

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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		0.20800		
ACEBUTOLOL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 400 MG	0.67130		0.29300		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL ELIXIR 120-12MG/5			0.02185		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-15MG	0.15000		0.15000		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-30MG	0.21370		0.12455		
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 %			14.12840		
ACETYLCYSTEINE MISCELLANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML"	0.97800		0.48900		
ACETYLCYSTEINE MISCELLANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 200MG/ML"	0.26800		0.58630		
ACYCLOVIR ORAL CAPSULE (HARD, SOFT, ETC.) 200MG"	0.14780		0.08432		
ACYCLOVIR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200 MG/5ML			0.21356		
ACYCLOVIR ORAL TABLET 400 MG	0.23340		0.20043		
ACYCLOVIR ORAL TABLET 800 MG	0.46670		0.29536		
ACYCLOVIR SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG"			0.00000		
ADAPALENE TOPICAL GEL (GRAM) 0.1%			3.61853		SMAC does not apply to brand
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		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML			0.41450		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 2.5 MG/3ML	0.11500		0.06045		
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			0.95695		
ALCLOMETASONE DIPROPIONATE TOPICAL CREAM (GRAMS) 0.05%	0.82830		0.68185		
ALCLOMETASONE DIPROPIONATE TOPICAL OINTMENT(GM) 0.05%	0.82830		0.68185		
ALENDRONATE SODIUM ORAL TABLET 10 MG	0.42930		0.16863		
ALENDRONATE SODIUM ORAL TABLET 35 MG	15.36750		0.72881		
ALENDRONATE SODIUM ORAL TABLET 5 MG	0.42930		0.19460		
ALENDRONATE SODIUM ORAL TABLET 70 MG	15.36750		0.71314		
ALLOPURINOL ORAL TABLET 100 MG	0.07850		0.03831		
ALLOPURINOL ORAL TABLET 300 MG	0.17390		0.06729		
ALPRAZOLAM ORAL TABLET 0.25MG	0.06140		0.03330		
ALPRAZOLAM ORAL TABLET 0.5 MG	0.06980		0.03930		
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		0.40523		
ALPRAZOLAM ORAL TABLET, SUSTAINED RELEASE 24HR 1 MG	2.40650		0.69500		
ALPRAZOLAM ORAL TABLET, SUSTAINED RELEASE 24HR 2 MG	3.19400		0.63604		
ALPRAZOLAM ORAL TABLET, SUSTAINED RELEASE 24HR 3 MG	4.79070		0.85778		
AMANTADINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			0.24500		
AMANTADINE HCL ORAL SYRUP 50 MG/5 ML	0.06560		0.03310		
AMILORIDE HCL ORAL TABLET 5 MG			0.73211		
AMILORIDE HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-50MG	0.06750		0.03692		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
AMINOCAPROIC ACID ORAL TABLET 500 MG			0.00000		
AMINOPHYLLINE ORAL TABLET 100 MG			0.04234		
AMINOPHYLLINE ORAL TABLET 200 MG			0.05018		
AMIODARONE HCL ORAL TABLET 200 MG	0.73750		0.15492		
AMITRIPTYLINE HCL ORAL TABLET 10 MG	0.06080		0.02468		
AMITRIPTYLINE HCL ORAL TABLET 100 MG	0.15680		0.05785		
AMITRIPTYLINE HCL ORAL TABLET 150MG	0.24300		0.13750		
AMITRIPTYLINE HCL ORAL TABLET 25 MG	0.06530		0.02732		
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 12.5-5MG			0.58350		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 25-10MG			0.94600		
AMLODIPINE BESYLATE ORAL TABLET 10 MG	0.17820		0.05253		
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"			1.69364		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2.5MG-10MG			1.05550		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5-10MG			1.06850		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5MG-20MG			1.50500		
AMMONIUM LACTATE TOPICAL CREAM (GRAMS) 12%			0.05010		
AMMONIUM LACTATE TOPICAL LOTION (GM) 12%			0.02272		
AMOXAPINE ORAL TABLET 100 MG			0.80600		
AMOXAPINE ORAL TABLET 50 MG			0.47021		
AMOXICILLIN TRIHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.06530		0.06500		
AMOXICILLIN TRIHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG	0.11930		0.10654		
AMOXICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML"	0.02010		0.02670		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
AMOXICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			0.04850		
AMOXICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.02990		0.03549		
AMOXICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400 MG/5ML			0.03918		
AMOXICILLIN TRIHYDRATE ORAL TABLET 875MG			0.27016		
AMOXICILLIN TRIHYDRATE ORAL TABLET, CHEWABLE 125 MG"			0.17329		
AMOXICILLIN TRIHYDRATE ORAL TABLET, CHEWABLE 250 MG			0.19150		
AMOXICILLIN TRIHYDRATE ORAL TABLET, CHEWABLE 400 MG			0.34880		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-28.5/5	0.28500		0.14040		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400-57MG/5	0.53470		0.16744		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 600-42.9/5	0.45000		0.23000		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL TABLET 250-125MG			4.07531		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL TABLET 500-125 MG	2.11580		0.81580		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL TABLET 875-125 MG	2.53200		1.03277		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 400-57MG"			1.16750		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 10 MG			1.03000		
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			1.26000		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 30 MG			0.98000		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 5 MG			1.09200		
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		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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		0.11768		
AMPICILLIN TRIHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 500MG	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		0.13334		
ATENOLOL/CHLORTHALIDONE ORAL TABLET 50 MG-25MG	0.11220		0.07629		
ATROPINE SULFATE OPHTHALMIC DROPS 1%			2.48667		
ATROPINE SULFATE OPHTHALMIC OINTMENT(GM) 1%			0.00000		
AZATHIOPRINE ORAL TABLET 50 MG	0.65810		0.14369		
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			0.91256		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			0.69782		
AZITHROMYCIN ORAL TABLET 250 MG	3.18750		0.76425		
AZITHROMYCIN ORAL TABLET 500 MG	5.48500		1.61250		
AZITHROMYCIN ORAL TABLET 600 MG	6.90800		3.86450		
BACITRACIN INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 50000 UNIT"			6.50000		
BACITRACIN ZINC TOPICAL OINTMENT(GM) 500 UNIT/G			0.18693		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
BACITRACIN/POLYMYXIN B SULFATE OPHTHALMIC OINTMENT(GM) 500-10K/G			1.26100		
BACLOFEN ORAL TABLET 10 MG	0.05250		0.05810		
BACLOFEN ORAL TABLET 20 MG	0.08930		0.08678		
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		0.39995		
BENAZEPRIL HCL ORAL TABLET 10 MG	0.49050		0.06499		
BENAZEPRIL HCL ORAL TABLET 20 MG	0.49050		0.07735		
BENAZEPRIL HCL ORAL TABLET 40 MG	0.49050		0.05577		
BENAZEPRIL HCL ORAL TABLET 5 MG	0.49050		0.10256		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.49580		0.13679		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5MG	0.49580		0.15940		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG	0.49580		0.16650		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG	0.49580		0.18650		
BENZONATATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG"	0.14030		0.11869		
BENZONATATE ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	0.24600		0.16133		
BENZOYL PEROXIDE TOPICAL CLEANSER (GM) 10 %			0.09416		
BENZOYL PEROXIDE TOPICAL CLEANSER (GM) 2.5 %			0.10652		
BENZOYL PEROXIDE TOPICAL CLEANSER (GM) 5 %			0.08801		
BENZOYL PEROXIDE TOPICAL GEL (GM) 10%			0.25060		
BENZOYL PEROXIDE TOPICAL GEL (GRAM) 5 %			0.25312		
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			39.00000		SMAC does not apply to brand
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG	0.07470		0.04500		
BENZTROPINE MESYLATE ORAL TABLET 1 MG	0.08480		0.04800		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
BENZTROPINE MESYLATE ORAL TABLET 2 MG	0.12080		0.08983		
BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAMS) 0.05%	0.23000		1.78200		
BETAMETHASONE DIPROPIONATE TOPICAL GEL (GRAM) 0.05%			0.40432		
BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 0.05%	0.15000		0.06980		
BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT(GM) 0.05%			2.33550		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL CREAM (GRAM) 0.05%			0.35550		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL OINTMENT (GRAM) 0.05%			2.63594		
BETAMETHASONE VALERATE TOPICAL CREAM (GRAMS) 0.1%	0.11970		0.52433		
BETAMETHASONE VALERATE TOPICAL LOTION (ML) 0.1%			0.00000		
BETAMETHASONE VALERATE TOPICAL OINTMENT(GM) 0.1%			0.58216		
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 50MG	3.48020		0.48479		
BISOPROLOL FUMARATE ORAL TABLET 10 MG	1.06880		0.71110		
BISOPROLOL FUMARATE ORAL TABLET 5 MG	1.06880		0.63833		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25MG	0.25420		0.06619		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 2.5-6.25MG	1.02600		0.06188		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG	1.02600		0.05530		
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 %			11.34000		SMAC does not apply to brand
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.2 %	4.50000		1.19526		
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG			0.95221		
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.25MG/2ML			2.80125		SMAC does not apply to brand

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
BUDESONIDE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5MG/2ML			3.30075		SMAC does not apply to brand
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		
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 2 MG			1.82542		
BUPRENORPHINE HCL SUBLINGUAL TABLET, SUBLINGUAL 8 MG			2.95280		
BUPROPION HCL ORAL TABLET 100MG			0.47963		
BUPROPION HCL ORAL TABLET 75 MG		0.15926	0.33350	11/22/2011	
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 100 MG			0.41243		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 150 MG	1.83300		0.42791		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 200 MG			0.81369		
BUPROPION HCL ORAL TABLET, EXTENDED RELEASE 24 HR 150 MG			0.77899		
BUPROPION HCL ORAL TABLET, SUSTAINED ACTION 150MG	1.83300		0.86455		
BUPROPION HCL ORAL TABLET, SUSTAINED RELEASE 24HR 300 MG			1.06450		
BUSPIRONE HCL ORAL TABLET 10 MG	0.07140		0.04583		
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		0.03289		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 50-325-40"			0.60905		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-325-40			0.06747		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-500-40	0.68700		0.11803		
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		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
BUTORPHANOL TARTRATE NASAL AEROSOL, SPRAY (ML) 10MG/ML			7.31640		
CABERGOLINE ORAL TABLET 0.5 MG			15.55231		
CAFFEINE CITRATED ORAL SOLUTION, ORAL 60 MG/3 ML			12.70000		
CALCIPOTRIENE TOPICAL SOLUTION, NON-ORAL 0.005%"			1.91221		
CALCITONIN,SALMON,SYNTHETIC NASAL AEROSOL, SPRAY WITH PUMP (ML) 200/DOSE			13.82000		SMAC does not apply to brand
CALCITRIOL ORAL CAPSULE (HARD, SOFT, ETC.) 0.25MCG"			0.69953		
CALCITRIOL ORAL CAPSULE (HARD, SOFT, ETC.) 0.5MCG"			1.13500		
CALCITRIOL ORAL SOLUTION, ORAL 1MCG/ML			8.46208		
CALCIUM ACETATE ORAL CAPSULE (HARD, SOFT, ETC.) 667 MG			0.61656		
CALCIUM GLUCONATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML"			0.03900		
CAPTOPRIL ORAL TABLET 100 MG	0.10800		0.09360		
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		0.03120		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG	0.23600		0.06521		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25MG-15MG	0.23590		0.06265		
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) 100MG/5ML"	0.08370		0.11963		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100MG/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		0.07500		
CARBAMAZEPINE ORAL TABLET, SUSTAINED RELEASE 12HR 200 MG"			0.70450		
CARBAMAZEPINE ORAL TABLET, SUSTAINED RELEASE 12HR 400 MG"			1.34580		
CARBIDOPA/LEVODOPA ORAL TABLET 10MG-100MG	0.40430		0.18780		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-100MG	0.46880		0.16523		
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-250MG	0.51450		0.24140		
CARBIDOPA/LEVODOPA ORAL TABLET, RAPID DISSOLVE 25MG-100MG"			1.14127		
CARBIDOPA/LEVODOPA ORAL TABLET, RAPID DISSOLVE 25MG-250MG"			1.45405		
CARBIDOPA/LEVODOPA ORAL TABLET, SUSTAINED ACTION 25MG-100MG"			0.29550		
CARBIDOPA/LEVODOPA ORAL TABLET, SUSTAINED ACTION 50MG-200MG			0.37720		
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) 10MG/ML"			1.20553		
CARISOPRODOL ORAL TABLET 350MG	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 3.125MG	0.14250		0.04550		
CARVEDILOL ORAL TABLET 6.25 MG	0.14250		0.04869		
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) 375MG/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			0.49750		
CEFADROXIL HYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 500MG/5ML			0.60430		
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		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
CEFDINIR ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG"	3.82650		1.72000		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML	0.62310		0.31650		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	1.30790		0.57231		
CEFEPIME HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G"			7.91570		
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			3.97000		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML	0.40800		0.28000		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.73940	0.19747	0.27750	12/27/2011	
CEFPROZIL ORAL TABLET 250 MG	2.39390		1.15369		
CEFPROZIL ORAL TABLET 500 MG	4.59900		1.89250		
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) 1G"			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  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
CEFUROXIME AXETIL ORAL TABLET 500 MG	1.06650		0.42662		
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 MONOHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 250MG"	0.16500		0.13585		
CEPHALEXIN MONOHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 500 MG	0.27300		0.12918		
CEPHALEXIN MONOHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML			0.06697		
CEPHALEXIN MONOHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.18180		0.07239		
CETIRIZINE HCL ORAL SOLUTION, ORAL 1MG/ML"			0.02705		
CHLORDIAZEPOXIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.08780		0.05550		
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			1.68350		
CHLOROQUINE PHOSPHATE ORAL TABLET 500 MG			2.27318		
CHLOROTHIAZIDE ORAL TABLET 500MG			0.15275		
CHLORPHENIRAMINE MALEATE/PHENYLEPHRINE HCL/METHSCOPOLAMN ORAL SOLUTION, ORAL 2-10-1.25"			0.02196		
CHLORPROMAZINE HCL ORAL TABLET 100 MG			1.60552		
CHLORPROMAZINE HCL ORAL TABLET 200 MG			2.27000		
CHLORPROMAZINE HCL ORAL TABLET 25 MG			0.86000		
CHLORPROMAZINE HCL ORAL TABLET 50 MG			1.12000		
CHLORPROPAMIDE ORAL TABLET 100 MG	0.23250		0.20075		
CHLORPROPAMIDE ORAL TABLET 250 MG	0.49170		0.34000		
CHLORTHALIDONE ORAL TABLET 25 MG			0.29062		
CHLORTHALIDONE ORAL TABLET 50 MG			0.45848		
CHLORZOAZONE ORAL TABLET 500MG	0.07570		0.06903		
CHOLESTYRAMINE/ASPARTAME ORAL PACKET (EA) 4 G	1.27670		0.76600		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GM)			0.13110		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GM) 4 G			0.14028		
CHOLESTYRAMINE/SUCROSE ORAL PACKET (EA) 4 G	1.27670		0.88500		
CHOLESTYRAMINE/SUCROSE ORAL POWDER (GM) 4G			0.07933		
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 (GRAMS) 0.77%	1.66100		0.27436		
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		0.18523		
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 300MG/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		0.07860		
CIMETIDINE ORAL TABLET 800MG	0.27750		0.11440		
CIPROFLOXACIN HCL OPHTHALMIC DROPS 0.3 %	7.56900		2.01000		
CIPROFLOXACIN HCL ORAL TABLET 100 MG			2.93583		
CIPROFLOXACIN HCL ORAL TABLET 250MG	0.37500		0.20992		
CIPROFLOXACIN HCL ORAL TABLET 500MG	0.45000		0.22450		
CIPROFLOXACIN HCL ORAL TABLET 750MG	0.48000		0.36000		
CIPROFLOXACIN LACTATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 400MG/40ML			0.09230		
CIPROFLOXACIN LACTATE/DEXTROSE 5%-WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L"			0.02418		
CIPROFLOXACIN LACTATE/DEXTROSE 5%-WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L"			0.01495		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
CITALOPRAM HYDROBROMIDE ORAL SOLUTION, ORAL 10MG/5ML"	0.31240		0.15841		
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG	0.16730		0.05057		
CITALOPRAM HYDROBROMIDE ORAL TABLET 20 MG	0.17250		0.04909		
CITALOPRAM HYDROBROMIDE ORAL TABLET 40 MG	0.17550		0.05847		
CITRIC ACID/SODIUM CITRATE ORAL SOLUTION, ORAL 334-500MG"			0.01645		
CLADRIBINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10MG/10ML"			37.05000		
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125 MG/5ML"			0.42000		
CLARITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML		0.66440	0.84550	12/22/2011	
CLARITHROMYCIN ORAL TABLET 250 MG			3.57000		
CLARITHROMYCIN ORAL TABLET 500MG			4.30000		
CLARITHROMYCIN ORAL TABLET, SUSTAINED RELEASE 24HR 500 MG			3.22500		
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG			0.19150		
CLINDAMYCIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150MG	0.21530		0.11000		
CLINDAMYCIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	1.19750		0.56300		
CLINDAMYCIN PHOSPHATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 150 MG/ML"			0.45500		
CLINDAMYCIN PHOSPHATE TOPICAL GEL (GM) 1 %	0.76470		0.47251		
CLINDAMYCIN PHOSPHATE TOPICAL LOTION (ML) 1 %	0.79880		0.26806		
CLINDAMYCIN PHOSPHATE TOPICAL SOLUTION, NON-ORAL 1 %"	0.20600	0.18000	0.56750	12/27/2011	
CLINDAMYCIN PHOSPHATE TOPICAL SWAB, MEDICATED 1 %	0.63000		0.44123		
CLINDAMYCIN PHOSPHATE VAGINAL CREAM WITH APPLICATOR 2 %			0.87000		
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GM) 1%-5%			3.52846		
CLOBETASOL PROPIONATE TOPICAL CREAM (GRAMS) 0.05%			0.34300		
CLOBETASOL PROPIONATE TOPICAL GEL (GM) 0.05%	0.46400		0.41232		
CLOBETASOL PROPIONATE TOPICAL OINTMENT (GRAM) 0.05%	0.19400		0.46000		
CLOBETASOL PROPIONATE TOPICAL SOLUTION, NON-ORAL 0.05%			0.51000		
CLOBETASOL PROPIONATE/EMOLLIENT TOPICAL CREAM (GRAM) 0.05%	0.44650		0.22620		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.37500		0.31000		
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.50360		0.30209		
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG	0.66230		0.55000		
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, RAPID DISSOLVE 0.125 MG			0.85600		
CLONAZEPAM ORAL TABLET, RAPID DISSOLVE 0.25 MG			0.85600		
CLONAZEPAM ORAL TABLET, RAPID DISSOLVE 0.5 MG			0.85600		
CLONAZEPAM ORAL TABLET, RAPID DISSOLVE 1 MG			0.99200		
CLONAZEPAM ORAL TABLET, RAPID DISSOLVE 2 MG			1.35500		
CLONIDINE HCL ORAL TABLET 0.1 MG	0.10500		0.04099		
CLONIDINE HCL ORAL TABLET 0.2 MG	0.14100		0.04962		
CLONIDINE HCL ORAL TABLET 0.3MG	0.18150		0.05750		
CLONIDINE HCL/PF EPIDURAL VIAL (SDV,MDV OR ADDITIVE) (ML) 5000MCG/10"			22.75000		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR			23.52614		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.2MG/24HR			33.25142		
CLONIDINE TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.3MG/24HR			50.50000		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG	0.27540		0.15605		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 3.75MG	0.13770	0.08630	0.32500	11/28/2011	
CLORAZEPATE DIPOTASSIUM ORAL TABLET 7.5MG	0.19470		0.11090		
CLOTRIMAZOLE MUCOUS MEMBRANE TROCHE 10 MG			0.91530		
CLOTRIMAZOLE TOPICAL CREAM (GRAMS) 1 %			0.59042		
CLOTRIMAZOLE TOPICAL SOLUTION, NON-ORAL 1 %	0.47250		0.32690		
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		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
CLOZAPINE ORAL TABLET 100 MG			1.11800		
CLOZAPINE ORAL TABLET 200 MG			2.69287		
CLOZAPINE ORAL TABLET 25 MG			0.47750		
CLOZAPINE ORAL TABLET 50 MG			0.98302		
CODEINE PHOS/BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 30-50-325			0.37860		
CODEINE PHOS/BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 30-50-325			0.70400		
CODEINE/PROMETHAZINE HCL ORAL SYRUP 10-6.25/5	0.03800		0.02200		
COLESTIPOL HCL ORAL TABLET 1G			0.42452		
COLISTIMETHATE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 150MG"			36.40000		
COMPOUNDING VEHICLE NO.8 ORAL LIQUID (ML)			0.04063		
COMPOUNDING VEHICLE SUSP NO.7 ORAL SUSPENSION, ORAL (FINAL DOSE FORM) "			0.04063		
CROMOLYN SODIUM OPTHALMIC DROPS 4%	3.37500		0.62075		
CYANOCOBALAMIN (VITAMIN B-12) INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 1000MCG/ML			0.00000		
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 2-2.5-25MG			0.47594		
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG	0.10350		0.04020		
CYCLOBENZAPRINE HCL ORAL TABLET 5 MG	0.15860		0.05681		
CYCLOPENTOLATE HCL OPTHALMIC DROPS 1 %			6.21000		
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G			0.00000		
CYCLOPHOSPHAMIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G			43.88210		
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG			2.34350		
CYCLOSPORINE ORAL SOLUTION, ORAL 100 MG/ML			4.92521		
CYCLOSPORINE, MODIFIED ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			4.38231		SMAC does not apply to brand
CYCLOSPORINE, MODIFIED ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG			1.02417		
CYCLOSPORINE, MODIFIED ORAL SOLUTION, ORAL 100 MG/ML"			3.94668		
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5 ML			0.10000		
CYPROHEPTADINE HCL ORAL TABLET 4 MG			0.11110		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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) 500MG"			12.16800		
DEMECLOCYCLINE HCL ORAL TABLET 150 MG	9.49500		2.01942		
DEMECLOCYCLINE HCL ORAL TABLET 300 MG	17.18750		2.81802		
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			0.71271		
DESIPRAMINE HCL ORAL TABLET 50 MG			1.74350		
DESIPRAMINE HCL ORAL TABLET 75 MG			1.75430		
DESMOPRESSIN (NON-REFRIGERATED) NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY			24.59803		
DESMOPRESSIN ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4MCG/ML"			7.67000		
DESMOPRESSIN ACETATE NASAL AEROSOL, SPRAY WITH PUMP (ML) 10/SPRAY			32.12100		
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG			0.99871		
DESMOPRESSIN ACETATE ORAL TABLET 0.2 MG			1.34234		
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			1.45623		SMAC does not apply to brand
DESONIDE TOPICAL CREAM (GRAMS) 0.05%			0.49543		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
DESONIDE TOPICAL OINTMENT(GM) 0.05%			0.53349		
DESOXIMETASONE TOPICAL CREAM (GRAMS) 0.05%			2.89109		
DESOXIMETASONE TOPICAL CREAM (GRAMS) 0.25%			1.78450		
DESOXIMETASONE TOPICAL OINTMENT(GM) 0.25 %			3.04250		
DEXAMETHASONE ORAL ELIXIR 0.5MG/5ML			0.15350		
DEXAMETHASONE ORAL TABLET 0.5MG			0.10352		
DEXAMETHASONE ORAL TABLET 0.75MG			0.15303		
DEXAMETHASONE ORAL TABLET 1.5MG			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) 4MG/ML"			0.46303		
DEXAMETHASONE SOD PHOSPHATE OPHTHALMIC DROPS 0.1%			2.41406		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, SUSTAINED ACTION 10 MG			1.94595		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, SUSTAINED ACTION 15 MG			4.67470		
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG	0.34350		0.19790		
DEXTROAMPHETAMINE SULFATE ORAL TABLET 5 MG			0.14550		
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%-WATER INTRAVENOUS INTRAVENOUS SOLUTION 10 %			0.00268		
DEXTROSE 5% AND 1/2 NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 5%-0.45%			0.00185		
DEXTROSE 5% AND 1/4 NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 5%-1/4			0.00228		
DEXTROSE 5%-NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 5%-0.9%			0.00228		
DEXTROSE 5%-WATER INTRAVENOUS INTRAVENOUS SOLUTION 5 %			0.00449		
DEXTROSE 5%-WATER INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)			0.00449		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
DEXTROSE 5%-WATER INTRAVENOUS PIGGYBACK WITH VIAL PORT (NON-THREADED)			0.00449		
DEXTROSE 50%-WATER INTRAVENOUS DISPOSABLE SYRINGE (ML) 50 %			0.13312		
DEXTROSE 50%-WATER INTRAVENOUS INTRAVENOUS SOLUTION 50 %			0.00478		
DEXTROSE 70%-WATER INTRAVENOUS INTRAVENOUS SOLUTION 70%			0.00741		
DIAZEPAM INJECTION DISPOSABLE SYRINGE (ML) 5 MG/ML			1.47550		
DIAZEPAM ORAL TABLET 10 MG	0.05730		0.03190		
DIAZEPAM ORAL TABLET 2 MG	0.04230		0.02830		
DIAZEPAM ORAL TABLET 5 MG	0.07180		0.02590		
DICLOFENAC POTASSIUM ORAL TABLET 50 MG	0.47480		0.14890		
DICLOFENAC SODIUM OPHTHALMIC DROPS 0.1%	4.27200		2.05000		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG	0.47480		0.37031		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG	0.58500		0.37183		
DICLOFENAC SODIUM ORAL TABLET, SUSTAINED RELEASE 24HR 100 MG	2.36180		0.41256		
DICLOXACILLIN SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			0.27170		
DICLOXACILLIN SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 500MG			0.51857		
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 (GRAMS) 0.05%			2.59200		
DIFLORASONE DIACETATE TOPICAL OINTMENT(GM) 0.05%			0.46680		
DIFLUNISAL ORAL TABLET 500MG			1.03390		
DIGOXIN ORAL TABLET 125MCG	0.21320		0.14183		
DIGOXIN ORAL TABLET 250 MCG	0.21320		0.10582		
DILTIAZEM HCL ORAL CAPSULE, DEGRADABLE CONTROLLED-RELEASE 120 MG			0.33860		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
DILTIAZEM HCL ORAL CAPSULE, DEGRADABLE CONTROLLED-RELEASE 180 MG			0.67000		
DILTIAZEM HCL ORAL CAPSULE, DEGRADABLE CONTROLLED-RELEASE 240 MG			0.72000		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED ACTION 120 MG			0.46550		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED ACTION 180 MG			0.54640		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED ACTION 240 MG			1.06432		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED ACTION 300MG			1.06110		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED ACTION 360MG			1.03630		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED ACTION 420MG			1.67760		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 12 HR 120 MG			0.00000		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 12 HR 60 MG			0.40680		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 12 HR 90 MG			0.56930		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 120 MG			0.28947		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 180 MG			0.56622		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 240 MG			0.70450		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 300MG			0.94286		
DILTIAZEM HCL ORAL TABLET 120 MG	0.23310		0.10480		
DILTIAZEM HCL ORAL TABLET 30 MG	0.10190		0.04849		
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) 50MG/ML"			0.52510		
DIPHENHYDRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG"			0.04063		
DIPHENOXYLATE HCL/ATROPINE SULFATE ORAL TABLET 2.5-.025MG	0.21380		0.11200		
DIPYRIDAMOLE ORAL TABLET 25 MG	0.29780		0.18988		
DIPYRIDAMOLE ORAL TABLET 50 MG	0.47960		0.25854		
DIPYRIDAMOLE ORAL TABLET 75 MG	0.64170		0.33524		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.59790		0.32562		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG	0.62880		0.32562		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE, SUSTAINED ACTION 150MG			1.04950		
DIVALPROEX SODIUM ORAL CAPSULE, SPRINKLE 125MG"	0.82100		0.49775		SMAC does not apply to brand
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 125 MG	0.26910		0.06328		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 250 MG	0.52880		0.09780		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG	0.97490		0.15943		
DIVALPROEX SODIUM ORAL TABLET, SUSTAINED RELEASE 24HR 250 MG"			0.33500		
DIVALPROEX SODIUM ORAL TABLET, SUSTAINED RELEASE 24HR 500 MG"			0.40500		
DL-ALPHA TOCOPHERYL ACETATE/GRAPE/HYALURONIC ACID TOPICAL CREAM (GRAMS)			1.03051		
DONEPEZIL HCL ORAL TABLET 10 MG			0.16900		
DONEPEZIL HCL ORAL TABLET 5 MG			0.16900		
DONEPEZIL HCL ORAL TABLET, RAPID DISSOLVE 10 MG			1.30000		
DONEPEZIL HCL ORAL TABLET, RAPID DISSOLVE 5 MG			1.30000		
DORZOLAMIDE HCL OPHTHALMIC DROPS 2 %			3.10500		
DORZOLAMIDE HCL/TIMOLOL MALEATE OPHTHALMIC DROPS 2%-0.5%			4.22500		
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"			0.13400		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.41740		0.33400		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150MG			0.31040		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG"	0.18220		0.07430		
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 10MG/ML"	0.11450		0.05363		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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		0.05129		
DOXYCYCLINE HYCLATE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.13170		0.08788		
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG	0.12870		0.06032		
DOXYCYCLINE HYCLATE ORAL TABLET 20 MG			0.41321		
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 100 MG			8.75500		
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			0.69584		
DRONABINOL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG			16.05832		SMAC does not apply to brand
DRONABINOL ORAL CAPSULE (HARD, SOFT, ETC.) 2.5 MG			3.84146		SMAC does not apply to brand
DRONABINOL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG"			7.54370		SMAC does not apply to brand
DROPERIDOL INJECTION AMPUL (ML) 2.5 MG/ML			0.75400		
ECONAZOLE NITRATE TOPICAL CREAM (GRAM) 1 %			0.15906		
EMOLLIENT COMBINATION NO.10 TOPICAL EMULSION (GM)			0.52347		
ENALAPRIL MALEATE ORAL TABLET 10 MG	0.07320		0.03785		
ENALAPRIL MALEATE ORAL TABLET 2.5 MG	0.04730		0.02419		
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			0.10322		
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-12.5MG			0.07613		
ENALAPRILAT DIHYDRATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1.25MG/ML"			1.87850		
EPINEPHRINE INJECTION DISPOSABLE SYRINGE (ML) 0.1 MG/ML			0.34000		
EPINEPHRINE INTRAMUSCULAR PEN INJECTOR (EA) 0.3MG/0.3			68.67900		SMAC does not apply to brand

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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		
EPOPROSTENOL NA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 0.5 MG"			15.04100		
EPOPROSTENOL NA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1.5 MG"			36.32200		
ERGOCALCIFEROL (VITAMIN D2) ORAL CAPSULE (HARD, SOFT, ETC.) 50000 UNIT			1.02576		
ERGOTAMINE TARTRATE/CAFFEINE ORAL TABLET 1MG-100MG			0.87490		
ERGOTAMINE TARTRATE/CAFFEINE RECTAL SUPPOSITORY, RECTAL 2-100MG"			5.57917		
ERYTHROMYCIN BASE OPHTHALMIC OINTMENT(GM) 5MG/G			1.46670		
ERYTHROMYCIN BASE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 250 MG		0.98718	1.86250	12/28/2011	
ERYTHROMYCIN BASE/BENZOYL PEROXIDE TOPICAL GEL (GRAM) 3-5%			1.04200		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL GEL (GM) 2 %	0.62500		0.53000		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL SOLUTION, NON-ORAL 2 %			0.14910		
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG			0.87253		
ERYTHROMYCIN ETHYLSUCCINATE/SULFISOXAZOLE ACETYL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-600/5			0.00000		
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		0.04667		
ESTRADIOL ORAL TABLET 1 MG	0.21750		0.03251		
ESTRADIOL ORAL TABLET 2 MG	0.30600		0.05831		
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			7.92230		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .0375MG/24			7.85424		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY .075MG/24H			7.90231		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.05MG/24H			7.80060		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR			10.88100		
ESTROPIPATE ORAL TABLET 0.75MG	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		
ETHOSUXIMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 250MG"			1.02950		SMAC does not apply to brand
ETHOSUXIMIDE ORAL SYRUP 250MG/5ML			0.09563		
ETHYNODIOL D-ETHINYL ESTRADIOL ORAL TABLET 1 MG-35MCG			0.81550		
ETODOLAC ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG	0.58500		1.02000		
ETODOLAC ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG			0.40000		
ETODOLAC ORAL TABLET 400 MG	0.39230		0.15530		
ETODOLAC ORAL TABLET 500 MG	0.75000		0.19396		
ETODOLAC ORAL TABLET, SUSTAINED RELEASE 24HR 400 MG			0.75000		
ETODOLAC ORAL TABLET, SUSTAINED RELEASE 24HR 500MG			0.87980		
ETODOLAC ORAL TABLET, SUSTAINED RELEASE 24HR 600MG			1.50241		
ETOPOSIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/ML"			1.93000		
EXEMESTANE ORAL TABLET 25 MG			6.64549		
FAMCICLOVIR ORAL TABLET 125 MG			2.22000		
FAMCICLOVIR ORAL TABLET 250 MG			2.41000		
FAMCICLOVIR ORAL TABLET 500 MG			2.28000		
FAMOTIDINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10MG/ML"			0.29900		
FAMOTIDINE ORAL TABLET 20 MG	0.15000		0.04140		
FAMOTIDINE ORAL TABLET 40 MG	0.30000		0.07436		
FAMOTIDINE/PF INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/2 ML"			0.38350		
FELODIPINE ORAL TABLET, SUSTAINED RELEASE 24HR 10 MG"			1.11500		
FELODIPINE ORAL TABLET, SUSTAINED RELEASE 24HR 2.5 MG"			0.65400		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
FELODIPINE ORAL TABLET, SUSTAINED RELEASE 24HR 5 MG"			0.62400		
FENOFIBRATE ORAL TABLET 160 MG			1.76521		
FENOFIBRATE ORAL TABLET 54 MG			0.67000		
FENOFIBRATE, MICRONIZED ORAL CAPSULE (HARD, SOFT, ETC.) 134MG			1.39700		
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			19.15000		
FENTANYL CITRATE/PF INJECTION AMPUL (ML) 50MCG/ML			0.16050		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 100MCG/HR			29.80000		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 12MCG/HR			11.89000		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 25MCG/HR			7.02607		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 50MCG/HR			12.45560		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 75MCG/HR			18.02360		
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		0.70598		
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		0.48946		
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 SALINE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L"			0.08892		
FLUCONAZOLE IN SALINE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L"			0.04758		
FLUCONAZOLE IN SALINE, ISO-OSMOTIC INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (ML) 200MG/0.1L"			0.19500		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 10MG/ML			0.28240		
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 40MG/ML			0.58464		
FLUCONAZOLE ORAL TABLET 100 MG	0.88250		0.16524		
FLUCONAZOLE ORAL TABLET 150MG			0.26880		
FLUCONAZOLE ORAL TABLET 200 MG	1.40750		0.23881		
FLUCONAZOLE ORAL TABLET 50 MG	0.50000		0.25409		
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) 0.025 %			0.00000		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 29MCG"			1.10136		
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 0.025%			0.48533		
FLUOCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 0.025%			0.00000		
FLUOCINOLONE ACETONIDE TOPICAL SOLUTION, NON-ORAL 0.01%			0.26000		
FLUOCINONIDE TOPICAL CREAM (GRAMS) 0.05%			0.54326		
FLUOCINONIDE TOPICAL GEL (GM) 0.05%			0.62000		
FLUOCINONIDE TOPICAL OINTMENT(GM) 0.05%			0.61000		
FLUOCINONIDE TOPICAL SOLUTION, NON-ORAL 0.05%			0.80500		
FLUOCINONIDE/EMOLLIENT TOPICAL CREAM (GRAMS) 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 (GRAMS) 5%			6.35940		
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.13860		0.03692		
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG	0.14540		0.03402		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 40 MG	1.16250		0.32424		
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"			11.60450		
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		0.12701		
FLUPHENAZINE HCL ORAL TABLET 2.5 MG	0.27750		0.09438		
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		
FLURBIPROFEN SODIUM OPHTHALMIC DROPS 0.03%	4.06790		1.86816		
FLUTAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 125 MG			0.86500		
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION 50 MCG			1.32450		
FLUTICASONE PROPIONATE TOPICAL CREAM (GRAM) 0.05%	1.11100		0.66594		
FLUTICASONE PROPIONATE TOPICAL OINTMENT(GM) 0.005%	1.11100		0.38940		
FLUVOXAMINE MALEATE ORAL TABLET 100 MG	1.17750		0.30656		
FLUVOXAMINE MALEATE ORAL TABLET 25 MG	1.08830		0.30062		
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			0.17982		
FOSINOPRIL SODIUM ORAL TABLET 10 MG	0.59800		0.19410		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
FOSINOPRIL SODIUM ORAL TABLET 20 MG	0.59800		0.18910		
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 20-12.5MG	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 10MG/ML	0.13000		0.12450		
FUROSEMIDE ORAL TABLET 20 MG	0.05630		0.01761		
FUROSEMIDE ORAL TABLET 40 MG	0.05990		0.02234		
FUROSEMIDE ORAL TABLET 80 MG	0.10430		0.03412		
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.08250		0.05428		
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG	0.12380		0.10725		
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 400 MG	0.15380		0.13325		
GABAPENTIN ORAL TABLET 600 MG	0.97380		0.49501		
GABAPENTIN ORAL TABLET 800 MG	1.17560		0.67500		
GALANTAMINE HYDROBROMIDE ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 16 MG"			2.57000		
GALANTAMINE HYDROBROMIDE ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 24 MG"			2.28500		
GALANTAMINE HYDROBROMIDE ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 8 MG"			2.17400		
GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG			1.87400		
GALANTAMINE HYDROBROMIDE ORAL TABLET 4 MG			1.81300		
GALANTAMINE HYDROBROMIDE ORAL TABLET 8 MG			1.62250		
GEMFIBROZIL ORAL TABLET 600MG	0.13500		0.00000		
GENTAMICIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40MG/ML			0.92700		
GENTAMICIN SULFATE OPHTHALMIC DROPS 0.3%	0.57000		0.00000		
GENTAMICIN SULFATE OPHTHALMIC OINTMENT(GM) 0.3%			3.21500		
GENTAMICIN SULFATE TOPICAL CREAM (GRAMS) 0.1%	0.20000		0.14400		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
GENTAMICIN SULFATE TOPICAL OINTMENT(GM) 0.1%	0.20000		0.12517		
GLIMEPIRIDE ORAL TABLET 1 MG	0.13410		0.03542		
GLIMEPIRIDE ORAL TABLET 2 MG	0.21740		0.04934		
GLIMEPIRIDE ORAL TABLET 4 MG	0.41000		0.07249		
GLIPIZIDE ORAL TABLET 10 MG	0.11920		0.04457		
GLIPIZIDE ORAL TABLET 5 MG	0.06990		0.03992		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG"			0.26450		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG			0.00000		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG		0.12558	0.18837	12/20/2011	
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-500MG			0.79300		
GLIPIZIDE/METFORMIN HCL ORAL TABLET 5MG-500MG			0.71238		
GLYBURIDE ORAL TABLET 1.25MG	0.12440		0.09620		
GLYBURIDE ORAL TABLET 2.5 MG	0.18930		0.17690		
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"			0.07540		
GLYBURIDE/METFORMIN HCL ORAL TABLET 1.25-250MG	0.84050		0.10894		
GLYBURIDE/METFORMIN HCL ORAL TABLET 2.5-500MG	1.00260		0.10021		
GLYBURIDE/METFORMIN HCL ORAL TABLET 5 MG-500MG	1.00260		0.09774		
GLYCINE/SODIUM/WATER FOR INJECTION,STERILE/SODIUM HYDROXIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE)			0.21840		
GLYCOPYRROLATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 0.2MG/ML"			0.22100		
GLYCOPYRROLATE ORAL TABLET 1 MG			0.57240		
GLYCOPYRROLATE ORAL TABLET 2 MG			0.91256		
GRANISETRON HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1 MG/ML(1)"			18.52500		
GRANISETRON HCL ORAL TABLET 1 MG			12.89145		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
GRISEOFULVIN,MICROSIZE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML"			0.14500		
GUAIFENESIN ORAL LIQUID (ML) 100 MG/5ML			0.00657		
GUAIFENESIN ORAL TABLET 200 MG			0.03900		
GUAIFENESIN/CODEINE PHOS 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		0.08640		
GUANFACINE HCL ORAL TABLET 2 MG	0.70110		0.12450		
HALOBETASOL PROPIONATE TOPICAL CREAM (GRAMS) 0.05%	0.48000		0.41600		
HALOBETASOL PROPIONATE TOPICAL OINTMENT(GM) 0.05%	0.53250		0.39925		
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG/ML"			0.00000		
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 50MG/ML"			0.00000		
HALOPERIDOL LACTATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 5MG/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			0.09510		
HALOPERIDOL ORAL TABLET 10 MG			0.75685		
HALOPERIDOL ORAL TABLET 2 MG			0.12909		
HALOPERIDOL ORAL TABLET 5 MG			0.14326		
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		0.12831		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
HYDRALAZINE HCL ORAL TABLET 100 MG	0.78380		0.32500		
HYDRALAZINE HCL ORAL TABLET 25 MG	0.32840		0.15200		
HYDRALAZINE HCL ORAL TABLET 50 MG	0.42000		0.13886		
HYDROCHLOROTHIAZIDE ORAL CAPSULE (HARD, SOFT, ETC.) 12.5 MG	0.12000		0.07188		
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG			0.36400		
HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG	0.01800		0.01796		
HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG	0.04990		0.02834		
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		0.03010		
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 7.5-500/CP	0.10140		0.03010		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-660MG	0.54000		0.17321		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-750MG			0.71640		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-325MG			0.13635		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-500MG	0.51290		0.13000		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-650MG	0.18520		0.05346		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 2.5-500MG	0.21900		0.10256		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 5 MG-500MG	0.47630		0.03216		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 5MG-325MG			0.14843		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-325MG			0.17965		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-500MG	0.64260		0.05652		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-650 MG	0.67080		0.06867		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-750MG	0.15480		0.04430		
HYDROCODONE BIT/HOMATROPINE ORAL SYRUP 5-1.5MG/5			0.16106		
HYDROCODONE/IBUPROFEN ORAL TABLET 7.5-200MG			0.27382		
HYDROCORTISONE ACETATE/LIDOCAINE HCL RECTAL CREAM WITH APPLICATOR 0.5%-3%			0.65107		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
HYDROCORTISONE BUTYRATE TOPICAL OINTMENT(GM) 0.1%			0.54640		
HYDROCORTISONE ORAL TABLET 20 MG			0.14300		
HYDROCORTISONE RECTAL CREAM (GRAMS) 1 %			0.38783		
HYDROCORTISONE RECTAL CREAM (GRAMS) 2.5 %			0.16160		
HYDROCORTISONE RECTAL ENEMA (ML) 100MG/60ML			0.10550		
HYDROCORTISONE SOD SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 100 MG			2.52200		
HYDROCORTISONE TOPICAL CREAM (GRAM) 2.5 %			0.27500		
HYDROCORTISONE TOPICAL CREAM (GRAMS) 1%			0.19048		
HYDROCORTISONE TOPICAL LOTION (ML) 1 %	0.05720		0.06599		
HYDROCORTISONE TOPICAL LOTION (ML) 2.5 %	0.75000		0.26360		
HYDROCORTISONE TOPICAL OINTMENT(GM) 1%	0.05600		0.09312		
HYDROCORTISONE TOPICAL OINTMENT(GM) 2.5 %			0.12291		
HYDROCORTISONE VALERATE TOPICAL CREAM (GRAMS) 0.2%	0.65830		0.49240		
HYDROCORTISONE VALERATE TOPICAL OINTMENT(GM) 0.2%			2.41000		
HYDROMORPHONE HCL ORAL TABLET 2 MG	0.21840		0.10709		
HYDROMORPHONE HCL ORAL TABLET 4 MG			0.12859		
HYDROMORPHONE HCL ORAL TABLET 8 MG			0.50725		
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) 10MG/ML"			1.80960		
HYDROXOCOBALAMIN INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 1000MCG/ML"			1.08333		
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG	0.22500		0.13256		
HYDROXYUREA ORAL CAPSULE (HARD, SOFT, ETC.) 500MG			0.28450		
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		0.09194		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
HYDROXYZINE HCL ORAL TABLET 25 MG	0.67440		0.12340		
HYDROXYZINE HCL ORAL TABLET 50 MG	0.82220		0.16536		
HYDROXYZINE PAMOATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG"			0.32552		
HYDROXYZINE PAMOATE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.11500		0.05450		
HYDROXYZINE PAMOATE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.15720		0.08790		
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		
IBUPROFEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/5ML"			0.03119		
IBUPROFEN ORAL TABLET 400 MG	0.03450		0.04400		
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		0.27360		
IMIQUIMOD TOPICAL CREAM IN PACKET 5 %			21.25790		
INDAPAMIDE ORAL TABLET 1.25MG	0.10350		0.07521		
INDAPAMIDE ORAL TABLET 2.5 MG	0.11250		0.05063		
INDOMETHACIN ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG			0.17660		
INDOMETHACIN ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.17950		
INDOMETHACIN ORAL CAPSULE, SUSTAINED ACTION 75 MG"			1.77802		
IPRATROPIUM BROMIDE INHALATION SOLUTION, NON-ORAL 0.2MG/ML	0.10800		0.07037		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 21 MCG			0.34970		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 42MCG			0.61333		
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  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
IRINOTECAN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG/5ML"			13.91000		
IRINOTECAN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 40MG/2ML"			7.57900		
IRON POLYSACCHARIDES COMPLEX/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 150-25-1"			0.12870		
ISONIAZID ORAL SYRUP 50 MG/5 ML			0.10719		
ISONIAZID ORAL TABLET 300 MG	0.08900		0.08900		
ISOSORBIDE DINITRATE ORAL TABLET 10 MG	0.05250		0.02812		
ISOSORBIDE DINITRATE ORAL TABLET 20 MG	0.05630		0.04106		
ISOSORBIDE DINITRATE ORAL TABLET 30 MG			0.14040		
ISOSORBIDE DINITRATE ORAL TABLET 5 MG	0.04880		0.04984		
ISOSORBIDE DINITRATE ORAL TABLET, SUSTAINED ACTION 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		0.22310		
ISOSORBIDE MONONITRATE ORAL TABLET 20 MG	0.49500		0.10930		
ISOSORBIDE MONONITRATE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG	0.60000		0.31303		
ISOSORBIDE MONONITRATE ORAL TABLET, SUSTAINED RELEASE 24HR 120 MG			0.43737		
ISOSORBIDE MONONITRATE ORAL TABLET, SUSTAINED RELEASE 24HR 30 MG"			0.31092		
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"			7.72350		
ITRACONAZOLE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			6.39450		
KETOCONAZOLE ORAL TABLET 200 MG	2.25000		0.24710		
KETOCONAZOLE TOPICAL CREAM (GRAMS) 2 %			0.22815		
KETOCONAZOLE TOPICAL SHAMPOO 2 %			0.09757		
KETOPROFEN ORAL CAPSULE (HARD, SOFT, ETC.) 50MG"			0.08738		
KETOPROFEN ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG			0.10180		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
KETOPROFEN ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 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) 30MG/ML			1.38080		
KETOROLAC TROMETHAMINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 30MG/ML(1)			1.38080		
KETOROLAC TROMETHAMINE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 60 MG/2 ML			0.56280		
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.4 %			2.37500		SMAC does not apply to brand
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.5 %			3.04523		
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG	0.67730		0.25880		
LABETALOL HCL ORAL TABLET 100MG	0.21570		0.10387		
LABETALOL HCL ORAL TABLET 200 MG	0.35820		0.13327		
LABETALOL HCL ORAL TABLET 300 MG	0.53630		0.18231		
LACTIC ACID TOPICAL CREAM (GRAMS) 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 10G/15ML	0.02210		0.01140		
LAMOTRIGINE ORAL TABLET 100 MG	0.34670		0.08264		
LAMOTRIGINE ORAL TABLET 150 MG	0.38000		0.11093		
LAMOTRIGINE ORAL TABLET 200 MG	0.41350		0.12007		
LAMOTRIGINE ORAL TABLET 25 MG	0.30350		0.06557		
LAMOTRIGINE ORAL TABLET, DISPERSIBLE 25 MG"	0.69230		0.28500		
LAMOTRIGINE ORAL TABLET, DISPERSIBLE 5 MG"	0.66090		0.28500		
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 15 MG"			1.90345		
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG"			1.72355		
LANSOPRAZOLE ORAL TABLET, RAPID DISSOLVE, DELAYED RELEASE 15 MG"			4.63450		SMAC does not apply to brand
LANSOPRAZOLE ORAL TABLET, RAPID DISSOLVE, DELAYED RELEASE 30 MG			4.27144		SMAC does not apply to brand

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
LATANOPROST OPHTHALMIC DROPS 0.005%			2.69000		
LEFLUNOMIDE ORAL TABLET 10 MG	2.50000		0.46590		
LEFLUNOMIDE ORAL TABLET 20 MG	2.50000		0.45587		
LETROZOLE ORAL TABLET 2.5 MG			0.34729		
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		
LEUPROLIDE ACETATE SUBCUTANEOUS KIT 1MG/0.2ML			200.00000		
LEVETIRACETAM ORAL SOLUTION, ORAL 100MG/ML	0.34880		0.13237		
LEVETIRACETAM ORAL SOLUTION, ORAL 500MG/5ML	0.34880		0.14763		
LEVETIRACETAM ORAL TABLET 1000 MG	1.40720		0.55340		
LEVETIRACETAM ORAL TABLET 250 MG	0.43130		0.22956		
LEVETIRACETAM ORAL TABLET 500 MG	0.52710		0.23148		
LEVETIRACETAM ORAL TABLET 750 MG	0.71410		0.31417		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.25 %	1.27490		1.10500		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.5%			3.30000		
LEVOCARNITINE (WITH SUCROSE) ORAL SOLUTION, ORAL 100 MG/ML			0.19400		
LEVOFLOXACIN ORAL TABLET 250 MG			0.34083		
LEVOFLOXACIN ORAL TABLET 500 MG			0.28713		
LEVOFLOXACIN ORAL TABLET 750 MG			0.66924		
LEVONORGESTREL-ETH ESTRA ORAL TABLET 0.1-0.02			0.67321		
LEVONORGESTREL-ETH ESTRA ORAL TABLET 0.15-0.03			0.85440		SMAC does not apply to brand
LEVONORGESTREL-ETH ESTRA ORAL TABLET 6-5-10			0.73700		
LEVONORGESTREL-ETH ESTRA ORAL TABLET, DOSE PACK, 3 MONTHS 0.15-0.03			1.14560		SMAC does not apply to brand
LEVOTHYROXINE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 200 MCG			26.00000		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
LEVOTHYROXINE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MCG"			26.00000		
LEVOTHYROXINE SODIUM ORAL TABLET 100 MCG	0.29850		0.11540		
LEVOTHYROXINE SODIUM ORAL TABLET 112MCG	0.34430		0.15852		
LEVOTHYROXINE SODIUM ORAL TABLET 125MCG	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		0.19804		
LEVOTHYROXINE SODIUM ORAL TABLET 200 MCG	0.44180		0.17693		
LEVOTHYROXINE SODIUM ORAL TABLET 25 MCG	0.23180		0.10795		
LEVOTHYROXINE SODIUM ORAL TABLET 300MCG	0.60230		0.26338		
LEVOTHYROXINE SODIUM ORAL TABLET 50 MCG	0.26330		0.11289		
LEVOTHYROXINE SODIUM ORAL TABLET 75MCG	0.29100		0.13522		
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		
LIDOCAINE HCL MUCOUS MEMBRANE JEL (ML) 2 %			0.32560		
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(GM) 5%			0.00000		
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) 10MG/ML			0.19130		
LIDOCAINE/PRILOCAINE TOPICAL CREAM (GRAMS) 2.5%-2.5%			0.62595		
LIDOCAINE/PRILOCAINE TOPICAL KIT 2.5%-2.5%			0.23130		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
LIOTHYRONINE SODIUM ORAL TABLET 50 MCG			1.25696		
LISINOPRIL ORAL TABLET 10 MG	0.06750		0.03442		
LISINOPRIL ORAL TABLET 2.5 MG	0.03680		0.02985		
LISINOPRIL ORAL TABLET 20 MG	0.07950		0.05235		
LISINOPRIL ORAL TABLET 30 MG	0.16310		0.08632		
LISINOPRIL ORAL TABLET 40MG	0.15000		0.08358		
LISINOPRIL ORAL TABLET 5 MG	0.04830		0.02662		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.20970		0.06392		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5MG	0.21990		0.06604		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG	0.22250		0.08299		
LITHIUM CARBONATE ORAL CAPSULE (HARD, SOFT, ETC.) 300MG	0.13820		0.03598		
LITHIUM CARBONATE ORAL CAPSULE (HARD, SOFT, ETC.) 600 MG"			0.27950		
LITHIUM CARBONATE ORAL TABLET 300MG			0.20880		
LITHIUM CARBONATE ORAL TABLET, EXTENDED RELEASE 450 MG			0.32747		
LITHIUM CARBONATE ORAL TABLET, SUSTAINED ACTION 300MG			0.25340		SMAC does not apply to brand
LITHIUM CITRATE ORAL SOLUTION, ORAL 8MEQ/5ML			0.08232		
LOPERAMIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG			0.05689		
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		0.03809		
LORAZEPAM ORAL TABLET 1 MG	0.08220		0.03940		
LORAZEPAM ORAL TABLET 2 MG	0.14670		0.05616		
LOSARTAN POTASSIUM ORAL TABLET 100 MG			0.14787		
LOSARTAN POTASSIUM ORAL TABLET 25 MG			0.07702		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
LOSARTAN POTASSIUM ORAL TABLET 50 MG			0.10011		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100-12.5MG			0.15944		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 100MG-25MG			0.16542		
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 50-12.5MG			0.10667		
LOVASTATIN ORAL TABLET 10 MG	0.32850		0.10306		
LOVASTATIN ORAL TABLET 20 MG	0.46220		0.09200		
LOVASTATIN ORAL TABLET 40 MG	0.79220		0.11652		
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG			0.54574		
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 %			2.38232		SMAC does not apply to brand
MEBENDAZOLE ORAL TABLET, CHEWABLE 100 MG			4.30040		
MECLIZINE HCL ORAL TABLET 12.5 MG			0.21000		
MECLIZINE HCL ORAL TABLET 25 MG			0.32500		
MECLOFENAMATE SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 100MG"			1.78455		
MECLOFENAMATE SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG"			0.56134		
MEDROXYPROGESTERONE ACET INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 150 MG/ML			43.67250		
MEDROXYPROGESTERONE ACET INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 150 MG/ML			39.78700		
MEDROXYPROGESTERONE ACET ORAL TABLET 10 MG	0.37870		0.06217		
MEDROXYPROGESTERONE ACET ORAL TABLET 2.5 MG	0.20250		0.05330		
MEDROXYPROGESTERONE ACET ORAL TABLET 5 MG	0.30610		0.08900		
MEFLOQUINE HCL ORAL TABLET 250 MG			5.67082		
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML			0.09455		
MEGESTROL ACETATE ORAL TABLET 20 MG	0.34890		0.17700		
MEGESTROL ACETATE ORAL TABLET 40 MG	0.67550		0.23490		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
MELOXICAM ORAL TABLET 15 MG	0.20930		0.04576		
MELOXICAM ORAL TABLET 7.5 MG	0.14250		0.03065		
MEPERIDINE HCL ORAL TABLET 100 MG	0.62930		0.38541		
MEPERIDINE HCL ORAL TABLET 50 MG	0.31880		0.27452		
MERCAPTOPYRINE ORAL TABLET 50 MG			1.25000		
MESALAMINE RECTAL ENEMA (ML) 4G/60ML			0.13320		
MESNA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML			2.60000		
METAPROTERENOL SULFATE ORAL SYRUP 10MG/5ML			0.02460		
METFORMIN HCL ORAL TABLET 1000 MG	0.16580		0.04939		
METFORMIN HCL ORAL TABLET 500 MG	0.07500		0.03450		
METFORMIN HCL ORAL TABLET 850 MG	0.14640		0.05550		
METFORMIN HCL ORAL TABLET, EXTENDED RELEASE 24 HR 500 MG	0.13070		0.05270		
METFORMIN HCL ORAL TABLET, SUSTAINED RELEASE 24HR 750MG	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	0.46500		2.05200		
METHENAMINE HIPPURATE ORAL TABLET 1 G			1.46900		
METHIMAZOLE ORAL TABLET 10 MG	0.71760		0.23654		
METHIMAZOLE ORAL TABLET 5 MG	0.42120		0.19530		
METHOCARBAMOL ORAL TABLET 500MG	0.19430		0.07150		
METHOCARBAMOL ORAL TABLET 750MG	0.25200		0.07860		
METHOTREXATE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MG/ML"			0.00000		
METHOTREXATE SODIUM ORAL TABLET 2.5 MG	1.26370		0.19563		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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 500MG			0.20980		
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-15MG			0.21320		
METHYLDOPA/HYDROCHLOROTHIAZIDE ORAL TABLET 250MG-25MG			0.21307		
METHYLPHENIDATE HCL ORAL TABLET 10 MG	0.30060		0.25000		
METHYLPHENIDATE HCL ORAL TABLET 20 MG	0.33090		0.23940		
METHYLPHENIDATE HCL ORAL TABLET 5 MG	0.22530		0.08980		
METHYLPHENIDATE HCL ORAL TABLET, SUSTAINED ACTION 20 MG"			1.02539		
Methylphenidate HCl Tab CR 10 MG			0.68650		
METHYLPREDNISOLONE ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40 MG/ML			4.68000		
METHYLPREDNISOLONE ORAL TABLET 4 MG			1.07197		SMAC does not apply to brand
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) 125MG/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		0.04768		
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		0.42444		
METOLAZONE ORAL TABLET 5 MG	1.06800		0.57625		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
METOPROLOL SUCCINATE ORAL TABLET, SUSTAINED RELEASE 24HR 100 MG"			1.19455		
METOPROLOL SUCCINATE ORAL TABLET, SUSTAINED RELEASE 24HR 200 MG"			1.68443		
METOPROLOL SUCCINATE ORAL TABLET, SUSTAINED RELEASE 24HR 25 MG"			0.74950		
METOPROLOL SUCCINATE ORAL TABLET, SUSTAINED RELEASE 24HR 50 MG"			0.74184		
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		0.02819		
METRONIDAZOLE ORAL TABLET 250 MG			0.31000		
METRONIDAZOLE ORAL TABLET 500 MG	0.21840		0.54592		
METRONIDAZOLE TOPICAL CREAM (GRAMS) 0.75%	1.62630		2.45000		
METRONIDAZOLE TOPICAL GEL (GRAM) 0.75%	1.54170		1.15342		
METRONIDAZOLE TOPICAL LOTION (ML) 0.75%			2.67000		
METRONIDAZOLE VAGINAL GEL WITH APPLICATOR (GM) 0.75%			0.38545		
METRONIDAZOLE/SODIUM CHLORIDE INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 500MG/0.1L"			0.02600		
MEXILETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150MG			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) 1MG/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		0.35655		
MIDODRINE HCL ORAL TABLET 5 MG	1.83830		0.43562		
MILRINONE LACTATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1MG/ML"			0.63505		
MILRINONE LACTATE/DEXTROSE 5%-WATER INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 40MG/200ML"			0.22750		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	1.80000		0.28783		
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.90000		0.24000		
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG	1.95750		0.61730		
MINOXIDIL ORAL TABLET 10 MG	0.69650		0.26096		
MINOXIDIL ORAL TABLET 2.5 MG	0.31700		0.18200		
MIRTAZAPINE ORAL TABLET 15 MG	1.23000		0.11474		
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, RAPID DISSOLVE 15 MG			0.95254		
MIRTAZAPINE ORAL TABLET, RAPID DISSOLVE 30 MG			1.07375		
MIRTAZAPINE ORAL TABLET, RAPID DISSOLVE 45 MG			1.15800		
MISOPROSTOL ORAL TABLET 100 MCG			0.41400		
MISOPROSTOL ORAL TABLET 200 MCG			0.47200		
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			0.40552		
MOEXIPRIL HCL ORAL TABLET 7.5 MG			0.39212		
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 (GRAMS) 0.1%	0.73330		0.34025		
MOMETASONE FUROATE TOPICAL OINTMENT(GM) 0.1%	0.93330		0.43276		
MOMETASONE FUROATE TOPICAL SOLUTION, NON-ORAL 0.1%"			0.39000		
MORPHINE SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML"			0.52000		
MORPHINE SULFATE ORAL SOLUTION, ORAL 20 MG/ML			0.38000		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
MORPHINE SULFATE ORAL TABLET, EXTENDED RELEASE 30 MG			0.48000		
MORPHINE SULFATE ORAL TABLET, SUSTAINED ACTION 100 MG"			0.92242		
MORPHINE SULFATE ORAL TABLET, SUSTAINED ACTION 15 MG			0.29342		
MORPHINE SULFATE ORAL TABLET, SUSTAINED ACTION 200 MG			1.46520		
MORPHINE SULFATE ORAL TABLET, SUSTAINED ACTION 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(GM) 2 %	1.88390		0.54545		
MYCOPHENOLATE MOFETIL ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.52910		0.41561		
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG	1.05800		0.80492		
NABUMETONE ORAL TABLET 500 MG			0.27347		
NABUMETONE ORAL TABLET 750 MG			0.29563		
NADOLOL ORAL TABLET 20 MG	0.46500		0.13250		
NADOLOL ORAL TABLET 40 MG	0.42890		0.21180		
NADOLOL ORAL TABLET 80 MG	0.80250		0.35800		
NALBUPHINE HCL INJECTION AMPUL (ML) 20 MG/ML			2.36600		
NALTREXONE HCL ORAL TABLET 50 MG	4.04000		1.14500		
NAPROXEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125MG/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		
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500MG			0.17590		
NAPROXEN SODIUM ORAL TABLET 275 MG			0.08963		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
NAPROXEN SODIUM ORAL TABLET 550 MG			0.11256		
NARATRIPTAN HCL ORAL TABLET 1 MG			6.92000		
NARATRIPTAN HCL ORAL TABLET 2.5 MG			5.93450		
NATEGLINIDE ORAL TABLET 120 MG			0.95450		SMAC does not apply to brand
NATEGLINIDE ORAL TABLET 60 MG			0.98450		SMAC does not apply to brand
NEFAZODONE HCL ORAL TABLET 100 MG			0.46100		
NEFAZODONE HCL ORAL TABLET 150MG			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 500MG			0.99190		
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE OPHTHALMIC OINTMENT(GM) 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		1.83917		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-10			10.77000		
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.			1.87114		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC OINTMENT(GM) 3.5-10K-.1			4.25571		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1%			2.67125		
NICARDIPINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG"	0.33750		0.12545		
NIFEDIPINE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"			0.70700		
NIFEDIPINE ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG			0.85200		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG			0.52563		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG			0.89652		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG			1.06269		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
NIFEDIPINE ORAL TABLET, SUSTAINED ACTION 30 MG			0.51500		
NIFEDIPINE ORAL TABLET, SUSTAINED ACTION 60 MG			0.97850		
NIFEDIPINE ORAL TABLET, SUSTAINED ACTION 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.) 100MG"			2.17000		
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE (HARD, SOFT, ETC.) 50MG"			1.43160		
NITROFURANTOIN/NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			2.46627		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.1MG/HR			0.63510		
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.) 300MG	3.66150		0.74964		
NIZATIDINE ORAL SOLUTION, ORAL 150MG/10ML"			0.69823		
NORETHINDRONE A-E ESTRADIOL ORAL TABLET 1MG-20MCG			1.18080		SMAC does not apply to brand
NORETHINDRONE A-E ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1.5-0.03MG			0.78660		SMAC does not apply to brand
NORETHINDRONE A-E ESTRADIOL/FERROUS FUMARATE ORAL TABLET 1MG-20MCG			0.75306		SMAC does not apply to brand
NORETHINDRONE A-E ESTRADIOL/FERROUS FUMARATE ORAL TABLET 5-7-9-7			1.91044		
NORETHINDRONE ACETATE ORAL TABLET 5 MG			1.77800		
NORETHINDRONE ORAL TABLET 0.35 MG			0.78499		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.4-0.035			1.31850		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 0.5-0.035			0.82976		
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 1-0.035MG			0.71360		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3			0.84350		
NORETHINDRONE-MESTRANOL ORAL TABLET 1-0.05MG			0.92340		
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 0.25-0.035	1.16370		0.45661		
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 0.5-0.05MG			1.44780		
NORMAL SALINE INJECTION DISPOSABLE SYRINGE (ML) 0.9%			0.07246		
NORMAL SALINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 0.9%"			0.02977		
NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 0.9 %			0.00232		
NORMAL SALINE INTRAVENOUS PIGGYBACK WITH THREADED PORT (ML)			0.01191		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"	0.10190		0.06640		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.14060		0.13680		
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 10MG/5ML"			0.11392		
NYSTATIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100000/ML			0.21174		
NYSTATIN ORAL TABLET 500K UNIT			0.51410		
NYSTATIN TOPICAL CREAM (GRAMS) 100000/G			0.71500		
NYSTATIN TOPICAL OINTMENT(GM) 100000/G			0.59000		
NYSTATIN TOPICAL POWDER (GRAM) 100000/G	1.74800		0.41196		
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAM) 100000-0.1			0.00000		
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 100000-0.1			0.00000		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 100MCG/ML			13.98800		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 50 MCG/ML			6.34400		
OCTREOTIDE ACETATE INJECTION AMPUL (ML) 500MCG/ML			64.97400		
OCTREOTIDE ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MCG/ML"			4.55000		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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) 500MCG/ML"			21.45000		
OFLOXACIN OPHTHALMIC DROPS 0.3%	3.45000		0.72020		
OFLOXACIN OTIC DROPS 0.3 %			1.05031		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 10 MG"	3.54630		0.84664		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG	3.97900		0.15275		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40 MG	1.73430		0.31737		
ONDANSETRON HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML"			0.13000		
ONDANSETRON HCL ORAL SOLUTION, ORAL 4MG/5ML"			2.36980		
ONDANSETRON HCL ORAL TABLET 4 MG	1.10000		0.24862		
ONDANSETRON HCL ORAL TABLET 8 MG	1.90000		0.29058		
ONDANSETRON HCL/DEXTROSE 5%-WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 32MG/50ML"			0.26078		
ONDANSETRON HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4MG/2ML"			0.58302		
ONDANSETRON ORAL TABLET, RAPID DISSOLVE 4 MG			0.38000		
ONDANSETRON ORAL TABLET, RAPID DISSOLVE 8 MG			0.55241		
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			77.66590		
OXALIPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/10ML"			0.00000		
OXANDROLONE ORAL TABLET 2.5 MG			3.65420		
OXAPROZIN ORAL TABLET 600MG	0.67580		0.13040		
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.53630		0.90100		
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG	0.57090		0.37000		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG"	1.23370		1.06925		
OXCARBAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 300MG/5ML			0.51420		SMAC does not apply to brand
OXCARBAZEPINE ORAL TABLET 150 MG	0.90000		0.24300		
OXCARBAZEPINE ORAL TABLET 300 MG	1.71000		0.31523		
OXCARBAZEPINE ORAL TABLET 600MG	3.42000		0.68393		
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5 ML	0.02780		0.02415		
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG	0.16500		0.13000		
OXYBUTYNIN CHLORIDE ORAL TABLET, SR OSMOTIC PUSH 24HR 10 MG"			1.61379		
OXYBUTYNIN CHLORIDE ORAL TABLET, SR OSMOTIC PUSH 24HR 15 MG"			1.41000		
OXYBUTYNIN CHLORIDE ORAL TABLET, SR OSMOTIC PUSH 24HR 5 MG"			1.63000		
OXYCODONE HCL ORAL CONCENTRATE, ORAL 20 MG/ML"	0.95000		0.82333		
OXYCODONE HCL ORAL SOLUTION, ORAL 5 MG/5 ML"			0.05460		
OXYCODONE HCL ORAL TABLET 15 MG	0.66950		0.23741		
OXYCODONE HCL ORAL TABLET 30 MG	1.30940		0.33342		
OXYCODONE HCL ORAL TABLET 5 MG	0.23990		0.12515		
OXYCODONE HCL ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG			8.10250		SMAC does not apply to brand
OXYCODONE HCL ORAL TABLET, SUSTAINED RELEASE 12HR 10 MG"			1.16500		
OXYCODONE HCL ORAL TABLET, SUSTAINED RELEASE 12HR 20 MG			2.99150		SMAC does not apply to brand
OXYCODONE HCL ORAL TABLET, SUSTAINED RELEASE 12HR 40 MG"			5.10450		SMAC does not apply to brand
OXYCODONE HCL/ACETAMINOPHEN ORAL CAPSULE (HARD, SOFT, ETC.) 5MG-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,SEMI-SYNTHETIC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 6MG/ML"			1.89176		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 90MG"			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			0.17097		
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 40 MG			0.20156		
PAREGORIC ORAL LIQUID (ML) 2 MG/5 ML			0.19631		
PAROMOMYCIN SULFATE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG"			1.75266		
PAROXETINE HCL ORAL TABLET 10 MG	0.34250		0.11440		
PAROXETINE HCL ORAL TABLET 20 MG	0.35750		0.13997		
PAROXETINE HCL ORAL TABLET 30 MG	0.42000		0.16239		
PAROXETINE HCL ORAL TABLET 40 MG	0.48750		0.18417		
PAROXETINE HCL ORAL TABLET, SUSTAINED RELEASE 24HR 12.5 MG"			2.39000		
PAROXETINE HCL ORAL TABLET, SUSTAINED RELEASE 24HR 25 MG"			2.73400		
PAROXETINE HCL ORAL TABLET, SUSTAINED RELEASE 24HR 37.5 MG"			2.99540		
PEDIATRIC MULTIVITAMINS NO.17 WITH SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1 MG			0.24570		
PEG 3350/SOD SULF ANHYD/SODIUM BICARBONATE/SOD CHLORIDE/KCL ORAL SOLUTION, RECONSTITUTED, ORAL 236-22.74G			0.00400		
PEG 3350/SOD SULF ANHYD/SODIUM BICARBONATE/SOD CHLORIDE/KCL ORAL SOLUTION, RECONSTITUTED, ORAL 240-22.72G			0.00360		
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 SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML"			0.02880		
PENICILLIN V POTASSIUM ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250MG/5ML"			0.03675		
PENICILLIN V POTASSIUM ORAL TABLET 250 MG	0.21120		0.11890		
PENICILLIN V POTASSIUM ORAL TABLET 500MG	0.35900		0.26232		
PENTAZOCINE HCL/NALOXONE HCL ORAL TABLET 50-0.5MG			1.19575		
PENTOXIFYLLINE ORAL TABLET, SUSTAINED ACTION 400 MG	0.31470		0.08740		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG			0.72800		
PERINDOPRIL ERBUMINE ORAL TABLET 4 MG			0.76700		
PERMETHRIN TOPICAL CREAM (GRAMS) 5%			0.80000		
PERPHENAZINE ORAL TABLET 2 MG			0.58869		
PERPHENAZINE ORAL TABLET 4 MG			0.79950		
PERPHENAZINE ORAL TABLET 8 MG			0.87650		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2MG-10MG			0.14100		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2MG-25MG			0.00000		
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			0.46150		
PHENAZOPYRIDINE HCL ORAL TABLET 100MG			0.24867		
PHENAZOPYRIDINE HCL ORAL TABLET 200 MG			0.12480		
PHENOBARBITAL ORAL ELIXIR 20 MG/5 ML			0.03986		
PHENOBARBITAL ORAL TABLET 100MG			0.08363		
PHENOBARBITAL ORAL TABLET 15 MG			0.04218		
PHENOBARBITAL ORAL TABLET 16.2 MG			0.01655		
PHENOBARBITAL ORAL TABLET 30 MG			0.04376		
PHENOBARBITAL ORAL TABLET 32.4MG			0.04356		
PHENOBARBITAL ORAL TABLET 60MG			0.06313		
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) 100MG/4ML	0.15210		0.09390		
PHENYTOIN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125MG/5ML	0.15210		0.09490		
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			0.14450		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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			0.33350		
PINDOLOL ORAL TABLET 10 MG			0.14650		
PINDOLOL ORAL TABLET 5 MG			0.00000		
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		
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 (GM) 17G/DOSE			0.03392		
POLYETHYLENE GLYCOL 3350 ORAL POWDER IN PACKET 17G			1.35100		
POLYMYXIN B SULFATE/TRIMETHOPRIM OPHTHALMIC DROPS 10K/ML-0.1	1.23600		1.19920		
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 1/2 NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00380		
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 1/2 NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 10MEQ/L			0.00303		
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 1/2 NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00263		
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 1/2 NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 40MEQ/L			0.00289		
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			0.00980		
POTASSIUM CHLORIDE ORAL PACKET (EA) 20 MEQ			0.88608		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
POTASSIUM CHLORIDE ORAL PACKET (EA) 25 MEQ			0.23387		
POTASSIUM CHLORIDE ORAL TABLET, SUST.RELEASE,PARTICLES/CRYSTALS 10 MEQ"	0.25380		0.42445		
POTASSIUM CHLORIDE ORAL TABLET, SUST.RELEASE,PARTICLES/CRYSTALS 20 MEQ"	0.46250		0.38638		
POTASSIUM CHLORIDE ORAL TABLET, SUSTAINED ACTION 10MEQ"			0.42445		
POTASSIUM CHLORIDE ORAL TABLET, SUSTAINED ACTION 8MEQ"	0.10440		0.40235		
POTASSIUM CHLORIDE/DEXTROSE 5%-NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00342		
POTASSIUM CHLORIDE/DEXTROSE 5%-WATER INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00303		
POTASSIUM CHLORIDE/NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00325		
POTASSIUM CHLORIDE/NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 40MEQ/L			0.00325		
POTASSIUM CITRATE ORAL TABLET, SUSTAINED ACTION 10MEQ			0.76812		
POTASSIUM CITRATE ORAL TABLET, SUSTAINED ACTION 5MEQ"			0.25987		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.125 MG			0.09158		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.25 MG			0.14447		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.5 MG			0.09713		
PRAMIPEXOLE DI-HCL ORAL TABLET 0.75 MG			0.21594		
PRAMIPEXOLE DI-HCL ORAL TABLET 1 MG			0.06847		
PRAMIPEXOLE DI-HCL ORAL TABLET 1.5 MG			0.15208		
PRAMOXINE HCL TOPICAL GEL (GM) 1 %			0.13218		
PRAVASTATIN SODIUM ORAL TABLET 10 MG	0.25000		0.09535		
PRAVASTATIN SODIUM ORAL TABLET 20 MG	0.29170		0.10758		
PRAVASTATIN SODIUM ORAL TABLET 40 MG	0.35600		0.13611		
PRAVASTATIN SODIUM ORAL TABLET 80 MG	0.57530		0.29142		
PRAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG			0.13060		
PRAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG			0.16254		
PRAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.53700		0.40230		
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 1 %	1.69500		1.09240		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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 15MG/5ML	0.20890		0.08623		
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 5 MG/5 ML			0.13312		
PREDNISON ORAL TABLET 1 MG			0.08125		
PREDNISON ORAL TABLET 10 MG	0.06150		0.02545		
PREDNISON ORAL TABLET 2.5 MG			0.03575		
PREDNISON ORAL TABLET 20 MG	0.08040		0.04303		
PREDNISON ORAL TABLET 5 MG	0.02030		0.01432		
PREDNISON ORAL TABLET, DOSE PACK 10 MG			0.26542		
PREDNISON ORAL TABLET, DOSE PACK 5 MG			0.12024		
PREGABALIN ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.13750		
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 90-1-50MG"			0.16250		
PRENATAL VITAMINS/FERROUS FUMARATE/DOCUSATE/FOLIC ACID ORAL TABLET 29 MG-1 MG			0.25987		
PRENATAL VITAMINS/FERROUS FUMARATE/FOLIC ACID ORAL TABLET 27MG-1MG			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 27MG-1MG			0.08435		
PRENATAL VITAMINS/IRON,CARBONYL/FOLIC ACID ORAL TABLET 29MG-1MG"			0.19919		
PRIMIDONE ORAL TABLET 250 MG	0.80550		0.22750		
PRIMIDONE ORAL TABLET 50MG			0.11180		
PROBENECID ORAL TABLET 500MG	0.70590		0.37921		
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG	0.57660		0.07119		
PROCHLORPERAZINE MALEATE ORAL TABLET 5 MG	0.39860		0.16300		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
PROCHLORPERAZINE MALEATE RECTAL SUPPOSITORY, RECTAL 25 MG			1.21566		
PROMETHAZINE HCL INJECTION AMPUL (ML) 25MG/ML			1.09200		
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 12.5MG	0.45000		0.25460		
PROMETHAZINE HCL ORAL TABLET 25 MG			0.11496		
PROMETHAZINE HCL ORAL TABLET 50 MG			0.45530		
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 12.5MG	0.96120		0.62860		
PROMETHAZINE HCL RECTAL SUPPOSITORY, RECTAL 25 MG			1.32000		
PROPAFENONE HCL ORAL TABLET 150MG	1.10490		0.21632		
PROPAFENONE HCL ORAL TABLET 225 MG	1.56240		0.35810		
PROPAFENONE HCL ORAL TABLET 300 MG			1.00328		
PROPARACAINE HCL OPHTHALMIC DROPS 0.5%			0.42900		
PROPOXYPHENE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 65 MG			0.17010		
PROPOXYPHENE NAPSYL/ACETAMINOPHEN ORAL TABLET 100-650 MG			0.07397		
PROPOXYPHENE NAPSYL/ACETAMINOPHEN ORAL TABLET 50MG-325MG			0.65775		
PROPRANOLOL HCL ORAL CAPSULE, EXTENDED RELEASE 24HR 80 MG	1.54470		0.56392		
PROPRANOLOL HCL ORAL CAPSULE, SUSTAINED ACTION 24 HR 120 MG"	1.91600		0.81091		
PROPRANOLOL HCL ORAL CAPSULE, SUSTAINED ACTION 24 HR 160 MG"	2.50880		1.22713		
PROPRANOLOL HCL ORAL CAPSULE, SUSTAINED ACTION 24 HR 60 MG"	1.32240		0.71578		
PROPRANOLOL HCL ORAL TABLET 10 MG	0.05850		0.05332		
PROPRANOLOL HCL ORAL TABLET 20 MG	0.07050		0.03406		
PROPRANOLOL HCL ORAL TABLET 40MG	0.08480		0.04355		
PROPRANOLOL HCL ORAL TABLET 60MG	1.27920		0.58188		
PROPRANOLOL HCL ORAL TABLET 80 MG	0.10200		0.07100		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
PROPYLTHIOURACIL ORAL TABLET 50MG			0.06656		
PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE MALEATE ORAL SYRUP 45-4MG/5ML			0.02042		
PSEUDOEPHEDRINE HCL/CODEINE PHOS/GUAIFENESIN ORAL SYRUP 30-10-100			0.08177		
PYRAZINAMIDE ORAL TABLET 500MG			1.16428		
PYRIDOSTIGMINE BROMIDE ORAL TABLET 60 MG	0.58320		0.31594		
PYRIDOXINE HCL MISCELLANEOUS CRYSTALS			0.24781		
QUINAPRIL HCL ORAL TABLET 10 MG	0.25000		0.11278		
QUINAPRIL HCL ORAL TABLET 20 MG	0.25000		0.10696		
QUINAPRIL HCL ORAL TABLET 40 MG	0.25000		0.10454		
QUINAPRIL HCL ORAL TABLET 5 MG	0.25000		0.14670		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG			0.99430		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5MG			1.02260		
QUINAPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG			1.00690		
QUINIDINE GLUCONATE ORAL TABLET, SUSTAINED ACTION 324MG			0.56750		
QUININE SULFATE ORAL TABLET 260 MG			0.20240		
RAMIPRIL ORAL CAPSULE (HARD, SOFT, ETC.) 1.25 MG	0.45900		0.17084		
RAMIPRIL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.59870		0.12940		
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.) 150MG			0.25625		
RANITIDINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 300MG			0.65926		
RANITIDINE HCL ORAL SYRUP 15 MG/ML	0.23780		0.08450		
RANITIDINE HCL ORAL TABLET 150 MG	0.06000		0.02641		
RANITIDINE HCL ORAL TABLET 300MG	0.12500		0.06722		
RIBAVIRIN ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG"	7.57640		1.22340		
RIBAVIRIN ORAL TABLET 200 MG			1.05475		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
RIFAMPIN ORAL CAPSULE (HARD, SOFT, ETC.) 150MG"	1.47800		1.28093		
RIFAMPIN ORAL CAPSULE (HARD, SOFT, ETC.) 300MG	1.88600		1.08445		
RISPERIDONE ORAL SOLUTION, ORAL 1 MG/ML			0.82832		
RISPERIDONE ORAL TABLET 0.25 MG	1.30050		0.21562		
RISPERIDONE ORAL TABLET 0.5 MG	1.42730		0.21650		
RISPERIDONE ORAL TABLET 1 MG	1.51730		0.20555		
RISPERIDONE ORAL TABLET 2 MG	2.53580		0.24540		
RISPERIDONE ORAL TABLET 3 MG	2.97830		0.25621		
RISPERIDONE ORAL TABLET 4 MG	4.00020		0.25450		
RISPERIDONE ORAL TABLET, RAPID DISSOLVE 0.5 MG"			1.61716		
RISPERIDONE ORAL TABLET, RAPID DISSOLVE 1 MG"			2.62335		
RISPERIDONE ORAL TABLET, RAPID DISSOLVE 2 MG"			2.78525		
RISPERIDONE ORAL TABLET, RAPID DISSOLVE 3 MG"			7.95452		
RISPERIDONE ORAL TABLET, RAPID DISSOLVE 4 MG"			10.65423		
RIVASTIGMINE TARTRATE ORAL CAPSULE (HARD, SOFT, ETC.) 1.5 MG			3.32045		
RIVASTIGMINE TARTRATE ORAL CAPSULE (HARD, SOFT, ETC.) 3 MG			3.32045		
RIVASTIGMINE TARTRATE ORAL CAPSULE (HARD, SOFT, ETC.) 4.5 MG			3.32045		
RIVASTIGMINE TARTRATE ORAL CAPSULE (HARD, SOFT, ETC.) 6 MG			3.32045		
ROPINIROLE HCL ORAL TABLET 0.25 MG	0.75150		0.32500		
ROPINIROLE HCL ORAL TABLET 0.5 MG	0.75150		0.30542		
ROPINIROLE HCL ORAL TABLET 1 MG	0.75150		0.25632		
ROPINIROLE HCL ORAL TABLET 2 MG	0.75150		0.36750		
ROPINIROLE HCL ORAL TABLET 3 MG	0.77960		0.36750		
ROPINIROLE HCL ORAL TABLET 4 MG	0.77960		0.36750		
ROPINIROLE HCL ORAL TABLET 5 MG	0.77960		0.36750		
SALICYLIC ACID TOPICAL CREAM (GRAMS) 6 %			0.09100		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
SALICYLIC ACID TOPICAL LOTION (ML) 6 %			0.08792		
SALICYLIC ACID TOPICAL SHAMPOO 6 %			0.22842		
SALSALATE ORAL TABLET 500 MG			0.25432		
SALSALATE ORAL TABLET 750 MG			0.36400		
SELEGILINE HCL ORAL TABLET 5 MG			1.24650		
SELENIUM SULFIDE TOPICAL SUSPENSION, TOPICAL (ML) 2.5 %	0.07500		0.08945		
SERTRALINE HCL ORAL CONCENTRATE, ORAL 20 MG/ML			0.78917		
SERTRALINE HCL ORAL TABLET 100MG	0.12830		0.07562		
SERTRALINE HCL ORAL TABLET 25 MG	0.12830		0.09591		
SERTRALINE HCL ORAL TABLET 50 MG	0.12830		0.07481		
SILVER SULFADIAZINE TOPICAL CREAM (GRAMS) 1%	0.06280		0.07157		
SIMVASTATIN ORAL TABLET 10 MG	0.17500		0.04666		
SIMVASTATIN ORAL TABLET 20 MG	0.21000		0.04321		
SIMVASTATIN ORAL TABLET 40 MG	0.25550		0.07874		
SIMVASTATIN ORAL TABLET 5 MG	0.17500		0.06296		
SIMVASTATIN ORAL TABLET 80 MG	0.25550		0.10540		
SODIUM BICARBONATE INTRAVENOUS DISPOSABLE SYRINGE (ML) 1MEQ/ML			0.06760		
SODIUM BICARBONATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1MEQ/ML			0.02270		
SODIUM CHLORIDE 0.45% (1/2 NORMAL SALINE) 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'S ORAL SOLUTION, RECONSTITUTED, ORAL 420G			0.00494		
SODIUM FLUORIDE DENTAL CREAM (GRAM) 1.1 %			0.07571		
SODIUM FLUORIDE DENTAL GEL (GM) 1.1%			0.11491		
SODIUM FLUORIDE DENTAL SOLUTION, NON-ORAL 0.2 %"			0.01756		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
SODIUM FLUORIDE ORAL DROPS 0.25MG/DRP			0.18330		
SODIUM FLUORIDE ORAL DROPS 0.5 MG/ML			0.19874		
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)"			0.11202		
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		0.17314		
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			0.30150		
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.) 40MG"	2.68750		1.43450		
SUCRALFATE ORAL TABLET 1 G	0.36900		0.23209		
SULFACETAMIDE SODIUM OPHTHALMIC DROPS 10%	0.16900		0.00000		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT(GM) 10 %			0.45130		
SULFACETAMIDE SODIUM TOPICAL SUSPENSION, TOPICAL (ML) 10 %			0.75090		
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GM) 10-5% (W/W)			0.13718		
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GM) 10-5%(W/V)			2.01032		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GM) 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"			0.03842		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 400MG-80MG	0.13250		0.10829		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 800-160MG	0.37880		0.06781		
SULFASALAZINE ORAL TABLET 500MG	0.15650		0.07610		
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500MG			0.26810		
SULINDAC ORAL TABLET 150MG	0.33170		0.14599		
SULINDAC ORAL TABLET 200 MG	0.42890		0.21980		
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG			1.15500		
SUMATRIPTAN SUCCINATE ORAL TABLET 25 MG			1.25500		
SUMATRIPTAN SUCCINATE ORAL TABLET 50 MG			1.30602		
SUMATRIPTAN SUCCINATE SUBCUTANEOUS KIT,REFILL 6 MG/0.5ML"			136.79400		SMAC does not apply to brand
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR KIT (EA) 4MG/0.5ML			84.50000		SMAC does not apply to brand
SUMATRIPTAN SUCCINATE SUBCUTANEOUS PEN INJECTOR KIT (EA) 6MG/0.5ML			136.59000		SMAC does not apply to brand
SUMATRIPTAN SUCCINATE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 6 MG/0.5ML			73.76590		SMAC does not apply to brand
TACROLIMUS ORAL CAPSULE (HARD, SOFT, ETC.) 0.5 MG			1.85231		SMAC does not apply to brand
TACROLIMUS ORAL CAPSULE, TWICE DAILY 1 MG			2.90100		
TACROLIMUS ORAL CAPSULE, TWICE DAILY 5 MG			17.95520		
TAMOXIFEN CITRATE ORAL TABLET 10 MG	0.97130		0.13355		
TAMOXIFEN CITRATE ORAL TABLET 20 MG	1.94250		0.23654		
TAMSULOSIN HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 0.4 MG			0.29025		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG"	0.13650		0.06500		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG	0.17480		0.09710		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 7.5 MG			6.71000		
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG"	0.14250		0.08466		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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		0.26150		
TERCONAZOLE VAGINAL CREAM WITH APPLICATOR 0.8%	1.98680		0.58381		
TERCONAZOLE VAGINAL SUPPOSITORY, VAGINAL 80 MG			11.75862		
TESTOSTERONE CYPIONATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 200MG/ML"			9.10000		
TESTOSTERONE ENANTHATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 200 MG/ML			12.73450		
TETRACYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			0.03500		
TETRACYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 500MG"	0.09750		0.08199		
THEOPHYLLINE ANHYDROUS ORAL TABLET, SUSTAINED RELEASE 12HR 100 MG	0.19710		0.12790		
THEOPHYLLINE ANHYDROUS ORAL TABLET, SUSTAINED RELEASE 12HR 200 MG	0.21600		0.15310		
THEOPHYLLINE ANHYDROUS ORAL TABLET, SUSTAINED RELEASE 12HR 300MG	0.26250		0.18840		
THIORIDAZINE HCL ORAL TABLET 10 MG			0.17979		
THIORIDAZINE HCL ORAL TABLET 100 MG			0.20563		
THIORIDAZINE HCL ORAL TABLET 25 MG			0.15050		
THIORIDAZINE HCL ORAL TABLET 50 MG			0.18830		
THIOTHIXENE ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG"	0.13880		0.12025		
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 65MG			0.07084		
TICLOPIDINE HCL ORAL TABLET 250 MG	0.27320		0.16510		
TIMOLOL MALEATE OPHTHALMIC DROPS 0.25%	0.69750		0.55900		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
TIMOLOL MALEATE OPHTHALMIC DROPS 0.5 %			1.10000		
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		0.07180		
TIZANIDINE HCL ORAL TABLET 4 MG	0.32000		0.06554		
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			0.67297		
TOBRAMYCIN SULFATE OPHTHALMIC DROPS 0.3 %	0.67200		2.74000		
TOBRAMYCIN SULFATE/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.3-0.1%			11.92432		
TOLBUTAMIDE ORAL TABLET 500 MG			0.20592		
TOLMETIN SODIUM ORAL TABLET 600 MG			1.52152		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 15 MG			1.02000		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 25 MG			0.61187		
TOPIRAMATE ORAL TABLET 100 MG	0.65930		0.12177		
TOPIRAMATE ORAL TABLET 200 MG	0.77180		0.16495		
TOPIRAMATE ORAL TABLET 25 MG	0.24200		0.05435		
TOPIRAMATE ORAL TABLET 50 MG	0.48150		0.08555		
TORSEMIDE ORAL TABLET 10 MG	0.48000		0.10953		
TORSEMIDE ORAL TABLET 100 MG	2.91750		0.42438		
TORSEMIDE ORAL TABLET 20 MG	0.52500		0.12051		
TORSEMIDE ORAL TABLET 5 MG	0.45000		0.18135		
TRAMADOL HCL ORAL TABLET 50 MG	0.09000		0.02781		
TRAMADOL HCL/ACETAMINOPHEN ORAL TABLET 37.5-325MG			0.28678		
TRANDOLAPRIL ORAL TABLET 1 MG	0.66660		0.21365		
TRANDOLAPRIL ORAL TABLET 2 MG	0.66660		0.21365		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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		0.10556		
TRAZODONE HCL ORAL TABLET 50 MG	0.07420		0.03200		
TRETINOIN TOPICAL CREAM (GRAMS) 0.025%	1.56930		0.70160		
TRETINOIN TOPICAL CREAM (GRAMS) 0.05%			1.00240		
TRETINOIN TOPICAL CREAM (GRAMS) 0.1%			1.22910		
TRETINOIN TOPICAL GEL (GM) 0.025%			1.06278		
TRETINOIN TOPICAL GEL (GRAM) 0.01 %			0.97472		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 0.025%			0.22000		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 0.1%			0.27849		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 0.5%	0.23700		0.48850		
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.1%			0.53025		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 0.025%			0.00000		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 0.1%			0.27849		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 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 37.5-25MG	0.16830		0.13276		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL TABLET 75-50MG	0.04880		0.03738		
TRIAZOLAM ORAL TABLET 0.125 MG	0.30120		0.19590		
TRIAZOLAM ORAL TABLET 0.25MG	0.32510		0.17110		
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG			0.24330		
TRIFLUOPERAZINE HCL ORAL TABLET 10 MG			0.74060		
TRIFLUOPERAZINE HCL ORAL TABLET 2 MG			0.26338		
TRIFLUOPERAZINE HCL ORAL TABLET 5 MG			0.49140		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
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		0.13900		
TRIMETHOBENZAMIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 300MG	1.01930		0.00000		
TRIMETHOPRIM ORAL TABLET 100 MG			0.37750		
TROPICAMIDE OPHTHALMIC DROPS 0.5 %	0.65500		0.56767		
TROPICAMIDE OPHTHALMIC DROPS 1%	0.70000		0.60667		
UREA TOPICAL CREAM (GRAMS) 40 %			0.16168		
UREA TOPICAL CREAM (GRAMS) 50 %			0.15778		
UREA TOPICAL GEL (ML) 40 %			3.42333		
UREA TOPICAL LOTION (ML) 35 %			0.29257		
UREA TOPICAL LOTION (ML) 40 %			0.13576		
URSODIOL ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG			0.35881		
URSODIOL ORAL TABLET 500 MG			3.26000		
VALACYCLOVIR HCL ORAL TABLET 1000 MG			4.67222		
VALACYCLOVIR HCL ORAL TABLET 500 MG			2.22924		
VALPROATE SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 500 MG/5ML"			1.30000		
VALPROATE SODIUM ORAL SYRUP 250 MG/5ML	0.05940		0.01660		
VALPROIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.52500		0.17970		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 10 G"			52.32500		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1G			6.09460		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG"			3.53600		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5G			28.16000		
VANCOMYCIN HCL INTRAVENOUS VIAL WITH THREADED PORT (EA) 1 G			6.51300		
VENLAFAXINE HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 150 MG"			0.45383		SMAC does not apply to brand
VENLAFAXINE HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 37.5 MG"			0.36387		SMAC does not apply to brand

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
VENLAFAXINE HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 75 MG"			0.40703		SMAC does not apply to brand
VENLAFAXINE HCL ORAL TABLET 100 MG	1.38920		0.47755		
VENLAFAXINE HCL ORAL TABLET 25 MG	1.16580		0.47755		
VENLAFAXINE HCL ORAL TABLET 37.5 MG	1.20030		0.40525		
VENLAFAXINE HCL ORAL TABLET 50 MG	1.23660		0.40212		
VENLAFAXINE HCL ORAL TABLET 75 MG	1.31100		0.40526		
VERAPAMIL HCL ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 120 MG	0.82500		0.42860		
VERAPAMIL HCL ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 180 MG"	0.87000		0.37394		
VERAPAMIL HCL ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 200 MG			1.83130		
VERAPAMIL HCL ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 240 MG	0.99000		0.49390		
VERAPAMIL HCL ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 360MG			1.89410		
VERAPAMIL HCL ORAL TABLET 120 MG	0.11480		0.08927		
VERAPAMIL HCL ORAL TABLET 40 MG			0.20124		
VERAPAMIL HCL ORAL TABLET 80MG	0.07730		0.06102		
VERAPAMIL HCL ORAL TABLET, SUSTAINED ACTION 120 MG			0.28075		
VERAPAMIL HCL ORAL TABLET, SUSTAINED ACTION 180MG"	0.48380		0.24440		
VERAPAMIL HCL ORAL TABLET, SUSTAINED ACTION 240 MG	0.43500		0.17157		
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		
WARFARIN SODIUM ORAL TABLET 1 MG	0.54030		0.10332		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 10 MG	0.89700		0.09125		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 2 MG	0.56390		0.11352		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 2.5 MG	0.58160		0.11523		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 3 MG	0.58430		0.09771		SMAC does not apply to brand

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of January 12, 2012**

**Claims will be reimbursed at the lower of the Consolidated Price 1 - 10%,  
State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective	Notes
WARFARIN SODIUM ORAL TABLET 4 MG	0.58560		0.10745		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 5 MG	0.58970		0.09125		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 6 MG	0.83640		0.09867		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 7.5 MG	0.86490		0.10428		SMAC does not apply to brand
WATER FOR INJECTION,STERILE INJECTION AMPUL (ML) "			0.13650		
WATER FOR INJECTION,STERILE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML)			0.02940		
WATER FOR IRRIGATION,STERILE IRRIGATION SOLUTION, IRRIGATION			0.00187		
ZAFIRLUKAST ORAL TABLET 20 MG			1.27927		
ZALEPLON ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.73860		0.45621		
ZALEPLON ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.71910		0.40195		
ZIDOVDINE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG"			1.58570		
ZIDOVDINE ORAL TABLET 300MG	0.91100		0.57000		
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)			0.58500		
ZINC SULFATE ORAL CAPSULE (HARD, SOFT, ETC.) 220(50)MG"			0.03887		
ZOLPIDEM TARTRATE ORAL TABLET 10 MG	0.07040		0.02565		
ZOLPIDEM TARTRATE ORAL TABLET 5 MG	0.07040		0.03890		
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG"	0.49980		0.14253		
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG"	0.19310		0.12665		
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG"	0.21120		0.12555		