

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
0.9 % SODIUM CHLORIDE INJECTION DISPOSABLE SYRINGE (ML) 0.9 %			0.03721		
0.9 % SODIUM CHLORIDE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 0.9 %			0.02977		
0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 0.9 %			0.00232		
0.9 % SODIUM CHLORIDE INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)			0.01191		
ACARBOSE ORAL TABLET 100 MG			0.58562		
ACARBOSE ORAL TABLET 25 MG			0.46521		
ACARBOSE ORAL TABLET 50 MG			0.53700		
ACEBUTOLOL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	0.46130		0.18512		
ACEBUTOLOL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 400 MG	0.67130		0.26613		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL ELIXIR 120-12MG/5			0.01286		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-15MG	0.15000		0.15000		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-30MG	0.21370		0.12260		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-60MG	0.38330		0.22100		
ACETAZOLAMIDE ORAL TABLET 125 MG			0.19450		
ACETAZOLAMIDE ORAL TABLET 250 MG			0.42359		
ACETIC ACID IRRIGATION SOLUTION, IRRIGATION 0.25 %			0.00270		
ACETIC ACID OTIC SOLUTION, NON-ORAL 2 %			1.65236		
ACETIC ACID/ALUMINUM ACETATE OTIC DROPS 2 %			0.11450		
ACETIC ACID/HYDROCORTISONE OTIC DROPS 2 %-1 %			11.58875		
ACETYLCYSTEINE MISCELLANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML	0.97800		0.48900		
ACETYLCYSTEINE MISCELLANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 200 MG/ML	0.26800		0.22917		
ACYCLOVIR ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	0.14780		0.08432		
ACYCLOVIR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200 MG/5ML			0.21356		
ACYCLOVIR ORAL TABLET 400 MG	0.23340		0.20363		
ACYCLOVIR ORAL TABLET 800 MG	0.46670		0.40766		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ACYCLOVIR SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG			0.00000		
ADAPALENE TOPICAL GEL (GRAM) 0.1 %			2.90250		
ALBUMIN HUMAN INTRAVENOUS INTRAVENOUS SOLUTION 25 %			1.39750		
ALBUTEROL SULFATE INHALATION SOLUTION, NON-ORAL 5 MG/ML			0.49000		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (EA) 2.5 MG/0.5			0.15470		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML			0.41450		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 2.5 MG/3ML	0.11500		0.05031		
ALBUTEROL SULFATE ORAL SYRUP 2 MG/5 ML			0.01017		
ALBUTEROL SULFATE ORAL TABLET 2 MG			0.08000		
ALBUTEROL SULFATE ORAL TABLET 4 MG	0.14250		0.10380		
ALBUTEROL SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 4 MG			0.83750		
ALCLOMETASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %	0.82830		0.68185		
ALCLOMETASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %	0.82830		0.68185		
ALENDRONATE SODIUM ORAL TABLET 10 MG	0.42930		0.16863		
ALENDRONATE SODIUM ORAL TABLET 35 MG	15.36750		0.55375		
ALENDRONATE SODIUM ORAL TABLET 5 MG	0.42930		0.19460		
ALENDRONATE SODIUM ORAL TABLET 70 MG	15.36750		0.59479		
ALFUZOSIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			0.38513		
ALLOPURINOL ORAL TABLET 100 MG	0.07850		0.03281		
ALLOPURINOL ORAL TABLET 300 MG	0.17390		0.05529		
ALPRAZOLAM ORAL TABLET 0.25 MG	0.06140		0.02956		
ALPRAZOLAM ORAL TABLET 0.5 MG	0.06980		0.02755		
ALPRAZOLAM ORAL TABLET 1 MG	0.08850		0.03850		
ALPRAZOLAM ORAL TABLET 2 MG	0.17450		0.07231		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 0.5 MG	1.93430		0.36958		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 1 MG	2.40650		0.54083		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 2 MG	3.19400		0.57375		
ALPRAZOLAM ORAL TABLET, EXTENDED RELEASE 24 HR 3 MG	4.79070		0.82479		
AMANTADINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			1.45500		
AMANTADINE HCL ORAL SYRUP 50 MG/5 ML	0.06560		0.01625		
AMILORIDE HCL ORAL TABLET 5 MG			0.66044		
AMILORIDE HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-50MG			0.25402		
AMINOCAPROIC ACID ORAL TABLET 500 MG			2.10977		
AMINOPHYLLINE ORAL TABLET 100 MG			0.04234		
AMINOPHYLLINE ORAL TABLET 200 MG			0.05018		
AMIODARONE HCL ORAL TABLET 200 MG	0.73750		0.12740		
AMITRIPTYLINE HCL ORAL TABLET 10 MG	0.06080		0.02154		
AMITRIPTYLINE HCL ORAL TABLET 100 MG	0.15680		0.05100		
AMITRIPTYLINE HCL ORAL TABLET 150 MG	0.24300		0.10013		
AMITRIPTYLINE HCL ORAL TABLET 25 MG	0.06530		0.02317		
AMITRIPTYLINE HCL ORAL TABLET 50 MG	0.07580		0.03200		
AMITRIPTYLINE HCL ORAL TABLET 75 MG	0.14250		0.04413		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 12.5MG-5MG			0.86500		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 25 MG-10MG			0.94600		
AMLODIPINE BESYLATE ORAL TABLET 10 MG	0.17820		0.02643		
AMLODIPINE BESYLATE ORAL TABLET 2.5 MG	0.12900		0.02933		
AMLODIPINE BESYLATE ORAL TABLET 5 MG	0.12900		0.02463		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10MG-20MG			0.83000		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10MG-40MG			0.93000		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2.5MG-10MG			0.77000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG-10 MG			0.72000		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5MG-20MG			0.75000		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5MG-40MG			0.81000		
AMMONIUM LACTATE TOPICAL CREAM (GRAM) 12 %			0.05010		
AMMONIUM LACTATE TOPICAL LOTION (GRAM) 12 %			0.02272		
AMOXAPINE ORAL TABLET 100 MG			0.80600		
AMOXAPINE ORAL TABLET 50 MG			0.47021		
AMOXICILLIN ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.06530		0.06500		
AMOXICILLIN ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG	0.11930		0.10615		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML	0.02010		0.02344		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			0.04300		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.02990		0.02952		
AMOXICILLIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400 MG/5ML			0.03266		
AMOXICILLIN ORAL TABLET 875MG			0.22352		
AMOXICILLIN ORAL TABLET, CHEWABLE 125 MG			0.17329		
AMOXICILLIN ORAL TABLET, CHEWABLE 250 MG			0.19150		
AMOXICILLIN ORAL TABLET, CHEWABLE 400 MG			0.34880		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-28.5/5	0.28500		0.11330		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250-62.5/5			0.74500		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400-57MG/5	0.53470		0.18412		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 600-42.9/5	0.45000		0.16285		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 250-125MG			4.07531		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 500-125 MG	2.11580		0.81580		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET 875-125 MG	2.53200		0.96655		
AMOXICILLIN/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 400-57MG			1.16750		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 10 MG			1.07813		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 12.5 MG			1.25073		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 15 MG			0.97000		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 20 MG			1.18233		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 30 MG			1.27500		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 5 MG		0.95854	1.16000	3/6/2013	
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 7.5 MG			1.25073		
AMPICILLIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			5.46000		
AMPICILLIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G			8.61440		
AMPICILLIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG			2.73000		
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1.5 G			3.41900		
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 15 G			41.79500		
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 3 G			6.43500		
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1.5 G			4.75800		
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 3 G			7.86500		
AMPICILLIN TRIHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.17360		0.08700		
AMPICILLIN TRIHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG	0.29910		0.15540		
ANAGRELIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 0.5 MG	0.43950		0.13560		
ANAGRELIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG	0.87900		0.76180		
ANASTROZOLE ORAL TABLET 1 MG			0.20761		
ATENOLOL ORAL TABLET 100 MG	0.06900		0.02990		
ATENOLOL ORAL TABLET 25 MG	0.04590		0.01982		
ATENOLOL ORAL TABLET 50 MG	0.05000		0.02312		
ATENOLOL/CHLORTHALIDONE ORAL TABLET 100MG-25MG	0.30680		0.11700		
ATENOLOL/CHLORTHALIDONE ORAL TABLET 50 MG-25MG	0.11220		0.05663		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ATORVASTATIN CALCIUM ORAL TABLET 10 MG			0.22040		
ATORVASTATIN CALCIUM ORAL TABLET 20 MG			0.31350		
ATORVASTATIN CALCIUM ORAL TABLET 40 MG			0.31350		
ATORVASTATIN CALCIUM ORAL TABLET 80 MG			0.31350		
ATROPINE SULFATE OPHTHALMIC DROPS 1 %			2.48667		
ATROPINE SULFATE OPHTHALMIC OINTMENT (GRAM) 1 %			0.00000		
AZATHIOPRINE ORAL TABLET 50 MG	0.65810		0.16100		
AZELASTINE HCL NASAL AEROSOL, SPRAY WITH PUMP (ML) 137 MCG			2.17455		
AZELASTINE HCL OPHTHALMIC DROPS 0.05 %			11.28465		
AZITHROMYCIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG			6.80550		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100 MG/5ML			0.83488		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			0.82940		
AZITHROMYCIN ORAL TABLET 250 MG	3.18750		0.76425		
AZITHROMYCIN ORAL TABLET 500 MG	5.48500		1.57290		
AZITHROMYCIN ORAL TABLET 600 MG	6.90800		3.06000		
BACITRACIN INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 50000 UNIT			6.50000		
BACITRACIN ZINC TOPICAL OINTMENT (GRAM) 500 UNIT/G			0.18693		
BACITRACIN/POLYMYXIN B SULFATE OPHTHALMIC OINTMENT (GRAM) 500-10K/G			1.26100		
BACLOFEN ORAL TABLET 10 MG	0.05250		0.04691		
BACLOFEN ORAL TABLET 20 MG	0.08930		0.06760		
BACTERIOSTATIC SODIUM CHLORIDE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 0.9 %			0.03033		
BALSALAZIDE DISODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 750 MG	1.07960		0.22313		
BENAZEPRIL HCL ORAL TABLET 10 MG	0.49050		0.05725		
BENAZEPRIL HCL ORAL TABLET 20 MG	0.49050		0.06315		
BENAZEPRIL HCL ORAL TABLET 40 MG	0.49050		0.05313		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
BENAZEPRIL HCL ORAL TABLET 5 MG	0.49050		0.10256		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.49580		0.29408		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	0.49580		0.36500		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG	0.49580		0.38000		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG	0.49580		0.18650		
BENZONATATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.14030		0.09675		
BENZONATATE ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	0.24600		0.13050		
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 10 %			0.06582		
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 2.5 %			0.10652		
BENZOYL PEROXIDE TOPICAL CLEANSER (GRAM) 5 %			0.06483		
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 10 %			0.25060		
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 5 %			0.11012		
BENZOYL PEROXIDE TOPICAL GEL, ALCOHOL BASED 10 %			0.11040		
BENZOYL PEROXIDE TOPICAL GEL, ALCOHOL BASED 5 %			0.23423		
BENZOYL PEROXIDE TOPICAL PADS, MEDICATED (EA) 6 %			2.59177		
BENZTROPINE MESYLATE INJECTION AMPUL (ML) 2 MG/2 ML			27.06250		
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG	0.07470		0.04500		
BENZTROPINE MESYLATE ORAL TABLET 1 MG	0.08480		0.04800		
BENZTROPINE MESYLATE ORAL TABLET 2 MG	0.12080		0.06669		
BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 0.05 %	0.23000		1.33000		
BETAMETHASONE DIPROPIONATE TOPICAL GEL (GRAM) 0.05 %			0.40432		
BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 0.05 %	0.15000		0.06980		
BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %			1.71945		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL CREAM (GRAM) 0.05 %			0.31358		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL OINTMENT (GRAM) 0.05 %			2.63594		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
BETAMETHASONE VALERATE TOPICAL CREAM (GRAM) 0.1 %	0.11970		0.56556		
BETAMETHASONE VALERATE TOPICAL LOTION (ML) 0.1 %			0.60292		
BETAMETHASONE VALERATE TOPICAL OINTMENT (GRAM) 0.1 %			0.68420		
BETHANECHOL CHLORIDE ORAL TABLET 10 MG	0.91710		0.16601		
BETHANECHOL CHLORIDE ORAL TABLET 25 MG	1.70790		0.14238		
BETHANECHOL CHLORIDE ORAL TABLET 5 MG	0.48890		0.11570		
BETHANECHOL CHLORIDE ORAL TABLET 50 MG	1.95650		0.25090		
BICALUTAMIDE ORAL TABLET 50 MG	3.48020		0.40297		
BISOPROLOL FUMARATE ORAL TABLET 10 MG	1.06880		0.67125		
BISOPROLOL FUMARATE ORAL TABLET 5 MG	1.06880		0.58477		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25MG	0.25420		0.05313		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 2.5-6.25MG	1.02600		0.06188		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG	1.02600		0.15508		
BLEOMYCIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 15 UNIT			35.41200		
BLEOMYCIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 30 UNIT			72.96900		
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.15 %			13.22070		
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.2 %	4.50000		0.58583		
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG			0.88749		
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.25MG/2ML		3.35500	0.00000	3/6/2013	
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5 MG/2ML		3.48443	0.00000	3/12/2013	
BUMETANIDE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 0.25 MG/ML			0.20540		
BUMETANIDE ORAL TABLET 0.5 MG	0.17430		0.09257		
BUMETANIDE ORAL TABLET 1 MG	0.28140		0.12857		
BUMETANIDE ORAL TABLET 2 MG	0.47080		0.16025		
BUPIVACAINE HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 5 MG/ML			0.11333		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 2 MG			1.82542		
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 8 MG			2.75903		
BUPROPION HCL ORAL TABLET 100 MG			0.50119		
BUPROPION HCL ORAL TABLET 75 MG			0.33350		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 100 MG			0.35510		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 150 MG	1.83300		0.86455		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 150 MG	1.83300		0.55200		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 200 MG			0.59354		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG			0.59906		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 300 MG			0.84686		
BUSPIRONE HCL ORAL TABLET 10 MG	0.07140		0.07900		
BUSPIRONE HCL ORAL TABLET 15 MG	0.10280		0.06843		
BUSPIRONE HCL ORAL TABLET 30 MG			0.60900		
BUSPIRONE HCL ORAL TABLET 5 MG	0.05270		0.04900		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 50-325-40			0.60905		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-325-40			0.06058		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-500-40	0.68700		0.09165		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE PHOSPHATE ORAL CAPSULE (HARD, SOFT, ETC.) 50-325-30			0.33475		
BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 50-325-40			0.35600		
BUTALBITAL/ASPIRIN/CAFFEINE ORAL TABLET 50-325-40	0.24000		0.11840		
BUTORPHANOL TARTRATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML			1.75500		
BUTORPHANOL TARTRATE NASAL AEROSOL, SPRAY (ML) 10 MG/ML			6.98000		
CABERGOLINE ORAL TABLET 0.5 MG			15.55231		
CAFFEINE CITRATED ORAL SOLUTION, ORAL 60 MG/3 ML			12.70000		
CALCIPOTRIENE TOPICAL CREAM (GRAM) 0.005 %			5.61000		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CALCIPOTRIENE TOPICAL SOLUTION, NON-ORAL 0.005 %			3.56000		
CALCITONIN,SALMON,SYNTHETIC NASAL AEROSOL, SPRAY WITH PUMP (ML) 200/DOSE			13.82000		
CALCITRIOL ORAL CAPSULE (HARD, SOFT, ETC.) 0.25 MCG			0.67178		
CALCITRIOL ORAL CAPSULE (HARD, SOFT, ETC.) 0.5 MCG			1.13500		
CALCITRIOL ORAL SOLUTION, ORAL 1MCG/ML			8.46208		
CALCIUM ACETATE ORAL CAPSULE (HARD, SOFT, ETC.) 667 MG			0.66350		
CALCIUM GLUCONATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML			0.03900		
CAPTOPRIL ORAL TABLET 100 MG	0.10800		0.07163		
CAPTOPRIL ORAL TABLET 12.5 MG	0.02330		0.01346		
CAPTOPRIL ORAL TABLET 25 MG	0.02630		0.01775		
CAPTOPRIL ORAL TABLET 50 MG	0.03900		0.02250		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-15MG	0.23590		0.06265		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG	0.23600		0.06521		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-15MG			0.14030		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-25MG	0.37020		0.15210		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML	0.08370		0.12461		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/CUP	0.08370		0.06240		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200MG/10ML	0.08370		0.06240		
CARBAMAZEPINE ORAL TABLET 200 MG	0.08490		0.04290		
CARBAMAZEPINE ORAL TABLET, CHEWABLE 100 MG	0.20250		0.05938		
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG			0.86592		
CARBAMAZEPINE ORAL TABLET, EXTENDED RELEASE 12 HR 400 MG			1.57300		
CARBIDOPA/LEVODOPA ORAL TABLET 10MG-100MG	0.40430		0.15425		
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-100MG	0.46880		0.16135		
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-250MG	0.51450		0.24140		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 25MG-100MG			0.21875		
CARBIDOPA/LEVODOPA ORAL TABLET, EXTENDED RELEASE 50MG-200MG			0.31025		
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 25MG-100MG			1.14127		
CARBIDOPA/LEVODOPA ORAL TABLET,DISINTEGRATING 25MG-250MG			1.45405		
CARBOPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 150 MG			39.00000		
CARBOPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 450 MG			117.00000		
CARBOPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			1.20553		
CARISOPRODOL ORAL TABLET 350 MG	0.08510		0.05785		
CARTEOLOL HCL OPHTHALMIC DROPS 1 %	3.66750		1.59200		
CARVEDILOL ORAL TABLET 12.5 MG	0.14250		0.04797		
CARVEDILOL ORAL TABLET 25 MG	0.14250		0.04654		
CARVEDILOL ORAL TABLET 3.125 MG	0.14250		0.04550		
CARVEDILOL ORAL TABLET 6.25 MG	0.14250		0.04245		
CEFACLOR ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			1.39251		
CEFACLOR ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG			2.18650		
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.08450		
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.12560		
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 375 MG/5ML			0.25740		
CEFADROXIL HYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG	0.78300		0.28762		
CEFADROXIL HYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.40938		
CEFADROXIL HYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 500 MG/5ML			0.36504		
CEFADROXIL HYDRATE ORAL TABLET 1 G			3.15000		
CEFAZOLIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			0.92300		
CEFAZOLIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 10 G			10.02300		
CEFDINIR ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	3.82650		1.72000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.63750		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	1.30790		1.03400		
CEFEPIME HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			5.41750		
CEFEPIME HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G			13.45300		
CEFOTAXIME SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			2.86000		
CEFOXITIN SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			6.28160		
CEFOXITIN SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G			11.74784		
CEFPODOXIME PROXETIL ORAL TABLET 100 MG			2.94000		
CEFPODOXIME PROXETIL ORAL TABLET 200 MG			5.09950		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML	0.40800		0.28446		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.73940		0.51700		
CEFPROZIL ORAL TABLET 250 MG	2.39390		1.15369		
CEFPROZIL ORAL TABLET 500 MG	4.59900		1.61475		
CEFTAZIDIME PENTAHYDRATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			4.30300		
CEFTAZIDIME PENTAHYDRATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G			11.54400		
CEFTAZIDIME PENTAHYDRATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 6G			24.36200		
CEFTAZIDIME PENTAHYDRATE INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G			8.51500		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			2.34000		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 10 G			36.03600		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G			4.79700		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 250 MG			1.56000		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG			1.75500		
CEFTRIAXONE SODIUM INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (EA) 1 G			16.80900		
CEFTRIAXONE SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 2 G			10.98500		
CEFUROXIME AXETIL ORAL TABLET 250 MG	0.55130		0.33640		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CEFUROXIME AXETIL ORAL TABLET 500 MG	1.06650		0.73000		
CEFUROXIME SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1.5 G			5.72000		
CEFUROXIME SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 750 MG			2.92500		
CEPHALEXIN ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.16500		0.10667		
CEPHALEXIN ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG	0.27300		0.12918		
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.06697		
CEPHALEXIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.18180		0.06236		
CETIRIZINE HCL ORAL SOLUTION, ORAL 1 MG/ML			0.02705		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.08780		0.07000		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.09900		0.07250		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.11390		0.08560		
CHLORHEXIDINE GLUCONATE MUCOUS MEMBRANE MOUTHWASH 0.12 %	0.01090		0.00591		
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG			1.37072		
CHLOROQUINE PHOSPHATE ORAL TABLET 500 MG			2.27318		
CHLOROTHIAZIDE ORAL TABLET 500 MG			0.15275		
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/METHSCOPOLAMN ORAL SOLUTION, ORAL 2-10-1.25			0.02196		
CHLORPROMAZINE HCL ORAL TABLET 100 MG			1.78000		
CHLORPROMAZINE HCL ORAL TABLET 200 MG			2.27000		
CHLORPROMAZINE HCL ORAL TABLET 25 MG			0.86000		
CHLORPROMAZINE HCL ORAL TABLET 50 MG			1.26145		
CHLORPROPAMIDE ORAL TABLET 100 MG	0.23250		0.20075		
CHLORPROPAMIDE ORAL TABLET 250 MG	0.49170		0.34000		
CHLORTHALIDONE ORAL TABLET 25 MG			0.41000		
CHLORTHALIDONE ORAL TABLET 50 MG			0.45848		
CHLORZOAZONE ORAL TABLET 500 MG	0.07570		0.06390		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER (GRAM) 4 G			0.07933		
CHOLESTYRAMINE (WITH SUGAR) ORAL POWDER IN PACKET (EA) 4 G	1.27670		0.74798		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GM)			0.13110		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GRAM) 4 G			0.14028		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER IN PACKET (EA) 4 G	1.27670		0.75521		
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 1000 MG			0.14287		
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 500 MG			0.10075		
CHOLINE SALICYLATE/MAGNESIUM SALICYLATE ORAL TABLET 750 MG			0.10725		
CICLOPIROX OLAMINE TOPICAL CREAM (GRAM) 0.77 %	1.66100		0.24584		
CICLOPIROX OLAMINE TOPICAL SUSPENSION, TOPICAL (ML) 0.77 %	1.50000		0.76780		
CICLOPIROX TOPICAL SOLUTION, NON-ORAL 8 %			0.96798		
CILOSTAZOL ORAL TABLET 100 MG	0.54750		0.16597		
CILOSTAZOL ORAL TABLET 50 MG	0.54750		0.16306		
CIMETIDINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 150 MG/ML			1.30488		
CIMETIDINE HCL ORAL SOLUTION, ORAL 300 MG/5ML	0.11390		0.03677		
CIMETIDINE ORAL TABLET 200 MG	0.13130		0.06613		
CIMETIDINE ORAL TABLET 300 MG	0.13130		0.06335		
CIMETIDINE ORAL TABLET 400 MG	0.15480		0.05988		
CIMETIDINE ORAL TABLET 800 MG	0.27750		0.11440		
CIPROFLOXACIN HCL OPHTHALMIC DROPS 0.3 %	7.56900		1.06391		
CIPROFLOXACIN HCL ORAL TABLET 100 MG			2.93583		
CIPROFLOXACIN HCL ORAL TABLET 250 MG	0.37500		0.15662		
CIPROFLOXACIN HCL ORAL TABLET 500 MG	0.45000		0.18601		
CIPROFLOXACIN HCL ORAL TABLET 750 MG	0.48000		0.28800		
CIPROFLOXACIN LACTATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 400MG/40ML			0.09230		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L			0.02418		
CIPROFLOXACIN LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L			0.01495		
CITALOPRAM HYDROBROMIDE ORAL SOLUTION, ORAL 10 MG/5 ML	0.31240		0.15841		
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG	0.16730		0.03042		
CITALOPRAM HYDROBROMIDE ORAL TABLET 20 MG	0.17250		0.04439		
CITALOPRAM HYDROBROMIDE ORAL TABLET 40 MG	0.17550		0.05061		
CITRIC ACID/SODIUM CITRATE ORAL SOLUTION, ORAL 334-500MG			0.01645		
CLADRIBINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/10ML			37.05000		
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML			0.42000		
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML			0.84550		
CLARITHROMYCIN ORAL TABLET 250 MG			3.57000		
CLARITHROMYCIN ORAL TABLET 500 MG			4.30000		
CLARITHROMYCIN ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			2.88510		
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG			0.19150		
CLINDAMYCIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG	0.21530		0.08255		
CLINDAMYCIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	1.19750		0.30620		
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION, RECONSTITUTED, ORAL 75 MG/5 ML			0.59059		
CLINDAMYCIN PHOSPHATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 150 MG/ML			0.45500		
CLINDAMYCIN PHOSPHATE TOPICAL GEL (GRAM) 1 %	0.76470		1.70000		
CLINDAMYCIN PHOSPHATE TOPICAL LOTION (ML) 1 %			1.30000		
CLINDAMYCIN PHOSPHATE TOPICAL SOLUTION, NON-ORAL 1 %		0.58310	1.09000	1/20/2013	
CLINDAMYCIN PHOSPHATE TOPICAL SWAB, MEDICATED 1 %	0.63000		0.44123		
CLINDAMYCIN PHOSPHATE VAGINAL CREAM WITH APPLICATOR 2 %			0.86500		
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 1 % -5 %			3.24467		
CLOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %			0.29083		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CLOBETASOL PROPIONATE TOPICAL GEL (GRAM) 0.05 %	0.46400		0.35771		
CLOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %	0.19400		0.31443		
CLOBETASOL PROPIONATE TOPICAL SOLUTION, NON-ORAL 0.05 %			0.37064		
CLOBETASOL PROPIONATE/EMOLLIENT TOPICAL CREAM (GRAM) 0.05 %	0.44650		0.22620		
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.37500		0.31000		
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.50360		0.41625		
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG	0.66230		0.35890		
CLONAZEPAM ORAL TABLET 0.5 MG	0.06000		0.02180		
CLONAZEPAM ORAL TABLET 1 MG	0.07800		0.03360		
CLONAZEPAM ORAL TABLET 2 MG	0.10800		0.05140		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.125 MG			0.85600		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.25 MG			0.85600		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 0.5 MG			0.85600		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 1 MG			0.99200		
CLONAZEPAM ORAL TABLET,DISINTEGRATING 2 MG			1.35500		
CLONIDINE HCL ORAL TABLET 0.1 MG	0.10500		0.03258		
CLONIDINE HCL ORAL TABLET 0.2 MG	0.14100		0.04146		
CLONIDINE HCL ORAL TABLET 0.3 MG	0.18150		0.05551		
CLONIDINE HCL/PF EPIDURAL VIAL (SDV,MDV OR ADDITIVE) (ML) 5000MCG/10			22.75000		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR			22.80525		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.2MG/24HR			34.27200		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.3MG/24HR			50.50000		
CLOPIDOGREL BISULFATE ORAL TABLET 75 MG			0.26000		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG	0.27540		0.15605		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 3.75 MG	0.13770		0.21000		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CLORAZEPATE DIPOTASSIUM ORAL TABLET 7.5 MG	0.19470		0.12675		
CLOTRIMAZOLE MUCOUS MEMBRANE TROCHE 10 MG			0.60881		
CLOTRIMAZOLE TOPICAL CREAM (GRAM) 1 %			0.56609		
CLOTRIMAZOLE TOPICAL SOLUTION, NON-ORAL 1 %	0.47250		0.24959		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAM) 1 %-0.05 %	0.82300		0.12360		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 1 %-0.05 %	1.81150		0.68260		
CLOZAPINE ORAL TABLET 100 MG			1.02544		
CLOZAPINE ORAL TABLET 200 MG			2.69287		
CLOZAPINE ORAL TABLET 25 MG			0.47750		
CLOZAPINE ORAL TABLET 50 MG			0.98302		
CODEINE PHOSPHATE/BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 30-50-325			0.57866		
CODEINE/PROMETHAZINE HCL ORAL SYRUP 10-6.25/5	0.03800		0.01303		
COLESTIPOL HCL ORAL TABLET 1 G			0.42452		
COLISTIN (AS COLISTIMETHATE SODIUM) INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 150 MG			22.91000		
COMPOUNDING VEHICLE NO.8 ORAL LIQUID (ML)			0.04063		
COMPOUNDING VEHICLE SUSP NO.7 ORAL SUSPENSION, ORAL (FINAL DOSE FORM)			0.04063		
CROMOLYN SODIUM OPHTHALMIC DROPS 4 %	3.37500		0.62075		
CYANOCOBALAMIN (VITAMIN B-12) INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 1000MCG/ML			2.20000		
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 2-2.5-25MG			0.47594		
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG	0.10350		0.02970		
CYCLOBENZAPRINE HCL ORAL TABLET 5 MG	0.15860		0.05570		
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 1 %			4.72833		
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			0.00000		
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G			879.98592		
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG			2.34350		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
CYCLOSPORINE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			2.85550		
CYCLOSPORINE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG			0.77655		
CYCLOSPORINE ORAL SOLUTION, ORAL 100 MG/ML			4.92521		
CYCLOSPORINE, MODIFIED ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			2.37417		
CYCLOSPORINE, MODIFIED ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG		0.70729	0.89000	2/8/2013	
CYCLOSPORINE, MODIFIED ORAL SOLUTION, ORAL 100 MG/ML			2.88000		
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5 ML			0.10000		
CYPROHEPTADINE HCL ORAL TABLET 4 MG			0.33500		
CYSTEINE HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML			0.31200		
CYTARABINE/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			20.80000		
CYTARABINE/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/5ML			1.03740		
DACARBAZINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 200 MG			8.46300		
DANAZOL ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG			2.91562		
DANTROLENE SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG			0.72321		
DAUNORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 5 MG/ML			10.14000		
DEFEROXAMINE MESYLATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G			39.32000		
DEFEROXAMINE MESYLATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG			12.16800		
DEMECLOCYCLINE HCL ORAL TABLET 150 MG	9.49500		2.01942		
DEMECLOCYCLINE HCL ORAL TABLET 300 MG	17.18750		5.31300		
DESIPRAMINE HCL ORAL TABLET 10 MG			0.93925		
DESIPRAMINE HCL ORAL TABLET 100 MG			2.40000		
DESIPRAMINE HCL ORAL TABLET 150 MG			3.22600		
DESIPRAMINE HCL ORAL TABLET 25 MG			1.09612		
DESIPRAMINE HCL ORAL TABLET 50 MG			1.95000		
DESIPRAMINE HCL ORAL TABLET 75 MG			1.75430		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DESMOPRESSIN (NON-REFRIGERATED) NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY			0.00000		
DESMOPRESSIN ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4MCG/ML			7.67000		
DESMOPRESSIN ACETATE NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY			35.06929		
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG			1.25400		
DESMOPRESSIN ACETATE ORAL TABLET 0.2 MG			1.41000		
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03	1.09500		0.62155		
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3			0.86650		
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL ORAL TABLET 21-5			1.40000		
DESONIDE TOPICAL CREAM (GRAM) 0.05 %			0.82000		
DESONIDE TOPICAL OINTMENT (GRAM) 0.05 %			0.53349		
DESOXIMETASONE TOPICAL CREAM (GRAM) 0.05 %			2.89109		
DESOXIMETASONE TOPICAL CREAM (GRAM) 0.25 %			0.99880		
DESOXIMETASONE TOPICAL OINTMENT (GRAM) 0.25 %			3.04250		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML			0.15350		
DEXAMETHASONE ORAL TABLET 0.5 MG			0.06488		
DEXAMETHASONE ORAL TABLET 0.75 MG			0.15303		
DEXAMETHASONE ORAL TABLET 1.5 MG			0.11454		
DEXAMETHASONE ORAL TABLET 4 MG			0.12825		
DEXAMETHASONE ORAL TABLET 6 MG			0.37206		
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			0.53367		
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4 MG/ML			0.46303		
DEXAMETHASONE SOD PHOSPHATE OPHTHALMIC DROPS 0.1 %			2.41406		
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG			1.13120		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 10 MG			1.94595		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, EXTENDED RELEASE 15 MG			4.67470		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG	0.34350		0.19790		
DEXTROAMPHETAMINE SULFATE ORAL TABLET 5 MG			2.01300		
DEXTROMETHORPHAN HBR/PHENYLEPHRINE HCL/CHLORPHENIRAMINE ORAL DROPS 3-3.5-1/ML			0.30550		
DEXTROMETHORPHAN HBR/PROMETHAZINE HCL ORAL SYRUP 15-6.25/5			0.01971		
DEXTROMETHORPHAN HBR/PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE ORAL SYRUP 15-45-4/5			0.02487		
DEXTROSE 10 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 10 %			0.00268		
DEXTROSE 5 % AND 0.2 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.2 %			0.00228		
DEXTROSE 5 % AND 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.45 %			0.00185		
DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 5 %-0.9 %			0.00228		
DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 5 %			0.00449		
DEXTROSE 5 % IN WATER INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)			0.00449		
DEXTROSE 5 % IN WATER INTRAVENOUS PIGGYBACK WITH VIAL PORT (NON-THREADED)			0.00449		
DEXTROSE 50 % IN WATER INTRAVENOUS DISPOSABLE SYRINGE (ML) 50 %			0.13312		
DEXTROSE 50 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 50 %			0.00478		
DEXTROSE 70 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 70 %			0.00741		
DIAZEPAM INJECTION DISPOSABLE SYRINGE (ML) 5 MG/ML			1.47550		
DIAZEPAM ORAL TABLET 10 MG	0.05730		0.02456		
DIAZEPAM ORAL TABLET 2 MG	0.04230		0.02830		
DIAZEPAM ORAL TABLET 5 MG	0.07180		0.02148		
DIAZEPAM RECTAL KIT 2.5 MG			224.50000		
DICLOFENAC POTASSIUM ORAL TABLET 50 MG	0.47480		0.14450		
DICLOFENAC SODIUM OPHTHALMIC DROPS 0.1 %	4.27200		2.05000		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG	0.47480		0.35630		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG	0.58500		0.34413		
DICLOFENAC SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG	2.36180		0.41256		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DICLOXACILLIN SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			0.27170		
DICLOXACILLIN SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG			0.49800		
DICYCLOMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.08850		0.03779		
DICYCLOMINE HCL ORAL TABLET 20 MG	0.04050		0.03934		
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 200 MG			3.64700		
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG			4.63500		
DIDANOSINE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 400 MG			7.21500		
DIFLORASONE DIACETATE TOPICAL CREAM (GRAM) 0.05 %			2.59200		
DIFLORASONE DIACETATE TOPICAL OINTMENT (GRAM) 0.05 %			3.76960		
DIFLUNISAL ORAL TABLET 500 MG			1.03390		
DIGOXIN ORAL TABLET 125 MCG	0.21320		0.14183		
DIGOXIN ORAL TABLET 250 MCG	0.21320		0.10582		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 120 MG			0.28947		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 180 MG			0.38422		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 240 MG			0.57765		
DILTIAZEM HCL ORAL CAPSULE, EXT RELEASE 24 HR 300 MG			0.90723		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 120 MG			0.00000		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 60 MG			0.40680		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 12 HR 90 MG			0.56930		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 120 MG			0.46550		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 180 MG			0.54640		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 240 MG			0.91653		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 300 MG			1.06110		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 360 MG			1.03630		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE 420MG			1.61291		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 120 MG			0.33860		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 180 MG			0.62400		
DILTIAZEM HCL ORAL CAPSULE, EXTENDED-RELEASE DEGRADABLE 240 MG			0.72000		
DILTIAZEM HCL ORAL TABLET 120 MG	0.23310		0.10480		
DILTIAZEM HCL ORAL TABLET 30 MG	0.10190		0.03492		
DILTIAZEM HCL ORAL TABLET 60 MG	0.11140		0.06190		
DILTIAZEM HCL ORAL TABLET 90 MG	0.23120		0.08910		
DIPHENHYDRAMINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML			0.52510		
DIPHENHYDRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.02188		
DIPHENOXYLATE HCL/ATROPINE SULFATE ORAL TABLET 2.5-.025MG	0.21380		0.11200		
DIPYRIDAMOLE ORAL TABLET 25 MG	0.29780		0.10356		
DIPYRIDAMOLE ORAL TABLET 50 MG	0.47960		0.20175		
DIPYRIDAMOLE ORAL TABLET 75 MG	0.64170		0.33524		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.59790		0.32562		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG	0.62880		0.32562		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE, EXTENDED RELEASE 150 MG			1.04950		
DIVALPROEX SODIUM ORAL CAPSULE, SPRINKLE 125 MG	0.82100		0.43100		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 125 MG	0.26910		0.06324		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 250 MG	0.52880		0.07446		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG	0.97490		0.15943		
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 250 MG			0.25943		
DIVALPROEX SODIUM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			0.40500		
DONEPEZIL HCL ORAL TABLET 10 MG			0.09333		
DONEPEZIL HCL ORAL TABLET 5 MG			0.12039		
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 10 MG			0.85136		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DONEPEZIL HCL ORAL TABLET,DISINTEGRATING 5 MG			1.30000		
DORZOLAMIDE HCL OPHTHALMIC DROPS 2 %			1.83917		
DORZOLAMIDE HCL/TIMOLOL MALEATE OPHTHALMIC DROPS 2%-0.5%			2.67319		
DOXAZOSIN MESYLATE ORAL TABLET 1 MG	0.59180		0.05861		
DOXAZOSIN MESYLATE ORAL TABLET 2 MG	0.59180		0.05660		
DOXAZOSIN MESYLATE ORAL TABLET 4 MG	0.62100		0.08592		
DOXAZOSIN MESYLATE ORAL TABLET 8 MG	0.65180		0.07930		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG			0.07323		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.41740		0.39990		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG			0.31040		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.18220		0.17580		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.18000		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG			0.30000		
DOXEPIN HCL ORAL CONCENTRATE, ORAL 10 MG/ML	0.11450		0.05363		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 50 MG			39.00000		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/5 ML			1.48200		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML			1.01400		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/10ML			1.75500		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/25ML			1.30000		
DOXYCYCLINE HYCLATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.14910		0.00000		
DOXYCYCLINE HYCLATE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.13170		0.07658		
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG	0.12870		3.96000		
DOXYCYCLINE HYCLATE ORAL TABLET 20 MG			0.39104		
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 100 MG			8.75500		
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			0.69584		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
DRONABINOL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG			16.05832		
DRONABINOL ORAL CAPSULE (HARD, SOFT, ETC.) 2.5 MG			3.84146		
DRONABINOL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG			7.54370		
DROPERIDOL INJECTION AMPUL (ML) 2.5 MG/ML			0.75400		
ECONAZOLE NITRATE TOPICAL CREAM (GRAM) 1 %			0.24958		
EMOLLIENT COMBINATION NO.10 TOPICAL EMULSION (GRAM)			0.52347		
ENALAPRIL MALEATE ORAL TABLET 10 MG	0.07320		0.02853		
ENALAPRIL MALEATE ORAL TABLET 2.5 MG	0.04730		0.01981		
ENALAPRIL MALEATE ORAL TABLET 20 MG	0.08550		0.03345		
ENALAPRIL MALEATE ORAL TABLET 5 MG	0.05700		0.02600		
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10MG-25MG			0.07566		
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-12.5MG			0.07613		
ENALAPRILAT DIHYDRATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1.25MG/ML			1.87850		
ENOXAPARIN SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 100 MG/ML			50.05000		
ENOXAPARIN SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 120MG/.8ML			75.10000		
ENOXAPARIN SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 150 MG/ML			123.72610		
ENOXAPARIN SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 30MG/0.3ML			49.97000		
ENOXAPARIN SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 40MG/0.4ML			59.96000		
ENOXAPARIN SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 60MG/0.6ML			64.83806		
ENOXAPARIN SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 80MG/0.8ML			50.05000		
EPINEPHRINE INJECTION DISPOSABLE SYRINGE (ML) 0.1 MG/ML			0.34000		
EPINEPHRINE INTRAMUSCULAR PEN INJECTOR (EA) 0.3MG/0.3			0.00000		
EPIRUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 50 MG			75.33500		
EPIRUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 200MG/0.1L			2.14682		
EPIRUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/25ML			2.53188		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 0.5 MG			0.00000		
EPOPROSTENOL SODIUM (GLYCINE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1.5 MG			0.00000		
ERGOCALCIFEROL (VITAMIN D2) ORAL CAPSULE (HARD, SOFT, ETC.) 50000 UNIT			0.43250		
ERGOTAMINE TARTRATE/CAFFEINE ORAL TABLET 1MG-100MG			0.87490		
ERGOTAMINE TARTRATE/CAFFEINE RECTAL SUPPOSITORY, RECTAL 2-100MG			5.57917		
ERYTHROMYCIN BASE OPHTHALMIC OINTMENT (GRAM) 5MG/G			1.46670		
ERYTHROMYCIN BASE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG			1.86250		
ERYTHROMYCIN BASE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 3 %-5 %			0.93572		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL GEL (GRAM) 2 %	0.62500		0.43993		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL SOLUTION, NON-ORAL 2 %			0.62499		
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG			2.04630		
ERYTHROMYCIN ETHYLSUCCINATE/SULFISOXAZOLE ACETYL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-600/5			0.25716		
ESCITALOPRAM OXALATE ORAL TABLET 10 MG			0.17290		
ESCITALOPRAM OXALATE ORAL TABLET 20 MG			0.19344		
ESCITALOPRAM OXALATE ORAL TABLET 5 MG			0.16055		
ESTAZOLAM ORAL TABLET 1 MG	0.59250		0.51402		
ESTAZOLAM ORAL TABLET 2 MG	0.64490		0.31754		
ESTRADIOL ORAL TABLET 0.5 MG	0.17910		0.03175		
ESTRADIOL ORAL TABLET 1 MG	0.21750		0.03251		
ESTRADIOL ORAL TABLET 2 MG	0.30600		0.04650		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.05MG/24H			6.38010		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL SEMIWEEKLY 0.1MG/24HR			6.60610		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .025MG/24H			11.50000		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .0375MG/24			11.05000		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .075MG/24H			7.90231		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.05MG/24H			11.14178		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR			12.33180		
ESTROPIPATE ORAL TABLET 0.75 MG	0.27540		0.14670		
ESTROPIPATE ORAL TABLET 1.5 MG	0.34500		0.14190		
ESTROPIPATE ORAL TABLET 3 MG	0.86220		0.28730		
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.02-3(24)			2.28258		
ETHINYL ESTRADIOL/DROSPIRENONE ORAL TABLET 0.03-3MG			2.02000		
ETHOSUXIMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			0.93186		
ETHOSUXIMIDE ORAL SOLUTION, ORAL 250 MG/5ML			0.25124		
ETHYNODIOL D-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG			0.81550		
ETODOLAC ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	0.58500		1.07780		
ETODOLAC ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG			1.29340		
ETODOLAC ORAL TABLET 400 MG	0.39230		0.12987		
ETODOLAC ORAL TABLET 500 MG	0.75000		0.27500		
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 400 MG			0.75000		
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			0.87980		
ETODOLAC ORAL TABLET, EXTENDED RELEASE 24 HR 600 MG			1.50241		
ETOPOSIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/ML			1.93000		
EXEMESTANE ORAL TABLET 25 MG			5.59823		
FAMCICLOVIR ORAL TABLET 125 MG			1.19185		
FAMCICLOVIR ORAL TABLET 250 MG			1.05333		
FAMCICLOVIR ORAL TABLET 500 MG			1.97883		
FAMOTIDINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			0.29900		
FAMOTIDINE ORAL TABLET 20 MG	0.15000		0.03914		
FAMOTIDINE ORAL TABLET 40 MG	0.30000		0.06875		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FAMOTIDINE/PF INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/2 ML			0.38350		
FELBAMATE ORAL TABLET 600 MG			4.48716		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			0.97335		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG			0.65400		
FELODIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG			0.62400		
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 145MG			4.31000		
FENOFIBRATE NANOCRYSTALLIZED ORAL TABLET 48 MG			1.49000		
FENOFIBRATE ORAL TABLET 160 MG			1.24589		
FENOFIBRATE ORAL TABLET 54 MG			0.63982		
FENOFIBRATE,MICRONIZED ORAL CAPSULE (HARD, SOFT, ETC.) 134MG			1.57158		
FENOFIBRATE,MICRONIZED ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG			2.12090		
FENOPROFEN CALCIUM ORAL TABLET 600 MG			0.00000		
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 200 MCG			11.05000		
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 800 MCG			16.23657		
FENTANYL CITRATE/PF INJECTION AMPUL (ML) 50 MCG/ML			0.16050		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 100 MCG/HR			24.47000		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 12 MCG/HR			14.64000		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 25MCG/HR			5.67375		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 50MCG/HR			9.36667		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 75MCG/HR			17.28100		
FERROUS FUMARATE/ASCORBIC ACID/B12-IF/FOLIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 110-0.5MG			0.22100		
FEXOFENADINE HCL ORAL TABLET 180 MG	2.00180		0.54805		
FEXOFENADINE HCL ORAL TABLET 30 MG	0.57560		0.32213		
FEXOFENADINE HCL ORAL TABLET 60 MG	1.15400		0.40750		
FINASTERIDE ORAL TABLET 5 MG	1.73030		0.62000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FLECAINIDE ACETATE ORAL TABLET 100 MG	1.40700		0.30125		
FLECAINIDE ACETATE ORAL TABLET 150 MG	1.93280		0.60524		
FLECAINIDE ACETATE ORAL TABLET 50 MG	0.86100		0.21526		
FLUCONAZOLE IN DEXTROSE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L			0.15600		
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L			0.08892		
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L			0.04758		
FLUCONAZOLE IN SODIUM CHLORIDE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (ML) 200MG/0.1L			0.19500		
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 10 MG/ML			0.24607		
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 40 MG/ML			0.58464		
FLUCONAZOLE ORAL TABLET 100 MG	0.88250		0.13931		
FLUCONAZOLE ORAL TABLET 150 MG			0.25396		
FLUCONAZOLE ORAL TABLET 200 MG	1.40750		0.23881		
FLUCONAZOLE ORAL TABLET 50 MG	0.50000		0.11834		
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 50 MG			170.30000		
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/2 ML			91.00000		
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG			0.52046		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 25 MCG			0.00000		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 29MCG			1.10136		
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %			1.36500		
FLUOCINOLONE ACETONIDE TOPICAL OIL (ML) 0.01 %			0.33881		
FLUOCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %			1.69250		
FLUOCINOLONE ACETONIDE TOPICAL SOLUTION, NON-ORAL 0.01 %			2.55330		
FLUOCINOLONE ACETONIDE/SHOWER CAP TOPICAL OIL (ML) 0.01 %			0.30625		
FLUOCINONIDE TOPICAL CREAM (GRAM) 0.05 %			0.50349		
FLUOCINONIDE TOPICAL GEL (GRAM) 0.05 %			0.62000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FLUOCINONIDE TOPICAL OINTMENT (GRAM) 0.05 %			0.82572		
FLUOCINONIDE TOPICAL SOLUTION, NON-ORAL 0.05 %			1.91000		
FLUOCINONIDE/EMOLLIENT TOPICAL CREAM (GRAM) 0.05 %	0.24530		0.13180		
FLUORIDE/IRON/VITAMINS A,C,AND D ORAL DROPS 0.25 MG/ML			0.12480		
FLUORIDE/VITAMINS A,C,AND D ORAL DROPS 0.25 MG/ML			0.10270		
FLUORIDE/VITAMINS A,C,AND D ORAL DROPS 0.5 MG/ML			0.10270		
FLUOROMETHOLONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %			1.43000		
FLUOROURACIL TOPICAL CREAM (GRAM) 5 %			5.64965		
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.13860		0.03692		
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG	0.14540		0.03142		
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 40 MG	1.16250		0.29913		
FLUOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 90 MG			25.64000		
FLUOXETINE HCL ORAL SOLUTION, ORAL 20 MG/5 ML	0.22500		0.05010		
FLUOXETINE HCL ORAL TABLET 10 MG	0.60000		0.06063		
FLUOXETINE HCL ORAL TABLET 20 MG			0.70980		
FLUPHENAZINE DECANOATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MG/ML		17.74000	0.00000	3/11/2013	
FLUPHENAZINE HCL ORAL CONCENTRATE, ORAL 5 MG/ML			1.00155		
FLUPHENAZINE HCL ORAL TABLET 1 MG	0.22730		0.07140		
FLUPHENAZINE HCL ORAL TABLET 10 MG	0.50990		0.11388		
FLUPHENAZINE HCL ORAL TABLET 2.5 MG	0.27750		0.07250		
FLUPHENAZINE HCL ORAL TABLET 5 MG	0.35460		0.10000		
FLURAZEPAM HCL ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG	0.09750		0.06130		
FLURAZEPAM HCL ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG	0.11480		0.07810		
FLURBIPROFEN ORAL TABLET 100 MG	0.24380		0.10853		
FLURBIPROFEN ORAL TABLET 50 MG			0.19500		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
FLURBIPROFEN SODIUM OPHTHALMIC DROPS 0.03 %	4.06790		1.86816		
FLUTAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 125 MG			0.71493		
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION 50 MCG			1.32450		
FLUTICASONE PROPIONATE TOPICAL CREAM (GRAM) 0.05 %	1.11100		0.45708		
FLUTICASONE PROPIONATE TOPICAL OINTMENT (GRAM) 0.005 %	1.11100		0.38940		
FLUVOXAMINE MALEATE ORAL TABLET 100 MG	1.17750		0.28340		
FLUVOXAMINE MALEATE ORAL TABLET 25 MG	1.08830		0.23590		
FLUVOXAMINE MALEATE ORAL TABLET 50 MG	1.08300		0.30908		
FOLIC ACID ORAL TABLET 1 MG	0.03780		0.02970		
FOLIC ACID/VITAMIN B COMP W-C ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG			0.15093		
FONDAPARINUX SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 10MG/0.8ML			128.61000		
FONDAPARINUX SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 2.5 MG/0.5			48.55750		
FONDAPARINUX SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 5MG/0.4ML			224.96304		
FONDAPARINUX SODIUM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 7.5MG/0.6			180.00000		
FOSINOPRIL SODIUM ORAL TABLET 10 MG	0.59800		0.17829		
FOSINOPRIL SODIUM ORAL TABLET 20 MG	0.59800		0.15060		
FOSINOPRIL SODIUM ORAL TABLET 40 MG	0.59800		0.14937		
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	1.34540		0.95700		
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	1.34540		1.11000		
FOSPHENYTOIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG PE/2			0.88400		
FUROSEMIDE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			0.10428		
FUROSEMIDE ORAL SOLUTION, ORAL 10 MG/ML	0.13000		0.10979		
FUROSEMIDE ORAL TABLET 20 MG	0.05630		0.01761		
FUROSEMIDE ORAL TABLET 40 MG	0.05990		0.01200		
FUROSEMIDE ORAL TABLET 80 MG	0.10430		0.03412		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.08250		0.05166		
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	0.12380		0.09264		
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 400 MG	0.15380		0.11412		
GABAPENTIN ORAL TABLET 600 MG	0.97380		0.37214		
GABAPENTIN ORAL TABLET 800 MG	1.17560		0.58259		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 16 MG			2.57000		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 24 MG			2.28500		
GALANTAMINE HBR ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 8 MG			2.17400		
GALANTAMINE HBR ORAL TABLET 12 MG			1.87400		
GALANTAMINE HBR ORAL TABLET 4 MG			1.81300		
GALANTAMINE HBR ORAL TABLET 8 MG			1.62250		
GEMFIBROZIL ORAL TABLET 600 MG			0.26063		
GENTAMICIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40 MG/ML			0.92700		
GENTAMICIN SULFATE OPHTHALMIC DROPS 0.3 %	0.57000		1.34385		
GENTAMICIN SULFATE OPHTHALMIC OINTMENT (GRAM) 0.3 %			4.20000		
GENTAMICIN SULFATE TOPICAL CREAM (GRAM) 0.1 %			0.96083		
GENTAMICIN SULFATE TOPICAL OINTMENT (GRAM) 0.1 %	0.20000		0.77949		
GLIMEPIRIDE ORAL TABLET 1 MG	0.13410		0.02400		
GLIMEPIRIDE ORAL TABLET 2 MG	0.21740		0.03213		
GLIMEPIRIDE ORAL TABLET 4 MG	0.41000		0.06398		
GLIPIZIDE ORAL TABLET 10 MG	0.11920		0.04457		
GLIPIZIDE ORAL TABLET 5 MG	0.06990		0.04000		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			0.42610		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG			0.22855		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG			0.15753		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG			0.52405		
GLIPIZIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG			0.54613		
GLYBURIDE ORAL TABLET 1.25 MG	0.12440		0.09620		
GLYBURIDE ORAL TABLET 2.5 MG	0.18930		0.15502		
GLYBURIDE ORAL TABLET 5 MG	0.28310		0.22667		
GLYBURIDE,MICRONIZED ORAL TABLET 1.5 MG	0.18750		0.03659		
GLYBURIDE,MICRONIZED ORAL TABLET 3 MG	0.21750		0.03081		
GLYBURIDE,MICRONIZED ORAL TABLET 6 MG			0.05788		
GLYBURIDE/METFORMIN HCL ORAL TABLET 1.25-250MG	0.84050		0.10894		
GLYBURIDE/METFORMIN HCL ORAL TABLET 2.5-500 MG	1.00260		0.08725		
GLYBURIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG	1.00260		0.08835		
GLYCINE/SODIUM/WATER FOR INJECTION,STERILE/SODIUM HYDROXIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML)			0.21840		
GLYCOPYRROLATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 0.2 MG/ML			1.12000		
GLYCOPYRROLATE ORAL TABLET 1 MG			0.77168		
GLYCOPYRROLATE ORAL TABLET 2 MG			1.00930		
GRANISETRON HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1 MG/ML(1)			18.52500		
GRANISETRON HCL ORAL TABLET 1 MG			3.91205		
GRISEOFULVIN,MICROSIZE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML			0.12137		
GUAIFENESIN ORAL LIQUID (ML) 100 MG/5ML			0.00657		
GUAIFENESIN ORAL TABLET 200 MG			0.03900		
GUAIFENESIN/CODEINE PHOSPHATE ORAL LIQUID (ML) 100-10MG/5			0.01088		
GUAIFENESIN/DEXTROMETHORPHAN HBR ORAL LIQUID (ML) 100-10MG/5			0.00775		
GUAIFENESIN/PHENYLEPHRINE HCL ORAL TABLET, SUSTAINED RELEASE 12HR 900-25MG			1.11510		
GUANFACINE HCL ORAL TABLET 1 MG	0.12420		0.07929		
GUANFACINE HCL ORAL TABLET 2 MG	0.70110		0.12450		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HALOBETASOL PROPIONATE TOPICAL CREAM (GRAM) 0.05 %			0.60010		
HALOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05 %			0.71975		
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML			0.00000		
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML			0.00000		
HALOPERIDOL LACTATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 5 MG/ML			1.85894		
HALOPERIDOL LACTATE ORAL CONCENTRATE, ORAL 2 MG/ML	0.13690		0.08830		
HALOPERIDOL ORAL TABLET 0.5 MG			0.05450		
HALOPERIDOL ORAL TABLET 1 MG			0.08488		
HALOPERIDOL ORAL TABLET 10 MG			0.74313		
HALOPERIDOL ORAL TABLET 2 MG			0.12909		
HALOPERIDOL ORAL TABLET 5 MG			0.13975		
HEPARIN SODIUM,PORCINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 1000/ML			0.30247		
HEPARIN SODIUM,PORCINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10000/ML			5.40262		
HEPARIN SODIUM,PORCINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 5000/ML			0.00000		
HEPARIN SODIUM,PORCINE INTRAVENOUS DISPOSABLE SYRINGE (ML) 100/ML			0.44907		
HEPARIN SODIUM,PORCINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100/ML			0.06203		
HYDRALAZINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/ML			5.70700		
HYDRALAZINE HCL ORAL TABLET 10 MG	0.25560		0.10400		
HYDRALAZINE HCL ORAL TABLET 100 MG	0.78380		0.40689		
HYDRALAZINE HCL ORAL TABLET 25 MG	0.32840		0.12312		
HYDRALAZINE HCL ORAL TABLET 50 MG	0.42000		0.12722		
HYDROCHLOROTHIAZIDE ORAL CAPSULE (HARD, SOFT, ETC.) 12.5 MG	0.12000		0.04878		
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG			0.36400		
HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG	0.01800		0.01213		
HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG	0.04990		0.01804		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-167/5	0.06330		0.02530		
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-334MG/10	0.06330		0.02530		
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-500/15	0.10140		0.01887		
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-500/CP	0.10140		0.03010		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-660MG	0.54000		0.15687		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-750MG			0.71640		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-325MG			0.15742		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-500MG	0.51290		0.13000		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-650MG	0.18520		0.07837		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 2.5-500 MG	0.21900		0.10256		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 5 MG-500MG	0.47630		0.04500		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 5MG-325MG			0.14843		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-325MG			0.28987		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-500MG	0.64260		0.12000		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-650 MG	0.67080		0.05450		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-750MG	0.15480		0.11000		
HYDROCODONE BITARTRATE/HOMATROPINE METHYLBROMIDE ORAL SYRUP 5-1.5 MG/5			0.10285		
HYDROCODONE/IBUPROFEN ORAL TABLET 7.5-200 MG			0.24337		
HYDROCORTISONE ACETATE/LIDOCAINE HCL RECTAL CREAM WITH APPLICATOR 0.5 %-3 %			0.65107		
HYDROCORTISONE BUTYRATE TOPICAL OINTMENT (GRAM) 0.1 %			0.54640		
HYDROCORTISONE ORAL TABLET 20 MG			0.33000		
HYDROCORTISONE ORAL TABLET 5 MG			0.35850		
HYDROCORTISONE RECTAL CREAM (GRAM) 1 %			0.70190		
HYDROCORTISONE RECTAL CREAM (GRAM) 2.5 %			0.16160		
HYDROCORTISONE RECTAL ENEMA (ML) 100MG/60ML			0.10550		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HYDROCORTISONE SOD SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 100 MG			2.52200		
HYDROCORTISONE TOPICAL CREAM (GRAM) 1 %			0.19048		
HYDROCORTISONE TOPICAL CREAM (GRAM) 2.5 %			0.19343		
HYDROCORTISONE TOPICAL LOTION (ML) 1 %	0.05720		0.06599		
HYDROCORTISONE TOPICAL LOTION (ML) 2.5 %	0.75000		0.26360		
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 1 %	0.05600		0.15153		
HYDROCORTISONE TOPICAL OINTMENT (GRAM) 2.5 %			0.12291		
HYDROCORTISONE VALERATE TOPICAL CREAM (GRAM) 0.2 %			0.75229		
HYDROCORTISONE VALERATE TOPICAL OINTMENT (GRAM) 0.2 %			2.41000		
HYDROMORPHONE HCL ORAL TABLET 2 MG	0.21840		0.10709		
HYDROMORPHONE HCL ORAL TABLET 4 MG			0.09988		
HYDROMORPHONE HCL ORAL TABLET 8 MG			0.59225		
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 10 MG/ML			2.37120		
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 2 MG/ML			1.31300		
HYDROMORPHONE HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			1.80960		
HYDROQUINONE TOPICAL CREAM (GRAM) 4 %			0.36681		
HYDROXOCOBALAMIN INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 1000MCG/ML			1.08333		
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG	0.22500		0.13256		
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 250 MG/ML			687.24000		
HYDROXYUREA ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG			0.43197		
HYDROXYZINE HCL INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML			1.10500		
HYDROXYZINE HCL ORAL SYRUP 10 MG/5 ML			0.05393		
HYDROXYZINE HCL ORAL TABLET 10 MG	0.48650		0.04541		
HYDROXYZINE HCL ORAL TABLET 25 MG	0.67440		0.19800		
HYDROXYZINE HCL ORAL TABLET 50 MG	0.82220		0.15138		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
HYDROXYZINE PAMOATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			0.30388		
HYDROXYZINE PAMOATE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.11500		0.05450		
HYDROXYZINE PAMOATE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.16933		
HYOSCYAMINE SULFATE ORAL DROPS 0.125MG/ML			1.68913		
HYOSCYAMINE SULFATE ORAL ELIXIR 125MCG/5ML			0.08078		
HYOSCYAMINE SULFATE ORAL TABLET, EXTENDED RELEASE 12 HR 0.375 MG			0.77922		
IBANDRONATE SODIUM ORAL TABLET 150 MG			82.58863		
IBUPROFEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML			0.03119		
IBUPROFEN ORAL TABLET 400 MG	0.03450		0.02470		
IBUPROFEN ORAL TABLET 600 MG	0.04170		0.03545		
IBUPROFEN ORAL TABLET 800 MG	0.06380		0.03912		
IFOSFAMIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			45.79900		
IMIPRAMINE HCL ORAL TABLET 10 MG	0.26430		0.13340		
IMIPRAMINE HCL ORAL TABLET 25 MG	0.35510		0.17790		
IMIPRAMINE HCL ORAL TABLET 50 MG	0.46040		0.21917		
IMIQUIMOD TOPICAL CREAM IN PACKET 5 %			17.53829		
INDAPAMIDE ORAL TABLET 1.25 MG	0.10350		0.03731		
INDAPAMIDE ORAL TABLET 2.5 MG	0.11250		0.05063		
INDOMETHACIN ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG			0.16475		
INDOMETHACIN ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.16131		
INDOMETHACIN ORAL CAPSULE, EXTENDED RELEASE 75 MG			1.74893		
IPRATROPIUM BROMIDE INHALATION SOLUTION, NON-ORAL 0.2 MG/ML	0.10800		0.07037		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 21 MCG			0.23084		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 42MCG			0.54166		
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5-3MG/3			0.10750		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
IRBESARTAN ORAL TABLET 150 MG			0.35000		
IRBESARTAN ORAL TABLET 300 MG			0.51250		
IRBESARTAN ORAL TABLET 75 MG			0.35000		
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5MG			0.93750		
IRBESARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 300-12.5MG			1.56250		
IRINOTECAN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/5ML			13.91000		
IRINOTECAN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 40 MG/2 ML			7.57900		
IRON POLYSACCHARIDES COMPLEX/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 150-25-1			0.10283		
ISONIAZID ORAL SOLUTION, ORAL 50 MG/5 ML			0.10719		
ISONIAZID ORAL TABLET 300 MG			1.39000		
ISOSORBIDE DINITRATE ORAL TABLET 10 MG			0.63750		
ISOSORBIDE DINITRATE ORAL TABLET 20 MG			0.71250		
ISOSORBIDE DINITRATE ORAL TABLET 30 MG			0.14040		
ISOSORBIDE DINITRATE ORAL TABLET 5 MG			0.71728		
ISOSORBIDE DINITRATE ORAL TABLET, EXTENDED RELEASE 40 MG			0.62660		
ISOSORBIDE DINITRATE SUBLINGUAL TABLET, SUBLINGUAL 2.5 MG			0.05980		
ISOSORBIDE DINITRATE SUBLINGUAL TABLET, SUBLINGUAL 5 MG			0.07450		
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG	0.61100		0.12025		
ISOSORBIDE MONONITRATE ORAL TABLET 20 MG	0.49500	0.10930	0.31000	3/11/2013	
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 120 MG			0.39644		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG			0.26231		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG	0.60000		0.26548		
ISOTRETINOIN ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG			8.48033		
ISOTRETINOIN ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG			7.64099		
ISOTRETINOIN ORAL CAPSULE (HARD, SOFT, ETC.) 40 MG			7.32877		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ISRADIPINE ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG			1.74987		
ITRACONAZOLE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			6.39450		
KETOCONAZOLE ORAL TABLET 200 MG	2.25000		0.24710		
KETOCONAZOLE TOPICAL CREAM (GRAM) 2 %			0.21615		
KETOCONAZOLE TOPICAL SHAMPOO 2 %			0.09194		
KETOPROFEN ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.08738		
KETOPROFEN ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG			0.10180		
KETOPROFEN ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 200 MG			2.06200		
KETOROLAC TROMETHAMINE INJECTION CARTRIDGE (ML) 30 MG/ML			0.79300		
KETOROLAC TROMETHAMINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 15 MG/ML			0.97500		
KETOROLAC TROMETHAMINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 30 MG/ML			1.38080		
KETOROLAC TROMETHAMINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 30MG/ML(1)			0.81555		
KETOROLAC TROMETHAMINE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 60 MG/2 ML			0.56280		
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.4 %			2.06300		
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.5 %			1.99750		
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG	0.67730		0.27137		
LABETALOL HCL ORAL TABLET 100 MG			0.37375		
LABETALOL HCL ORAL TABLET 200 MG			0.49997		
LABETALOL HCL ORAL TABLET 300 MG			0.66000		
LACTIC ACID TOPICAL CREAM (GRAM) 10 %			0.12324		
LACTIC ACID TOPICAL LOTION (ML) 10 %			0.06869		
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML	0.02210		0.00959		
LACTULOSE ORAL SOLUTION, ORAL 10 G/15 ML	0.02210		0.01140		
LAMOTRIGINE ORAL TABLET 100 MG	0.34670		0.05980		
LAMOTRIGINE ORAL TABLET 150 MG	0.38000		0.11093		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LAMOTRIGINE ORAL TABLET 200 MG	0.41350		0.12007		
LAMOTRIGINE ORAL TABLET 25 MG	0.30350		0.05879		
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG	0.69230		0.28500		
LAMOTRIGINE ORAL TABLET, CHEWABLE DISPERSIBLE 5 MG	0.66090		0.28500		
LANSOPRAZOLE ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 15 MG			1.43130		
LANSOPRAZOLE ORAL CAPSULE, DELAYED RELEASE (ENTERIC COATED) 30 MG			1.58011		
LANSOPRAZOLE ORAL TABLET, DISINTEGRATING, DELAYED RELEASE 15 MG			0.00000		
LANSOPRAZOLE ORAL TABLET, DISINTEGRATING, DELAYED RELEASE 30 MG			0.00000		
LATANOPROST OPHTHALMIC DROPS 0.005 %			3.79500		
LEFLUNOMIDE ORAL TABLET 10 MG	2.50000		0.46590		
LEFLUNOMIDE ORAL TABLET 20 MG	2.50000	0.43463	0.51770	1/16/2013	
LETROZOLE ORAL TABLET 2.5 MG			0.23896		
LEUCOVORIN CALCIUM INJECTION VIAL (SDV, MDV OR ADDITIVE) (EA) 200 MG			7.80000		
LEUCOVORIN CALCIUM INJECTION VIAL (SDV, MDV OR ADDITIVE) (ML) 500MG/50ML			0.26000		
LEUCOVORIN CALCIUM ORAL TABLET 25 MG			11.62356		
LEUCOVORIN CALCIUM ORAL TABLET 5 MG			0.90251		
LEVETIRACETAM ORAL SOLUTION, ORAL 100 MG/ML	0.34880		0.16500		
LEVETIRACETAM ORAL SOLUTION, ORAL 500 MG/5ML	0.34880		0.14763		
LEVETIRACETAM ORAL TABLET 1000 MG	1.40720		0.50167		
LEVETIRACETAM ORAL TABLET 250 MG	0.43130		0.19214		
LEVETIRACETAM ORAL TABLET 500 MG	0.52710		0.19519		
LEVETIRACETAM ORAL TABLET 750 MG	0.71410		0.31417		
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG			0.49000		
LEVETIRACETAM ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG			0.69000		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.25 %	1.27490		1.10500		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.5 %			3.30000		
LEVOCARNITINE (WITH SUGAR) ORAL SOLUTION, ORAL 100 MG/ML			0.19400		
LEVOFLOXACIN ORAL TABLET 250 MG			0.24958		
LEVOFLOXACIN ORAL TABLET 500 MG			0.28713		
LEVOFLOXACIN ORAL TABLET 750 MG			0.59156		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.1-0.02			0.62195		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03			0.55815		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 6-5-10			0.73700		
LEVONORGESTREL-ETHINYL ESTRADIOL ORAL TABLET, DOSE PACK, 3 MONTHS 0.15-0.03			1.14560		
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 200 MCG			26.00000		
LEVOTHYROXINE SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MCG			26.00000		
LEVOTHYROXINE SODIUM ORAL TABLET 100 MCG	0.29850		0.11540		
LEVOTHYROXINE SODIUM ORAL TABLET 112 MCG	0.34430		0.13117		
LEVOTHYROXINE SODIUM ORAL TABLET 125 MCG	0.34950		0.16000		
LEVOTHYROXINE SODIUM ORAL TABLET 137 MCG			0.17537		
LEVOTHYROXINE SODIUM ORAL TABLET 150 MCG	0.36000		0.16043		
LEVOTHYROXINE SODIUM ORAL TABLET 175MCG	0.42750		0.17853		
LEVOTHYROXINE SODIUM ORAL TABLET 200 MCG	0.44180		0.17693		
LEVOTHYROXINE SODIUM ORAL TABLET 25 MCG	0.23180		0.08814		
LEVOTHYROXINE SODIUM ORAL TABLET 300 MCG	0.60230		0.26338		
LEVOTHYROXINE SODIUM ORAL TABLET 50 MCG	0.26330		0.08706		
LEVOTHYROXINE SODIUM ORAL TABLET 75 MCG	0.29100		0.11124		
LEVOTHYROXINE SODIUM ORAL TABLET 88 MCG	0.29550		0.11565		
LIDOCAINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			0.05748		
LIDOCAINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/ML			0.06146		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LIDOCAINE HCL MUCOUS MEMBRANE JEL (ML) 2 %			0.31625		
LIDOCAINE HCL MUCOUS MEMBRANE JELLY WITH PREFILLED APPLICATOR (ML) 2 %			0.38450		
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, NON-ORAL 40 MG/ML			0.10019		
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, ORAL 20 MG/ML	0.05130		0.02561		
LIDOCAINE HCL TOPICAL CREAM (GRAM) 3 %			1.71000		
LIDOCAINE HCL TOPICAL OINTMENT (GRAM) 5 %			0.55954		
LIDOCAINE HCL/PF INJECTION AMPUL (ML) 10 MG/ML			0.58140		
LIDOCAINE HCL/PF INJECTION AMPUL, LUER TIP 20 MG/ML			0.42500		
LIDOCAINE HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			0.19130		
LIDOCAINE TOPICAL OINTMENT (GRAM) 5 %			1.66100		
LIDOCAINE/PRILOCAINE TOPICAL CREAM (GRAM) 2.5%-2.5%			0.55375		
LIDOCAINE/PRILOCAINE TOPICAL KIT 2.5%-2.5%			0.23130		
LIOETHYRONINE SODIUM ORAL TABLET 50 MCG			1.25696		
LISINAPRIL ORAL TABLET 10 MG	0.06750		0.02213		
LISINAPRIL ORAL TABLET 2.5 MG	0.03680		0.02100		
LISINAPRIL ORAL TABLET 20 MG	0.07950		0.03734		
LISINAPRIL ORAL TABLET 30 MG	0.16310		0.08632		
LISINAPRIL ORAL TABLET 40 MG	0.15000		0.06916		
LISINAPRIL ORAL TABLET 5 MG	0.04830		0.01869		
LISINAPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.20970		0.04355		
LISINAPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG	0.21990		0.05874		
LISINAPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG	0.22250		0.05369		
LITHIUM CARBONATE ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	0.13820		0.03598		
LITHIUM CARBONATE ORAL CAPSULE (HARD, SOFT, ETC.) 600 MG			0.27950		
LITHIUM CARBONATE ORAL TABLET 300 MG			0.20880		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 300 MG			0.23400		
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 450 MG			0.32747		
LITHIUM CITRATE ORAL SOLUTION, ORAL 8MEQ/5ML			0.08232		
LOPERAMIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG			0.15897		
LORAZEPAM INJECTION DISPOSABLE SYRINGE (ML) 2 MG/ML			2.17100		
LORAZEPAM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML			0.91090		
LORAZEPAM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4 MG/ML			1.19860		
LORAZEPAM ORAL CONCENTRATE, ORAL 2 MG/ML			0.94935		
LORAZEPAM ORAL TABLET 0.5 MG	0.07400		0.02631		
LORAZEPAM ORAL TABLET 1 MG	0.08220		0.03688		
LORAZEPAM ORAL TABLET 2 MG	0.14670		0.05616		
LOSARTAN POTASSIUM ORAL TABLET 100 MG			0.12153		
LOSARTAN POTASSIUM ORAL TABLET 25 MG			0.05931		
LOSARTAN POTASSIUM ORAL TABLET 50 MG			0.08864		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100-12.5MG			0.14833		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-25MG			0.13723		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 50-12.5 MG			0.10667		
LOVASTATIN ORAL TABLET 10 MG	0.32850		0.07896		
LOVASTATIN ORAL TABLET 20 MG	0.46220		0.08340		
LOVASTATIN ORAL TABLET 40 MG	0.79220		0.11652		
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG			0.49730		
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG			0.63521		
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG			0.71045		
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			1.10251		
MALATHION TOPICAL LOTION (ML) 0.5 %			2.45000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MEBENDAZOLE ORAL TABLET, CHEWABLE 100 MG			4.30040		
MECLIZINE HCL ORAL TABLET 12.5 MG			0.18049		
MECLIZINE HCL ORAL TABLET 25 MG			0.29757		
MECLOFENAMATE SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			1.78455		
MECLOFENAMATE SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.56134		
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 150 MG/ML			42.60956		
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 150 MG/ML			39.78700		
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG	0.37870		0.05813		
MEDROXYPROGESTERONE ACETATE ORAL TABLET 2.5 MG	0.20250		0.05330		
MEDROXYPROGESTERONE ACETATE ORAL TABLET 5 MG	0.30610		0.08900		
MEFLOQUINE HCL ORAL TABLET 250 MG			5.13200		
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML			0.07120		
MEGESTROL ACETATE ORAL TABLET 20 MG	0.34890		0.12563		
MEGESTROL ACETATE ORAL TABLET 40 MG	0.67550		0.20722		
MELOXICAM ORAL TABLET 15 MG	0.20930		0.02457		
MELOXICAM ORAL TABLET 7.5 MG	0.14250		0.02769		
MEPERIDINE HCL ORAL TABLET 100 MG	0.62930		0.38541		
MEPERIDINE HCL ORAL TABLET 50 MG	0.31880		0.20013		
MERCAPTOPYRINE ORAL TABLET 50 MG			1.22478		
MESALAMINE RECTAL ENEMA (ML) 4G/60ML			0.23500		
MESNA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML			2.60000		
METAPROTERENOL SULFATE ORAL SYRUP 10 MG/5 ML			0.02460		
METFORMIN HCL ORAL TABLET 1000 MG	0.16580		0.04610		
METFORMIN HCL ORAL TABLET 500 MG	0.07500		0.02420		
METFORMIN HCL ORAL TABLET 850 MG	0.14640		0.03846		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG	0.13070		0.05270		
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 750 MG	0.33680		0.12344		
METHADONE HCL ORAL CONCENTRATE, ORAL 10 MG/ML			0.08795		
METHADONE HCL ORAL TABLET 10 MG			0.08510		
METHADONE HCL ORAL TABLET 5 MG			0.05740		
METHADONE HCL ORAL TABLET, SOLUBLE 40 MG			0.30600		
METHAZOLAMIDE ORAL TABLET 25 MG	0.31500		0.27300		
METHAZOLAMIDE ORAL TABLET 50 MG			2.03060		
METHENAMINE HIPPURATE ORAL TABLET 1 G			1.46900		
METHIMAZOLE ORAL TABLET 10 MG	0.71760		0.23654		
METHIMAZOLE ORAL TABLET 5 MG	0.42120		0.14119		
METHOCARBAMOL ORAL TABLET 500 MG	0.19430		0.07423		
METHOCARBAMOL ORAL TABLET 750 MG	0.25200		0.14183		
METHOTREXATE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MG/ML			0.00000		
METHOTREXATE SODIUM ORAL TABLET 2.5 MG	1.26370		0.68299		
METHOTREXATE SODIUM/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MG/ML			1.08193		
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG			0.65425		
METHSCOPOLAMINE BROMIDE ORAL TABLET 5 MG			2.43250		
METHYCLOTHIAZIDE ORAL TABLET 5 MG			0.49920		
METHYLDOPA ORAL TABLET 250 MG			0.11550		
METHYLDOPA ORAL TABLET 500 MG			0.20980		
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-15MG			0.21320		
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-25MG			0.21307		
METHYLERGONOVINE MALEATE ORAL TABLET 0.2 MG			5.98000		
METHYLPHENIDATE HCL ORAL TABLET 10 MG	0.30060		0.13944		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METHYLPHENIDATE HCL ORAL TABLET 20 MG	0.33090		0.23940		
METHYLPHENIDATE HCL ORAL TABLET 5 MG	0.22530		0.17500		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 10 MG			0.68650		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 20 MG		0.92298	1.08000	3/8/2013	
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 18 MG			4.92612		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 27 MG			5.36805		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 36 MG			5.53692		
METHYLPHENIDATE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 54 MG			5.71474		
METHYLPREDNISOLONE ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40 MG/ML			4.68000		
METHYLPREDNISOLONE ORAL TABLET 4 MG			1.07197		
METHYLPREDNISOLONE ORAL TABLET, DOSE PACK 4 MG			1.07214		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 125 MG			5.20000		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 125 MG/2ML			3.79600		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 40 MG			2.56100		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 40 MG/ML			2.35300		
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 5 MG/5 ML	0.01550		0.01374		
METOCLOPRAMIDE HCL ORAL TABLET 10 MG	0.10950		0.04213		
METOCLOPRAMIDE HCL ORAL TABLET 5 MG	0.18420		0.04653		
METOLAZONE ORAL TABLET 10 MG	1.34250		0.63521		
METOLAZONE ORAL TABLET 2.5 MG	0.89100		0.40396		
METOLAZONE ORAL TABLET 5 MG	1.06800		0.52238		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 100 MG			1.09000		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 200 MG			1.53000		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG			0.71216		
METOPROLOL SUCCINATE ORAL TABLET, EXTENDED RELEASE 24 HR 50 MG			0.63700		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
METOPROLOL TARTRATE ORAL TABLET 100 MG	0.06900		0.04125		
METOPROLOL TARTRATE ORAL TABLET 25 MG	0.07200		0.03440		
METOPROLOL TARTRATE ORAL TABLET 50 MG	0.05000		0.02525		
METRONIDAZOLE IN SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L			0.01486		
METRONIDAZOLE ORAL TABLET 250 MG			0.26937		
METRONIDAZOLE ORAL TABLET 500 MG	0.21840		0.47287		
METRONIDAZOLE TOPICAL CREAM (GRAM) 0.75 %	1.62630		2.45000		
METRONIDAZOLE TOPICAL GEL (GRAM) 0.75 %			2.83770		
METRONIDAZOLE TOPICAL LOTION (ML) 0.75 %			2.67000		
METRONIDAZOLE VAGINAL GEL WITH APPLICATOR (GRAM) 0.75 %			0.38545		
MEXILETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG			0.20910		
MEXILETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	0.97120		0.70200		
MEXILETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			0.82212		
MICONAZOLE NITRATE VAGINAL SUPPOSITORY, VAGINAL 200 MG			13.71500		
MIDAZOLAM HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 1 MG/ML			0.25160		
MIDAZOLAM HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 5 MG/ML			0.43550		
MIDAZOLAM HCL ORAL SYRUP 2 MG/ML	0.82630		0.71611		
MIDODRINE HCL ORAL TABLET 10 MG	3.13380		0.85445		
MIDODRINE HCL ORAL TABLET 2.5 MG	1.11720		0.31590		
MIDODRINE HCL ORAL TABLET 5 MG	1.83830		0.43562		
MILRINONE LACTATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1 MG/ML			0.63505		
MILRINONE LACTATE/DEXTROSE 5 % IN WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 40MG/200ML			0.22750		
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	1.80000		0.28783		
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.90000		0.16662		
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG	1.95750		0.33238		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MINOXIDIL ORAL TABLET 10 MG	0.69650		0.26096		
MINOXIDIL ORAL TABLET 2.5 MG	0.31700		0.16250		
MIRTAZAPINE ORAL TABLET 15 MG	1.23000		0.12645		
MIRTAZAPINE ORAL TABLET 30 MG	1.26500		0.15966		
MIRTAZAPINE ORAL TABLET 45 MG	1.28450		0.25815		
MIRTAZAPINE ORAL TABLET 7.5 MG			0.27213		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 15 MG			0.95254		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 30 MG			1.07375		
MIRTAZAPINE ORAL TABLET,DISINTEGRATING 45 MG			1.15800		
MISOPROSTOL ORAL TABLET 100 MCG			0.39396		
MISOPROSTOL ORAL TABLET 200 MCG			0.85965		
MITOMYCIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 20 MG			94.90000		
MITOMYCIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG			26.00000		
MITOXANTRONE HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML			23.65870		
MOEXIPRIL HCL ORAL TABLET 15 MG			0.29200		
MOEXIPRIL HCL ORAL TABLET 7.5 MG			0.25878		
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-12.5MG	1.21110		0.59644		
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-25MG	1.21110		0.53738		
MOMETASONE FUROATE TOPICAL CREAM (GRAM) 0.1 %	0.73330		0.32208		
MOMETASONE FUROATE TOPICAL OINTMENT (GRAM) 0.1 %	0.93330		0.24389		
MOMETASONE FUROATE TOPICAL SOLUTION, NON-ORAL 0.1 %			0.20958		
MONTELUKAST SODIUM ORAL TABLET 10 MG			0.44250		
MONTELUKAST SODIUM ORAL TABLET, CHEWABLE 4 MG			0.44250		
MONTELUKAST SODIUM ORAL TABLET, CHEWABLE 5 MG			0.44250		
MORPHINE SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			0.52000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
MORPHINE SULFATE ORAL SOLUTION, ORAL 100 MG/5ML			0.50000		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 100 MG			0.85922		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 15 MG			0.26000		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 200 MG			1.46520		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 30 MG			0.33332		
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 60 MG			0.52321		
MULTIVITAMINS WITH FLUORIDE ORAL DROPS 0.25 MG/ML			0.10270		
MULTIVITAMINS WITH FLUORIDE ORAL DROPS 0.5 MG/ML			0.10270		
MULTIVITAMINS WITH IRON & FLUORIDE ORAL DROPS 0.25 MG/ML			0.11440		
MULTIVITAMINS WITH IRON & FLUORIDE ORAL DROPS 0.5 MG/ML			0.11440		
MUPIROCIN TOPICAL OINTMENT (GRAM) 2 %	1.88390		0.50759		
MYCOPHENOLATE MOFETIL ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.52910		0.33338		
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG	1.05800		0.51250		
NABUMETONE ORAL TABLET 500 MG			0.24050		
NABUMETONE ORAL TABLET 750 MG			0.24190		
NADOLOL ORAL TABLET 20 MG	0.46500		0.13250		
NADOLOL ORAL TABLET 40 MG	0.42890		0.14363		
NADOLOL ORAL TABLET 80 MG	0.80250		0.29675		
NALBUPHINE HCL INJECTION AMPUL (ML) 20 MG/ML			2.36600		
NALTREXONE HCL ORAL TABLET 50 MG	4.04000		1.10417		
NAPROXEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML			0.07590		
NAPROXEN ORAL TABLET 250 MG	0.10320		0.05100		
NAPROXEN ORAL TABLET 375 MG	0.07610		0.05789		
NAPROXEN ORAL TABLET 500 MG	0.08240		0.06000		
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 375 MG			0.13650		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG			0.16431		
NAPROXEN SODIUM ORAL TABLET 275 MG			0.08963		
NAPROXEN SODIUM ORAL TABLET 550 MG			0.11682		
NARATRIPTAN HCL ORAL TABLET 1 MG			6.60000		
NARATRIPTAN HCL ORAL TABLET 2.5 MG			5.55000		
NATEGLINIDE ORAL TABLET 120 MG			0.95450		
NATEGLINIDE ORAL TABLET 60 MG			0.98450		
NEFAZODONE HCL ORAL TABLET 100 MG			0.46100		
NEFAZODONE HCL ORAL TABLET 150 MG			0.47540		
NEFAZODONE HCL ORAL TABLET 200 MG			0.46900		
NEFAZODONE HCL ORAL TABLET 250 MG			0.32500		
NEFAZODONE HCL ORAL TABLET 50 MG			0.24500		
NEOMYCIN SULFATE ORAL TABLET 500 MG			0.99190		
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-1			0.00000		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE IRRIGATION AMPUL (ML) 40-200K/ML			13.36010		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/GRAMICIDIN D OPHTHALMIC DROPS 1.75MG-10K	2.02500		1.75625		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-10			12.73000		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SOLUTION, NON-ORAL 3.5-10K-1			1.86887		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-1			1.80893		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC OINTMENT (GRAM) 3.5-10K-.1			4.36000		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1 %			2.63583		
NEVIRAPINE ORAL TABLET 200 MG			0.22000		
NICARDIPINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG	0.33750		0.12545		
NIFEDIPINE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG		0.70700	0.83000	1/24/2013	
NIFEDIPINE ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG			0.85200		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG			0.43472		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG			0.80856		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG			1.01275		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 30 MG			0.51500		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 60 MG			0.91267		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 90 MG			1.57500		
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 17 MG			6.03000		
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 25.5 MG			6.55000		
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 34 MG			6.55000		
NISOLDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 8.5MG			4.78000		
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			1.51594		
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			1.04075		
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			2.46627		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.1MG/HR			0.63167		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.2MG/HR			0.55250		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.4MG/HR			0.52726		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.6MG/HR			0.93708		
NIZATIDINE ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG	1.83070		0.32449		
NIZATIDINE ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	3.66150		0.72724		
NIZATIDINE ORAL SOLUTION, ORAL 150MG/10ML			0.69823		
NORETHINDRONE A-E ESTRADIOL ORAL TABLET 1MG-20MCG			1.02119		
NORETHINDRONE A-E ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1.5-0.03MG			0.70678		
NORETHINDRONE A-E ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1MG-20MCG			0.71920		
NORETHINDRONE A-E ESTRADIOL/FERROUS FUMARATE ORAL TABLET 5-7-9-7			1.43244		
NORETHINDRONE ACETATE ORAL TABLET 5 MG			1.77800		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
NORETHINDRONE ORAL TABLET 0.35 MG			0.78499		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.4-0.035			0.93809		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.5-0.035			0.62440		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG			0.71360		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3			0.80200		
NORETHINDRONE-MESTRANOL ORAL TABLET 1 MG-50MCG			0.92340		
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 0.25-0.035	1.16370		0.51711		
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 7DAYSX3 28			0.45250		
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.3-0.03MG			0.73521		
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.5 MG-50			1.44780		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.10190		0.12300		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.14060		0.10358		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.18000		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG	0.22030		0.11280		
NORTRIPTYLINE HCL ORAL SOLUTION, ORAL 10 MG/5 ML			0.11392		
NYSTATIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100000/ML			0.21174		
NYSTATIN ORAL TABLET 500K UNIT			0.42100		
NYSTATIN TOPICAL CREAM (GRAM) 100000/G			0.71500		
NYSTATIN TOPICAL OINTMENT (GRAM) 100000/G			0.68000		
NYSTATIN TOPICAL POWDER (GRAM) 100000/G	1.74800		1.13440		
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 100000-0.1			0.93127		
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 100000-0.1			0.00000		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 100 MCG/ML			13.98800		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 50 MCG/ML			6.34400		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 500 MCG/ML			64.97400		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
OCTREOTIDE ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MCG/ML			4.55000		
OCTREOTIDE ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 1000MCG/ML			72.80000		
OCTREOTIDE ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 200 MCG/ML			9.10000		
OCTREOTIDE ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MCG/ML			3.90000		
OCTREOTIDE ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 500 MCG/ML			21.45000		
OFLOXACIN OPHTHALMIC DROPS 0.3 %	3.45000		0.73700		
OFLOXACIN OTIC DROPS 0.3 %			0.84813		
OLANZAPINE ORAL TABLET 10 MG			0.42163		
OLANZAPINE ORAL TABLET 15 MG			0.47911		
OLANZAPINE ORAL TABLET 2.5 MG			0.25046		
OLANZAPINE ORAL TABLET 20 MG			0.68955		
OLANZAPINE ORAL TABLET 5 MG			0.27603		
OLANZAPINE ORAL TABLET 7.5 MG			0.34060		
OLANZAPINE ORAL TABLET,DISINTEGRATING 10 MG			3.58733		
OLANZAPINE ORAL TABLET,DISINTEGRATING 20 MG			5.42728		
OLANZAPINE ORAL TABLET,DISINTEGRATING 5 MG			3.56340		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 10 MG	3.54630		0.84664		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG	3.97900		0.12638		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG	1.73430		0.28922		
ONDANSETRON HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML			0.10075		
ONDANSETRON HCL ORAL SOLUTION, ORAL 4 MG/5 ML			1.33287		
ONDANSETRON HCL ORAL TABLET 4 MG	1.10000		0.21050		
ONDANSETRON HCL ORAL TABLET 8 MG	1.90000		0.20538		
ONDANSETRON HCL/DEXTROSE 5%-WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 32 MG/50ML			0.26078		
ONDANSETRON HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4 MG/2 ML			0.58302		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
ONDANSETRON ORAL TABLET,DISINTEGRATING 4 MG			0.29667		
ONDANSETRON ORAL TABLET,DISINTEGRATING 8 MG			0.49948		
ORPHENADRINE CITRATE ORAL TABLET, EXTENDED RELEASE 100 MG	1.04250		0.44788		
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 25-385-30			0.60000		
ORPHENADRINE CITRATE/ASPIRIN/CAFFEINE ORAL TABLET 50-770-60			2.04000		
OXALIPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG/20ML			0.00000		
OXALIPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/10ML			0.00000		
OXANDROLONE ORAL TABLET 2.5 MG			3.19985		
OXAPROZIN ORAL TABLET 600 MG			2.68520		
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG			0.94000		
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG	0.57090		1.11291		
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG	1.23370		1.06925		
OXCARBAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 300 MG/5ML			0.68200		
OXCARBAZEPINE ORAL TABLET 150 MG	0.90000		0.18538		
OXCARBAZEPINE ORAL TABLET 300 MG	1.71000		0.31523		
OXCARBAZEPINE ORAL TABLET 600 MG	3.42000		0.58475		
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5 ML	0.02780		0.02415		
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG	0.16500		0.08641		
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			1.26247		
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 15 MG			1.37771		
OXYBUTYNIN CHLORIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG			1.48800		
OXYCODONE HCL ORAL CONCENTRATE, ORAL 20 MG/ML			5.91660		
OXYCODONE HCL ORAL SOLUTION, ORAL 5 MG/5 ML			0.18700		
OXYCODONE HCL ORAL TABLET 15 MG	0.66950		0.23741		
OXYCODONE HCL ORAL TABLET 30 MG	1.30940		0.38610		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
OXYCODONE HCL ORAL TABLET 5 MG	0.23990		0.16380		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG			1.16500		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 20 MG			2.99150		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 40 MG			5.10450		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG			8.10250		
OXYCODONE HCL/ACETAMINOPHEN ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG-500MG	0.32300		0.09063		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-325MG			0.37528		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-650MG	1.41870		0.44525		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 5MG-325MG	0.23400		0.04787		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-325MG			0.34345		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-500MG			0.42260		
PACLITAXEL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 6 MG/ML			1.89176		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 90 MG			156.00000		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 30MG/10ML			1.95000		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 60 MG/10ML			3.50090		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 90 MG/10ML			4.39660		
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG			0.11777		
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 40 MG			0.13227		
PAREGORIC ORAL LIQUID (ML) 2 MG/5 ML			0.19631		
PAROMOMYCIN SULFATE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			0.00000		
PAROXETINE HCL ORAL TABLET 10 MG	0.34250		0.10542		
PAROXETINE HCL ORAL TABLET 20 MG	0.35750		0.12384		
PAROXETINE HCL ORAL TABLET 30 MG	0.42000		0.13823		
PAROXETINE HCL ORAL TABLET 40 MG	0.48750		0.17042		
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 12.5 MG			2.39000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 25 MG			2.67209		
PAROXETINE HCL ORAL TABLET, EXTENDED RELEASE 24 HR 37.5 MG			2.75250		
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1 MG			0.16988		
PEG 3350/SOD SULF/SOD BICARBONATE/SOD CHLORIDE/POTASSIUM CHL ORAL SOLUTION, RECONSTITUTED, ORAL 236-22.74G			0.00400		
PEG 3350/SOD SULF/SOD BICARBONATE/SOD CHLORIDE/POTASSIUM CHL ORAL SOLUTION, RECONSTITUTED, ORAL 240-22.72G			0.00270		
PENICILLIN G POTASSIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 20MM UNIT			0.00000		
PENICILLIN G POTASSIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 5MM UNIT			4.55000		
PENICILLIN V POTASSIUM ORAL SOLUTION, RECONSTITUTED, ORAL 125 MG/5ML			0.02880		
PENICILLIN V POTASSIUM ORAL SOLUTION, RECONSTITUTED, ORAL 250 MG/5ML			0.03675		
PENICILLIN V POTASSIUM ORAL TABLET 250 MG	0.21120		0.11890		
PENICILLIN V POTASSIUM ORAL TABLET 500 MG	0.35900		0.16874		
PENTAZOCINE HCL/NALOXONE HCL ORAL TABLET 50MG-0.5MG			1.19575		
PENTOXIFYLLINE ORAL TABLET, EXTENDED RELEASE 400 MG	0.31470		0.08740		
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG			0.72800		
PERINDOPRIL ERBUMINE ORAL TABLET 4 MG			0.54988		
PERMETHRIN TOPICAL CREAM (GRAM) 5 %			1.02400		
PERPHENAZINE ORAL TABLET 2 MG			0.53500		
PERPHENAZINE ORAL TABLET 4 MG			0.79950		
PERPHENAZINE ORAL TABLET 8 MG			1.16500		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-10 MG			0.06450		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2 MG-25 MG			0.75525		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-25 MG			0.67364		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-10MG			0.21320		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-50MG			1.11240		
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG			0.12363		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PHENAZOPYRIDINE HCL ORAL TABLET 200 MG			0.12480		
PHENOBARBITAL ORAL ELIXIR 20 MG/5 ML			0.03288		
PHENOBARBITAL ORAL TABLET 100 MG			0.08363		
PHENOBARBITAL ORAL TABLET 15 MG			0.14000		
PHENOBARBITAL ORAL TABLET 16.2 MG			0.11488		
PHENOBARBITAL ORAL TABLET 30 MG			0.17952		
PHENOBARBITAL ORAL TABLET 32.4MG			0.12475		
PHENOBARBITAL ORAL TABLET 60 MG			0.22000		
PHENYLEPHRINE HCL OPHTHALMIC DROPS 2.5 %			2.08607		
PHENYLEPHRINE HCL/CODEINE/PROMETHAZINE ORAL SYRUP 5-10-6.25			0.07010		
PHENYLEPHRINE HCL/PROMETHAZINE HCL ORAL SYRUP 5-6.25MG/5			0.01547		
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/4ML	0.15210		0.09390		
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML	0.15210		0.09490		
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			0.10716		
PHENYTOIN SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/ML			0.42900		
PILOCARPINE HCL OPHTHALMIC DROPS 4 %			2.52000		
PILOCARPINE HCL ORAL TABLET 5 MG			0.37875		
PINDOLOL ORAL TABLET 10 MG			0.14650		
PINDOLOL ORAL TABLET 5 MG			0.00000		
PIOGLITAZONE HCL ORAL TABLET 15 MG			0.20870		
PIOGLITAZONE HCL ORAL TABLET 30 MG			0.46250		
PIOGLITAZONE HCL ORAL TABLET 45 MG			0.51250		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2.25 G			9.43800		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3.375 G			14.06600		
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 4.5G			17.79700		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PIROXICAM ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.08910		0.08918		
PIROXICAM ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG	0.11310		1.86000		
PODOFILOX TOPICAL SOLUTION, NON-ORAL 0.5 %			15.96771		
PODOPHYLLUM RESIN TOPICAL LIQUID (ML) 25 %			6.44453		
POLYETHYLENE GLYCOL 3350 ORAL POWDER (GRAM) 17G/DOSE			0.04323		
POLYETHYLENE GLYCOL 3350 ORAL POWDER IN PACKET (EA) 17G			1.35100		
POLYMYXIN B SULFATE/TRIMETHOPRIM OPHTHALMIC DROPS 10K/ML-0.1	1.23600		1.04028		
POTASSIUM ACETATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MEQ/ML			0.02951		
POTASSIUM BICARBONATE/CITRIC ACID ORAL TABLET, EFFERVESCENT 25 MEQ			0.13169		
POTASSIUM CHLORIDE IN 0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00380		
POTASSIUM CHLORIDE IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00325		
POTASSIUM CHLORIDE IN 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L			0.00325		
POTASSIUM CHLORIDE IN 5 % DEXTROSE IN WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00303		
POTASSIUM CHLORIDE IN DEXTROSE 5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00342		
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 10 MEQ/L			0.00303		
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00263		
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 30 MEQ/L			0.00232		
POTASSIUM CHLORIDE IN DEXTROSE 5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 40 MEQ/L			0.00217		
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 0.3 % SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00217		
POTASSIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION 2 MEQ/ML			0.04150		
POTASSIUM CHLORIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MEQ/ML			0.03760		
POTASSIUM CHLORIDE ORAL LIQUID (ML) 20MEQ/15ML			0.00618		
POTASSIUM CHLORIDE ORAL LIQUID (ML) 40MEQ/15ML			0.03000		
POTASSIUM CHLORIDE ORAL PACKET (EA) 20 MEQ			0.88608		
POTASSIUM CHLORIDE ORAL PACKET (EA) 25 MEQ			0.23387		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 10 MEQ	0.25380		0.42445		
POTASSIUM CHLORIDE ORAL TABLET, EXT RELEASE, PARTICLES/CRYSTALS 20 MEQ	0.46250		0.38638		
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 10 MEQ			0.47469		
POTASSIUM CHLORIDE ORAL TABLET, EXTENDED RELEASE 8 MEQ			0.38532		
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 10 MEQ			0.84920		
POTASSIUM CITRATE ORAL TABLET, EXTENDED RELEASE 5 MEQ			0.25987		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.125 MG			0.09158		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.25 MG			0.09625		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.5 MG			0.09625		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.75 MG			0.12387		
PRAMIPEXOLE DI-HCL ORAL TABLET 1 MG			0.09625		
PRAMIPEXOLE DI-HCL ORAL TABLET 1.5 MG			0.15208		
PRAMOXINE HCL TOPICAL GEL (GRAM) 1 %			0.13218		
PRAVASTATIN SODIUM ORAL TABLET 10 MG	0.25000		0.09535		
PRAVASTATIN SODIUM ORAL TABLET 20 MG	0.29170		0.08164		
PRAVASTATIN SODIUM ORAL TABLET 40 MG	0.35600		0.12228		
PRAVASTATIN SODIUM ORAL TABLET 80 MG	0.57530		0.26325		
PRAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG			0.13060		
PRAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG			0.22950		
PRAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.53700		0.40230		
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 1 %			1.83200		
PREDNISOLONE ORAL SOLUTION, ORAL 15 MG/5 ML	0.20810		0.03850		
PREDNISOLONE ORAL SOLUTION, ORAL 5 MG/5 ML			0.11750		
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 15 MG/5 ML	0.20890		0.08400		
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 5 MG/5 ML			0.59000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PREDNISONE ORAL TABLET 1 MG			0.07400		
PREDNISONE ORAL TABLET 10 MG	0.06150		0.02545		
PREDNISONE ORAL TABLET 2.5 MG			0.03575		
PREDNISONE ORAL TABLET 20 MG	0.08040		0.06987		
PREDNISONE ORAL TABLET 5 MG	0.02030		0.01432		
PREDNISONE ORAL TABLET, DOSE PACK 10 MG			0.26542		
PREDNISONE ORAL TABLET, DOSE PACK 5 MG			0.12024		
PREGABALIN ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.00000		
PRENATAL VITAMIN NO.15//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG			0.21653		
PRENATAL VITAMIN NO.17//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG			0.35649		
PRENATAL VITAMIN NO.18//IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50 MG			0.16250		
PRENATAL VITAMINS/FERROUS BIS-GLYCINATE CHELATE/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.29975		
PRENATAL VITAMINS/FERROUS FUMARATE/DOCUSATE/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.21237		
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27 MG-1 MG			0.07937		
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 28MG-1MG			0.18187		
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 29MG-1MG			0.15587		
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID/SELENIUM ORAL TABLET 27 MG-1 MG			0.08435		
PRENATAL VITAMINS//IRON,CARBONYL/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.19919		
PRIMIDONE ORAL TABLET 250 MG	0.80550		0.19021		
PRIMIDONE ORAL TABLET 50 MG			0.11180		
PROBENECID ORAL TABLET 500 MG	0.70590		0.37921		
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG	0.57660		0.06952		
PROCHLORPERAZINE MALEATE ORAL TABLET 5 MG	0.39860		0.16300		
PROCHLORPERAZINE MALEATE RECTAL SUPPOSITORY, RECTAL 25 MG			1.21566		
PROMETHAZINE HCL INJECTION AMPUL (ML) 25 MG/ML			1.09200		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PROMETHAZINE HCL INJECTION AMPUL (ML) 50 MG/ML			2.34000		
PROMETHAZINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MG/ML			0.90630		
PROMETHAZINE HCL ORAL SYRUP 6.25MG/5ML			0.01818		
PROMETHAZINE HCL ORAL TABLET 12.5 MG	0.45000		0.11447		
PROMETHAZINE HCL ORAL TABLET 25 MG			0.11496		
PROMETHAZINE HCL ORAL TABLET 50 MG			0.31200		
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 12.5 MG	0.96120		0.00000		
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 25 MG			2.03000		
PROPAFENONE HCL ORAL TABLET 150 MG	1.10490		0.14588		
PROPAFENONE HCL ORAL TABLET 225 MG	1.56240		0.22256		
PROPAFENONE HCL ORAL TABLET 300 MG			1.00328		
PROPARACAINE HCL OPHTHALMIC DROPS 0.5 %			0.19507		
PROPOXYPHENE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 65 MG			0.17010		
PROPOXYPHENE NAPSYLATE/ACETAMINOPHEN ORAL TABLET 100-650 MG			0.07397		
PROPOXYPHENE NAPSYLATE/ACETAMINOPHEN ORAL TABLET 50MG-325MG			0.65775		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG	1.91600		0.58175		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 160 MG	2.50880		1.05056		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 60 MG	1.32240		0.45692		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 80 MG	1.54470		0.56392		
PROPRANOLOL HCL ORAL TABLET 10 MG	0.05850		0.02730		
PROPRANOLOL HCL ORAL TABLET 20 MG	0.07050		0.02675		
PROPRANOLOL HCL ORAL TABLET 40 MG	0.08480		0.03200		
PROPRANOLOL HCL ORAL TABLET 60 MG	1.27920		0.58188		
PROPRANOLOL HCL ORAL TABLET 80 MG	0.10200		0.07100		
PROPYLTHIOURACIL ORAL TABLET 50 MG			0.47091		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE MALEATE ORAL SYRUP 45-4MG/5ML			0.02042		
PSEUDOEPHEDRINE HCL/CODEINE PHOSPHATE/GUAIFENESIN ORAL SYRUP 30-10-100			0.08177		
PYRAZINAMIDE ORAL TABLET 500 MG			0.67196		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 60 MG	0.58320		0.31594		
PYRIDOXINE HCL MISCELLANEOUS CRYSTALS			0.24781		
QUETIAPINE FUMARATE ORAL TABLET 100 MG			0.26000		
QUETIAPINE FUMARATE ORAL TABLET 200 MG			0.49400		
QUETIAPINE FUMARATE ORAL TABLET 25 MG			0.15938		
QUETIAPINE FUMARATE ORAL TABLET 300 MG			0.50722		
QUETIAPINE FUMARATE ORAL TABLET 400 MG			0.70200		
QUETIAPINE FUMARATE ORAL TABLET 50 MG			0.25610		
QUINAPRIL HCL ORAL TABLET 10 MG	0.25000		0.09013		
QUINAPRIL HCL ORAL TABLET 20 MG	0.25000		0.17118		
QUINAPRIL HCL ORAL TABLET 40 MG	0.25000		0.09236		
QUINAPRIL HCL ORAL TABLET 5 MG	0.25000		0.08701		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG			0.99430		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG			0.71854		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG			0.70997		
QUINIDINE GLUCONATE ORAL TABLET, EXTENDED RELEASE 324 MG			0.56750		
QUININE SULFATE ORAL TABLET 260 MG			0.20240		
RAMIPRIL ORAL CAPSULE (HARD, SOFT, ETC.) 1.25 MG	0.45900		0.32250		
RAMIPRIL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.59870		0.11675		
RAMIPRIL ORAL CAPSULE (HARD, SOFT, ETC.) 2.5 MG	0.48770		0.10923		
RAMIPRIL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.51170		0.11525		
RANITIDINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG			0.25625		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
RANITIDINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG			0.65926		
RANITIDINE HCL ORAL SYRUP 15 MG/ML	0.23780		0.04975		
RANITIDINE HCL ORAL TABLET 150 MG	0.06000		0.02641		
RANITIDINE HCL ORAL TABLET 300 MG	0.12500		0.05730		
RIBAVIRIN ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	7.57640		1.22340		
RIBAVIRIN ORAL TABLET 200 MG			1.05475		
RIFAMPIN ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG	1.47800		0.81250		
RIFAMPIN ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	1.88600		1.23811		
RISPERIDONE ORAL SOLUTION, ORAL 1 MG/ML			0.64389		
RISPERIDONE ORAL TABLET 0.25 MG	1.30050		0.19525		
RISPERIDONE ORAL TABLET 0.5 MG	1.42730		0.13073		
RISPERIDONE ORAL TABLET 1 MG	1.51730		0.08008		
RISPERIDONE ORAL TABLET 2 MG	2.53580		0.20255		
RISPERIDONE ORAL TABLET 3 MG	2.97830		0.20229		
RISPERIDONE ORAL TABLET 4 MG	4.00020		0.15720		
RISPERIDONE ORAL TABLET,DISINTEGRATING 0.5 MG			1.48278		
RISPERIDONE ORAL TABLET,DISINTEGRATING 1 MG			2.62335		
RISPERIDONE ORAL TABLET,DISINTEGRATING 2 MG			2.71570		
RISPERIDONE ORAL TABLET,DISINTEGRATING 3 MG			7.45733		
RISPERIDONE ORAL TABLET,DISINTEGRATING 4 MG			10.65423		
RIVASTIGMINE TARTRATE ORAL CAPSULE (HARD, SOFT, ETC.) 1.5 MG			2.14500		
RIVASTIGMINE TARTRATE ORAL CAPSULE (HARD, SOFT, ETC.) 3 MG			2.28460		
RIVASTIGMINE TARTRATE ORAL CAPSULE (HARD, SOFT, ETC.) 4.5 MG			2.23739		
RIVASTIGMINE TARTRATE ORAL CAPSULE (HARD, SOFT, ETC.) 6 MG			2.45294		
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG			3.12000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
RIZATRIPTAN BENZOATE ORAL TABLET 5 MG			3.12000		
ROPINIROLE HCL ORAL TABLET 0.25 MG	0.75150		0.16077		
ROPINIROLE HCL ORAL TABLET 0.5 MG	0.75150		0.17419		
ROPINIROLE HCL ORAL TABLET 1 MG	0.75150		0.25632		
ROPINIROLE HCL ORAL TABLET 2 MG	0.75150		0.13925		
ROPINIROLE HCL ORAL TABLET 3 MG	0.77960		0.25607		
ROPINIROLE HCL ORAL TABLET 4 MG	0.77960		0.20121		
ROPINIROLE HCL ORAL TABLET 5 MG	0.77960		0.36750		
SALICYLIC ACID TOPICAL CREAM (GRAM) 6 %			0.06125		
SALICYLIC ACID TOPICAL LOTION (ML) 6 %			0.08792		
SALICYLIC ACID TOPICAL SHAMPOO 6 %			0.14124		
SALSALATE ORAL TABLET 500 MG			0.25432		
SALSALATE ORAL TABLET 750 MG			0.36400		
SELEGILINE HCL ORAL TABLET 5 MG			1.90000		
SELENIUM SULFIDE TOPICAL SUSPENSION, TOPICAL (ML) 2.5 %	0.07500		0.08945		
SERTRALINE HCL ORAL CONCENTRATE, ORAL 20 MG/ML			0.70188		
SERTRALINE HCL ORAL TABLET 100 MG	0.12830		0.07562		
SERTRALINE HCL ORAL TABLET 25 MG	0.12830		0.06958		
SERTRALINE HCL ORAL TABLET 50 MG	0.12830		0.04615		
SILVER SULFADIAZINE TOPICAL CREAM (GRAM) 1 %			0.24800		
SIMVASTATIN ORAL TABLET 10 MG	0.17500		0.03591		
SIMVASTATIN ORAL TABLET 20 MG	0.21000		0.04321		
SIMVASTATIN ORAL TABLET 40 MG	0.25550		0.05070		
SIMVASTATIN ORAL TABLET 5 MG	0.17500		0.03640		
SIMVASTATIN ORAL TABLET 80 MG	0.25550		0.09935		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SODIUM BICARBONATE INTRAVENOUS DISPOSABLE SYRINGE (ML) 1 MEQ/ML			0.10134		
SODIUM BICARBONATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1 MEQ/ML			0.02270		
SODIUM CHLORIDE 0.45 % INTRAVENOUS INTRAVENOUS SOLUTION 0.45 %			0.00182		
SODIUM CHLORIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2.5 MEQ/ML			0.02275		
SODIUM CHLORIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 4 MEQ/ML			0.01648		
SODIUM CHLORIDE IRRIGATING SOLUTION IRRIGATION SOLUTION, IRRIGATION 0.9 %			0.00216		
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG ORAL SOLUTION, RECONSTITUTED, ORAL 420G			0.00494		
SODIUM FLUORIDE DENTAL CREAM (GRAM) 1.1 %			0.07571		
SODIUM FLUORIDE DENTAL GEL (GRAM) 1.1 %			0.08659		
SODIUM FLUORIDE DENTAL SOLUTION, NON-ORAL 0.2 %			0.01756		
SODIUM FLUORIDE ORAL DROPS 0.25MG/DRP			0.18330		
SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML			0.18725		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25(0.55)			0.04095		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5(1.1)MG			0.04146		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1MG(2.2MG)			0.04125		
SODIUM POLYSTYRENE SULFONATE ORAL POWDER (GRAM)			0.22337		
SODIUM POLYSTYRENE SULFONATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 15G/60ML			0.07187		
SODIUM/POTASS/POTASS CITRATE/SODIUM CITRATE/CIT AC/SUCROSE ORAL SOLUTION, ORAL 500-550/5			0.03436		
SOTALOL HCL ORAL TABLET 120 MG	2.35500		0.16325		
SOTALOL HCL ORAL TABLET 160 MG	2.92500		0.22360		
SOTALOL HCL ORAL TABLET 240 MG	3.97500		0.33276		
SOTALOL HCL ORAL TABLET 80 MG	1.78500		0.09463		
SPIRONOLACTONE ORAL TABLET 100 MG			0.62479		
SPIRONOLACTONE ORAL TABLET 25 MG	0.30000		0.10399		
SPIRONOLACTONE ORAL TABLET 50 MG			0.24375		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG	0.34630		0.18340		
STAVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG	2.25550		1.95477		
STAVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG	2.34570		1.21300		
STAVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG	2.49120		1.33500		
STAVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 40 MG	2.68750		1.43450		
SUCRALFATE ORAL TABLET 1 G	0.36900		0.23209		
SULFACETAMIDE SODIUM OPHTHALMIC DROPS 10 %			0.00000		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT (GRAM) 10 %			0.45130		
SULFACETAMIDE SODIUM TOPICAL SUSPENSION, TOPICAL (ML) 10 %			0.65159		
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GRAM) 10-5% (W/W)			0.13718		
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/W)			2.01032		
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GRAM) 10-5%(W/W)			0.72453		
SULFAMETHOXAZOLE/TRIMETHOPRIM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 80-16MG/ML			0.39650		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200-40MG/5			0.07200		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 400MG-80MG	0.13250		0.08359		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 800-160 MG	0.37880		0.06781		
SULFASALAZINE ORAL TABLET 500 MG	0.15650		0.19125		
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG			0.25000		
SULINDAC ORAL TABLET 150 MG	0.33170		0.13413		
SULINDAC ORAL TABLET 200 MG	0.42890		0.16336		
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG			1.10138		
SUMATRIPTAN SUCCINATE ORAL TABLET 25 MG			0.59800		
SUMATRIPTAN SUCCINATE ORAL TABLET 50 MG			0.92431		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS CARTRIDGE (ML) 6 MG/0.5ML			136.79400		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 4 MG/0.5ML			0.00000		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR (ML) 6 MG/0.5ML			138.85245		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 6 MG/0.5ML			69.61433		
TACROLIMUS ORAL CAPSULE (HARD, SOFT, ETC.) 0.5 MG		0.96800	1.41000	3/13/2013	
TACROLIMUS ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG		1.85602	2.16700	3/1/2013	
TACROLIMUS ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG			9.75400		
TAMOXIFEN CITRATE ORAL TABLET 10 MG	0.97130		0.13355		
TAMOXIFEN CITRATE ORAL TABLET 20 MG	1.94250		0.22875		
TAMSULOSIN HCL ORAL CAPSULE, EXT RELEASE 24 HR 0.4 MG			0.23568		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG	0.13650		0.05925		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG	0.17480		0.07112		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 7.5 MG			5.58489		
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG	0.14250		0.06383		
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.14250		0.08466		
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG	0.14250		0.08466		
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.14250		0.08218		
TERBINAFINE HCL ORAL TABLET 250 MG	0.70500		0.15288		
TERBUTALINE SULFATE ORAL TABLET 2.5 MG			0.33010		
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.4 %	0.96500		0.23819		
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.8 %	1.98680		0.57000		
TERCONAZOLE VAGINAL SUPPOSITORY, VAGINAL 80 MG			11.75862		
TESTOSTERONE CYPIONATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 200 MG/ML			9.10000		
TESTOSTERONE ENANTHATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 200 MG/ML			13.59200		
TETRACYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			0.03500		
TETRACYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG	0.09750		0.05745		
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 100 MG	0.19710		0.12790		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 200 MG	0.21600		0.15310		
THEOPHYLLINE ANHYDROUS ORAL TABLET, EXTENDED RELEASE 12 HR 300 MG	0.26250		0.18840		
THIORIDAZINE HCL ORAL TABLET 10 MG			0.11013		
THIORIDAZINE HCL ORAL TABLET 100 MG			0.20563		
THIORIDAZINE HCL ORAL TABLET 25 MG			0.11875		
THIORIDAZINE HCL ORAL TABLET 50 MG			0.16250		
THIOTHIXENE ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG	0.13880		0.07813		
THIOTHIXENE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.40650		0.24940		
THIOTHIXENE ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG	0.18600		0.10950		
THIOTHIXENE ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.29630		0.18200		
THYROID ORAL TABLET 65 MG			0.07084		
TIAGABINE HCL ORAL TABLET 2 MG			5.72000		
TIAGABINE HCL ORAL TABLET 4 MG			5.72000		
TICLOPIDINE HCL ORAL TABLET 250 MG	0.27320		0.16510		
TIMOLOL MALEATE OPHTHALMIC DROPS 0.25 %	0.69750		0.53583		
TIMOLOL MALEATE OPHTHALMIC DROPS 0.5 %			0.98807		
TIMOLOL MALEATE ORAL TABLET 10 MG			0.38870		
TIMOLOL MALEATE ORAL TABLET 20 MG			0.71955		
TIMOLOL MALEATE ORAL TABLET 5 MG			0.28691		
TIZANIDINE HCL ORAL TABLET 2 MG	0.26000		0.06250		
TIZANIDINE HCL ORAL TABLET 4 MG	0.32000		0.04809		
TOBRAMYCIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1.2 G			101.01000		
TOBRAMYCIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40 MG/ML			1.69500		
TOBRAMYCIN SULFATE OPHTHALMIC DROPS 0.3 %			1.98268		
TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.3 %-0.1%			17.29000		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TOLBUTAMIDE ORAL TABLET 500 MG			0.20592		
TOLMETIN SODIUM ORAL TABLET 600 MG			1.52152		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 15 MG			0.49375		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 25 MG			0.53011		
TOPIRAMATE ORAL TABLET 100 MG	0.65930		0.10672		
TOPIRAMATE ORAL TABLET 200 MG	0.77180		0.16495		
TOPIRAMATE ORAL TABLET 25 MG	0.24200		0.03272		
TOPIRAMATE ORAL TABLET 50 MG	0.48150		0.06847		
TORSEMIDE ORAL TABLET 10 MG	0.48000		0.10953		
TORSEMIDE ORAL TABLET 100 MG	2.91750		0.36363		
TORSEMIDE ORAL TABLET 20 MG	0.52500		0.09555		
TORSEMIDE ORAL TABLET 5 MG	0.45000		0.16350		
TRAMADOL HCL ORAL TABLET 50 MG	0.09000		0.02257		
TRAMADOL HCL/ACETAMINOPHEN ORAL TABLET 37.5-325MG			0.24298		
TRANDOLAPRIL ORAL TABLET 1 MG	0.66660		0.21365		
TRANDOLAPRIL ORAL TABLET 2 MG	0.66660		0.21365		
TRANDOLAPRIL ORAL TABLET 4 MG	0.66660		0.21365		
TRAZODONE HCL ORAL TABLET 100 MG	0.11400		0.05122		
TRAZODONE HCL ORAL TABLET 150 MG	0.31130		0.09182		
TRAZODONE HCL ORAL TABLET 50 MG	0.07420		0.02535		
TRETINOIN TOPICAL CREAM (GRAM) 0.025 %	1.56930		0.68177		
TRETINOIN TOPICAL CREAM (GRAM) 0.05 %			0.91222		
TRETINOIN TOPICAL CREAM (GRAM) 0.1 %			1.15181		
TRETINOIN TOPICAL GEL (GRAM) 0.01 %			0.80824		
TRETINOIN TOPICAL GEL (GRAM) 0.025 %			1.06278		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.025 %			0.15003		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.1 %			0.23125		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 0.5 %	0.23700		0.48850		
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.1 %			0.53025		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.025 %			0.00000		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.1 %			0.15938		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT (GRAM) 0.5 %			0.48450		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE (HARD, SOFT, ETC.) 37.5-25 MG	0.31770		0.26000		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG-25MG			1.51850		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 37.5-25 MG	0.16830		0.21450		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 75 MG-50MG	0.04880		0.03738		
TRIAZOLAM ORAL TABLET 0.125 MG	0.30120		0.19590		
TRIAZOLAM ORAL TABLET 0.25 MG	0.32510		0.17110		
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG			0.24330		
TRIFLUOPERAZINE HCL ORAL TABLET 10 MG			0.68575		
TRIFLUOPERAZINE HCL ORAL TABLET 2 MG			0.26338		
TRIFLUOPERAZINE HCL ORAL TABLET 5 MG			0.43737		
TRIHEXYPHENIDYL HCL ORAL ELIXIR 2 MG/5 ML			0.04700		
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG	0.12750		0.05613		
TRIHEXYPHENIDYL HCL ORAL TABLET 5 MG	0.22950		0.12050		
TRIMETHOBENZAMIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	1.01930		0.00000		
TRIMETHOPRIM ORAL TABLET 100 MG			0.34050		
TROPICAMIDE OPHTHALMIC DROPS 0.5 %	0.65500		0.56767		
TROPICAMIDE OPHTHALMIC DROPS 1 %	0.70000		0.60667		
UREA TOPICAL CREAM (GRAM) 40 %			0.11121		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
UREA TOPICAL CREAM (GRAM) 50 %			0.15778		
UREA TOPICAL GEL (ML) 40 %			3.42333		
UREA TOPICAL LOTION (ML) 35 %			0.29257		
UREA TOPICAL LOTION (ML) 40 %			0.06704		
URSODIOL ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG			0.34213		
URSODIOL ORAL TABLET 500 MG			3.26000		
VALACYCLOVIR HCL ORAL TABLET 1000 MG			1.97000		
VALACYCLOVIR HCL ORAL TABLET 500 MG			1.26000		
VALPROATE SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 500 MG/5ML			3.46000		
VALPROATE SODIUM ORAL SOLUTION, ORAL 250 MG/5ML	0.05940		0.01660		
VALPROIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.52500		0.17970		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 160-25MG			2.69000		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320-12.5MG			3.76000		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 320MG-25MG			4.26000		
VALSARTAN/HYDROCHLOROTHIAZIDE ORAL TABLET 80-12.5MG			2.49000		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			5.77070		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 10 G			52.32500		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 G			28.16000		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG			3.53600		
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G			6.51300		
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 150 MG			0.63000		
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 37.5 MG			0.20125		
VENLAFAXINE HCL ORAL CAPSULE, EXT RELEASE 24 HR 75 MG			0.40703		
VENLAFAXINE HCL ORAL TABLET 100 MG	1.38920		0.48050		
VENLAFAXINE HCL ORAL TABLET 25 MG	1.16580		0.42986		

**Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs
as of March 19, 2013**

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
VENLAFAXINE HCL ORAL TABLET 37.5 MG	1.20030		0.34388		
VENLAFAXINE HCL ORAL TABLET 50 MG	1.23660		0.34569		
VENLAFAXINE HCL ORAL TABLET 75 MG	1.31100		0.33288		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 120 MG	0.82500		0.42860		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 180 MG	0.87000		0.31925		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 240 MG	0.99000		0.49390		
VERAPAMIL HCL ORAL CAPSULE, EXTENDED RELEASE PELLETS 24 HR 360 MG			1.60300		
VERAPAMIL HCL ORAL CAPSULE,24HR EXTENDED RELEASE PELLETT CT 200 MG			1.83130		
VERAPAMIL HCL ORAL TABLET 120 MG	0.11480		0.07363		
VERAPAMIL HCL ORAL TABLET 40 MG			0.16613		
VERAPAMIL HCL ORAL TABLET 80 MG	0.07730		0.06102		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 120 MG			0.26500		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 180 MG	0.48380		0.22550		
VERAPAMIL HCL ORAL TABLET, EXTENDED RELEASE 240 MG	0.43500		0.15425		
VINCRIStINE SULFATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/2 ML			7.11750		
VINORELBINE TARTRATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML			15.11900		
VINORELBINE TARTRATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/5 ML			17.12360		
VITAMIN B COMPLX NO.3/FOLIC ACID/ASCORBIC ACID/BIOTIN ORAL TABLET 1MG-60MG			0.24960		
VITAMIN E ACET (DL,TOCOPHERYL)/GRAPE/HYALURONIC ACID TOPICAL CREAM (GRAM)			1.03051		
VORICONAZOLE ORAL TABLET 200 MG			31.50000		
WARFARIN SODIUM ORAL TABLET 1 MG	0.54030		0.09294		
WARFARIN SODIUM ORAL TABLET 10 MG	0.89700		0.10237		
WARFARIN SODIUM ORAL TABLET 2 MG	0.56390		0.08733		
WARFARIN SODIUM ORAL TABLET 2.5 MG	0.58160		0.06438		
WARFARIN SODIUM ORAL TABLET 3 MG	0.58430		0.09721		

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

as of March 19, 2013

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

Generic Name	FUL	Old SMAC Price	Current SMAC	SMAC Effective	Notes
WARFARIN SODIUM ORAL TABLET 4 MG	0.58560		0.09538		
WARFARIN SODIUM ORAL TABLET 5 MG	0.58970		0.09125		
WARFARIN SODIUM ORAL TABLET 6 MG	0.83640		0.09867		
WARFARIN SODIUM ORAL TABLET 7.5 MG	0.86490		0.08633		
WATER FOR INJECTION,STERILE INJECTION AMPUL (ML)			0.13650		
WATER FOR INJECTION,STERILE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML)			0.04850		
WATER FOR IRRIGATION,STERILE IRRIGATION SOLUTION, IRRIGATION			0.00187		
ZAFIRLUKAST ORAL TABLET 20 MG			1.22448		
ZALEPLON ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.73860		0.31238		
ZALEPLON ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.71910		0.23025		
ZIDOVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			1.58570		
ZIDOVUDINE ORAL TABLET 300 MG	0.91100		0.33148		
ZINC SULFATE HEPTAHYDRATE/CUSO4 P-HYD/MANGANESE/CHROMIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 500-5000			1.29350		
ZINC SULFATE HEPTAHYDRATE/CUSO4 P-HYD/MANGANESE/CHROMIUM/SE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 60-5000			0.58500		
ZINC SULFATE ORAL CAPSULE (HARD, SOFT, ETC.) 220(50)MG			0.03887		
ZIPRASIDONE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG			2.92000		
ZIPRASIDONE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 40 MG			2.92000		
ZIPRASIDONE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 60 MG			3.54000		
ZIPRASIDONE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 80 MG			3.54000		
ZOLPIDEM TARTRATE ORAL TABLET 10 MG	0.07040		0.02037		
ZOLPIDEM TARTRATE ORAL TABLET 5 MG	0.07040		0.01975		
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.49980		0.14253		
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.19310		0.10463		
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.21120		0.12555		