

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
ACARBOSE ORAL TABLET 100 MG			0.78650		
ACARBOSE ORAL TABLET 25 MG			0.60450		
ACARBOSE ORAL TABLET 50 MG			0.66300		
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		0.13000		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-30MG	0.21370		0.13756		
ACETAMINOPHEN WITH CODEINE PHOSPHATE ORAL TABLET 300MG-60MG	0.38330		0.29898		
ACETAZOLAMIDE ORAL TABLET 125MG			0.24960		
ACETAZOLAMIDE ORAL TABLET 250 MG			0.32960		
ACETIC ACID OTIC SOLUTION, NON-ORAL 2 %			2.40490		
ACETIC ACID/ALUMINUM ACETATE OTIC DROPS 2 %			0.09490		
ACETYLCYSTEINE MISCELLANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG/ML"	0.97800		0.23443		
ACETYLCYSTEINE MISCELLANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 200MG/ML"	0.26800		0.22100		
ACYCLOVIR ORAL CAPSULE (HARD, SOFT, ETC.) 200MG"	0.14780		0.08432		
ACYCLOVIR ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 200 MG/5ML			0.24910		
ACYCLOVIR ORAL TABLET 400 MG	0.23340		0.23490		
ACYCLOVIR ORAL TABLET 800MG	0.46670		0.15830		
ACYCLOVIR SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MG"			10.40000		
ALBUTEROL SULFATE INHALATION SOLUTION, NON-ORAL 5MG/ML"	0.23330		0.15470		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (EA) 2.5 MG/0.5	0.23330		0.38000		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 1.25MG/3ML			0.52760		
ALBUTEROL SULFATE INHALATION VIAL, NEBULIZER (ML) 2.5 MG/3ML	0.11500		0.05110		
ALBUTEROL SULFATE ORAL SYRUP 2 MG/5 ML			0.02555		
ALBUTEROL SULFATE ORAL TABLET 2 MG			0.08000		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
ALBUTEROL SULFATE ORAL TABLET 4 MG	0.14250		0.10380		
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		0.43329		
ALENDRONATE SODIUM ORAL TABLET 35MG	15.36750		2.43750		
ALENDRONATE SODIUM ORAL TABLET 5 MG	0.42930		0.19460		
ALENDRONATE SODIUM ORAL TABLET 70MG	15.36750		1.76475		
ALLOPURINOL ORAL TABLET 100MG	0.07850		0.08156		
ALLOPURINOL ORAL TABLET 300 MG	0.17390		0.12311		
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		0.04310		
ALPRAZOLAM ORAL TABLET 2 MG	0.17450		0.09180		
ALPRAZOLAM ORAL TABLET, SUSTAINED RELEASE 24HR 0.5 MG"	1.93430		0.93535		
ALPRAZOLAM ORAL TABLET, SUSTAINED RELEASE 24HR 1 MG	2.40650		0.79240		
ALPRAZOLAM ORAL TABLET, SUSTAINED RELEASE 24HR 2 MG	3.19400		1.04150		
ALPRAZOLAM ORAL TABLET, SUSTAINED RELEASE 24HR 3 MG"	4.79070		2.40825		
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			1.12260		
AMILORIDE HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-50MG	0.06750		0.11120		
AMINOPHYLLINE ORAL TABLET 200 MG			0.05018		
AMIODARONE HCL ORAL TABLET 200 MG	0.73750		0.20230		
AMITRIPTYLINE HCL ORAL TABLET 10 MG	0.06080		0.08288		
AMITRIPTYLINE HCL ORAL TABLET 100 MG	0.15680		0.12570		
AMITRIPTYLINE HCL ORAL TABLET 150MG	0.24300		0.13750		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
AMITRIPTYLINE HCL ORAL TABLET 25 MG	0.06530		0.09290		
AMITRIPTYLINE HCL ORAL TABLET 50MG	0.07580		0.09581		
AMITRIPTYLINE HCL ORAL TABLET 75MG	0.14250		0.12350		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 12.5-5MG			0.58350		
AMITRIPTYLINE HCL/CHLORDIAZEPOXIDE ORAL TABLET 25-10MG			0.98060		
AMLODIPINE BESYLATE ORAL TABLET 10 MG	0.17820		0.13897		
AMLODIPINE BESYLATE ORAL TABLET 2.5 MG	0.12900		0.11366		
AMLODIPINE BESYLATE ORAL TABLET 5 MG	0.12900		0.11362		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10MG-20MG			2.56150		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2.5MG-10MG			2.49294		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5-10MG			2.11160		
AMLODIPINE BESYLATE/BENAZEPRIL HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5MG-20MG			2.22060		
AMMONIUM LACTATE TOPICAL CREAM (GRAMS) 12%			0.05010		
AMMONIUM LACTATE TOPICAL LOTION (GM) 12%			0.02272		
AMOXICILLIN TRIHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 250MG"	0.06530		0.12380		
AMOXICILLIN TRIHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 500MG"	0.11930		0.12706		
AMOXICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML"	0.02010		0.02643		
AMOXICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			0.04850		
AMOXICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.02990		0.02720		
AMOXICILLIN TRIHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400MG/5ML			0.04480		
AMOXICILLIN TRIHYDRATE ORAL TABLET 875MG			0.28740		
AMOXICILLIN TRIHYDRATE ORAL TABLET, CHEWABLE 250 MG			0.13750		
AMOXICILLIN TRIHYDRATE ORAL TABLET, CHEWABLE 400 MG			0.34880		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-28.5/5	0.28500		0.15060		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 400-57MG/5	0.53470		0.24010		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 600-42.9/5"	0.45000		0.27520		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL TABLET 250-125MG			3.16860		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL TABLET 500-125MG	2.11580		1.03555		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL TABLET 875-125MG	2.53200		1.34329		
AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE ORAL TABLET, CHEWABLE 400-57MG"			1.27955		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 10 MG			0.22610		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 15 MG			0.38730		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 20 MG			0.22340		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 30 MG			0.23450		
AMPHETAMINE ASPARTATE/AMPHETAMINE SULFATE/DEXTROAMPHETAMINE ORAL TABLET 5 MG			0.22590		
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"			4.65400		
AMPICILLIN SODIUM/SULBACTAM SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 3 G"			8.73600		
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 1.5 G			4.84900		
AMPICILLIN SODIUM/SULBACTAM SODIUM INTRAVENOUS VIAL WITH THREADED PORT (EA) 3 G			8.00800		
AMPICILLIN TRIHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.17360		0.15170		
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		
ATENOLOL ORAL TABLET 100MG	0.06900		0.10454		
ATENOLOL ORAL TABLET 25 MG	0.04590		0.10132		
ATENOLOL ORAL TABLET 50MG	0.05000		0.09898		
ATENOLOL/CHLORTHALIDONE ORAL TABLET 100MG-25MG	0.30680		0.14670		
ATENOLOL/CHLORTHALIDONE ORAL TABLET 50MG-25MG	0.11220		0.12025		
ATROPINE SULFATE OPHTHALMIC DROPS 1%			2.48667		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
ATROPINE SULFATE OPHTHALMIC OINTMENT(GM) 1%			0.00000		
AZATHIOPRINE ORAL TABLET 50 MG	0.65810		0.17910		
AZITHROMYCIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500MG"			9.47700		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 100MG/5ML			1.28640		
AZITHROMYCIN ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200 MG/5ML			0.97650		
AZITHROMYCIN ORAL TABLET 250MG	3.18750		1.47525		
AZITHROMYCIN ORAL TABLET 500MG	5.48500		3.65733		
AZITHROMYCIN ORAL TABLET 600MG	6.90800		5.98693		
BACITRACIN INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 50000 UNIT"			6.50000		
BACITRACIN ZINC TOPICAL OINTMENT(GM) 500 UNIT/G			0.18693		
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		0.10040		
BACTERIOSTATIC SODIUM CHLORIDE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 0.9%"			0.03033		
BALSALAZIDE DISODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 750MG	1.07960		0.49800		
BENAZEPRIL HCL ORAL TABLET 10 MG	0.49050		0.11206		
BENAZEPRIL HCL ORAL TABLET 20 MG	0.49050		0.11206		
BENAZEPRIL HCL ORAL TABLET 40MG	0.49050		0.11206		
BENAZEPRIL HCL ORAL TABLET 5 MG	0.49050		0.14190		
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.49580		0.15980		
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		0.33050		
BENZONATATE ORAL CAPSULE (HARD, SOFT, ETC.) 100MG"	0.14030		0.12155		
BENZONATATE ORAL CAPSULE (HARD, SOFT, ETC.) 200MG"	0.24600		0.21320		
BENZOYL PEROXIDE TOPICAL CLEANSER (GM) 10 %			0.09416		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
BENZOYL PEROXIDE TOPICAL CLEANSER (GM) 5 %			0.08801		
BENZOYL PEROXIDE TOPICAL GEL (GM) 10%			0.25060		
BENZOYL PEROXIDE TOPICAL GEL (GM) 5%			0.23429		
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 0.5MG	0.07470		0.06791		
BENZTROPINE MESYLATE ORAL TABLET 1 MG	0.08480		0.06905		
BENZTROPINE MESYLATE ORAL TABLET 2 MG	0.12080		0.08983		
BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAMS) 0.05%	0.23000		0.11890		
BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 0.05%	0.15000		0.06980		
BETAMETHASONE DIPROPIONATE TOPICAL OINTMENT(GM) 0.05%			0.09570		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL CREAM (GRAMS) 0.05%			0.54930		
BETAMETHASONE DIPROPIONATE/PROPYLENE GLYCOL TOPICAL OINTMENT(GM) 0.05%			1.53400		
BETAMETHASONE VALERATE TOPICAL CREAM (GRAMS) 0.1%	0.11970		0.08501		
BETAMETHASONE VALERATE TOPICAL LOTION (ML) 0.1%			0.06980		
BETAMETHASONE VALERATE TOPICAL OINTMENT(GM) 0.1%			0.08987		
BETHANECHOL CHLORIDE ORAL TABLET 10 MG	0.91710		0.16601		
BETHANECHOL CHLORIDE ORAL TABLET 25 MG	1.70790		0.28717		
BETHANECHOL CHLORIDE ORAL TABLET 5 MG	0.48890		0.27521		
BETHANECHOL CHLORIDE ORAL TABLET 50 MG	1.95650		0.41548		
BICALUTAMIDE ORAL TABLET 50MG	3.48020		0.54925		
BISOPROLOL FUMARATE ORAL TABLET 10 MG	1.06880		0.71110		
BISOPROLOL FUMARATE ORAL TABLET 5 MG	1.06880		0.75750		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25MG	0.25420		0.12940		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 2.5-6.25MG	1.02600		0.14190		
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25MG	1.02600		0.13330		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
BLEOMYCIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 15 UNIT"			38.77900		
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.15 %			11.11500		SMAC does not apply to brand
BRIMONIDINE TARTRATE OPHTHALMIC DROPS 0.2%	4.50000		1.94510		
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG			1.52650		
BUMETANIDE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 0.25 MG/ML"			0.20540		
BUMETANIDE ORAL TABLET 0.5 MG	0.17430		0.14500		
BUMETANIDE ORAL TABLET 1 MG	0.28140		0.17710		
BUMETANIDE ORAL TABLET 2 MG	0.47080		0.20790		
BUPROPION HCL ORAL TABLET 100MG			0.24150		
BUPROPION HCL ORAL TABLET 75 MG			0.15926		
BUPROPION HCL ORAL TABLET, SUSTAINED ACTION 100 MG			0.65376		
BUPROPION HCL ORAL TABLET, SUSTAINED ACTION 150MG	1.83300		0.61090		
BUPROPION HCL ORAL TABLET, SUSTAINED ACTION 150MG	1.83300		0.65188		
BUPROPION HCL ORAL TABLET, SUSTAINED ACTION 200 MG			1.14269		
BUPROPION HCL ORAL TABLET, SUSTAINED RELEASE 24HR 150MG			1.69520		
BUPROPION HCL ORAL TABLET, SUSTAINED RELEASE 24HR 300MG"			1.52553		
BUSPIRONE HCL ORAL TABLET 10 MG	0.07140		0.05950		
BUSPIRONE HCL ORAL TABLET 15 MG	0.10280		0.10140		
BUSPIRONE HCL ORAL TABLET 30 MG			0.72189		
BUSPIRONE HCL ORAL TABLET 5 MG	0.05270		0.06470		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 50-325-40"			0.60905		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-325-40			0.08549		
BUTALBITAL/ACETAMINOPHEN/CAFFEINE ORAL TABLET 50-500-40	0.68700		0.13680		
BUTALBITAL/ASPIRIN/CAFFEINE ORAL CAPSULE (HARD, SOFT, ETC.) 50-325-40			0.57050		
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 May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
BUTORPHANOL TARTRATE NASAL AEROSOL, SPRAY (ML) 10MG/ML			7.99140		
CABERGOLINE ORAL TABLET 0.5 MG			21.12500		
CALCITONIN,SALMON,SYNTHETIC NASAL AEROSOL, SPRAY W/PUMP (ML) 200/DOSE"			26.30568		SMAC does not apply to brand
CALCITRIOL ORAL CAPSULE (HARD, SOFT, ETC.) 0.25MCG			0.95100		
CALCITRIOL ORAL CAPSULE (HARD, SOFT, ETC.) 0.5MCG			1.63490		
CAPTOPRIL ORAL TABLET 100 MG	0.10800		0.07010		
CAPTOPRIL ORAL TABLET 12.5MG	0.02330		0.06305		
CAPTOPRIL ORAL TABLET 25 MG	0.02630		0.05767		
CAPTOPRIL ORAL TABLET 50MG	0.03900		0.05024		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG-25MG	0.23600		0.20449		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 25MG-15MG	0.23590		0.12360		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50 MG-25MG	0.37020		0.15210		
CAPTOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 50MG-15MG			0.32084		
CARBAMAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100MG/5ML"	0.08370		0.07254		
CARBAMAZEPINE ORAL TABLET 200 MG	0.08490		0.05180		
CARBAMAZEPINE ORAL TABLET, CHEWABLE 100 MG	0.20250		0.07500		
CARBIDOPA/LEVODOPA ORAL TABLET 10MG-100MG	0.40430		0.18780		
CARBIDOPA/LEVODOPA ORAL TABLET 25MG-100MG	0.46880		0.18200		
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			0.35110		
CARBIDOPA/LEVODOPA ORAL TABLET, SUSTAINED ACTION 50MG-200MG			0.49990		
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		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
CARISOPRODOL ORAL TABLET 350MG	0.08510		0.05785		
CARTEOLOL HCL OPHTHALMIC DROPS 1 %	3.66750		1.59200		
CARVEDILOL ORAL TABLET 12.5MG	0.14250		0.07720		
CARVEDILOL ORAL TABLET 25 MG	0.14250		0.06980		
CARVEDILOL ORAL TABLET 3.125MG	0.14250		0.08000		
CARVEDILOL ORAL TABLET 6.25MG	0.14250		0.07860		
CEFACLOR ORAL CAPSULE (HARD, SOFT, ETC.) 250MG"			1.8005		
CEFACLOR ORAL CAPSULE (HARD, SOFT, ETC.) 500MG"			2.37995		
CEFACLOR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML			0.06830		
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.) 500MG	0.78300		0.52590		
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			5.07000		
CEFAZOLIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 10 G"			10.20500		
CEFAZOLIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1G"			1.36500		
CEFDINIR ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG"	3.82650		2.17955		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML	0.62310		0.53930		
CEFDINIR ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML"	1.30790		0.78856		
CEFEPIME HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1G"			9.25210		
CEFEPIME HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G"			18.36250		
CEFOTAXIME SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1 G"			2.86000		
CEFOXITIN SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G"			16.26248		
CEFPODOXIME PROXETIL ORAL TABLET 200 MG			4.78580		
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML	0.40800		0.22650		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
CEFPROZIL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.73940		0.34700		
CEFPROZIL ORAL TABLET 250 MG	2.39390		2.07467		
CEFPROZIL ORAL TABLET 500 MG	4.59900		3.98580		
CEFTAZIDIME PENTAHYDRATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1G"			5.23900		
CEFTAZIDIME PENTAHYDRATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 6G"			29.21100		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 10G"			37.70000		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1G"			3.04200		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 2 G"			4.88800		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 250MG"			2.36275		
CEFTRIAXONE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 500MG"			3.57500		
CEFTRIAXONE SODIUM INTRAVENOUS IV SOLUTION, PIGGYBACK, BOTTLE (EA) 1G"			16.80900		
CEFUROXIME AXETIL ORAL TABLET 250 MG	0.55130		0.33640		
CEFUROXIME AXETIL ORAL TABLET 500MG	1.06650		0.53610		
CEFUROXIME SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1.5 G"			5.85000		
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.) 500MG	0.27300		0.15710		
CEPHALEXIN MONOHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML			0.04430		
CEPHALEXIN MONOHYDRATE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250 MG/5ML	0.18180		0.05100		
CETIRIZINE HCL ORAL SOLUTION, ORAL 1MG/ML"			0.04250		
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		0.00962		
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG			1.68350		
CHLOROTHIAZIDE ORAL TABLET 500MG			0.15275		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
CHLORPROMAZINE HCL ORAL TABLET 100MG			0.38402		
CHLORPROMAZINE HCL ORAL TABLET 200MG			0.61711		
CHLORPROMAZINE HCL ORAL TABLET 25 MG			0.25532		
CHLORPROMAZINE HCL ORAL TABLET 50MG			0.27963		
CHLORPROPAMIDE ORAL TABLET 100 MG	0.23250		0.20075		
CHLORPROPAMIDE ORAL TABLET 250 MG	0.49170		0.41964		
CHLORTHALIDONE ORAL TABLET 25 MG			0.13260		
CHLORTHALIDONE ORAL TABLET 50 MG			0.15530		
CHLORZOXAZONE ORAL TABLET 500MG	0.07570		0.06903		
CHOLESTYRAMINE/ASPARTAME ORAL PACKET (EA) 4G	0.94750		1.34658		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GM)			0.13110		
CHOLESTYRAMINE/ASPARTAME ORAL POWDER (GM) 4 G			0.17835		
CHOLESTYRAMINE/SUCROSE ORAL PACKET (EA) 4G	1.27670		1.52500		
CHOLESTYRAMINE/SUCROSE ORAL POWDER (GM) 4G			0.11300		
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		0.39490		
CICLOPIROX OLAMINE TOPICAL SUSPENSION, TOPICAL (ML) 0.77%	1.50000		0.76780		
CICLOPIROX TOPICAL SOLUTION, NON-ORAL 8%			1.42560		
CILOSTAZOL ORAL TABLET 100 MG	0.54750		0.21290		
CILOSTAZOL ORAL TABLET 50 MG	0.54750		0.20980		
CIMETIDINE HCL ORAL SOLUTION, ORAL 300MG/5ML"	0.11390		0.07669		
CIMETIDINE ORAL TABLET 200 MG	0.13130		0.11375		
CIMETIDINE ORAL TABLET 300MG	0.13130		0.08190		
CIMETIDINE ORAL TABLET 400 MG	0.15480		0.07860		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
CIMETIDINE ORAL TABLET 800MG	0.27750		0.11440		
CIPROFLOXACIN HCL OPHTHALMIC DROPS 0.3%	7.56900		1.31950		
CIPROFLOXACIN HCL ORAL TABLET 100 MG			2.93583		
CIPROFLOXACIN HCL ORAL TABLET 250MG	0.37500		0.28046		
CIPROFLOXACIN HCL ORAL TABLET 500MG	0.45000		0.22450		
CIPROFLOXACIN HCL ORAL TABLET 750MG	0.48000		0.23160		
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		
CITALOPRAM HYDROBROMIDE ORAL SOLUTION, ORAL 10MG/5ML"	0.31240		0.27078		
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG	0.16730		0.11749		
CITALOPRAM HYDROBROMIDE ORAL TABLET 20 MG	0.17250		0.11309		
CITALOPRAM HYDROBROMIDE ORAL TABLET 40 MG	0.17550		0.10749		
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) 250 MG/5ML			0.65680		
CLARITHROMYCIN ORAL TABLET 250 MG	2.37250		0.57990		
CLARITHROMYCIN ORAL TABLET 500MG	0.86250		0.50550		
CLARITHROMYCIN ORAL TABLET, SUSTAINED RELEASE 24HR 500MG			3.50190		
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.) 300MG"	1.19750		0.57777		
CLINDAMYCIN PHOSPHATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 150 MG/ML"			0.46367		
CLINDAMYCIN PHOSPHATE TOPICAL GEL (GM) 1 %	0.76470		0.28660		
CLINDAMYCIN PHOSPHATE TOPICAL LOTION (ML) 1 %	0.79880		0.28390		
CLINDAMYCIN PHOSPHATE TOPICAL SOLUTION, NON-ORAL 1 %	0.20600		0.09300		
CLINDAMYCIN PHOSPHATE TOPICAL SWAB, MEDICATED 1 %	0.63000		0.48115		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
CLINDAMYCIN PHOSPHATE VAGINAL CREAM WITH APPLICATOR 2 %			0.91150		
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE TOPICAL GEL (GM) 1%-5%			3.52846		
CLOBETASOL PROPIONATE TOPICAL CREAM (GRAMS) 0.05%	0.18250		0.12630		
CLOBETASOL PROPIONATE TOPICAL GEL (GM) 0.05%	0.46400		0.41232		
CLOBETASOL PROPIONATE TOPICAL OINTMENT(GM) 0.05%	0.19400		0.14300		
CLOBETASOL PROPIONATE TOPICAL SOLUTION, NON-ORAL 0.05%	0.42000		0.14460		
CLOBETASOL PROPIONATE/EMOLLIENT TOPICAL CREAM (GRAMS) 0.05%	0.44650		0.27910		
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG	0.37500		0.08880		
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.50360		0.12580		
CLOMIPRAMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75MG"	0.66230		0.57395		
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		
CLONIDINE HCL ORAL TABLET 0.1MG	0.10500		0.06944		
CLONIDINE HCL ORAL TABLET 0.2MG	0.14100		0.07653		
CLONIDINE HCL ORAL TABLET 0.3MG	0.18150		0.06980		
CLONIDINE HCL/PF EPIDURAL VIAL (SDV,MDV OR ADDITIVE) (ML) 5000MCG/10"			32.50000		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 15 MG	0.27540		0.23868		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 3.75MG	0.13770		0.08630		
CLORAZEPATE DIPOTASSIUM ORAL TABLET 7.5MG	0.19470		0.11090		
CLOTRIMAZOLE MUCOUS MEMBRANE TROCHE 10 MG			0.91530		
CLOTRIMAZOLE TOPICAL CREAM (GRAMS) 1%			0.81950		
CLOTRIMAZOLE TOPICAL SOLUTION, NON-ORAL 1 %	0.47250		0.32690		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL CREAM (GRAMS) 1-0.05%	0.82300		0.24740		
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE TOPICAL LOTION (ML) 1-0.05%	1.81150		0.68260		
CLOZAPINE ORAL TABLET 100 MG			1.15760		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
CLOZAPINE ORAL TABLET 200MG			4.30300		
CLOZAPINE ORAL TABLET 25 MG			0.50480		
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			0.76300		
CODEINE/PROMETHAZINE HCL ORAL SYRUP 10-6.25/5	0.03800		0.02200		
COLESTIPOL HCL ORAL TABLET 1G			0.56380		
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 OPHTHALMIC DROPS 4%	3.37500		0.79000		
CYANOCOBALAMIN INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 1000MCG/ML			1.05050		
CYANOCOBALAMIN/FOLIC ACID/PYRIDOXINE ORAL TABLET 2-2.5-25MG			0.47594		
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG	0.10350		0.08308		
CYCLOBENZAPRINE HCL ORAL TABLET 5 MG	0.15860		0.08300		
CYCLOPENTOLATE HCL OPHTHALMIC DROPS 1 %			0.33850		
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG			2.34350		
CYCLOSPORINE ORAL SOLUTION, ORAL 100 MG/ML"			5.92020		
CYCLOSPORINE, MODIFIED ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG"			3.15550		
CYCLOSPORINE, MODIFIED ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG"			1.06750		
CYCLOSPORINE, MODIFIED ORAL SOLUTION, ORAL 100 MG/ML"			4.25427		
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5 ML			0.07830		
CYPROHEPTADINE HCL ORAL TABLET 4 MG			0.11110		
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		
DACARBAZINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 200MG"			8.61900		
DANTROLENE SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG			0.95710		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
DAUNORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 5 MG/ML"			10.14000		
DEFEROXAMINE MESYLATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 500MG"			12.16800		
DEMECLOXYCLINE HCL ORAL TABLET 150MG	9.49500		6.96800		
DEMECLOXYCLINE HCL ORAL TABLET 300MG	17.18750		12.62083		
DESIPRAMINE HCL ORAL TABLET 10 MG			0.93925		
DESIPRAMINE HCL ORAL TABLET 100 MG	1.35390		0.77363		
DESIPRAMINE HCL ORAL TABLET 50 MG	0.53390		0.46267		
DESIPRAMINE HCL ORAL TABLET 75 MG	1.03040		0.58877		
DESMOPRESSIN ACETATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4MCG/ML"			7.67000		
DESMOPRESSIN ACETATE NASAL AEROSOL, SPRAY W/PUMP (ML) 10/SPRAY			14.93840		
DESMOPRESSIN ACETATE ORAL TABLET 0.2MG			1.82090		
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.15-0.03	1.09500		0.69660		SMAC does not apply to brand
DESOGESTREL-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3			0.86650		SMAC does not apply to brand
DESOGESTREL-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL ORAL TABLET 21-5			1.66460		SMAC does not apply to brand
DESONIDE TOPICAL CREAM (GRAMS) 0.05%	0.23370		0.14780		
DESONIDE TOPICAL OINTMENT(GM) 0.05%	0.40770		0.14540		
DESOXIMETASONE TOPICAL CREAM (GRAMS) 0.05%			1.89267		
DESOXIMETASONE TOPICAL CREAM (GRAMS) 0.25%			1.51385		
DESOXIMETASONE TOPICAL OINTMENT(GM) 0.25 %			2.27838		
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			0.14149		
DEXAMETHASONE ORAL TABLET 6 MG			0.37206		
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10MG/ML"			1.87534		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
DEXAMETHASONE SOD PHOSPHATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4MG/ML"			0.46303		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, SUSTAINED ACTION 10 MG			1.76140		
DEXTROAMPHETAMINE SULFATE ORAL CAPSULE, SUSTAINED ACTION 15 MG			2.27293		
DEXTROAMPHETAMINE SULFATE ORAL TABLET 10 MG	0.34350		0.19790		
DEXTROAMPHETAMINE SULFATE ORAL TABLET 5 MG			0.14550		
DEXTROMETHORPHAN HBR/PROMETHAZINE HCL ORAL SYRUP 15-6.25/5			0.03670		
DEXTROMETHORPHAN HBR/PSEUDOEPHEDRINE HCL/BROMPHENIRAMINE ORAL SYRUP 15-45-4/5			0.02487		
DEXTROSE 5%-WATER INTRAVENOUS INTRAVENOUS SOLUTION 5 %			0.00698		
DEXTROSE 70%-WATER INTRAVENOUS INTRAVENOUS SOLUTION 70%			0.00741		
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		3.64000		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 50 MG	0.47480		0.38410		
DICLOFENAC SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 75 MG	0.58500		0.44100		
DICLOFENAC SODIUM ORAL TABLET, SUSTAINED RELEASE 24HR 100 MG	2.36180		0.53300		
DICLOXACILLIN SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG			0.33030		
DICLOXACILLIN SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 500MG			0.54160		
DICYCLOMINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.08850		0.07210		
DICYCLOMINE HCL ORAL TABLET 20 MG	0.04050		0.06162		
DIFLORASONE DIACETATE TOPICAL CREAM (GRAMS) 0.05%			0.46280		
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 250MCG	0.21320		0.14183		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
DILTIAZEM HCL ORAL CAPSULE, DEGRADABLE CONTROLLED-RELEASE 120 MG			0.33860		
DILTIAZEM HCL ORAL CAPSULE, DEGRADABLE CONTROLLED-RELEASE 180 MG			0.39540		
DILTIAZEM HCL ORAL CAPSULE, DEGRADABLE CONTROLLED-RELEASE 240 MG			0.40760		
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			0.81990		
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			0.99160		
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			0.55890		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 180 MG			0.67910		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 240 MG			0.90490		
DILTIAZEM HCL ORAL CAPSULE, SUSTAINED RELEASE 24 HR 300MG			1.27050		
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		0.10230		
DIPYRIDAMOLE ORAL TABLET 25 MG	0.29780		0.21168		
DIPYRIDAMOLE ORAL TABLET 50 MG	0.47960		0.32860		
DIPYRIDAMOLE ORAL TABLET 75MG	0.64170		0.43983		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG"	0.62880		0.54496		
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE, SUSTAINED ACTION 150MG			1.04950		
DIVALPROEX SODIUM ORAL CAPSULE, SPRINKLE 125MG"	0.82100		0.71149		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 125 MG"	0.26910		0.14521		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 250 MG"	0.52880		0.22500		
DIVALPROEX SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500 MG"	0.97490		0.27360		
DIVALPROEX SODIUM ORAL TABLET, SUSTAINED RELEASE 24HR 250 MG"			0.43264		
DIVALPROEX SODIUM ORAL TABLET, SUSTAINED RELEASE 24HR 500 MG"			0.57707		
DORZOLAMIDE HCL OPHTHALMIC DROPS 2 %			4.44080		
DORZOLAMIDE HCL/TIMOLOL MALEATE OPHTHALMIC DROPS 2% -0.5%			6.50000		
DOXAZOSIN MESYLATE ORAL TABLET 1 MG	0.59180		0.12090		
DOXAZOSIN MESYLATE ORAL TABLET 2 MG	0.59180		0.10334		
DOXAZOSIN MESYLATE ORAL TABLET 4 MG	0.62100		0.12940		
DOXAZOSIN MESYLATE ORAL TABLET 8 MG	0.65180		0.12570		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"	0.08910		0.06598		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.41740		0.11490		
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	0.14470		0.10000		
DOXEPIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG	0.20520		0.10730		
DOXEPIN HCL ORAL CONCENTRATE, ORAL 10MG/ML"	0.11450		0.05363		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 50 MG"			39.00000		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/5 ML"			1.48200		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML"			1.01400		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/10ML"			1.75500		
DOXORUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/25ML"			1.30000		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
DOXYCYCLINE HYCLATE ORAL CAPSULE (HARD, SOFT, ETC.) 100MG"	0.14910		0.13553		
DOXYCYCLINE HYCLATE ORAL CAPSULE (HARD, SOFT, ETC.) 50MG"	0.13170		0.11577		
DOXYCYCLINE HYCLATE ORAL TABLET 100MG	0.12870		0.12532		
DOXYCYCLINE HYCLATE ORAL TABLET 20 MG			0.66130		
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			1.20940		
ECONAZOLE NITRATE TOPICAL CREAM (GRAMS) 1 %			0.28040		
ENALAPRIL MALEATE ORAL TABLET 10 MG	0.07320		0.09165		
ENALAPRIL MALEATE ORAL TABLET 2.5 MG	0.04730		0.09416		
ENALAPRIL MALEATE ORAL TABLET 20 MG	0.08550		0.07607		
ENALAPRIL MALEATE ORAL TABLET 5 MG	0.05700		0.09534		
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 10MG-25MG			0.13330		
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE ORAL TABLET 5MG-12.5MG			0.14190		
ENALAPRILAT DIHYDRATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1.25MG/ML"			1.89800		
EPIRUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 200MG/0.1L"			2.18777		
EPIRUBICIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/25ML"			3.67172		
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 ORAL CAPSULE (HARD, SOFT, ETC.) 50000 UNIT			1.38960		
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			0.13600		
ERYTHROMYCIN BASE/BENZOYL PEROXIDE TOPICAL GEL (GM) 3-5%			1.07440		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL GEL (GM) 2 %	0.62500		0.20940		
ERYTHROMYCIN BASE/ETHYL ALCOHOL TOPICAL SOLUTION, NON-ORAL 2 %			0.14910		
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG			0.18550		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
ERYTHROMYCIN ETHYLSUCCINATE/SULFISOXAZOLE ACETYL ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 200-600/5			0.13040		
ESTAZOLAM ORAL TABLET 1 MG	0.59250		0.51402		
ESTAZOLAM ORAL TABLET 2 MG	0.64490		0.55939		
ESTRADIOL ORAL TABLET 0.5 MG	0.17910		0.14190		
ESTRADIOL ORAL TABLET 1 MG	0.21750		0.13750		
ESTRADIOL ORAL TABLET 2 MG	0.30600		0.13330		
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 .075MG/24H			8.90730		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.05MG/24H			7.80060		
ESTRADIOL TRANSDERMAL PATCH, TRANSDERMAL WEEKLY 0.1MG/24HR			7.86840		
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		
ETHOSUXIMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 250MG"			1.02950		
ETHOSUXIMIDE ORAL SYRUP 250MG/5ML			0.12375		
ETHYNODIOL D-ETHINYL ESTRADIOL ORAL TABLET 1-0.035MG			0.91390		
ETODOLAC ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG"	0.58500		0.13455		
ETODOLAC ORAL CAPSULE (HARD, SOFT, ETC.) 300 MG"			0.12961		
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			0.80400		
ETODOLAC ORAL TABLET, SUSTAINED RELEASE 24HR 500MG			0.87980		
ETODOLAC ORAL TABLET, SUSTAINED RELEASE 24HR 600MG			1.70150		
FAMCICLOVIR ORAL TABLET 500MG			8.27100		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
FAMOTIDINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10MG/ML"			0.29900		
FAMOTIDINE ORAL TABLET 20 MG	0.15000		0.08268		
FAMOTIDINE ORAL TABLET 40 MG	0.30000		0.12220		
FAMOTIDINE/PF INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 20 MG/2 ML"			0.38350		
FELODIPINE ORAL TABLET, SUSTAINED RELEASE 24HR 10 MG			2.06150		
FELODIPINE ORAL TABLET, SUSTAINED RELEASE 24HR 2.5 MG			1.09740		
FELODIPINE ORAL TABLET, SUSTAINED RELEASE 24HR 5 MG			1.11380		
FENOFIBRATE ORAL TABLET 160 MG			1.96621		
FENOFIBRATE ORAL TABLET 54 MG			0.76090		
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			0.41600		
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 800MCG			32.36133		
FENTANYL CITRATE/PF INJECTION AMPUL (ML) 50MCG/ML			0.16050		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 100MCG/HR			30.00860		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 12MCG/HR			12.72060		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 25MCG/HR			8.71850		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 50MCG/HR			14.60390		
FENTANYL TRANSDERMAL PATCH, TRANSDERMAL 72 HOURS 75MCG/HR			23.32860		
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		1.16350		
FEXOFENADINE HCL ORAL TABLET 30 MG	0.57560		0.42440		
FEXOFENADINE HCL ORAL TABLET 60 MG	1.15400		0.76460		
FINASTERIDE ORAL TABLET 5 MG	1.73030		0.87217		
FLECAINIDE ACETATE ORAL TABLET 100 MG	1.40700		0.36180		
FLECAINIDE ACETATE ORAL TABLET 150MG	1.93280		0.86510		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
FLECAINIDE ACETATE ORAL TABLET 50 MG	0.86100		0.26010		
FLUCONAZOLE IN SALINE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 200MG/0.1L"			0.10127		
FLUCONAZOLE IN SALINE, ISO-OSMOTIC INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 400MG/0.2L"			0.05759		
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 10MG/ML			0.28240		
FLUCONAZOLE ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 40MG/ML			0.67830		
FLUCONAZOLE ORAL TABLET 100MG	0.88250		0.31547		
FLUCONAZOLE ORAL TABLET 150MG			0.26880		
FLUCONAZOLE ORAL TABLET 200 MG	1.40750		0.32630		
FLUCONAZOLE ORAL TABLET 50 MG	0.50000		0.25409		
FLUDARABINE PHOSPHATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 50 MG"			180.84300		
FLUDROCORTISONE ACETATE ORAL TABLET 0.1MG			0.58050		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 0.025 %"			1.25720		
FLUNISOLIDE NASAL AEROSOL, SPRAY (ML) 29MCG"			1.10136		
FLUOCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 0.025%			0.10480		
FLUOCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 0.025%			0.28125		
FLUOCINOLONE ACETONIDE TOPICAL SOLUTION, NON-ORAL 0.01%			0.26000		
FLUOCINONIDE TOPICAL CREAM (GRAMS) 0.05%	0.11870		0.09570		
FLUOCINONIDE TOPICAL GEL (GM) 0.05%	0.49650		0.27083		
FLUOCINONIDE TOPICAL OINTMENT(GM) 0.05%			0.22010		
FLUOCINONIDE TOPICAL SOLUTION, NON-ORAL 0.05%	0.26400		0.09330		
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		
FLUOROURACIL TOPICAL CREAM (GRAMS) 5%			6.35940		
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"	0.13860		0.09589		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG"	0.14540		0.07386		
FLUOXETINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 40 MG	1.16250		0.57660		
FLUOXETINE HCL ORAL SOLUTION, ORAL 20 MG/5 ML	0.22500		0.05010		
FLUOXETINE HCL ORAL TABLET 10 MG	0.60000		0.12220		
FLUOXETINE HCL ORAL TABLET 20 MG			0.70980		
FLUPHENAZINE DECANOATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MG/ML"			2.08000		
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		0.31850		
FLUPHENAZINE HCL ORAL TABLET 2.5 MG	0.27750		0.23400		
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		0.13540		
FLURBIPROFEN ORAL TABLET 50 MG			0.19500		
FLURBIPROFEN SODIUM OPHTHALMIC DROPS 0.03%	4.06790		2.20540		
FLUTAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 125 MG"			1.36630		
FLUTICASONE PROPIONATE NASAL SPRAY, SUSPENSION 50 MCG"		0.56875	1.99250	04/26/2010	
FLUTICASONE PROPIONATE TOPICAL CREAM (GRAMS) 0.05%	1.11100		0.26230		
FLUTICASONE PROPIONATE TOPICAL OINTMENT(GM) 0.005%	1.11100		0.38940		
FLUVOXAMINE MALEATE ORAL TABLET 100 MG	1.17750		0.33980		
FLUVOXAMINE MALEATE ORAL TABLET 25 MG	1.08830		0.33050		
FLUVOXAMINE MALEATE ORAL TABLET 50 MG	1.08300		0.34590		
FOLIC ACID ORAL TABLET 1 MG	0.03780		0.09991		
FOSINOPRIL SODIUM ORAL TABLET 10 MG	0.59800		0.19410		
FOSINOPRIL SODIUM ORAL TABLET 20 MG	0.59800		0.18910		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
FOSINOPRIL SODIUM ORAL TABLET 40 MG	0.59800		0.18790		
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	1.34540		0.95700		
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5MG	1.34540		0.91950		
FOSPHENYTOIN SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG PE/2"			0.87750		
FUROSEMIDE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML"			0.10428		
FUROSEMIDE ORAL SOLUTION, ORAL 10MG/ML	0.13000		0.06280		
FUROSEMIDE ORAL TABLET 20 MG	0.05630		0.09166		
FUROSEMIDE ORAL TABLET 40MG	0.05990		0.08468		
FUROSEMIDE ORAL TABLET 80MG	0.10430		0.07022		
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.08250		0.10225		
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 300MG"	0.12380		0.15970		
GABAPENTIN ORAL CAPSULE (HARD, SOFT, ETC.) 400 MG"	0.15380		0.18950		
GABAPENTIN ORAL TABLET 600MG	0.97380		0.27510		
GABAPENTIN ORAL TABLET 800MG	1.17560		0.36060		
GALANTAMINE HYDROBROMIDE ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 16 MG			4.61516		
GALANTAMINE HYDROBROMIDE ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 8 MG			4.49929		
GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG			2.28790		
GALANTAMINE HYDROBROMIDE ORAL TABLET 4 MG			2.51469		
GALANTAMINE HYDROBROMIDE ORAL TABLET 8 MG			2.20718		
GEMFIBROZIL ORAL TABLET 600MG	0.13500		0.00000		
GENTAMICIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40MG/ML			0.40980		
GENTAMICIN SULFATE OPHTHALMIC DROPS 0.3%	0.57000		0.65548		
GENTAMICIN SULFATE OPHTHALMIC OINTMENT(GM) 0.3%			3.21500		
GENTAMICIN SULFATE TOPICAL CREAM (GRAMS) 0.1%	0.20000		0.14400		
GENTAMICIN SULFATE TOPICAL OINTMENT(GM) 0.1%	0.20000		0.12517		
GLIMEPIRIDE ORAL TABLET 1 MG	0.13410		0.09464		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
GLIMEPIRIDE ORAL TABLET 2 MG	0.21740		0.08982		
GLIMEPIRIDE ORAL TABLET 4 MG	0.41000		0.10480		
GLIPIZIDE ORAL TABLET 10 MG	0.11920		0.07800		
GLIPIZIDE ORAL TABLET 5 MG	0.06990		0.07266		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 10 MG			0.30010		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 2.5 MG			0.00000		
GLIPIZIDE ORAL TABLET, EXTENDED RELEASE 24 HR 5 MG			0.16240		
GLIPIZIDE/METFORMIN HCL ORAL TABLET 2.5-500MG			0.79300		
GLIPIZIDE/METFORMIN HCL ORAL TABLET 5MG-500MG			0.74590		
GLYBURIDE ORAL TABLET 1.25MG	0.12440		0.09620		
GLYBURIDE ORAL TABLET 2.5 MG	0.18930		0.09570		
GLYBURIDE ORAL TABLET 5 MG	0.28310		0.06200		
GLYBURIDE, MICRONIZED/METFORMIN HCL ORAL TABLET 1.25-250MG"	0.84050		0.11115		
GLYBURIDE, MICRONIZED/METFORMIN HCL ORAL TABLET 2.5-500MG"	1.00260		0.11375		
GLYBURIDE, MICRONIZED/METFORMIN HCL ORAL TABLET 5MG-500MG"	1.00260		0.11635		
GLYBURIDE,MICRONIZED ORAL TABLET 1.5 MG	0.18750		0.11570		
GLYBURIDE,MICRONIZED ORAL TABLET 3 MG	0.21750		0.09170		
GLYBURIDE,MICRONIZED ORAL TABLET 6 MG			0.08150		
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			0.74010		
GLYCOPYRROLATE ORAL TABLET 2 MG			1.35490		
GRANISETRON HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1 MG/ML(1)"			18.52500		
GRANISETRON HCL ORAL TABLET 1 MG			12.89145		
GRISEOFULVIN,MICROSIZE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125 MG/5ML"			0.35045		
GUAIFENESIN ORAL LIQUID (ML) 100 MG/5ML			0.00657		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
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			0.01196		
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		0.46150		
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG/ML"			4.94000		
HALOPERIDOL DECANOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 50MG/ML"			4.16000		
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 0.5MG			0.07145		
HALOPERIDOL ORAL TABLET 1 MG			0.09510		
HALOPERIDOL ORAL TABLET 10 MG			1.16935		
HALOPERIDOL ORAL TABLET 2 MG			0.12830		
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"			0.00000		
HEPARIN SODIUM,PORCINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 5000/ML"			2.05755		
HEPARIN SODIUM,PORCINE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100/ML"			0.06203		
HYDRALAZINE HCL ORAL TABLET 10 MG	0.25560		0.15750		
HYDRALAZINE HCL ORAL TABLET 100 MG	0.78380		0.47750		
HYDRALAZINE HCL ORAL TABLET 25 MG	0.32840		0.19330		
HYDRALAZINE HCL ORAL TABLET 50 MG	0.42000		0.22360		
HYDROCHLOROTHIAZIDE ORAL CAPSULE (HARD, SOFT, ETC.) 12.5MG"	0.12000		0.11341		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG			0.36400		
HYDROCHLOROTHIAZIDE ORAL TABLET 25 MG	0.01800		0.11224		
HYDROCHLOROTHIAZIDE ORAL TABLET 50MG	0.04990		0.11175		
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 2.5-167/5	0.10140		0.02530		
HYDROCODONE BIT/ACETAMINOPHEN ORAL SOLUTION, ORAL 5-334MG/10	0.10140		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		0.16580		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10-750MG			0.71640		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-325MG			0.18110		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-500MG	0.51290		0.13260		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 10MG-650MG	0.18520		0.06980		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 2.5-500MG	0.21900		0.18980		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 5MG-325MG			0.22400		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 5MG-500MG	0.47630		0.09730		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-325MG			0.26440		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-500MG	0.64260		0.07077		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-650MG	0.67080		0.08234		
HYDROCODONE BIT/ACETAMINOPHEN ORAL TABLET 7.5-750MG	0.15480		0.07142		
HYDROCODONE BIT/HOMATROPINE ORAL SYRUP 5-1.5MG/5			0.16106		
HYDROCODONE/IBUPROFEN ORAL TABLET 7.5-200MG			0.38300		
HYDROCORTISONE ACETATE/LIDOCAINE HCL RECTAL CREAM WITH APPLICATOR 0.5%-3%			0.65107		
HYDROCORTISONE BUTYRATE TOPICAL OINTMENT(GM) 0.1%			0.54640		
HYDROCORTISONE ORAL TABLET 20 MG			0.14300		
HYDROCORTISONE RECTAL CREAM (GRAMS) 1 %	0.05600		0.38783		
HYDROCORTISONE RECTAL CREAM (GRAMS) 2.5 %			0.16160		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
HYDROCORTISONE RECTAL ENEMA (ML) 100MG/60ML			0.10550		
HYDROCORTISONE TOPICAL CREAM (GRAMS) 1%	0.05850		0.04185		
HYDROCORTISONE TOPICAL CREAM (GRAMS) 2.5 %	0.16500		0.11000		
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		0.04185		
HYDROCORTISONE TOPICAL OINTMENT(GM) 2.5 %			0.08800		
HYDROCORTISONE VALERATE TOPICAL CREAM (GRAMS) 0.2%	0.65830		0.21790		
HYDROCORTISONE VALERATE TOPICAL OINTMENT(GM) 0.2%	0.65830		0.85650		
HYDROMORPHONE HCL ORAL TABLET 8 MG			0.67738		
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 10 MG/ML			2.41540		
HYDROMORPHONE HCL/PF INJECTION AMPUL (ML) 2 MG/ML			1.30000		
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		0.16390		
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 TABLET 10 MG	0.48650		0.09194		
HYDROXYZINE HCL ORAL TABLET 25 MG	0.67440		0.26510		
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		0.08000		
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		
IBUPROFEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100MG/5ML"			0.03350		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
IBUPROFEN ORAL TABLET 400 MG	0.03450		0.09062		
IBUPROFEN ORAL TABLET 600MG	0.04170		0.08875		
IBUPROFEN ORAL TABLET 800MG	0.06380		0.07412		
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		
INDAPAMIDE ORAL TABLET 1.25MG	0.10350		0.11271		
INDAPAMIDE ORAL TABLET 2.5 MG	0.11250		0.12870		
INDOMETHACIN ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG			0.17660		
INDOMETHACIN ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.22450		
INDOMETHACIN ORAL CAPSULE, SUSTAINED ACTION 75 MG			2.31950		
IPRATROPIUM BROMIDE INHALATION SOLUTION, NON-ORAL 0.2MG/ML	0.10800		0.05530		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 21 MCG"			0.48533		
IPRATROPIUM BROMIDE NASAL AEROSOL, SPRAY (ML) 42MCG			0.88000		
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE INHALATION AMPUL FOR NEBULIZATION (ML) 0.5-2.5/3			0.17333		
IRINOTECAN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG/5ML"			7.88060		
IRINOTECAN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 40MG/2ML"			13.91000		
IRON POLYSACCHARIDES COMPLEX/CYANOCOBALAMIN/FOLIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 150-25-1"			0.12870		
ISONIAZID ORAL TABLET 300MG	0.08900		0.11548		
ISOSORBIDE DINITRATE ORAL TABLET 10 MG	0.05250		0.03988		
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"			0.06561		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG	0.61100		0.22310		
ISOSORBIDE MONONITRATE ORAL TABLET 20 MG	0.49500		0.10930		
ISOSORBIDE MONONITRATE ORAL TABLET, SUSTAINED RELEASE 24HR 120 MG			0.49400		
ISOSORBIDE MONONITRATE ORAL TABLET, SUSTAINED RELEASE 24HR 30 MG"		0.10885	0.41250	04/22/2010	
ISOSORBIDE MONONITRATE ORAL TABLET, SUSTAINED RELEASE 24HR 60 MG"	0.60000		0.10601		
ISOTRETINOIN ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"			8.48033		
ISOTRETINOIN ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG			5.38630		
ISOTRETINOIN ORAL CAPSULE (HARD, SOFT, ETC.) 40MG"			11.68267		
ITRACONAZOLE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			7.89460		
KETOCONAZOLE ORAL TABLET 200 MG	2.25000		0.24710		
KETOCONAZOLE TOPICAL CREAM (GRAMS) 2 %			0.46930		
KETOCONAZOLE TOPICAL SHAMPOO 2 %			0.11340		
KETOPROFEN ORAL CAPSULE (HARD, SOFT, ETC.) 50MG"			0.10075		
KETOPROFEN ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG			0.10180		
KETOPROFEN ORAL CAPSULE, 24HR SUSTAINED RELEASE PELLETS 200 MG			2.06200		
KETOROLAC TROMETHAMINE INJECTION CARTRIDGE (ML) 30 MG/ML			0.76700		
KETOROLAC TROMETHAMINE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 15 MG/ML"			0.98800		
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 %			7.28000		SMAC does not apply to brand
KETOROLAC TROMETHAMINE OPHTHALMIC DROPS 0.5 %			6.33533		
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG	0.67730		0.25880		
LABETALOL HCL ORAL TABLET 100MG	0.21570		0.12597		
LABETALOL HCL ORAL TABLET 200 MG	0.35820		0.15040		
LABETALOL HCL ORAL TABLET 300MG	0.53630		0.21180		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
LACTIC ACID TOPICAL CREAM (GRAMS) 10 %			0.12324		
LACTIC ACID TOPICAL LOTION (ML) 10 %			0.06869		
LACTULOSE ORAL SOLUTION, ORAL 10G/15ML	0.02210		0.01140		
LACTULOSE ORAL SOLUTION, ORAL 10G/15ML	0.02210		0.01150		
LAMOTRIGINE ORAL TABLET 100 MG	0.34670		0.10164		
LAMOTRIGINE ORAL TABLET 150MG	0.38000		0.13818		
LAMOTRIGINE ORAL TABLET 200 MG	0.41350		0.15076		
LAMOTRIGINE ORAL TABLET 25 MG	0.30350		0.08574		
LAMOTRIGINE ORAL TABLET, DISPERSIBLE 25 MG"	0.69230		0.40950		
LAMOTRIGINE ORAL TABLET, DISPERSIBLE 5 MG"	0.66090		0.39000		
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 15 MG"			3.68463		
LANSOPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG"			3.05760		
LEFLUNOMIDE ORAL TABLET 10 MG	2.50000		0.46590		
LEFLUNOMIDE ORAL TABLET 20 MG	2.50000		0.46535		
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			1.09680		
LEVETIRACETAM ORAL SOLUTION, ORAL 100MG/ML	0.34880		0.14763		
LEVETIRACETAM ORAL SOLUTION, ORAL 500MG/5ML	0.34880		0.14763		
LEVETIRACETAM ORAL TABLET 1000 MG	1.40720		0.97500		
LEVETIRACETAM ORAL TABLET 250 MG	0.43130		0.44716		
LEVETIRACETAM ORAL TABLET 500MG	0.52710		0.48709		
LEVETIRACETAM ORAL TABLET 750MG	0.71410		0.65803		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.25 %	1.27490		1.10500		
LEVOBUNOLOL HCL OPHTHALMIC DROPS 0.5%	1.49250		0.48890		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
LEVOCARNITINE (WITH SUCROSE) ORAL SOLUTION, ORAL 100MG/ML"			0.22420		
LEVONORGESTREL-ETH ESTRA ORAL TABLET 0.1-0.02			0.79800		
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			0.77560		
LEVONORGESTREL-ETH ESTRA ORAL TABLET, DOSE PACK, 3 MONTHS 0.15-0.03			1.34960		SMAC does not apply to brand
LEVOTHYROXINE SODIUM INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 500 MCG"			26.00000		
LEVOTHYROXINE SODIUM ORAL TABLET 100MCG	0.29850		0.18186		
LEVOTHYROXINE SODIUM ORAL TABLET 112MCG	0.34430		0.19994		
LEVOTHYROXINE SODIUM ORAL TABLET 125MCG	0.34950		0.20189		
LEVOTHYROXINE SODIUM ORAL TABLET 137MCG			0.26650		
LEVOTHYROXINE SODIUM ORAL TABLET 150 MCG	0.36000		0.17260		
LEVOTHYROXINE SODIUM ORAL TABLET 175MCG	0.42750		0.21010		
LEVOTHYROXINE SODIUM ORAL TABLET 200 MCG	0.44180		0.21740		
LEVOTHYROXINE SODIUM ORAL TABLET 25 MCG	0.23180		0.13975		
LEVOTHYROXINE SODIUM ORAL TABLET 300MCG	0.60230		0.31330		
LEVOTHYROXINE SODIUM ORAL TABLET 50MCG	0.26330		0.15778		
LEVOTHYROXINE SODIUM ORAL TABLET 75MCG	0.29100		0.15170		
LEVOTHYROXINE SODIUM ORAL TABLET 88MCG	0.29550		0.15170		
LIDOCAINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10MG/ML"			0.14089		
LIDOCAINE HCL MUCOUS MEMBRANE JEL (ML) 2 %			0.38110		
LIDOCAINE HCL MUCOUS MEMBRANE JELLY WITH PREFILLED APPLICATOR (ML) 2 %			0.34500		
LIDOCAINE HCL MUCOUS MEMBRANE SOLUTION, ORAL 20 MG/ML	0.05130		0.04040		
LIDOCAINE HCL TOPICAL OINTMENT(GM) 5%			0.24630		
LIDOCAINE HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 10MG/ML			0.19130		
LIDOCAINE/PRILOCAINE TOPICAL CREAM (GRAMS) 2.5%-2.5%			0.23130		
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 May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
LIPASE/PROTEASE/AMYLASE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 16-48-48K"		1.36760	0.00000	05/10/2010	
LIPASE/PROTEASE/AMYLASE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20-44-56K"		1.53920	0.00000	05/10/2010	
LISINOPRIL ORAL TABLET 10 MG	0.06750		0.10866		
LISINOPRIL ORAL TABLET 2.5 MG	0.03680		0.11050		
LISINOPRIL ORAL TABLET 20 MG	0.07950		0.10064		
LISINOPRIL ORAL TABLET 30 MG	0.16310		0.12350		
LISINOPRIL ORAL TABLET 40MG	0.15000		0.10464		
LISINOPRIL ORAL TABLET 5 MG	0.04830		0.10970		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5MG	0.20970		0.11726		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5MG	0.21990		0.11890		
LISINOPRIL/HYDROCHLOROTHIAZIDE ORAL TABLET 20-25MG	0.22250		0.13750		
LITHIUM CARBONATE ORAL CAPSULE (HARD, SOFT, ETC.) 300MG	0.13820		0.05430		
LITHIUM CARBONATE ORAL TABLET 300MG			0.20880		
LITHIUM CARBONATE ORAL TABLET, SUSTAINED ACTION 300MG			0.25340		SMAC does not apply to brand
LITHIUM CARBONATE ORAL TABLET, SUSTAINED ACTION 450MG			0.27110		
LOPERAMIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG			0.10000		
LORAZEPAM INJECTION DISPOSABLE SYRINGE (ML) 2 MG/ML			2.21000		
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 TABLET 0.5 MG	0.07400		0.03809		
LORAZEPAM ORAL TABLET 1 MG	0.08220		0.03940		
LORAZEPAM ORAL TABLET 2 MG	0.14670		0.06860		
LOVASTATIN ORAL TABLET 10 MG	0.32850		0.16597		
LOVASTATIN ORAL TABLET 20 MG	0.46220		0.19067		
LOVASTATIN ORAL TABLET 40 MG	0.79220		0.24527		
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"			0.84708		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG"			1.28622		
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG"			0.71045		
LOXAPINE SUCCINATE ORAL CAPSULE (HARD, SOFT, ETC.) 50MG"			1.61616		
MEBENDAZOLE ORAL TABLET, CHEWABLE 100 MG			4.30040		
MECLIZINE HCL ORAL TABLET 12.5 MG	0.05990		0.05629		
MECLIZINE HCL ORAL TABLET 25 MG	0.07790		0.04094		
MECLOFENAMATE SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 100MG"			0.88574		
MECLOFENAMATE SODIUM ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG"			0.56134		
MEDROXYPROGESTERONE ACET INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 150MG/ML			47.19860		
MEDROXYPROGESTERONE ACET INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 150MG/ML			37.93750		
MEDROXYPROGESTERONE ACET ORAL TABLET 10 MG	0.37870		0.32825		
MEDROXYPROGESTERONE ACET ORAL TABLET 2.5 MG	0.20250		0.15170		
MEDROXYPROGESTERONE ACET ORAL TABLET 5 MG	0.30610		0.22000		
MEFLOQUINE HCL ORAL TABLET 250 MG			7.08910		
MEGESTROL ACETATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 400MG/10ML			0.12800		
MEGESTROL ACETATE ORAL TABLET 20 MG	0.34890		0.17700		
MEGESTROL ACETATE ORAL TABLET 40 MG	0.67550		0.23490		
MELOXICAM ORAL TABLET 15 MG	0.20930		0.11669		
MELOXICAM ORAL TABLET 7.5MG	0.14250		0.11671		
MEPERIDINE HCL ORAL TABLET 100MG	0.62930		0.89674		
MEPERIDINE HCL ORAL TABLET 50 MG	0.31880		0.33050		
MERCAPTOPYRINE ORAL TABLET 50 MG			1.60240		
MESALAMINE RECTAL ENEMA (ML) 4G/60ML			0.16230		
MESNA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG/ML"			4.55000		
METAPROTERENOL SULFATE ORAL SYRUP 10MG/5ML			0.02460		
METFORMIN HCL ORAL TABLET 1000 MG	0.16580		0.07590		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
METFORMIN HCL ORAL TABLET 500MG	0.07500		0.05412		
METFORMIN HCL ORAL TABLET 850MG	0.14640		0.06833		
METFORMIN HCL ORAL TABLET, SUSTAINED RELEASE 24HR 500MG	0.13070		0.06200		
METFORMIN HCL ORAL TABLET, SUSTAINED RELEASE 24HR 750MG	0.33680		0.14730		
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		0.18060		
METHIMAZOLE ORAL TABLET 10 MG	0.71760		0.33110		
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"			1.37800		
METHOTREXATE SODIUM ORAL TABLET 2.5 MG	1.26370		0.21801		
METHOTREXATE SODIUM/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25MG/ML"			1.11475		
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		0.11740		
METHYLPHENIDATE HCL ORAL TABLET 20 MG	0.61800		0.18340		
METHYLPHENIDATE HCL ORAL TABLET 5 MG	0.22530		0.08980		
METHYLPHENIDATE HCL ORAL TABLET, SUSTAINED ACTION 20 MG"			0.32604		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
METHYLPREDNISOLONE ORAL TABLET 4 MG	0.43040		0.11000		
METHYLPREDNISOLONE ORAL TABLET, DOSE PACK 4 MG"	0.43040		0.16209		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 125MG/2ML"			3.67900		
METHYLPREDNISOLONE SODIUM SUCCINATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 40 MG/ML"			2.27500		
METOCLOPRAMIDE HCL ORAL SOLUTION, ORAL 5 MG/5 ML"			0.01374		
METOCLOPRAMIDE HCL ORAL TABLET 10 MG	0.10950		0.07210		
METOCLOPRAMIDE HCL ORAL TABLET 5 MG	0.18420		0.05950		
METOLAZONE ORAL TABLET 10 MG	1.34250		1.16350		
METOLAZONE ORAL TABLET 2.5 MG	0.89100		0.45880		
METOLAZONE ORAL TABLET 5 MG	1.06800		0.73960		
METOPROLOL SUCCINATE ORAL TABLET, SUSTAINED RELEASE 24HR 100 MG			1.49113		
METOPROLOL SUCCINATE ORAL TABLET, SUSTAINED RELEASE 24HR 200MG"			1.96300		
METOPROLOL SUCCINATE ORAL TABLET, SUSTAINED RELEASE 24HR 25 MG"			0.92551		
METOPROLOL SUCCINATE ORAL TABLET, SUSTAINED RELEASE 24HR 50MG"			0.92551		
METOPROLOL TARTRATE ORAL TABLET 100MG	0.06900		0.06108		
METOPROLOL TARTRATE ORAL TABLET 25 MG	0.07200		0.07150		
METOPROLOL TARTRATE ORAL TABLET 50MG	0.05000		0.06494		
METRONIDAZOLE ORAL TABLET 250MG	0.08490		0.13191		
METRONIDAZOLE ORAL TABLET 500MG	0.21840		0.22536		
METRONIDAZOLE TOPICAL CREAM (GRAMS) 0.75%	1.62630		0.71710		
METRONIDAZOLE TOPICAL GEL (GM) 0.75%	1.54170		0.76760		
METRONIDAZOLE TOPICAL LOTION (ML) 0.75%	1.16950		0.87090		
METRONIDAZOLE VAGINAL GEL WITH APPLICATOR (GM) 0.75%			0.46440		
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		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
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"			0.53543		
MIDAZOLAM HCL ORAL SYRUP 2 MG/ML	0.82630		0.71611		
MIDODRINE HCL ORAL TABLET 10 MG	3.13380		1.65590		
MIDODRINE HCL ORAL TABLET 2.5 MG	1.11720		0.53730		
MIDODRINE HCL ORAL TABLET 5 MG	1.83830		0.91050		
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		
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	1.80000		0.35280		
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.90000		0.19240		
MINOCYCLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 75 MG	1.95750		0.61730		
MINOXIDIL ORAL TABLET 10 MG	0.69650		0.32850		
MINOXIDIL ORAL TABLET 2.5 MG	0.31700		0.18200		
MIRTAZAPINE ORAL TABLET 15 MG	1.23000		0.16300		
MIRTAZAPINE ORAL TABLET 30 MG	1.26500		0.20700		
MIRTAZAPINE ORAL TABLET 45 MG	1.28450		0.31248		
MIRTAZAPINE ORAL TABLET 7.5 MG			0.27213		
MIRTAZAPINE ORAL TABLET, RAPID DISSOLVE 15 MG			1.26550		
MIRTAZAPINE ORAL TABLET, RAPID DISSOLVE 30 MG			1.48580		
MIRTAZAPINE ORAL TABLET, RAPID DISSOLVE 45 MG			1.45650		
MISOPROSTOL ORAL TABLET 100 MCG			0.47050		
MISOPROSTOL ORAL TABLET 200 MCG			0.55340		
MITOMYCIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 20 MG"			94.90000		
MITOMYCIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG"			26.00000		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
MITOXANTRONE HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML"			23.54300		
MOEXIPRIL HCL ORAL TABLET 15 MG			0.94330		
MOEXIPRIL HCL ORAL TABLET 7.5MG			0.91110		
MOEXIPRIL HCL/HYDROCHLOROTHIAZIDE ORAL TABLET 15-25MG	1.21110		0.67410		
MOMETASONE FUROATE TOPICAL CREAM (GRAMS) 0.1%	0.73330		0.43276		
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 TABLET, SUSTAINED ACTION 100 MG			1.36360		
MORPHINE SULFATE ORAL TABLET, SUSTAINED ACTION 15 MG			0.26650		
MORPHINE SULFATE ORAL TABLET, SUSTAINED ACTION 200MG"			3.27570		
MORPHINE SULFATE ORAL TABLET, SUSTAINED ACTION 30 MG			0.55538		
MORPHINE SULFATE ORAL TABLET, SUSTAINED ACTION 60 MG			0.69850		
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		0.41990		
MYCOPHENOLATE MOFETIL ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG"	0.52910		0.53209		
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG	1.05800		1.07674		
NABUMETONE ORAL TABLET 500MG			0.40250		
NABUMETONE ORAL TABLET 750MG			0.42580		
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		
NALTREXONE HCL ORAL TABLET 50 MG	4.04000		1.36900		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
NAPROXEN ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 125MG/5ML			0.07590		
NAPROXEN ORAL TABLET 250MG	0.10320		0.08119		
NAPROXEN ORAL TABLET 375MG	0.07610		0.07598		
NAPROXEN ORAL TABLET 500MG	0.08240		0.07470		
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 375MG"			0.55575		
NAPROXEN ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500MG			0.17590		
NAPROXEN SODIUM ORAL TABLET 275 MG			0.19500		
NAPROXEN SODIUM ORAL TABLET 550MG			0.14380		
NATEGLINIDE ORAL TABLET 120 MG			1.18950		SMAC does not apply to brand
NATEGLINIDE ORAL TABLET 60 MG			1.29995		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			0.49040		
NEFAZODONE HCL ORAL TABLET 250 MG			0.65477		
NEFAZODONE HCL ORAL TABLET 50 MG			0.54093		
NEOMYCIN SULFATE ORAL TABLET 500MG			0.99190		
NEOMYCIN SULFATE/BACITRACIN ZINC/POLYMYXIN B/HYDROCORTISONE OPHTHALMIC OINTMENT(GM) 3.5-10K-1			2.04286		
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		2.09550		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.5-10K-10			9.00230		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SOLUTION, NON-ORAL 3.5-10K-1			1.12940		
NEOMYCIN SULFATE/POLYMYXIN B SULFATE/HYDROCORTISONE OTIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 3.			1.09720		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC OINTMENT(GM) 3.5-10K-.1	1.07140		0.97198		
NEOMYCIN/POLYMYXIN B SULFATE/DEXAMETHASONE OPHTHALMIC SUSPENSION, DROPS(FINAL DOSAGE FORM)(ML) 0.1%"			2.9345		
NICARDIPINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG"	0.33750		0.12545		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
NIFEDIPINE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG			0.79590		
NIFEDIPINE ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG			0.85200		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 30 MG			0.69210		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 60 MG			1.18600		
NIFEDIPINE ORAL TABLET, EXTENDED RELEASE 24 HR 90 MG			1.96290		
NIFEDIPINE ORAL TABLET, SUSTAINED ACTION 30 MG			0.60440		
NIFEDIPINE ORAL TABLET, SUSTAINED ACTION 60 MG			1.19750		
NIFEDIPINE ORAL TABLET, SUSTAINED ACTION 90 MG			2.05290		
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE (HARD, SOFT, ETC.) 100MG"			1.05300		
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE (HARD, SOFT, ETC.) 50MG"			0.58305		
NITROFURANTOIN/NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG			0.37750		
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			0.63040		
NITROGLYCERIN TRANSDERMAL PATCH, TRANSDERMAL 24 HOURS 0.6MG/HR			0.96660		
NIZATIDINE ORAL CAPSULE (HARD, SOFT, ETC.) 150MG	1.83070		0.40830		
NIZATIDINE ORAL CAPSULE (HARD, SOFT, ETC.) 300MG	3.66150		1.06500		
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			0.78160		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			1.91910		
NORETHINDRONE ORAL TABLET 0.35MG			0.98510		SMAC does not apply to brand
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 May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
NORETHINDRONE-ETHINYL ESTRADIOL ORAL TABLET 7 DAYS X 3			0.90040		SMAC does not apply to brand
NORETHINDRONE-MESTRANOL ORAL TABLET 1-0.05MG			0.92340		
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 0.25-0.035	1.16370		0.58040		SMAC does not apply to brand
NORGESTIMATE-ETHINYL ESTRADIOL ORAL TABLET 7DAYSX3 28			0.53572		SMAC does not apply to brand
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.3-0.03MG			0.78650		
NORGESTREL-ETHINYL ESTRADIOL ORAL TABLET 0.5-0.05MG			1.44780		
NORMAL SALINE INJECTION DISPOSABLE SYRINGE (ML) 0.9%			0.20280		
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)			0.01232		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"	0.10190		0.06640		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG"	0.14060		0.07718		
NORTRIPTYLINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG	0.17220		0.10230		
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	0.20620		0.08460		
NYSTATIN ORAL TABLET 500K UNIT			0.51410		
NYSTATIN TOPICAL CREAM (GRAMS) 100000/G	0.09900		0.10492		
NYSTATIN TOPICAL OINTMENT(GM) 100000/G	0.10190		0.11657		
NYSTATIN TOPICAL POWDER (GM) 100000/G	1.74800		0.59350		
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 100000-0.1	0.09750		0.09273		
NYSTATIN/TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 100000-0.1	0.09750		0.09273		
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 May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
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"			5.72000		
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 %			1.58470		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 10 MG"	3.54630		0.84664		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG	3.97900		0.34230		
OMEPRAZOLE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 40MG"	1.73430		1.00971		
ONDANSETRON HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/ML"			0.17933		
ONDANSETRON HCL ORAL SOLUTION, ORAL 4MG/5ML"			3.24116		
ONDANSETRON HCL ORAL TABLET 4 MG	1.10000		0.68040		
ONDANSETRON HCL ORAL TABLET 8 MG	1.90000		0.98000		
ONDANSETRON HCL/DEXTROSE 5%-WATER/PF INTRAVENOUS INTRAVENOUS SOLUTION, PIGGYBACK (ML) 32MG/50ML"			0.39000		
ONDANSETRON HCL/PF INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 4MG/2ML"			0.26000		
ONDANSETRON ORAL TABLET, RAPID DISSOLVE 4 MG			0.55000		
ONDANSETRON ORAL TABLET, RAPID DISSOLVE 8 MG"			0.73450		
ORPHENADRINE CITRATE ORAL TABLET, SUSTAINED ACTION 100 MG	1.04250		0.62030		
OXALIPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 100MG/20ML"			77.66590		
OXALIPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50 MG/10ML"			77.66590		
OXAPROZIN ORAL TABLET 600MG	0.67580		0.13040		
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.53630		0.24710		
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG	0.57090		0.39840		
OXAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG"	1.23370		1.06925		
OXCARBAZEPINE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 300MG/5ML"			0.60757		SMAC does not apply to brand
OXCARBAZEPINE ORAL TABLET 150MG	0.90000		0.35059		
OXCARBAZEPINE ORAL TABLET 300MG	1.71000		0.59995		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
OXCARBAZEPINE ORAL TABLET 600MG	3.42000		1.04572		
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5 ML	0.02780		0.02415		
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG	0.16500		0.07210		
OXYBUTYNIN CHLORIDE ORAL TABLET, SR OSMOTIC PUSH 24HR 10 MG			2.25090		
OXYBUTYNIN CHLORIDE ORAL TABLET, SR OSMOTIC PUSH 24HR 15 MG			2.70606		
OXYBUTYNIN CHLORIDE ORAL TABLET, SR OSMOTIC PUSH 24HR 5 MG			2.26450		
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		0.25900		
OXYCODONE HCL ORAL TABLET 30 MG	1.30940		0.54430		
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			5.56648		SMAC does not apply to brand
OXYCODONE HCL ORAL TABLET, SUSTAINED RELEASE 12HR 80 MG			9.86916		SMAC does not apply to brand
OXYCODONE HCL/ACETAMINOPHEN ORAL CAPSULE (HARD, SOFT, ETC.) 5MG-500MG	0.32300		0.10230		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-325MG			0.50090		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 10MG-650MG	1.41870		0.44525		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 5MG-325MG	0.23400		0.06848		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-325MG			0.41740		
OXYCODONE HCL/ACETAMINOPHEN ORAL TABLET 7.5-500MG			0.42260		
PACLITAXEL,SEMI-SYNTHETIC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 6MG/ML"			2.21000		
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"			6.71060		
PAMIDRONATE DISODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 90 MG/10ML"			7.80000		
PANTOPRAZOLE SODIUM ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 20 MG			3.75130		
PAREGORIC ORAL LIQUID (ML) 2 MG/5 ML			0.19631		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
PAROMOMYCIN SULFATE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG"			1.75266		
PAROXETINE HCL ORAL TABLET 10 MG	0.34250		0.21890		
PAROXETINE HCL ORAL TABLET 20 MG	0.35750		0.16900		
PAROXETINE HCL ORAL TABLET 30 MG	0.42000		0.26960		
PAROXETINE HCL ORAL TABLET 40 MG	0.48750		0.28850		
PAROXETINE HCL ORAL TABLET, SUSTAINED RELEASE 24HR 12.5MG			3.19190		
PAROXETINE HCL ORAL TABLET, SUSTAINED RELEASE 24HR 25 MG			3.33130		
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"			25.36300		
PENICILLIN V POTASSIUM ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 125MG/5ML"			0.01907		
PENICILLIN V POTASSIUM ORAL SUSPENSION, RECONSTITUTED, ORAL (ML) 250MG/5ML"			0.02093		
PENICILLIN V POTASSIUM ORAL TABLET 250 MG	0.21120		0.11890		
PENICILLIN V POTASSIUM ORAL TABLET 500MG	0.35900		0.17860		
PENTAZOCINE HCL/NALOXONE HCL ORAL TABLET 50-0.5MG			1.19575		
PENTOXIFYLLINE ORAL TABLET, SUSTAINED ACTION 400 MG	0.31470		0.08740		
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG			0.72800		
PERINDOPRIL ERBUMINE ORAL TABLET 4 MG			0.76700		
PERMETHRIN TOPICAL CREAM (GRAMS) 5%			0.11830		
PERPHENAZINE ORAL TABLET 2 MG			0.63864		
PERPHENAZINE ORAL TABLET 4 MG			0.87924		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2MG-10MG			0.14100		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 2MG-25MG			0.16060		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4 MG-25 MG			0.21996		
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-10MG			0.21320		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
PERPHENAZINE/AMITRIPTYLINE HCL ORAL TABLET 4MG-50MG			0.46150		
PHENAZOPYRIDINE HCL ORAL TABLET 100MG			0.24867		
PHENAZOPYRIDINE HCL ORAL TABLET 200MG			0.34588		
PHENOBARBITAL ORAL TABLET 100MG			0.08363		
PHENOBARBITAL ORAL TABLET 15 MG			0.04218		
PHENOBARBITAL ORAL TABLET 30 MG			0.04376		
PHENOBARBITAL ORAL TABLET 60MG			0.06313		
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.) 100MG"			0.21484		
PILOCARPINE HCL OPHTHALMIC DROPS 4%			0.42467		
PILOCARPINE HCL ORAL TABLET 5 MG			0.38340		
PINDOLOL ORAL TABLET 10 MG			0.12730		
PINDOLOL ORAL TABLET 5 MG			0.11210		
PIROXICAM ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"	0.08910		0.08918		
PIROXICAM ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG"	0.11310		0.12319		
POLYETHYLENE GLYCOL 3350 ORAL POWDER (GM) 17G/DOSE			0.04310		
POLYETHYLENE GLYCOL 3350 ORAL POWDER IN PACKET 17G			1.35100		
POLYMYXIN B SULFATE/TRIMETHOPRIM OPHTHALMIC DROPS 10K/ML-0.1	1.23600		0.34000		
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			0.00286		
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 1/2 NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 20 MEQ/L			0.00252		
POTASSIUM CHLORIDE IN DEXTROSE 5% AND 1/2 NORMAL SALINE INTRAVENOUS INTRAVENOUS SOLUTION 40MEQ/L			0.00286		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
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			0.00000		
POTASSIUM CHLORIDE ORAL PACKET (EA) 25 MEQ			0.23387		
POTASSIUM CHLORIDE ORAL TABLET, SUST.RELEASE,PARTICLES/CRYSTALS 10 MEQ"	0.25380		0.08938		
POTASSIUM CHLORIDE ORAL TABLET, SUST.RELEASE,PARTICLES/CRYSTALS 20 MEQ"	0.46250		0.08045		
POTASSIUM CHLORIDE ORAL TABLET, SUSTAINED ACTION 10MEQ"			0.13094		
POTASSIUM CHLORIDE ORAL TABLET, SUSTAINED ACTION 8MEQ"	0.10440		0.08678		
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			0.29230		
PRAMOXINE HCL TOPICAL GEL (GM) 1 %			0.13218		
PRAVASTATIN SODIUM ORAL TABLET 10 MG	0.25000		0.15170		
PRAVASTATIN SODIUM ORAL TABLET 20 MG	0.29170		0.15140		
PRAVASTATIN SODIUM ORAL TABLET 40 MG	0.35600		0.19210		
PRAVASTATIN SODIUM ORAL TABLET 80 MG	0.57530		0.43800		
PRAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG			0.13060		
PRAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG			0.24540		
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		1.00550		
PREDNISOLONE ORAL SOLUTION, ORAL 15MG/5ML"	0.20810		0.07821		
PREDNISOLONE ORAL SOLUTION, ORAL 5 MG/5 ML			0.11750		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 15MG/5ML	0.20890		0.10340		
PREDNISOLONE SOD PHOSPHATE ORAL SOLUTION, ORAL 5 MG/5 ML			0.06880		
PREDNISON ORAL TABLET 1 MG			0.08125		
PREDNISON ORAL TABLET 10 MG	0.06150		0.10805		
PREDNISON ORAL TABLET 2.5 MG			0.07459		
PREDNISON ORAL TABLET 20 MG	0.08040		0.20973		
PREDNISON ORAL TABLET 5 MG	0.02030		0.07587		
PREGABALIN ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG			0.13750		
PRENATAL VITAMIN NO. 15/IRON,CARBONYL/FOLIC ACID/DOCUSATE SOD ORAL TABLET 90-1-50MG"			0.23083		
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 29MG-1MG			0.28834		
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		0.45080		
PROCHLORPERAZINE MALEATE ORAL TABLET 10 MG	0.57660		0.13750		
PROCHLORPERAZINE MALEATE ORAL TABLET 5 MG	0.39860		0.16300		
PROCHLORPERAZINE MALEATE RECTAL SUPPOSITORY, RECTAL 25 MG			1.88752		
PROMETHAZINE HCL INJECTION AMPUL (ML) 25MG/ML			1.09200		
PROMETHAZINE HCL INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MG/ML			0.90630		
PROMETHAZINE HCL ORAL SYRUP 6.25MG/5ML			0.02630		
PROMETHAZINE HCL ORAL TABLET 12.5MG	0.45000		0.25460		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
PROMETHAZINE HCL ORAL TABLET 25 MG			0.24690		
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	1.03620		0.58650		
PROPAFENONE HCL ORAL TABLET 150MG	1.10490		0.24790		
PROPAFENONE HCL ORAL TABLET 225 MG	1.56240		0.35810		
PROPARACAINE HCL OPHTHALMIC DROPS 0.5%			0.42900		
PROPOXYPHENE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 65 MG			0.17010		
PROPOXYPHENE NAPSYL/ACETAMINOPHEN ORAL TABLET 100-650MG	0.18000		0.09875		
PROPOXYPHENE NAPSYL/ACETAMINOPHEN ORAL TABLET 50MG-325MG			0.65775		
PROPRANOLOL HCL ORAL CAPSULE, SUSTAINED ACTION 24 HR 120 MG	1.91600		1.16990		
PROPRANOLOL HCL ORAL CAPSULE, SUSTAINED ACTION 24 HR 160 MG	2.50880		1.53230		
PROPRANOLOL HCL ORAL CAPSULE, SUSTAINED ACTION 24 HR 60 MG	1.32240		0.83050		
PROPRANOLOL HCL ORAL CAPSULE, SUSTAINED ACTION 24 HR 80 MG	1.54470		0.94010		
PROPRANOLOL HCL ORAL TABLET 10 MG	0.05850		0.05332		
PROPRANOLOL HCL ORAL TABLET 20 MG	0.07050		0.05299		
PROPRANOLOL HCL ORAL TABLET 40MG	0.08480		0.06240		
PROPRANOLOL HCL ORAL TABLET 60MG	1.27920		0.58188		
PROPRANOLOL HCL ORAL TABLET 80 MG	0.10200		0.07100		
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		0.33730		
QUINAPRIL HCL ORAL TABLET 10 MG	0.25000		0.13750		
QUINAPRIL HCL ORAL TABLET 20 MG	0.25000		0.12570		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
QUINAPRIL HCL ORAL TABLET 40 MG	0.25000		0.12940		
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			0.38050		
RANITIDINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 300MG			0.65926		
RANITIDINE HCL ORAL SYRUP 15MG/ML	0.23780		0.14346		
RANITIDINE HCL ORAL TABLET 150 MG	0.06000		0.04531		
RANITIDINE HCL ORAL TABLET 300MG	0.12500		0.08408		
RIBAVIRIN ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG"	7.57640		1.71925		
RIBAVIRIN ORAL TABLET 200 MG			2.20010		
RIFAMPIN ORAL CAPSULE (HARD, SOFT, ETC.) 150MG"	1.47800		1.28093		
RIFAMPIN ORAL CAPSULE (HARD, SOFT, ETC.) 300MG	1.88600		1.30010		
RISPERIDONE ORAL SOLUTION, ORAL 1 MG/ML"			1.15550		
RISPERIDONE ORAL TABLET 0.25 MG	1.30050		0.35780		
RISPERIDONE ORAL TABLET 0.5 MG	1.42730		0.35580		
RISPERIDONE ORAL TABLET 1 MG	1.51730		0.35990		
RISPERIDONE ORAL TABLET 2 MG	2.53580		0.50060		
RISPERIDONE ORAL TABLET 3 MG	2.97830		0.51170		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
RISPERIDONE ORAL TABLET 4 MG	4.00020		0.52280		
ROPINIROLE HCL ORAL TABLET 0.25MG	0.75150		0.51393		
ROPINIROLE HCL ORAL TABLET 0.5 MG	0.75150		0.48039		
ROPINIROLE HCL ORAL TABLET 1 MG	0.75150		0.46038		
ROPINIROLE HCL ORAL TABLET 2 MG	0.75150		0.50226		
ROPINIROLE HCL ORAL TABLET 3 MG	0.77960		0.47188		
ROPINIROLE HCL ORAL TABLET 4 MG	0.77960		0.67561		
ROPINIROLE HCL ORAL TABLET 5 MG	0.77960		0.60350		
SALICYLIC ACID TOPICAL CREAM (GRAMS) 6 %			0.09100		
SALICYLIC ACID TOPICAL LOTION (ML) 6 %			0.08792		
SALICYLIC ACID TOPICAL SHAMPOO 6 %			0.22842		
SALSALATE ORAL TABLET 500MG			0.04392		
SALSALATE ORAL TABLET 750MG			0.20565		
SELENIUM SULFIDE TOPICAL SUSPENSION, TOPICAL (ML) 2.5 %	0.07500		0.04350		
SERTRALINE HCL ORAL CONCENTRATE, ORAL 20 MG/ML			0.78917		
SERTRALINE HCL ORAL TABLET 100MG	0.12830		0.11212		
SERTRALINE HCL ORAL TABLET 25 MG	0.12830		0.12039		
SERTRALINE HCL ORAL TABLET 50MG	0.12830		0.11391		
SILVER SULFADIAZINE TOPICAL CREAM (GRAMS) 1%	0.06280		0.07157		
SIMVASTATIN ORAL TABLET 10 MG	0.17500		0.11451		
SIMVASTATIN ORAL TABLET 20 MG	0.21000		0.11412		
SIMVASTATIN ORAL TABLET 40MG	0.25550		0.12740		
SIMVASTATIN ORAL TABLET 5 MG	0.17500		0.11495		
SIMVASTATIN ORAL TABLET 80MG	0.25550		0.16800		
SODIUM BICARBONATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1MEQ/ML			0.02270		
SODIUM CHLORIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2.5 MEQ/ML"			0.02275		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
SODIUM CHLORIDE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 4MEQ/ML"			0.01773		
SODIUM CHLORIDE IRRIGATING SOLUTION IRRIGATION SOLUTION, IRRIGATION 0.9%"			0.00216		
SODIUM CHLORIDE/SODIUM BICARBONATE/POTASSIUM CHLORIDE/PEG'S ORAL SOLUTION, RECONSTITUTED, ORAL 420G			0.00660		
SODIUM FLUORIDE DENTAL CREAM (GRAMS) 1.1%			0.10833		
SODIUM FLUORIDE ORAL DROPS 0.25MG/DRP			0.18330		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.25(0.55)"			0.10133		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 0.5(1.1)MG"			0.10737		
SODIUM FLUORIDE ORAL TABLET, CHEWABLE 1MG(2.2MG)"			0.11202		
SODIUM POLYSTYRENE SULFONATE ORAL POWDER (GM)			0.27203		
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		0.18740		
SOTALOL HCL ORAL TABLET 160 MG	2.92500		0.22360		
SOTALOL HCL ORAL TABLET 80 MG	1.78500		0.10590		
SPIRONOLACTONE ORAL TABLET 100 MG			0.75780		
SPIRONOLACTONE ORAL TABLET 25 MG	0.30000		0.13450		
SPIRONOLACTONE ORAL TABLET 50 MG			0.38610		
SPIRONOLACTONE/HYDROCHLOROTHIAZIDE ORAL TABLET 25MG-25MG	0.34630		0.23030		
STAVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG"	2.25550		1.95477		
STAVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG"	2.34570		2.03298		
STAVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG"	2.49120		2.15908		
STAVUDINE ORAL CAPSULE (HARD, SOFT, ETC.) 40MG"	2.68750		2.32917		
SUCRALFATE ORAL TABLET 1G	0.36900		0.18480		
SULFACETAMIDE SODIUM OPHTHALMIC DROPS 10%	0.16900		0.23159		
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT(GM) 10 %			0.45130		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
SULFACETAMIDE SODIUM TOPICAL SUSPENSION, TOPICAL (ML) 10 %			0.75090		
SULFACETAMIDE SODIUM/SULFUR TOPICAL CLEANSER (GM) 10-5%(W/W)			0.15747		
SULFACETAMIDE SODIUM/SULFUR TOPICAL LOTION (GM) 10-5% (W/V)			2.01032		
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 TABLET 400MG-80MG	0.13250		0.18330		
SULFAMETHOXAZOLE/TRIMETHOPRIM ORAL TABLET 800-160MG	0.37880		0.17958		
SULFASALAZINE ORAL TABLET 500MG	0.15650		0.07610		
SULFASALAZINE ORAL TABLET, DELAYED RELEASE (ENTERIC COATED) 500MG			0.26810		
SULINDAC ORAL TABLET 150MG	0.33170		0.15650		
SULINDAC ORAL TABLET 200 MG	0.42890		0.21980		
SUMATRIPTAN SUCCINATE ORAL TABLET 100MG			2.13489		
SUMATRIPTAN SUCCINATE ORAL TABLET 25 MG			2.29811		
SUMATRIPTAN SUCCINATE ORAL TABLET 50MG			2.13489		
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			127.40000		SMAC does not apply to brand
SUMATRIPTAN SUCCINATE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 6MG/0.5ML"			127.40000		SMAC does not apply to brand
TAMOXIFEN CITRATE ORAL TABLET 10 MG	0.97130		0.15040		
TAMOXIFEN CITRATE ORAL TABLET 20 MG	1.94250		0.27310		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG	0.13650		0.07410		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 30 MG	0.17480		0.09710		
TEMAZEPAM ORAL CAPSULE (HARD, SOFT, ETC.) 7.5MG"			9.04579		SMAC does not apply to brand
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 1 MG"	0.14250		0.11733		
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG"	0.14250		0.11733		
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 2 MG	0.14250		0.11000		
TERAZOSIN HCL ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG"	0.14250		0.11733		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
TERBINAFINE HCL ORAL TABLET 250 MG	0.70500		0.25100		
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		0.60160		
TERCONAZOLE VAGINAL SUPPOSITORY, VAGINAL 80 MG			14.94690		
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.) 250MG"			0.06864		
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			0.29390		
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		
TIMOLOL MALEATE OPHTHALMIC DROPS 0.5%	0.90000		0.77500		
TIMOLOL MALEATE ORAL TABLET 10 MG			0.38870		
TIMOLOL MALEATE ORAL TABLET 20 MG			0.71955		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
TIMOLOL MALEATE ORAL TABLET 5 MG			0.31200		
TIZANIDINE HCL ORAL TABLET 2 MG	0.26000		0.07180		
TIZANIDINE HCL ORAL TABLET 4 MG	0.32000		0.08240		
TOBRAMYCIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 1.2 G"			216.66667		
TOBRAMYCIN SULFATE INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40MG/ML			0.94410		
TOBRAMYCIN SULFATE OPHTHALMIC DROPS 0.3%	0.67200		0.68014		
TOLBUTAMIDE ORAL TABLET 500 MG			0.20592		
TOLMETIN SODIUM ORAL TABLET 600 MG			1.52152		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 15 MG"			1.16550		
TOPIRAMATE ORAL CAPSULE, SPRINKLE 25 MG"			1.40982		
TOPIRAMATE ORAL TABLET 100 MG	0.65930		0.24896		
TOPIRAMATE ORAL TABLET 200 MG	0.77180		0.21604		
TOPIRAMATE ORAL TABLET 25 MG	0.24200		0.10833		
TOPIRAMATE ORAL TABLET 50MG	0.48150		0.18720		
TORSEMIDE ORAL TABLET 10 MG	0.48000		0.15210		
TORSEMIDE ORAL TABLET 100MG	2.91750		0.58500		
TORSEMIDE ORAL TABLET 20 MG	0.52500		0.20140		
TORSEMIDE ORAL TABLET 5 MG	0.45000		0.18135		
TRAMADOL HCL ORAL TABLET 50MG	0.09000		0.06500		
TRAMADOL HCL/ACETAMINOPHEN ORAL TABLET 37.5-325MG			0.40400		
TRANDOLAPRIL ORAL TABLET 1 MG	0.66660		0.57772		
TRANDOLAPRIL ORAL TABLET 2 MG	0.66660		0.46090		
TRANDOLAPRIL ORAL TABLET 4 MG	0.66660		0.44240		
TRAZODONE HCL ORAL TABLET 100MG	0.11400		0.09360		
TRAZODONE HCL ORAL TABLET 150MG	0.31130		0.13330		
TRAZODONE HCL ORAL TABLET 50MG	0.07420		0.10162		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
TRETINOIN TOPICAL CREAM (GRAMS) 0.025%	1.56930		0.71250		
TRETINOIN TOPICAL CREAM (GRAMS) 0.05%			1.00240		
TRETINOIN TOPICAL CREAM (GRAMS) 0.1%			1.22910		
TRETINOIN TOPICAL GEL (GM) 0.01%			1.40686		
TRETINOIN TOPICAL GEL (GM) 0.025%			1.42580		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 0.025%	0.03750		0.05562		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 0.1%	0.04690		0.04526		
TRIAMCINOLONE ACETONIDE TOPICAL CREAM (GRAMS) 0.5%	0.23700		0.14670		
TRIAMCINOLONE ACETONIDE TOPICAL LOTION (ML) 0.1%			0.44140		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 0.025%			0.05493		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 0.1%	0.05020		0.03579		
TRIAMCINOLONE ACETONIDE TOPICAL OINTMENT(GM) 0.5%			0.17240		
TRIAMTERENE/HYDROCHLOROTHIAZIDE ORAL CAPSULE (HARD, SOFT, ETC.) 37.5-25MG	0.31770		0.14670		
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		0.11794		
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			0.36348		
TRIFLUOPERAZINE HCL ORAL TABLET 10 MG			0.74060		
TRIFLUOPERAZINE HCL ORAL TABLET 2 MG			0.43040		
TRIFLUOPERAZINE HCL ORAL TABLET 5 MG			0.49140		
TRIHEXYPHENIDYL HCL ORAL TABLET 2 MG	0.12750		0.06770		
TRIHEXYPHENIDYL HCL ORAL TABLET 5 MG	0.22950		0.13900		
TRIMETHOBENZAMIDE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 300MG	1.01930		0.72150		
TRIMETHOPRIM ORAL TABLET 100 MG			0.37750		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
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 LOTION (ML) 35 %			0.29257		
UREA TOPICAL LOTION (ML) 40 %			0.13576		
URSODIOL ORAL CAPSULE (HARD, SOFT, ETC.) 300MG			0.50630		
VALPROATE SODIUM INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 500 MG/5ML"			1.74070		
VALPROATE SODIUM ORAL SYRUP 250 MG/5ML	0.05940		0.01660		
VALPROIC ACID ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG	0.52500		0.20680		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 10 G"			62.59500		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1G			6.09460		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500MG"			3.86100		
VANCOMYCIN HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5G			28.16000		
VENLAFAXINE HCL ORAL TABLET 100MG	1.38920		1.20393		
VENLAFAXINE HCL ORAL TABLET 25 MG	1.16580		1.01036		
VENLAFAXINE HCL ORAL TABLET 37.5MG	1.20030		1.04026		
VENLAFAXINE HCL ORAL TABLET 50MG	1.23660		1.07172		
VENLAFAXINE HCL ORAL TABLET 75 MG	1.31100		0.51246		
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		0.45340		
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		0.09170		
VERAPAMIL HCL ORAL TABLET 40 MG			0.20124		
VERAPAMIL HCL ORAL TABLET 80MG	0.07730		0.06102		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
VERAPAMIL HCL ORAL TABLET, SUSTAINED ACTION 120 MG			0.39690		
VERAPAMIL HCL ORAL TABLET, SUSTAINED ACTION 180MG"	0.48380		0.26312		
VERAPAMIL HCL ORAL TABLET, SUSTAINED ACTION 240 MG	0.43500		0.26500		
VINCRIStINE SULFATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 MG/2 ML"			7.29950		
VINORELBINE TARTRATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10MG/ML"			27.10500		
VINORELBINE TARTRATE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 50MG/5ML"			16.64000		
VITAMIN B COMPLX NO.3/FOLIC ACID/ASCORBIC ACID/BIOTIN ORAL TABLET 1MG-60MG			0.24960		
WARFARIN SODIUM ORAL TABLET 1 MG	0.54030		0.12210		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 10 MG	0.89700		0.16810		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 2 MG	0.56390		0.12860		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 2.5 MG	0.58160		0.13750		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 3 MG	0.58430		0.15170		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 4 MG	0.58560		0.14670		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 5 MG	0.58970		0.12700		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 6 MG	0.83640		0.17600		SMAC does not apply to brand
WARFARIN SODIUM ORAL TABLET 7.5MG	0.86490		0.17600		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		
ZALEPLON ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG	0.73860		0.45621		
ZALEPLON ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG	0.71910		0.40195		
ZIDOVUDINE ORAL TABLET 300MG	0.91100		0.78953		
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		0.04080		
ZOLPIDEM TARTRATE ORAL TABLET 5 MG	0.07040		0.03890		

**Illinois Department of Healthcare and Family Services  
State Maximum Allowable Cost (SMAC) List  
as of May 10, 2010**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Generic Name	FUL	Old SMAC Price	Current SMAC Price	SMAC Effective Date	Notes
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG	0.49980		0.24460		
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG"	0.19310		0.16731		
ZONISAMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 50MG"	0.21120		0.18304		