

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of June 24, 2014

| Label Name | Generic Name | Old SMAC Price | Current SMAC Price | SMAC Effective |
|-------------------------------|---|----------------|--------------------|----------------|
| ACTEMRA 400 MG/20 ML VIAL | TOCILIZUMAB INTRAVENOUS VIAL (ML) 400MG/20ML | | 71.53023 | |
| ACTEMRA 80 MG/4 ML VIAL | TOCILIZUMAB INTRAVENOUS VIAL (ML) 80 MG/4 ML | | 71.53023 | |
| ADVATE 1,201-1,800 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 1500 (+/-) | | 0.94000 | |
| ADVATE 1,801-2,400 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.94000 | |
| ADVATE 2,401-3,600 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-) | | 0.94000 | |
| ADVATE 200-400 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.94000 | |
| ADVATE 3,601-4,800 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 4000 (+/-) | | 0.94000 | |
| ADVATE 401-800 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.94000 | |
| ADVATE 801-1,200 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.94000 | |
| AFINITOR 10 MG TABLET | EVEROLIMUS ORAL TABLET 10 MG | | 0.00000 | |
| AFINITOR 5 MG TABLET | EVEROLIMUS ORAL TABLET 5 MG | | 316.50888 | |
| AFINITOR DISPERZ 2 MG TABLET | EVEROLIMUS ORAL TABLET FOR SUSPENSION 2 MG | | 301.06590 | |
| AFINITOR DISPERZ 3 MG TABLET | EVEROLIMUS ORAL TABLET FOR SUSPENSION 3 MG | | 304.08164 | |
| AFINITOR DISPERZ 5 MG TABLET | EVEROLIMUS ORAL TABLET FOR SUSPENSION 5 MG | | 316.48788 | |
| ALOXI 0.25 MG/5 ML VIAL | PALONOSETRON HCL INTRAVENOUS VIAL (ML) 0.25MG/5ML | | 78.28560 | |
| ALPHANATE 1,000-400 UNIT VIAL | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 1000 (400) | | 0.72000 | |
| ALPHANATE 1,500-600 UNIT VIAL | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 1500 (600) | | 0.72000 | |
| ALPHANATE 250-100 UNIT VIAL | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 250 (100) | | 0.72000 | |
| ALPHANATE 500-200 UNIT VIAL | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 500 (200) | | 0.72000 | |
| ALPHANINE SD 1,000 UNITS VIAL | FACTOR IX INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.68500 | |
| ALPHANINE SD 1,500 UNITS VIAL | FACTOR IX INTRAVENOUS VIAL (EA) 1500 (+/-) | | 0.68500 | |
| ALPHANINE SD 500 UNITS VIAL | FACTOR IX INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.68500 | |
| ALPROLIX 1,000 UNIT NOMINAL | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 1000 UNIT | | 2.34000 | |
| ALPROLIX 2,000 UNIT NOMINAL | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 2000 UNIT | | 2.34000 | |

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| ALPROLIX 3,000 UNIT NOMINAL | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 3000 UNIT | | 2.34000 | |
| ALPROLIX 500 UNIT NOMINAL | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 500 UNIT | | 2.34000 | |
| AMPYRA ER 10 MG TABLET | DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG | | 26.58473 | |
| ARANESP 100 MCG/0.5 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 100MCG/0.5 | | 1281.25440 | |
| ARANESP 100 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 100 MCG/ML | | 640.62720 | |
| ARANESP 150 MCG/0.3 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 150MCG/0.3 | | 3203.13600 | |
| ARANESP 150 MCG/0.75 ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 150MCG/.75 | | 1281.25440 | |
| ARANESP 200 MCG/0.4 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 200MCG/0.4 | | 3203.13600 | |
| ARANESP 200 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 200 MCG/ML | | 1281.25440 | |
| ARANESP 25 MCG/0.42 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 25MCG/0.42 | | 381.32571 | |
| ARANESP 25 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 25 MCG/ML | | 160.15680 | |
| ARANESP 300 MCG/0.6 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 300MCG/0.6 | | 3203.13600 | |
| ARANESP 300 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 300 MCG/ML | | 1921.88160 | |
| ARANESP 40 MCG/0.4 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 40 MCG/0.4 | | 640.67700 | |
| ARANESP 40 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 40 MCG/ML | | 256.27080 | |
| ARANESP 500 MCG/1 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 500 MCG/ML | | 3203.13600 | |
| ARANESP 60 MCG/0.3 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 60MCG/0.3 | | 1281.18800 | |
| ARANESP 60 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 60MCG/ML | | 384.35640 | |
| AVASTIN 100 MG/4 ML VIAL | BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML | | 161.63586 | |
| AVASTIN 400 MG/16 ML VIAL | BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML | | 161.63586 | |
| AVONEX ADMIN PACK 30 MCG VL | INTERFERON BETA-1A/ALBUMIN HUMAN INTRAMUSCULAR KIT 30 MCG | | 1131.70500 | |
| AVONEX PEN 30 MCG/0.5 ML | INTERFERON BETA-1A INTRAMUSCULAR PEN INJECTOR KIT (EA) 30MCG/.5ML | | 4526.82000 | |
| AVONEX PREFILLED SYR 30 MCG | INTERFERON BETA-1A INTRAMUSCULAR KIT 30MCG/.5ML | | 4526.82000 | |
| BARACLUDE 0.5 MG TABLET | ENTECAVIR ORAL TABLET 0.5 MG | | 38.65940 | |

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| BARACLUDE 1 MG TABLET | ENTECAVIR ORAL TABLET 1 MG | | 38.65940 | |
| BEBULIN 200-1,200 UNITS VIAL | FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 700 (+/-) | | 0.90350 | |
| BENEFIX 1,000 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT | | 1.17000 | |
| BENEFIX 1,000 UNIT VIAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT | | 1.17000 | |
| BENEFIX 2,000 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT | | 1.17000 | |
| BENEFIX 2,000 UNIT VIAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT | | 1.17000 | |
| BENEFIX 250 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT | | 1.17000 | |
| BENEFIX 250 UNIT VIAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT | | 1.17000 | |
| BENEFIX 3,000 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 3000 UNIT | | 1.17000 | |
| BENEFIX 500 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT | | 1.17000 | |
| BENEFIX 500 UNIT VIAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT | | 1.17000 | |
| BENLYSTA 120 MG VIAL | BELIMUMAB INTRAVENOUS VIAL (EA) 120 MG | | 0.00000 | |
| BENLYSTA 400 MG VIAL | BELIMUMAB INTRAVENOUS VIAL (EA) 400 MG | | 1515.82236 | |
| BETASERON 0.3 MG KIT | INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG | | 345.16451 | |
| BOSULIF 100 MG TABLET | BOSUTINIB ORAL TABLET 100 MG | | 71.29957 | |
| BOSULIF 500 MG TABLET | BOSUTINIB ORAL TABLET 500 MG | | 285.19829 | |
| BOTOX 100 UNITS VIAL | ONABOTULINUMTOXINA INJECTION VIAL (EA) 100 UNIT | | 0.00000 | |
| BOTOX 200 UNITS VIAL | ONABOTULINUMTOXINA INJECTION VIAL (EA) 200 UNIT | | 1077.67200 | |
| BOTOX COSMETIC 50 UNITS VIAL | ONABOTULINUMTOXINA INTRAMUSCULAR VIAL (EA) 50 UNIT | | 296.80800 | |
| BUPHENYL POWDER | SODIUM PHENYLBUTYRATE ORAL POWDER (GRAM) 0.94 G/G | | 20.70031 | |
| CAYSTON 75 MG INHAL SOLUTION | AZTREONAM LYSINE INHALATION VIAL, NEBULIZER (ML) 75 MG/ML | | 71.98211 | |
| CEENU 40 MG CAPSULE | LOMUSTINE ORAL CAPSULE 40 MG | | 32.04929 | |
| CIMZIA 200 MG VIAL KIT | CERTOLIZUMAB PEGOL SUBCUTANEOUS KIT 400 MG | | 2758.07340 | |
| CINRYZE 500 UNIT VIAL | C1 ESTERASE INHIBITOR INTRAVENOUS VIAL (EA) 500 (5 ML) | | 2442.96888 | |

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| COPAXONE 40 MG/ML SYRINGE | GLATIRAMER ACETATE SUBCUTANEOUS SYRINGE (ML) 40 MG/ML | | 385.22292 | |
| CORIFACT KIT | FACTOR XIII INTRAVENOUS KIT 1000-1600 | | 6.68000 | |
| CRINONE 8% GEL | PROGESTERONE, MICRONIZED VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 8 % | | 15.27672 | |
| CYRAMZA 100 MG/10 ML VIAL | RAMUCIRUMAB INTRAVENOUS VIAL (ML) 100MG/10ML | | 101.59000 | |
| CYRAMZA 500 MG/50 ML VIAL | RAMUCIRUMAB INTRAVENOUS VIAL (ML) 500MG/50ML | | 101.59000 | |
| DIFICID 200 MG TABLET | FIDAXOMICIN ORAL TABLET 200 MG | | 147.29595 | |
| EGRIFTA 1 MG VIAL | TESAMORELIN ACETATE SUBCUTANEOUS VIAL (EA) 1 MG | | 39.02460 | |
| ELOXATIN 200 MG/40 ML VIAL | OXALIPLATIN INTRAVENOUS VIAL (ML) 200MG/40ML | | 120.21571 | |
| ENBREL 25 MG KIT | ETANERCEPT SUBCUTANEOUS VIAL (EA) 25 MG | | 0.00000 | |
| ENBREL 50 MG/ML SURECLICK SYR | ETANERCEPT SUBCUTANEOUS PEN INJECTOR (ML) 50 MG/ML | | 641.93216 | |
| ENBREL 50 MG/ML SYRINGE | ETANERCEPT SUBCUTANEOUS SYRINGE (ML) 50 MG/ML | | 0.00000 | |
| ERIVEDGE 150 MG CAPSULE | VISMODEGIB ORAL CAPSULE 150 MG | | 294.13125 | |
| EXJADE 125 MG TABLET | DEFERASIROX ORAL TABLET, DISPERSIBLE 125 MG | | 23.36250 | |
| EXJADE 250 MG TABLET | DEFERASIROX ORAL TABLET, DISPERSIBLE 250 MG | | 46.72401 | |
| EXJADE 500 MG TABLET | DEFERASIROX ORAL TABLET, DISPERSIBLE 500 MG | | 93.44637 | |
| EXTAVIA 0.3 MG KIT | INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG | | 345.16451 | |
| FABRAZYME 35 MG VIAL | AGALSIDASE BETA INTRAVENOUS VIAL (EA) 35 MG | | 5012.86800 | |
| FABRAZYME 5 MG VIAL | AGALSIDASE BETA INTRAVENOUS VIAL (EA) 5 MG | | 716.12400 | |
| FEIBA NF 1,000 UNIT (NOMINAL) | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200 U | | 1.45000 | |
| FEIBA NF 1,750-3,250 UNIT VIAL | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 1750-3250 | | 1.45000 | |
| FEIBA NF 2,500 UNIT (NOMINAL) | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 1750-3250 | | 1.45000 | |
| FEIBA NF 400-650 UNIT VIAL | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650 U | | 1.45000 | |
| FEIBA NF 500 UNIT (NOMINAL) | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650 U | | 1.45000 | |
| FEIBA NF 651-1,200 UNIT VIAL | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200 U | | 1.45000 | |

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| FERRIPROX 500 MG TABLET | DEFERIPRONE ORAL TABLET 500 MG | | 37.41474 | |
| FIRMAGON 80 MG VIAL | DEGARELIX ACETATE SUBCUTANEOUS VIAL (EA) 80 MG | | 448.20000 | |
| FLEBOGAMMA DIF 5% VIAL | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 5 % | | 4.11348 | |
| FORTEO 600 MCG/2.4 ML PEN INJ | TERIPARATIDE SUBCUTANEOUS PEN INJECTOR (ML) 20MCG/DOSE | | 588.22000 | |
| FRAGMIN 10,000 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 10000/ML | | 70.61830 | |
| FRAGMIN 12,500 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 12500/0.5 | | 176.55096 | |
| FRAGMIN 15,000 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 15000/0.6 | | 176.54763 | |
| FRAGMIN 18,000 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 18000/0.72 | | 176.54376 | |
| FRAGMIN 2,500 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 2500/0.2ML | | 108.83292 | |
| FRAGMIN 25,000 UNITS/ML VIAL" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS VIAL (ML) 25000/ML | | 159.73219 | |
| FRAGMIN 5,000 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 5000/0.2ML | | 176.55096 | |
| FRAGMIN 7,500 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 7500/0.3ML | | 176.55760 | |
| FUZEON CONVENIENCE KIT | ENFUVRTIDE SUBCUTANEOUS KIT 90 MG | | 2777.33604 | |
| GAMMAGARD LIQUID 10% VIAL | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 % | | 8.23294 | |
| GAMMAGARD S-D 2.5 GM VL W/ST | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (EA) 2.5 G | | 281.84808 | |
| GAMMAKED 1 GRAM/10 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 1 G/10 ML | | 10.09147 | |
| GAMMAKED 10 GRAM/100 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 10 G/100ML | | 10.09147 | |
| GAMMAKED 2.5 GRAM/25 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 2.5G/25ML | | 10.09147 | |
| GAMMAKED 20 GRAM/200 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 20 G/200ML | | 10.09147 | |
| GAMMAKED 5 GRAM/50 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 5 G/50 ML | | 10.09147 | |
| GAMMAPLEX 5% VIAL | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 5 % | | 4.11348 | |
| GAMUNEX 10% VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INTRAVENOUS VIAL (ML) 10 % | | 9.82554 | |
| GAMUNEX-C 1 GRAM/10 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 1 G/10 ML | | 10.09147 | |
| GAMUNEX-C 10 GRAM/100 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 10 G/100ML | | 10.09147 | |

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| GAMUNEX-C 2.5 GRAM/25 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 2.5G/25ML | | 10.09147 | |
| GAMUNEX-C 20 GRAM/200 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 20 G/200ML | | 10.09147 | |
| GAMUNEX-C 5 GRAM/50 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 5 G/50 ML | | 10.09147 | |
| GAZYVA 1,000 MG/40 ML VIAL | OBINUTUZUMAB INTRAVENOUS VIAL (ML) 1000 MG/40 | | 128.48400 | |
| GENOTROPIN 12 MG CARTRIDGE | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 12 MG/ML | | 1052.35368 | |
| GENOTROPIN 5 MG CARTRIDGE | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 5 MG/ML | | 438.46908 | |
| GENOTROPIN MINIQUICK 0.2 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.2MG/0.25 | | 19.11608 | |
| GENOTROPIN MINIQUICK 0.4 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.4MG/0.25 | | 38.23502 | |
| GENOTROPIN MINIQUICK 0.6 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.6MG/0.25 | | 57.35109 | |
| GENOTROPIN MINIQUICK 0.8 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.8MG/0.25 | | 76.46718 | |
| GENOTROPIN MINIQUICK 1 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1MG/0.25ML | | 95.58753 | |
| GENOTROPIN MINIQUICK 1.2 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.2MG/0.25 | | 114.70362 | |
| GENOTROPIN MINIQUICK 1.4 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.4MG/0.25 | | 133.81829 | |
| GENOTROPIN MINIQUICK 1.6 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.6MG/0.25 | | 152.86181 | |
| GENOTROPIN MINIQUICK 1.8 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.8MG/0.25 | | 172.05473 | |
| GENOTROPIN MINIQUICK 2 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 2MG/0.25ML | | 191.16939 | |
| GILENYA 0.5 MG CAPSULE | FINGOLIMOD HCL ORAL CAPSULE 0.5 MG | | 173.12436 | |
| GILOTRIF 20 MG TABLET | AFATINIB DIMALEATE ORAL TABLET 20 MG | | 199.00080 | |
| GILOTRIF 30 MG TABLET | AFATINIB DIMALEATE ORAL TABLET 30 MG | | 199.00080 | |
| GILOTRIF 40 MG TABLET | AFATINIB DIMALEATE ORAL TABLET 40 MG | | 199.00080 | |
| GLEEVEC 400 MG TABLET | IMATINIB MESYLATE ORAL TABLET 400 MG | | 254.33723 | |
| HELIXATE FS 1,000 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.88000 | |
| HELIXATE FS 2,000 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.88000 | |
| HELIXATE FS 250 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.88000 | |

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| HELIXATE FS 3,000 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 3000 (+/-) | | 0.88000 | |
| HELIXATE FS 500 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.88000 | |
| HEMOPIL M 1,000 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 801-1500 | | 0.75000 | |
| HEMOPIL M 1,700 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 1501-2000 | | 0.75000 | |
| HEMOPIL M 250 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 220-400 | | 0.75000 | |
| HEMOPIL M 500 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 401-800 | | 0.75000 | |
| HEPSERA 10 MG TABLET | ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG | | 36.65977 | |
| HIZENTRA 1 GRAM/5 ML VIAL | IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 1 G/5 ML | | 26.12906 | |
| HIZENTRA 2 GRAM/10 ML VIAL | IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 2 G/10 ML | | 26.12906 | |
| HIZENTRA 4 GRAM/20 ML VIAL | IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 4 G/20 ML | | 26.12906 | |
| HUMATE-P 1,200 UNIT VWF:RCO | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 500-1200 U | | 0.71000 | |
| HUMATE-P 2,400 UNIT VWF:RCO | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 1000-2400 | | 0.71000 | |
| HUMATE-P 600 UNIT VWF:RCO | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 250-600 | | 0.71000 | |
| HUMATROPE 12 MG CARTRIDGE | SOMATROPIN INJECTION CARTRIDGE (EA) 12 MG | | 1063.13040 | |
| HUMATROPE 24 MG CARTRIDGE | SOMATROPIN INJECTION CARTRIDGE (EA) 24 MG | | 2126.26080 | |
| HUMATROPE 5 MG VIAL | SOMATROPIN INJECTION VIAL (EA) 5 MG | | 442.97100 | |
| HUMATROPE 6 MG CARTRIDGE | SOMATROPIN INJECTION CARTRIDGE (EA) 6 MG | | 531.56520 | |
| HUMIRA 40 MG/0.8 ML PEN | ADALIMUMAB SUBCUTANEOUS PEN INJECTOR KIT (EA) 40MG/0.8ML | | 1246.29978 | |
| HUMIRA 40 MG/0.8 ML SYRINGE | ADALIMUMAB SUBCUTANEOUS KIT 40MG/0.8ML | | 1246.29978 | |
| IMBRUVICA 140 MG CAPSULE | IBRUTINIB ORAL CAPSULE 140 MG | | 90.74556 | |
| INCIVEK 375 MG TABLET | TELAPREVIR ORAL TABLET 375 MG | | 130.73507 | |
| INCRELEX 40 MG/4 ML VIAL | MECASERMIN SUBCUTANEOUS VIAL (ML) 10 MG/ML | | 331.49370 | |
| INLYTA 1 MG TABLET | AXITINIB ORAL TABLET 1 MG | | 53.80154 | |
| INLYTA 5 MG TABLET | AXITINIB ORAL TABLET 5 MG | | 161.40462 | |

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| INVEGA SUSTENNA 117 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 117MG/0.75 | | 1210.48527 | |
| INVEGA SUSTENNA 156 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 156 MG/ML | | 1210.53840 | |
| INVEGA SUSTENNA 234 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 234MG/1.5 | | 1210.51848 | |
| INVEGA SUSTENNA 39 MG PREF SYR | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 39MG/0.25 | | 1210.41888 | |
| INVEGA SUSTENNA 78 MG PREF SYR | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 78MG/0.5ML | | 1210.49856 | |
| KADCYLA 100 MG VIAL | ADO-TRASTUZUMAB EMTANSINE INTRAVENOUS VIAL (EA) 100 MG | | 2762.47572 | |
| KADCYLA 160 MG VIAL | ADO-TRASTUZUMAB EMTANSINE INTRAVENOUS VIAL (EA) 160 MG | | 4419.95916 | |
| KALYDECO 150 MG TABLET | IVACAFTOR ORAL TABLET 150 MG | | 0.00000 | |
| KOATE-DVI 1,000 UNITS KIT | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1000 (+/-) | | 0.61500 | |
| KOATE-DVI 1,000 UNITS VIAL | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.61500 | |
| KOATE-DVI 250 UNIT KIT | ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-) | | 0.61500 | |
| KOATE-DVI 250 UNITS VIAL | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.61500 | |
| KOATE-DVI 250 UNITS VIAL | ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-) | | 0.61500 | |
| KOATE-DVI 500 UNITS KIT | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 500 (+/-) | | 0.61500 | |
| KOGENATE FS 1,000 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.88000 | |
| KOGENATE FS 2,000 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.88000 | |
| KOGENATE FS 250 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.88000 | |
| KOGENATE FS 3,000 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 3000 (+/-) | | 0.88000 | |
| KOGENATE FS 500 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.88000 | |
| KUVAN 100 MG TABLET | SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET, SOLUBLE 100 MG | | 32.15420 | |
| LETAIRIS 10 MG TABLET | AMBRISENTAN ORAL TABLET 10 MG | | 228.85789 | |
| LETAIRIS 5 MG TABLET | AMBRISENTAN ORAL TABLET 5 MG | | 228.85789 | |
| LEUPROLIDE 2WK 1 MG/0.2 ML KT | LEUPROLIDE ACETATE SUBCUTANEOUS KIT 1 MG/0.2ML | | 274.50000 | |
| LOMUSTINE 40 MG CAPSULE | LOMUSTINE ORAL CAPSULE 40 MG | | 32.04929 | |

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| LUPRON DEPOT-PED 11.25 MG 3MO KIT | LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 11.25 MG | | 5593.15752 | |
| LUPRON DEPOT-PED 30 MG 3MO KIT | LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 30 MG | | 6160.28988 | |
| MATULANE 50 MG CAPSULE | PROCARBAZINE HCL ORAL CAPSULE 50 MG | | 53.40891 | |
| MEKINIST 0.5 MG TABLET | TRAMETINIB DIMETHYL SULFOXIDE ORAL TABLET 0.5 MG | | 75.82050 | |
| MEKINIST 2 MG TABLET | TRAMETINIB DIMETHYL SULFOXIDE ORAL TABLET 2 MG | | 303.28200 | |
| MIRENA SYSTEM | LEVONORGESTREL INTRAUTERINE INTRAUTERINE DEVICE 20MCG/24HR | | 0.00000 | |
| MONOCLATE-P 1,000 UNITS KIT | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1000 (+/-) | | 0.61500 | |
| MONOCLATE-P 1,500 UNITS KIT | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1500 (+/-) | | 0.61500 | |
| MONONINE 1,000 UNITS KIT | FACTOR IX INTRAVENOUS KIT 1000 (+/-) | | 0.85000 | |
| NEULASTA 6 MG/0.6 ML SYRINGE | PEGFILGRASTIM SUBCUTANEOUS SYRINGE (ML) 6MG/0.6ML | | 7067.78199 | |
| NEUPOGEN 300 MCG/0.5 ML SYR | FILGRASTIM INJECTION SYRINGE (ML) 300MCG/0.5 | | 617.81880 | |
| NEUPOGEN 300 MCG/ML VIAL | FILGRASTIM INJECTION VIAL (ML) 300 MCG/ML | | 291.42960 | |
| NEUPOGEN 480 MCG/0.8 ML SYR | FILGRASTIM INJECTION SYRINGE (ML) 480MCG/0.8 | | 614.90550 | |
| NEUPOGEN 480 MCG/1.6 ML VIAL | FILGRASTIM INJECTION VIAL (ML) 480MCG/1.6 | | 290.02275 | |
| NEXAVAR 200 MG TABLET | SORAFENIB TOSYLATE ORAL TABLET 200 MG | | 87.35633 | |
| NORDITROPIN 15 MG/1.5 ML CRTG | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 15MG/1.5ML | | 621.60360 | |
| NORDITROPIN NORDIFLEX 30 MG/3 | SOMATROPIN SUBCUTANEOUS PEN INJECTOR (ML) 30 MG/3 ML | | 870.10560 | |
| NOVOSEVEN RT 1 MG VIAL | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 1 MG | | 1.46400 | |
| NOVOSEVEN RT 2 MG VIAL | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 2 MG | | 1.46400 | |
| NOVOSEVEN RT 5 MG VIAL | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 5 MG | | 1.46400 | |
| NOVOSEVEN RT 8 MG VIAL | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 8 MG | | 1.46400 | |
| NUTROPIN 10 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 10 MG | | 820.39524 | |
| NUTROPIN AQ 20 MG/2 ML PEN CART | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 20 MG/2 ML | | 887.17704 | |
| NUTROPIN AQ 5 MG/ML VIAL | SOMATROPIN SUBCUTANEOUS VIAL (ML) 10 MG/2 ML | | 406.96560 | |

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| NUTROPIN AQ NUSPIN 5 PEN CART | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 5 MG/2 ML | | 221.79426 | |
| NUTROPIN AQ PEN CARTRIDGE | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 10 MG/2 ML | | 443.58852 | |
| OCTAGAM 5% VIAL | IMMUNE GLOBULIN,GAMMA (IGG) HUMAN/MALTOSE INTRAVENOUS VIAL (ML) 5 % | | 5.72501 | |
| OLYSIO 150 MG CAPSULE | SIMEPREVIR SODIUM ORAL CAPSULE 150 MG | | 786.84000 | |
| OMNITROPE 5 MG/1.5 ML CRTG | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 5 MG/1.5ML | | 270.63312 | |
| OMNITROPE 5.8 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 5.8 MG | | 270.67047 | |
| OPSUMIT 10 MG TABLET | MACITENTAN ORAL TABLET 10 MG | | 227.08800 | |
| ORENCIA 250 MG VIAL | ABATACEPT/MALTOSE INTRAVENOUS VIAL (EA) 250 MG | | 672.51912 | |
| OTEZLA 30 MG TABLET | APREMILAST ORAL TABLET 30 MG | | 31.13000 | |
| OTEZLA STARTER PACK | APREMILAST ORAL TABLET, DOSE PACK 10-20-30MG | | 31.13000 | |
| PEGASYS 180 MCG/0.5 ML SYRINGE | PEGINTERFERON ALFA-2A SUBCUTANEOUS KIT 180MCG/0.5 | | 3072.73968 | |
| PEGASYS 180 MCG/ML VIAL | PEGINTERFERON ALFA-2A SUBCUTANEOUS VIAL (ML) 180MCG/ML | | 768.18492 | |
| PEGINTRON 120 MCG KIT | PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 120MCG/0.5 | | 771.87012 | |
| PEGINTRON 150 MCG KIT | PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 150MCG/0.5 | | 810.48504 | |
| PEGINTRON 50 MCG KIT | PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 50 MCG/0.5 | | 700.14816 | |
| PEGINTRON REDIPEN 120 MCG 4PK | PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 120MCG/0.5 | | 771.90498 | |
| PEGINTRON REDIPEN 150 MCG | PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 150MCG/0.5 | | 810.48504 | |
| PEGINTRON REDIPEN 50 MCG 4PK | PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 50 MCG/0.5 | | 700.14816 | |
| POMALYST 1 MG CAPSULE | POMALIDOMIDE ORAL CAPSULE 1 MG | | 510.27271 | |
| POMALYST 2 MG CAPSULE | POMALIDOMIDE ORAL CAPSULE 2 MG | | 510.27271 | |
| POMALYST 3 MG CAPSULE | POMALIDOMIDE ORAL CAPSULE 3 MG | | 510.27271 | |
| POMALYST 4 MG CAPSULE | POMALIDOMIDE ORAL CAPSULE 4 MG | | 510.27271 | |
| PREZISTA 100 MG/ML SUSPENSION | DARUNAVIR ETHANOLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/ML | | 3.22604 | |
| PREZISTA 150 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 150 MG | | 4.83907 | |

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| PREZISTA 400 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 400 MG | | 19.35626 | |
| PREZISTA 600 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 600 MG | | 19.35626 | |
| PREZISTA 75 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 75 MG | | 2.41953 | |
| PREZISTA 800 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 800 MG | | 38.71253 | |
| PROFILNINE SD 1,000 UNITS VIAL | FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.58220 | |
| PROFILNINE SD 1,500 UNITS VIAL | FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 1500 (+/-) | | 0.58220 | |
| PROFILNINE SD 500 UNITS VIAL | FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.58220 | |
| PULMOZYME 1 MG/ML AMPUL | DORNASE ALFA INHALATION SOLUTION, NON-ORAL 1 MG/ML | | 34.29945 | |
| RAPAMUNE 1 MG TABLET | SIROLIMUS ORAL TABLET 1 MG | | 15.32316 | |
| REBIF 22 MCG/0.5 ML SYRINGE | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 22MCG/.5ML | | 802.84239 | |
| REBIF 44 MCG/0.5 ML SYRINGE | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 44MCG/.5ML | | 802.84239 | |
| REBIF TITRATION PACK | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 8.8-22(6) | | 1146.91770 | |
| RECOMBINATE 1,241-1,800 UNIT V | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1500 (+/-) | | 0.93000 | |
| RECOMBINATE 1,801-2,400 UNIT V | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.93000 | |
| RECOMBINATE 220-400 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.93000 | |
| RECOMBINATE 401-800 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.93000 | |
| RECOMBINATE 801-1,240 UNIT VL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.93000 | |
| RELISTOR 12 MG/0.6 ML KIT | METHYLNALTREXONE BROMIDE SUBCUTANEOUS KIT 12MG/0.6ML | | 59.31180 | |
| RELISTOR 12 MG/0.6 ML SYRINGE | METHYLNALTREXONE BROMIDE SUBCUTANEOUS SYRINGE (ML) 12MG/0.6ML | | 98.85300 | |
| RELISTOR 12 MG/0.6 ML VIAL | METHYLNALTREXONE BROMIDE SUBCUTANEOUS VIAL (ML) 12MG/0.6ML | | 98.85300 | |
| RELISTOR 8 MG/0.4 ML SYRINGE | METHYLNALTREXONE BROMIDE SUBCUTANEOUS SYRINGE (ML) 8 MG/0.4ML | | 148.27950 | |
| REMICADE 100 MG VIAL | INFLIXIMAB INTRAVENOUS VIAL (EA) 100 MG | | 881.34048 | |
| REVATIO 20 MG TABLET | SILDENAFIL CITRATE ORAL TABLET 20 MG | | 0.85000 | |
| REVLIMID 10 MG CAPSULE | LENALIDOMIDE ORAL CAPSULE 10 MG | | 0.00000 | |

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| REVLIMID 15 MG CAPSULE | LENALIDOMIDE ORAL CAPSULE 15 MG | | 0.00000 | |
| REVLIMID 25 MG CAPSULE | LENALIDOMIDE ORAL CAPSULE 25 MG | | 0.00000 | |
| REVLIMID 5 MG CAPSULE | LENALIDOMIDE ORAL CAPSULE 5 MG | | 0.00000 | |
| REYATAZ 100 MG CAPSULE | ATAZANAVIR SULFATE ORAL CAPSULE 100 MG | | 18.24140 | |
| REYATAZ 150 MG CAPSULE | ATAZANAVIR SULFATE ORAL CAPSULE 150 MG | | 19.68245 | |
| REYATAZ 200 MG CAPSULE | ATAZANAVIR SULFATE ORAL CAPSULE 200 MG | | 19.68245 | |
| REYATAZ 300 MG CAPSULE | ATAZANAVIR SULFATE ORAL CAPSULE 300 MG | | 38.99300 | |
| RILUTEK 50 MG TABLET | RILUZOLE ORAL TABLET 50 MG | | 34.46160 | |
| RITUXAN 10 MG/ML VIAL | RITUXIMAB INTRAVENOUS VIAL (ML) 10 MG/ML | | 0.00000 | |
| RIXUBIS 1,000 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 UNIT | | 1.11000 | |
| RIXUBIS 2,000 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 UNIT | | 1.11000 | |
| RIXUBIS 250 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 UNIT | | 1.11000 | |
| RIXUBIS 3,000 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 3000 UNIT | | 1.11000 | |
| RIXUBIS 500 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 UNIT | | 1.11000 | |
| SAIZEN 8.8 MG CLICK.EASY CARTG | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 8.8 MG/1.5 | | 727.31904 | |
| SANDOSTATIN LAR 20 MG KIT | OCTREOTIDE ACETATE INTRAMUSCULAR KIT 20 MG | | 2715.88284 | |
| SANDOSTATIN LAR 30 MG KIT | OCTREOTIDE ACETATE INTRAMUSCULAR KIT 30 MG | | 4066.83732 | |
| SENSIPAR 30 MG TABLET | CINACALCET HCL ORAL TABLET 30 MG | | 16.70292 | |
| SENSIPAR 60 MG TABLET | CINACALCET HCL ORAL TABLET 60 MG | | 33.40584 | |
| SENSIPAR 90 MG TABLET | CINACALCET HCL ORAL TABLET 90 MG | | 50.10876 | |
| SEROSTIM 4 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 4 MG | | 245.13552 | |
| SEROSTIM 6 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 6 MG | | 367.70328 | |
| SIMPONI 50 MG/0.5 ML PEN INJEC | GOLIMUMAB SUBCUTANEOUS PEN INJECTOR (ML) 50MG/0.5ML | | 5399.43552 | |
| SIMPONI 50 MG/0.5 ML SYRINGE | GOLIMUMAB SUBCUTANEOUS SYRINGE (ML) 50MG/0.5ML | | 5399.43552 | |

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| SOVALDI 400 MG TABLET | SOFOSBUVIR ORAL TABLET 400 MG | | 996.00000 | |
| SPRYCEL 100 MG TABLET | DASATINIB ORAL TABLET 100 MG | | 304.91975 | |
| SPRYCEL 140 MG TABLET | DASATINIB ORAL TABLET 140 MG | | 304.91975 | |
| SPRYCEL 20 MG TABLET | DASATINIB ORAL TABLET 20 MG | | 84.59044 | |
| SPRYCEL 50 MG TABLET | DASATINIB ORAL TABLET 50 MG | | 169.18072 | |
| SPRYCEL 70 MG TABLET | DASATINIB ORAL TABLET 70 MG | | 169.18072 | |
| SPRYCEL 80 MG TABLET | DASATINIB ORAL TABLET 80 MG | | 304.91975 | |
| SUTENT 12.5 MG CAPSULE | SUNITINIB MALATE ORAL CAPSULE 12.5 MG | | 114.41940 | |
| SUTENT 25 MG CAPSULE | SUNITINIB MALATE ORAL CAPSULE 25 MG | | 228.83847 | |
| SUTENT 50 MG CAPSULE | SUNITINIB MALATE ORAL CAPSULE 50 MG | | 422.04147 | |
| SYNAGIS 100 MG/1 ML VIAL | PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 100 MG/ML | | 2458.80520 | |
| SYNAGIS 50 MG/0.5 ML VIAL | PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 50MG/0.5ML | | 2604.26112 | |
| TABLOID 40 MG TABLET | THIOGUANINE ORAL TABLET 40 MG | | 12.50976 | |
| TAFINLAR 50 MG CAPSULE | DABRAFENIB MESYLATE ORAL CAPSULE 50 MG | | 44.15891 | |
| TAFINLAR 75 MG CAPSULE | DABRAFENIB MESYLATE ORAL CAPSULE 75 MG | | 66.23400 | |
| TARCEVA 100 MG TABLET | ERLOTINIB HCL ORAL TABLET 100 MG | | 182.34004 | |
| TARCEVA 150 MG TABLET | ERLOTINIB HCL ORAL TABLET 150 MG | | 206.23939 | |
| TASIGNA 150 MG CAPSULE | NILOTINIB HCL ORAL CAPSULE 150 MG | | 77.33868 | |
| TASIGNA 200 MG CAPSULE | NILOTINIB HCL ORAL CAPSULE 200 MG | | 77.33850 | |
| TECFIDERA DR 120 MG CAPSULE | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120 MG | | 81.71468 | |
| TECFIDERA DR 240 MG CAPSULE | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 240 MG | | 81.80477 | |
| TECFIDERA STARTER PACK | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120-240 MG | | 81.80477 | |
| TEMODAR 100 MG CAPSULE | TEMOZOLOMIDE ORAL CAPSULE 100 MG | | 243.74112 | |
| TEMODAR 140 MG CAPSULE | TEMOZOLOMIDE ORAL CAPSULE 140 MG | | 341.23599 | |

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| TEMODAR 180 MG CAPSULE | TEMOZOLOMIDE ORAL CAPSULE 180 MG | | 438.73088 | |
| TEMODAR 20 MG CAPSULE | TEMOZOLOMIDE ORAL CAPSULE 20 MG | | 48.75420 | |
| TEMODAR 250 MG CAPSULE | TEMOZOLOMIDE ORAL CAPSULE 250 MG | | 609.51216 | |
| THALOMID 100 MG CAPSULE | THALIDOMIDE ORAL CAPSULE 100 MG | | 268.25054 | |
| THALOMID 150 MG CAPSULE | THALIDOMIDE ORAL CAPSULE 150 MG | | 286.82594 | |
| THALOMID 200 MG CAPSULE | THALIDOMIDE ORAL CAPSULE 200 MG | | 305.41344 | |
| THALOMID 50 MG CAPSULE | THALIDOMIDE ORAL CAPSULE 50 MG | | 181.78096 | |
| THYROGEN 1.1 MG VIAL | THYROTROPIN ALFA INTRAMUSCULAR VIAL (EA) 1.1 MG | | 1347.58800 | |
| TIVICAY 50 MG TABLET | DOLUTEGRAVIR SODIUM ORAL TABLET 50 MG | | 40.92564 | |
| TOBI 300 MG/5 ML SOLUTION | TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE INHALATION AMPUL FOR NEBULIZATION (ML) 300 MG/5ML | | 26.10163 | |
| TOBI PODHALER 28 MG INHALE CAP | TOBRAMYCIN INHALATION CAPSULE 28 MG | | 29.68827 | |
| TOBI PODHALER 28 MG INHALE CAP | TOBRAMYCIN INHALATION CAPSULE, WITH INHALATION DEVICE 28 MG | | 29.68777 | |
| TORISEL 25 MG KIT | TEMSIROLIMUS INTRAVENOUS VIAL (ML) FNL 30MG/3 | | 1399.47960 | |
| TRACLEER 125 MG TABLET | BOSENTAN ORAL TABLET 125 MG | | 122.75700 | |
| TRACLEER 62.5 MG TABLET | BOSENTAN ORAL TABLET 62.5 MG | | 122.75700 | |
| TRELSTAR 22.5 MG VIAL | TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (EA) 22.5 MG | | 4859.92390 | |
| TRELSTAR DEPOT 3.75 MG VIAL | TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (EA) 3.75 MG | | 809.98870 | |
| TRELSTAR LA 11.25 MG VIAL | TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (EA) 11.25 MG | | 2429.95780 | |
| TRETEN 2,500 UNIT VIAL | FACTOR XIII A-SUBUNIT, RECOMBINANT INTRAVENOUS VIAL (EA) 2500 UNIT | | 10.24000 | |
| TRUVADA 200 MG-300 MG TABLET | EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200-300 MG | | 42.60390 | |
| TYKERB 250 MG TABLET | LAPATINIB DITOSYLATE ORAL TABLET 250 MG | | 33.03539 | |
| TYSABRI 300 MG/15 ML VIAL | NATALIZUMAB INTRAVENOUS VIAL (ML) 300MG/15ML | | 0.00000 | |
| VANTAS 50 MG KIT | HISTRELIN ACETATE IMPLANTATION KIT 50 MG | | 3187.20000 | |
| VELCADE 3.5 MG VIAL | BORTEZOMIB INJECTION VIAL (EA) 3.5 MG | | 0.00000 | |

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of June 24, 2014

| Label Name | Generic Name | Old SMAC Price | Current SMAC Price | SMAC Effective |
|--------------------------------|--|----------------|--------------------|----------------|
| VENTAVIS 10 MCG/1 ML SOLUTION | ILOPROST TROMETHAMINE INHALATION AMPUL FOR NEBULIZATION (ML) 10 MCG/ML | | 91.63200 | |
| VENTAVIS 20 MCG/1 ML SOLUTION | ILOPROST TROMETHAMINE INHALATION AMPUL FOR NEBULIZATION (ML) 20 MCG/ML | | 91.63200 | |
| VIAGRA 25 MG TABLET | SILDENAFIL CITRATE ORAL TABLET 25 MG | | 22.17926 | |
| VIAGRA 50 MG TABLET | SILDENAFIL CITRATE ORAL TABLET 50 MG | | 22.17926 | |
| VICTRELIS 200 MG CAPSULE | BOCEPREVIR ORAL CAPSULE 200 MG | | 19.82135 | |
| VIREAD 150 MG TABLET | TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 150 MG | | 26.86511 | |
| VIREAD 200 MG TABLET | TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200 MG | | 26.86511 | |
| VIREAD 250 MG TABLET | TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 250 MG | | 26.86511 | |
| VIVITROL INJECTABLE SUSPENSION | NALTREXONE MICROSPPHERES INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE, RECONST. 380MG | | 1150.38000 | |
| VOTRIENT 200 MG TABLET | PAZOPANIB HCL ORAL TABLET 200 MG | | 63.91647 | |
| WILATE 1,000-1,000 UNIT KIT | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 1K-1K UNIT | | 0.71500 | |
| WILATE 500-500 UNIT KIT | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 500-500 | | 0.71500 | |
| XALKORI 200 MG CAPSULE | CRIZOTINIB ORAL CAPSULE 200 MG | | 189.48402 | |
| XALKORI 250 MG CAPSULE | CRIZOTINIB ORAL CAPSULE 250 MG | | 189.48402 | |
| XENAZINE 12.5 MG TABLET | TETRABENAZINE ORAL TABLET 12.5 MG | | 55.92762 | |
| XENAZINE 25 MG TABLET | TETRABENAZINE ORAL TABLET 25 MG | | 111.85515 | |
| XOFIGO 1,000 KBQ/ML VIAL | RADIUM-223 DICHLORIDE INTRAVENOUS VIAL (EA) 1000KBQ/ML | | 11454.0000 0 | |
| XOLAIR 150 MG VIAL | OMALIZUMAB SUBCUTANEOUS VIAL (EA) 150 MG | | 0.00000 | |
| XYNTHA 1,000 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 1000 (+/-) | | 0.93000 | |
| XYNTHA 2,000 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 2000 (+/-) | | 0.93000 | |
| XYNTHA 250 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 250 (+/-) | | 0.93000 | |
| XYNTHA 3,000 UNIT SYRINGE KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 3000 (+/-) | | 0.93000 | |
| XYNTHA 500 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 500 (+/-) | | 0.93000 | |
| XYNTHA SOLOFUSE 1,000 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 1000 (+/-) | | 0.93000 | |

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|-----------------------------------|---|-----------------------|---------------------------|-----------------------|
| XYNTHA SOLOFUSE 2,000 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 2000 (+/-) | | 0.93000 | |
| XYNTHA SOLOFUSE 250 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 250 (+/-) | | 0.93000 | |
| XYNTHA SOLOFUSE 500 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 500 (+/-) | | 0.93000 | |
| ZAVESCA 100 MG CAPSULE | MIGLUSTAT ORAL CAPSULE 100 MG | | 242.36000 | |
| ZELBORAF 240 MG TABLET | VEMURAFENIB ORAL TABLET 240 MG | | 45.03081 | |
| ZOLADEX 10.8 MG IMPLANT SYRN | GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 10.8MG | | 1235.81688 | |
| ZOLADEX 3.6 MG IMPLANT SYRN | GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 3.6 MG | | 411.93564 | |
| ZYKADIA 150 MG CAPSULE | CERITINIB ORAL CAPSULE 150 MG | | 89.62500 | |
| ZYPREXA RELPREVV 210 MG VIAL | OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 210 MG | | 554.27400 | |
| ZYPREXA RELPREVV 300 MG VIAL | OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 300 MG | | 791.82000 | |
| ZYPREXA RELPREVV 405 MG VIAL | OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 405 MG | | 1068.95700 | |
| ZYTIGA 250 MG TABLET | ABIRATERONE ACETATE ORAL TABLET 250 MG | | 56.74369 | |
| ZYVOX 600 MG TABLET | LINEZOLID ORAL TABLET 600 MG | | 127.51057 | |