

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ACTEMRA 400 MG/20 ML VIAL	TOCILIZUMAB INTRAVENOUS VIAL (ML) 400MG/20ML		81.94092	
ACTEMRA 80 MG/4 ML VIAL	TOCILIZUMAB INTRAVENOUS VIAL (ML) 80 MG/4 ML		81.94092	
ADVATE 1,201-1,800 UNITS VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 1500 (+/-)		0.97000	
ADVATE 1,801-2,400 UNITS VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-)		0.97000	
ADVATE 2,401-3,600 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-)		0.97000	
ADVATE 200-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 250 (+/-)		0.97000	
ADVATE 3,601-4,800 UNITS VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 4000 (+/-)		0.97000	
ADVATE 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 500 (+/-)		0.97000	
ADVATE 801-1,200 UNITS VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-)		0.97000	
AFINITOR 10 MG TABLET	EVEROLIMUS ORAL TABLET 10 MG		374.83392	
AFINITOR 5 MG TABLET	EVEROLIMUS ORAL TABLET 5 MG		374.85456	
AFINITOR DISPERZ 2 MG TABLET	EVEROLIMUS ORAL TABLET FOR SUSPENSION 2 MG		356.56871	
AFINITOR DISPERZ 3 MG TABLET	EVEROLIMUS ORAL TABLET FOR SUSPENSION 3 MG		360.14043	
AFINITOR DISPERZ 5 MG TABLET	EVEROLIMUS ORAL TABLET FOR SUSPENSION 5 MG		374.83392	
ALOXI 0.25 MG/5 ML VIAL	PALONOSETRON HCL INTRAVENOUS VIAL (ML) 0.25MG/5ML		86.45280	
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 2,000-800 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 2000 (800)		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		2.22000	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ALPROLIX 2,000 UNIT NOMINAL	FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 2000 UNIT		2.22000	
ALPROLIX 3,000 UNIT NOMINAL	FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 3000 UNIT		2.22000	
ALPROLIX 500 UNIT NOMINAL	FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 500 UNIT		2.22000	
AMPYRA ER 10 MG TABLET	DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG		29.49570	
ARANESP 100 MCG/0.5 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 100MCG/0.5		1412.72640	
ARANESP 100 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 100 MCG/ML		706.36320	
ARANESP 150 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 150MCG/0.3		3531.81600	
ARANESP 150 MCG/0.75 ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 150MCG/.75		1412.72640	
ARANESP 200 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 200MCG/0.4		3531.81600	
ARANESP 200 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 200 MCG/ML		1412.72640	
ARANESP 25 MCG/0.42 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 25MCG/0.42		420.45428	
ARANESP 25 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 25 MCG/ML		176.59080	
ARANESP 300 MCG/0.6 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 300MCG/0.6		3531.81600	
ARANESP 300 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 300 MCG/ML		2119.08960	
ARANESP 40 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 40 MCG/0.4		706.41300	
ARANESP 40 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 40 MCG/ML		282.56520	
ARANESP 500 MCG/1 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 500 MCG/ML		3531.81600	
ARANESP 60 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 60MCG/0.3		1412.66000	
ARANESP 60 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 60MCG/ML		423.79800	
AVASTIN 100 MG/4 ML VIAL	BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML		172.79355	
AVASTIN 400 MG/16 ML VIAL	BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML		172.79355	
AVONEX ADMIN PACK 30 MCG VL	INTERFERON BETA-1A/ALBUMIN HUMAN INTRAMUSCULAR KIT 30 MCG		1328.66400	
AVONEX PEN 30 MCG/0.5 ML	INTERFERON BETA-1A INTRAMUSCULAR PEN INJECTOR KIT (EA) 30MCG/.5ML		5314.65600	
AVONEX PREFILLED SYR 30 MCG	INTERFERON BETA-1A INTRAMUSCULAR SYRINGE (ML) 30MCG/.5ML		5314.65600	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
AVONEX PREFILLED SYR 30 MCG	INTERFERON BETA-1A INTRAMUSCULAR SYRINGE KIT (EA) 30MCG/.5ML		5314.65600	
BARACLUDE 0.5 MG TABLET	ENTECAVIR ORAL TABLET 0.5 MG		40.97909	
BARACLUDE 1 MG TABLET	ENTECAVIR ORAL TABLET 1 MG		40.97909	
BEBULIN 200-1,200 UNITS VIAL	FACTOR IX COMPLEX, PROTHROMBIN CPLX CONC(PCC) NO.6, 3-FACTOR INTRAVENOUS VIAL (EA) 700 (+/-)		0.90350	
BENEFIX 1,000 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT		1.11000	
BENEFIX 1,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT		1.11000	
BENEFIX 2,000 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT		1.11000	
BENEFIX 2,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT		1.11000	
BENEFIX 250 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT		1.11000	
BENEFIX 250 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT		1.11000	
BENEFIX 3,000 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 3000 UNIT		1.11000	
BENEFIX 500 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT		1.11000	
BENEFIX 500 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT		1.11000	
BENLYSTA 120 MG VIAL	BELIMUMAB INTRAVENOUS VIAL (EA) 120 MG		0.00000	
BENLYSTA 400 MG VIAL	BELIMUMAB INTRAVENOUS VIAL (EA) 400 MG		1585.06428	
BETASERON 0.3 MG KIT	INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG		401.80632	
BETASERON 0.3 MG VIAL	INTERFERON BETA-1B SUBCUTANEOUS VIAL (EA) 0.3 MG		401.80632	
BIVIGAM LIQUID 10% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 %		12.94800	
BOSULIF 100 MG TABLET	BOSUTINIB ORAL TABLET 100 MG		90.45398	
BOSULIF 500 MG TABLET	BOSUTINIB ORAL TABLET 500 MG		361.81592	
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		26.80750	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
CAYSTON 75 MG INHAL SOLUTION	AZTREONAM LYSINE INHALATION VIAL, NEBULIZER (ML) 75 MG/ML		78.46049	
CEENU 40 MG CAPSULE	LOMUSTINE ORAL CAPSULE 40 MG		111.59782	
CIMZIA 200 MG VIAL KIT	CERTOLIZUMAB PEGOL SUBCUTANEOUS KIT 400 MG		3031.12680	
CINRYZE 500 UNIT VIAL	C1 ESTERASE INHIBITOR INTRAVENOUS VIAL (EA) 500 (5 ML)		0.00000	
COPAXONE 40 MG/ML SYRINGE	GLATIRAMER ACETATE SUBCUTANEOUS SYRINGE (ML) 40 MG/ML		415.66400	
CORIFACT KIT	FACTOR XIII INTRAVENOUS KIT 1000-1600		6.31000	
CRINONE 8% GEL	PROGESTERONE, MICRONIZED VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 8 %		19.22471	
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		164.72147	
EGRIFTA 1 MG VIAL	TESAMORELIN ACETATE SUBCUTANEOUS VIAL (EA) 1 MG		58.62671	
ELOCTATE 1,000 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 1000 UNIT		1.88000	
ELOCTATE 1,500 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 1500 UNIT		1.88000	
ELOCTATE 2,000 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 2000 UNIT		1.88000	
ELOCTATE 250 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 250 UNIT		1.88000	
ELOCTATE 3,000 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 3000 UNIT		1.88000	
ELOCTATE 500 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 500 UNIT		1.88000	
ELOCTATE 750 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 750 UNIT		1.88000	
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		0.00000	
ENBREL 50 MG/ML SYRINGE	ETANERCEPT SUBCUTANEOUS SYRINGE (ML) 50 MG/ML		0.00000	
ERIVEDGE 150 MG CAPSULE	VISMODEGIB ORAL CAPSULE 150 MG		334.03919	
EXJADE 125 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 125 MG		28.21734	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
EXJADE 250 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 250 MG		56.43336	
EXJADE 500 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 500 MG		112.86473	
EXTAVIA 0.3 MG KIT	INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG		401.80632	
EXTAVIA 0.3 MG VIAL	INTERFERON BETA-1B SUBCUTANEOUS VIAL (EA) 0.3 MG		401.80632	
FABRAZYME 35 MG VIAL	AGALSIDASE BETA INTRAVENOUS VIAL (EA) 35 MG		5215.05600	
FABRAZYME 5 MG VIAL	AGALSIDASE BETA INTRAVENOUS VIAL (EA) 5 MG		745.00800	
FARYDAK 10 MG CAPSULE	PANOBINOSTAT LACTATE ORAL CAPSULE 10 MG		1138.75990	
FARYDAK 15 MG CAPSULE	PANOBINOSTAT LACTATE ORAL CAPSULE 15 MG		1138.75990	
FARYDAK 20 MG CAPSULE	PANOBINOSTAT LACTATE ORAL CAPSULE 20 MG		1138.75990	
FEIBA NF 1,000 UNIT (NOMINAL)	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200		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		1.45000	
FEIBA NF 500 UNIT (NOMINAL)	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650		1.45000	
FEIBA NF 651-1,200 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200		1.45000	
FERRIPROX 500 MG TABLET	DEFERIPRONE ORAL TABLET 500 MG		45.14868	
FIRMAGON 80 MG KIT	DEGARELIX ACETATE SUBCUTANEOUS VIAL (EA) 80 MG		458.95680	
FIRMAGON 80 MG VIAL	DEGARELIX ACETATE SUBCUTANEOUS VIAL (EA) 80 MG		458.95680	
FLEBOGAMMA DIF 5% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 5 %		6.72051	
FORTEO 600 MCG/2.4 ML PEN INJ	TERIPARATIDE SUBCUTANEOUS PEN INJECTOR (ML) 20MCG/DOSE		838.63200	
FRAGMIN 10,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 10000/ML		74.15220	
FRAGMIN 12,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 12500/0.5		185.37552	
FRAGMIN 15,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 15000/0.6		185.37220	
FRAGMIN 18,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 18000/0.72		185.36667	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
FRAGMIN 2,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 2500/0.2ML		114.24120	
FRAGMIN 25,000 UNITS/ML VIAL"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS VIAL (ML) 25000/ML		167.71853	
FRAGMIN 5,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 5000/0.2ML		185.35560	
FRAGMIN 7,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 7500/0.3ML		185.38880	
FUZEON CONVENIENCE KIT	ENFUVRTIDE SUBCUTANEOUS KIT 90 MG		2777.33604	
GAMMAGARD LIQUID 10% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 %		12.94800	
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,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 1 G/10 ML		10.09147	
GAMMAKED 10 GRAM/100 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 10 G/100ML		10.09147	
GAMMAKED 2.5 GRAM/25 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 2.5G/25ML		10.09147	
GAMMAKED 20 GRAM/200 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 20 G/200ML		10.09147	
GAMMAKED 5 GRAM/50 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 5 G/50 ML		10.09147	
GAMMAPLEX 5% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 5 %		6.72051	
GAMUNEX 10% VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INTRAVENOUS VIAL (ML) 10 %		9.82554	
GAMUNEX-C 1 GRAM/10 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 1 G/10 ML		10.09147	
GAMUNEX-C 10 GRAM/100 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 10 G/100ML		10.09147	
GAMUNEX-C 2.5 GRAM/25 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 2.5G/25ML		10.09147	
GAMUNEX-C 20 GRAM/200 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 20 G/200ML		10.09147	
GAMUNEX-C 5 GRAM/50 ML VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 5 G/50 ML		10.09147	
GAZYVA 1,000 MG/40 ML VIAL	OBINUTUZUMAB INTRAVENOUS VIAL (ML) 1000 MG/40		132.01731	
GENOTROPIN 12 MG CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 12 MG/ML		1151.69472	
GENOTROPIN 5 MG CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 5 MG/ML		479.86284	
GENOTROPIN MINIQUICK 0.2 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.2MG/0.25		20.92026	
GENOTROPIN MINIQUICK 0.4 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.4MG/0.25		41.84480	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
GENOTROPIN MINIQUICK 0.6 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.6MG/0.25		62.76507	
GENOTROPIN MINIQUICK 0.8 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.8MG/0.25		83.68533	
GENOTROPIN MINIQUICK 1 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1MG/0.25ML		104.61129	
GENOTROPIN MINIQUICK 1.2 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.2MG/0.25		125.53157	
GENOTROPIN MINIQUICK 1.4 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.4MG/0.25		146.45042	
GENOTROPIN MINIQUICK 1.6 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.6MG/0.25		167.36925	
GENOTROPIN MINIQUICK 1.8 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.8MG/0.25		188.29664	
GENOTROPIN MINIQUICK 2 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 2MG/0.25ML		209.21549	
GILENYA 0.5 MG CAPSULE	FINGOLIMOD HCL ORAL CAPSULE 0.5 MG		205.21218	
GILOTRIF 20 MG TABLET	AFATINIB DIMALEATE ORAL TABLET 20 MG		214.92086	
GILOTRIF 30 MG TABLET	AFATINIB DIMALEATE ORAL TABLET 30 MG		214.92086	
GILOTRIF 40 MG TABLET	AFATINIB DIMALEATE ORAL TABLET 40 MG		214.92086	
GLEEVEC 400 MG TABLET	IMATINIB MESYLATE ORAL TABLET 400 MG		336.06467	
GLEOSTINE 40 MG CAPSULE	LOMUSTINE ORAL CAPSULE 40 MG		111.59782	
HARVONI 90-400 MG TABLET	LEDIPASVIR/SOFOSBUVIR ORAL TABLET 90MG-400MG		1120.50000	
HELIXATE FS 1,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 (+/-)		0.86000	
HELIXATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 (+/-)		0.86000	
HELIXATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 (+/-)		0.86000	
HELIXATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB, FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-)		0.86000	
HELIXATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 (+/-)		0.86000	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
HEPSERA 10 MG TABLET	ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		38.45622	
HIZENTRA 1 GRAM/5 ML VIAL	IMMUNE GLOBULIN,GAMMA (IGG)/PROLINE/IGA 0 TO 50 MCG/ML SUBCUTANEOUS VIAL (ML) 1 G/5 ML		33.46560	
HIZENTRA 2 GRAM/10 ML VIAL	IMMUNE GLOBULIN,GAMMA (IGG)/PROLINE/IGA 0 TO 50 MCG/ML SUBCUTANEOUS VIAL (ML) 2 G/10 ML		33.46560	
HIZENTRA 4 GRAM/20 ML VIAL	IMMUNE GLOBULIN,GAMMA (IGG)/PROLINE/IGA 0 TO 50 MCG/ML SUBCUTANEOUS VIAL (ML) 4 G/20 ML		33.46560	
HUMATE-P 1,200 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 500-1200		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		1720.61988	
HUMIRA 40 MG/0.8 ML SYRINGE	ADALIMUMAB SUBCUTANEOUS SYRINGE KIT (EA) 40MG/0.8ML		1720.61988	
HUMIRA CROHN'S STARTER PACK	ADALIMUMAB SUBCUTANEOUS PEN INJECTOR KIT (EA) 40MG/0.8ML		1720.61988	
HUMIRA PED CROHN'S STARTER PK	ADALIMUMAB SUBCUTANEOUS SYRINGE KIT (EA) 40MG/0.8ML		1720.61988	
IMBRUVICA 140 MG CAPSULE	IBRUTINIB ORAL CAPSULE 140 MG		106.03449	
INCIVEK 375 MG TABLET	TELAPREVIR ORAL TABLET 375 MG		130.73507	
INCRELEX 40 MG/4 ML VIAL	MECASERMIN SUBCUTANEOUS VIAL (ML) 10 MG/ML		761.79060	
INLYTA 1 MG TABLET	AXITINIB ORAL TABLET 1 MG		62.87515	
INLYTA 5 MG TABLET	AXITINIB ORAL TABLET 5 MG		188.62547	
INVEGA SUSTENNA 117 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 117MG/0.75		1334.29472	
INVEGA SUSTENNA 156 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 156 MG/ML		1334.35116	
INVEGA SUSTENNA 234 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 234MG/1.5		1334.32128	
INVEGA SUSTENNA 39 MG PREF SYR	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 39MG/0.25		1334.20176	



**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
INVEGA SUSTENNA 78 MG PREF SYR	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 78MG/0.5ML		1334.30136	
INVEGA TRINZA 273 MG/0.875 ML	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 273MG/.875		2287.38500	
INVEGA TRINZA 410 MG/1.315 ML	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 410/1.315		2283.02000	
INVEGA TRINZA 546 MG/1.75 ML	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 546MG/1.75		2287.45150	
INVEGA TRINZA 819 MG/2.625 ML	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 819/2.625		2287.40720	
IXINITY 1,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 1000 UNIT		1.11000	
IXINITY 1,000 UNIT VIAL -2 VLS	FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 1000 UNIT		1.11000	
IXINITY 1,500 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 1500 UNIT		1.11000	
IXINITY 1,500 UNIT VIAL -2 VLS	FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 1500 UNIT		1.11000	
IXINITY 500 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 500 UNIT		1.11000	
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	
KITABIS PAK 300 MG/5 ML	TOBRAMYCIN/NEBULIZER INHALATION AMPUL FOR NEBULIZATION (ML) 300 MG/5ML		26.10163	
KOATE-DVI 1,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1000 (+/-)		0.61000	
KOATE-DVI 1,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 1000 (+/-)		0.61000	
KOATE-DVI 250 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)		0.61000	
KOATE-DVI 250 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 250 (+/-)		0.61000	
KOATE-DVI 250 UNITS VIAL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)		0.61000	
KOATE-DVI 500 UNITS KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 500 (+/-)		0.61000	
KOATE-DVI 500 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 500 (+/-)		0.61000	
KOGENATE FS 1,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 1000 (+/-)		0.87000	
KOGENATE FS 1,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 (+/-)		0.87000	
KOGENATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 2000 (+/-)		0.87000	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
KOGENATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 (+/-)		0.87000	
KOGENATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 250 (+/-)		0.87000	
KOGENATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 (+/-)		0.87000	
KOGENATE FS 3,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS KIT 3000 (+/-)		0.87000	
KOGENATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-)		0.87000	
KOGENATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 500 (+/-)		0.87000	
KOGENATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 (+/-)		0.87000	
KUVAN 100 MG TABLET	SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET, SOLUBLE 100 MG		32.63559	
LEMTRADA 12 MG/1.2 ML VIAL	ALEMTUZUMAB INTRAVENOUS VIAL (ML) 12MG/1.2ML		16392.49600	
LETAIRIS 10 MG TABLET	AMBRISENTAN ORAL TABLET 10 MG		244.64848	
LETAIRIS 5 MG TABLET	AMBRISENTAN ORAL TABLET 5 MG		244.64848	
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		111.59782	
LUPRON DEPOT-PED 11.25 MG 3MO	LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 11.25 MG		6391.64076	
LUPRON DEPOT-PED 30 MG 3MO KIT	LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 30 MG		7039.73796	
MATULANE 50 MG CAPSULE	PROCARBAZINE HCL ORAL CAPSULE 50 MG		56.07928	
MEKINIST 0.5 MG TABLET	TRAMETINIB DIMETHYL SULFOXIDE ORAL TABLET 0.5 MG		83.59229	
MEKINIST 2 MG TABLET	TRAMETINIB DIMETHYL SULFOXIDE ORAL TABLET 2 MG		334.36848	
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 DLVRY KIT	PEGFILGRASTIM SUBCUTANEOUS SYRINGE, WITH WEARABLE INJECTOR 6MG/0.6ML		8158.56800	
NEULASTA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM SUBCUTANEOUS SYRINGE (ML) 6MG/0.6ML		8158.56800	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
NEUPOGEN 300 MCG/0.5 ML SYR	FILGRASTIM INJECTION SYRINGE (ML) 300MCG/0.5		646.00560	
NEUPOGEN 300 MCG/ML VIAL	FILGRASTIM INJECTION VIAL (ML) 300 MCG/ML		304.73616	
NEUPOGEN 480 MCG/0.8 ML SYR	FILGRASTIM INJECTION SYRINGE (ML) 480MCG/0.8		642.98025	
NEUPOGEN 480 MCG/1.6 ML VIAL	FILGRASTIM INJECTION VIAL (ML) 480MCG/1.6		303.28200	
NEXAVAR 200 MG TABLET	SORAFENIB TOSYLATE ORAL TABLET 200 MG		109.42255	
NORDITROPIN 15 MG/1.5 ML CRTG	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 15MG/1.5ML		621.60360	
NORDITROPIN FLEXPRO 5 MG/1.5	SOMATROPIN SUBCUTANEOUS PEN INJECTOR (ML) 5 MG/1.5ML		303.10935	
NORDITROPIN NORDIFLEX 30 MG/3	SOMATROPIN SUBCUTANEOUS PEN INJECTOR (ML) 30 MG/3 ML		948.78960	
NOVOEIGHT 1,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII RECOMBINANT, B-DOMAIN TRUNCATED INTRAVENOUS VIAL (EA) 1000 (+/-)		0.97000	
NOVOEIGHT 1,500 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII RECOMBINANT, B-DOMAIN TRUNCATED INTRAVENOUS VIAL (EA) 1500 (+/-)		0.97000	
NOVOEIGHT 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII RECOMBINANT, B-DOMAIN TRUNCATED INTRAVENOUS VIAL (EA) 2000 (+/-)		0.97000	
NOVOEIGHT 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII RECOMBINANT, B-DOMAIN TRUNCATED INTRAVENOUS VIAL (EA) 250 (+/-)		0.97000	
NOVOEIGHT 3,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII RECOMBINANT, B-DOMAIN TRUNCATED INTRAVENOUS VIAL (EA) 3000 (+/-)		0.97000	
NOVOEIGHT 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR VIII RECOMBINANT, B-DOMAIN TRUNCATED INTRAVENOUS VIAL (EA) 500 (+/-)		0.97000	
NOVOSEVEN RT 1 MG VIAL	COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 1 MG		1.45000	
NOVOSEVEN RT 2 MG VIAL	COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 2 MG		1.45000	
NOVOSEVEN RT 5 MG VIAL	COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 5 MG		1.45000	
NOVOSEVEN RT 8 MG VIAL	COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 8 MG		1.45000	
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		967.01640	
NUTROPIN AQ 5 MG/ML VIAL	SOMATROPIN SUBCUTANEOUS VIAL (ML) 10 MG/2 ML		406.96560	
NUTROPIN AQ NUSPIN 5 PEN CART	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 5 MG/2 ML		241.75410	
NUTROPIN AQ PEN CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 10 MG/2 ML		483.50820	
OCTAGAM 5% VIAL	IMMUNE GLOBULIN,GAMMA (IGG) HUMAN/MALTOSE INTRAVENOUS VIAL (ML) 5 %		6.42918	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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		303.10935	
OMNITROPE 5.8 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 5.8 MG		287.15427	
OPSUMIT 10 MG TABLET	MACITENTAN ORAL TABLET 10 MG		238.54200	
ORENCIA 250 MG VIAL	ABATACEPT/MALTOSE INTRAVENOUS VIAL (EA) 250 MG		814.28976	
OTEZLA 28 DAY STARTER PACK	APREMILAST ORAL TABLET, DOSE PACK 10-20-30MG		31.13000	
OTEZLA 30 MG TABLET	APREMILAST ORAL TABLET 30 MG		36.87491	
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		3287.83584	
PEGASYS 180 MCG/ML VIAL	PEGINTERFERON ALFA-2A SUBCUTANEOUS VIAL (ML) 180MCG/ML		863.05392	
PEGINTRON 120 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 120MCG/0.5		825.90312	
PEGINTRON 150 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 150MCG/0.5		867.21720	
PEGINTRON 50 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 50 MCG/0.5		749.16132	
PEGINTRON REDIPEN 120 MCG 4PK	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 120MCG/0.5		825.90312	
PEGINTRON REDIPEN 150 MCG	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 150MCG/0.5		867.21720	
PEGINTRON REDIPEN 50 MCG 4PK	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 50 MCG/0.5		749.16132	
PLEGRIDY 125 MCG/0.5 ML PEN	PEGINTERFERON BETA-1A SUBCUTANEOUS PEN INJECTOR (ML) 125MCG/0.5		5314.65600	
PLEGRIDY 125 MCG/0.5 ML SYRINGE	PEGINTERFERON BETA-1A SUBCUTANEOUS SYRINGE (ML) 125MCG/0.5		5314.65600	
PLEGRIDY PEN INJ STARTER PACK	PEGINTERFERON BETA-1A SUBCUTANEOUS PEN INJECTOR (ML) 63-94 MCG		5314.65600	
PLEGRIDY SYRINGE STARTER PACK	PEGINTERFERON BETA-1A SUBCUTANEOUS SYRINGE (ML) 63-94 MCG		5314.65600	
POMALYST 1 MG CAPSULE	POMALIDOMIDE ORAL CAPSULE 1 MG		579.89241	
POMALYST 2 MG CAPSULE	POMALIDOMIDE ORAL CAPSULE 2 MG		579.89241	
POMALYST 3 MG CAPSULE	POMALIDOMIDE ORAL CAPSULE 3 MG		579.89241	
POMALYST 4 MG CAPSULE	POMALIDOMIDE ORAL CAPSULE 4 MG		579.89241	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
PREZISTA 100 MG/ML SUSPENSION	DARUNAVIR ETHANOLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/ML		3.48092	
PREZISTA 150 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 150 MG		5.22136	
PREZISTA 400 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 400 MG		20.88545	
PREZISTA 600 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 600 MG		20.88545	
PREZISTA 75 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 75 MG		2.61068	
PREZISTA 800 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 800 MG		41.77091	
PRIVIGEN 10% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 %		12.94800	
PROFILNINE SD 1,000 UNITS VIAL	FACTOR IX COMPLEX, PROTHROMBIN CPLX CONC(PCC) NO.4, 3-FACTOR INTRAVENOUS VIAL (EA) 1000 (+/-)		0.58220	
PROFILNINE SD 1,500 UNITS VIAL	FACTOR IX COMPLEX, PROTHROMBIN CPLX CONC(PCC) NO.4, 3-FACTOR INTRAVENOUS VIAL (EA) 1500 (+/-)		0.58220	
PROFILNINE SD 500 UNITS VIAL	FACTOR IX COMPLEX, PROTHROMBIN CPLX CONC(PCC) NO.4, 3-FACTOR INTRAVENOUS VIAL (EA) 500 (+/-)		0.58220	
PULMOZYME 1 MG/ML AMPUL	DORNASE ALFA INHALATION SOLUTION, NON-ORAL 1 MG/ML		37.38638	
RAPAMUNE 1 MG TABLET	SIROLIMUS ORAL TABLET 1 MG		21.68412	
REBIF 22 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 22MCG/.5ML		956.11352	
REBIF 44 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 44MCG/.5ML		956.11352	
REBIF REBIDOSE 22 MCG/0.5 ML	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS PEN INJECTOR (ML) 22MCG/.5ML		956.11352	
REBIF REBIDOSE 44 MCG/0.5 ML	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS PEN INJECTOR (ML) 44MCG/.5ML		956.11352	
REBIF REBIDOSE TITRATION PACK	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS PEN INJECTOR (ML) 8.8-22(6)		1365.87645	
REBIF TITRATION PACK	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 8.8-22(6)		1365.87645	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
RELISTOR 12 MG/0.6 ML SYRINGE	METHYLNALTREXONE BROMIDE SUBCUTANEOUS SYRINGE (ML) 12MG/0.6ML		165.99999	
RELISTOR 12 MG/0.6 ML VIAL	METHYLNALTREXONE BROMIDE SUBCUTANEOUS VIAL (ML) 12MG/0.6ML		165.99999	
RELISTOR 8 MG/0.4 ML SYRINGE	METHYLNALTREXONE BROMIDE SUBCUTANEOUS SYRINGE (ML) 8 MG/0.4ML		248.99288	
REMICADE 100 MG VIAL	INFLIXIMAB INTRAVENOUS VIAL (EA) 100 MG		1017.34428	
REVATIO 20 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 20 MG		30.25892	
REVLIMID 10 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE 10 MG		0.00000	
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		21.23737	
REYATAZ 200 MG CAPSULE	ATAZANAVIR SULFATE ORAL CAPSULE 200 MG		21.23737	
REYATAZ 300 MG CAPSULE	ATAZANAVIR SULFATE ORAL CAPSULE 300 MG		42.07336	
RILUTEK 50 MG TABLET	RILUZOLE ORAL TABLET 50 MG		2.57000	
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		1.00000	
RIXUBIS 2,000 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 UNIT		1.00000	
RIXUBIS 250 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 UNIT		1.00000	
RIXUBIS 3,000 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 3000 UNIT		1.00000	
RIXUBIS 500 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 UNIT		1.00000	
SAIZEN 5 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 5 MG		479.86284	
SAIZEN 8.8 MG CLICK.EASY CARTG	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 8.8 MG/1.5		801.89952	
SAIZEN 8.8 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 8.8 MG		801.89952	
SANDOSTATIN LAR 20 MG KIT	OCTREOTIDE ACETATE, MICROSPHERES INTRAMUSCULAR KIT 20 MG		3105.95628	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
SANDOSTATIN LAR 30 MG KIT	OCTREOTIDE ACETATE, MICROSPHERES INTRAMUSCULAR KIT 30 MG		4650.93156	
SENSIPAR 30 MG TABLET	CINACALCET HCL ORAL TABLET 30 MG		21.25464	
SENSIPAR 60 MG TABLET	CINACALCET HCL ORAL TABLET 60 MG		42.50928	
SENSIPAR 90 MG TABLET	CINACALCET HCL ORAL TABLET 90 MG		63.76392	
SEROSTIM 4 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 4 MG		268.99968	
SEROSTIM 5 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 5 MG		479.86284	
SEROSTIM 6 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 6 MG		403.49952	
SIMPONI 50 MG/0.5 ML PEN INJEC	GOLIMUMAB SUBCUTANEOUS PEN INJECTOR (ML) 50MG/0.5ML		6971.42232	
SIMPONI 50 MG/0.5 ML SYRINGE	GOLIMUMAB SUBCUTANEOUS SYRINGE (ML) 50MG/0.5ML		6971.42232	
SOVALDI 400 MG TABLET	SOFOSBUVIR ORAL TABLET 400 MG		996.00000	
SPRYCEL 100 MG TABLET	DASATINIB ORAL TABLET 100 MG		343.85040	
SPRYCEL 140 MG TABLET	DASATINIB ORAL TABLET 140 MG		343.85040	
SPRYCEL 20 MG TABLET	DASATINIB ORAL TABLET 20 MG		95.39057	
SPRYCEL 50 MG TABLET	DASATINIB ORAL TABLET 50 MG		190.78081	
SPRYCEL 70 MG TABLET	DASATINIB ORAL TABLET 70 MG		190.78081	
SPRYCEL 80 MG TABLET	DASATINIB ORAL TABLET 80 MG		343.85040	
SUTENT 12.5 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE 12.5 MG		137.54831	
SUTENT 25 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE 25 MG		275.09697	
SUTENT 50 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE 50 MG		478.90560	
SYNAGIS 100 MG/1 ML VIAL	PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 100 MG/ML		2618.62344	
SYNAGIS 50 MG/0.5 ML VIAL	PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 50MG/0.5ML		2773.54128	
TABLOID 40 MG TABLET	THIOGUANINE ORAL TABLET 40 MG		14.38622	
TAFINLAR 50 MG CAPSULE	DABRAFENIB MESYLATE ORAL CAPSULE 50 MG		48.68523	
TAFINLAR 75 MG CAPSULE	DABRAFENIB MESYLATE ORAL CAPSULE 75 MG		73.02299	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
TARCEVA 100 MG TABLET	ERLOTINIB HCL ORAL TABLET 100 MG		196.92713	
TARCEVA 150 MG TABLET	ERLOTINIB HCL ORAL TABLET 150 MG		222.73847	
TASIGNA 150 MG CAPSULE	NILOTINIB HCL ORAL CAPSULE 150 MG		85.99589	
TASIGNA 200 MG CAPSULE	NILOTINIB HCL ORAL CAPSULE 200 MG		85.99589	
TECFIDERA DR 120 MG CAPSULE	DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120 MG		96.04286	
TECFIDERA DR 240 MG CAPSULE	DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 240 MG		96.08079	
TECFIDERA STARTER PACK	DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120-240 MG		96.08079	
TEMODAR 100 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 100 MG		315.64634	
TEMODAR 140 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 140 MG		441.90727	
TEMODAR 180 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 180 MG		568.16621	
TEMODAR 20 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 20 MG		63.13843	
TEMODAR 250 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 250 MG		789.33598	
TEV-TROPIN 5 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 5 MG		479.86284	
THALOMID 100 MG CAPSULE	THALIDOMIDE ORAL CAPSULE 100 MG		276.29822	
THALOMID 150 MG CAPSULE	THALIDOMIDE ORAL CAPSULE 150 MG		295.43067	
THALOMID 200 MG CAPSULE	THALIDOMIDE ORAL CAPSULE 200 MG		314.57592	
THALOMID 50 MG CAPSULE	THALIDOMIDE ORAL CAPSULE 50 MG		170.21817	
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		43.75992	
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		35.85725	
TOBI PODHALER 28 MG INHALE CAP	TOBRAMYCIN INHALATION CAPSULE, WITH INHALATION DEVICE 28 MG		35.85725	
TORISEL 25 MG KIT	TEMSIROLIMUS INTRAVENOUS VIAL (ML) FDN 30MG/3		1527.77436	
TRACLEER 125 MG TABLET	BOSENTAN ORAL TABLET 125 MG		136.45200	



**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
TRACLEER 62.5 MG TABLET	BOSENTAN ORAL TABLET 62.5 MG		136.45200	
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		45.54342	
TYKERB 250 MG TABLET	LAPATINIB DITOSYLATE ORAL TABLET 250 MG		36.94343	
TYSABRI 300 MG/15 ML VIAL	NATALIZUMAB INTRAVENOUS VIAL (ML) 300MG/15ML		0.00000	
VALCYTE 450 MG TABLET	VALGANCICLOVIR HCL ORAL TABLET 450 MG		69.91405	
VALGANCICLOVIR 450 MG TABLET	VALGANCICLOVIR HCL ORAL TABLET 450 MG		69.91405	
VANTAS 50 MG KIT	HISTRELIN ACETATE IMPLANTATION KIT 50 MG		3286.80000	
VELCADE 3.5 MG VIAL	BORTEZOMIB INJECTION VIAL (EA) 3.5 MG		0.00000	
VENTAVIS 10 MCG/1 ML SOLUTION	ILOPROST TROMETHAMINE INHALATION AMPUL FOR NEBULIZATION (ML) 10 MCG/ML		106.57200	
VENTAVIS 20 MCG/1 ML SOLUTION	ILOPROST TROMETHAMINE INHALATION AMPUL FOR NEBULIZATION (ML) 20 MCG/ML		106.57200	
VIAGRA 25 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 25 MG		37.72615	
VIAGRA 50 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 50 MG		37.72868	
VICTRELIS 200 MG CAPSULE	BOCEPREVIR ORAL CAPSULE 200 MG		19.82135	
VIEKIRA PAK	OMBITASVIR/PARITAPREVIR/RITONAVIR/DASABUVIR SODIUM ORAL TABLET, DOSE PACK 12.5-75-50		246.98131	
VIREAD 150 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 150 MG		28.71866	
VIREAD 200 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200 MG		28.71866	
VIREAD 250 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 250 MG		28.71866	
VIVITROL 380 MG VIAL + DILUENT	NALTREXONE MICROSPHERES INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE, RECONST. 380MG		1265.91600	
VIVITROL INJECTABLE SUSPENSION	NALTREXONE MICROSPHERES INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE, RECONST. 380MG		1265.91600	
VOTRIENT 200 MG TABLET	PAZOPANIB HCL ORAL TABLET 200 MG		72.82643	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
WILATE 1,000-1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 1K-1K UNIT		0.71000	
WILATE 500-500 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 500-500		0.71000	
XALKORI 200 MG CAPSULE	CRIZOTINIB ORAL CAPSULE 200 MG		223.52962	
XALKORI 250 MG CAPSULE	CRIZOTINIB ORAL CAPSULE 250 MG		223.52962	
XENAZINE 12.5 MG TABLET	TETRABENAZINE ORAL TABLET 12.5 MG		82.85928	
XENAZINE 25 MG TABLET	TETRABENAZINE ORAL TABLET 25 MG		165.71829	
XOFIGO 1,000 KBQ/ML VIAL	RADIUM-223 DICHLORIDE INTRAVENOUS VIAL (EA) 1000KBQ/ML		18787.82688	
XOLAIR 150 MG VIAL	OMALIZUMAB SUBCUTANEOUS VIAL (EA) 150 MG		0.00000	
XYNTHA 1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS KIT 1000 (+/-)		0.93000	
XYNTHA 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS KIT 2000 (+/-)		0.93000	
XYNTHA 250 UNIT KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS KIT 250 (+/-)		0.93000	
XYNTHA 3,000 UNIT SYRINGE KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE KIT (EA) 3000 (+/-)		0.93000	
XYNTHA 500 UNIT KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS KIT 500 (+/-)		0.93000	
XYNTHA SOLOFUSE 1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE KIT (EA) 1000 (+/-)		0.93000	
XYNTHA SOLOFUSE 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE KIT (EA) 2000 (+/-)		0.93000	
XYNTHA SOLOFUSE 250 UNIT KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE KIT (EA) 250 (+/-)		0.93000	
XYNTHA SOLOFUSE 500 UNIT KIT	ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE KIT (EA) 500 (+/-)		0.93000	
ZAVESCA 100 MG CAPSULE	MIGLUSTAT ORAL CAPSULE 100 MG		271.90800	
ZELBORAF 240 MG TABLET	VEMURAFENIB ORAL TABLET 240 MG		45.03084	
ZEVALIN Y-90 VIAL	KIT FOR PREP YTTRIUM-90/IBRITUMOMAB TIUXETAN/ALBUMIN HUMAN INTRAVENOUS KIT 3.2MG/2ML		43608.24900	
ZOLADEX 10.8 MG IMPLANT SYRN	GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 10.8MG		1495.34460	
ZOLADEX 3.6 MG IMPLANT SYRN	GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 3.6 MG		498.44820	
ZOMACTON 5 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 5 MG		479.86284	
ZORBTIVE 8.8 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 8.8 MG		801.89952	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of November 10, 2015**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
ZYKADIA 150 MG CAPSULE	CERITINIB ORAL CAPSULE 150 MG		89.62500	
ZYPREXA RELPREVV 210 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 210 MG		587.32128	
ZYPREXA RELPREVV 300 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 300 MG		839.03040	
ZYPREXA RELPREVV 405 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 405 MG		1132.69104	
ZYTIGA 250 MG TABLET	ABIRATERONE ACETATE ORAL TABLET 250 MG		66.36946	
ZYVOX 600 MG TABLET	LINEZOLID ORAL TABLET 600 MG		169.38673	