

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of October 25, 2016

| Label Name | Generic Name | Old SMAC Price | Current SMAC Price | SMAC Effective |
|--------------------------------|-----------------------------------------------------------------------------------------------|----------------|--------------------|----------------|
| ACTEMRA 400 MG/20 ML VIAL | TOCILIZUMAB INTRAVENOUS VIAL (ML) 400MG/20ML | | 90.16539 | |
| ACTEMRA 80 MG/4 ML VIAL | TOCILIZUMAB INTRAVENOUS VIAL (ML) 80 MG/4 ML | | 90.16539 | |
| ADCETRIS 50 MG VIAL | BRENTUXIMAB VEDOTIN INTRAVENOUS VIAL (EA) 50 MG | | 6302.68800 | |
| ADVATE 1,201-1,800 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 1500 (+/-) | | 1.00000 | |
| ADVATE 1,801-2,400 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-) | | 1.00000 | |
| ADVATE 2,401-3,600 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-) | | 1.00000 | |
| ADVATE 200-400 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 250 (+/-) | | 1.00000 | |
| ADVATE 3,601-4,800 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 4000 (+/-) | | 1.00000 | |
| ADVATE 401-800 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 500 (+/-) | | 1.00000 | |
| ADVATE 801-1,200 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-) | | 1.00000 | |
| ADYNOVATE 1,251-2,500 UNITS VL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FULL LENGTH, PEG INTRAVENOUS VIAL (EA) 2000 (+/-) | | 1.36000 | |
| ADYNOVATE 200-400 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FULL LENGTH, PEG INTRAVENOUS VIAL (EA) 250 (+/-) | | 1.36000 | |
| ADYNOVATE 401-800 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FULL LENGTH, PEG INTRAVENOUS VIAL (EA) 500 (+/-) | | 1.36000 | |
| ADYNOVATE 801-1,250 UNIT VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FULL LENGTH, PEG INTRAVENOUS VIAL (EA) 1000 (+/-) | | 1.36000 | |
| AFINITOR 10 MG TABLET | EVEROLIMUS ORAL TABLET 10 MG | | 428.34581 | |
| AFINITOR 5 MG TABLET | EVEROLIMUS ORAL TABLET 5 MG | | 428.34581 | |
| AFINITOR DISPERZ 2 MG TABLET | EVEROLIMUS ORAL TABLET FOR SUSPENSION 2 MG | | 407.47284 | |
| AFINITOR DISPERZ 3 MG TABLET | EVEROLIMUS ORAL TABLET FOR SUSPENSION 3 MG | | 411.55467 | |
| AFINITOR DISPERZ 5 MG TABLET | EVEROLIMUS ORAL TABLET FOR SUSPENSION 5 MG | | 428.34581 | |
| AFSTYLA 1,000 UNIT VIAL | ANTIHEMOPHIL. FACTOR(FVIII)RECOMB, SINGLE-CHN,B-DM TRUNCATED INTRAVENOUS VIAL (EA) 1000 (+/-) | | 1.19000 | |
| AFSTYLA 2,000 UNIT VIAL | ANTIHEMOPHIL. FACTOR(FVIII)RECOMB, SINGLE-CHN,B-DM TRUNCATED INTRAVENOUS VIAL (EA) 2000 (+/-) | | 1.19000 | |
| AFSTYLA 250 UNIT VIAL | ANTIHEMOPHIL. FACTOR(FVIII)RECOMB, SINGLE-CHN,B-DM TRUNCATED INTRAVENOUS VIAL (EA) 250 (+/-) | | 1.19000 | |
| AFSTYLA 3,000 UNIT VIAL | ANTIHEMOPHIL. FACTOR(FVIII)RECOMB, SINGLE-CHN,B-DM TRUNCATED INTRAVENOUS VIAL (EA) 3000 (+/-) | | 1.19000 | |
| AFSTYLA 500 UNIT VIAL | ANTIHEMOPHIL. FACTOR(FVIII)RECOMB, SINGLE-CHN,B-DM TRUNCATED INTRAVENOUS VIAL (EA) 500 (+/-) | | 1.19000 | |

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| ALOXI 0.25 MG/5 ML VIAL | PALONOSETRON HCL INTRAVENOUS VIAL (ML) 0.25MG/5ML | | 90.23760 | |
| 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 | | 2.20000 | |
| ALPROLIX 2,000 UNIT NOMINAL | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 2000 UNIT | | 2.20000 | |
| ALPROLIX 250 UNIT NOMINAL | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 250 UNIT | | 2.20000 | |
| ALPROLIX 3,000 UNIT NOMINAL | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 3000 UNIT | | 2.20000 | |
| ALPROLIX 500 UNIT NOMINAL | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 500 UNIT | | 2.20000 | |
| AMPYRA ER 10 MG TABLET | DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG | | 32.72557 | |
| ARANESP 100 MCG/0.5 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 100MCG/0.5 | | 1483.64160 | |
| ARANESP 100 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 100 MCG/ML | | 741.82080 | |
| ARANESP 150 MCG/0.3 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 150MCG/0.3 | | 3709.10400 | |
| ARANESP 150 MCG/0.75 ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 150MCG/.75 | | 1483.64160 | |
| ARANESP 200 MCG/0.4 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 200MCG/0.4 | | 3709.10400 | |
| ARANESP 200 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 200 MCG/ML | | 1483.64160 | |
| ARANESP 25 MCG/0.42 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 25MCG/0.42 | | 441.56000 | |
| ARANESP 25 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 25 MCG/ML | | 185.45520 | |
| ARANESP 300 MCG/0.6 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 300MCG/0.6 | | 3709.10400 | |

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| ARANESP 300 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 300 MCG/ML | | 2225.46240 | |
| ARANESP 40 MCG/0.4 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 40 MCG/0.4 | | 741.89550 | |
| ARANESP 40 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 40 MCG/ML | | 296.75820 | |
| ARANESP 500 MCG/1 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 500 MCG/ML | | 3709.10400 | |
| ARANESP 60 MCG/0.3 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 60MCG/0.3 | | 1483.70799 | |
| ARANESP 60 MCG/ML VIAL | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 60MCG/ML | | 445.11240 | |
| AVASTIN 100 MG/4 ML VIAL | BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML | | 180.65697 | |
| AVASTIN 400 MG/16 ML VIAL | BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML | | 180.65697 | |
| AVONEX ADMIN PACK 30 MCG VL | INTERFERON BETA-1A/ALBUMIN HUMAN INTRAMUSCULAR KIT 30 MCG | | 1449.42900 | |
| AVONEX PEN 30 MCG/0.5 ML | INTERFERON BETA-1A INTRAMUSCULAR PEN INJECTOR KIT (EA) 30MCG/.5ML | | 5797.71600 | |
| AVONEX PREFILLED SYR 30 MCG | INTERFERON BETA-1A INTRAMUSCULAR SYRINGE (ML) 30MCG/.5ML | | 5797.71600 | |
| AVONEX PREFILLED SYR 30 MCG | INTERFERON BETA-1A INTRAMUSCULAR SYRINGE KIT (EA) 30MCG/.5ML | | 5797.71600 | |
| BARACLUDE 0.5 MG TABLET | ENTECAVIR ORAL TABLET 0.5 MG | | 42.98702 | |
| BARACLUDE 1 MG TABLET | ENTECAVIR ORAL TABLET 1 MG | | 42.98702 | |
| 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 | | 1.09000 | |
| BENEFIX 2,000 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT | | 1.09000 | |
| BENEFIX 250 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT | | 1.09000 | |
| BENEFIX 3,000 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 3000 UNIT | | 1.09000 | |
| BENEFIX 500 UNIT KIT | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT | | 1.09000 | |
| BENLYSTA 120 MG VIAL | BELIMUMAB INTRAVENOUS VIAL (EA) 120 MG | | 0.00000 | |
| BENLYSTA 400 MG VIAL | BELIMUMAB INTRAVENOUS VIAL (EA) 400 MG | | 1608.83880 | |
| BETASERON 0.3 MG KIT | INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG | | 442.42320 | |
| BETASERON 0.3 MG VIAL | INTERFERON BETA-1B SUBCUTANEOUS VIAL (EA) 0.3 MG | | 442.42320 | |

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| BIVIGAM LIQUID 10% VIAL | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 % | | 13.14720 | |
| BOSULIF 100 MG TABLET | BOSUTINIB ORAL TABLET 100 MG | | 99.72550 | |
| BOSULIF 500 MG TABLET | BOSUTINIB ORAL TABLET 500 MG | | 398.90198 | |
| BOTOX 100 UNITS VIAL | ONABOTULINUMTOXINA INJECTION VIAL (EA) 100 UNIT | | 0.00000 | |
| BOTOX 200 UNITS VIAL | ONABOTULINUMTOXINA INJECTION VIAL (EA) 200 UNIT | | 1153.36800 | |
| BOTOX COSMETIC 50 UNITS VIAL | ONABOTULINUMTOXINA INTRAMUSCULAR VIAL (EA) 50 UNIT | | 317.72400 | |
| BRIVIACT 10 MG TABLET | BRIVARACETAM ORAL TABLET 10 MG | | 15.10599 | |
| BRIVIACT 10 MG/ML ORAL SOLN | BRIVARACETAM ORAL SOLUTION, ORAL 10 MG/ML | | 3.02120 | |
| BRIVIACT 100 MG TABLET | BRIVARACETAM ORAL TABLET 100 MG | | 15.10599 | |
| BRIVIACT 25 MG TABLET | BRIVARACETAM ORAL TABLET 25 MG | | 15.10599 | |
| BRIVIACT 50 MG TABLET | BRIVARACETAM ORAL TABLET 50 MG | | 15.10599 | |
| BRIVIACT 75 MG TABLET | BRIVARACETAM ORAL TABLET 75 MG | | 15.10599 | |
| BUPHENYL POWDER | SODIUM PHENYL BUTYRATE ORAL POWDER (GRAM) 0.94 G/G | | 37.21056 | |
| CAYSTON 75 MG INHAL SOLUTION | AZTREONAM LYSINE INHALATION VIAL, NEBULIZER (ML) 75 MG/ML | | 94.76465 | |
| CEENU 40 MG CAPSULE | LOMUSTINE ORAL CAPSULE 40 MG | | 137.44800 | |
| CIMZIA 200 MG VIAL KIT | CERTOLIZUMAB PEGOL SUBCUTANEOUS KIT 400 MG | | 3496.10940 | |
| CINRYZE 500 UNIT VIAL | C1 ESTERASE INHIBITOR INTRAVENOUS VIAL (EA) 500 (5 ML) | | 0.00000 | |
| COAGADEX 250 UNIT VIAL | COAGULATION FACTOR X INTRAVENOUS VIAL (EA) 250 (+/-) | | 6.00000 | |
| COAGADEX 500 UNIT VIAL | COAGULATION FACTOR X INTRAVENOUS VIAL (EA) 500 (+/-) | | 6.00000 | |
| COMPLERA TABLET | EMTRICITABINE/RILPIVIRINE HCL/TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200-25-300 | | 83.25697 | |
| COPAXONE 40 MG/ML SYRINGE | GLATIRAMER ACETATE SUBCUTANEOUS SYRINGE (ML) 40 MG/ML | | 448.53200 | |
| CORIFACT KIT | FACTOR XIII INTRAVENOUS KIT 1000-1600 | | 6.76000 | |
| CRINONE 8% GEL | PROGESTERONE,MICRONIZED VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 8 % | | 21.12818 | |
| CYRAMZA 100 MG/10 ML VIAL | RAMUCIRUMAB INTRAVENOUS VIAL (ML) 100MG/10ML | | 106.74630 | |

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| CYRAMZA 500 MG/50 ML VIAL | RAMUCIRUMAB INTRAVENOUS VIAL (ML) 500MG/50ML | | 106.74630 | |
| DERMACINRX SILAPAK | TRIAMCINOLONE ACETONIDE/DIMETHICONE/SILICONE, ADHESIVE TOPICAL KIT 0.1%-5% | | 5158.51300 | |
| DERMASILKRX SDS PAK | TRIAMCINOLONE ACETONIDE/DIMETHICONE/SILICONE, ADHESIVE TOPICAL KIT 0.1%-5% | | 5158.51300 | |
| DERMAWERX SDS PAK | TRIAMCINOLONE ACETONIDE/DIMETHICONE/SILICONE, ADHESIVE TOPICAL KIT 0.1%-5% | | 5158.51300 | |
| DIFICID 200 MG TABLET | FIDAXOMICIN ORAL TABLET 200 MG | | 173.78108 | |
| EGRIFTA 1 MG VIAL | TESAMORELIN ACETATE SUBCUTANEOUS VIAL (EA) 1 MG | | 67.23000 | |
| ELOCTATE 1,000 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 1000 UNIT | | 1.48000 | |
| ELOCTATE 1,500 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 1500 UNIT | | 1.48000 | |
| ELOCTATE 2,000 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 2000 UNIT | | 1.48000 | |
| ELOCTATE 250 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 250 UNIT | | 1.48000 | |
| ELOCTATE 3,000 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 3000 UNIT | | 1.48000 | |
| ELOCTATE 500 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 500 UNIT | | 1.48000 | |
| ELOCTATE 750 UNIT NOMINAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 750 UNIT | | 1.48000 | |
| ELOXATIN 200 MG/40 ML VIAL | OXALIPLATIN INTRAVENOUS VIAL (ML) 200MG/40ML | | 120.21571 | |
| EMPLICITI 300 MG VIAL | ELOTUZUMAB INTRAVENOUS VIAL (EA) 300 MG | | 1768.89600 | |
| EMPLICITI 400 MG VIAL | ELOTUZUMAB INTRAVENOUS VIAL (EA) 400 MG | | 2358.52800 | |
| EMTRIVA 200 MG CAPSULE | EMTRICITABINE ORAL CAPSULE 200 MG | | 17.81246 | |
| 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 | |
| EPZICOM TABLET | ABACAVIR SULFATE/LAMIVUDINE ORAL TABLET 600-300MG | | 42.88477 | |
| ERIVEDGE 150 MG CAPSULE | VISMODEGIB ORAL CAPSULE 150 MG | | 364.77077 | |
| EXJADE 125 MG TABLET | DEFERASIROX ORAL TABLET, DISPERSIBLE 125 MG | | 32.24550 | |
| EXJADE 250 MG TABLET | DEFERASIROX ORAL TABLET, DISPERSIBLE 250 MG | | 64.49000 | |

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| EXJADE 500 MG TABLET | DEFERASIROX ORAL TABLET, DISPERSIBLE 500 MG | | 128.97735 | |
| EXTAVIA 0.3 MG KIT | INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG | | 442.42320 | |
| EXTAVIA 0.3 MG VIAL | INTERFERON BETA-1B SUBCUTANEOUS VIAL (EA) 0.3 MG | | 442.42320 | |
| FABRAZYME 35 MG VIAL | AGALSIDASE BETA INTRAVENOUS VIAL (EA) 35 MG | | 5423.22000 | |
| FABRAZYME 5 MG VIAL | AGALSIDASE BETA INTRAVENOUS VIAL (EA) 5 MG | | 774.88800 | |
| FARYDAK 10 MG CAPSULE | PANOBINOSTAT LACTATE ORAL CAPSULE 10 MG | | 1217.33444 | |
| FARYDAK 15 MG CAPSULE | PANOBINOSTAT LACTATE ORAL CAPSULE 15 MG | | 1217.33444 | |
| FARYDAK 20 MG CAPSULE | PANOBINOSTAT LACTATE ORAL CAPSULE 20 MG | | 1217.33444 | |
| FEIBA NF 1,000 UNIT (NOMINAL) | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200 | | 1.47000 | |
| FEIBA NF 2,500 UNIT (NOMINAL) | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 1750-3250 | | 1.47000 | |
| FEIBA NF 500 UNIT (NOMINAL) | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650 | | 1.47000 | |
| FERRIPROX 500 MG TABLET | DEFERIPRONE ORAL TABLET 500 MG | | 49.43646 | |
| FIRMAGON 80 MG KIT | DEGARELIX ACETATE SUBCUTANEOUS VIAL (EA) 80 MG | | 486.49620 | |
| FIRMAGON 80 MG VIAL | DEGARELIX ACETATE SUBCUTANEOUS VIAL (EA) 80 MG | | 486.49620 | |
| 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 | | 1058.98455 | |
| FRAGMIN 10,000 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 10000/ML | | 81.75168 | |
| FRAGMIN 12,500 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 12500/0.5 | | 204.37920 | |
| FRAGMIN 15,000 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 15000/0.6 | | 204.36260 | |
| FRAGMIN 18,000 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 18000/0.72 | | 204.37366 | |
| FRAGMIN 2,500 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 2500/0.2ML | | 125.99400 | |
| FRAGMIN 25,000 UNITS/ML VIAL" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS VIAL (ML) 25000/ML | | 184.90740 | |
| FRAGMIN 5,000 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 5000/0.2ML | | 204.37920 | |
| FRAGMIN 7,500 UNITS SYRINGE" | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 7500/0.3ML | | 204.37920 | |

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| FUZEON CONVENIENCE KIT | ENFUVRTIDE SUBCUTANEOUS KIT 90 MG | | 2777.33604 | |
| GAMMAGARD LIQUID 10% VIAL | IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 10 % | | 10.46298 | |
| GAMMAGARD LIQUID 10% VIAL | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 % | | 13.14720 | |
| 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 | | 10.46298 | |
| GAMMAKED 10 GRAM/100 ML VIAL | IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 10 G/100ML | | 10.46298 | |
| GAMMAKED 2.5 GRAM/25 ML VIAL | IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 2.5G/25ML | 10.20800 | 10.46298 | 10/1/2016 |
| GAMMAKED 20 GRAM/200 ML VIAL | IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 20 G/200ML | | 10.46298 | |
| GAMMAKED 5 GRAM/50 ML VIAL | IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 5 G/50 ML | | 10.46298 | |
| 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 % | | 12.94800 | |
| 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 | | 10.46298 | |
| GAMUNEX-C 10 GRAM/100 ML VIAL | IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 10 G/100ML | | 10.46298 | |
| 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 | 10.20800 | 10.46298 | 10/1/2016 |
| GAMUNEX-C 20 GRAM/200 ML VIAL | IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 20 G/200ML | | 10.46298 | |
| 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 | | 10.46298 | |
| GAZYVA 1,000 MG/40 ML VIAL | OBINUTUZUMAB INTRAVENOUS VIAL (ML) 1000 MG/40 | | 139.37800 | |
| GENOTROPIN 12 MG CARTRIDGE | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 12 MG/ML | | 1243.83468 | |
| GENOTROPIN 5 MG CARTRIDGE | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 5 MG/ML | | 533.76636 | |
| GENOTROPIN MINIQUICK 0.2 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.2MG/0.25 | | 22.59354 | |
| GENOTROPIN MINIQUICK 0.4 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.4MG/0.25 | | 45.19278 | |
| GENOTROPIN MINIQUICK 0.6 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.6MG/0.25 | | 67.78634 | |
| GENOTROPIN MINIQUICK 0.8 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.8MG/0.25 | | 90.37988 | |
| GENOTROPIN MINIQUICK 1 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1MG/0.25ML | | 112.98054 | |

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| GENOTROPIN MINIQUICK 1.2 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.2MG/0.25 | | 135.57410 | |
| GENOTROPIN MINIQUICK 1.4 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.4MG/0.25 | | 158.16621 | |
| GENOTROPIN MINIQUICK 1.6 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.6MG/0.25 | | 180.75834 | |
| GENOTROPIN MINIQUICK 1.8 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.8MG/0.25 | | 203.36043 | |
| GENOTROPIN MINIQUICK 2 MG | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 2MG/0.25ML | | 225.95256 | |
| GILENYA 0.5 MG CAPSULE | FINGOLIMOD HCL ORAL CAPSULE 0.5 MG | | 223.87623 | |
| GILOTRIF 20 MG TABLET | AFATINIB DIMALEATE ORAL TABLET 20 MG | | 250.68357 | |
| GILOTRIF 30 MG TABLET | AFATINIB DIMALEATE ORAL TABLET 30 MG | | 250.68357 | |
| GILOTRIF 40 MG TABLET | AFATINIB DIMALEATE ORAL TABLET 40 MG | | 250.68357 | |
| GLEEVEC 400 MG TABLET | IMATINIB MESYLATE ORAL TABLET 400 MG | | 336.06467 | |
| GLEOSTINE 40 MG CAPSULE | LOMUSTINE ORAL CAPSULE 40 MG | | 137.44800 | |
| 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 | |
| HEPSERA 10 MG TABLET | ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG | | 41.10956 | |
| 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 | |

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| 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 | | 0.74000 | |
| HUMATE-P 2,400 UNIT VWF:RCO | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 1000-2400 | | 0.74000 | |
| HUMATE-P 600 UNIT VWF:RCO | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 250-600 | | 0.74000 | |
| HUMATROPE 12 MG CARTRIDGE | SOMATROPIN INJECTION CARTRIDGE (EA) 12 MG | | 1257.35040 | |
| HUMATROPE 24 MG CARTRIDGE | SOMATROPIN INJECTION CARTRIDGE (EA) 24 MG | | 2514.70080 | |
| HUMATROPE 5 MG VIAL | SOMATROPIN INJECTION VIAL (EA) 5 MG | | 523.89600 | |
| HUMATROPE 6 MG CARTRIDGE | SOMATROPIN INJECTION CARTRIDGE (EA) 6 MG | | 628.67520 | |
| HUMIRA 40 MG/0.8 ML PEN | ADALIMUMAB SUBCUTANEOUS PEN INJECTOR KIT (EA) 40MG/0.8ML | | 2040.34086 | |
| HUMIRA 40 MG/0.8 ML SYRINGE | ADALIMUMAB SUBCUTANEOUS SYRINGE KIT (EA) 40MG/0.8ML | | 2040.34749 | |
| HUMIRA CROHN'S STARTER PACK | ADALIMUMAB SUBCUTANEOUS PEN INJECTOR KIT (EA) 40MG/0.8ML | | 2040.34086 | |
| HUMIRA PED CROHN'S STARTER PK | ADALIMUMAB SUBCUTANEOUS SYRINGE KIT (EA) 40MG/0.8ML | | 2040.34749 | |
| IDELVION 1,000 UNIT VIAL | FACTOR IX RECOMBINANT,ALBUMIN FUSION PROTEIN INTRAVENOUS VIAL (EA) 1000 (+/-) | | 3.84000 | |
| IDELVION 2,000 UNIT VIAL | FACTOR IX RECOMBINANT,ALBUMIN FUSION PROTEIN INTRAVENOUS VIAL (EA) 2000 (+/-) | | 3.84000 | |
| IDELVION 250 UNIT VIAL | FACTOR IX RECOMBINANT,ALBUMIN FUSION PROTEIN INTRAVENOUS VIAL (EA) 250 (+/-) | | 3.84000 | |
| IDELVION 500 UNIT VIAL | FACTOR IX RECOMBINANT,ALBUMIN FUSION PROTEIN INTRAVENOUS VIAL (EA) 500 (+/-) | | 3.84000 | |
| IMBRUVICA 140 MG CAPSULE | IBRUTINIB ORAL CAPSULE 140 MG | | 113.35089 | |
| INCIVEK 375 MG TABLET | TELAPREVIR ORAL TABLET 375 MG | | 130.73507 | |
| INCRELEX 40 MG/4 ML VIAL | MECASERMIN SUBCUTANEOUS VIAL (ML) 10 MG/ML | | 837.21270 | |
| INLYTA 1 MG TABLET | AXITINIB ORAL TABLET 1 MG | | 69.31988 | |
| INLYTA 5 MG TABLET | AXITINIB ORAL TABLET 5 MG | | 207.95965 | |
| INVEGA SUSTENNA 117 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 117MG/0.75 | | 1454.26623 | |
| INVEGA SUSTENNA 156 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 156 MG/ML | | 1454.32932 | |
| INVEGA SUSTENNA 234 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 234MG/1.5 | | 1454.29280 | |

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| INVEGA SUSTENNA 39 MG PREF SYR | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 39MG/0.25 | | 1454.16000 | |
| INVEGA SUSTENNA 78 MG PREF SYR | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 78MG/0.5ML | | 1454.25960 | |
| INVEGA TRINZA 273 MG/0.875 ML | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 273MG/.875 | | 2493.05060 | |
| INVEGA TRINZA 410 MG/1.315 ML | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 410/1.315 | | 2488.29581 | |
| INVEGA TRINZA 546 MG/1.75 ML | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 546MG/1.75 | | 2493.12459 | |
| INVEGA TRINZA 819 MG/2.625 ML | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 819/2.625 | | 2493.06957 | |
| IXINITY 1,000 UNIT VIAL | FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 1000 UNIT | | 1.09000 | |
| IXINITY 1,000 UNIT VIAL -2 VLS | FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 1000 UNIT | | 1.09000 | |
| IXINITY 1,500 UNIT VIAL | FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 1500 UNIT | | 1.09000 | |
| IXINITY 1,500 UNIT VIAL -2 VLS | FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 1500 UNIT | | 1.09000 | |
| IXINITY 500 UNIT VIAL | FACTOR IX HUMAN RECOMBINANT, THREONINE 148 INTRAVENOUS VIAL (EA) 500 UNIT | | 1.09000 | |
| JADENU 180 MG TABLET | DEFERASIROX ORAL TABLET 180 MG | | 64.49000 | |
| JADENU 360 MG TABLET | DEFERASIROX ORAL TABLET 360 MG | | 128.97735 | |
| JADENU 90 MG TABLET | DEFERASIROX ORAL TABLET 90 MG | | 32.24550 | |
| KADCYLA 100 MG VIAL | ADO-TRASTUZUMAB EMTANSINE INTRAVENOUS VIAL (EA) 100 MG | | 2803.90932 | |
| KADCYLA 160 MG VIAL | ADO-TRASTUZUMAB EMTANSINE INTRAVENOUS VIAL (EA) 160 MG | | 4486.25292 | |
| 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 | |

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| 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 UNIT-ADAPTER | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.88000 | |
| KOGENATE FS 1,000 UNIT-BIOSET | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.88000 | |
| KOGENATE FS 1,000 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.88000 | |
| KOGENATE FS 2,000 UNIT VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.88000 | |
| KOGENATE FS 2,000 UNIT-ADAPTER | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.88000 | |
| KOGENATE FS 2,000 UNIT-BIOSET | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.88000 | |
| KOGENATE FS 250 UNIT VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.88000 | |
| KOGENATE FS 250 UNIT VL-ADAPTR | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.88000 | |
| KOGENATE FS 250 UNIT VL-BIOSET | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.88000 | |
| KOGENATE FS 3,000 UNIT VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS KIT 3000 (+/-) | | 0.87000 | |
| KOGENATE FS 3,000 UNIT-ADAPTER | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-) | | 0.88000 | |
| KOGENATE FS 3,000 UNIT-BIOSET | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-) | | 0.88000 | |
| KOGENATE FS 3,000 UNITS VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-) | | 0.88000 | |
| KOGENATE FS 500 UNIT VIAL | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.88000 | |
| KOGENATE FS 500 UNIT VL-ADAPTR | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.88000 | |
| KOGENATE FS 500 UNIT VL-BIOSET | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.88000 | |
| KOVALTRY 1,000 UNIT KIT | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.87000 | 9/15/2016 |
| KOVALTRY 2,000 UNIT KIT | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.87000 | 9/15/2016 |
| KOVALTRY 250 UNIT KIT | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.87000 | 9/15/2016 |
| KOVALTRY 3,000 UNIT KIT | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-) | | 0.87000 | 9/15/2016 |
| KOVALTRY 500 UNIT KIT | ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.87000 | 9/15/2016 |
| KUVAN 100 MG TABLET | SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET, SOLUBLE 100 MG | | 32.63559 | |

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| LEMRADA 12 MG/1.2 ML VIAL | ALEMTUZUMAB INTRAVENOUS VIAL (ML) 12MG/1.2ML | | 16802.31249 | |
| LETAIRIS 10 MG TABLET | AMBRISENTAN ORAL TABLET 10 MG | | 287.42103 | |
| LETAIRIS 5 MG TABLET | AMBRISENTAN ORAL TABLET 5 MG | | 287.42103 | |
| LEUPROLIDE 2WK 1 MG/0.2 ML KT | LEUPROLIDE ACETATE SUBCUTANEOUS KIT 1 MG/0.2ML | | 410.54000 | |
| LOMUSTINE 40 MG CAPSULE | LOMUSTINE ORAL CAPSULE 40 MG | | 137.44800 | |
| LUPRON DEPOT-PED 11.25 MG 3MO | LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 11.25 MG | | 6832.65960 | |
| LUPRON DEPOT-PED 30 MG 3MO KIT | LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 30 MG | | 7525.47720 | |
| MATULANE 50 MG CAPSULE | PROCARBAZINE HCL ORAL CAPSULE 50 MG | | 66.73200 | |
| MEKINIST 0.5 MG TABLET | TRAMETINIB DIMETHYL SULFOXIDE ORAL TABLET 0.5 MG | | 85.26423 | |
| MEKINIST 2 MG TABLET | TRAMETINIB DIMETHYL SULFOXIDE ORAL TABLET 2 MG | | 341.05596 | |
| 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 | | 8977.77800 | |
| NEULASTA 6 MG/0.6 ML SYRINGE | PEGFILGRASTIM SUBCUTANEOUS SYRINGE (ML) 6MG/0.6ML | | 8977.77800 | |
| 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 | | 125.48554 | |
| 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 | | 341.56160 | |
| NORDITROPIN NORDIFLEX 30 MG/3 | SOMATROPIN SUBCUTANEOUS PEN INJECTOR (ML) 30 MG/3 ML | | 1024.68480 | |

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| 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 | | 1.50000 | |
| NOVOSEVEN RT 2 MG VIAL | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 2 MG | | 1.50000 | |
| NOVOSEVEN RT 5 MG VIAL | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 5 MG | | 1.50000 | |
| NOVOSEVEN RT 8 MG VIAL | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 8 MG | | 1.50000 | |
| 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 | | 1054.04688 | |
| NUTROPIN AQ 5 MG/ML VIAL | SOMATROPIN SUBCUTANEOUS VIAL (ML) 10 MG/2 ML | | 527.02344 | |
| NUTROPIN AQ NUSPIN 20 INJECTOR | SOMATROPIN SUBCUTANEOUS PEN INJECTOR (ML) 20 MG/2 ML | | 1054.04688 | |
| NUTROPIN AQ NUSPIN 5 PEN CART | SOMATROPIN SUBCUTANEOUS PEN INJECTOR (ML) 5 MG/2 ML | | 263.51172 | |
| NUTROPIN AQ PEN CARTRIDGE | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 10 MG/2 ML | | 527.02344 | |
| NUWIQ 1,000 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 1000 (+/-) | | 1.19000 | |
| NUWIQ 1,000 UNIT VIAL PACK | ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 1000 (+/-) | | 1.19000 | |
| NUWIQ 2,000 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 2000 (+/-) | | 1.19000 | |
| NUWIQ 2,000 UNIT VIAL PACK | ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 2000 (+/-) | | 1.19000 | |
| NUWIQ 250 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 250 (+/-) | | 1.19000 | |
| NUWIQ 250 UNIT VIAL PACK | ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 250 (+/-) | | 1.19000 | |
| NUWIQ 500 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 500 (+/-) | | 1.19000 | |
| NUWIQ 500 UNIT VIAL PACK | ANTIHEMOPHILIC FACTOR VIII REC HEK CELL, B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 500 (+/-) | | 1.19000 | |

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| OBIZUR 500 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, RECOMBINANT PORCINE SEQUENCE INTRAVENOUS VIAL (EA) 500 (+/-) | | 3.96000 | |
| OBIZUR 500 UNIT VIAL - 5 VIALS | ANTIHEMOPHILIC FACTOR VIII, RECOMBINANT PORCINE SEQUENCE INTRAVENOUS VIAL (EA) 500 (+/-) | | 3.96000 | |
| OBIZUR 500 UNIT VIAL -10 VIALS | ANTIHEMOPHILIC FACTOR VIII, RECOMBINANT PORCINE SEQUENCE INTRAVENOUS VIAL (EA) 500 (+/-) | | 3.96000 | |
| OCTAGAM 5% VIAL | IMMUNE GLOBULIN, GAMMA (IGG) HUMAN/MALTOSE INTRAVENOUS VIAL (ML) 5 % | | 6.72051 | |
| 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 | | 341.56160 | |
| OMNITROPE 5.8 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 5.8 MG | | 295.77092 | |
| OPSUMIT 10 MG TABLET | MACITENTAN ORAL TABLET 10 MG | | 250.49400 | |
| ORENCIA 250 MG VIAL | ABATACEPT/MALTOSE INTRAVENOUS VIAL (EA) 250 MG | | 927.43536 | |
| OTEZLA 28 DAY STARTER PACK | APREMILAST ORAL TABLET, DOSE PACK 10-20-30MG | | 46.83409 | |
| OTEZLA 30 MG TABLET | APREMILAST ORAL TABLET 30 MG | | 42.93125 | |
| OTEZLA STARTER PACK | APREMILAST ORAL TABLET, DOSE PACK 10-20-30MG | | 46.83409 | |
| 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 | | 940.73196 | |
| 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 | | 5797.71600 | |
| PLEGRIDY 125 MCG/0.5 ML SYRINGE | PEGINTERFERON BETA-1A SUBCUTANEOUS SYRINGE (ML) 125MCG/0.5 | | 5797.71600 | |
| PLEGRIDY PEN INJ STARTER PACK | PEGINTERFERON BETA-1A SUBCUTANEOUS PEN INJECTOR (ML) 63-94 MCG | | 5797.71600 | |
| PLEGRIDY SYRINGE STARTER PACK | PEGINTERFERON BETA-1A SUBCUTANEOUS SYRINGE (ML) 63-94 MCG | | 5797.71600 | |

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| POMALYST 1 MG CAPSULE | POMALIDOMIDE ORAL CAPSULE 1 MG | | 637.90483 | |
| POMALYST 2 MG CAPSULE | POMALIDOMIDE ORAL CAPSULE 2 MG | | 637.90483 | |
| POMALYST 3 MG CAPSULE | POMALIDOMIDE ORAL CAPSULE 3 MG | | 637.90483 | |
| POMALYST 4 MG CAPSULE | POMALIDOMIDE ORAL CAPSULE 4 MG | | 637.90483 | |
| PREZISTA 100 MG/ML SUSPENSION | DARUNAVIR ETHANOLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/ML | | 3.75592 | |
| PREZISTA 150 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 150 MG | | 5.63382 | |
| PREZISTA 400 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 400 MG | | 20.88545 | |
| PREZISTA 600 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 600 MG | | 22.53533 | |
| PREZISTA 75 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 75 MG | | 2.81691 | |
| PREZISTA 800 MG TABLET | DARUNAVIR ETHANOLATE ORAL TABLET 800 MG | | 45.07065 | |
| PRIVIGEN 10% VIAL | IMMUNE GLOBULIN, GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 % | | 13.14720 | |
| 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 | |
| PROMACTA 12.5 MG TABLET | ELTROMBOPAG OLAMINE ORAL TABLET 12.5 MG | | 121.97281 | |
| PROMACTA 25 MG TABLET | ELTROMBOPAG OLAMINE ORAL TABLET 25 MG | | 121.97281 | |
| PROMACTA 50 MG TABLET | ELTROMBOPAG OLAMINE ORAL TABLET 50 MG | | 226.92565 | |
| PROMACTA 75 MG TABLET | ELTROMBOPAG OLAMINE ORAL TABLET 75 MG | | 340.38898 | |
| PULMOZYME 1 MG/ML AMPUL | DORNASE ALFA INHALATION SOLUTION, NON-ORAL 1 MG/ML | | 40.75234 | |
| RAPAMUNE 1 MG TABLET | SIROLIMUS ORAL TABLET 1 MG | | 24.82620 | |
| REBIF 22 MCG/0.5 ML SYRINGE | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 22MCG/.5ML | | 1043.07261 | |
| REBIF 44 MCG/0.5 ML SYRINGE | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 44MCG/.5ML | | 1043.07261 | |
| REBIF REBIDOSE 22 MCG/0.5 ML | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS PEN INJECTOR (ML) 22MCG/.5ML | | 1043.07261 | |
| REBIF REBIDOSE 44 MCG/0.5 ML | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS PEN INJECTOR (ML) 44MCG/.5ML | | 1043.07261 | |

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| REBIF REBIDOSE TITRATION PACK | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS PEN INJECTOR (ML) 8.8-22(6) | | 1490.10374 | |
| REBIF TITRATION PACK | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 8.8-22(6) | | 1490.10374 | |
| RECOMBINATE 1,241-1,800 UNIT V | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1500 (+/-) | | 0.95000 | |
| RECOMBINATE 1,801-2,400 UNIT V | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.95000 | |
| RECOMBINATE 220-400 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.95000 | |
| RECOMBINATE 401-800 UNIT VIAL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.95000 | |
| RECOMBINATE 801-1,240 UNIT VL | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 (+/-) | | 0.95000 | |
| 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 | | 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 | | 1067.19408 | |
| REVATIO 20 MG TABLET | SILDENAFIL CITRATE ORAL TABLET 20 MG | | 36.24145 | |
| 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 | | 22.91513 | |
| REYATAZ 200 MG CAPSULE | ATAZANAVIR SULFATE ORAL CAPSULE 200 MG | | 22.91513 | |
| REYATAZ 300 MG CAPSULE | ATAZANAVIR SULFATE ORAL CAPSULE 300 MG | | 45.39701 | |
| 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 | | 0.98000 | |

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| RIXUBIS 2,000 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 UNIT | | 0.98000 | |
| RIXUBIS 250 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 UNIT | | 0.98000 | |
| RIXUBIS 3,000 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 3000 UNIT | | 0.98000 | |
| RIXUBIS 500 UNIT NOMINAL | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 UNIT | | 0.98000 | |
| SAIZEN 5 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 5 MG | | 533.76636 | |
| SAIZEN 8.8 MG CLICK.EASY CARTG | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 8.8 MG/1.5 | | 854.02020 | |
| SAIZEN 8.8 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 8.8 MG | | 854.02020 | |
| SANADERMRX SKIN REPAIR SOLN | TRIAMCINOLONE ACETONIDE/DIMETHICONE/SILICONE, ADHESIVE TOPICAL KIT 0.1%-5% | | 5158.51300 | |
| SANDOSTATIN LAR 20 MG KIT | OCTREOTIDE ACETATE, MICROSPHERES INTRAMUSCULAR KIT 20 MG | | 3105.95628 | |
| SANDOSTATIN LAR 30 MG KIT | OCTREOTIDE ACETATE, MICROSPHERES INTRAMUSCULAR KIT 30 MG | | 4650.93156 | |
| SENSIPAR 30 MG TABLET | CINACALCET HCL ORAL TABLET 30 MG | | 24.80040 | |
| SENSIPAR 60 MG TABLET | CINACALCET HCL ORAL TABLET 60 MG | | 49.60080 | |
| SENSIPAR 90 MG TABLET | CINACALCET HCL ORAL TABLET 90 MG | | 74.40120 | |
| SEROSTIM 4 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 4 MG | | 286.48517 | |
| SEROSTIM 5 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 5 MG | | 533.76636 | |
| SEROSTIM 6 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 6 MG | | 429.72704 | |
| SIMPONI 50 MG/0.5 ML PEN INJEC | GOLIMUMAB SUBCUTANEOUS PEN INJECTOR (ML) 50MG/0.5ML | | 7591.87056 | |
| SIMPONI 50 MG/0.5 ML SYRINGE | GOLIMUMAB SUBCUTANEOUS SYRINGE (ML) 50MG/0.5ML | | 7591.87056 | |
| SOVALDI 400 MG TABLET | SOFOSBUVIR ORAL TABLET 400 MG | | 996.00000 | |
| SPRYCEL 100 MG TABLET | DASATINIB ORAL TABLET 100 MG | | 375.12713 | |
| SPRYCEL 140 MG TABLET | DASATINIB ORAL TABLET 140 MG | | 375.12713 | |
| SPRYCEL 20 MG TABLET | DASATINIB ORAL TABLET 20 MG | | 104.06722 | |
| SPRYCEL 50 MG TABLET | DASATINIB ORAL TABLET 50 MG | | 208.13428 | |
| SPRYCEL 70 MG TABLET | DASATINIB ORAL TABLET 70 MG | | 208.13428 | |

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| SPRYCEL 80 MG TABLET | DASATINIB ORAL TABLET 80 MG | | 375.12713 | |
| SURE RESULT TAC PAK | TRIAMCINOLONE ACETONIDE/DIMETHICONE/SILICONE, ADHESIVE TOPICAL KIT 0.1%-5% | | 5158.51300 | |
| SUTENT 12.5 MG CAPSULE | SUNITINIB MALATE ORAL CAPSULE 12.5 MG | | 151.64705 | |
| SUTENT 25 MG CAPSULE | SUNITINIB MALATE ORAL CAPSULE 25 MG | | 303.29445 | |
| SUTENT 50 MG CAPSULE | SUNITINIB MALATE ORAL CAPSULE 50 MG | | 527.99346 | |
| SYNAGIS 100 MG/1 ML VIAL | PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 100 MG/ML | | 2762.65500 | |
| SYNAGIS 50 MG/0.5 ML VIAL | PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 50MG/0.5ML | | 2926.08864 | |
| TABLOID 40 MG TABLET | THIOGUANINE ORAL TABLET 40 MG | | 25.17609 | |
| TAFINLAR 50 MG CAPSULE | DABRAFENIB MESYLATE ORAL CAPSULE 50 MG | | 51.84977 | |
| TAFINLAR 75 MG CAPSULE | DABRAFENIB MESYLATE ORAL CAPSULE 75 MG | | 77.76950 | |
| TANZEUM 30 MG PEN INJECT | ALBIGLUTIDE SUBCUTANEOUS PEN INJECTOR (EA) 30MG/0.5ML | | 109.40313 | |
| TANZEUM 50 MG PEN INJECT | ALBIGLUTIDE SUBCUTANEOUS PEN INJECTOR (EA) 50MG/0.5ML | | 109.40313 | |
| TARCEVA 100 MG TABLET | ERLOTINIB HCL ORAL TABLET 100 MG | | 212.68119 | |
| TARCEVA 150 MG TABLET | ERLOTINIB HCL ORAL TABLET 150 MG | | 240.55757 | |
| TASIGNA 150 MG CAPSULE | NILOTINIB HCL ORAL CAPSULE 150 MG | | 93.76770 | |
| TASIGNA 200 MG CAPSULE | NILOTINIB HCL ORAL CAPSULE 200 MG | | 93.76770 | |
| TECFIDERA DR 120 MG CAPSULE | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120 MG | | 104.82900 | |
| TECFIDERA DR 240 MG CAPSULE | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 240 MG | | 104.82900 | |
| TECFIDERA STARTER PACK | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120-240 MG | | 104.82900 | |
| TEMODAR 100 MG CAPSULE | TEMOZOLOMIDE ORAL CAPSULE 100 MG | | 148.71529 | |
| TEMODAR 140 MG CAPSULE | TEMOZOLOMIDE ORAL CAPSULE 140 MG | | 396.17686 | |
| 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 | |

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| TEV-TROPIN 5 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 5 MG | | 533.76636 | |
| 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 | | 1480.99722 | |
| TIVICAY 50 MG TABLET | DOLUTEGRAVIR SODIUM ORAL TABLET 50 MG | | 47.23430 | |
| 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 | | 39.40674 | |
| TOBI PODHALER 28 MG INHALE CAP | TOBRAMYCIN INHALATION CAPSULE, WITH INHALATION DEVICE 28 MG | | 39.40674 | |
| TORISEL 25 MG KIT | TEMSIROLIMUS INTRAVENOUS VIAL (ML) FDN 30MG/3 | | 1620.82068 | |
| TRACLEER 125 MG TABLET | BOSENTAN ORAL TABLET 125 MG | | 153.53340 | |
| TRACLEER 62.5 MG TABLET | BOSENTAN ORAL TABLET 62.5 MG | | 153.53340 | |
| 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 | |
| TRI-SILA TOPICAL KIT | TRIAMCINOLONE ACETONIDE/DIMETHICONE/SILICONE, ADHESIVE TOPICAL KIT 0.1%-5% | | 5158.51300 | |
| TRIUMEQ TABLET | ABACAVIR SULFATE/DOLUTEGRAVIR SODIUM/LAMIVUDINE ORAL TABLET 600-50-300 | | 79.93498 | |
| TRULICITY 0.75 MG/0.5 ML PEN | DULAGLUTIDE SUBCUTANEOUS PEN INJECTOR (ML) 0.75MG/0.5 | | 311.74800 | |
| TRULICITY 1.5 MG/0.5 ML PEN | DULAGLUTIDE SUBCUTANEOUS PEN INJECTOR (ML) 1.5 MG/0.5 | | 311.74800 | |
| TRUVADA 200 MG-300 MG TABLET | EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200-300 MG | | 48.68580 | |
| TYKERB 250 MG TABLET | LAPATINIB DITOSYLATE ORAL TABLET 250 MG | | 42.21751 | |
| TYSABRI 300 MG/15 ML VIAL | NATALIZUMAB INTRAVENOUS VIAL (ML) 300MG/15ML | | 0.00000 | |

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| UPTRAVI 1,000 MCG TABLET | SELEXIPAG ORAL TABLET 1000 MCG | | 241.03200 | |
| UPTRAVI 1,200 MCG TABLET | SELEXIPAG ORAL TABLET 1200 MCG | | 241.03200 | |
| UPTRAVI 1,400 MCG TABLET | SELEXIPAG ORAL TABLET 1400 MCG | | 241.03200 | |
| UPTRAVI 1,600 MCG TABLET | SELEXIPAG ORAL TABLET 1600 MCG | | 241.03200 | |
| UPTRAVI 200 MCG TABLET | SELEXIPAG ORAL TABLET 200 MCG | | 154.94914 | |
| UPTRAVI 200-800 TITRATION PACK | SELEXIPAG ORAL TABLET, DOSE PACK 200-800MCG | | 108.46440 | |
| UPTRAVI 400 MCG TABLET | SELEXIPAG ORAL TABLET 400 MCG | | 241.03200 | |
| UPTRAVI 600 MCG TABLET | SELEXIPAG ORAL TABLET 600 MCG | | 241.03200 | |
| UPTRAVI 800 MCG TABLET | SELEXIPAG ORAL TABLET 800 MCG | | 241.03200 | |
| 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 | | 3336.60000 | |
| 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 | | 117.22920 | |
| VENTAVIS 20 MCG/1 ML SOLUTION | ILOPROST TROMETHAMINE INHALATION AMPUL FOR NEBULIZATION (ML) 20 MCG/ML | | 117.22920 | |
| VIAGRA 25 MG TABLET | SILDENAFIL CITRATE ORAL TABLET 25 MG | | 48.08754 | |
| VIAGRA 50 MG TABLET | SILDENAFIL CITRATE ORAL TABLET 50 MG | | 48.08754 | |
| 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 | | 30.70037 | |
| VIREAD 200 MG TABLET | TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200 MG | | 30.70037 | |
| VIREAD 250 MG TABLET | TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 250 MG | | 30.70037 | |
| VITEKTA 150 MG TABLET | ELVITEGRAVIR ORAL TABLET 150 MG | | 39.98774 | |
| VITEKTA 85 MG TABLET | ELVITEGRAVIR ORAL TABLET 85 MG | | 39.98774 | |

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of October 25, 2016

| Label Name | Generic Name | Old SMAC Price | Current SMAC Price | SMAC Effective |
|--------------------------------|-------------------------------------------------------------------------------------------------|----------------|--------------------|----------------|
| VIVITROL 380 MG VIAL + DILUENT | NALTREXONE MICROSPHERES INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE, RECONST. 380MG | | 1303.76400 | |
| VIVITROL INJECTABLE SUSPENSION | NALTREXONE MICROSPHERES INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE, RECONST. 380MG | | 1303.76400 | |
| VONVENDI 1,300 UNIT VIAL | VON WILLEBRAND FACTOR (RECOMBINANT) INTRAVENOUS VIAL (EA) 1300(+/-) | | 1.45000 | |
| VONVENDI 650 UNIT VIAL | VON WILLEBRAND FACTOR (RECOMBINANT) INTRAVENOUS VIAL (EA) 650 (+/-) | | 1.45000 | |
| VOTRIENT 200 MG TABLET | PAZOPANIB HCL ORAL TABLET 200 MG | | 83.22318 | |
| 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 | | 234.70607 | |
| XALKORI 250 MG CAPSULE | CRIZOTINIB ORAL CAPSULE 250 MG | | 234.70607 | |
| XENAZINE 12.5 MG TABLET | TETRABENAZINE ORAL TABLET 12.5 MG | | 94.45947 | |
| XENAZINE 25 MG TABLET | TETRABENAZINE ORAL TABLET 25 MG | | 188.91887 | |
| XGEVA 120 MG/1.7 ML VIAL | DENOSUMAB SUBCUTANEOUS VIAL (ML) 120 MG/1.7 | | 1192.24129 | |
| XOFIGO 1,000 KBQ/ML VIAL | RADIUM-223 DICHLORIDE INTRAVENOUS VIAL (EA) 1100KBQ/ML | | 21448.30224 | |
| 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 VIAL (EA) 1000 (+/-) | | 0.93000 | |
| XYNTHA 2,000 UNIT KIT | ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 2000 (+/-) | | 0.93000 | |
| XYNTHA 250 UNIT KIT | ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 250 (+/-) | | 0.93000 | |
| XYNTHA 3,000 UNIT SYRINGE KIT | ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE (EA) 3000 (+/-) | | 0.93000 | |
| XYNTHA 500 UNIT KIT | ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS VIAL (EA) 500 (+/-) | | 0.93000 | |
| XYNTHA SOLOFUSE 1,000 UNIT KIT | ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE (EA) 1000 (+/-) | | 0.93000 | |
| XYNTHA SOLOFUSE 2,000 UNIT KIT | ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE (EA) 2000 (+/-) | | 0.93000 | |
| XYNTHA SOLOFUSE 250 UNIT KIT | ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE (EA) 250 (+/-) | | 0.93000 | |
| XYNTHA SOLOFUSE 500 UNIT KIT | ANTIHEMOPHILIC FACTOR (FACTOR VIII) RECOMB,B-DOMAIN DELETED INTRAVENOUS SYRINGE (EA) 500 (+/-) | | 0.93000 | |
| ZAVESCA 100 MG CAPSULE | MIGLUSTAT ORAL CAPSULE 100 MG | | 296.80800 | |

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|------------------------------|--------------------------------------------------------------------------------------|-----------------------|---------------------------|-----------------------|
| 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 | |
| ZINBRYTA 150 MG/ML SYRINGE | DACLIZUMAB SUBCUTANEOUS SYRINGE (ML) 150 MG/ML | | 6805.99668 | |
| ZOLADEX 10.8 MG IMPLANT SYRN | GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 10.8MG | | 1644.88404 | |
| ZOLADEX 3.6 MG IMPLANT SYRN | GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 3.6 MG | | 548.29800 | |
| ZOMACTON 5 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 5 MG | | 533.76636 | |
| ZORBTIVE 8.8 MG VIAL | SOMATROPIN SUBCUTANEOUS VIAL (EA) 8.8 MG | | 854.02020 | |
| ZYKADIA 150 MG CAPSULE | CERITINIB ORAL CAPSULE 150 MG | | 95.45151 | |
| 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 | | 71.61265 | |
| ZYVOX 600 MG TABLET | LINEZOLID ORAL TABLET 600 MG | | 202.87673 | |