

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
ABACAVIR SULFATE 300 MG TAB	0000	0.65170	04/05/2023
ACAMPROSATE CALCIUM 333 MG TAB DR	0000	0.51110	10/05/2022
ACARBOSE 100 MG TAB	0000	0.26966	09/05/2023
ACARBOSE 25 MG TAB	0000	0.15502	08/05/2023
ACARBOSE 50 MG TAB	0000	0.19326	08/05/2023
ACEBUTOLOL 200 MG CAP	0000	0.58563	03/05/2023
ACEBUTOLOL 400 MG CAP	0000	0.75552	06/05/2023
ACETAMINOPHEN WITH CODEINE 120-12MG/5 SOLUTION	0000	0.01535	05/05/2022
ACETAMINOPHEN/COD 300/15 MG TAB	0000	0.21851	09/05/2023
ACETAMINOPHEN/COD 300/30 MG TAB	0000	0.19768	10/05/2023
ACETAMINOPHEN/COD 300/60 MG TAB	0000	0.32012	07/05/2023
ACETAZOLAMIDE 250 MG TAB	0000	0.24750	05/05/2023
ACETAZOLAMIDE 500 MG CAP	0000	0.39114	07/05/2023
ACETIC ACID 0.25% IRRIG SOLN	0000	0.00460	03/05/2015
ACETIC ACID 2 % SOLN	0000	1.58324	12/05/2022
ACETIC ACID/HYDROCORTISONE 2 %-1 % DROPS	0000	9.21070	10/05/2023
ACETYLCYSTEINE 10% VIAL	0000	0.84806	05/05/2022
ACETYLCYSTEINE 20% VIAL	0000	0.55583	10/05/2023
ACITRETIN 10 MG CAPSULE	0000	7.07662	09/05/2023
ACITRETIN 25 MG CAP	0000	4.14967	07/05/2023
ACYCLOVIR 200 MG CAP	0000	0.10400	10/05/2023
ACYCLOVIR 200 MG/5 ML SUSP	0000	0.14350	10/05/2023
ACYCLOVIR 400 MG TAB	0000	0.10524	02/05/2023
ACYCLOVIR 5 % OINT. (G)	0000	0.65927	09/05/2023
ACYCLOVIR 800 MG TAB	0000	0.19958	02/05/2023
ALBUTEROL 0.83 MG/ML SOLN	0000	0.05807	05/05/2023
ALBUTEROL 2.5 MG/0.5 ML SOL	0000	0.39264	08/05/2023
ALBUTEROL 5 MG/ML SOLN	0000	2.12250	09/05/2019
ALBUTEROL SUL 1.25 MG/3 ML SOLN	0000	0.32014	10/05/2022
ALBUTEROL SULF 2 MG/5 ML SYRP	0000	0.04490	12/05/2022
ALBUTEROL SULFATE 0.63MG/3ML VIAL-NEB	0000	0.24300	12/05/2022
ALBUTEROL SULFATE 2 MG TAB	0000	0.43260	10/05/2023
ALBUTEROL SULFATE 4 MG TAB	0000	0.56684	07/05/2023
ALBUTEROL SULFATE ER 4 MG TAB	0000	1.49416	09/05/2017
ALCLOMETASONE DIP 0.05% CRM	0000	1.02863	09/05/2023
ALCLOMETASONE DIP 0.05% OINT	0000	1.04813	10/05/2023
ALENDRONATE SODIUM 10 MG TAB	0000	0.12052	04/05/2023
ALENDRONATE SODIUM 35 MG TAB	0000	0.36047	01/05/2023
ALENDRONATE SODIUM 5 MG TAB	0000	0.18514	04/05/2019
ALENDRONATE SODIUM 70 MG TAB	0000	0.29152	08/05/2023
ALFUZOSIN HCL 10 MG TAB ER 24H	0000	0.11616	10/05/2023
ALLOPURINOL 100 MG TAB	0000	0.06670	12/05/2022
ALLOPURINOL 300 MG TAB	0000	0.10022	06/05/2023
ALMOTRIPTAN MALATE 12.5 MG TAB	0000	17.02195	10/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
ALOSETRON HCL 1 MG TAB	0000	6.20242	11/05/2022
ALPRAZOLAM 0.25 MG TAB	0000	0.02169	04/05/2023
ALPRAZOLAM 0.5 MG ODT	0000	1.63999	06/05/2020
ALPRAZOLAM 0.5 MG TAB	0000	0.02184	01/05/2023
ALPRAZOLAM 1 MG ODT	0000	2.58435	08/05/2015
ALPRAZOLAM 1 MG TAB	0000	0.02429	05/05/2023
ALPRAZOLAM 2 MG TAB	0000	0.07267	09/05/2023
ALPRAZOLAM XR 0.5 MG TAB	0000	0.13923	10/05/2022
ALPRAZOLAM XR 1 MG TAB	0000	0.21222	10/05/2023
ALPRAZOLAM XR 2 MG TAB	0000	0.27068	10/05/2023
ALPRAZOLAM XR 3 MG TAB	0000	0.23256	08/05/2023
AMANTADINE 100 MG CAP	0000	0.16514	10/05/2023
AMANTADINE 100 MG TAB	0000	0.51179	09/05/2023
AMANTADINE 50 MG/5 ML SYRP	0000	0.01842	10/05/2022
AMILORIDE HCL 5 MG TAB	0000	0.18660	07/05/2023
AMILORIDE HCL/HCTZ 5/50 MG TAB	0000	0.36688	08/05/2022
AMIODARONE HCL 100 MG TAB	0000	0.71878	10/05/2023
AMIODARONE HCL 200 MG TAB	0000	0.13117	01/05/2023
AMIODARONE HCL 400 MG TAB	0000	1.47000	09/05/2023
AMITRIPTYLINE HCL 10 MG TAB	0000	0.08307	07/05/2023
AMITRIPTYLINE HCL 100 MG TAB	0000	0.30196	11/05/2022
AMITRIPTYLINE HCL 150 MG TAB	0000	0.21450	08/05/2023
AMITRIPTYLINE HCL 25 MG TAB	0000	0.07143	12/05/2022
AMITRIPTYLINE HCL 50 MG TAB	0000	0.13650	02/05/2023
AMITRIPTYLINE HCL 75 MG TAB	0000	0.16049	08/05/2023
AMLODIPINE BESYLATE 10 MG TAB	0000	0.01749	06/05/2023
AMLODIPINE BESYLATE 2.5 MG TAB	0000	0.01599	03/05/2023
AMLODIPINE BESYLATE 5 MG TAB	0000	0.01170	12/05/2022
AMLODIPINE-ATORVAST 5-40 MG TAB	0000	1.71500	10/05/2023
AMLODIPINE-BENAZEPRIL 10-40 MG CAP	0000	0.16404	10/05/2023
AMLODIPINE-BENAZEPRIL 10/20 MG CAP	0000	0.14951	12/05/2022
AMLODIPINE-BENAZEPRIL 2.5/10 MG CAP	0000	0.14868	04/05/2023
AMLODIPINE-BENAZEPRIL 5-40 MG CAP	0000	0.16434	03/05/2023
AMLODIPINE-BENAZEPRIL 5/10 MG CAP	0000	0.12756	06/05/2023
AMLODIPINE-BENAZEPRIL 5/20 MG CAP	0000	0.13926	02/05/2023
AMLODIPINE/ATORVASTATIN 10 MG-10 MG TAB	0000	1.32635	10/05/2023
AMLODIPINE/ATORVASTATIN 10 MG-20 MG TAB	0000	1.65467	09/05/2023
AMLODIPINE/ATORVASTATIN 10 MG-40 MG TAB	0000	1.46059	10/05/2023
AMLODIPINE/ATORVASTATIN 5 MG-10 MG TAB	0000	2.90896	08/05/2023
AMLODIPINE/ATORVASTATIN 5 MG-20 MG TAB	0000	1.74337	04/05/2023
AMMONIUM LACTATE 12% CRM	0000	0.07053	01/05/2023
AMMONIUM LACTATE 12% LOT	0000	0.06521	07/05/2023
AMOX TR-K CLV 200-28.5 MG/5ML SUSP	0000	0.06657	03/05/2023
AMOX TR-K CLV 200-28.5 TAB CHW	0000	2.32040	03/05/2015

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
AMOX TR-K CLV 250-125 MG TAB	0000	1.48393	05/05/2023
AMOX TR-K CLV 250-62.5/5 SUSP	0000	0.52126	04/05/2023
AMOX TR-K CLV 400-57 MG TAB CHEW	0000	2.42849	03/05/2023
AMOX TR-K CLV 400-57 MG/5 ML SUSP	0000	0.09742	07/05/2023
AMOX TR-K CLV 500-125 MG TAB	0000	0.30617	01/05/2023
AMOX TR-K CLV 600-42.9 MG/5 ML SUSP	0000	0.09162	06/05/2023
AMOX TR-K CLV 875-125 MG TAB	0000	0.29480	11/05/2022
AMOXICILLIN 125 MG/5 ML SUSP	0000	0.02053	07/05/2023
AMOXICILLIN 200 MG/5 ML SUSP	0000	0.03579	10/05/2023
AMOXICILLIN 250 MG CAP	0000	0.06006	08/05/2023
AMOXICILLIN 250 MG TAB CHEW	0000	0.27234	08/05/2023
AMOXICILLIN 250 MG/5 ML SUSP	0000	0.02574	09/05/2023
AMOXICILLIN 400 MG/5 ML SUSP	0000	0.02700	12/05/2022
AMOXICILLIN 500 MG CAP	0000	0.07918	05/05/2023
AMOXICILLIN 875 MG TAB	0000	0.14011	09/05/2022
AMOXICILLIN-CLAV ER 1,000-62.5 TAB	0000	5.48389	06/05/2023
AMPHETAMINE SALTS 10 MG TAB	0000	0.78587	07/05/2023
AMPHETAMINE SALTS 12.5 MG TAB	0000	0.53191	09/05/2023
AMPHETAMINE SALTS 15 MG TAB	0000	0.33556	03/05/2023
AMPHETAMINE SALTS 20 MG TAB	0000	0.78260	09/05/2022
AMPHETAMINE SALTS 30 MG TAB	0000	0.84947	01/05/2023
AMPHETAMINE SALTS 5 MG TAB	0000	0.31901	10/05/2023
AMPHETAMINE SALTS 7.5 MG TAB	0000	0.51210	07/05/2023
AMPHETAMINE SULFATE 10 MG TAB	0000	0.73578	09/05/2023
AMPHETAMINE SULFATE 5 MG TAB	0000	5.15545	02/05/2020
AMPICILLIN TR 250 MG CAP	0000	0.11462	08/05/2017
AMPICILLIN TR 500 MG CAP	0000	0.45847	02/05/2023
AMPICILLIN-SULBACTAM 3 GM VIAL	0000	5.62800	03/05/2015
ANAGRELIDE HCL 0.5 MG CAP	0000	0.74793	03/05/2022
ANAGRELIDE HCL 1 MG CAP	0000	1.72712	02/05/2017
ANASTROZOLE 1 MG TAB	0000	0.15150	08/05/2023
APAP-BUTALBITAL 325/50 MG TAB	0000	0.81507	10/05/2023
ASA/BUTALB/CAFF/COD 325/50/40/30 MG CAP	0000	0.94833	10/05/2023
ASPIRIN 81 MG TAB CHEW	0000	0.02577	06/05/2023
ASPIRIN 81 MG TAB DR	0000	0.01472	10/05/2022
ATENOLOL 100 MG TAB	0000	0.04132	08/05/2023
ATENOLOL 25 MG TAB	0000	0.02572	09/05/2023
ATENOLOL 50 MG TAB	0000	0.03132	07/05/2023
ATENOLOL/CHLORTHALIDONE 100/25 MG TAB	0000	0.49842	05/05/2023
ATENOLOL/CHLORTHALIDONE 50/25 MG TAB	0000	0.45055	05/05/2023
ATORVASTATIN CALCIUM 10 MG TAB	0000	0.04235	05/05/2023
ATORVASTATIN CALCIUM 20 MG TAB	0000	0.05947	12/05/2022
ATORVASTATIN CALCIUM 40 MG TAB	0000	0.08288	06/05/2023
ATORVASTATIN CALCIUM 80 MG TAB	0000	0.09092	07/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
ATOVAQUONE 750 MG/5ML ORAL SUSP	0000	1.06626	10/05/2022
ATOVAQUONE/PROGUANIL HCL 250 MG-100 MG TAB	0000	2.22626	04/05/2023
AZATHIOPRINE 50 MG TAB	0000	0.27414	09/05/2023
AZELASTINE 137 MCG NASAL SPRY	0000	0.61060	12/05/2022
AZELASTINE HCL 0.05 % DROPS	0000	1.51216	08/05/2022
AZELASTINE HCL 205.5MCG SPRAY/PUMP	0000	0.83075	12/05/2022
AZITHROMYCIN 100 MG/5 ML SUSP	0000	0.93857	08/05/2022
AZITHROMYCIN 200 MG/5 ML SUSP	0000	0.40996	04/05/2023
AZITHROMYCIN 250 MG TAB	0000	0.50443	08/05/2023
AZITHROMYCIN 500 MG TAB	0000	0.63440	12/05/2022
AZITHROMYCIN 600 MG TAB	0000	0.78500	04/05/2023
BACITRACIN-POLYMYXIN OINT	0000	3.09088	03/05/2023
BACLOFEN 10 MG TAB	0000	0.12387	04/05/2023
BACLOFEN 20 MG TAB	0000	0.08522	10/05/2023
BALSALAZIDE DISODIUM 750 MG CAP	0000	0.42683	11/05/2022
BENAZEPRIL HCL 10 MG TAB	0000	0.07085	03/05/2023
BENAZEPRIL HCL 20 MG TAB	0000	0.07343	02/05/2023
BENAZEPRIL HCL 40 MG TAB	0000	0.09550	01/05/2023
BENAZEPRIL HCL 5 MG TAB	0000	0.04922	09/05/2023
BENAZEPRIL/HCTZ 10/12.5 MG TAB	0000	0.19568	10/05/2023
BENAZEPRIL/HCTZ 20/12.5 MG TAB	0000	0.29558	10/05/2023
BENAZEPRIL/HCTZ 20/25 MG TAB	0000	0.41961	06/05/2023
BENAZEPRIL/HCTZ 5/6.25 MG TAB	0000	1.69356	11/05/2015
BENZONATATE 100 MG CAP	0000	0.13144	07/05/2023
BENZOYL PEROXIDE 4 % CLEANSER	0000	0.05042	11/05/2017
BENZTROPINE MES 0.5 MG TAB	0000	0.09381	08/05/2023
BENZTROPINE MES 1 MG TAB	0000	0.09495	06/05/2023
BENZTROPINE MES 2 MG TAB	0000	0.12082	08/05/2023
BETAMET DIPROP/PROP GLY 0.05% LOT	0000	0.76645	08/05/2023
BETAMETHASONE DP 0.05% AUGMTD CRM	0000	0.21521	06/05/2023
BETAMETHASONE DP 0.05% AUGMTD OINT	0000	0.81798	04/05/2023
BETAMETHASONE DP 0.05% CRM	0015	0.74897	10/05/2023
BETAMETHASONE DP 0.05% CRM	0045	1.37658	03/05/2023
BETAMETHASONE DP 0.05% LOT	0000	0.40253	10/05/2023
BETAMETHASONE DP 0.05% OINT	0045	0.72840	06/05/2023
BETAMETHASONE DP 0.05% OINT	0015	0.75899	10/05/2023
BETAMETHASONE VA 0.1% CRM	0000	0.71339	10/05/2023
BETAMETHASONE VA 0.1% LOT	0060	0.81169	04/05/2023
BETAMETHASONE VA 0.1% OINT	0000	0.73417	10/05/2023
BETAMETHASONE VALERATE 0.12 % FOAM	0000	0.99864	10/05/2023
BETHANECHOL 10 MG TAB	0000	0.19107	10/05/2023
BETHANECHOL 25 MG TAB	0000	0.27169	10/05/2023
BETHANECHOL 5 MG TAB	0000	0.17926	08/05/2023
BETHANECHOL CHLORIDE 50 MG TAB	0000	0.23904	10/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
BICALUTAMIDE 50 MG TAB	0000	0.36671	10/05/2023
BISOPROLOL FUMARATE 10 MG TAB	0000	0.32486	10/05/2023
BISOPROLOL FUMARATE 5 MG TAB	0000	0.29831	01/05/2023
BISOPROLOL/HCTZ 10/6.25 MG TAB	0000	0.24580	05/05/2023
BISOPROLOL/HCTZ 2.5/6.25 MG TAB	0000	0.22374	10/05/2023
BISOPROLOL/HCTZ 5/6.25 MG TAB	0000	0.28382	12/05/2022
BRIMONIDINE 0.2% EYE DROPS	0000	0.77026	11/05/2022
BROMFENAC SODIUM 0.09% EYE DROPS	0000	43.36588	10/05/2023
BROMOCRIPTINE 2.5 MG TAB	0000	1.69542	03/05/2023
BROMOCRIPTINE 5 MG CAP	0000	3.48720	10/05/2023
BUDESONIDE EC 3 MG CAP	0000	0.68956	10/05/2022
BUMETANIDE 0.5 MG TAB	0000	0.25866	07/05/2023
BUMETANIDE 1 MG TAB	0000	0.31741	02/05/2023
BUMETANIDE 2 MG TAB	0000	0.68245	06/05/2023
BUPRENORPHINE HCL 2 MG TAB SL	0000	0.49710	05/05/2023
BUPRENORPHINE HCL 8 MG TAB SL	0000	1.07831	09/05/2023
BUPRENORPHINE HCL/NALOXONE HCL 2 MG-0.5MG TAB SUBL	0000	0.53576	04/05/2023
BUPRENORPHINE HCL/NALOXONE HCL 8 MG-2 MG TAB SUBL	0000	0.97275	05/05/2023
BUPROPION HCL 100 MG TAB	0000	0.18768	05/05/2023
BUPROPION HCL 75 MG TAB	0000	0.12673	05/05/2023
BUPROPION HCL ER 100 MG TAB	0000	0.10875	05/05/2023
BUPROPION HCL ER 200 MG TAB	0000	0.16489	10/05/2023
BUPROPION HCL SR 150 MG TAB - AB1	0000	0.10685	03/05/2023
BUPROPION HCL SR 150 MG TAB - AB2	0000	0.35223	03/05/2023
BUPROPION XL 150MG TAB	0000	0.11924	08/05/2023
BUPROPION XL 300 MG TAB	0000	0.17804	08/05/2023
BUSPIRONE HCL 10 MG TAB	0000	0.06341	05/05/2023
BUSPIRONE HCL 15 MG TAB	0000	0.06488	07/05/2023
BUSPIRONE HCL 30 MG TAB	0000	0.13295	10/05/2023
BUSPIRONE HCL 5 MG TAB	0000	0.03790	05/05/2023
BUSPIRONE HCL 7.5 MG TAB	0000	0.18940	04/05/2023
BUTALBITAL/APAP/CAFF 50/325/40 MG TAB	0000	0.15252	12/05/2022
BUTALBITAL/ASA/CAFF 50/325/40 MG CAP	0000	0.68462	07/05/2023
BUTALBITAL/CAF/APAP/COD 50/40/325/30 MG CAP	0000	0.84132	09/05/2023
BUTORPHANOL 10 MG/ML SPRY	0000	14.16489	08/05/2023
CABERGOLINE 0.5 MG TAB	0000	1.83367	10/05/2023
CALCIPOTRIENE 0.005 % CREAM (G)	0000	1.01857	03/05/2023
CALCIPOTRIENE/BETAMETHASONE 0.005-.064 OINT. (G)	0000	2.80719	06/05/2023
CALCITRIOL 0.25 MCG CAP	0000	0.22454	07/05/2023
CALCITRIOL 0.5 MCG CAP	0000	0.29047	07/05/2023
CALCITRIOL 1 MCG/ML SOLN	0000	4.66767	09/05/2023
CALCIUM ACETATE 667 MG CAP	0000	0.25840	10/05/2022
CANDESARTAN CILEXETIL 16 MG TAB	0000	0.80478	09/05/2023
CANDESARTAN CILEXETIL 32 MG TAB	0000	0.89112	12/05/2022

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
CANDESARTAN CILEXETIL 8 MG TAB	0000	0.69512	04/05/2023
CANDESARTAN/HCTZ 16 MG-12.5 MG TAB	0000	0.91564	10/05/2023
CANDESARTAN/HCTZ 32 MG/12.5 MG TAB	0000	1.36078	08/05/2023
CAPECITABINE 500 MG TABLET	0000	0.55935	01/05/2023
CAPTOPRIL 100 MG TAB	0000	0.93209	09/05/2023
CAPTOPRIL 12.5 MG TAB	0000	0.46787	10/05/2023
CAPTOPRIL 25 MG TAB	0000	0.35695	06/05/2023
CAPTOPRIL 50 MG TAB	0000	0.29352	10/05/2023
CAPTOPRIL/HCTZ 50/15 MG TAB	0000	1.92420	06/05/2016
CARBAMAZEPINE 100 MG CPMP 12HR	0000	1.33012	06/05/2023
CARBAMAZEPINE 100 MG TAB CHEW	0000	0.33387	01/05/2023
CARBAMAZEPINE 100 MG/5 ML SUSP	0000	0.13232	02/05/2023
CARBAMAZEPINE 200 MG CPMP 12HR	0000	1.12052	08/05/2023
CARBAMAZEPINE 200 MG TAB	0000	0.34264	08/05/2020
CARBAMAZEPINE 200 MG TAB SR 12H	0000	0.79065	10/05/2023
CARBAMAZEPINE 400 MG TAB SR 12H	0000	0.75440	10/05/2023
CARBAMAZEPINE ER 300 MG CAP	0000	1.21350	07/05/2023
CARBIDOPA-LEVO 10-100 MG ODT	0000	1.06300	12/05/2014
CARBIDOPA-LEVODOPA-ENTA 100 MG TAB	0000	0.71432	02/05/2023
CARBIDOPA-LEVODOPA-ENTA 150 MG TAB	0000	1.09040	06/05/2021
CARBIDOPA-LEVODOPA-ENTA 200 MG TAB	0000	0.94787	10/05/2023
CARBIDOPA/LEVO 10/100 MG TAB	0000	0.10900	05/05/2023
CARBIDOPA/LEVO 25/100 MG TAB	0000	0.11140	04/05/2023
CARBIDOPA/LEVO 25/100 MG TAB RAPDIS	0000	0.80301	12/05/2022
CARBIDOPA/LEVO 25/100 MG TAB SA	0000	0.21943	02/05/2023
CARBIDOPA/LEVO 25/250 MG TAB	0000	0.13409	04/05/2023
CARBIDOPA/LEVO 50/200 MG TAB SA	0000	0.47285	07/05/2023
CARBINOXAMINE MALEATE 4 MG TAB	0000	0.34416	06/05/2023
CARBINOXAMINE MALEATE 4 MG/5 ML LIQUID	0000	0.14841	02/05/2019
CARBOPLATIN 50 MG/5 ML VIAL	0000	1.73240	06/05/2015
CARISOPRODOL 350 MG TAB	0000	0.07524	10/05/2023
CARTEOLOL HCL 1% EYE DROPS	0000	1.38433	10/05/2023
CARVEDILOL 12.5 MG TAB	0000	0.02924	02/05/2023
CARVEDILOL 25 MG TAB	0000	0.03558	03/05/2023
CARVEDILOL 3.125 MG TAB	0000	0.02729	02/05/2023
CARVEDILOL 6.25 MG TAB	0000	0.02940	07/05/2023
CDP/AMITRIP 10/25 MG TAB	0000	1.86937	06/05/2019
CDP/AMITRIP 5/12.5 MG TAB	0000	1.25486	03/05/2019
CEFACLOR 500 MG CAP	0000	1.21680	04/05/2023
CEFADROXIL 250 MG/5 ML SUSP	0000	0.21599	05/05/2023
CEFADROXIL 500 MG CAP	0000	0.26678	11/05/2022
CEFAZOLIN 1 GM VIAL	0000	1.02937	09/05/2015
CEFAZOLIN 10 GM VIAL	0000	11.55000	06/05/2015
CEFDINIR 125 MG/5 ML SUSP	0000	0.12776	04/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
CEFDINIR 250 MG/5 ML SUSP	0000	0.16981	05/05/2023
CEFDINIR 300 MG CAP	0000	0.44529	01/05/2023
CEFEPIME HCL 2 GRAM VIAL	0000	10.29000	12/05/2014
CEFPODOXIME 200 MG TAB	0000	2.71009	01/05/2023
CEFPROZIL 125 MG/5 ML SUSP	0000	0.16272	10/05/2023
CEFPROZIL 250 MG TAB	0000	0.55723	04/05/2023
CEFPROZIL 250 MG/5 ML SUSP	0000	0.26612	12/05/2022
CEFPROZIL 500 MG TAB	0000	1.08270	05/05/2023
CEFTAZIDIME 6 GM VIAL	0000	25.20000	12/05/2014
CEFTAZIDIME PENTAHYDRATE 1 GM VIAL	0000	4.72500	12/05/2014
CEFTRIAZONE 1 GM VIAL	0000	1.86743	08/05/2023
CEFTRIAZONE 10 GM VIAL	0000	29.40000	12/05/2014
CEFTRIAZONE 2 GM VIAL	0000	3.60900	05/05/2016
CEFTRIAZONE 250 MG VIAL	0000	1.64400	12/05/2020
CEFTRIAZONE 500 MG VIAL	0000	0.97033	06/05/2022
CEFUROXIME AXETIL 250 MG TAB	0000	0.41358	10/05/2022
CEFUROXIME AXETIL 500 MG TAB	0000	1.13606	01/05/2023
CEPHALEXIN 125 MG/5 ML SUSP	0000	0.06485	04/05/2023
CEPHALEXIN 250 MG CAP	0000	0.08823	12/05/2022
CEPHALEXIN 250 MG/5 ML SUSP	0000	0.14085	09/05/2023
CEPHALEXIN 500 MG CAP	0000	0.12608	10/05/2023
CETIRIZINE 1 MG/ML SOLN	0000	0.03152	05/05/2023
CETIRIZINE 5 MG TAB	0000	0.05524	05/05/2023
CETIRIZINE HCL 10 MG TAB	0000	0.06708	05/05/2023
CETIRIZINE HCL/PSEUDOEPHEDRINE 5-120MG TAB ER 12H	0000	0.55758	12/05/2022
CEVIMELINE HCL 30 MG CAP	0000	1.23569	06/05/2023
CHLORDIAZEPOXIDE 10 MG CAP	0000	0.10844	06/05/2023
CHLORDIAZEPOXIDE 25 MG CAP	0000	0.13333	08/05/2023
CHLORDIAZEPOXIDE 5 MG CAP	0000	0.18778	07/05/2022
CHLORHEXIDINE 0.12% RINSE	0000	0.00709	03/05/2023
CHLORHALIDONE 25 MG TAB	0000	0.19164	07/05/2023
CHLORZOXAZONE 500 MG TAB	0000	0.24945	10/05/2022
CHOLESTYRAMINE LIGHT PWDR - PREVALITE	0000	0.23988	02/05/2023
CHOLESTYRAMINE PWDR -QUESTRAN	0000	0.14554	09/05/2023
CHOLESTYRAMINE/ASPARTAME 4 GRAM PK	0000	0.98999	01/05/2023
CHOLESTYRAMINE/SUCROSE 4 GRAM PK	0000	1.28854	09/05/2023
CICLOPIROX 0.77 % GEL	0000	1.19711	12/05/2022
CICLOPIROX 0.77% CRM	0000	0.22471	12/05/2022
CICLOPIROX 1 % SHAMPOO	0000	0.22655	10/05/2023
CICLOPIROX 8% SOLN	0000	1.94463	10/05/2023
CILOSTAZOL 100 MG TAB	0000	0.13345	05/05/2023
CILOSTAZOL 50 MG TAB	0000	0.13556	08/05/2022
CIMETIDINE 200 MG TAB	0000	0.29993	09/05/2022
CIMETIDINE 300 MG TAB	0000	0.32901	02/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
CIMETIDINE 300 MG/5 ML SOLN	0000	0.11165	10/05/2022
CIMETIDINE 400 MG TAB	0000	0.39121	09/05/2023
CIMETIDINE 800 MG TAB	0000	0.93362	12/05/2022
CIPROFLOXACIN 0.3% EYE DROPS	0000	2.27214	06/05/2023
CIPROFLOXACIN HCL 250 MG TAB	0000	0.09547	08/05/2023
CIPROFLOXACIN HCL 500 MG TAB	0000	0.15205	10/05/2023
CIPROFLOXACIN HCL 750 MG TAB	0000	0.27316	10/05/2023
CITALOPRAM 10 MG/5 ML SOLN	0000	0.21222	04/05/2023
CITALOPRAM HBR 10 MG TAB	0000	0.02706	02/05/2023
CITALOPRAM HBR 20 MG TAB	0000	0.03589	12/05/2022
CITALOPRAM HBR 40 MG TAB	0000	0.03783	01/05/2023
CLADRIBINE 10 MG/10ML VIAL	0000	38.59500	06/05/2015
CLARITHROMYCIN 125MG/ML SUSP	0000	0.77075	08/05/2018
CLARITHROMYCIN 250 MG TAB	0000	0.42188	08/05/2023
CLARITHROMYCIN 250MG/ML SUSP	0000	1.46325	11/05/2022
CLARITHROMYCIN 500 MG TAB	0000	0.53298	12/05/2022
CLARITHROMYCIN ER 500 MG TAB	0000	4.31933	01/05/2023
CLEMASTINE FUM 2.68 MG TAB	0000	0.88057	11/05/2021
CLINDAMYCIN 2% VAG CRM	0000	1.72249	05/05/2023
CLINDAMYCIN HCL 150 MG CAP	0000	0.12031	02/05/2023
CLINDAMYCIN HCL 300 MG CAP	0000	0.28440	12/05/2022
CLINDAMYCIN PALM HCL 75 MG/5 ML SOLN RECON	0000	0.15691	10/05/2023
CLINDAMYCIN PH 1% GEL	0000	0.44514	05/05/2023
CLINDAMYCIN PH 1% LOT	0000	0.47503	05/05/2023
CLINDAMYCIN PH 1% SOLN	0000	0.26764	02/05/2023
CLINDAMYCIN PH 150 MG/ML VIAL	0000	0.29828	06/05/2016
CLINDAMYCIN PH/BENZ PEROX 1%-5% GEL	0000	0.90014	10/05/2023
CLINDAMYCIN PHOS/BENZOYL PEROX 1 %-5 % GEL W/PUMP	0050	2.20956	10/05/2019
CLINDAMYCIN PHOSPHATE 1% FOAM	0000	4.36739	10/05/2018
CLOBAZAM 10 MG TABLET	0000	0.37389	10/05/2023
CLOBAZAM 2.5 MG/ML ORAL SUSP	0000	0.26516	09/05/2023
CLOBAZAM 20 MG TABLET	0000	0.54468	10/05/2023
CLOBETASOL 0.05% CRM	0000	0.33046	02/05/2023
CLOBETASOL 0.05% GEL	0000	0.58040	04/05/2023
CLOBETASOL 0.05% OINT	0000	0.18533	05/05/2023
CLOBETASOL 0.05% SOLN	0000	0.29030	10/05/2023
CLOBETASOL EMOLLIENT 0.05% CRM	0000	0.64970	09/05/2023
CLOBETASOL PROPIONATE 0.05 % FOAM	0000	0.39707	08/05/2023
CLOBETASOL PROPIONATE 0.05 % LOTION	0000	0.60215	09/05/2023
CLOBETASOL PROPIONATE 0.05 % SHAMPOO	0000	0.37610	03/05/2023
CLOBETASOL PROPIONATE 0.05 % SPRAY	0000	0.40799	09/05/2023
CLOMIPRAMINE 25 MG CAP	0000	0.48241	10/05/2023
CLOMIPRAMINE 50 MG CAP	0000	0.37171	01/05/2023
CLOMIPRAMINE 75 MG CAP	0000	0.50420	01/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
CLONAZEPAM 0.125 MG DIS TAB	0000	0.60418	10/05/2023
CLONAZEPAM 0.25 MG DIS TAB	0000	0.52405	01/05/2023
CLONAZEPAM 0.5 MG DIS TAB	0000	0.58851	09/05/2023
CLONAZEPAM 0.5 MG TAB	0000	0.02515	01/05/2023
CLONAZEPAM 1 MG DIS TAB	0000	0.55651	07/05/2023
CLONAZEPAM 1 MG TAB	0000	0.03068	02/05/2023
CLONAZEPAM 2 MG TAB	0000	0.03701	03/05/2023
CLONIDINE HCL 0.1 MG TAB	0000	0.02824	09/05/2023
CLONIDINE HCL 0.1 MG TAB ER 12H	0000	0.24147	10/05/2023
CLONIDINE HCL 0.2 MG TAB	0000	0.04336	01/05/2023
CLONIDINE HCL 0.3 MG TAB	0000	0.04549	07/05/2023
CLOPIDOGREL BISULFATE 75 MG TAB	0000	0.07839	12/05/2022
CLORAZEPATE 15 MG TAB	0000	1.19312	07/05/2023
CLORAZEPATE 3.75 MG TAB	0000	0.85574	10/05/2023
CLORAZEPATE 7.5 MG TAB	0000	0.86862	09/05/2023
CLOTRIMAZOLE 1% CRM	0000	0.49634	03/05/2023
CLOTRIMAZOLE 1% SOLN	0000	1.63874	10/05/2023
CLOTRIMAZOLE 10 MG TROCHE	0000	0.54128	12/05/2022
CLOTRIMAZOLE-BETAMETH CRM	0000	0.23867	05/05/2023
CLOTRIMAZOLE-BETAMETH CRM	0015	0.28598	06/05/2023
CLOTRIMAZOLE-BETAMETH LOT	0000	2.69583	10/05/2023
CLOZAPINE 100 MG TAB	0000	0.68280	08/05/2023
CLOZAPINE 200 MG TAB	0000	1.54898	09/05/2023
CLOZAPINE 25 MG TAB	0000	0.27689	06/05/2023
CLOZAPINE 50 MG TAB	0000	0.60331	08/05/2023
COLCHICINE/PROBENECID 0.5 MG-500 MG TAB	0000	0.99410	01/05/2023
COLESTIPOL HCL 1 GM TAB	0000	0.87167	07/05/2023
COLISTIMETHATE 150 MG VIAL	0000	20.66166	06/05/2019
CROMOLYN SODIUM 20 MG/ML ORAL CONC	0000	0.27463	10/05/2023
CROMOLYN SODIUM 4% EYE DROPS	0000	0.58273	10/05/2023
CYANOCOBALAMIN 1,000 MCG/ML VIAL	0000	2.35049	02/05/2023
CYCLOBENZAPRINE 10 MG TAB	0000	0.02235	12/05/2022
CYCLOBENZAPRINE 5 MG TAB	0000	0.02640	08/05/2023
CYCLOPENTOLATE 1% EYE DROPS	0000	1.67920	10/05/2023
CYCLOPENTOLATE 1% EYE DROPS	0002	2.62650	10/05/2023
CYCLOSPORINE 100 MG CAP	0000	8.36256	07/05/2023
CYCLOSPORINE 100 MG/ML SOLN	0000	5.11760	05/05/2016
CYCLOSPORINE 25 MG CAP	0000	2.30094	12/05/2022
CYCLOSPORINE MODIFIED 25 MG	0000	0.40012	03/05/2023
CYCLOSPORINE, MODIFIED 100 MG CAP	0000	1.88693	10/05/2023
CYCLOSPORINE, MODIFIED 50 MG CAPSULE	0000	1.13358	08/05/2023
CYPROHEPTADINE 2 MG/5 ML SYRP	0000	0.06138	03/05/2023
CYPROHEPTADINE 4 MG TAB	0000	0.09282	08/05/2022
D-AMPHETAMINE 10 MG TAB	0000	0.37151	10/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
D-AMPHETAMINE 15 MG CAP SA	0000	0.95915	10/05/2023
D-AMPHETAMINE 5 MG TAB	0000	0.53592	10/05/2023
DANAZOL 200 MG CAP	0000	7.09312	02/05/2016
DANTROLENE SODIUM 100 MG CAP	0000	0.94864	08/05/2023
DANTROLENE SODIUM 25 MG CAP	0000	0.40432	05/05/2023
DANTROLENE SODIUM 50 MG CAP	0000	0.52255	10/05/2023
DAPSONE 100 MG TAB	0000	0.96027	03/05/2023
DAPSONE 25 MG TAB	0000	0.59449	01/05/2023
DEFEROXAMINE 2 GM VIAL	0000	43.26000	12/05/2014
DEMECLOCYCLINE 150 MG TAB	0000	3.33750	10/05/2017
DESIPRAMINE 10 MG TAB	0000	0.07775	06/05/2023
DESIPRAMINE 100 MG TAB	0000	1.08093	11/05/2022
DESIPRAMINE 25 MG TAB	0000	0.19184	08/05/2023
DESIPRAMINE 50 MG TAB	0000	0.34988	03/05/2023
DESIPRAMINE HCL 75 MG TAB	0000	2.33220	09/05/2014
DES Loratadine 5 MG TAB	0000	0.38415	02/05/2023
DESMOPRESSIN 10 MCG/0.1ML SPRY	0000	7.13845	10/05/2023
DESMOPRESSIN ACET 0.1 MG TAB	0000	0.36942	08/05/2023
DESMOPRESSIN ACET 0.2 MG TAB	0000	0.66188	05/05/2023
DESONIDE 0.05% CRM	0000	0.36097	10/05/2023
DESONIDE 0.05% LOT	0000	0.59569	06/05/2023
DESONIDE 0.05% OINT	0000	0.68026	09/05/2023
DESOXIMETASONE 0.05% CRM	0060	1.97647	02/05/2023
DESOXIMETASONE 0.05% GEL	0060	3.73720	05/05/2016
DESOXIMETASONE 0.05% GEL	0015	3.92174	09/05/2015
DESOXIMETASONE 0.25% CRM	0060	0.41331	10/05/2023
DESOXIMETASONE 0.25% CRM	0015	0.67172	09/05/2023
DESOXIMETASONE 0.25% OINT	0060	0.29304	10/05/2023
DESOXIMETASONE 0.25% OINT	0015	0.61880	10/05/2022
DESOXIMETASONE 0.25% OINT	0000	4.68848	09/05/2015
DEXAMETHASONE 0.1% EYE DROPS	0000	7.85843	10/05/2023
DEXAMETHASONE 0.5 MG/5 ML ELX	0000	0.10434	03/05/2023
DEXAMETHASONE 1.5 MG TAB	0000	0.22827	06/05/2023
DEXAMETHASONE SP 4 MG/ML VIAL	0000	0.77471	10/05/2020
DIAZEPAM 10 MG TAB	0000	0.02885	01/05/2023
DIAZEPAM 2 MG TAB	0000	0.02273	03/05/2023
DIAZEPAM 5 MG TAB	0000	0.03026	02/05/2023
DICLOFENAC POT 50 MG TAB	0000	0.20931	09/05/2022
DICLOFENAC SOD 50 MG TAB EC	0000	0.16431	01/05/2023
DICLOFENAC SOD 75 MG TAB EC	0000	0.11246	01/05/2023
DICLOFENAC SOD ER 100 MG TAB	0000	0.75114	07/05/2023
DICLOFENAC SODIUM 0.1% DROPS	0000	2.06363	03/05/2023
DICLOFENAC SODIUM 1 % GEL	0000	0.10457	08/05/2022
DICLOFENAC SODIUM 1.5 % DROPS	0000	0.13265	10/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
DICLOFENAC SODIUM 25 MG TABLET DR	0000	0.87084	10/05/2022
DICLOFENAC SODIUM 3 % GEL (GRAM)	0000	0.41088	10/05/2023
DICLOFENAC SODIUM/MISOPROSTOL 75 MG-200 TAB IR DR	0000	1.10188	06/05/2023
DICLOFENAC-MISOPROST 50 MG-200 MCG TAB	0000	1.20134	06/05/2023
DICLOXACILLIN 250 MG CAP	0000	0.54869	08/05/2023
DICLOXACILLIN 500 MG CAP	0000	1.08286	06/05/2023
DICYCLOMINE 10 MG CAP	0000	0.11818	03/05/2023
DICYCLOMINE 20 MG TAB	0000	0.17101	09/05/2023
DIFLUNISAL 500 MG TAB	0000	1.08199	04/05/2023
DIGOXIN 125 MCG TAB	0000	0.22592	04/05/2023
DIGOXIN 250 MCG TAB	0000	0.17098	05/05/2023
DILTIAZEM 120 MG TAB	0000	0.31727	05/05/2023
DILTIAZEM 30 MG TAB	0000	0.09857	07/05/2023
DILTIAZEM 60 MG TAB	0000	0.15510	07/05/2023
DILTIAZEM 90 MG TAB	0000	0.17797	10/05/2023
DILTIAZEM ER 120 MG CAP SA	0000	3.82442	02/05/2023
DILTIAZEM ER 90 MG CAP SA	0000	2.43831	08/05/2023
DILTIAZEM HCL 120 MG CAP SA - AB2	0000	0.53844	02/05/2023
DILTIAZEM HCL 120 MG CAP SA - AB3	0000	0.18383	04/05/2023
DILTIAZEM HCL 120 MG CAP SA - AB4	0000	0.25453	12/05/2022
DILTIAZEM HCL 180 MG CAP SA - AB2	0000	0.55153	07/05/2023
DILTIAZEM HCL 180 MG CAP SA - AB3	0000	0.18915	02/05/2023
DILTIAZEM HCL 180 MG CAP SA - AB4	0000	0.33693	11/05/2022
DILTIAZEM HCL 240 MG CAP SA - AB2	0000	0.80744	12/05/2022
DILTIAZEM HCL 240 MG CAP SA - AB3	0000	0.28486	09/05/2023
DILTIAZEM HCL 240 MG CAP SA - AB4	0000	0.33504	10/05/2023
DILTIAZEM HCL 300 MG CAP SA - AB3	0000	0.32871	09/05/2023
DILTIAZEM HCL 300 MG CAP SA - AB4	0000	0.49720	06/05/2023
DILTIAZEM HCL 360 MG CAP ER 24H	0000	0.29350	08/05/2023
DILTIAZEM HCL 360 MG CAP SA - AB4	0000	0.63738	08/05/2023
DILTIAZEM HCL 420 MG CAP SA	0000	1.17753	10/05/2023
DIPHENHYDRAMINE 25 MG CAP	0000	0.03866	02/05/2023
DIPHENHYDRAMINE 50 MG CAP	0000	0.02468	08/05/2023
DIPHENHYDRAMINE 50 MG/ML VIAL	0000	0.85536	12/05/2022
DIPHENHYDRAMINE HCL 12.5 MG/5 ML LIQ	0000	0.01269	08/05/2023
DIPHENHYDRAMINE HCL 25 MG TAB (ALLERGY)	0000	0.03609	03/05/2023
DIPHENOXYLATE-ATROPINE LIQ	0000	1.08450	03/05/2018
DIPHENOXYLATE/ATROPINE 2.5/0.025 MG TAB	0000	0.17133	03/05/2023
DIPYRIDAMOLE 25 MG TAB	0000	1.06294	12/05/2021
DIPYRIDAMOLE 50 MG TAB	0000	1.37834	02/05/2022
DIPYRIDAMOLE 75 MG TAB	0000	2.03416	01/05/2021
DISOPYRAMIDE 150 MG CAP	0000	1.56288	12/05/2022
DISOPYRAMIDE PHOSPHATE 100 MG CAP	0000	1.56742	11/05/2021
DISULFIRAM 250 MG TAB	0000	1.67819	07/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
DIVALPROEX SODIUM 125 MG CAP	0000	0.52879	11/05/2022
DIVALPROEX SODIUM 125 MG TAB DR	0000	0.06675	05/05/2023
DIVALPROEX SODIUM 250 MG TAB DR	0000	0.09518	07/05/2023
DIVALPROEX SODIUM 500 MG TAB DR	0000	0.18054	07/05/2023
DIVALPROEX SODIUM ER 250 MG TAB	0000	0.15444	10/05/2023
DIVALPROEX SODIUM ER 500 MG TAB	0000	0.23946	02/05/2023
DOCUSATE SODIUM 50 MG/5 ML LIQ	0000	0.02242	10/05/2023
DONEPEZIL HCL 10 MG TAB	0000	0.05758	05/05/2023
DONEPEZIL HCL 10 MG TAB RAPDIS	0000	0.29133	12/05/2022
DONEPEZIL HCL 23 MG TAB	0000	0.88896	10/05/2023
DONEPEZIL HCL 5 MG TAB	0000	0.06427	03/05/2023
DORZOLAMIDE HCL 2% EYE DROPS	0000	1.38783	11/05/2022
DORZOLAMIDE-TIMOLOL EYE DROPS	0000	1.23642	10/05/2023
DOXAZOSIN MESYLATE 1 MG TAB	0000	0.09860	03/05/2023
DOXAZOSIN MESYLATE 2 MG TAB	0000	0.08637	03/05/2023
DOXAZOSIN MESYLATE 4 MG TAB	0000	0.09948	10/05/2023
DOXAZOSIN MESYLATE 8 MG TAB	0000	0.11517	03/05/2023
DOXEPIN 10 MG CAP	0000	0.12019	08/05/2023
DOXEPIN 100 MG CAP	0000	0.31655	10/05/2023
DOXEPIN 150 MG CAP	0000	0.65090	09/05/2023
DOXEPIN 25 MG CAP	0000	0.19317	09/05/2023
DOXEPIN 50 MG CAP	0000	0.27121	02/05/2023
DOXEPIN 75 MG CAP	0000	0.27751	09/05/2023
DOXEPIN HCL 10 MG/ML ORAL CONC	0000	0.21228	07/05/2023
DOXYCYCLINE 50 MG TAB	0000	0.18754	08/05/2023
DOXYCYCLINE HYCLATE 100 MG CAP	0000	0.15731	02/05/2023
DOXYCYCLINE HYCLATE 100 MG TAB	0000	0.14197	01/05/2023
DOXYCYCLINE HYCLATE 20 MG TAB	0000	0.13384	07/05/2023
DOXYCYCLINE HYCLATE 50 MG CAP	0000	0.15833	04/05/2023
DOXYCYCLINE MONO 100MG CAP	0000	0.52122	01/05/2023
DOXYCYCLINE MONO 50 MG CAP	0000	0.18902	10/05/2023
DOXYCYCLINE MONOHYDRATE 100 MG TAB	0000	0.28120	09/05/2023
DRONABINOL 10 MG CAP	0000	4.00403	09/05/2023
DRONABINOL 2.5 MG CAP	0000	1.29737	10/05/2023
DRONABINOL 5 MG CAP	0000	1.86203	09/05/2023
DULOXETINE HCL 20 MG CAP DR	0000	0.09786	10/05/2023
DULOXETINE HCL 30 MG CAP DR	0000	0.10510	06/05/2023
DULOXETINE HCL 40 MG CAPSULE DR	0000	1.15307	10/05/2023
DULOXETINE HCL 60 MG CAP DR	0000	0.11595	02/05/2023
DUTASTERIDE 0.5 MG CAP	0000	0.20287	05/05/2023
ECONAZOLE NITRATE 1% CRM	0000	0.46851	07/05/2023
ENALAPRIL MALEATE 10 MG TAB	0000	0.09295	10/05/2023
ENALAPRIL MALEATE 2.5 MG TAB	0000	0.09145	10/05/2023
ENALAPRIL MALEATE 20 MG TAB	0000	0.11555	02/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
ENALAPRIL MALEATE 5 MG TAB	0000	0.09592	10/05/2023
ENALAPRIL/HCTZ 10/25 MG TAB	0000	0.14425	09/05/2023
ENALAPRIL/HCTZ 5/12.5 MG TAB	0000	0.26873	10/05/2023
ENALAPRILAT DIHYDRATE 1.25 MG/ML VIAL	0000	3.15000	03/05/2015
ENOXAPARIN SOD 100 MG/ML DISP SYRN	0000	9.56291	10/05/2023
ENOXAPARIN SOD 40 MG/0.4 ML DISP SYRN	0000	12.42253	10/05/2023
ENOXAPARIN SOD 60 MG/0.6 ML DISP SYRN	0000	11.55771	10/05/2023
ENOXAPARIN SOD 80 MG/0.8 ML DISP SYRN	0000	10.69083	10/05/2023
ENOXAPARIN SODIUM 120MG/0.8ML SYRINGE	0000	16.59685	10/05/2023
ENOXAPARIN SODIUM 150 MG/ML SYRINGE	0000	14.27789	10/05/2023
ENOXAPARIN SODIUM 30 MG/0.3 ML DISP SYR	0000	13.71949	10/05/2023
ENTACAPONE 200 MG TAB	0000	0.34139	08/05/2023
EPINASTINE HCL 0.05 % DROPS	0000	13.29745	10/05/2023
EPIRUBICIN HCL 200MG/0.1L VIAL	0000	1.96880	06/05/2015
EPLERENONE 25 MG TAB	0000	0.57827	07/05/2023
EPLERENONE 50 MG TAB	0000	0.61523	04/05/2023
ERYTHROMYCIN 2% SOLN	0000	0.40348	10/05/2023
ERYTHROMYCIN EYE OINT	0000	2.49254	10/05/2023
ESCITALOPRAM OXALATE 10 MG TAB	0000	0.06683	10/05/2022
ESCITALOPRAM OXALATE 20 MG TAB	0000	0.08537	12/05/2022
ESCITALOPRAM OXALATE 5 MG TAB	0000	0.06514	05/05/2023
ESCITALOPRAM OXALATE 5 MG/5 ML SOLN	0000	0.26550	10/05/2023
ESTAZOLAM 2 MG TAB	0000	0.84150	10/05/2023
ESTRADIOL 0.025 MG/DAY PATCH	0000	13.42321	10/05/2023
ESTRADIOL 0.0375 MG/DAY PATCH	0000	11.38690	10/05/2023
ESTRADIOL 0.05 MG/DAY PATCH - AB2	0000	12.39991	07/05/2023
ESTRADIOL 0.06 MG/24 DAY PATCH	0000	11.41136	10/05/2023
ESTRADIOL 0.075 MG/DAY PATCH	0000	13.14656	09/05/2023
ESTRADIOL 0.1 MG/DAY PATCH - AB2	0000	12.09121	10/05/2023
ESTRADIOL 0.5 MG TAB	0000	0.07482	03/05/2023
ESTRADIOL 1 MG TAB	0000	0.08903	05/05/2023
ESTRADIOL 2 MG TAB	0000	0.11471	12/05/2022
ESTRADIOL/NORETH AC 0.5 MG-0.1 MG TAB	0000	0.73228	10/05/2023
ESTRADIOL/NORETH AC 1 MG-0.5 MG TAB	0000	0.81024	01/05/2023
ESZOPICLONE 1 MG TAB	0000	0.14553	05/05/2023
ESZOPICLONE 2 MG TAB	0000	0.12169	02/05/2023
ESZOPICLONE 3 MG TAB	0000	0.12665	09/05/2023
ETH E/DESO 25/25/25MCG-0.1/.125/.15MG TAB	0000	0.56131	09/05/2023
ETH E/LEVONOR 30/40/30MCG - 0.05/0.075/0.125MG TAB	0000	0.31780	03/05/2023
ETH E/NOR 25/25/25MCG-0.18/.215/.25MG TAB	0000	0.24055	05/05/2023
ETH E/NOR 30MCG/0.15MG(84)-ETH E 10MCG(7) TAB	0000	0.27200	09/05/2023
ETH E/NOR 35/35/35MCG-0.18/.215/.25MG TAB	0000	0.27191	07/05/2023
ETH E/NOR 35/35/35MCG-0.5/.75/1MG TAB	0000	0.26794	09/05/2023
ETH E/NOR 35/35MCG-0.5/1MG (7-9-5) TAB	0000	0.60269	04/05/2022

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
ETH E/NORETH 20/30/35MCG-1/1/1MG FE TAB	0000	1.19522	07/05/2023
ETH ESTRADIOL/DESOGEST 20/0.15 TAB	0000	0.18982	08/05/2023
ETH ESTRADIOL/DESOGEST 30 MCG/0.15MG TAB	0000	0.30481	12/05/2022
ETH ESTRADIOL/DROSPIRENONE 0.02/3MG TAB	0000	0.27679	09/05/2023
ETH ESTRADIOL/DROSPIRENONE 0.03-3MG TAB	0000	0.21212	07/05/2023
ETH ESTRADIOL/ETHYN 35MCG/1MG TAB	0000	0.43872	08/05/2023
ETH ESTRADIOL/ETHYN 50MCG/1MG TAB	0000	0.64694	01/05/2023
ETH ESTRADIOL/LEVONOR 20MCG/0.1MG TAB	0000	0.22149	02/05/2023
ETH ESTRADIOL/NORETH 20MCG/1MG TAB	0000	0.29392	12/05/2022
ETH ESTRADIOL/NORETH 30MCG/1.5MG TAB	0000	0.62737	08/05/2022
ETH ESTRADIOL/NORETH 35MCG/0.4MG TAB	0000	0.44533	09/05/2023
ETH ESTRADIOL/NORETH 35MCG/0.5MG TAB	0000	0.47412	09/05/2023
ETH ESTRADIOL/NORETH 35MCG/1MG TAB	0000	0.30223	05/05/2023
ETH ESTRADIOL/NORETH FE 20MCG/1MG TAB	0000	0.14682	04/05/2023
ETH ESTRADIOL/NORETH FE 30MCG/1.5MG TAB	0000	0.20882	03/05/2023
ETH ESTRADIOL/NORGEST 30MCG/0.3MG TAB	0000	0.55806	06/05/2023
ETH ESTRADIOL/NORGEST 35MCG/0.25MG TAB	0000	0.16698	10/05/2023
ETHAMBUTOL HCL 400 MG TAB	0000	0.64355	10/05/2023
ETHOSUXIMIDE 250 MG CAP	0000	0.38860	10/05/2023
ETHOSUXIMIDE 250 MG/5 ML SYRP	0000	0.09410	06/05/2023
ETODOLAC 200 MG CAP	0000	0.45432	10/05/2023
ETODOLAC 300 MG CAP	0000	0.36638	09/05/2023
ETODOLAC 400 MG TAB	0000	0.32854	01/05/2023
ETODOLAC 400 MG TAB SA	0000	1.27558	07/05/2023
ETODOLAC 500 MG TAB	0000	0.35652	10/05/2023
ETODOLAC 500 MG TAB SA	0000	0.94820	08/05/2023
ETODOLAC 600 MG TAB	0000	2.25681	07/05/2020
ETOPOSIDE 50 MG CAP	0000	87.08040	06/05/2016
EXEMESTANE 25 MG TAB	0000	0.99786	02/05/2023
FAMCICLOVIR 250 MG TAB	0000	0.39094	07/05/2023
FAMCICLOVIR 500 MG TAB	0000	0.83773	12/05/2022
FAMOTIDINE 20 MG TAB	0000	0.07766	03/05/2023
FAMOTIDINE 40 MG TAB	0000	0.07070	04/05/2023
FAMOTIDINE 40 MG/5 ML SUSP	0000	0.70276	09/05/2023
FAMOTIDINE/CA CARB/MAG HYDROX 10-800-165MG TAB CHEW	0000	0.28625	01/05/2023
FELBAMATE 400 MG TAB	0000	1.82477	09/05/2022
FELBAMATE 600 MG TAB	0000	1.34672	09/05/2022
FELODIPINE ER 10 MG TAB	0000	0.21136	01/05/2023
FELODIPINE ER 2.5 MG TAB	0000	0.17628	10/05/2023
FELODIPINE ER 5 MG TAB	0000	0.19704	10/05/2023
FENOFIBRATE 134 MG CAP	0000	0.13090	04/05/2023
FENOFIBRATE 160 MG TAB	0000	0.15939	09/05/2023
FENOFIBRATE 200 MG CAP	0000	0.18235	09/05/2023
FENOFIBRATE 54 MG TAB	0000	0.22172	10/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
FENOFIBRATE,MICRONIZED 130 MG CAP	0000	0.51140	09/05/2023
FENOFIBRATE,MICRONIZED 43 MG CAPSULE	0000	0.41386	01/05/2023
FENOFIBRATE,MICRONIZED 67 MG CAP	0000	0.11068	06/05/2023
FENOPROFEN 600 MG TAB	0000	3.45792	09/05/2015
FENTANYL 100 MCG/HR PATCH	0000	18.01849	10/05/2023
FENTANYL 12MCG/HR PATCH	0000	9.41853	10/05/2023
FENTANYL 25 MCG/HR PATCH	0000	4.77521	09/05/2023
FENTANYL 50 MCG/HR PATCH	0000	9.04978	10/05/2023
FENTANYL 75 MCG/HR PATCH	0000	12.46613	10/05/2023
FENTANYL CITRATE 1,200 MCG LOZ HD	0000	38.61952	01/05/2016
FENTANYL CITRATE 400 MCG LOZ HD	0000	26.05710	06/05/2015
FENTANYL CITRATE OTFC 600 MCG	0000	31.91570	06/05/2015
FERROUS SULFATE 325 MG (65 MG IRON) TAB	0000	0.00884	11/05/2015
FEXOFENADINE HCL 180 MG TAB	0000	0.27783	09/05/2022
FEXOFENADINE HCL 30 MG/5 ML ORAL SUSP	0000	0.06310	03/05/2017
FEXOFENADINE HCL 60 MG TAB	0000	0.15943	06/05/2023
FINASTERIDE 5 MG TAB	0000	0.07491	10/05/2023
FLAVOXATE HCL 100 MG TAB	0000	0.54668	09/05/2023
FLECAINIDE ACETATE 100 MG TAB	0000	0.25924	12/05/2022
FLECAINIDE ACETATE 150 MG TAB	0000	0.35286	10/05/2023
FLECAINIDE ACETATE 50 MG TAB	0000	0.13485	10/05/2023
FLUCONAZOLE 10 MG/ML SUSP	0000	0.29788	05/05/2023
FLUCONAZOLE 100 MG TAB	0000	0.25991	07/05/2023
FLUCONAZOLE 150 MG TAB	0000	0.69680	10/05/2023
FLUCONAZOLE 200 MG TAB	0000	0.38441	05/05/2023
FLUCONAZOLE 40 MG/ML SUSP	0000	0.59789	10/05/2022
FLUCONAZOLE-NS 400 MG/200 ML PB	0000	0.06040	09/05/2014
FLUDROCORTISONE 0.1 MG TAB	0000	0.45687	01/05/2023
FLUNISOLIDE 0.025% SPRY	0000	1.96669	08/05/2023
FLUOCINOLONE 0.01% SOLN	0000	0.27562	03/05/2023
FLUOCINOLONE 0.025% CRM	0000	1.20784	01/05/2023
FLUOCINOLONE 0.025% OINT	0000	0.92353	10/05/2023
FLUOCINOLONE ACETONIDE 0.01 % CRM	0000	1.92111	01/05/2023
FLUOCINOLONE ACETONIDE OIL 0.01 % DROPS	0000	1.84519	01/05/2022
FLUOCINONIDE 0.05% CRM	0000	0.66455	04/05/2023
FLUOCINONIDE 0.05% GEL	0000	0.83700	10/05/2023
FLUOCINONIDE 0.05% OINT	0000	0.32698	10/05/2023
FLUOCINONIDE 0.05% SOLN	0000	0.29266	07/05/2023
FLUOCINONIDE 0.1 % CREAM (G)	0000	0.29528	07/05/2023
FLUOCINONIDE-E 0.05% CRM	0000	1.18078	04/05/2023
FLUOROMETHOLONE 0.1% DROPS	0000	13.63563	08/05/2023
FLUOROURACIL 2,500 MG/50 ML VL	0000	0.40740	06/05/2015
FLUOROURACIL 5 % SOLN	0000	4.77600	10/05/2023
FLUOROURACIL 5% CRM	0000	1.39163	01/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
FLUOROURACIL 5,000 MG/100 ML	0000	0.34970	06/05/2015
FLUOROURACIL 500 MG/10 ML VIAL	0000	0.32820	09/05/2014
FLUOXETINE 10 MG CAP	0000	0.03474	04/05/2023
FLUOXETINE 10 MG TAB	0000	0.11205	10/05/2023
FLUOXETINE 20 MG CAP	0000	0.03199	01/05/2023
FLUOXETINE 20 MG/5 ML SOLN	0000	0.14888	12/05/2021
FLUOXETINE 40 MG CAP	0000	0.07181	01/05/2023
FLUOXETINE HCL 90 MG CAP DR	0000	28.50406	10/05/2023
FLUPHENAZINE DEC 25 MG/ML VIAL	0000	12.14309	10/05/2023
FLURAZEPAM 15 MG CAP	0000	0.48811	07/05/2018
FLURAZEPAM 30 MG CAP	0000	0.58648	06/05/2019
FLURBIPROFEN 0.03% EYE DROPS	0000	11.86640	10/05/2023
FLURBIPROFEN 100 MG TAB	0000	0.35427	11/05/2022
FLUTICASONE 50 MCG NASAL SPRY	0000	0.36819	12/05/2022
FLUTICASONE PROP 0.005% OINT	0000	0.49042	10/05/2022
FLUTICASONE PROP 0.05% CRM	0000	0.44842	06/05/2023
FLUVASTATIN SODIUM 20 MG CAP	0000	3.25149	05/05/2023
FLUVASTATIN SODIUM 40 MG CAP	0000	3.23002	09/05/2023
FLUVOXAMINE MAL 100 MG TAB	0000	0.38060	05/05/2023
FLUVOXAMINE MAL 25 MG TAB	0000	0.26364	09/05/2023
FLUVOXAMINE MAL 50 MG TAB	0000	0.35105	08/05/2022
FLUVOXAMINE MALEATE 100 MG CAP ER 24H	0000	5.85015	09/05/2023
FLUVOXAMINE MALEATE 150 MG CAP ER 24H	0000	6.71369	10/05/2023
FOLIC ACID 1 MG TAB	0000	0.02981	02/05/2023
FONDAPARINUX 7.5 MG/0.6 ML SYR	0000	57.45472	01/05/2022
FOSINOPRIL SODIUM 10 MG TAB	0000	0.15058	03/05/2023
FOSINOPRIL SODIUM 20 MG TAB	0000	0.15472	10/05/2022
FOSINOPRIL SODIUM 40 MG TAB	0000	0.21633	11/05/2022
FOSINOPRIL/HCTZ 10/12.5 MG TAB	0000	0.32434	07/05/2023
FOSINOPRIL/HCTZ 20/12.5 MG TAB	0000	0.68773	02/05/2020
FUROSEMIDE 10 MG/ML SOLN	0000	0.09353	02/05/2023
FUROSEMIDE 10 MG/ML VIAL	0000	1.23428	08/05/2015
FUROSEMIDE 20 MG TAB	0000	0.02846	09/05/2023
FUROSEMIDE 40 MG TAB	0000	0.03177	03/05/2023
FUROSEMIDE 80 MG TAB	0000	0.05053	01/05/2023
GABAPENTIN 100 MG CAP	0000	0.02961	03/05/2023
GABAPENTIN 250 MG/5 ML SOLN	0000	0.12890	06/05/2023
GABAPENTIN 300 MG CAP	0000	0.04958	05/05/2023
GABAPENTIN 400 MG CAP	0000	0.05282	09/05/2023
GABAPENTIN 600 MG TAB	0000	0.09024	02/05/2023
GABAPENTIN 800 MG TAB	0000	0.13341	08/05/2023
GALANTAMINE 12MG TAB	0000	0.57610	01/05/2023
GALANTAMINE 4MG TAB	0000	0.39084	06/05/2023
GALANTAMINE 8MG TAB	0000	0.42925	07/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
GALANTAMINE ER 16MG CAP	0000	1.04652	06/05/2023
GALANTAMINE ER 24MG CAP	0000	1.28040	04/05/2023
GALANTAMINE ER 8MG CAP	0000	1.01116	08/05/2023
GATIFLOXACIN 0.5 % DROPS	0000	11.60484	10/05/2023
GEMCITABINE HCL 1 GRAM VIAL	0000	58.58130	06/05/2015
GEMFIBROZIL 600 MG TAB	0000	0.11053	11/05/2022
GENTAMICIN 0.1% CRM	0000	1.15511	03/05/2023
GENTAMICIN 0.1% OINT	0000	1.08236	10/05/2023
GENTAMICIN 3 MG/GM EYE OINT	0000	8.45714	10/05/2021
GENTAMICIN 3 MG/ML EYE DROPS	0000	1.06744	07/05/2023
GENTAMICIN 40 MG/ML VIAL	0000	0.69103	09/05/2021
GLIMEPIRIDE 1 MG TAB	0000	0.03492	02/05/2023
GLIMEPIRIDE 2 MG TAB	0000	0.03778	08/05/2023
GLIMEPIRIDE 4 MG TAB	0000	0.04254	10/05/2023
GLIPIZIDE 10 MG TAB	0000	0.05339	01/05/2023
GLIPIZIDE 5 MG TAB	0000	0.02998	09/05/2023
GLIPIZIDE ER 10 MG TAB	0000	0.20936	09/05/2023
GLIPIZIDE ER 2.5 MG TAB	0000	0.17975	02/05/2023
GLIPIZIDE ER 5 MG TAB	0000	0.14091	08/05/2023
GLIPIZIDE/METFORMIN 2.5/250 MG TAB	0000	0.27800	10/05/2023
GLIPIZIDE/METFORMIN 2.5/500 MG TAB	0000	0.28347	10/05/2023
GLIPIZIDE/METFORMIN 5/500 MG TAB	0000	0.33936	05/05/2023
GLYBURIDE 1.25 MG TAB	0000	0.07740	05/05/2023
GLYBURIDE 2.5 MG TAB	0000	0.08053	08/05/2023
GLYBURIDE 5 MG TAB	0000	0.06178	10/05/2023
GLYBURIDE MICRO 3 MG TAB	0000	0.14856	08/05/2023
GLYBURIDE MICRO 6 MG TAB	0000	0.18063	02/05/2022
GLYBURIDE/METFORMIN 1.25/250 MG TAB	0000	0.04929	02/05/2019
GLYBURIDE/METFORMIN 2.5/500 MG TAB	0000	0.05175	09/05/2023
GLYBURIDE/METFORMIN 5/500 MG TAB	0000	0.05150	03/05/2023
GLYCOPYRROLATE 1 MG TAB	0000	0.10276	06/05/2023
GLYCOPYRROLATE 2 MG TAB	0000	0.21610	08/05/2023
GRANISETRON HCL 1 MG TAB	0000	1.88610	04/05/2019
GRANISETRON HCL 1 MG/ML VIAL	0000	8.20320	06/05/2015
GRISEOFULVIN 125 MG/5 ML SUSP	0000	0.38471	11/05/2022
GRISEOFULVIN 500 MG TAB	0000	6.04016	10/05/2023
GUAIFENESIN 100 MG/5 ML LIQ	0000	0.01269	02/05/2023
GUAIFENESIN/DEXTROMETHORPHAN 100-10MG/5ML SF LIQ	0000	0.01290	02/05/2023
GUANFACINE HCL 1 MG TAB ER 24H	0000	0.33243	01/05/2023
GUANFACINE HCL 2 MG TAB ER 24H	0000	0.32533	09/05/2022
GUANFACINE HCL 3 MG TAB ER 24H	0000	0.40810	12/05/2022
GUANFACINE HCL 4 MG TAB ER 24H	0000	0.24510	11/05/2022
HALOBETASOL PROP 0.05% CRM	0000	0.87391	01/05/2023
HALOBETASOL PROP 0.05% OINT	0000	0.96987	01/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
HALOPERIDOL 0.5 MG TAB	0000	0.22848	06/05/2023
HALOPERIDOL 1 MG TAB	0000	0.23714	08/05/2023
HALOPERIDOL 10 MG TAB	0000	0.43086	08/05/2023
HALOPERIDOL 2 MG TAB	0000	0.36921	08/05/2023
HALOPERIDOL 20 MG TAB	0000	0.64905	07/05/2023
HALOPERIDOL 5 MG TAB	0000	0.44711	12/05/2022
HALOPERIDOL DEC 100 MG/ML AMP	0000	31.15520	10/05/2023
HALOPERIDOL DEC 100 MG/ML VIAL	0000	24.66134	09/05/2023
HALOPERIDOL DECAN 50 MG/ML AMP	0000	20.08467	10/05/2023
HALOPERIDOL LAC 2 MG/ML CONC	0120	0.17081	03/05/2023
HALOPERIDOL LAC 2 MG/ML CONC	0000	1.10407	10/05/2022
HALOPERIDOL LAC 5 MG/ML VIAL	0000	1.15219	09/05/2016
HEPARIN NA 10,000 UNIT/ML VIAL	0000	1.79440	09/05/2022
HEPARIN NA 5,000 UNITS/ML VIAL	0000	1.71290	02/05/2023
HYDRALAZINE 10 MG TAB	0000	0.04055	01/05/2023
HYDRALAZINE 100 MG TAB	0000	0.08984	02/05/2023
HYDRALAZINE 25 MG TAB	0000	0.04881	01/05/2023
HYDRALAZINE 50 MG TAB	0000	0.05463	09/05/2023
HYDROCHLOROTHIAZIDE 12.5 MG CAP	0000	0.03910	01/05/2023
HYDROCHLOROTHIAZIDE 12.5 MG TAB	0000	0.05827	11/05/2022
HYDROCHLOROTHIAZIDE 25 MG TAB	0000	0.01368	12/05/2022
HYDROCHLOROTHIAZIDE 50 MG TAB	0000	0.03229	11/05/2022
HYDROCODON-ACETAMINOPHN 10-300	0000	0.27668	07/05/2023
HYDROCODONE BT/IBU 7.5/200 MG TAB	0000	0.41328	05/05/2023
HYDROCODONE/APAP 10/325 MG TAB	0000	0.12984	08/05/2023
HYDROCODONE/APAP 5/300 MG TAB	0000	0.16517	05/05/2023
HYDROCODONE/APAP 5/325 MG TAB	0000	0.10775	05/05/2023
HYDROCODONE/APAP 7.5-325 MG / 5ML SOLN	0000	0.08542	08/05/2023
HYDROCODONE/APAP 7.5/300 MG TAB	0000	0.44507	03/05/2023
HYDROCODONE/APAP 7.5/325 MG TAB	0000	0.13254	04/05/2023
HYDROCORTISONE 0.2% CRM	0000	0.43939	08/05/2023
HYDROCORTISONE 1% CRM	0000	0.09345	03/05/2023
HYDROCORTISONE 1% LOT	0000	0.06844	02/05/2018
HYDROCORTISONE 1% OINT	0000	0.17473	06/05/2023
HYDROCORTISONE 10 MG TAB	0000	0.25656	09/05/2023
HYDROCORTISONE 100 MG ENEMA	0000	0.16333	09/05/2022
HYDROCORTISONE 2.5 % CREAM/APPL	0000	0.67015	03/05/2023
HYDROCORTISONE 2.5% CRM	0000	0.10131	04/05/2023
HYDROCORTISONE 2.5% LOT	0000	0.18760	02/05/2023
HYDROCORTISONE 2.5% OINT	0000	0.11152	01/05/2023
HYDROCORTISONE 20 MG TAB	0000	0.40232	05/05/2023
HYDROCORTISONE 5 MG TAB	0000	0.21691	04/05/2023
HYDROCORTISONE BUTYR 0.1% CRM	0000	2.46633	08/05/2022
HYDROCORTISONE BUTYR 0.1% OINT	0000	2.90500	02/05/2018

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
HYDROCORTISONE VAL 0.2% OINT	0000	2.41689	09/05/2023
HYDROMORPHONE 2 MG TAB	0000	0.09673	01/05/2023
HYDROMORPHONE 4 MG TAB	0000	0.12029	09/05/2023
HYDROMORPHONE HCL 1 MG/ML LIQUID	0000	0.29705	07/05/2023
HYDROMORPHONE HCL 12 MG TAB ER 24H	0000	9.21707	01/05/2019
HYDROMORPHONE HCL 16 MG TAB ER 24H	0000	7.07756	07/05/2019
HYDROMORPHONE HCL 8 MG TAB	0000	0.35581	09/05/2023
HYDROMORPHONE HCL 8 MG TAB ER 24H	0000	3.27213	08/05/2023
HYDROQUINONE 4 % CRM	0000	0.76672	09/05/2023
HYDROXYCHLOROQUINE 200 MG TAB	0000	0.28031	02/05/2023
HYDROXYUREA 500 MG CAP	0000	0.37788	09/05/2023
HYDROXYZINE 10 MG/5 ML SYRP	0000	0.05954	10/05/2023
HYDROXYZINE HCL 10 MG TAB	0000	0.04591	12/05/2022
HYDROXYZINE HCL 25 MG TAB	0000	0.04606	07/05/2023
HYDROXYZINE HCL 50 MG TAB	0000	0.06680	07/05/2023
HYDROXYZINE PAM 25 MG CAP	0000	0.07484	06/05/2023
HYDROXYZINE PAM 50 MG CAP	0000	0.09385	06/05/2023
HYOSCYAMINE 0.125 MG/ML DROP	0000	1.12648	02/05/2018
HYOSCYAMINE SULFATE 0.125MG TAB	0000	0.13700	11/05/2022
IBANDRONATE SODIUM 150 MG TAB	0000	3.78136	10/05/2023
IBUPROFEN 100 MG/5 ML SUSP	0000	0.04859	08/05/2023
IBUPROFEN 200 MG TAB	0000	0.03261	12/05/2022
IBUPROFEN 400 MG TAB	0000	0.04936	09/05/2023
IBUPROFEN 600 MG TAB	0000	0.05714	08/05/2023
IBUPROFEN 800 MG TAB	0000	0.07943	01/05/2023
IMATINIB MESYLATE 400 MG TAB	0000	1.87914	10/05/2023
IMIPENEM/CILASTATIN SODIUM 250 MG VIAL	0000	5.90630	09/05/2014
IMIPENEM/CILASTATIN SODIUM 500 MG VIAL	0000	10.50000	09/05/2014
IMIPRAMINE HCL 10 MG TAB	0000	0.08021	02/05/2023
IMIPRAMINE HCL 25 MG TAB	0000	0.08895	05/05/2023
IMIPRAMINE HCL 50 MG TAB	0000	0.12249	10/05/2023
IMIPRAMINE PAMOATE 100 MG CAP	0000	5.44244	11/05/2020
IMIPRAMINE PAMOATE 75 MG CAP	0000	5.10133	06/05/2022
INDAPAMIDE 1.25 MG TAB	0000	0.13879	12/05/2022
INDAPAMIDE 2.5 MG TAB	0000	0.12956	10/05/2022
INDOMETHACIN 25 MG CAP	0000	0.09981	04/05/2023
INDOMETHACIN 50 MG CAP	0000	0.12124	03/05/2023
INDOMETHACIN 75 MG CAP SA	0000	0.22506	12/05/2022
INSULIN NPH HUM/REG INSULIN HM 70-30/ML INSULN PEN	0000	28.26974	02/05/2023
INSULIN NPH HUMAN ISOPHANE 100/ML (3) INSULN PEN	0000	28.12697	03/05/2023
IPRATR-ALBUTEROL 0.5-3 MG/3 ML SOLN	0000	0.07791	08/05/2023
IPRATROPIUM 0.03% SPRAY	0000	0.66597	10/05/2023
IPRATROPIUM 0.06% SPRAY	0000	1.66617	11/05/2022
IPRATROPIUM BR 0.02% SOLN	0000	0.07018	05/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
IRBESARTAN 150 MG TAB	0000	0.18139	02/05/2023
IRBESARTAN 300 MG TAB	0000	0.23671	10/05/2023
IRBESARTAN 75 MG TAB	0000	0.15050	07/05/2023
IRBESARTAN/HCTZ 150 MG-12.5 MG TAB	0000	0.20463	07/05/2023
IRBESARTAN/HCTZ 300 MG-12.5 MG TAB	0000	0.35901	12/05/2022
ISONIAZID 300 MG TAB	0000	0.22185	08/05/2023
ISOSORBIDE DN 10 MG TAB	0000	0.33350	07/05/2023
ISOSORBIDE DN 20 MG TAB	0000	0.26662	09/05/2023
ISOSORBIDE DN 30 MG TAB	0000	0.42230	10/05/2023
ISOSORBIDE DN 5 MG TAB	0000	0.20472	10/05/2023
ISOSORBIDE MN 10 MG TAB	0000	0.19968	11/05/2022
ISOSORBIDE MN 120 MG TAB SA	0000	0.27457	10/05/2023
ISOSORBIDE MN 20 MG TAB	0000	0.19544	09/05/2023
ISOSORBIDE MN 30 MG TAB SA	0000	0.12803	12/05/2022
ISOSORBIDE MN 60 MG TAB SA	0000	0.20237	11/05/2022
ISOTRETINOIN 20 MG CAP	0000	3.14921	10/05/2023
ISOTRETINOIN 30 MG CAP	0000	3.43317	08/05/2023
ISOTRETINOIN 40 MG CAP	0000	3.97873	09/05/2023
ISRADIPINE 5 MG CAP	0000	1.61043	08/05/2017
ITRACONAZOLE 100 MG CAP	0000	0.88460	01/05/2023
IVERMECTIN 3 MG TAB	0000	3.91640	06/05/2023
KETOCONAZOLE 2 % FOAM	0000	5.39100	06/05/2015
KETOCONAZOLE 2% CRM	0000	1.28147	04/05/2023
KETOCONAZOLE 2% SHAMPOO	0000	0.09035	05/05/2023
KETOCONAZOLE 200 MG TAB	0000	0.76155	05/05/2023
KETOPROFEN 200 MG CAP SA	0000	9.30778	04/05/2017
KETOPROFEN 50 MG CAP	0000	0.49872	07/05/2016
KETOPROFEN 75 MG CAP	0000	0.66393	12/05/2015
KETOROLAC 0.4% OPHTH SOLN	0000	9.42904	10/05/2023
KETOROLAC 0.5% OPHTH SOLN	0000	1.25961	10/05/2022
KETOROLAC 10 MG TAB	0000	0.65658	03/05/2023
KETOROLAC 30 MG/ML VIAL	0000	1.48736	09/05/2022
KETOROLAC 60 MG/2ML VIAL	0000	0.83991	03/05/2023
L-NORG-E EST 0.15 MG-30 MCG 3 MONTH DOSE PK	0000	0.20596	09/05/2023
L-NORG-E EST/E EST 0.10 MG-20 MCG (84)/10 MCG 3 MONTH	0000	0.23629	08/05/2023
LABETALOL HCL 100 MG TAB	0000	0.10684	02/05/2023
LABETALOL HCL 200 MG TAB	0000	0.15381	10/05/2023
LABETALOL HCL 300 MG TAB	0000	0.30077	04/05/2023
LACTULOSE 10 GM/15 ML SOLN-CON	0000	0.01546	04/05/2023
LACTULOSE 10 GM/15 ML SOLN-ENU	0000	0.01387	06/05/2023
LAMIVUDINE 150 MG TAB	0000	0.72124	09/05/2022
LAMIVUDINE/ZIDOVUDINE 150 MG-300 MG TAB	0000	0.79953	06/05/2023
LAMOTRIGINE 100 MG TAB	0000	0.06001	06/05/2023
LAMOTRIGINE 100 MG TAB RAPDIS	0000	3.69152	09/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
LAMOTRIGINE 150 MG TAB	0000	0.08326	01/05/2023
LAMOTRIGINE 200 MG TAB	0000	0.08006	12/05/2022
LAMOTRIGINE 200 MG TAB ER 24	0000	0.82125	09/05/2023
LAMOTRIGINE 25 MG DISPER TAB	0000	0.25632	02/05/2023
LAMOTRIGINE 25 MG TAB	0000	0.03606	10/05/2023
LAMOTRIGINE 25 MG TAB RAPDIS	0000	1.10407	10/05/2023
LAMOTRIGINE 250 MG TAB ER 24	0000	2.87673	10/05/2023
LAMOTRIGINE 300 MG TAB ER 24	0000	2.18798	10/05/2023
LAMOTRIGINE 5 MG DISPER TAB	0000	0.21948	09/05/2023
LAMOTRIGINE 50 MG TAB RAPDIS	0000	3.35450	10/05/2023
LAMOTRIGINE ER 100 MG TABLET	0000	0.99195	08/05/2023
LAMOTRIGINE ER 25 MG TAB	0000	0.63947	09/05/2023
LAMOTRIGINE ER 50 MG TABLET	0000	1.23359	09/05/2023
LANSOPRAZOLE 15 MG CAP DR	0000	0.38304	01/05/2023
LANSOPRAZOLE 15 MG TAB RAP DR	0000	3.15966	09/05/2023
LANSOPRAZOLE 30 MG CAP DR	0000	0.14800	12/05/2022
LANSOPRAZOLE 30 MG TAB RAP DR	0000	3.96528	10/05/2023
LANSOPRAZOLE/AMOXICILN/CLARITH 30-500-500 COMBO. PKG	0000	4.91887	10/05/2021
LATANOPROST 0.005 % DROPS	0000	2.21233	03/05/2023
LEFLUNOMIDE 10 MG TAB	0000	0.48515	08/05/2023
LEFLUNOMIDE 20 MG TAB	0000	0.46150	06/05/2023
LETROZOLE 2.5 MG TAB	0000	0.15402	05/05/2023
LEUCOVORIN CALCIUM 25 MG TAB	0000	4.20704	07/05/2023
LEUCOVORIN CALCIUM 5 MG TAB	0000	0.60994	08/05/2023
LEV/NORGES/ETH/ESTR 90/20 MCG TAB	0000	1.08633	08/05/2023
LEVALBUTEROL HCL 0.31 MG/3 ML VIAL-NEB	0000	0.31367	01/05/2023
LEVALBUTEROL HCL 0.63 MG/3 ML VIAL-NEB	0000	0.34345	10/05/2022
LEVALBUTEROL HCL 1.25MG/3ML VIAL-NEB	0000	0.33979	01/05/2023
LEVETIRACETAM 100 MG/ML SOLN	0000	0.04059	01/05/2023
LEVETIRACETAM 1000 MG TAB	0000	0.29689	03/05/2023
LEVETIRACETAM 250 MG TAB	0000	0.09315	09/05/2023
LEVETIRACETAM 500 MG TAB	0000	0.10282	08/05/2023
LEVETIRACETAM 500 MG TAB.SR 24H	0000	0.22139	09/05/2023
LEVETIRACETAM 500 MG/5 ML VIAL	0000	1.31260	03/05/2015
LEVETIRACETAM 750 MG TAB	0000	0.21796	10/05/2023
LEVETIRACETAM ER 750 MG TAB	0000	0.35710	05/05/2023
LEVOBUNOLOL 0.5% EYE DROPS	0000	2.11933	08/05/2023
LEVOCARNITINE 100 MG/ML SOLN	0000	0.17533	07/05/2023
LEVOCARNITINE 200 MG/ML VIAL	0000	2.78000	04/15/2016
LEVOCARNITINE 330 MG TAB	0000	0.84324	03/05/2023
LEVOCETIRIZINE 2.5 MG/5 ML SOLN	0000	0.20717	03/05/2023
LEVOCETIRIZINE DIHYDROCHLORIDE 5 MG TAB	0000	0.13324	10/05/2023
LEVOFLOXACIN 250 MG TAB	0000	0.13422	08/05/2023
LEVOFLOXACIN 250MG/10ML SOLUTION	0000	1.41574	07/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
LEVOFLOXACIN 500 MG TAB	0000	0.17445	09/05/2023
LEVOFLOXACIN 750 MG TAB	0000	0.31203	10/05/2022
LEVONOR/ETH E 0.15 MG/30 MCG TAB	0000	0.17769	06/05/2023
LEVOTHYROXINE 100 MCG TAB	0000	0.08039	10/05/2023
LEVOTHYROXINE 112 MCG TAB	0000	0.10293	06/05/2023
LEVOTHYROXINE 125 MCG TAB	0000	0.13247	08/05/2023
LEVOTHYROXINE 137 MCG TAB	0000	0.09636	10/05/2023
LEVOTHYROXINE 150 MCG TAB	0000	0.08440	10/05/2023
LEVOTHYROXINE 175 MCG TAB	0000	0.11548	10/05/2023
LEVOTHYROXINE 200 MCG TAB	0000	0.10336	10/05/2023
LEVOTHYROXINE 25 MCG TAB	0000	0.08340	09/05/2023
LEVOTHYROXINE 300 MCG TAB	0000	0.11341	10/05/2023
LEVOTHYROXINE 50 MCG TAB	0000	0.12151	10/05/2023
LEVOTHYROXINE 75 MCG TAB	0000	0.11376	09/05/2023
LEVOTHYROXINE 88 MCG TAB	0000	0.07532	09/05/2023
LIDOCAINE 2% VISCOUS SOLN	0000	0.09265	09/05/2023
LIDOCAINE 5 % OINT. (G)	0000	0.28847	09/05/2023
LIDOCAINE 5%(700MG) ADH. PATCH	0000	2.96841	02/05/2023
LIDOCAINE HCL 1% VIAL	0000	0.07675	03/05/2017
LIDOCAINE HCL 40 MG/ML SOLN	0000	0.58864	10/05/2023
LIDOCAINE-HC 3-0.5% CRM/APPL	0000	1.52490	06/05/2015
LIDOCAINE-PRILOCAINE CRM	0000	0.50854	09/05/2023
LIOthyRONINE SOD 50 MCG TAB	0000	0.57061	10/05/2023
LIOthyRONINE SODIUM 25 MCG TAB	0000	0.38294	08/05/2023
LIOthyRONINE SODIUM 5 MCG TAB	0000	0.30356	08/05/2023
LISDEXAMFETAMINE 10 MG CAPSULE	0000	4.65630	09/08/2023
LISDEXAMFETAMINE DIMESYLATE 20 MG CAP	0000	4.65480	09/08/2023
LISDEXAMFETAMINE DIMESYLATE 30 MG CAP	0000	3.54795	09/08/2023
LISDEXAMFETAMINE DIMESYLATE 40 MG CAP	0000	4.65630	09/08/2023
LISDEXAMFETAMINE DIMESYLATE 50 MG CAP	0000	4.65630	09/08/2023
LISDEXAMFETAMINE DIMESYLATE 60 MG CAP	0000	4.49861	09/08/2023
LISDEXAMFETAMINE DIMESYLATE 70 MG CAP	0000	4.65630	09/08/2023
LISINOPRIL 10 MG TAB	0000	0.02174	04/05/2023
LISINOPRIL 2.5 MG TAB	0000	0.01662	01/05/2023
LISINOPRIL 20 MG TAB	0000	0.02951	12/05/2022
LISINOPRIL 30 MG TAB	0000	0.06342	11/05/2022
LISINOPRIL 40 MG TAB	0000	0.04837	04/05/2023
LISINOPRIL 5 MG TAB	0000	0.01649	03/05/2023
LISINOPRIL/HCTZ 10/12.5 MG TAB	0000	0.03962	10/05/2022
LISINOPRIL/HCTZ 20/12.5 MG TAB	0000	0.05796	12/05/2022
LISINOPRIL/HCTZ 20/25 MG TAB	0000	0.04820	03/05/2023
LITHIUM CARBONATE 150 MG CAP	0000	0.09691	07/05/2023
LITHIUM CARBONATE 300 MG CAP	0000	0.12253	09/05/2023
LITHIUM CARBONATE 300 MG TAB	0000	0.14037	01/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
LITHIUM CARBONATE 600 MG CAP	0000	0.23690	05/05/2023
LITHIUM CARBONATE ER 300 MG TAB	0000	0.16343	05/05/2023
LITHIUM ER 450 MG TAB	0000	0.21585	09/05/2023
LOPERAMIDE HCL 2 MG CAP	0000	0.35631	09/05/2023
LORATADINE 10MG REDI-TAB	0000	0.45528	07/05/2023
LORATADINE 10MG TAB	0000	0.06040	03/05/2023
LORATADINE 5MG/5ML SYRP	0000	0.04441	02/05/2023
LORATADINE/PSE 10/240MG TAB SA	0000	0.49867	09/05/2022
LORAZEPAM 0.5 MG TAB	0000	0.03634	04/05/2023
LORAZEPAM 1 MG TAB	0000	0.03822	07/05/2023
LORAZEPAM 2 MG TAB	0000	0.06662	06/05/2023
LORAZEPAM 2 MG/ML ORAL CONC	0000	0.54479	07/05/2023
LORAZEPAM 2 MG/ML VIAL	0000	1.89450	05/05/2016
LOSARTAN POTASSIUM 100 MG TAB	0000	0.06558	10/05/2023
LOSARTAN POTASSIUM 25 MG TAB	0000	0.04589	12/05/2022
LOSARTAN POTASSIUM 50 MG TAB	0000	0.06129	02/05/2023
LOSARTAN-HCTZ 100-12.5 MG TAB	0000	0.12273	09/05/2023
LOSARTAN-HCTZ 100-25 MG TAB	0000	0.12446	06/05/2023
LOSARTAN-HCTZ 50-12.5 MG TAB	0000	0.09901	07/05/2023
LOVASTATIN 10 MG TAB	0000	0.04989	05/05/2023
LOVASTATIN 20 MG TAB	0000	0.05227	11/05/2022
LOVASTATIN 40 MG TAB	0000	0.06405	05/05/2023
LOXAPINE SUCCINATE 10 MG CAP	0000	0.51093	10/05/2023
LOXAPINE SUCCINATE 25 MG CAP	0000	0.77215	06/05/2023
LOXAPINE SUCCINATE 50 MG CAP	0000	0.98754	07/05/2023
MALATHION 0.5 % LOT	0000	3.91193	10/05/2019
MECLIZINE 12.5 MG TAB	0000	0.06106	08/05/2023
MECLIZINE HCL 25 MG TAB	0000	0.13180	02/05/2023
MEDROXYPROGEST 150 MG/ML SYR	0000	41.83710	09/05/2023
MEDROXYPROGEST 150 MG/ML VIAL	0000	27.61670	10/05/2023
MEDROXYPROGESTERONE 10 MG TAB	0000	0.18165	04/05/2023
MEDROXYPROGESTERONE 2.5 MG TAB	0000	0.12619	04/05/2023
MEDROXYPROGESTERONE 5 MG TAB	0000	0.13876	01/05/2023
MEFENAMIC ACID 250 MG CAP	0000	1.80392	07/05/2023
MEGESTROL 20 MG TAB	0000	0.18421	02/05/2023
MEGESTROL 40 MG TAB	0000	0.20713	12/05/2022
MEGESTROL ACET 40 MG/ML SUSP	0000	0.13036	01/05/2023
MEGESTROL ACETATE 625MG/5ML ORAL SUSP	0000	1.18587	07/05/2023
MELOXICAM 15 MG TAB	0000	0.02827	04/05/2023
MELOXICAM 7.5 MG TAB	0000	0.02129	04/05/2023
MEMANTINE HCL 10 MG TAB	0000	0.09104	12/05/2022
MEMANTINE HCL 5 MG TABLET	0000	0.11741	06/05/2023
MEPERIDINE 50 MG TAB	0000	0.65024	10/05/2018
MERCAPTOPYRINE 50 MG TAB	0000	1.06676	10/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
MEROPENEM 1 G VIAL	0000	12.60000	03/05/2015
MEROPENEM 500 MG VIAL	0000	6.16880	03/05/2015
MESALAMINE 4G/60 ML RECT SUSP	0000	0.16147	09/05/2023
METAXALONE 800 MG TAB	0000	0.52564	09/05/2023
METFORMIN HCL 1000 MG TAB	0000	0.03210	04/05/2023
METFORMIN HCL 500 MG TAB	0000	0.01834	01/05/2023
METFORMIN HCL 850 MG TAB	0000	0.03067	01/05/2023
METFORMIN HCL ER 1,000 MG OSM-TAB	0000	0.61101	10/05/2023
METFORMIN HCL ER 500 MG FILM TAB	0000	0.32050	10/05/2023
METFORMIN HCL ER 500 MG TAB	0000	0.03218	02/05/2023
METFORMIN HCL ER 750 MG TAB	0000	0.06857	09/05/2023
METHADONE HCL 10 MG TAB	0000	0.14641	09/05/2023
METHADONE HCL 5 MG TAB	0000	0.16382	06/05/2023
METHADONE INTENSOL 10 MG/ML CONC	0000	0.83580	05/05/2016
METHAZOLAMIDE 25 MG TAB	0000	1.31742	08/05/2023
METHAZOLAMIDE 50 MG TAB	0000	2.58696	09/05/2023
METHENAMINE HIPP 1 GM TAB	0000	0.81382	10/05/2022
METHIMAZOLE 10 MG TAB	0000	0.13948	10/05/2023
METHIMAZOLE 5 MG TAB	0000	0.08904	10/05/2023
METHOCARBAMOL 500 MG TAB	0000	0.05245	07/05/2023
METHOCARBAMOL 750 MG TAB	0000	0.06290	08/05/2023
METHOTREXATE 2.5 MG TAB	0000	0.23874	04/05/2023
METHOTREXATE 25 MG/ML VIAL	0000	3.26853	01/05/2023
METHOTREXATE 25 MG/ML VIAL-PF	0000	1.43271	04/05/2023
METHSCOPOLAMINE BROM 2.5 MG TAB	0000	1.01825	11/05/2021
METHSCOPOLAMINE BROM 5 MG TAB	0000	1.44460	02/05/2020
METHYLDOPA 250 MG TAB	0000	0.11774	12/05/2019
METHYLDOPA 500 MG TAB	0000	0.16654	03/05/2019
METHYLERGONOVINE MALEATE 0.2 MG TAB	0000	14.57463	10/05/2023
METHYLPHENIDATE 10 MG TAB	0000	0.13170	12/05/2022
METHYLPHENIDATE 10 MG TAB SA	0000	0.32249	10/05/2023
METHYLPHENIDATE 20 MG TAB	0000	0.18319	08/05/2023
METHYLPHENIDATE 5 MG TAB	0000	0.10109	01/05/2023
METHYLPHENIDATE HCL 10 MG CPBP 50-50	0000	3.15677	10/05/2023
METHYLPHENIDATE HCL 20 MG TAB ER	0000	0.36802	10/05/2023
METHYLPRED 4 MG TAB DOSEPAK	0000	0.24420	01/05/2023
METHYLPREDNISOLONE 4 MG TAB	0000	0.14780	10/05/2022
METHYLPREDNISOLONE ACETATE 80 MG/ML VIAL	0000	13.30143	07/05/2022
METOCLOPRAMIDE 10 MG TAB	0000	0.05616	12/05/2022
METOCLOPRAMIDE 5 MG TAB	0000	0.06208	04/05/2023
METOCLOPRAMIDE 5 MG/5 ML SYRP	0000	0.03831	07/05/2023
METOLAZONE 10 MG TAB	0000	0.61829	06/05/2023
METOLAZONE 2.5 MG TAB	0000	0.40259	09/05/2023
METOLAZONE 5 MG TAB	0000	0.37706	09/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
METOPROLOL 100 MG TAB	0000	0.02945	12/05/2022
METOPROLOL 25 MG TAB	0000	0.01667	02/05/2023
METOPROLOL 50 MG TAB	0000	0.02003	02/05/2023
METOPROLOL SUCC ER 100 MG TAB	0000	0.15231	09/05/2023
METOPROLOL SUCC ER 200 MG TAB	0000	0.17674	10/05/2023
METOPROLOL SUCC ER 25 MG TAB	0000	0.16431	12/05/2022
METOPROLOL SUCC ER 50 MG TAB	0000	0.16299	04/05/2023
METOPROLOL-HCTZ 100/25MG TAB	0000	1.28541	03/05/2023
METOPROLOL-HCTZ 50/25MG TAB	0000	0.89682	06/05/2023
METRONIDAZOLE 0.75% CRM	0000	0.78576	10/05/2023
METRONIDAZOLE 250 MG TAB	0000	0.12109	09/05/2023
METRONIDAZOLE 375 MG CAP	0000	5.86590	08/05/2015
METRONIDAZOLE 500 MG TAB	0000	0.15238	03/05/2023
METRONIDAZOLE 500 MG/100 ML	0000	0.02085	05/05/2016
METRONIDAZOLE TOP 0.75% GEL	0000	0.41925	07/05/2023
METRONIDAZOLE VAG 0.75% GEL	0000	0.50835	10/05/2022
MEXILETINE 150 MG CAP	0000	0.36229	10/05/2023
MEXILETINE 200 MG CAP	0000	0.55360	07/05/2023
MICONAZOLE NITRATE 2 % CRM/APPL	0000	0.12202	02/05/2023
MIDODRINE HCL 10 MG TAB	0000	0.36022	08/05/2023
MIDODRINE HCL 2.5 MG TAB	0000	0.14406	04/05/2023
MIDODRINE HCL 5 MG TAB	0000	0.19155	08/05/2023
MILRINONE LACTATE 1 MG/ML VIAL	0000	0.46553	05/05/2016
MILRINONE LACTATE/D5W 20MG/100ML PIGGYBACK	0000	0.15960	09/05/2014
MILRINONE LACTATE/D5W 40MG/200ML PIGGYBACK	0000	0.16750	06/05/2015
MINOCYCLINE 100 MG CAP	0000	0.38244	09/05/2023
MINOCYCLINE 50 MG CAP	0000	0.19275	04/05/2023
MINOCYCLINE 75 MG CAP	0000	0.43436	07/05/2022
MINOCYCLINE HCL 100 MG TAB	0000	0.84426	05/05/2023
MINOCYCLINE HCL 50 MG TABLET	0000	0.37375	06/05/2023
MINOCYCLINE HCL 75MG TAB	0000	2.98650	05/05/2016
MINOXIDIL 10 MG TAB	0000	0.22479	08/05/2023
MINOXIDIL 2.5 MG TAB	0000	0.13641	09/05/2022
MIRTAZAPINE 15 MG RPD DISLV TAB	0000	0.35237	07/05/2023
MIRTAZAPINE 15 MG TAB	0000	0.09638	08/05/2023
MIRTAZAPINE 30 MG RPD DISLV TAB	0000	0.46245	08/05/2023
MIRTAZAPINE 30 MG TAB	0000	0.12967	05/05/2023
MIRTAZAPINE 45 MG RPD DISLV TAB	0000	0.64568	06/05/2023
MIRTAZAPINE 45 MG TAB	0000	0.21651	12/05/2022
MIRTAZAPINE 7.5 MG TAB	0000	0.79250	08/05/2023
MISOPROSTOL 100 MCG TAB	0000	0.41702	08/05/2023
MISOPROSTOL 200 MCG TAB	0000	0.67911	09/05/2023
MITOMYCIN 20 MG VIAL	0000	15.49200	06/05/2015
MITOMYCIN 5 MG VIAL	0000	16.15900	06/05/2015

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
MOEXIPRIL HCL 15 MG TAB	0000	0.86542	08/05/2023
MOMETASONE FUROATE 0.1% CRM	0000	0.49804	08/05/2023
MOMETASONE FUROATE 0.1% OINT	0000	0.41161	07/05/2023
MOMETASONE FUROATE 0.1% SOLN	0000	0.38787	08/05/2023
MONTELUKAST SODIUM 10 MG TAB	0000	0.06341	03/05/2023
MONTELUKAST SODIUM 4 MG GRAN PK	0000	1.04180	01/05/2023
MONTELUKAST SODIUM 4 MG TAB CHEW	0000	0.09591	05/05/2023
MONTELUKAST SODIUM 5 MG TAB CHEW	0000	0.11171	02/05/2023
MORPHINE SULF 100 MG TAB SA	0000	0.72898	10/05/2023
MORPHINE SULF 15 MG TAB SA	0000	0.18641	08/05/2023
MORPHINE SULF 200 MG TAB SA	0000	2.54414	08/05/2021
MORPHINE SULF 30 MG TAB SA	0000	0.37801	06/05/2023
MORPHINE SULF 60 MG TAB SA	0000	0.62038	06/05/2023
MORPHINE SULFATE 10 MG/5 ML SOLUTION	0000	0.06488	06/05/2022
MORPHINE SULFATE 100 MG/5 ML (20 MG/ML) SOLN	0000	0.32665	06/05/2023
MORPHINE SULFATE 30 MG TABLET	0000	0.44648	08/05/2023
MORPHINE SULFATE IR 15 MG TAB	0000	0.28583	01/05/2023
MUPIROCIN 2% OINT	0000	0.24624	01/05/2023
MYCOPHENOLATE 250 MG CAP	0000	0.18964	05/05/2023
MYCOPHENOLATE 500 MG TAB	0000	0.33380	06/05/2023
MYCOPHENOLATE SODIUM 180 MG TABLET DR	0000	0.21066	12/05/2022
MYCOPHENOLATE SODIUM 360 MG TAB DR	0000	0.36911	05/05/2023
NABUMETONE 500 MG TAB	0000	0.13286	08/05/2023
NABUMETONE 750 MG TAB	0000	0.16332	10/05/2023
NADOLOL 20 MG TAB	0000	0.15169	08/05/2023
NADOLOL 40 MG TAB	0000	0.33118	08/05/2023
NADOLOL 80 MG TAB	0000	0.40417	10/05/2023
NALTREXONE 50 MG TAB	0000	0.77748	10/05/2022
NAPROXEN 125 MG/5 ML SUSP	0000	0.77744	03/05/2018
NAPROXEN 250 MG TAB	0000	0.05372	05/05/2023
NAPROXEN 375 MG TAB	0000	0.06238	02/05/2023
NAPROXEN 375 MG TAB EC	0000	0.23370	01/05/2023
NAPROXEN 500 MG TAB	0000	0.07218	07/05/2023
NAPROXEN 500 MG TAB EC	0000	3.33276	09/05/2023
NAPROXEN SODIUM 275 MG TAB	0000	0.55458	08/05/2019
NAPROXEN SODIUM 550 MG TAB	0000	0.40225	10/05/2023
NARATRIPTAN HCL 1 MG TAB	0000	2.14324	09/05/2023
NARATRIPTAN HCL 2.5 MG TAB	0000	1.39787	03/05/2023
NATEGLINIDE 120 MG TAB	0000	0.48781	10/05/2022
NATEGLINIDE 60 MG TAB	0000	0.36350	07/05/2023
NEFAZODONE HCL 100 MG TAB	0000	1.13353	07/05/2020
NEFAZODONE HCL 250 MG TAB	0000	1.45931	08/05/2016
NEO/BAC/POLY 3.5MG-400U-100,00U/GM EYE OINT	0000	6.43776	08/05/2023
NEO/POLY/DEXAMET EYE OINT	0000	2.91700	09/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
NEO/POLYMYXIN/DEXAMETH DROPS	0000	2.77237	12/05/2022
NEO/POLYMYXIN/HC 3.5MG-10K-1%/ML EAR SOLN	0000	5.03967	10/05/2023
NEO/POLYMYXIN/HC 3.5MG-10K-1%/ML EAR SUSP	0000	5.22628	09/05/2023
NEOMY-BAC-POLY 3.5-400U-5,000U/GM OINT	0000	0.09828	11/05/2022
NEOMYCI/POLY/GRAM OPHTH SOL	0000	4.72740	06/05/2023
NEOMYCIN 500 MG TAB	0000	0.82499	05/05/2023
NEOMYCIN/POLY/HC EYE DROPS	0000	16.51985	09/05/2023
NEVIRAPINE 200 MG TAB	0000	0.15915	08/05/2019
NIACIN 1,000 MG TAB ER 24H	0000	0.33371	04/05/2023
NIACIN 500 MG TAB ER 24H	0000	0.21950	10/05/2022
NIACIN 750 MG TAB ER 24H	0000	0.39715	10/05/2022
NICARDIPINE HCL 20 MG CAP	0000	1.61982	09/05/2018
NICOTINE 14 MG/24HR PATCH	0000	1.98855	06/05/2023
NICOTINE 21 MG/24HR PATCH	0000	2.10429	10/05/2022
NICOTINE 7 MG/24 HOUR PATCH TD24	0000	1.95159	02/05/2023
NICOTINE POLACRILEX 2 MG GUM	0000	0.20525	09/05/2023
NICOTINE POLACRILEX 4 MG GUM	0000	0.25703	07/05/2023
NIFEDIPINE 10 MG CAP	0000	0.34782	10/05/2023
NIFEDIPINE 20 MG CAP	0000	1.82766	01/05/2020
NIFEDIPINE ER 30 MG TAB - AB1	0000	0.09572	10/05/2023
NIFEDIPINE ER 30 MG TAB - AB2	0000	0.13215	03/05/2023
NIFEDIPINE ER 60 MG TAB - AB1	0000	0.17340	09/05/2023
NIFEDIPINE ER 60 MG TAB - AB2	0000	0.17160	10/05/2022
NIFEDIPINE ER 90 MG TAB - AB1	0000	0.25176	07/05/2023
NIFEDIPINE ER 90 MG TAB - AB2	0000	0.27824	05/05/2023
NISOLDIPINE 17 MG TAB ER 24H	0000	5.35242	11/05/2020
NISOLDIPINE ER 34 MG TAB	0000	7.51416	01/05/2017
NISOLDIPINE ER 8.5 MG TAB	0000	3.59945	09/05/2018
NITROFURANTOIN MCR 100 MG CAP	0000	0.48222	08/05/2023
NITROFURANTOIN MCR 50 MG CAP	0000	0.50897	10/05/2023
NITROFURANTOIN MONOHD 100 MG CAP	0000	0.87465	04/05/2023
NITROGLYCERIN 0.1 MG/HR PATCH	0000	0.53488	10/05/2023
NITROGLYCERIN 0.2 MG/HR PATCH	0000	0.54204	04/05/2023
NITROGLYCERIN 0.4 MG/HR PATCH	0000	0.64299	03/05/2023
NITROGLYCERIN 0.6 MG/HR PATCH	0000	0.86961	08/05/2023
NITROGLYCERIN 2.5 MG CAP ER	0000	0.31657	04/05/2017
NITROGLYCERIN 6.5 MG CAP ER	0000	0.49500	09/05/2014
NITROGLYCERIN LINGUAL 0.4 MG	0000	24.02990	10/05/2023
NIZATIDINE 150 MG CAP	0000	0.36307	03/05/2020
NIZATIDINE 150 MG/10 ML SOLN	0000	0.55088	04/05/2016
NIZATIDINE 300 MG CAP	0000	0.59360	12/05/2019
NOR/ETH/ESTR/ FE 0.4MG-35MCG (21)/75MG (7) CHEW	0000	0.33040	02/05/2023
NORETH-ETHINYL ESTRADIOL/IRON 0.8-25(24) TAB CHEW	0000	1.78462	06/05/2023
NORETHIND AC/ETH ESTRADIOL 1 MG-5 MCG TAB	0000	1.35047	10/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
NORETHINDRONE 0.35 MG TAB	0000	0.13973	10/05/2023
NORETHINDRONE 5 MG TAB	0000	0.47253	10/05/2022
NORETHINDRONE-E.ESTRADIOL-IRON 1MG-20(24) TABLET	0000	0.37134	04/05/2023
NORTRIPTYLINE HCL 10 MG CAP	0000	0.10567	12/05/2022
NORTRIPTYLINE HCL 25 MG CAP	0000	0.13344	08/05/2023
NORTRIPTYLINE HCL 50 MG CAP	0000	0.13751	02/05/2023
NORTRIPTYLINE HCL 75 MG CAP	0000	0.16566	10/05/2022
NPH, HUMAN INSULIN ISOPHANE 100 UNIT/ML VIAL	0000	14.07140	03/05/2022
NYSTATIN 100,000 UNIT/GM CRM	0000	0.31681	01/05/2023
NYSTATIN 100,000 UNIT/GM OINT	0000	0.35368	12/05/2022
NYSTATIN 100,000 UNIT/GM PWDR	0000	0.42208	06/05/2023
NYSTATIN 100,000 UNIT/ML SUSP	0000	0.09480	08/05/2023
NYSTATIN 500,000 UNIT ORAL TAB	0000	0.35233	09/05/2023
NYSTATIN/TRIAMCINOLONE CRM	0000	0.35658	11/05/2022
NYSTATIN/TRIAMCINOLONE OINT	0000	0.29492	06/05/2023
OFLOXACIN 0.3% EAR DROPS	0000	2.05853	03/05/2023
OFLOXACIN 0.3% EYE DROPS	0000	1.91052	06/05/2023
OLANZAPINE 10 MG TAB	0000	0.11927	02/05/2023
OLANZAPINE 10 MG TAB RAPDIS	0000	0.63190	11/05/2022
OLANZAPINE 10 MG VIAL	0000	39.04800	06/05/2016
OLANZAPINE 15 MG TAB	0000	0.18353	04/05/2023
OLANZAPINE 15 MG TAB RAPDIS	0000	0.93045	07/05/2023
OLANZAPINE 2.5 MG TAB	0000	0.08827	02/05/2023
OLANZAPINE 20 MG TAB	0000	0.21650	06/05/2023
OLANZAPINE 20 MG TAB RAPDIS	0000	0.94377	08/05/2023
OLANZAPINE 5 MG TAB	0000	0.10604	10/05/2022
OLANZAPINE 5 MG TAB RAPDIS	0000	0.49513	08/05/2023
OLANZAPINE 7.5 MG TAB	0000	0.10703	09/05/2023
OLOPATADINE 665 MCG NASAL SPRY	0000	1.03167	01/05/2023
OLOPATADINE HCL 0.1 % DROPS	0000	3.01752	08/05/2023
OMEGA-3 ACID ETHYL ESTERS 1 G CAPSULE	0000	0.28868	08/05/2023
OMEPRAZOLE 10 MG CAP DR	0000	0.08977	04/05/2023
OMEPRAZOLE 20 MG CAP	0000	0.04380	12/05/2022
OMEPRAZOLE 20 MG TAB DR	0000	0.48185	10/05/2023
OMEPRAZOLE 40 MG CAP DR	0000	0.10182	08/05/2023
OMEPRAZOLE MAGNESIUM 20 MG TAB DR	0000	0.44434	07/05/2023
OMEPRAZOLE-BICARB 40-1,100 CAP	0000	0.62746	10/05/2023
ONDANSETRON 4 MG/5 ML SOLN	0000	0.29096	10/05/2022
ONDANSETRON HCL 2 MG/ML VIAL	0000	0.32260	11/05/2020
ONDANSETRON HCL 4 MG TAB	0000	0.12321	09/05/2023
ONDANSETRON HCL 4 MG/2 ML VIAL	0000	0.25956	02/05/2023
ONDANSETRON HCL 8 MG TAB	0000	0.15316	09/05/2023
ONDANSETRON ODT 4 MG TAB	0000	0.24736	10/05/2022
ONDANSETRON ODT 8 MG TAB	0000	0.20787	02/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
ORPHENADRINE 100 MG TAB SA	0000	0.49252	10/05/2022
OXAPROZIN 600 MG TAB	0000	0.54397	02/05/2023
OXAZEPAM 10 MG CAP	0000	0.84659	09/05/2023
OXAZEPAM 15 MG CAP	0000	0.99898	01/05/2023
OXAZEPAM 30 MG CAP	0000	1.42316	09/05/2020
OXCARBAZEPINE 150 MG TAB	0000	0.14153	11/05/2022
OXCARBAZEPINE 300 MG TAB	0000	0.21256	12/05/2022
OXCARBAZEPINE 300 MG/5 ML ORAL SUSP	0000	0.40508	03/05/2023
OXCARBAZEPINE 600 MG TAB	0000	0.40850	09/05/2023
OXICONAZOLE NITRATE 1 % CRM (G)	0000	5.15397	10/05/2020
OXICONAZOLE NITRATE 1 % CRM (G)	0030	8.55853	08/05/2019
OXYBUTYNIN 5 MG TAB	0000	0.08813	12/05/2022
OXYBUTYNIN 5 MG/5 ML SYRP	0000	0.02749	10/05/2023
OXYBUTYNIN CL ER 10 MG TAB	0000	0.12991	10/05/2023
OXYBUTYNIN CL ER 15 MG TAB	0000	0.19527	04/05/2023
OXYBUTYNIN CL ER 5 MG TAB	0000	0.13034	10/05/2023
OXYCODON-ACETAMINOPHEN 2.5-325	0000	0.95628	01/05/2023
OXYCODONE 20 MG/ML SOLN	0000	2.37433	07/05/2023
OXYCODONE HCL 10 MG TAB	0000	0.11006	01/05/2023
OXYCODONE HCL 15 MG TAB	0000	0.12862	06/05/2023
OXYCODONE HCL 20 MG TAB	0000	0.28339	10/05/2022
OXYCODONE HCL 30 MG TAB	0000	0.28144	08/05/2023
OXYCODONE HCL 5 MG CAP	0000	0.48488	05/05/2023
OXYCODONE HCL 5 MG TAB	0000	0.08180	03/05/2023
OXYCODONE HCL 5 MG/5 ML SOLUTION	0000	0.08502	09/05/2023
OXYCODONE-ASPIRIN 4.83-325 MG	0000	0.77249	06/05/2018
OXYCODONE/APAP 10/325 MG TAB	0000	0.20853	02/05/2023
OXYCODONE/APAP 5/325 MG TAB	0000	0.09065	02/05/2023
OXYCODONE/APAP 7.5/325 MG TAB	0000	0.14686	04/05/2023
OXYMORPHONE HCL 10 MG TAB	0000	0.53663	12/05/2022
OXYMORPHONE HCL 10 MG TAB ER 12H	0000	7.49915	10/05/2023
OXYMORPHONE HCL 20 MG TAB ER 12H	0000	14.24131	07/05/2023
OXYMORPHONE HCL 30 MG TAB ER 12H	0000	11.76676	10/05/2020
OXYMORPHONE HCL 40 MG TAB ER 12H	0000	15.25528	07/05/2021
OXYMORPHONE HCL 5 MG TAB	0000	0.45781	02/05/2023
OXYMORPHONE HCL 7.5 MG TAB ER 12H	0000	3.18037	05/05/2020
OXYMORPHONE HCL ER 15 MG TAB	0000	10.80510	06/05/2023
PAMIDRONATE DISODIUM 30MG/10ML VIAL	0000	1.64060	12/05/2014
PANTOPRAZOLE SOD 40 MG TAB DR	0000	0.06571	04/05/2023
PANTOPRAZOLE SODIUM 20MG TAB DR	0000	0.06625	04/05/2023
PARICALCITOL 1 MCG CAP	0000	0.95291	06/05/2023
PARICALCITOL 2 MCG CAPSULE	0000	7.51467	09/05/2017
PAROXETINE 37.5 MG TAB SR 24H	0000	0.92652	10/05/2023
PAROXETINE HCL 10 MG TAB	0000	0.06738	02/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
PAROXETINE HCL 12.5 MG TAB SR 24H	0000	0.73370	10/05/2023
PAROXETINE HCL 20 MG TAB	0000	0.07305	08/05/2023
PAROXETINE HCL 25 MG TAB SR 24H	0000	0.52413	10/05/2023
PAROXETINE HCL 30 MG TAB	0000	0.09900	09/05/2023
PAROXETINE HCL 40 MG TAB	0000	0.11603	12/05/2022
PEG 3350/ELECTROLYTE SOLN (COLYTE)	0000	0.00358	12/05/2022
PEG 3350/ELECTROLYTE SOLN (GOLYTELY)	0000	0.00443	07/05/2023
PEG 3350/FLAVOR PACKS - NULYTELY	0000	0.01058	03/05/2023
PENICILLIN V POTASSIUM 125 MG/5 ML SUSP RECON	0000	0.05029	09/05/2023
PENICILLIN V POTASSIUM 125 MG/5 ML SUSP RECON	0100	0.07460	08/05/2023
PENICILLIN V POTASSIUM 250MG TAB	0000	0.07592	12/05/2022
PENICILLIN V POTASSIUM 250MG/5ML SOLN	0000	0.05694	02/05/2023
PENICILLIN V POTASSIUM 500MG TAB	0000	0.09540	10/05/2023
PENTAZOCINE HCL/NALOXONE HCL 50-0.5MG TAB	0000	1.82823	08/05/2021
PENTOXIFYLLINE 400 MG TAB SA	0000	0.25243	10/05/2022
PERINDOPRIL ERBUMINE 4 MG TAB	0000	0.47305	08/05/2022
PERINDOPRIL ERBUMINE 8 MG TAB	0000	0.51738	03/05/2021
PERMETHRIN 5% CRM	0000	0.48224	10/05/2022
PERPHEN/AMITRIP 2/25 MG TAB	0000	1.55369	08/05/2016
PERPHEN/AMITRIP 4/25 MG TAB	0000	1.59414	09/05/2015
PERPHENAZINE 16 MG TAB	0000	0.49010	07/05/2023
PERPHENAZINE 2 MG TAB	0000	0.20249	10/05/2023
PERPHENAZINE 4 MG TAB	0000	0.19690	10/05/2023
PERPHENAZINE 8 MG TAB	0000	0.32325	10/05/2023
PHENAZOPYRIDINE HCL 100 MG TABLET	0000	0.16386	09/05/2023
PHENAZOPYRIDINE HCL 200 MG TABLET	0000	0.23967	01/05/2023
PHENYTOIN 125 MG/5 ML SUSP	0000	0.06380	04/05/2023
PHENYTOIN 50 MG CHEW TAB	0000	0.32063	07/05/2023
PHENYTOIN SOD EXT 100 MG CAP	0000	0.34548	02/05/2023
PHENYTOIN SODIUM EXTENDED 30 MG CAP	0000	1.02381	12/05/2021
PILOCARPINE 4% EYE DROPS	0000	3.69266	08/05/2023
PILOCARPINE HCL 5 MG TAB	0000	0.26586	02/05/2023
PILOCARPINE HCL 7.5 MG TAB	0000	0.53383	08/05/2023
PINDOLOL 10 MG TAB	0000	0.80549	02/05/2023
PINDOLOL 5 MG TAB	0000	0.81449	05/05/2023
PIOGLITAZONE - METFORMIN 15 MG-850 MG TAB	0000	0.23044	10/05/2023
PIOGLITAZONE HCL 15 MG TAB	0000	0.10203	04/05/2023
PIOGLITAZONE HCL 30 MG TAB	0000	0.13400	08/05/2023
PIOGLITAZONE HCL 45 MG TAB	0000	0.16270	12/05/2022
PIOGLITAZONE- METFORMIN 15 MG- 500 MG TAB	0000	0.52340	09/05/2023
PIPERACIL-TAZOBACT 2.25 GM VIAL	0000	7.35000	03/05/2015
PIPERACILLIN SODIUM/TAZOBACTAM 3.375 G VIAL	0000	6.82500	12/05/2014
PIPERACILLIN SODIUM/TAZOBACTAM 4.5 G VIAL	0000	11.94967	06/05/2016
PIPERACILLIN SODIUM/TAZOBACTAM 40.5 G VIAL	0000	102.34800	06/05/2016

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
PIROXICAM 10 MG CAP	0000	0.25963	10/05/2023
PIROXICAM 20 MG CAP	0000	0.45672	08/05/2023
PN85/IRON CB&ASP G/FA/DHA/FISH 40-10-1 MG CAPSULE	0000	0.14000	05/04/2012
PNV #10/FE FUM/FA/DHA 65-1-250MG COMB. PK	0000	0.14000	05/04/2012
PNV #11/FE FUM/FA/OMEGA-3 28-1-200MG CAP	0000	0.14000	05/04/2012
PNV #14/FERROUS FUM/FOLIC ACID 29 MG-1 MG TAB CHEW	0000	0.14000	05/04/2012
PNV #15/FE,CARB./FA/DSS 90-1-50MG TAB	0000	0.14000	05/04/2012
PNV #16/FE FUM & PS COMP/FOLIC ACID/OMEGA-3 CAP	0000	0.14000	05/04/2012
PNV #26/FE POLY/FA/DHA 29-1-200MG CAP	0000	0.14000	05/04/2012
PNV #30/IRON CARB&ASPG/FA/OM3 30-10-1 MG CAPSULE	0000	0.14000	05/04/2012
PNV #34/FE,CARB/FA/DSS/DHA 30-1-50MG CAP	0000	0.14000	05/04/2012
PNV #47/FE FUM/FA CMB #1/DHA 27-1-300MG CAP	0000	0.14000	05/04/2012
PNV #53/FE B-G HCL SUC-P/FA/OMEGA-3 29-1-400MG COMB. PK	0000	0.14000	05/04/2012
PNV #54/FE B-G HCL SUC-P/FA/OMEGA-3 29-1-430MG COMB. PK	0000	0.14000	05/04/2012
PNV #56/IRON CARB&ASPG/FA/DHA 35-5-1 MG CAPSULE	0000	0.14000	12/05/2012
PNV #69 FE,CARB/FA/DSS/DHA 28-1-50MG CAP	0000	0.14000	05/04/2012
PNV #76/FE,CARB/FA 29-1MG TAB	0000	0.14000	05/04/2012
PNV #78/FE FUM/FA 29-1MG TAB	0000	0.14000	05/04/2012
PNV #78/IRON ASP GLY/FA#1/DHA 18-1-300MG CAPSULE	0000	0.14000	05/29/2015
PNV #83/FE,CARB/FE ASPARTO GLY/FA 30-20-1MG TAB	0000	0.14000	05/04/2012
PNV #86/FE BIS-GLY/FA 32-1MG TAB	0000	0.14000	05/04/2012
PNV #86/IRON POLY/FA/DHA/EPA 32-1-120MG COMBO. PKG	0000	0.14000	09/05/2013
PNV #87/FE BISGLY/FA/DHA 32-1-230MG COMB. PK	0000	0.14000	05/04/2012
PNV - #2/FE B-G SUC-P/FA/OMEGA-3 29-1-250MG COMB. PK	0000	0.14000	05/04/2012
PNV - CA #39/FE FUM/FA/DSS/DHA 30-1.2-55MG CAP	0000	0.14000	05/04/2012
PNV - CA #40/FE FUM/FA CMB#1 27-1MG TAB	0000	0.14000	05/04/2012
PNV - CA #68/FE/FA/DHA 28-1-300MG CAP	0000	0.14000	05/04/2012
PNV - CA #80/FE FUM/FA/DSS/DHA 29-1.2-55MG CAP	0000	0.14000	05/04/2012
PNV 102/IRON/FOLATE/DHA 90-1-200MG CAPSULE	0000	0.14000	04/05/2020
PNV 112/IRON/FA/OM-3S/DHA/EPA 3.33 MG IRON-0.33 MG-34.83 MG (25 MG-5.1 MG-4.73 MG) TAB CHEW	0000	0.14000	10/05/2016
PNV 119/IRON FUM/FOLIC ACID 29 MG-1 MG TABLET	0000	0.14000	01/05/2020
PNV 12/IRON/LEVOMEFOLATE CALC 29 MG-1700 TABLET DR	0000	0.14000	08/05/2023
PNV 12/IRON/METHYLFOL CALC/DHA 29 MG-1700 CMPKTBCPDR	0000	0.14000	08/05/2023
PNV 12/IRON/METHYLFOLATE/DHA 29-1-350MG CMPKTBCPDR	0000	0.14000	09/05/2018
PNV CMB#21/IRON/FOLIC ACID 14 MG-400 TABLET	0000	0.14000	05/04/2012
PNV NO.100/IRON/FA/DHA/EPA 27 MG IRON-1,000 MCG-300 MG-30 MG CAPSULE	0000	0.14000	10/05/2016
PNV NO.111/IRON/FOLATE/DHA 38-1-225MG CAPSULE	0000	0.14000	08/05/2021
PNV NO.115/IRON FUMARATE/FA 29 MG-1 MG TAB CHEW	0000	0.14000	09/05/2013
PNV NO.118/IRON FUMARATE/FA 29 MG-1 MG TAB CHEW	0000	0.14000	05/29/2015
PNV NO.121/IRON/FOLIC ACID 28MG-0.8MG TABLET	0000	0.14000	09/05/2017
PNV NO.122/IRON/FOLIC ACID 27MG-0.8MG TABLET	0000	0.14000	05/29/2015
PNV NO.139/IRON,CARB/FOLIC/DHA 33MG-0.8MG COMBO. PKG	0000	0.14000	10/05/2018
PNV NO.143/IRON/METHYLFOLATE 29 MG-1 MG TABLET	0000	0.14000	06/05/2019
PNV NO.15/IRON FUM & PS CMP/FA 85 MG-1 MG CAPSULE	0000	0.14000	05/04/2012

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
PNV NO.153/FA/OM3/DHA/EPA/FISH 400-35-25 TAB CHEW	0000	0.14000	07/05/2019
PNV NO.154/IRON FUM/FOLIC ACID 27 MG-1 MG TABLET	0000	0.14000	08/05/2021
PNV NO.159/IRON/FOLIC ACID 28MG-0.8MG TABLET	0000	0.14000	10/05/2023
PNV NO.162/IRON GLU/FOLIC ACID 12 MG-1 MG TABLET	0000	0.14000	10/05/2019
PNV NO.163/IRON/FOLATE NO.10 20 MG-1 MG TABLET	0000	0.14000	11/05/2019
PNV NO.164/IRON/FOLATE NO.6 6 MG-833.5 TABLET	0000	0.14000	07/05/2023
PNV NO.165/IRON FUM/FOLIC ACID 13 MG-1 MG TAB CHEW	0000	0.14000	05/05/2020
PNV NO.175/IRON FUM/FOLIC ACID 29 MG-1 MG TABLET	0000	0.14000	08/05/2021
PNV NO.175/IRON/FA/DHA/ALGAL 29-1-200MG COMBO. PKG	0000	0.14000	07/05/2021
PNV NO.178/FA/OM3/DHA/EPA/FISH 180-35-25 TAB CHEW	0000	0.14000	02/05/2022
PNV NO.28/FERROUS FUMARATE/FA 27 MG-1 MG TABLET	0000	0.14000	05/04/2012
PNV NO.63/IRON,CARBONYL/FA/DHA 27-800-200 CAPSULE	0000	0.14000	05/29/2015
PNV NO.66/IRON,CARBONYL/FA/DHA 20-1-320MG CAPSULE	0000	0.14000	09/05/2013
PNV NO.74/IRON FUM/FA/COQ10 18-1-125MG COMBO. PKG	0000	0.14000	05/29/2015
PNV NO.74/IRON FUM/FA/DHA 27-1-300MG COMBO. PKG	0000	0.14000	05/29/2015
PNV NO.81/IRON CBN&GLUC/FA/DSS 27-1-50 MG TABLET	0000	0.14000	05/29/2015
PNV NO12/IRON,CARB/FA/DSS/OM-3 29-1-50 MG CMBPKGDRCP	0000	0.14000	05/04/2012
PNV W-O CA NO5/FE FUMARATE/FA 106.5-1MG CAPSULE	0000	0.14000	05/04/2012
PNV WITH CA NO.36/IRON/FA 13.5-0.4MG CAPSULE	0000	0.14000	05/04/2012
PNV WITH CA NO.65/IRON POLY/FA 60 MG-1 MG CAPSULE	0000	0.14000	05/04/2012
PNV WITH CA,NO.61/IRON/FA/DHA 28-975-200 COMBO. PKG	0000	0.14000	05/04/2012
PNV WITH CA,NO.72/IRON,CARB/FA 29 MG-1 MG TABLET	0000	0.14000	03/05/2013
PNV WITH CA,NO.72/IRON/FA 27 MG-1 MG TAB	0000	0.14000	05/04/2012
PNV WITH FE FUM/FA 28-0.8MG TAB	0000	0.14000	05/04/2012
PNV WITH FE FUM/FA/SELENIUM 27-1MG TAB	0000	0.14000	05/04/2012
PNV#102/IRON/FA/DHA/LUTEIN 27-800-200 COMBO. PKG	0000	0.14000	06/05/2012
PNV#67/IRON PS/FA CMB#1/DHA 29-1-200MG CAPSULE	0000	0.14000	12/05/2013
PNV#71/IRON/FOLIC ACID/DHA 30-1.4-200 CAP IR DR	0000	0.14000	06/05/2014
PNV#75/IRON FUM/FA/OM3/DHA/EPA 28-800-223 COMBO. PKG	0000	0.14000	05/29/2015
PNV#75/IRON FUM/FA/OM3/DHA/EPA 28-800-440 COMBO. PKG	0000	0.14000	05/04/2012
PNV-DHA + DOCUSATE SOFTGEL	0000	0.14000	05/04/2012
PNV/FA/B6/CALCIUM PHOS/GINGER 1.2-40-100 TABLET	0000	0.14000	05/04/2012
PNV/FERROUS FUMARATE/DOSS/FA 90-50-1MG TABLET ER	0000	0.14000	05/04/2012
PNV/IRON,CARBONYL/DOCUSATE/FA 90-50-1MG TABLET	0000	0.14000	05/04/2012
PNV100/IRON EDTA&PS/FA/OMEGA3 27-1-374MG CMBPKGDRCP	0000	0.14000	06/05/2012
PNV103/FA/OMEGA3/DHA/FISH OIL 400 MCG-32.5 MG (25 MG-7.5 MG) TAB CHEW	0000	0.14000	10/05/2016
PNV106/IRON/FA/OM3/DHA/EPA 25-1-400MG COMBO. PKG	0000	0.14000	08/03/2012
PNV115/IRON FUMARATE/FA/DSS 29-1-25 MG TABLET	0000	0.14000	09/05/2013
PNV117/IRON/FA/OM3/DHA/EPA 25 MG-1 MG COMBO. PKG	0000	0.14000	09/05/2013
PNV133/FERROUS FUMARATE/FA 28 MG IRON-800 MCG TABLET	0000	0.14000	10/05/2016
PNV151/IRON/FA/O3/DHA/EPA/FISH 27-800-260 CAPSULE	0000	0.14000	05/05/2019
PNV157/IRON/FA/O3/DHA/EPA/FISH 4-0.5-150 CAPSULE	0000	0.14000	08/05/2019
PNV158/IRON/FA/O3/DHA/EPA/FISH 13.5-0.5MG CAPSULE	0000	0.14000	08/05/2019
PNV166/IRON/FA/O3/DHA/EPA/FISH 27MG-0.8MG CAPSULE	0000	0.14000	09/05/2020

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
PNV174/IRON/FA/O3/DHA/EPA/FISH 28-1-35 MG CAPSULE	0000	0.14000	05/05/2021
PNV19/IRON BG HC&SUCC-P/FA/OM3 29-1-400MG CMBPKGDRCP	0000	0.14000	05/04/2012
PNV55/IRON BG HC&SUCC-P/FA/OM3 29-1-430MG CMBPKGDRCP	0000	0.14000	05/04/2012
PNV55/IRON FUM & BISGLY/FA 28 MG-1 MG TAB CHEW	0000	0.14000	12/05/2012
PNV59/IRON,CARB&FUM/FA/DSS/DHA 27-1-50 MG CAPSULE	0000	0.14000	06/05/2014
PNV62/FA/OM3/DHA/EPA/FISH OIL 400-35-25 TAB CHEW	0000	0.14000	05/29/2015
PNV72/IRON,CARB&GLU/FA/DSS/DHA 90-1-300MG COMBO. PKG	0000	0.14000	05/29/2015
PNV73/IRON,CARB&GLU/FA/DSS/DHA 35-1-50 MG COMBO. PKG	0000	0.14000	05/29/2015
PNV76/IRON,CARB&GLU/FA/DSS/DHA 27-1-50 MG COMBO. PKG	0000	0.14000	05/29/2015
PNV81/SOD IRON EDTA& PS/FA/OM3 27-1-430MG CMBPKGDRCP	0000	0.14000	05/04/2012
PNV95/FERROUS FUMARATE/FA 28MG-0.8MG TABLET	0000	0.14000	05/04/2012
PODOFILOX 0.5 % SOLN	0000	13.91479	08/05/2023
POLYETHYLENE GLYCOL 3350 17 GM PWD BTL	0000	0.02617	04/05/2023
POLYETHYLENE GLYCOL 3350 17 GM PWD PKT	0000	1.51450	10/05/2023
POLYMYXIN B/TMP EYE DROPS	0000	0.74284	12/05/2022
POTASSIUM BICARBONATE/CIT AC 25MEQ TAB EFF	0000	0.26951	12/05/2020
POTASSIUM CHLORIDE 20 MEQ PK	0000	1.09362	09/05/2023
POTASSIUM CHLORIDE 8 MEQ CAP SA	0000	0.17065	10/05/2023
POTASSIUM CITRATE 15 MEQ TABLET ER	0000	0.27126	10/05/2023
POTASSIUM CITRATE ER 10 MEQ TAB	0000	0.32036	02/05/2023
POTASSIUM CL 10 MEQ CAP SA	0000	0.15235	12/05/2022
POTASSIUM CL 10 MEQ TAB SA	0000	0.16424	10/05/2023
POTASSIUM CL 10 MEQ TAB SA PRT	0000	0.26885	08/05/2023
POTASSIUM CL 10% LIQUID	0000	0.09093	03/05/2023
POTASSIUM CL 20 MEQ TAB SA	0000	0.19190	02/05/2023
POTASSIUM CL 20% LIQUID	0000	0.21345	07/05/2023
POTASSIUM CL 8 MEQ TAB SA	0000	0.14342	02/05/2023
PRAMIPEXOLE DI-HCL 0.125 MG TAB	0000	0.05008	02/05/2023
PRAMIPEXOLE DI-HCL 0.25 MG TAB	0000	0.05422	02/05/2023
PRAMIPEXOLE DI-HCL 0.5 MG TAB	0000	0.09909	08/05/2023
PRAMIPEXOLE DI-HCL 0.75 MG TAB	0000	0.09206	09/05/2023
PRAMIPEXOLE DI-HCL 1 MG TAB	0000	0.05804	10/05/2023
PRAMIPEXOLE DI-HCL 1.5 MG TAB	0000	0.07095	10/05/2023
PRAVASTATIN SODIUM 10 MG TAB	0000	0.06530	08/05/2023
PRAVASTATIN SODIUM 20 MG TAB	0000	0.08015	02/05/2023
PRAVASTATIN SODIUM 40 MG TAB	0000	0.14563	09/05/2023
PRAVASTATIN SODIUM 80 MG TAB	0000	0.17168	01/05/2023
PRAZOSIN 1 MG CAP	0000	0.18793	04/05/2023
PRAZOSIN 2 MG CAP	0000	0.18776	09/05/2023
PRAZOSIN HCL 5 MG CAP	0000	0.31832	08/05/2023
PREDNISOLONE 15 MG/5 ML SOLN	0000	0.12930	06/05/2023
PREDNISOLONE 15 MG/5 ML SYRP	0000	0.16772	02/05/2023
PREDNISOLONE 5 MG/5 ML SOLN	0000	0.56459	01/05/2023
PREDNISOLONE AC 1% EYE DROPS	0000	5.35578	09/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
PREDNISOLONE SOD 1% DROPS	0000	4.37783	10/05/2023
PREDNISONONE 1 MG TAB	0000	0.05890	02/05/2023
PREDNISONONE 10 MG TAB	0000	0.07569	12/05/2022
PREDNISONONE 10 MG TAB - UNIPAK	0000	0.62649	09/05/2023
PREDNISONONE 2.5 MG TAB	0000	0.11021	04/05/2023
PREDNISONONE 20 MG TAB	0000	0.12215	05/05/2023
PREDNISONONE 5 MG TAB	0000	0.06192	11/05/2022
PREDNISONONE 5 MG TAB - UNIPAK	0000	0.39156	04/05/2023
PREDNISONONE 50 MG TAB	0000	0.26179	06/05/2023
PREGABALIN 100 MG CAP	0000	0.06236	03/05/2023
PREGABALIN 150 MG CAP	0000	0.07900	03/05/2023
PREGABALIN 165 MG TAB ER 24H	0000	8.39002	06/05/2021
PREGABALIN 200 MG CAP	0000	0.11186	10/05/2023
PREGABALIN 225 MG CAP	0000	0.08397	10/05/2023
PREGABALIN 25 MG CAP	0000	0.06698	10/05/2023
PREGABALIN 300 MG CAP	0000	0.11822	01/05/2023
PREGABALIN 330 MG TAB ER 24H	0000	8.36314	06/05/2021
PREGABALIN 50 MG CAP	0000	0.08063	03/05/2023
PREGABALIN 75 MG CAP	0000	0.09417	10/05/2023
PREGABALIN 82.5 MG TAB ER 24H	0000	8.27379	06/05/2021
PRENATAL #103/IRON FUMARATE/FA 27 MG-1 MG TABLET	0000	0.14000	07/05/2012
PRENATAL #108/IRON,CARBONYL/FA 30 MG IRON-1 MG TABLET	0000	0.14000	10/05/2016
PRENATAL #48/IRON CB&GLU/FA/B6 20-1-25 MG TABLET SEQ	0000	0.14000	07/05/2012
PRENATAL #79/IRON ASP GLY/FA#1 20 MG-1 MG TABLET	0000	0.14000	05/29/2015
PRENATAL #92/IRON/FA #8/PS-DHA 1.5-8.73MG CAP IR DR	0000	0.14000	05/29/2015
PRENATAL 147/IRON/FOLIC ACID 13 MG-1 MG TABLET	0000	0.14000	05/05/2019
PRENATAL 148/IRON/FOLATE 6/DHA 27-1-205 CAPSULE	0000	0.14000	04/05/2019
PRENATAL 168/IRON/FOLIC/OMEGA3 27-800-235 CAPSULE	0000	0.14000	10/05/2020
PRENATAL 181/IRON FUM/FOLATE 15 MG-1750 TABLET	0000	0.14000	06/05/2022
PRENATAL CMB#95/IRON/FA/DHA 28-800-200 COMBO. PKG	0000	0.14000	05/29/2015
PRENATAL COMB NO.42/FOLIC ACID 1.4 MG TAB CH BPH	0000	0.14000	05/29/2015
PRENATAL NO.123/IRON/FOLIC AC 50-1.25 MG TABLET	0000	0.14000	09/05/2017
PRENATAL NO.13/IRON PS/FA CB#1 29 MG-1 MG TAB CHEW	0000	0.14000	05/29/2015
PRENATAL NO.137/IRON/FOLIC ACD 27MG-0.8MG TABLET	0000	0.14000	08/05/2018
PRENATAL NO.144/FOLIC ACID 400 MCG TAB CHEW	0000	0.14000	04/05/2019
PRENATAL NO.167/FOLIC ACID/DHA 0.4MG-25MG TAB CHEW	0000	0.14000	04/05/2023
PRENATAL NO.25/IRON/FA #6/DHA 30-1-200MG CAPSULE	0000	0.14000	05/04/2012
PRENATAL NO.40/IRON/FA/DHA 27-0.8-250 CAPSULE	0000	0.14000	05/04/2012
PRENATAL NO.52/IRON/FA/DHA 28-1-200MG CAPSULE	0000	0.14000	09/05/2012
PRENATAL NO.75/IRON/FOLATE #1 18 MG-1 MG TABLET	0000	0.14000	05/29/2015
PRENATAL NO.77/IRON ASP GLY/FA 20 MG-1 MG TABLET	0000	0.14000	05/29/2015
PRENATAL NO.93/IRON/FA #9/DHA 31 MG IRON-1 MG-200 MG CAPSULE	0000	0.14000	08/05/2015
PRENATAL VIT #105/IRON/FA/DHA 30 MG IRON-1.4 MG-300 MG COMBO. PKG	0000	0.14000	10/05/2016
PRENATAL VIT #49/IRON FUM/FA 6.75-0.2MG TABLET	0000	0.14000	07/05/2012

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
PRENATAL VIT #68/IRON/FA#6/DHA 28-1-400MG CAPSULE	0000	0.14000	12/05/2013
PRENATAL VIT #69/IRON/FA#6/DHA 27-1-400MG CAPSULE	0000	0.14000	12/05/2013
PRENATAL VIT #83/IRON/FA#6/DHA 29-1-150MG CAPSULE	0000	0.14000	05/29/2015
PRENATAL VIT #91/FE FUM/FA/DHA 28-975-200 COMBO. PKG	0000	0.14000	05/29/2015
PRENATAL VIT COMB.10/IRON/FA 65 MG-1 MG TABLET	0000	0.14000	05/04/2012
PRENATAL VIT NO.112/FOLIC ACID 1 MG TAB CHEW	0000	0.14000	03/05/2013
PRENATAL VIT NO.124/IRON/FA 27MG-0.8MG TABLET	0000	0.14000	05/29/2015
PRENATAL VIT NO.126/IRON/FA 28MG-0.8MG TABLET	0000	0.14000	05/04/2012
PRENATAL VIT NO.129/IRON/FA 27MG-0.8MG TABLET	0000	0.14000	05/04/2012
PRENATAL VIT NO.130/IRON/FA 27MG-0.8MG TABLET	0000	0.14000	05/04/2012
PRENATAL VIT NO.170/IRON/FOLIC 27 MG-1 MG TABLET	0000	0.14000	03/05/2021
PRENATAL VIT NO.179/IRON/FOLIC 28MG-0.8MG TABLET	0000	0.14000	05/05/2022
PRENATAL VIT NO.180/IRON/FOLIC 27 MG-1 MG TABLET	0000	0.14000	05/05/2022
PRENATAL VIT NO.73/IRON/FA 28 MG-1 MG TABLET	0000	0.14000	05/04/2012
PRENATAL VIT NO.87/IRON/FA/DHA 18-1-350MG CAPSULE	0000	0.14000	05/29/2015
PRENATAL VIT W-CA,FE,FA(<1 MG) TABLET	0000	0.14000	05/04/2012
PRENATAL VIT#118/IRON/FA#6/DHA 30 MG IRON-1 MG-300 MG CAPSULE	0000	0.14000	04/05/2017
PRENATAL VIT#65/IRON FUM&PS/FA 40-1.25 MG CAPSULE	0000	0.14000	09/05/2013
PRENATAL VIT#84/IRON/FA#1/DHA 18-1-300MG CAPSULE	0000	0.14000	05/29/2015
PRENATAL VIT#85/IRON/FA#1/DHA 10-1-200MG CAPSULE	0000	0.14000	05/29/2015
PRENATAL VIT#98/FERROUS FUM/FA 9MG-267MCG TABLET	0000	0.14000	05/04/2012
PRENATAL VIT/IRON FUMARATE/FA 65 MG-1 MG CAPSULE	0000	0.14000	05/04/2012
PRENATAL VIT/IRON FUMARATE/FA 65 MG-1 MG TABLET	0000	0.14000	05/04/2012
PRENATAL VIT116/IRON/FOLIC/DHA 28 MG IRON-800 MCG-200 MG CAPSULE	0000	0.14000	04/05/2017
PRENATAL VIT27&CALCIUM/IRON/FA 60 MG-1 MG TABLET	0000	0.14000	05/04/2012
PRENATAL VIT37/IRON/FOLIC ACID 29 MG-1 MG TAB CHEW	0000	0.14000	05/04/2012
PRENATAL VITS #32/IRON/FA/DHA 27-1-150MG COMBO. PKG	0000	0.14000	05/04/2012
PRENATAL VITS #33/IRON/FA/DHA 29-1-250MG COMBO. PKG	0000	0.14000	05/04/2012
PRENATAL VITS #93/IRON FUM/FA 9MG-267MCG TABLET	0000	0.14000	05/04/2012
PRENATAL72/IRON FUM/FA/OM3/DHA 27 MG IRON-1 MG-312 MG-250 MG COMBO. PKG	0000	0.14000	04/05/2017
PRIMIDONE 250 MG TAB	0000	0.26252	12/05/2022
PRIMIDONE 50 MG TAB	0000	0.15683	10/05/2022
PROBENECID 500 MG TAB	0000	0.53587	10/05/2023
PROCHLORPERAZINE 10 MG TAB	0000	0.41537	08/05/2023
PROCHLORPERAZINE 25 MG SUPP	0000	5.55750	11/05/2022
PROCHLORPERAZINE 5 MG TAB	0000	0.24941	07/05/2023
PROGESTERONE OIL 50 MG/ML VL	0000	1.54275	04/05/2023
PROGESTERONE,MICRONIZED 100 MG CAP	0000	0.23572	04/05/2023
PROGESTERONE,MICRONIZED 200 MG CAP	0000	0.52510	10/05/2023
PROMETHAZINE 25 MG SUPP	0000	2.94755	10/05/2023
PROMETHAZINE 25 MG TAB	0000	0.05945	11/05/2022
PROMETHAZINE 25 MG/ML AMP	0000	1.94873	12/05/2015
PROMETHAZINE 25 MG/ML VIAL	0000	1.68312	05/05/2021
PROMETHAZINE 50 MG TAB	0000	0.08011	07/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
PROMETHAZINE 6.25/5 ML SYRP	0000	0.03087	01/05/2023
PROMETHAZINE HCL 12.5 MG SUPP	0000	4.02680	09/05/2023
PROMETHAZINE HCL 12.5 MG TAB	0000	0.05242	07/05/2023
PROMETHAZINE HCL 50 MG/ML AMP	0000	3.49753	12/05/2015
PROMETHAZINE VC SYRP	0000	0.22293	06/05/2019
PROPAFENONE HCL 150 MG TAB	0000	0.17124	04/05/2023
PROPAFENONE HCL 225 MG TAB	0000	0.17495	10/05/2023
PROPAFENONE HCL 300 MG TAB	0000	0.58725	09/05/2023
PROPRANOLOL 10 MG TAB	0000	0.07019	02/05/2023
PROPRANOLOL 120 MG CAP SA	0000	0.37410	08/05/2023
PROPRANOLOL 160 MG CAP SA	0000	0.35231	10/05/2022
PROPRANOLOL 20 MG TAB	0000	0.07610	09/05/2023
PROPRANOLOL 40 MG TAB	0000	0.11233	12/05/2022
PROPRANOLOL 60 MG CAP SA	0000	0.22247	12/05/2022
PROPRANOLOL 60 MG TAB	0000	0.22680	09/05/2023
PROPRANOLOL 80 MG CAP SA	0000	0.23564	10/05/2023
PROPRANOLOL 80 MG TAB	0000	0.22302	01/05/2023
PROPYLTHIOURACIL 50 MG TAB	0000	0.46361	08/05/2023
PROTRIPTYLINE HCL 10 MG TAB	0000	2.82682	07/05/2023
PV W-O CAL/FE,CARBONYL/DOSS/FA 29-50-1MG TABLET DR	0000	0.14000	05/04/2012
PV W-O CAL/IRON PS CPLX/FA 29 MG-1 MG TAB CHEW	0000	0.14000	05/04/2012
PYRIDOSTIGMINE BR 60 MG TAB	0000	0.19884	07/05/2023
PYRIDOSTIGMINE BROMIDE 180 MG TAB ER	0000	3.47227	10/05/2023
QUETIAPINE FUMARATE 100 MG TAB	0000	0.07297	11/05/2022
QUETIAPINE FUMARATE 200 MG TAB	0000	0.11525	01/05/2023
QUETIAPINE FUMARATE 25 MG TAB	0000	0.03258	05/05/2023
QUETIAPINE FUMARATE 300 MG TAB	0000	0.13245	05/05/2023
QUETIAPINE FUMARATE 400 MG TAB	0000	0.18027	01/05/2023
QUETIAPINE FUMARATE 50 MG TAB	0000	0.06298	12/05/2022
QUINAPRIL HCL 5 MG TAB	0000	0.07534	02/05/2023
QUINAPRIL HCL 10 MG TAB	0000	0.09676	02/05/2023
QUINAPRIL HCL 20 MG TAB	0000	0.14896	12/05/2021
QUINAPRIL HCL 40 MG TAB	0000	0.16832	02/05/2023
QUINAPRIL/HCTZ 10/12.5 MG TAB	0000	0.31182	03/05/2022
QUINAPRIL/HCTZ 20/12.5 MG TAB	0000	0.37590	08/05/2022
QUINAPRIL/HCTZ 20/25 MG TAB	0000	0.31644	06/05/2022
QUININE SULFATE 324 MG CAP	0000	0.90747	08/05/2023
RABEPRAZOLE SODIUM 20 MG TABLET DR	0000	0.22927	08/05/2023
RALOXIFENE HCL 60 MG TAB	0000	0.42763	09/05/2023
RAMIPRIL 1.25 MG CAP	0000	0.09121	09/05/2023
RAMIPRIL 10 MG CAP	0000	0.07611	12/05/2022
RAMIPRIL 2.5 MG CAP	0000	0.06497	01/05/2023
RAMIPRIL 5 MG CAP	0000	0.04878	07/05/2023
REPREXAIN 10-200 MG TAB	0000	3.22053	08/05/2022

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
RIBAVIRIN 200 MG CAP	0000	1.64757	07/05/2016
RIBAVIRIN 200 MG TAB	0000	0.70458	11/05/2015
RIFAMPIN 150 MG CAP	0000	0.91253	10/05/2023
RIFAMPIN 300 MG CAP	0000	0.69471	07/05/2023
RILUZOLE 50 MG TAB	0000	0.40063	08/05/2023
RISEDRONATE SODIUM 150 MG TABLET	0000	12.85092	10/05/2023
RISPERIDONE 0.25MG TAB	0000	0.04443	12/05/2022
RISPERIDONE 0.5 MG TAB ODT	0000	0.91511	02/05/2023
RISPERIDONE 0.5MG TAB	0000	0.04818	02/05/2023
RISPERIDONE 1 MG TAB RAPDIS	0000	0.98935	05/05/2023
RISPERIDONE 1MG TAB	0000	0.04702	08/05/2023
RISPERIDONE 1MG/ML SOLN	0000	0.35870	09/05/2023
RISPERIDONE 2 MG TAB ODT	0000	0.97232	04/05/2023
RISPERIDONE 2MG TAB	0000	0.05457	10/05/2023
RISPERIDONE 3 MG TAB RAPDIS	0000	1.41301	11/05/2021
RISPERIDONE 3MG TAB	0000	0.07415	08/05/2022
RISPERIDONE 4MG TAB	0000	0.09352	07/05/2023
RISPERIDONE M-TAB 4 MG ODT	0000	2.63571	06/05/2019
RIVASTIGMINE TARTRATE 1.5 MG CAP	0000	0.19891	04/05/2023
RIVASTIGMINE TARTRATE 3 MG CAP	0000	0.19800	08/05/2023
RIVASTIGMINE TARTRATE 4.5 MG CAP	0000	0.20383	06/05/2023
RIVASTIGMINE TARTRATE 6 MG CAP	0000	0.20608	07/05/2023
RIZATRIPTAN BENZOATE 10 MG TAB	0000	0.33508	08/05/2023
RIZATRIPTAN BENZOATE 10 MG TAB RAPDIS	0000	0.70324	04/05/2023
RIZATRIPTAN BENZOATE 5 MG TAB	0000	0.56622	09/05/2023
RIZATRIPTAN BENZOATE 5 MG TAB RAPDIS	0000	0.69520	11/05/2022
ROPINIROLE HCL 0.25 MG TAB	0000	0.05563	10/05/2023
ROPINIROLE HCL 0.5 MG TAB	0000	0.07050	09/05/2023
ROPINIROLE HCL 1 MG TAB	0000	0.07805	07/05/2023
ROPINIROLE HCL 12 MG TAB ER 24H	0000	0.97200	04/05/2023
ROPINIROLE HCL 2 MG TAB	0000	0.10247	09/05/2023
ROPINIROLE HCL 2 MG TAB ER 24H	0000	0.45854	10/05/2023
ROPINIROLE HCL 3 MG TAB	0000	0.07548	07/05/2023
ROPINIROLE HCL 4 MG TAB	0000	0.09755	11/05/2022
ROPINIROLE HCL 4 MG TAB ER 24H	0000	0.74603	07/05/2023
ROPINIROLE HCL 5 MG TAB	0000	0.09843	10/05/2022
ROPINIROLE HCL 6 MG TAB ER 24H	0000	1.10150	10/05/2023
ROPINIROLE HCL 8 MG TAB ER 24H	0000	1.44507	01/05/2023
ROSUVASTATIN CALCIUM 10 MG TAB	0000	0.06053	01/05/2023
ROSUVASTATIN CALCIUM 20 MG TAB	0000	0.10112	06/05/2023
ROSUVASTATIN CALCIUM 40 MG TAB	0000	0.13350	11/05/2022
ROSUVASTATIN CALCIUM 5 MG TAB	0000	0.06351	12/05/2022
SALICYLIC ACID 6% SHAMPOO	0000	0.16692	04/05/2016
SALSALATE 500MG TAB	0000	0.35198	02/05/2022

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
SELEGILINE HCL 5 MG CAP	0000	0.81412	09/05/2023
SELEGILINE HCL 5 MG TAB	0000	0.86573	06/05/2023
SERTRALINE 20 MG/ML ORAL CONC	0000	0.62110	06/05/2023
SERTRALINE HCL 100 MG TAB	0000	0.05281	12/05/2022
SERTRALINE HCL 25 MG TAB	0000	0.04586	08/05/2023
SERTRALINE HCL 50 MG TAB	0000	0.04371	12/05/2022
SILDENAFIL 10 MG/ML ORAL SUSP	0000	17.33273	06/05/2020
SILDENAFIL CITRATE 20 MG TAB	0000	0.07489	01/05/2023
SILVER SULFADIAZINE 1% CRM	0000	0.18486	01/05/2023
SIMVASTATIN 10 MG TAB	0000	0.02743	09/05/2023
SIMVASTATIN 20 MG TAB	0000	0.02487	01/05/2023
SIMVASTATIN 40 MG TAB	0000	0.05425	08/05/2023
SIMVASTATIN 5 MG TAB	0000	0.03883	06/05/2023
SIMVASTATIN 80 MG TAB	0000	0.09033	09/05/2022
SODIUM BICARBONATE 650 MG TAB	0000	0.01562	05/05/2023
SODIUM CHLORIDE 0.9% IRRIG	0000	0.00264	11/05/2015
SODIUM CHLORIDE 0.9% SOLN	0000	0.00319	11/05/2015
SODIUM CHLORIDE 0.9% SOLN	1000	0.00460	03/05/2016
SODIUM CHLORIDE 0.9% SOLN	0500	0.00805	03/05/2016
SODIUM CHLORIDE 0.9% SOLN	0250	0.01024	03/05/2016
SODIUM CHLORIDE 0.9% SOLN	0150	0.01340	06/05/2015
SODIUM CHLORIDE 0.9% SOLN	0050	0.03300	01/01/2014
SODIUM CHLORIDE 0.9% SOLN	0025	0.08010	09/05/2014
SODIUM CHLORIDE 0.9% VIAL	0000	0.07997	03/05/2023
SODIUM FLUORIDE 0.25MG TAB CHEW	0000	0.05365	09/05/2023
SODIUM FLUORIDE 0.5 MG/ML DROPS	0000	0.23847	05/05/2023
SODIUM FLUORIDE 1.1 % CRM	0000	0.09163	05/05/2023
SODIUM POLYSTYRENE SULF PWDR	0000	0.15249	02/05/2023
SODIUM POLYSTYRENE SULFONATE 15GM/60ML SUSP	0000	0.12830	10/05/2018
SOTALOL HCL 120 MG TAB	0000	0.09078	02/05/2023
SOTALOL HCL 160 MG TAB	0000	0.15848	07/05/2023
SOTALOL HCL 80 MG TAB	0000	0.07374	04/05/2023
SPIRONOLACT/HCTZ 25/25 MG TAB	0000	0.61856	04/05/2023
SPIRONOLACTONE 100 MG TAB	0000	0.21167	10/05/2023
SPIRONOLACTONE 25 MG TAB	0000	0.07433	09/05/2022
SPIRONOLACTONE 50 MG TAB	0000	0.14169	12/05/2022
STAVUDINE 40 MG CAP	0000	0.91474	09/05/2015
SUCRALFATE 1 GM TAB	0000	0.20178	02/05/2023
SULFACETAMIDE 10% EYE DROPS	0000	2.74083	10/05/2022
SULFACETAMIDE SODIUM/SULFUR 10 %-5 % MED. PAD	0000	7.66120	07/17/2015
SULFACETAMIDE/PREDNISOLONE SP 10%-0.23% EYE DROPS	0000	2.41689	12/05/2022
SULFAMETHOXAZOLE/TMP DS TAB	0000	0.06457	06/05/2023
SULFAMETHOXAZOLE/TMP SS TAB	0000	0.04669	10/05/2023
SULFAMETHOXAZOLE/TMP SUSP	0000	0.06775	05/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
SULFASALAZINE 500 MG TAB	0000	0.16852	05/05/2023
SULFASALAZINE DR 500 MG TAB	0000	0.25615	09/05/2023
SULINDAC 150 MG TAB	0000	0.15440	09/05/2022
SULINDAC 200 MG TAB	0000	0.25236	06/05/2023
SUMATRIPTAN 20 MG NASAL SPRY	0000	18.43224	10/05/2023
SUMATRIPTAN 4 MG/0.5 ML KIT	0000	154.89000	10/05/2023
SUMATRIPTAN 5 MG NASAL SPRAY	0000	32.42033	10/05/2023
SUMATRIPTAN SUCC 100 MG TAB	0000	0.61184	08/05/2022
SUMATRIPTAN SUCC 25 MG TAB	0000	0.31980	04/05/2023
SUMATRIPTAN SUCC 50 MG TAB	0000	0.56089	01/05/2023
SUMATRIPTAN SUCCINATE 6 MG/0.5 ML KIT-REFILL	0000	107.71500	10/05/2023
SUMATRIPTAN SUCCINATE 6 MG/0.5 ML PEN IJ KIT	0000	66.64462	10/05/2023
SUMATRIPTAN SUCCINATE 6 MG/0.5 ML VIAL	0000	15.55150	09/05/2023
TACROLIMUS 0.03 % OINT. (G)	0000	1.45392	05/05/2023
TACROLIMUS 0.1 % OINT. (G)	0000	1.52432	09/05/2023
TACROLIMUS 0.5 MG CAP	0000	0.16081	10/05/2023
TACROLIMUS 1 MG CAP	0000	0.27117	06/05/2023
TAMOXIFEN 10 MG TAB	0000	0.15136	06/05/2023
TAMOXIFEN 20 MG TAB	0000	0.28092	08/05/2023
TAMSULOSIN HCL 0.4 MG CAP SR 24H	0000	0.06486	08/05/2023
TELMISARTAN 20 MG TAB	0000	0.19706	08/05/2023
TELMISARTAN 40 MG TAB	0000	0.33410	02/05/2023
TELMISARTAN 80 MG TAB	0000	0.18702	10/05/2023
TELMISARTAN/HCTZ 40 MG-12.5 MG TAB	0000	0.51474	07/05/2023
TELMISARTAN/HCTZ 80 MG-12.5 MG TAB	0000	0.75011	04/05/2023
TELMISARTAN/HCTZ 80 MG-25 MG TAB	0000	0.53347	07/05/2023
TEMAZEPAM 15 MG CAP	0000	0.07269	03/05/2023
TEMAZEPAM 22.5 MG CAP	0000	1.86082	10/05/2023
TEMAZEPAM 30 MG CAP	0000	0.08814	05/05/2023
TEMAZEPAM 7.5 MG CAP	0000	1.04570	09/05/2023
TEMOZOLOMIDE 100 MG CAPSULE	0000	123.67200	11/05/2016
TERAZOSIN 1 MG CAP	0000	0.12989	02/05/2023
TERAZOSIN 10 MG CAP	0000	0.13567	09/05/2023
TERAZOSIN 2 MG CAP	0000	0.13484	05/05/2023
TERAZOSIN 5 MG CAP	0000	0.13794	09/05/2023
TERBINAFINE HCL 250 MG TAB	0000	0.15433	02/05/2023
TERBUTALINE SULFATE 2.5 MG TAB	0000	1.79888	11/05/2022
TERBUTALINE SULFATE 5 MG TAB	0000	2.01998	03/05/2016
TERCONAZOLE 0.4% CRM	0000	0.62002	06/05/2023
TERCONAZOLE 0.8% VAG CRM	0000	1.28148	03/05/2023
TERCONAZOLE 80 MG VAG SUPP	0000	18.86000	09/05/2023
TESTOSTERONE 20.25/1.25 GEL MD PMP	0000	0.33529	06/05/2021
TESTOSTERONE 50 MG/5 GRAM (1 %) UD TUBE	0000	0.88479	09/05/2023
TESTOSTERONE CYP 200 MG/ML VIAL	0010	6.65850	04/24/2016

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
TESTOSTERONE ENAN 200 MG/ML VIAL	0000	12.46560	10/05/2023
TETRACYCLINE 250 MG CAP	0000	0.71672	07/05/2023
TETRACYCLINE 500 MG CAP	0000	1.30694	09/05/2023
THEOPHYLLINE 100 MG TAB SA	0000	0.52445	08/05/2015
THEOPHYLLINE 200 MG TAB SA	0000	0.46290	08/05/2015
THEOPHYLLINE 300 MG TAB SA	0000	1.89116	09/05/2023
THEOPHYLLINE ER 400 MG TAB	0000	0.75288	09/05/2023
THIORIDAZINE 10 MG TAB	0000	0.46500	12/05/2014
THIORIDAZINE 100 MG TAB	0000	0.78143	03/05/2017
THIORIDAZINE 25 MG TAB	0000	0.55377	03/05/2020
THIORIDAZINE 50 MG TAB	0000	0.74643	11/05/2018
THIOTHIXENE 1 MG CAP	0000	0.71370	06/05/2016
THIOTHIXENE 10 MG CAP	0000	2.41182	02/05/2018
THIOTHIXENE 2 MG CAP	0000	1.13735	09/05/2018
THIOTHIXENE 5 MG CAP	0000	1.68901	09/05/2018
TIMOLOL 0.25% EYE DROPS	0000	0.69809	05/05/2023
TIMOLOL 0.25% GEL /SOLN	0000	25.96480	11/05/2020
TIMOLOL 0.5% GEL /SOLN	0000	19.38681	10/05/2023
TIMOLOL MALEATE 0.5% EYE DROPS	0000	1.16373	12/05/2022
TINIDAZOLE 500 MG TAB	0000	2.82872	04/05/2023
TIZANIDINE HCL 2 MG CAP	0000	0.10831	08/05/2023
TIZANIDINE HCL 2 MG TAB	0000	0.05796	05/05/2023
TIZANIDINE HCL 4 MG CAP	0000	0.15471	03/05/2023
TIZANIDINE HCL 4 MG TAB	0000	0.05534	11/05/2022
TIZANIDINE HCL 6 MG CAP	0000	0.20653	10/05/2023
TOBRAMYCIN 0.3% OPHTH SOLN	0000	1.10457	10/05/2023
TOBRAMYCIN IN 0.225% NACL 300 MG/5ML AMPUL-NEB	0000	1.80721	06/05/2023
TOBRAMYCIN SULFATE 1.2 G VIAL	0000	81.54250	01/18/2019
TOLTERODINE TARTRATE 1 MG TAB	0000	0.25833	10/05/2023
TOLTERODINE TARTRATE 2 MG CAP ER 24H	0000	0.40026	08/05/2023
TOLTERODINE TARTRATE 2 MG TAB	0000	0.24387	08/05/2023
TOLTERODINE TARTRATE 4 MG CAP ER 24H	0000	0.78590	02/05/2023
TOPIRAMATE 100 MG TAB	0000	0.08030	06/05/2023
TOPIRAMATE 15 MG SPRINKLE CAP	0000	0.58208	06/05/2023
TOPIRAMATE 200 MG TAB	0000	0.12075	04/05/2023
TOPIRAMATE 25 MG SPRINKLE CAP	0000	0.65774	08/05/2023
TOPIRAMATE 25 MG TAB	0000	0.03670	09/05/2022
TOPIRAMATE 50 MG TAB	0000	0.06799	10/05/2022
TORSEMIDE 10 MG TAB	0000	0.10820	05/05/2023
TORSEMIDE 100 MG TAB	0000	0.26519	01/05/2023
TORSEMIDE 20 MG TAB	0000	0.10527	12/05/2022
TORSEMIDE 5 MG TAB	0000	0.06087	09/05/2023
TRAMADOL HCL 100 MG TBMP 24HR	0000	1.41567	07/05/2020
TRAMADOL HCL 200 MG TAB.SR 24H	0000	1.59173	10/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
TRAMADOL HCL 300 MG TBMP 24HR	0000	3.69250	08/05/2020
TRAMADOL HCL 50 MG TAB	0000	0.02419	10/05/2022
TRAMADOL HCL ER 100 MG TAB	0000	1.12076	11/05/2022
TRAMADOL HCL ER 300 MG TAB	0000	2.30959	08/05/2023
TRAMADOL/APAP 37.5/325 MG TAB	0000	0.12915	01/05/2023
TRANDOLAPRIL 1 MG TAB	0000	0.21468	06/05/2022
TRANDOLAPRIL 2 MG TAB	0000	0.16089	07/05/2023
TRANDOLAPRIL 4 MG TAB	0000	0.18910	10/05/2023
TRANEXAMIC ACID 650 MG TABLET	0000	1.48850	09/05/2023
TRANLYCYPROMINE SULFATE 10 MG TAB	0000	0.86973	07/05/2023
TRAZODONE 100 MG TAB	0000	0.10053	05/05/2023
TRAZODONE 150 MG TAB	0000	0.11543	02/05/2023
TRAZODONE 300 MG TAB	0000	1.40449	06/05/2023
TRAZODONE 50 MG TAB	0000	0.04930	04/05/2023
TRETINOIN 0.01% GEL	0000	3.78912	05/05/2019
TRETINOIN 0.025% CRM	0000	1.60915	04/05/2023
TRETINOIN 0.025% GEL	0000	3.40652	01/05/2020
TRETINOIN 0.05% CRM	0000	2.04962	07/05/2022
TRETINOIN 0.1% CRM	0000	2.68546	09/05/2022
TRETINOIN MICROSPHERES 0.04 % GEL (GRAM)	0000	9.45909	06/05/2019
TRETINOIN MICROSPHERES 0.04 % GEL W/PUMP	0000	12.70555	12/05/2016
TRETINOIN MICROSPHERES 0.1 % GEL (GRAM)	0000	8.86935	11/05/2019
TRETINOIN MICROSPHERES 0.1 % GEL W/PUMP	0000	10.50984	06/05/2016
TRIAMCINOLONE 0.025% CRM	0000	0.03341	05/05/2023
TRIAMCINOLONE 0.025% CRM	0080	0.06975	11/05/2022
TRIAMCINOLONE 0.025% CRM	0015	0.15496	08/05/2023
TRIAMCINOLONE 0.025% LOT	0000	0.42117	11/05/2022
TRIAMCINOLONE 0.025% OINT	0080	0.08932	04/05/2023
TRIAMCINOLONE 0.025% OINT	0000	0.21309	04/05/2023
TRIAMCINOLONE 0.1% CRM	0000	0.08599	08/05/2023
TRIAMCINOLONE 0.1% LOT	0000	0.35275	10/05/2022
TRIAMCINOLONE 0.1% OINT	0000	0.08651	10/05/2023
TRIAMCINOLONE 0.1% PASTE	0000	3.71671	10/05/2023
TRIAMCINOLONE 0.5% CRM	0000	0.34952	04/05/2023
TRIAMCINOLONE 0.5% OINT	0000	0.41855	12/05/2022
TRIAMTERENE/HCTZ 37.5/25 MG CAP	0000	0.16869	11/05/2022
TRIAMTERENE/HCTZ 37.5/25 MG TAB	0000	0.10190	12/05/2022
TRIAMTERENE/HCTZ 75/50 MG TAB	0000	0.11659	10/05/2023
TRIAZOLAM 0.125 MG TAB	0000	0.87261	04/05/2023
TRIAZOLAM 0.25 MG TAB	0000	0.81988	09/05/2023
TRIFLUOPERAZINE 10 MG TAB	0000	1.61372	07/05/2018
TRIFLUOPERAZINE 2 MG TAB	0000	1.03975	06/05/2023
TRIFLUOPERAZINE 5 MG TAB	0000	0.83548	07/05/2023
TRIFLURIDINE 1% EYE DROPS	0000	22.25409	09/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
TRIHEXYPHENIDYL 2 MG TAB	0000	0.06286	02/05/2023
TRIHEXYPHENIDYL 5 MG TAB	0000	0.11317	04/05/2023
TRIMETHOBENZAMIDE 300 MG CAP	0000	1.21159	03/05/2020
TRIMETHOPRIM 100 MG TAB	0000	1.47691	08/05/2023
TROSPIMUM CHLORIDE 20 MG TAB	0000	0.38086	09/05/2023
TROSPIMUM CHLORIDE 60 MG CAP ER 24H	0000	2.51805	07/05/2023
URSODIOL 250 MG TAB	0000	0.55366	05/05/2023
URSODIOL 300 MG CAP	0000	0.48158	09/05/2023
URSODIOL 500 MG TAB	0000	0.88984	10/05/2022
VALACYCLOVIR HCL 1,000 MG TAB	0000	0.46000	02/05/2023
VALACYCLOVIR HCL 500 MG TAB	0000	0.25185	09/05/2023
VALGANCICLOVIR HYDROCHLORIDE 450 MG TAB	0000	3.27195	10/05/2023
VALPROIC ACID 250 MG CAP	0000	0.23860	04/05/2023
VALPROIC ACID 250 MG/5 ML SYRP	0000	0.01885	05/05/2023
VANCOMYCIN 1 GM VIAL	0000	8.78880	03/05/2020
VANCOMYCIN 5 GM VIAL	0000	28.30333	10/05/2017
VANCOMYCIN 500 MG VIAL	0000	6.50200	09/05/2016
VANCOMYCIN HCL 10 GM VIAL	0000	42.17000	05/05/2016
VANCOMYCIN HCL 125 MG CAP	0000	1.47025	10/05/2023
VANCOMYCIN HCL 250 MG CAPSULE	0000	2.41887	08/05/2023
VENLAFAXINE HCL 100 MG TAB	0000	0.09632	09/05/2023
VENLAFAXINE HCL 150 MG CAP ER 24H	0000	0.18646	08/05/2023
VENLAFAXINE HCL 150 MG TAB ER 24	0000	0.18529	04/05/2023
VENLAFAXINE HCL 25 MG TAB	0000	0.05047	10/05/2023
VENLAFAXINE HCL 37.5 MG CAP ER 24H	0000	0.09594	11/05/2022
VENLAFAXINE HCL 37.5 MG TAB	0000	0.06162	10/05/2023
VENLAFAXINE HCL 37.5 MG TAB ER 24	0000	0.83900	08/05/2023
VENLAFAXINE HCL 50 MG TAB	0000	0.07746	10/05/2023
VENLAFAXINE HCL 75 MG CAP ER 24H	0000	0.11654	04/05/2023
VENLAFAXINE HCL 75 MG TAB	0000	0.07010	10/05/2023
VENLAFAXINE HCL 75 MG TAB ER 24	0000	0.47100	09/05/2023
VERAPAMIL 120 MG CAP PELLETT	0000	1.09722	02/05/2023
VERAPAMIL 120 MG TAB	0000	0.06635	11/05/2022
VERAPAMIL 120 MG TAB SA	0000	0.26198	02/05/2023
VERAPAMIL 180 MG CAP PELLETT	0000	1.20199	07/05/2023
VERAPAMIL 180 MG TAB SA	0000	0.29404	03/05/2023
VERAPAMIL 240 MG CAP PELLETT	0000	1.41075	10/05/2022
VERAPAMIL 240 MG TAB SA	0000	0.17934	02/05/2023
VERAPAMIL 360 MG CAP PELLETT	0000	4.77682	07/05/2023
VERAPAMIL 40 MG TAB	0000	0.12254	08/05/2023
VERAPAMIL 80 MG TAB	0000	0.06587	07/05/2023
VINCRISTINE SULFATE 1 MG/ML VIAL	0000	6.13200	06/05/2015
VITAFOL FE+ DOCUSATE COMBO PCK	0000	0.14000	04/05/2016
VITAMIN D 50,000 UNITS SOFTGEL	0000	0.14992	01/05/2023

**North Carolina Department of Health and Human Services
State Maximum Allowable Cost (SMAC) Rate Listing for Generic Drugs**

Updates Effective October 5, 2023

GENERIC DRUG	PACKAGE SIZE	SMAC	EFFECTIVE DATE
VORICONAZOLE 200 MG TAB	0000	1.41888	10/05/2023
VORICONAZOLE 200 MG VIAL	0000	51.00000	05/05/2019
WARFARIN SODIUM 1 MG TAB	0000	0.09219	01/05/2023
WARFARIN SODIUM 10 MG TAB	0000	0.10106	05/05/2023
WARFARIN SODIUM 2 MG TAB	0000	0.07999	04/05/2023
WARFARIN SODIUM 2.5 MG TAB	0000	0.09864	09/05/2023
WARFARIN SODIUM 3 MG TAB	0000	0.08325	10/05/2023
WARFARIN SODIUM 4 MG TAB	0000	0.07841	05/05/2023
WARFARIN SODIUM 5 MG TAB	0000	0.09874	09/05/2023
WARFARIN SODIUM 6 MG TAB	0000	0.10992	03/05/2023
WARFARIN SODIUM 7.5 MG TAB	0000	0.11187	10/05/2023
WATER FOR INJECTION VIAL	0000	0.06901	09/05/2017
ZAFIRLUKAST 10 MG TAB	0000	0.74550	02/05/2023
ZAFIRLUKAST 20 MG TAB	0000	1.15535	12/05/2022
ZALEPLON 10 MG CAP	0000	0.14819	10/05/2023
ZALEPLON 5 MG CAP	0000	0.14979	08/05/2023
ZIDOVUDINE 100 MG CAP	0000	1.11600	12/05/2014
ZIDOVUDINE 300 MG TAB	0000	0.43828	01/05/2021
ZIPRASIDONE HCL 20 MG CAP	0000	0.35273	08/05/2023
ZIPRASIDONE HCL 40 MG CAP	0000	0.43184	10/05/2022
ZIPRASIDONE HCL 60 MG CAP	0000	0.40745	12/05/2022
ZIPRASIDONE HCL 80 MG CAP	0000	0.41264	09/05/2023
ZOLMITRIPTAN 2.5 MG TAB	0000	1.09755	07/05/2023
ZOLMITRIPTAN 5 MG TAB	0000	1.15023	10/05/2023
ZOLMITRIPTAN 5 MG TAB RAPDIS	0000	3.73486	10/05/2023
ZOLPIDEM TART ER 12.5 MG TAB	0000	0.19754	06/05/2023
ZOLPIDEM TARTRATE 10 MG TAB	0000	0.03860	08/05/2023
ZOLPIDEM TARTRATE 5 MG TAB	0000	0.03268	04/05/2023
ZOLPIDEM TARTRATE 6.25 MG ER TAB	0000	0.19914	07/05/2023
ZONISAMIDE 100 MG CAP	0000	0.11452	03/05/2023
ZONISAMIDE 25 MG CAP	0000	0.07464	05/05/2023
ZONISAMIDE 50 MG CAP	0000	0.08470	10/05/2023