human) IV Soln 10 GM/200ML)			7.59101	
OCTAGAM (Immune Globulin (Human) IV Soln 2.5 GM/50ML)			6.91373	
OCTAGAM (Immune Globulin (Human) IV Soln 20 GM/200ML)			8.31000	
OCTAGAM (Immune Globulin (Human) IV Soln 5 GM/100ML)			7.59101	
OCTAGAM (Immune Globulin (Human) IV Soln 5 GM/50ML)			8.31000	
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	
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 Ophth Soln 0.3%			1.45200	
Ofloxacin Otic Soln 0.3%			1.61325	
Olanzapine For IM Inj 10 MG			25.95200	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Olanzapine Orally Disintegrating Tab 10 MG	0.39164		0.34400	
Olanzapine Orally Disintegrating Tab 15 MG	0.61188		0.57400	
Olanzapine Orally Disintegrating Tab 20 MG	0.91804		0.41667	
Olanzapine Orally Disintegrating Tab 5 MG	0.31097		0.18167	
Olanzapine Tab 10 MG	0.10856		0.08590	
Olanzapine Tab 15 MG	0.13562		0.11167	
Olanzapine Tab 2.5 MG	0.07971		0.05758	
Olanzapine Tab 20 MG	0.15058		0.12946	
Olanzapine Tab 5 MG	0.10691		0.06533	
Olanzapine Tab 7.5 MG	0.09088		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	0.07348		0.02211	
Olmesartan Medoxomil Tab 40 MG	0.12264		0.12763	
Olmesartan Medoxomil Tab 5 MG	0.08595		0.04767	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	0.18129		0.13000	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	0.24323		0.19648	
Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	0.21593		0.17600	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	0.86292		0.84267	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	1.25663		1.82389	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	1.18507		0.99833	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	1.12445		1.89000	
Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	1.20470		1.71000	
Olopatadine HCl Nasal Soln 0.6%	0.88310		0.89122	
Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)			1.80956	
Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)			3.26800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Omega-3-acid Ethyl Esters Cap 1 GM			0.17150	
Omeprazole Cap Delayed Release 10 MG	0.07157		0.02056	
Omeprazole Cap Delayed Release 20 MG	0.04585		0.02317	
Omeprazole Cap Delayed Release 40 MG	0.05044		0.04998	
Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	0.48295		1.11772	
Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	0.59359		1.28050	
Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG			14.33167	
OMNICAP (Multiple Vitamin Tab**)			0.02313	
OMNITROPE (Somatropin For Inj 5.8 MG)			313.78482	
OMNITROPE (Somatropin Inj 10 MG/1.5ML)			828.20720	
OMNITROPE (Somatropin Inj 5 MG/1.5ML)			414.10360	
ON CALL LANCETS (Lancets***)			0.07800	
ON CALL PLUS LANCETS (Lancets***)			0.07800	
ON/GO COVID-19 ANTIGEN SE (COVID-19 At Home Antigen Test Kit)			12.00000	
ON/GO ONE COVID-19 ANTIGE (COVID-19 At Home Antigen Test Kit)			12.00000	
ONCE DAILY (Multiple Vitamin Tab**)			0.02313	
Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)			0.19929	
Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)			0.10075	
Ondansetron HCl Oral Soln 4 MG/5ML	0.30505		0.18500	
Ondansetron HCl Tab 4 MG	0.06414		0.05400	
Ondansetron HCl Tab 8 MG	0.09081		0.06372	
Ondansetron Orally Disintegrating Tab 4 MG	0.15006		0.13168	
Ondansetron Orally Disintegrating Tab 8 MG	0.16990		0.16616	
ONE DAILY (Multiple Vitamin Tab**)			0.02313	
ONE DAILY ESSENTIAL (Multiple Vitamin Tab**)			0.02313	
ONE DAILY ESSENTIALS (Multiple Vitamin Tab**)			0.02313	
ONE DAILY MULTIVITAMIN AD (Multiple Vitamin Tab**)			0.02313	
ONE DAILY MULTIVITAMIN/IR (Multiple Vitamins w/ Iron Tab**)			0.02788	
ONE STEP PREGNANCY TEST (Pregnancy Test)			3.40000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
ONE STEP PREGNANCY TEST K (Pregnancy Test)			3.40000	
ONE TOUCH FINE POINT LANC (Lancets***)			0.07800	
ONE VITE DAILY MULTIVITAM (Multiple Vitamin Tab**)			0.02313	
ONE VITE WOMENS PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
ONE-A-DAY 55 PLUS (Multiple Vitamin Tab**)			0.02313	
ONE-A-DAY ESSENTIAL (Multiple Vitamin Tab**)			0.02313	
ONE-A-DAY MENS (Multiple Vitamin Tab**)			0.02313	
ONE-A-DAY MEN'S (Multiple Vitamin Tab**)			0.02313	
ONE-A-DAY PLUS EXTRA C (Multiple Vitamin Tab**)			0.02313	
ONE-DAILY MULTI VITAMINS (Multiple Vitamin Tab**)			0.02313	
ONE-DAILY MULTI-VITAMIN (Multiple Vitamin Tab**)			0.02313	
ONE-DAILY MULTI-VITAMIN/I (Multiple Vitamins w/ Iron Tab**)			0.02788	
ONE-DAILY/IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
ONE-STEP PREGNANCY TEST (Pregnancy Test)			3.40000	
ONETOUCH CLUB LANCETS FIN (Lancets***)			0.07800	
ONETOUCH COMBO PACK (Lancets***)			0.07800	
ONETOUCH DELICA LANCETS E (Lancets***)			0.07800	
ONETOUCH DELICA LANCETS F (Lancets***)			0.07800	
ONETOUCH DELICA PLUS LANC (Lancets***)			0.07800	
ONETOUCH DELICA SAFETY LA (Lancets***)			0.07800	
ONETOUCH FINEPOINT LANCET (Lancets***)			0.07800	
ONETOUCH LANCETS (Lancets***)			0.07800	
ONETOUCH SURESOFT LANCING (Lancets Misc.***)			0.07800	
ONETOUCH ULTRASOFT 2 LANC (Lancets***)			0.07800	
ONETOUCH ULTRASOFT LANCET (Lancets***)			0.07800	
ONFI (Clobazam Tab 10 MG)	4.51225		19.64320	
ONFI (Clobazam Tab 20 MG)	5.48171		35.23762	
Opium Tincture 1% (10 MG/ML) (Morphine Equiv)			2.38890	
OPTILETS (Multiple Vitamin Tab**)			0.02313	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
OPTILETS-500 (Multiple Vitamin Tab**)			0.02313	
Oral Vehicles - Syrup***			0.04063	
Oral Vehicles***			0.04063	
ORENCIA (Abatacept For IV Soln 250 MG)			1104.59388	
ORKAMBI (Lumacaftor-Ivacaftor Granules Packet 100-125 MG)			372.81056	
ORKAMBI (Lumacaftor-Ivacaftor Granules Packet 150-188 MG)			372.81056	
ORKAMBI (Lumacaftor-Ivacaftor Tab 100-125 MG)			186.03172	
ORKAMBI (Lumacaftor-Ivacaftor Tab 200-125 MG)			186.03172	
Orphenadrine Citrate Tab ER 12HR 100 MG			0.14850	
Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG			2.04000	
OSCO ALCOHOL PREP SWABS (Alcohol Swabs***)			0.01500	
OSCO LANCETS STANDARD (Lancets***)			0.07800	
OSCO LANCETS THIN (Lancets***)			0.07800	
Oseltamivir Phosphate Cap 30 MG (Base Equiv)	1.32582		1.10145	
Oseltamivir Phosphate Cap 45 MG (Base Equiv)	1.98220		3.11900	
Oseltamivir Phosphate Cap 75 MG (Base Equiv)	1.79877		1.11820	
Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	0.22452		0.12917	
OTEZLA (Apremilast Tab 30 MG)			56.40680	
OTEZLA (Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG)			61.53469	
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	0.78891		0.50649	
Oxazepam Cap 15 MG			0.77050	
Oxazepam Cap 30 MG			1.06925	
Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)			0.19100	
Oxcarbazepine Tab 150 MG	0.13378		0.08840	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Oxcarbazepine Tab 300 MG	0.23994		0.11990	
Oxcarbazepine Tab 600 MG	0.32392		0.27592	
Oxcarbazepine Tab ER 24HR 600 MG	23.98672		15.27139	
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	0.04787		0.05600	
Oxybutynin Chloride Tab ER 24HR 10 MG	0.10111		0.09574	
Oxybutynin Chloride Tab ER 24HR 15 MG	0.11638		0.13383	
Oxybutynin Chloride Tab ER 24HR 5 MG	0.08944		0.08576	
Oxycodone HCl Cap 5 MG			0.33025	
Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	2.69613		2.61221	
Oxycodone HCl Soln 5 MG/5ML			0.07970	
Oxycodone HCl Tab 10 MG	0.18089		0.09270	
Oxycodone HCl Tab 15 MG	0.21598		0.11260	
Oxycodone HCl Tab 20 MG	0.23740		0.18695	
Oxycodone HCl Tab 30 MG	0.38296		0.19490	
Oxycodone HCl Tab 5 MG	0.15345		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	
Oxycodone HCl Tab ER 12HR Deter 80 MG			12.00223	
Oxycodone w/ Acetaminophen Tab 10-325 MG			0.13560	
Oxycodone w/ Acetaminophen Tab 2.5-325 MG			1.47814	
Oxycodone w/ Acetaminophen Tab 5-325 MG			0.10070	
Oxycodone w/ Acetaminophen Tab 7.5-325 MG			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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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	
Paliperidone Tab ER 24HR 1.5 MG	1.27144		1.09564	
Paliperidone Tab ER 24HR 3 MG	1.65766		1.50296	
Paliperidone Tab ER 24HR 6 MG	1.04260		1.81130	
Paliperidone Tab ER 24HR 9 MG	2.53582		1.69256	
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	
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	
Pantoprazole Sodium For IV Soln 40 MG (Base Equiv)			1.70000	
Paricalcitol Cap 1 MCG			0.94067	
Paricalcitol Cap 2 MCG			8.16667	
Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)			1.22326	
Paroxetine HCl Tab 10 MG	0.06603		0.04078	
Paroxetine HCl Tab 20 MG	0.06882		0.04700	
Paroxetine HCl Tab 30 MG	0.09832		0.08261	
Paroxetine HCl Tab 40 MG	0.11711		0.08511	
Paroxetine HCl Tab ER 24HR 12.5 MG	0.49289		0.59985	
Paroxetine HCl Tab ER 24HR 25 MG	0.42472		0.69350	
Paroxetine HCl Tab ER 24HR 37.5 MG	0.42993		0.83200	
Paroxetine Mesylate Cap 7.5 MG (Base Equiv)			3.29267	
PC LANCETS SUPER THIN 30G (Lancets***)			0.07800	
Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**			0.11440	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***			0.06770	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***			0.06583	
Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***			0.08267	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***			0.10270	
Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***			0.11440	
Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***			0.12480	
Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***			0.10270	
Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***			0.10270	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	0.00451		0.00350	
PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM			0.00226	
PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-C For Soln 100 GM			53.42857	
PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	0.00587		0.00473	
PEGASYS (Peginterferon alfa-2a Inj 180 MCG/ML)			1017.40404	
PEG-INTRON REDIPEN (Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML)			867.21720	
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	0.06515		0.05000	
Penicillin V Potassium Tab 500 MG	0.10383		0.05740	
PENLET CAPS REPLACEMENT (Lancets***)			0.07800	
PENLET II REPLACEMENT CAP (Lancets Misc.***)			0.07800	
Pentazocine w/ Naloxone HCl Tab 50-0.5 MG			1.05396	
Pentoxifylline Tab ER 400 MG	0.24462		0.12795	
PERFECT LANCETS 30G (Lancets***)			0.07800	
PERFECT POINT SAFETY LANC (Lancets***)			0.07800	
PERFECT PRESSURE ACTIVATE (Lancets***)			0.07800	
Perindopril Erbumine Tab 2 MG			0.72800	
Perindopril Erbumine Tab 4 MG			0.44901	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Perindopril Erbumine Tab 8 MG			0.44392	
PERITINIC (Multiple Vitamins w/ Iron Tab**)			0.02788	
Permethrin Cream 5%	0.22780		0.29678	
Permethrin Creme Rinse 1%			0.14150	
Perphenazine Tab 16 MG	0.43262		0.63256	
Perphenazine Tab 2 MG	0.19956		0.22730	
Perphenazine Tab 4 MG	0.17760		0.29070	
Perphenazine Tab 8 MG	0.19922		0.18390	
Perphenazine-Amitriptyline Tab 2-10 MG			0.06450	
Perphenazine-Amitriptyline Tab 2-25 MG			1.27540	
Perphenazine-Amitriptyline Tab 4-10 MG			0.21320	
Perphenazine-Amitriptyline Tab 4-25 MG			0.71400	
Perphenazine-Amitriptyline Tab 4-50 MG			1.11240	
PERTZYE (Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit)			4.65068	
PERTZYE (Pancrelipase (Lip-Prot-Amyl) DR Cap 4000-14375-15125 Unit)			1.55688	
PHARMACIST CHOICE ALCOHOL (Alcohol Swabs***)			0.01500	
PHARMACIST CHOICE SELECT (Lancets***)			0.07800	
PHARMACIST CHOICE ULTRA T (Lancets***)			0.07800	
PHARMACY COUNTER LANCETS (Lancets***)			0.07800	
Phenazopyridine HCl Tab 100 MG			0.27000	
Phenazopyridine HCl Tab 200 MG			0.14292	
Phendimetrazine Tartrate Tab 35 MG	0.12687		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			0.03600	
Phenobarbital Tab 16.2 MG			0.32878	
Phenobarbital Tab 30 MG			0.14081	
Phenobarbital Tab 32.4 MG			0.14700	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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	0.08608		0.16000	
Phentermine HCl Cap 30 MG	0.09228		0.15680	
Phentermine HCl Cap 37.5 MG			0.12359	
Phentermine HCl Tab 37.5 MG	0.06959		0.05568	
Phenylephrine HCl Opth Soln 2.5%			2.08607	
Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML			0.07010	
Phenytoin Chew Tab 50 MG	0.19291		0.19360	
Phenytoin Sodium Extended Cap 100 MG	0.61239		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	0.13299		0.06283	
Phytonadione Inj 1 MG/0.5ML (2 MG/ML)			7.08800	
Phytonadione Inj 10 MG/ML			45.19514	
Phytonadione Tab 5 MG	13.79116		12.23040	
Pilocarpine HCl Opth Soln 1%	3.19056		3.03837	
Pilocarpine HCl Opth Soln 2%			3.47330	
Pilocarpine HCl Opth Soln 4%	3.37837		4.14400	
Pilocarpine HCl Tab 5 MG	0.34860		0.18000	
Pilocarpine HCl Tab 7.5 MG			1.04620	
PILOT COVID-19 AT-HOME TE (COVID-19 At Home Antigen Test Kit)			12.00000	
Pimecrolimus Cream 1%			2.76400	
Pindolol Tab 10 MG	0.90044		0.79990	
Pindolol Tab 5 MG	0.69097		0.47956	
Pioglitazone HCl Tab 15 MG (Base Equiv)	0.06857		0.05857	
Pioglitazone HCl Tab 30 MG (Base Equiv)	0.09349		0.07133	
Pioglitazone HCl Tab 45 MG (Base Equiv)	0.11456		0.03389	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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	0.38274		0.84389	
Pioglitazone HCl-Metformin HCl Tab 15-850 MG	0.31534		0.61100	
PIP LANCETS/28G (Lancets***)			0.07800	
PIP LANCETS/30G (Lancets***)			0.07800	
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			0.08918	
Piroxicam Cap 20 MG	0.19480		0.23350	
PLEGRIDY (Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML)			6898.04700	
PNV 27-CA/FE/FA (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)			0.17500	
PNV FERROUS FUMARATE/DOCU (Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***)			0.28847	
PNV FOLIC ACID + IRON MUL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PNV PRENATAL PLUS MULTIVI (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PNV TABS 29-1 (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
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%	0.45883		0.38700	
POLY-VI-FLOR (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	
Pomalidomide Cap 1 MG			788.48862	
Pomalidomide Cap 2 MG			788.48868	
Pomalidomide Cap 3 MG			788.48868	
Pomalidomide Cap 4 MG			788.48868	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Posaconazole Tab Delayed Release 100 MG	2.43820		7.24539	
POSFREA (Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent))			90.23760	
Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG			0.17733	
Potassium Acetate Inj 2 mEq/ML			0.17000	
Potassium Bicarbonate Effer Tab 25 mEq			0.18200	
Potassium Chloride 20 MEQ/L (0.15%) in Dextrose 5% Inj			0.00303	
Potassium Chloride Cap ER 10 mEq	0.13077		0.09794	
Potassium Chloride Cap ER 8 mEq			0.15000	
Potassium Chloride Inj 2 mEq/ML			0.04150	
Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	0.13337		0.12485	
Potassium Chloride Microencapsulated Crys ER Tab 15 mEq			0.79400	
Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	0.14232		0.12992	
Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	0.04250		0.05980	
Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	0.06261		0.05730	
Potassium Chloride Powder Packet 20 mEq			1.56100	
Potassium Chloride Powder Packet 25 mEq			0.23387	
Potassium Chloride Tab ER 10 mEq	0.13970		0.10386	
Potassium Chloride Tab ER 20 mEq (1500 MG)	0.22002		0.21894	
Potassium Chloride Tab ER 8 mEq (600 MG)	0.19619		0.13347	
Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML			0.05328	
Potassium Citrate Tab ER 10 MEQ (1080 MG)	0.17454		0.16439	
Potassium Citrate Tab ER 15 MEQ (1620 MG)	0.19904		0.20613	
Potassium Citrate Tab ER 5 MEQ (540 MG)	0.13291		0.20000	
Pramipexole Dihydrochloride Tab 0.125 MG	0.04063		0.03356	
Pramipexole Dihydrochloride Tab 0.25 MG	0.04630		0.03480	
Pramipexole Dihydrochloride Tab 0.5 MG	0.05568		0.02844	
Pramipexole Dihydrochloride Tab 0.75 MG			0.07200	
Pramipexole Dihydrochloride Tab 1 MG	0.05908		0.03333	
Pramipexole Dihydrochloride Tab 1.5 MG	0.06094		0.05300	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG	1.34022		9.43194	
Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG	1.00582		6.15760	
Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG	1.55742		10.33089	
Prasugrel HCl Tab 10 MG (Base Equiv)	0.56537		0.23434	
Prasugrel HCl Tab 5 MG (Base Equiv)	0.47329		0.39020	
Pravastatin Sodium Tab 10 MG	0.07122		0.03222	
Pravastatin Sodium Tab 20 MG	0.07973		0.05223	
Pravastatin Sodium Tab 40 MG	0.11000		0.06281	
Pravastatin Sodium Tab 80 MG	0.28525		0.11322	
Prazosin HCl Cap 1 MG	0.08540		0.09230	
Prazosin HCl Cap 2 MG	0.09067		0.05850	
Prazosin HCl Cap 5 MG	0.14620		0.36400	
PRECISE PREGNANCY TEST (Pregnancy Test)			3.40000	
PRECISION THIN LANCETS (Lancets***)			0.07800	
PRECISION THINS GP LANCET (Lancets***)			0.07800	
PRECISION ULTRA LANCET (Lancets***)			0.07800	
Prednisolone Acetate Ophth Susp 1%			4.53400	
Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv)			2.05329	
Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)	0.10877		0.06224	
Prednisolone Sod Phosphate Oral Soln 5 MG/5ML (Base Equiv)			0.56176	
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	0.04119		0.03279	
Prednisone Tab 10 MG	0.05793		0.05228	
Prednisone Tab 2.5 MG	0.07234		0.07430	
Prednisone Tab 20 MG	0.09552		0.07000	
Prednisone Tab 5 MG	0.04152		0.04160	
Prednisone Tab 50 MG	0.18009		0.18810	
Prednisone Tab Therapy Pack 10 MG (21)	0.52613		0.23444	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Prednisone Tab Therapy Pack 10 MG (48)	0.52613		0.23444	
Prednisone Tab Therapy Pack 5 MG (21)	0.38604		0.12024	
Prednisone Tab Therapy Pack 5 MG (48)	0.38604		0.12024	
PREFERRED PLUS LANCETS CO (Lancets***)			0.07800	
PREFERRED PLUS LANCETS SU (Lancets***)			0.07800	
PREFERRED PLUS LANCETS TH (Lancets***)			0.07800	
Pregabalin Cap 100 MG	0.25030		0.04456	
Pregabalin Cap 150 MG	0.27727		0.05456	
Pregabalin Cap 200 MG	0.41378		0.06422	
Pregabalin Cap 225 MG	0.47926		0.11633	
Pregabalin Cap 25 MG	0.17599		0.08650	
Pregabalin Cap 300 MG	0.58320		0.17767	
Pregabalin Cap 50 MG	0.14505		0.04679	
Pregabalin Cap 75 MG	0.20298		0.05399	
Pregabalin Soln 20 MG/ML	0.17850		0.14000	
Pregabalin Tab ER 24HR 330 MG	3.46462		6.75660	
Pregnancy Test			3.40000	
PREGNANCY TEST KIT (Pregnancy Test)			3.40000	
PRELAN (Multiple Vitamins w/ Iron Tab**)			0.02788	
PRENACARE (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
PRENAPLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATA (Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 29-1 MG***)			0.32000	
PRENATABS FA (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)			0.15587	
PRENATABS RX (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
PRENATAL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATAL 19 (Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***)			0.28847	
PRENATAL 19 (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)			0.52140	
PRENATAL AD (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
PRENATAL FORMULA (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATAL LOW IRON (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATAL MULTIVITAMIN-ULT (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
PRENATAL PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATAL PLUS IRON (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
PRENATAL PLUS VITAMIN AND (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATAL PLUS/IRON (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***			0.36000	
Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***			0.21653	
Prenatal Vit w/ Fe 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/ Iron Carbonyl-FA Tab 29-1 MG***			0.16000	
Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***			0.08435	
PRENATAL VITAMINS PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATAL VITAMINS PLUS LO (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATAL/FOLIC ACID (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATE ADVANCE (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
PRENATE GT (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
PRENATE ULTRA (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
PRENATRIX (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRENATRYL (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PREPLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
PRESSURE ACTIVATED SAFETY (Lancets***)			0.07800	
PRESTIGE LITE TOUCH LANCE (Lancets***)			0.07800	
PRESTIGE SMART SYSTEM LAN (Lancets***)			0.07800	
PRETAB (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)			0.15587	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
PREZISTA (Darunavir Ethanolate Tab 400 MG (Base Equiv))			20.88545	
PREZISTA (Darunavir Ethanolate Tab 600 MG (Base Equiv))			28.04902	
Primidone Tab 250 MG	0.23096		0.17404	
Primidone Tab 50 MG	0.09565		0.08207	
PRIVIGEN (Immune Globulin (Human) IV Soln 10 GM/100ML)			8.31000	
PRIVIGEN (Immune Globulin (Human) IV Soln 20 GM/200ML)			8.31000	
PRIVIGEN (Immune Globulin (Human) IV Soln 40 GM/400ML)			8.31000	
PRIVIGEN (Immune Globulin (Human) IV Soln 5 GM/50ML)			8.31000	
PRO COMFORT ALCOHOL PADS (Alcohol Swabs***)			0.01500	
PRO COMFORT LANCETS 30G (Lancets***)			0.07800	
PRO COMFORT LANCETS 31G (Lancets***)			0.07800	
PRO COMFORT SAFETY LANCET (Lancets***)			0.07800	
Probenecid Tab 500 MG	0.88922		0.37921	
PROCHIEVE (Progesterone Vaginal Gel 8%)			26.45376	
Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	0.17981		0.42000	
Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	0.14201		0.05210	
Prochlorperazine Suppos 25 MG			4.87250	
PRODIGY ADJUSTABLE DEPTH (Lancets***)			0.07800	
PRODIGY PRESSURE ACTIVATE (Lancets***)			0.07800	
PRODIGY SAFETY LANCETS (Lancets***)			0.07800	
PRODIGY TWIST TOP LANCETS (Lancets***)			0.07800	
PROFILNINE (Factor IX Complex For Inj 1000 Unit)			0.61713	
PROFILNINE (Factor IX Complex For Inj 1500 Unit)			0.61713	
PROFILNINE (Factor IX Complex For Inj 500 Unit)			0.61713	
Progesterone Cap 100 MG	0.21149		0.14020	
Progesterone Cap 200 MG	0.40975		0.33994	
Progesterone IM in Oil 50 MG/ML			1.34654	
Progesterone Micronized Cap 100 MG			0.21878	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Progesterone Micronized Cap 200 MG			0.65200	
PROMACTA (Eltrombopag Olamine Tab 50 MG (Base Equiv))			295.98920	
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 Oral Soln 6.25 MG/5ML	0.04192		0.03821	
Promethazine HCl Suppos 12.5 MG	1.83121		3.66597	
Promethazine HCl Suppos 25 MG	1.95715		1.72266	
Promethazine HCl Syrup 6.25 MG/5ML			0.01551	
Promethazine HCl Tab 12.5 MG	0.05383		0.04925	
Promethazine HCl Tab 25 MG	0.04774		0.03200	
Promethazine HCl Tab 50 MG	0.08598		0.05111	
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	0.10942		0.10840	
Propafenone HCl Tab 225 MG	0.19872		0.19070	
Propafenone HCl Tab 300 MG	0.39548		0.62703	
Proparacaine HCl Opth Soln 0.5%	1.87496		0.19507	
Propranolol HCl Cap ER 24HR 120 MG	0.31318		0.17920	
Propranolol HCl Cap ER 24HR 160 MG	0.46471		0.31278	
Propranolol HCl Cap ER 24HR 60 MG	0.29111		0.13940	
Propranolol HCl Cap ER 24HR 80 MG	0.25424		0.17950	
Propranolol HCl Oral Soln 20 MG/5ML			0.08200	
Propranolol HCl Tab 10 MG	0.05121		0.04190	
Propranolol HCl Tab 20 MG	0.05618		0.06923	
Propranolol HCl Tab 40 MG	0.08299		0.08100	
Propranolol HCl Tab 60 MG	0.14378		0.11364	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Propranolol HCl Tab 80 MG	0.16385		0.15770	
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	
PSS SELECT GP LANCETS (Lancets***)			0.07800	
PSS SELECT PLATFORMS (Lancets Misc.***)			0.07800	
PSS SELECT SAFETY LANCETS (Lancets***)			0.07800	
PULMOZYME (Dornase Alfa Inhal Soln 2.5 MG/2.5ML)			51.55433	
PURALIN ONE-STEP PREGNANC (Pregnancy Test)			3.40000	
PURE COMFORT ALCOHOL PREP (Alcohol Swabs***)			0.01500	
PURE COMFORT LANCETS 30G (Lancets***)			0.07800	
PURE COMFORT PRESSURE ACT (Lancets***)			0.07800	
PUSH BUTTON SAFETY LANCET (Lancets***)			0.07800	
PX LANCETS (Lancets***)			0.07800	
PX LANCETS MICROTHIN 33G (Lancets***)			0.07800	
PX LANCETS ULTRA THIN (Lancets***)			0.07800	
PX LANCETS ULTRA THIN 28G (Lancets***)			0.07800	
PX PREGNANCY TEST (Pregnancy Test)			3.40000	
Pyrazinamide Tab 500 MG	1.63781		1.89500	
Pyridostigmine Bromide Oral Soln 60 MG/5ML	0.61009		0.72856	
Pyridostigmine Bromide Tab 60 MG	0.27321		0.22791	
Pyridostigmine Bromide Tab ER 180 MG			4.09133	
Pyridoxine HCl Powder			0.24781	
QC ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
QC DAILY MULTIVITAMINS/IR (Multiple Vitamins w/ Iron Tab**)			0.02788	
QC ESSENTIALS (Multiple Vitamin Tab**)			0.02313	
QC LANCETS (Lancets***)			0.07800	
QC LANCETS SUPER THIN (Lancets***)			0.07800	
QC LANCETS THIN (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
QC LANCETS ULTRA THIN (Lancets***)			0.07800	
QC ONE STEP PREGNANCY TES (Pregnancy Test)			3.40000	
QC UNILET LANCETS 28G/ULT (Lancets***)			0.07800	
QC UNILET LANCETS 33G/MIC (Lancets***)			0.07800	
Q-TEST (Pregnancy Test)			3.40000	
Quetiapine Fumarate Tab 100 MG	0.05126		0.04269	
Quetiapine Fumarate Tab 200 MG	0.10775		0.07336	
Quetiapine Fumarate Tab 25 MG	0.02893		0.02287	
Quetiapine Fumarate Tab 300 MG	0.15169		0.10522	
Quetiapine Fumarate Tab 400 MG	0.18345		0.16135	
Quetiapine Fumarate Tab 50 MG	0.03144		0.03800	
Quetiapine Fumarate Tab ER 24HR 150 MG	0.27770		0.11667	
Quetiapine Fumarate Tab ER 24HR 200 MG	0.34167		0.13333	
Quetiapine Fumarate Tab ER 24HR 300 MG	0.36548		0.16667	
Quetiapine Fumarate Tab ER 24HR 400 MG	0.51350		0.20000	
Quetiapine Fumarate Tab ER 24HR 50 MG	0.10982		0.08333	
QUFLORA PEDIATRIC (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	
QUICKLANCE LANCING SYSTEM (Lancets***)			0.07800	
QUICKVUE AT-HOME COVID-19 (COVID-19 At Home Antigen Test Kit)			12.00000	
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	0.89351		1.69000	
QUINTABS (Multiple Vitamin Tab**)			0.02313	
RA ALCOHOL PADS (Alcohol Swabs***)			0.01500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
RA ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
RA EARLY PREGNANCY TEST (Pregnancy Test)			3.40000	
RA EARLY RESULT PREGNANCY (Pregnancy Test)			3.40000	
RA E-ZJECT COLOR LANCETS (Lancets***)			0.07800	
RA E-ZJECT LANCETS 28G (Lancets***)			0.07800	
RA E-ZJECT LANCETS THIN 2 (Lancets***)			0.07800	
RA E-ZJECT LANCETS ULTRA (Lancets***)			0.07800	
RA LANCETS (Lancets***)			0.07800	
RA LANCETS ALTERNATE SITE (Lancets***)			0.07800	
RA LANCETS COLORED (Lancets***)			0.07800	
RA LANCETS THIN (Lancets***)			0.07800	
RA LANCETS ULTRA THIN (Lancets***)			0.07800	
RA PREGNANCY TEST DIGITAL (Pregnancy Test)			3.40000	
RA PREGNANCY TEST EARLY (Pregnancy Test)			3.40000	
RA PREGNANCY TEST EARLY R (Pregnancy Test)			3.40000	
RA PREGNANCY TEST KIT ONE (Pregnancy Test)			3.40000	
Rabeprazole Sodium EC Tab 20 MG	0.21503		0.21556	
Raloxifene HCl Tab 60 MG	0.24848		0.19067	
Ramelteon Tab 8 MG	0.85281		0.94567	
Ramipril Cap 1.25 MG	0.10797		0.08994	
Ramipril Cap 10 MG	0.07291		0.03375	
Ramipril Cap 2.5 MG	0.05785		0.03995	
Ramipril Cap 5 MG	0.05270		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	0.27685		0.31121	
Ranolazine Tab ER 12HR 500 MG	0.16546		0.15529	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
RAPIDVUE (Pregnancy Test)			3.40000	
Rasagiline Mesylate Tab 0.5 MG (Base Equiv)	1.23227		2.48667	
Rasagiline Mesylate Tab 1 MG (Base Equiv)	1.10700		1.78983	
RAVICTI (Glycerol Phenylbutyrate Liquid 1.1 GM/ML)			191.45632	
RE PRENATAL MULTIVITAMIN (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)			0.52140	
READYLANCE SAFETY LANCETS (Lancets***)			0.07800	
REALITY LANCETS (Lancets***)			0.07800	
REALITY SWABS (Alcohol Swabs***)			0.01500	
REALITY TRIGGER LANCETS (Lancets***)			0.07800	
REBIF (Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML)			1262.86824	
REBIF (Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML)			1262.86824	
REBIF REBIDOSE (Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML)			1262.86824	
REBIF REBIDOSE (Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML)			1262.86824	
REBINYN (Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt)			1.37800	
REBINYN (Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt)			1.37800	
REBINYN (Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt)			1.37800	
RELCARE (Multiple Vitamin Tab**)			0.02313	
RELEVIA (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
RELI ON STANDARD LANCETS (Lancets***)			0.07800	
RELI ON THIN LANCETS (Lancets***)			0.07800	
RELION 2-IN-1 LANCET DEV (Lancets***)			0.07800	
RELION 2-IN-1 LANCING DEV (Lancets***)			0.07800	
RELION ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
RELION LANCETS (Lancets***)			0.07800	
RELION LANCETS MICRO-THIN (Lancets***)			0.07800	
RELION LANCETS STANDARD 2 (Lancets***)			0.07800	
RELION LANCETS THIN 26G (Lancets***)			0.07800	
RELION LANCETS ULTRA-THIN (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
RELION STANDARD LANCETS (Lancets***)			0.07800	
RELION THIN LANCETS (Lancets***)			0.07800	
RELION ULTRA THIN LANCETS (Lancets***)			0.07800	
RELION ULTRA THIN PLUS LA (Lancets***)			0.07800	
RELISTOR (Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML))			191.79640	
RELISTOR (Methylnaltrexone Bromide Inj Kit 12 MG/0.6ML)			59.31180	
RE-NATA 29 OB (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
RENEW ADVANCED LANCING CA (Lancets***)			0.07800	
Repaglinide Tab 0.5 MG	0.10458		0.08777	
Repaglinide Tab 1 MG	0.11655		0.11823	
Repaglinide Tab 2 MG	0.09996		0.10198	
Reserpine Tab 0.1 MG			0.06000	
REVEAL URINE PREGNANCY (Pregnancy Test)			3.40000	
REXALL LANCETS ULTRA THIN (Lancets***)			0.07800	
Ribavirin Cap 200 MG			0.93250	
Ribavirin Tab 200 MG			0.57350	
Rifabutin Cap 150 MG			9.75575	
Rifampin Cap 150 MG	0.62528		0.56839	
Rifampin Cap 300 MG	0.68639		0.72101	
RIGHTEST GD-L500 ALTERNAT (Lancets Misc.***)			0.07800	
RIGHTEST GL300 LANCETS (Lancets***)			0.07800	
RILUTEK (Riluzole Tab 50 MG)			51.07770	
Riluzole Tab 50 MG			0.28500	
Risedronate Sodium Tab 150 MG	17.40653		10.34982	
Risedronate Sodium Tab 35 MG	2.43402		1.13422	
Risedronate Sodium Tab 5 MG			2.33300	
Risedronate Sodium Tab Delayed Release 35 MG			22.00000	
Risperidone Orally Disintegrating Tab 0.25 MG			1.18967	
Risperidone Orally Disintegrating Tab 0.5 MG			0.50733	
Risperidone Orally Disintegrating Tab 1 MG			0.48786	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Risperidone Orally Disintegrating Tab 2 MG			1.21069	
Risperidone Orally Disintegrating Tab 3 MG			1.15500	
Risperidone Orally Disintegrating Tab 4 MG			2.31447	
Risperidone Soln 1 MG/ML	0.50261		0.58250	
Risperidone Tab 0.25 MG	0.03605		0.02785	
Risperidone Tab 0.5 MG	0.04410		0.03900	
Risperidone Tab 1 MG	0.04997		0.03683	
Risperidone Tab 2 MG	0.07543		0.04011	
Risperidone Tab 3 MG	0.07134		0.04333	
Risperidone Tab 4 MG	0.13578		0.06578	
Ritonavir Tab 100 MG	1.51430		0.75100	
Rivastigmine Tartrate Cap 1.5 MG (Base Equivalent)	0.14965		0.15325	
Rivastigmine Tartrate Cap 3 MG (Base Equivalent)	0.16774		0.11583	
Rivastigmine Tartrate Cap 4.5 MG (Base Equivalent)	0.19824		0.11583	
Rivastigmine Tartrate Cap 6 MG (Base Equivalent)	0.18664		0.27576	
Rivastigmine TD Patch 24HR 13.3 MG/24HR	2.56487		1.79374	
Rivastigmine TD Patch 24HR 4.6 MG/24HR	2.59214		1.79500	
Rivastigmine TD Patch 24HR 9.5 MG/24HR	2.07740		2.09089	
Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	0.61270		0.56852	
Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	0.55389		0.44778	
Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	0.49500		0.34874	
Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	0.53443		0.37500	
Roflumilast Tab 500 MCG	0.31183		0.61200	
Ropinirole Hydrochloride Tab 0.25 MG	0.04649		0.04812	
Ropinirole Hydrochloride Tab 0.5 MG	0.04261		0.03847	
Ropinirole Hydrochloride Tab 1 MG	0.05220		0.03847	
Ropinirole Hydrochloride Tab 2 MG	0.06722		0.05429	
Ropinirole Hydrochloride Tab 3 MG	0.08048		0.06620	
Ropinirole Hydrochloride Tab 4 MG	0.08516		0.06920	
Ropinirole Hydrochloride Tab 5 MG	0.07624		0.08350	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)	2.29180		3.63095	
Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	0.43409		0.74883	
Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	0.69307		1.00020	
Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)	1.02157		1.61926	
Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent)	0.84348		1.88900	
Rosuvastatin Calcium Tab 10 MG	0.03939		0.03344	
Rosuvastatin Calcium Tab 20 MG	0.04874		0.06067	
Rosuvastatin Calcium Tab 40 MG	0.07075		0.06528	
Rosuvastatin Calcium Tab 5 MG	0.03451		0.03467	
Rufinamide Susp 40 MG/ML			0.27089	
Rufinamide Tab 200 MG	3.86608		2.34170	
Rufinamide Tab 400 MG	10.12213		3.18460	
SABRIL (Vigabatrin Powd Pack 500 MG)			145.81778	
SABRIL (Vigabatrin Tab 500 MG)			145.82477	
SAFE-T-LANCE (Lancets***)			0.07800	
SAFE-T-LANCE LOW FLOW 25G (Lancets***)			0.07800	
SAFE-T-LANCE NORMAL FLOW (Lancets***)			0.07800	
SAFE-T-LANCE PLUS SAFETY (Lancets***)			0.07800	
SAFETY LANCET 2MM (Lancets***)			0.07800	
SAFETY LANCETS (Lancets***)			0.07800	
SAFETY LANCETS 21G (Lancets***)			0.07800	
SAFETY LANCETS 23G (Lancets***)			0.07800	
SAFETY LET LANCETS (Lancets***)			0.07800	
SAFETY SEAL LANCETS 28G (Lancets***)			0.07800	
SAFETY SEAL LANCETS 30G (Lancets***)			0.07800	
SAIZEN (Somatropin (Non-Refrigerated) For Inj 5 MG)			617.90844	
SAIZEN CLICK.EASY (Somatropin (Non-Refrigerated) For Inj 8.8 MG)			988.65948	
SAIZENPREP RECONSTITUTION (Somatropin (Non-Refrigerated) For Inj 8.8 MG)			988.65948	
Salicylic Acid Cream 6%			0.06125	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
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	
SANDOSTATIN LAR DEPOT (Octreotide Acetate For IM Inj Kit 20 MG)			4247.68104	
SANDOSTATIN LAR DEPOT (Octreotide Acetate For IM Inj Kit 30 MG)			6360.59544	
Sapropterin Dihydrochloride Powder Packet 100 MG			18.61867	
Sapropterin Dihydrochloride Powder Packet 500 MG			93.09367	
Sapropterin Dihydrochloride Tab 100 MG			17.84892	
SAPS CARE ALCOHOL PREP PA (Alcohol Swabs***)			0.01500	
SAPS HEALTH ALCOHOL PREP (Alcohol Swabs***)			0.01500	
SAPS HEALTH CARE ALCOHOL (Alcohol Swabs***)			0.01500	
SAPS HEALTH CARE TWIST TO (Lancets***)			0.07800	
SAPS HEALTH PLUS TWIST TO (Lancets***)			0.07800	
SAPS HEALTH TWIST TOP LAN (Lancets***)			0.07800	
SAPSCARE TWIST TOP LANCET (Lancets***)			0.07800	
SAV-ON ALCOHOL PREP SWABS (Alcohol Swabs***)			0.01500	
SAV-ON LANCETS STANDARD (Lancets***)			0.07800	
SAV-ON LANCETS SUPER THIN (Lancets***)			0.07800	
SAV-ON ONE-STEP HOME PREG (Pregnancy Test)			3.40000	
SAV-ON ONE-STEP PLUS MIDS (Pregnancy Test)			3.40000	
SB ALCOHOL PREP PADS (Alcohol Swabs***)			0.01500	
SB LANCETS THIN (Lancets***)			0.07800	
SB LANCETS ULTRA THIN (Lancets***)			0.07800	
SB PREGNANCY TEST KIT (Pregnancy Test)			3.40000	
Scopolamine TD Patch 72HR 1 MG/3DAYS	4.48932		4.34801	
Selegiline HCl Cap 5 MG	0.63659		0.84167	
Selegiline HCl Tab 5 MG			1.03445	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Selenium Sulfide Lotion 2.5%			0.06425	
Selenium Sulfide Shampoo 2.25%			0.16000	
SE-NATAL 19 (Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***)			0.28847	
SE-NATAL 19 (Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***)			0.52140	
SE-NATAL ONE (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)			0.17500	
SENSILANCE SAFETY LANCETS (Lancets***)			0.07800	
SEROSTIM (Somatotropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG)			1274.78894	
Sertraline HCl Oral Concentrate for Solution 20 MG/ML	0.41528		0.46243	
Sertraline HCl Tab 100 MG	0.05082		0.04360	
Sertraline HCl Tab 25 MG	0.04481		0.02000	
Sertraline HCl Tab 50 MG	0.05063		0.02816	
Sevelamer Carbonate Packet 0.8 GM			1.10000	
Sevelamer Carbonate Packet 2.4 GM			2.64130	
Sevelamer Carbonate Tab 800 MG	0.21355		0.20533	
Sevelamer HCl Tab 800 MG	0.85637		1.27056	
SEVENFACT (Coagulation Factor VIIa (Recom)-jncw For Inj 1 MG (1000 MCG))			1.59000	
SEVENFACT (Coagulation Factor VIIa (Recom)-jncw For Inj 5 MG (5000 MCG))			1.59000	
SHOPKO ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
SHOPKO ON-THE-GO COMFORT (Lancets***)			0.07800	
SHOPKO UNILET LANCETS SUP (Lancets***)			0.07800	
SHOPKO UNILET LANCETS ULT (Lancets***)			0.07800	
SIDE BUTTON SAFETY LANCET (Lancets***)			0.07800	
SIGTAB (Multiple Vitamin Tab**)			0.02313	
Sildenafil Citrate For Suspension 10 MG/ML	0.42057		0.58527	
Sildenafil Citrate Tab 100 MG	0.18874		0.54058	
Sildenafil Citrate Tab 20 MG	0.14370		0.07400	
Sildenafil Citrate Tab 25 MG	0.11192		0.15833	
Sildenafil Citrate Tab 50 MG	0.11368		0.16967	
Silodosin Cap 4 MG	0.27151		0.26633	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Sildenafil Cap 8 MG	0.31797		0.25481	
Silver Sulfadiazine Cream 1%			0.15070	
Simple - Syrup			0.02824	
Simvastatin Tab 10 MG	0.02806		0.01851	
Simvastatin Tab 20 MG	0.03024		0.01636	
Simvastatin Tab 40 MG	0.05467		0.03360	
Simvastatin Tab 5 MG	0.02918		0.02656	
Simvastatin Tab 80 MG	0.09993		0.05544	
SINGLE-LET (Lancets***)			0.07800	
Sirolimus Oral Soln 1 MG/ML	4.95058		10.09380	
Sirolimus Tab 0.5 MG	1.45250		2.85707	
Sirolimus Tab 1 MG	1.32625		2.77120	
Sirolimus Tab 2 MG	3.61138		5.57153	
SM ALCOHOL PREP PADS (Alcohol Swabs***)			0.01500	
SM LANCETS (Lancets***)			0.07800	
SM LANCETS 21G (Lancets***)			0.07800	
SM MICRO THIN LANCETS 33G (Lancets***)			0.07800	
SM PREGNANCY TEST (Pregnancy Test)			3.40000	
SM PREGNANCY TEST KIT (Pregnancy Test)			3.40000	
SM SUPER THIN LANCETS (Lancets***)			0.07800	
SM SUPER THIN LANCETS 30G (Lancets***)			0.07800	
SM THIN LANCETS (Lancets***)			0.07800	
SM THIN LANCETS 26G (Lancets***)			0.07800	
SMART DIABETES VANTAGE UN (Lancets***)			0.07800	
SMART SENSE COLOR LANCETS (Lancets***)			0.07800	
SMART SENSE STANDARD LANC (Lancets***)			0.07800	
SMART SENSE SUPER THIN LA (Lancets***)			0.07800	
SMART SENSE THIN LANCETS (Lancets***)			0.07800	
SMARTTEST LANCETS 28G (Lancets***)			0.07800	
SOBA LANCETS COLORED (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
SOBA THIN LANCETS (Lancets***)			0.07800	
Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/177ML			0.17025	
Sodium Bicarbonate IV Soln 8.4%			0.14924	
Sodium Chloride Flush IV Soln 0.9%			0.03231	
Sodium Chloride Inj 0.9%			0.03231	
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%			0.08800	
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%			0.09031	
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**			0.08276	
SOFT TOUCH DISPOSABLE TIP (Lancets***)			0.07800	
SOFT TOUCH II GREY TIPS (Lancets***)			0.07800	
SOFT TOUCH II IVORY TIPS (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Solifenacin Succinate Tab 10 MG	0.17731		0.15733	
Solifenacin Succinate Tab 5 MG	0.17350		0.15130	
SOLUS V2 PRESSURE ACTIVAT (Lancets***)			0.07800	
SOLUS V2 TWIST LANCETS 30 (Lancets***)			0.07800	
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	0.12185		0.13750	
Sotalol HCl (AFIB/AFL) Tab 160 MG	0.41898		0.18700	
Sotalol HCl (AFIB/AFL) Tab 80 MG	0.10025		0.08482	
Sotalol HCl Tab 120 MG	0.12185		0.07900	
Sotalol HCl Tab 160 MG	0.41898		0.18700	
Sotalol HCl Tab 240 MG			0.33276	
Sotalol HCl Tab 80 MG	0.10025		0.05260	
SPEEDY SWAB RAPID COVID-1 (COVID-19 At Home Antigen Test Kit)			12.00000	
SPINRAZA (Nusinersen Intrathecal Soln 12 MG/5ML (2.4 MG/ML))			24950.00000	
Spirolactone & Hydrochlorothiazide Tab 25-25 MG	0.50860		0.52198	
Spirolactone Tab 100 MG	0.17983		0.16880	
Spirolactone Tab 25 MG	0.04616		0.03604	
Spirolactone Tab 50 MG	0.09176		0.08910	
SPRYCEL (Dasatinib Tab 70 MG)			252.11865	
Stavudine Cap 15 MG			1.95477	
Stavudine Cap 20 MG			1.21300	
Stavudine Cap 30 MG			0.86000	
Stavudine Cap 40 MG			0.91833	
STERILANCE PA (Lancets Misc. ***)			0.07800	
STERILANCE TL (Lancets***)			0.07800	
STRESS B COMPLEX/IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
STRESS FORMULA (Multiple Vitamin Tab**)			0.02313	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
STRESS FORMULA W/IRON FOR (Multiple Vitamins w/ Iron Tab**)			0.02788	
STRESS FORMULA W/ZINC FOR (Multiple Vitamin Tab**)			0.02313	
STRESS FORMULA/IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
STRESSTABS ADV FORMULA (Multiple Vitamin Tab**)			0.02313	
STRESSTABS ADV FORMULA (Multiple Vitamins w/ Iron Tab**)			0.02788	
STRESSTABS ENERGY (Multiple Vitamin Tab**)			0.02313	
STRONGSTART (Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***)			0.28847	
STUART FORMULA (Multiple Vitamins w/ Iron Tab**)			0.02788	
STUARTNATAL 1+1 (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
STUARTNATAL PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
STUARTNATAL PLUS 3 (Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***)			0.18187	
Sucralfate Susp 1 GM/10ML			0.21036	
Sucralfate Tab 1 GM	0.21677		0.15242	
Sulfacetamide Sodium Lotion 10% (Acne)			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	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	0.05706		0.04983	
Sulfamethoxazole-Trimethoprim Tab 400-80 MG	0.05579		0.03562	
Sulfamethoxazole-Trimethoprim Tab 800-160 MG	0.05582		0.05110	
Sulfasalazine Tab 500 MG	0.27051		0.13500	
Sulfasalazine Tab Delayed Release 500 MG			0.19492	
Sulindac Tab 150 MG	0.23270		0.12100	
Sulindac Tab 200 MG	0.22780		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	71.67806		57.76441	
Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML			147.72286	
Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML			110.77440	
Sumatriptan Succinate Tab 100 MG	0.65076		0.44458	
Sumatriptan Succinate Tab 25 MG	0.25837		0.33333	
Sumatriptan Succinate Tab 50 MG	0.32717		0.30392	
Sumatriptan-Naproxen Sodium Tab 85-500 MG	13.38084		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	
SUPER THIN LANCETS (Lancets***)			0.07800	
SURBEX (Multiple Vitamins w/ Iron Tab**)			0.02788	
SURE COMFORT ALCOHOL PREP (Alcohol Swabs***)			0.01500	
SURE COMFORT LANCETS 18G (Lancets***)			0.07800	
SURE COMFORT LANCETS 21G (Lancets***)			0.07800	
SURE COMFORT LANCETS 23G (Lancets***)			0.07800	
SURE COMFORT LANCETS 28G (Lancets***)			0.07800	
SURE COMFORT LANCETS 30G (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
SURE-LANCE FLAT LANCETS (Lancets***)			0.07800	
SURE-LANCE LANCETS 26G (Lancets***)			0.07800	
SURE-LANCE THIN LANCETS (Lancets***)			0.07800	
SURE-LANCE THIN LANCETS 2 (Lancets***)			0.07800	
SURE-LANCE ULTRA THIN LAN (Lancets***)			0.07800	
SURELITE LANCETS (Lancets***)			0.07800	
SURELITE XL LANCETS (Lancets***)			0.07800	
SURE-PREP ALCOHOL PREP PA (Alcohol Swabs***)			0.01500	
SURE-TOUCH LANCETS UNIVER (Lancets***)			0.07800	
SURGILANCE SAFETY LANCET (Lancets***)			0.07800	
SUTENT (Sunitinib Malate Cap 12.5 MG (Base Equivalent))			182.57249	
SUTENT (Sunitinib Malate Cap 25 MG (Base Equivalent))			365.14569	
SUTENT (Sunitinib Malate Cap 50 MG (Base Equivalent))			635.66712	
SYMBICORT (Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT)			37.69433	
SYMBICORT (Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT)			28.59280	
SYMDEKO (Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPK)			398.40000	
SYMPAZAN (Clobazam Oral Film 10 MG)			25.94800	
SYMPAZAN (Clobazam Oral Film 20 MG)			51.89600	
SYMPAZAN (Clobazam Oral Film 5 MG)			12.97400	
SYNAGIS (Palivizumab IM Soln 100 MG/ML)			3145.12520	
SYNAGIS (Palivizumab IM Soln 50 MG/0.5ML)			3331.20110	
TAB-A-VITE (Multiple Vitamin Tab**)			0.02313	
TAB-A-VITE MULTIVITAMIN/I (Multiple Vitamins w/ Iron Tab**)			0.02788	
TAB-A-VITE W/BETA CAROTEN (Multiple Vitamin Tab**)			0.02313	
TABLOID (Thioguanine Tab 40 MG)			25.17609	
Tacrolimus Cap 0.5 MG	0.16348		0.08055	
Tacrolimus Cap 1 MG	0.47968		0.13478	
Tacrolimus Cap 5 MG	2.30755		0.39610	
Tacrolimus Oint 0.03%			1.50000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Tacrolimus Oint 0.1%			1.28758	
Tadalafil Tab 10 MG	0.16304		0.54643	
Tadalafil Tab 2.5 MG	0.12584		0.22733	
Tadalafil Tab 20 MG	0.20090		0.31739	
Tadalafil Tab 20 MG (PAH)	0.15483		0.46283	
Tadalafil Tab 5 MG	0.10444		0.13767	
Tamoxifen Citrate Tab 10 MG (Base Equivalent)	0.17015		0.15000	
Tamoxifen Citrate Tab 20 MG (Base Equivalent)	0.34230		0.24500	
Tamsulosin HCl Cap 0.4 MG	0.14416		0.04838	
TARGET LANCET ULTRA THIN (Lancets***)			0.07800	
Tavorole Soln 5%	3.85662		10.61900	
Tazarotene Cream 0.1%			2.19546	
TECHLITE AST LANCETS (Lancets***)			0.07800	
TECHLITE LANCETS (Lancets***)			0.07800	
TECHLITE LANCETS 26G (Lancets***)			0.07800	
TECHLITE LANCETS 30G (Lancets***)			0.07800	
Telmisartan Tab 20 MG	0.10440		0.22067	
Telmisartan Tab 40 MG	0.17676		0.12822	
Telmisartan Tab 80 MG	0.15421		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	0.94016		0.73467	
Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	0.78364		1.17000	
Telmisartan-Hydrochlorothiazide Tab 80-25 MG	1.37546		0.56667	
Temazepam Cap 15 MG	0.07953		0.04590	
Temazepam Cap 22.5 MG	1.62844		3.77648	
Temazepam Cap 30 MG	0.11664		0.07112	
Temazepam Cap 7.5 MG	0.85247		0.37420	
Temozolomide Cap 100 MG	16.10911		6.46000	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Temozolomide Cap 140 MG			11.93613	
Temozolomide Cap 180 MG			27.78000	
Temozolomide Cap 20 MG	4.28489		4.07143	
Temozolomide Cap 250 MG	34.70369		21.90000	
Temozolomide Cap 5 MG	1.93131		1.35714	
Temsirolimus Soln For IV Infusion 25 MG/ML			1433.21000	
Tenofovir Disoproxil Fumarate Tab 300 MG	0.75512		0.24167	
Terazosin HCl Cap 1 MG (Base Equivalent)	0.12517		0.04550	
Terazosin HCl Cap 10 MG (Base Equivalent)			0.04670	
Terazosin HCl Cap 2 MG (Base Equivalent)	0.10930		0.04550	
Terazosin HCl Cap 5 MG (Base Equivalent)	0.11679		0.05040	
Terbinafine HCl Tab 250 MG	0.14481		0.10000	
Terbutaline Sulfate Tab 2.5 MG	0.94882		0.85620	
Terbutaline Sulfate Tab 5 MG	1.32997		1.60116	
Terconazole Vaginal Cream 0.4%			0.50889	
Terconazole Vaginal Cream 0.8%			0.97509	
Terconazole Vaginal Suppos 80 MG			12.70933	
Teriflunomide Tab 14 MG	5.80485		2.78800	
Teriflunomide Tab 7 MG	4.12283		2.78800	
Testosterone Cypionate IM Inj in Oil 100 MG/ML			4.63220	
Testosterone Cypionate IM Inj in Oil 200 MG/ML			9.06421	
Testosterone Enanthate IM Inj in Oil 200 MG/ML			11.16600	
Testosterone TD Gel 10MG/ACT (2%)			5.56080	
Testosterone TD Gel 12.5 MG/ACT (1%)			0.98319	
Testosterone TD Gel 20.25 MG/1.25GM (1.62%)			6.61702	
Testosterone TD Gel 20.25 MG/ACT (1.62%)			0.52000	
Testosterone TD Gel 25 MG/2.5GM (1%)			1.48761	
Testosterone TD Gel 40.5 MG/2.5GM (1.62%)			2.23400	
Testosterone TD Gel 50 MG/5GM (1%)	0.51521		0.71184	
Testosterone TD Soln 30 MG/ACT	0.66814		2.03210	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Tetrabenazine Tab 12.5 MG	6.16513		1.83349	
Tetrabenazine Tab 25 MG	5.95917		26.52000	
Tetracycline HCl Cap 250 MG	0.39745		0.57839	
Tetracycline HCl Cap 500 MG	0.64741		0.77377	
TEV-TROPIN (Somatropin For Subcutaneous Inj 5 MG)			620.94000	
TGT ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
TGT LANCET ALTERNATE SITE (Lancets***)			0.07800	
TGT LANCET MICRO THIN 33G (Lancets***)			0.07800	
TGT LANCET SUPER THIN 30G (Lancets***)			0.07800	
TGT LANCET THIN 23G (Lancets***)			0.07800	
TGT LANCET THIN 26G (Lancets***)			0.07800	
TGT LANCET ULTRA THIN 28G (Lancets***)			0.07800	
TGT LANCET ULTRA THIN 30G (Lancets***)			0.07800	
THALOMID (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	0.43968		1.40000	
Theophylline Tab ER 12HR 450 MG	1.09743		3.92240	
Theophylline Tab ER 24HR 400 MG			0.52770	
Theophylline Tab ER 24HR 600 MG			1.11250	
THERA (Multiple Vitamin Tab**)			0.02313	
THERABID (Multiple Vitamin Tab**)			0.02313	
THERAGRAN (Multiple Vitamin Tab**)			0.02313	
THERAGRAN STRESS FORMULA (Multiple Vitamin Tab**)			0.02313	
THERAGRAN STRESS FORMULA (Multiple Vitamins w/ Iron Tab**)			0.02788	
THERANATAL CORE NUTRITION (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
THERA-TABS (Multiple Vitamin Tab**)			0.02313	
THEREMS MULTIVITAMIN (Multiple Vitamin Tab**)			0.02313	
THINLETS GP LANCETS (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
THINLETS LANCET (Lancets***)			0.07800	
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	
THRIVITE RX (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
Thyroid Tab 120 MG (2 Grain)			0.93670	
Thyroid Tab 15 MG (1/4 Grain)			0.40170	
Thyroid Tab 30 MG (1/2 Grain)			0.41000	
Thyroid Tab 60 MG (1 Grain)			0.52000	
Thyroid Tab 90 MG (1 1/2 Grain)			0.82100	
Tiagabine HCl Tab 12 MG			8.37633	
Tiagabine HCl Tab 2 MG			4.79365	
Tiagabine HCl Tab 4 MG			3.86484	
Ticagrelor Tab 90 MG	0.32053		0.38730	
Ticlopidine HCl Tab 250 MG			0.16510	
Timolol Maleate Ophth Gel Forming Soln 0.25%	15.58869		20.20189	
Timolol Maleate Ophth Gel Forming Soln 0.5%	12.51582		20.87000	
Timolol Maleate Ophth Soln 0.25%			0.42234	
Timolol Maleate Ophth Soln 0.5%			0.80100	
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	2.43854		2.19850	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
TIVICAY (Dolutegravir Sodium Tab 50 MG (Base Equiv))			75.33513	
Tizanidine HCl Cap 2 MG (Base Equivalent)	0.10321		0.12463	
Tizanidine HCl Cap 4 MG (Base Equivalent)	0.10831		0.40807	
Tizanidine HCl Cap 6 MG (Base Equivalent)	0.13354		0.26287	
Tizanidine HCl Tab 2 MG (Base Equivalent)	0.03084		0.02233	
Tizanidine HCl Tab 4 MG (Base Equivalent)	0.03285		0.03761	
TM-DAILY VITE (Multiple Vitamin Tab**)			0.02313	
TOBI (Tobramycin Nebu Soln 300 MG/5ML)			26.10163	
TOBI PODHALER (Tobramycin Inhal Cap 28 MG)			45.07149	
Tobramycin Nebu Soln 300 MG/5ML			1.82850	
Tobramycin Ophth Soln 0.3%	1.01730		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	
Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)			0.67440	
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%			5.68573	
TODAYS HEALTH SUPER THIN (Lancets***)			0.07800	
TODAYS HEALTH ULTRA THIN (Lancets***)			0.07800	
Tolbutamide Tab 500 MG			0.20592	
Tolmetin Sodium Tab 600 MG			1.52152	
Tolterodine Tartrate Cap ER 24HR 2 MG	0.44075		0.46033	
Tolterodine Tartrate Cap ER 24HR 4 MG	0.23698		0.36126	
Tolterodine Tartrate Tab 1 MG	0.21274		0.43100	
Tolterodine Tartrate Tab 2 MG	0.20566		0.43000	
TOPCARE LANCETS MICRO-THI (Lancets***)			0.07800	
Topiramate Cap ER 24HR 100 MG	22.34510		19.41483	
Topiramate Cap ER 24HR 25 MG	6.91479		7.66405	
Topiramate Cap ER 24HR 50 MG	10.78984		9.84355	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Topiramate Cap ER 24HR Sprinkle 100 MG	6.92003		10.21700	
Topiramate Cap ER 24HR Sprinkle 150 MG	11.16802		13.54066	
Topiramate Cap ER 24HR Sprinkle 200 MG	10.68667		13.32420	
Topiramate Cap ER 24HR Sprinkle 25 MG	3.34001		5.17067	
Topiramate Cap ER 24HR Sprinkle 50 MG			5.80386	
Topiramate Sprinkle Cap 15 MG	0.70502		0.26700	
Topiramate Sprinkle Cap 25 MG	0.75601		0.26867	
Topiramate Tab 100 MG	0.31681		0.04248	
Topiramate Tab 200 MG	0.84898		0.08979	
Topiramate Tab 25 MG	0.13999		0.02346	
Topiramate Tab 50 MG	0.08817		0.02333	
Torsemide Tab 10 MG	0.07357		0.04670	
Torsemide Tab 100 MG	0.20099		0.12655	
Torsemide Tab 20 MG	0.07251		0.06643	
Torsemide Tab 5 MG	0.06322		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	0.02457		0.02377	
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	0.10143		0.09250	
Trandolapril Tab 1 MG			0.21365	
Trandolapril Tab 2 MG			0.13259	
Trandolapril Tab 4 MG			0.19963	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Trandolapril-Verapamil HCl Tab ER 4-240 MG			3.63558	
Tranexamic Acid Tab 650 MG	0.94669		1.07000	
Tranlycypromine Sulfate Tab 10 MG	0.63838		0.89820	
TRAVEL LANCETS 30G (Lancets***)			0.07800	
TRAVEL LANCETS ADVANCED 2 (Lancets***)			0.07800	
Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)			21.30400	
Trazodone HCl Tab 100 MG	0.05082		0.05259	
Trazodone HCl Tab 150 MG	0.09019		0.07614	
Trazodone HCl Tab 300 MG	0.53255		0.43817	
Trazodone HCl Tab 50 MG	0.03351		0.04525	
TRELSTAR DEPOT (Triptorelin Pamoate For IM Susp 3.75 MG)			809.98870	
TRELSTAR LA (Triptorelin Pamoate For IM Susp 11.25 MG)			2429.95780	
TRELSTAR MIXJECT (Triptorelin Pamoate For IM Susp 11.25 MG)			2429.95780	
TRELSTAR MIXJECT (Triptorelin Pamoate For IM Susp 22.5 MG)			4859.92390	
TRELSTAR MIXJECT (Triptorelin Pamoate For IM Susp 3.75 MG)			809.98870	
TRENDSLANCET (Lancets***)			0.07800	
Tretinoin Cap 10 MG	10.88101		10.73980	
Tretinoin Cream 0.025%			0.89902	
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%			3.99000	
Tretinoin Microsphere Gel 0.04%			7.93267	
Tretinoin Microsphere Gel 0.1%			8.32493	
TRIADVANCE (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*			5158.51300	
Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM			2.64159	
Triamcinolone Acetonide Cream 0.025%			0.04020	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Triamcinolone Acetonide Cream 0.1%			0.05313	
Triamcinolone Acetonide Cream 0.5%	0.19540		0.21107	
Triamcinolone Acetonide Dental Paste 0.1%	2.78163		3.69400	
Triamcinolone Acetonide Inj Susp 40 MG/ML			5.40067	
Triamcinolone Acetonide Lotion 0.025%			0.41583	
Triamcinolone Acetonide Lotion 0.1%	0.28049		0.31167	
Triamcinolone Acetonide Oint 0.025%			0.09625	
Triamcinolone Acetonide Oint 0.05%	0.18512		1.01692	
Triamcinolone Acetonide Oint 0.1%			0.07334	
Triamcinolone Acetonide Oint 0.5%	0.28115		0.26867	
Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	0.11474		0.10220	
Triamterene & Hydrochlorothiazide Cap 50-25 MG			1.51850	
Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	0.09622		0.08188	
Triamterene & Hydrochlorothiazide Tab 75-50 MG	0.11468		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	0.36024		0.17110	
TRICARE (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
Trifluoperazine HCl Tab 1 MG (Base Equivalent)			0.24330	
Trifluoperazine HCl Tab 10 MG (Base Equivalent)			1.32850	
Trifluoperazine HCl Tab 2 MG (Base Equivalent)			0.69000	
Trifluoperazine HCl Tab 5 MG (Base Equivalent)			0.43737	
Trifluridine Opth 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			0.00458	
Trihexyphenidyl HCl Tab 5 MG			0.06878	
Trimethobenzamide HCl Cap 300 MG			1.17796	
Trimethoprim Tab 100 MG			0.16520	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
TRINATAL GT (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
TRINATAL RX 1 (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)			0.17500	
TRINATAL ULTRA (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
TRINATE (Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***)			0.18187	
TRIVIX (Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*)			5158.51300	
Tropicamide Ophth Soln 0.5%			0.56767	
Tropicamide Ophth Soln 1%			0.34733	
Trospium Chloride Cap ER 24HR 60 MG	1.91527		2.29204	
Trospium Chloride Tab 20 MG	0.23356		0.23537	
TRUE COMFORT ALCOHOL PREP (Alcohol Swabs***)			0.01500	
TRUE COMFORT PRO ALCOHOL (Alcohol Swabs***)			0.01500	
TRUE COMFORT SAFETY LANCE (Lancets***)			0.07800	
TRUE COMFORT TWIST TOP LA (Lancets***)			0.07800	
TRUE DAILY VITE (Multiple Vitamin Tab**)			0.02313	
TRUE MULTIVITAMIN (Multiple Vitamin Tab**)			0.02313	
TRUEPLUS LANCETS 26G (Lancets***)			0.07800	
TRUEPLUS LANCETS 28G (Lancets***)			0.07800	
TRUEPLUS LANCETS 28G SUPE (Lancets***)			0.07800	
TRUEPLUS LANCETS 30G (Lancets***)			0.07800	
TRUEPLUS LANCETS 30G ULTR (Lancets***)			0.07800	
TRUEPLUS LANCETS 33G (Lancets***)			0.07800	
TRUEPLUS LANCETS 33G MICR (Lancets***)			0.07800	
TRUEPLUS SAFETY LANCETS 2 (Lancets***)			0.07800	
TRUVADA (Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG)	0.57349		58.36228	
TYSABRI (Natalizumab for IV Inj Conc 300 MG/15ML)			439.57929	
ULTICARE ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
ULTICARE THIN LANCETS 30G (Lancets***)			0.07800	
ULTICARE THIN LANCETS ULT (Lancets***)			0.07800	
ULTILET ALCOHOL SWAB (Alcohol Swabs***)			0.01500	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
ULTILET ALCOHOL SWABS (Alcohol Swabs***)			0.01500	
ULTILET BASIC LANCETS 30G (Lancets***)			0.07800	
ULTILET CLASSIC LANCETS (Lancets***)			0.07800	
ULTILET LANCETS (Lancets***)			0.07800	
ULTILET LANCETS 33G (Lancets***)			0.07800	
ULTILET SAFETY LANCETS 21 (Lancets***)			0.07800	
ULTILET SAFETY LANCETS 23 (Lancets***)			0.07800	
ULTRA NATAL (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
ULTRA NATALCARE (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
ULTRA TABS (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
ULTRA THIN LANCETS 28G (Lancets***)			0.07800	
ULTRA THIN LANCETS 30G (Lancets***)			0.07800	
ULTRA THIN LANCETS 31G (Lancets***)			0.07800	
ULTRA TLC LANCETS (Lancets***)			0.07800	
ULTRA-CARE ALCOHOL PREP P (Alcohol Swabs***)			0.01500	
ULTRA-CARE LANCETS 30G (Lancets***)			0.07800	
ULTRALANCE (Lancets Misc.***)			0.07800	
ULTRA-NATAL (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
ULTRA-THIN II AUTO LANCET (Lancets***)			0.07800	
ULTRA-THIN II LANCETS 28G (Lancets***)			0.07800	
ULTRA-THIN II LANCETS 30G (Lancets***)			0.07800	
ULTRA-THIN II LANCETS/28G (Lancets***)			0.07800	
ULTRA-THIN II LANCETS/30G (Lancets***)			0.07800	
ULTRA-THIN II SAFETY AUTO (Lancets***)			0.07800	
UNICAP (Multiple Vitamin Tab**)			0.02313	
UNICAP PLUS IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
UNILET COMFORTOUCH LANCET (Lancets***)			0.07800	
UNILET EXCELITE (Lancets***)			0.07800	
UNILET EXCELITE II (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
UNILET G.P. LANCET (Lancets***)			0.07800	
UNILET G.P. SUPERLITE (Lancets***)			0.07800	
UNILET G.P. SUPERLITE LAN (Lancets***)			0.07800	
UNILET GP 28 ULTRA THIN (Lancets***)			0.07800	
UNILET LANCET (Lancets***)			0.07800	
UNILET LANCETS MICRO-THIN (Lancets***)			0.07800	
UNILET LANCETS SUPER-THIN (Lancets***)			0.07800	
UNILET LANCETS ULTRA-THIN (Lancets***)			0.07800	
UNILET SUPERLITE LANCET (Lancets***)			0.07800	
UNISTIK 1 (Lancets***)			0.07800	
UNISTIK 2 (Lancets***)			0.07800	
UNISTIK 2 COMFORT (Lancets***)			0.07800	
UNISTIK 2 EXTRA (Lancets***)			0.07800	
UNISTIK 2 NEONATAL (Lancets***)			0.07800	
UNISTIK 2 NORMAL (Lancets***)			0.07800	
UNISTIK 2 SUPER (Lancets***)			0.07800	
UNISTIK 3 (Lancets***)			0.07800	
UNISTIK 3 COMFORT (Lancets***)			0.07800	
UNISTIK 3 EXTRA (Lancets***)			0.07800	
UNISTIK 3 EXTRA SINGLE US (Lancets***)			0.07800	
UNISTIK 3 GENTLE (Lancets***)			0.07800	
UNISTIK 3 NEONATAL (Lancets***)			0.07800	
UNISTIK 3 NORMAL (Lancets***)			0.07800	
UNISTIK CZT COMFORT (Lancets***)			0.07800	
UNISTIK CZT NORMAL (Lancets***)			0.07800	
UNISTIK NORMAL (Lancets***)			0.07800	
UNISTIK PRO SAFETY LANCET (Lancets***)			0.07800	
UNISTIK SAFETY LANCETS 28 (Lancets***)			0.07800	
UNISTIK SAFETY LANCETS 30 (Lancets***)			0.07800	
UNISTIK TOUCH SAFETY LANC (Lancets***)			0.07800	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
UNIVERSAL 1 LANCETS THIN (Lancets***)			0.07800	
UNIVERSAL 1 LANCETS ULTRA (Lancets***)			0.07800	
UNIVERSAL 1 LANCETS/33G/M (Lancets***)			0.07800	
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	0.47029		0.35875	
Ursodiol Tab 250 MG	0.41218		0.33167	
Ursodiol Tab 500 MG	0.66732		0.67784	
Valacyclovir HCl Tab 1 GM	0.43748		0.39597	
Valacyclovir HCl Tab 500 MG	0.25497		0.18433	
Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)			8.42511	
Valganciclovir HCl Tab 450 MG (Base Equivalent)	7.06241		1.89771	
Valproate Sodium Inj 100 MG/ML			0.40587	
Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	0.03798		0.01420	
Valproate Sodium Syrup 250 MG/5ML			0.03040	
Valproic Acid Cap 250 MG			0.14010	
Valsartan Tab 160 MG	0.14497		0.09700	
Valsartan Tab 320 MG	0.19632		0.12938	
Valsartan Tab 40 MG	0.10241		0.05556	
Valsartan Tab 80 MG	0.11497		0.15516	
Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	0.17154		0.11778	
Valsartan-Hydrochlorothiazide Tab 160-25 MG	0.16917		0.14689	
Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	0.20746		0.20556	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Valsartan-Hydrochlorothiazide Tab 320-25 MG	0.22201		0.20818	
Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	0.13423		0.12778	
VALUE HEALTH LANCETS (Lancets***)			0.07800	
VALUE PLUS LANCETS (Lancets***)			0.07800	
VALUE PLUS LANCETS STANDA (Lancets***)			0.07800	
VALUE PLUS LANCETS SUPER (Lancets***)			0.07800	
VALUE PLUS LANCETS THIN 2 (Lancets***)			0.07800	
VALUE PLUS THIN LANCETS (Lancets***)			0.07800	
VALUMARK LANCET SUPER THI (Lancets***)			0.07800	
VALUMARK LANCET ULTRA THI (Lancets***)			0.07800	
Vancomycin HCl Cap 125 MG (Base Equivalent)			1.11850	
Vancomycin HCl Cap 250 MG (Base Equivalent)			1.96131	
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	
VANTAS (Histrelin Acetate Implant Kit 50 MG)			4211.40672	
Vardenafil HCl Tab 10 MG	4.98942		23.05313	
Vardenafil HCl Tab 20 MG	4.65652		18.61573	
Varenicline Tartrate Tab 1 MG (Base Equiv)	0.41266		6.04393	
VENATAL-FA (Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***)			0.15587	
Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	0.14715		0.12000	
Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	0.08731		0.07778	
Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	0.11197		0.08164	
Venlafaxine HCl Tab 100 MG (Base Equivalent)	0.12215		0.05010	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Venlafaxine HCl Tab 25 MG (Base Equivalent)	0.06891		0.11520	
Venlafaxine HCl Tab 37.5 MG (Base Equivalent)	0.08155		0.07010	
Venlafaxine HCl Tab 50 MG (Base Equivalent)	0.09561		0.08789	
Venlafaxine HCl Tab 75 MG (Base Equivalent)	0.09054		0.07146	
Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	0.34787		0.38700	
Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	0.82104		1.19242	
Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)	0.43870		2.55183	
Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	0.32156		1.05714	
VENOGLOBULIN-S (Immune Globulin (Human) IV Soln 10 GM/100ML)			8.31000	
VENOGLOBULIN-S (Immune Globulin (Human) IV Soln 20 GM/200ML)			8.31000	
VENOGLOBULIN-S (Immune Globulin (Human) IV Soln 5 GM/50ML)			8.31000	
VENTAVIS (Iloprost Inhalation Solution 10 MCG/ML)			134.16120	
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			0.89455	
Verapamil HCl Cap ER 24HR 200 MG			1.04240	
Verapamil HCl Cap ER 24HR 240 MG			0.94000	
Verapamil HCl Cap ER 24HR 360 MG			3.86000	
Verapamil HCl Tab 120 MG			0.05824	
Verapamil HCl Tab 40 MG			0.09890	
Verapamil HCl Tab 80 MG	0.26446		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	
VERIFINE SAFETY LANCET MI (Lancets***)			0.07800	
VERIFINE UNIVERSAL LANCET (Lancets***)			0.07800	
VIDA MIA UNILET LANCETS S (Lancets***)			0.07800	
VIDA MIA UNILET LANCETS U (Lancets***)			0.07800	
VI-DAYLIN/F (Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***)			0.07170	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Vigabatrin Powd Pack 500 MG			48.55440	
Vigabatrin Tab 500 MG			95.20000	
VIGRAN (Multiple Vitamin Tab**)			0.02313	
VIGRAN PLUS IRON (Multiple Vitamins w/ Iron Tab**)			0.02788	
Vilazodone HCl Tab 10 MG	0.98637		0.83900	
Vilazodone HCl Tab 20 MG	0.90541		1.39310	
Vilazodone HCl Tab 40 MG	1.20572		1.08995	
VIL-RX (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
VINATE AZ EXTRA (Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***)			0.29975	
VINATE GT (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
VINATE II (Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***)			0.29975	
VINATE M (Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***)			0.08435	
VINATE ONE (Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***)			0.17500	
VINATE ULTRA (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
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	
VIO-BEC (Multiple Vitamin Tab**)			0.02313	
VIREXA (Multiple Vitamin Tab**)			0.02313	
VIRT NATE (Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***)			0.18187	
VIRT-ADVANCE (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
VIRT-VITE GT (Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***)			0.21653	
VITALEE (Multiple Vitamin Tab**)			0.02313	
VITALET PRO LANCETS (Lancets***)			0.07800	
VITALET PRO PLUS LANCETS (Lancets***)			0.07800	
VITATHELY/GINGER (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
VITAXYME (Multiple Vitamin Tab**)			0.02313	
VITRAX (Multiple Vitamin Tab**)			0.02313	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
VIVAGUARD LANCETS (Lancets***)			0.07800	
VIVAGUARD LANCETS 30G (Lancets***)			0.07800	
VIVAGUARD SAFETY LANCETS (Lancets***)			0.07800	
VIVAGUARD SAFETY LANCETS/ (Lancets***)			0.07800	
VIVITROL (Naltrexone For IM Extended Release Susp 380 MG)			1540.81000	
VOL-NATE (Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***)			0.18187	
VOL-PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
VOL-TAB RX (Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***)			0.16000	
Voriconazole Tab 200 MG	2.18745		1.58000	
Voriconazole Tab 50 MG	1.11708		1.51833	
V-R ALCOHOL PREP PADS (Alcohol Swabs***)			0.01500	
VYVANSE (Lisdexamfetamine Dimesylate Chew Tab 10 MG)	5.36735		12.38060	
VYVANSE (Lisdexamfetamine Dimesylate Chew Tab 20 MG)	4.55209		9.74889	
VYVANSE (Lisdexamfetamine Dimesylate Chew Tab 30 MG)	5.03080		11.59660	
VYVANSE (Lisdexamfetamine Dimesylate Chew Tab 40 MG)	5.01572		11.35527	
VYVANSE (Lisdexamfetamine Dimesylate Chew Tab 50 MG)	5.00775		10.10774	
VYVANSE (Lisdexamfetamine Dimesylate Chew Tab 60 MG)	4.85747		10.10774	
W&F COLOR LANCETS (Lancets***)			0.07800	
W&F LANCETS 26G (Lancets***)			0.07800	
W&F LANCETS COLORED 21G (Lancets***)			0.07800	
W&F LANCETS ULTRA THIN (Lancets***)			0.07800	
WALGREENS ADVANCED TRAVEL (Lancets***)			0.07800	
WALGREENS COMFORT ASSURED (Lancets***)			0.07800	
WALGREENS LANCETS (Lancets***)			0.07800	
WALGREENS THIN LANCETS (Lancets***)			0.07800	
WALGREENS ULTRA THIN LANC (Lancets***)			0.07800	
Warfarin Sodium Tab 1 MG	0.08054		0.02470	
Warfarin Sodium Tab 10 MG	0.10048		0.08770	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
Warfarin Sodium Tab 2 MG	0.07851		0.05800	
Warfarin Sodium Tab 2.5 MG	0.08380		0.05970	
Warfarin Sodium Tab 3 MG	0.09146		0.06967	
Warfarin Sodium Tab 4 MG	0.08578		0.07840	
Warfarin Sodium Tab 5 MG	0.08533		0.05246	
Warfarin Sodium Tab 6 MG	0.09768		0.07800	
Warfarin Sodium Tab 7.5 MG	0.09212		0.08960	
Water For Injection			0.03734	
Water For Irrigation, Sterile Irrigation Soln			0.00390	
Water For IV Injection			0.00217	
WD LANCETS (Lancets***)			0.07800	
WD LANCETS THIN (Lancets***)			0.07800	
WD THIN LANCETS (Lancets***)			0.07800	
WEBCOL ALCOHOL PREP LARGE (Alcohol Swabs***)			0.01500	
WEBCOL ALCOHOL PREP MEDIU (Alcohol Swabs***)			0.01500	
WESTAB PLUS (Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***)			0.07721	
Wound Dressings - Cream***			0.52347	
XGEVA (Denosumab Inj 120 MG/1.7ML)			1941.11230	
XYNTHA (Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit)			0.98580	
XYNTHA (Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit)			0.98580	
XYNTHA (Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit)			0.98580	
XYNTHA (Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit)			0.98580	
ZACNE (Multiple Vitamin Tab**)			0.02313	
Zafirlukast Tab 10 MG	0.50834		1.16850	
Zafirlukast Tab 20 MG	0.64461		0.61272	
Zaleplon Cap 10 MG	0.15674		0.13820	
Zaleplon Cap 5 MG	0.14936		0.17120	
ZAVESCA (Miglustat Cap 100 MG)			296.80800	
ZENPEP (Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-14000 Unit)			1.77275	

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

Data as of 4/13/2026

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

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
ZEVALIN Y-90 (Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML)			43608.24900	
ZEVX STERILE ALCOHOL PRE (Alcohol Swabs***)			0.01500	
ZEVX TWIST TOP LANCETS 3 (Lancets***)			0.07800	
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	2.95733		7.80730	
Zinc Sulfate Cap 220 MG (50 MG Elemental Zn)			0.03887	
Ziprasidone HCl Cap 20 MG	0.37786		0.19433	
Ziprasidone HCl Cap 40 MG			0.18333	
Ziprasidone HCl Cap 60 MG			0.25015	
Ziprasidone HCl Cap 80 MG	0.42763		0.27141	
ZOLADEX (Goserelin Acetate Implant 10.8 MG)			1898.12700	
ZOLADEX (Goserelin Acetate Implant 3.6 MG)			667.42180	
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	2.38273		2.49370	
Zolmitriptan Orally Disintegrating Tab 5 MG	3.03675		2.41933	
Zolmitriptan Tab 2.5 MG	2.43928		1.15000	
Zolmitriptan Tab 5 MG	2.04331		1.23150	
Zolpidem Tartrate Tab 10 MG	0.09843		0.02898	
Zolpidem Tartrate Tab 5 MG	0.09566		0.02343	
Zolpidem Tartrate Tab ER 12.5 MG	0.23392		0.06591	
Zolpidem Tartrate Tab ER 6.25 MG	0.48157		0.30106	
ZOMACTON (Somatropin For Inj 10 MG)			577.68000	
Zonisamide Cap 100 MG	0.10664		0.09728	
Zonisamide Cap 25 MG	0.06324		0.07950	
Zonisamide Cap 50 MG			0.09224	
ZUBSOLV (Buprenorphine HCl-Naloxone HCl SL Tab 0.7-0.18 MG (Base Eq))			4.13273	
ZUBSOLV (Buprenorphine HCl-Naloxone HCl SL Tab 1.4-0.36 MG (Base Eq))			4.00373	

Product Name	ACA FUL	OLD SMAC Price	Current SMAC Price	SMAC Effective
ZUBSOLV (Buprenorphine HCl-Naloxone HCl SL Tab 11.4-2.9 MG (Base Eq))			16.37400	
ZUBSOLV (Buprenorphine HCl-Naloxone HCl SL Tab 2.9-0.71 MG (Base Eq))			9.75750	
ZUBSOLV (Buprenorphine HCl-Naloxone HCl SL Tab 8.6-2.1 MG (Base Eq))			13.95600	
ZYPREXA RELPREVV (Olanzapine Pamoate For Extended Rel IM Susp 210 MG (Base Eq))			587.32128	
ZYPREXA RELPREVV (Olanzapine Pamoate For Extended Rel IM Susp 300 MG (Base Eq))			839.03040	
ZYPREXA RELPREVV (Olanzapine Pamoate For Extended Rel IM Susp 405 MG (Base Eq))			1132.69104	