

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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		35.83442	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
BIVIGAM LIQUID 10% VIAL	IMMUNE GLOBUL,GAMMA(IGG)/SORBITOL/IGA GREATER THAN 50 MCG/ML INTRAVENOUS VIAL (ML) 10 %		12.72534	
BOSULIF 100 MG TABLET	BOSUTINIB ORAL TABLET 100 MG		109.09968	
BOSULIF 500 MG TABLET	BOSUTINIB ORAL TABLET 500 MG		436.39872	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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		70.55000	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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)/SORBITOL/IGA 0 TO 50 MCG/ML INTRAVENOUS VIAL (ML) 5 %		6.91373	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
FUZEON CONVENIENCE KIT	ENFUVRTIDE SUBCUTANEOUS KIT 90 MG		2777.33604	
GAMMAGARD LIQUID 10% VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/SORBITOL/IGA GREATER THAN 50 MCG/ML INTRAVENOUS VIAL (ML) 10 %		12.72534	
GAMMAGARD LIQUID 10% VIAL	IMMUNE GLOBULIN,GAMM(IGG)/GLYCINE/IGA GREATER THAN 50 MCG/ML INJECTION VIAL (ML) 10 %		10.46298	
GAMMAGARD S-D 2.5 GM VL W/ST	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (EA) 2.5 G		281.84808	
GAMMAKED 1 GRAM/10 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 1 G/10 ML		10.46298	
GAMMAKED 10 GRAM/100 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 10 G/100ML		10.46298	
GAMMAKED 2.5 GRAM/25 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 2.5G/25ML		10.46298	
GAMMAKED 20 GRAM/200 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 20 G/200ML		10.46298	
GAMMAKED 5 GRAM/50 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 5 G/50 ML		10.46298	
GAMMAPLEX 5% VIAL	IMMUNE GLOBULIN,GAMM(IGG)/SORBITOL/GLYCIN/IGA 0 TO 50 MCG/ML INTRAVENOUS VIAL (ML) 5 %		6.91373	
GAMUNEX 10% VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INTRAVENOUS VIAL (ML) 10 %		12.94800	
GAMUNEX-C 1 GRAM/10 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 1 G/10 ML		10.46298	
GAMUNEX-C 10 GRAM/100 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 10 G/100ML		10.46298	
GAMUNEX-C 2.5 GRAM/25 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 2.5G/25ML		10.46298	
GAMUNEX-C 20 GRAM/200 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 MCG/ML INJECTION VIAL (ML) 20 G/200ML		10.46298	
GAMUNEX-C 5 GRAM/50 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG)/GLYCINE/IGA AVERAGE 46 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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
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	



**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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 VIAL (EA) 500-1200		0.74000	
HUMATE-P 2,400 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 1000-2400		0.74000	
HUMATE-P 600 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 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		0.00000	
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		72.78585	
INLYTA 5 MG TABLET	AXITINIB ORAL TABLET 5 MG		218.35756	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
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	
KOVALTRY 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-)		0.87000	
KOVALTRY 250 UNIT KIT	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 250 (+/-)		0.87000	
KOVALTRY 3,000 UNIT KIT	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-)		0.87000	
KOVALTRY 500 UNIT KIT	ANTIHEMOPHILIC FACTOR (FVIII) RECOMB,FULL LENGTH (ALB-FREE) INTRAVENOUS VIAL (EA) 500 (+/-)		0.87000	
KUVAN 100 MG TABLET	SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET, SOLUBLE 100 MG		32.63559	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
LEMTRADA 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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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 GLOBUL, GAMMA(IGG)/SORBITOL/IGA GREATER THAN 50 MCG/ML INTRAVENOUS VIAL (ML) 10 %		12.72534	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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		0.62500	
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	



**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
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 January 18, 2017**

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		246.44144	
XALKORI 250 MG CAPSULE	CRIZOTINIB ORAL CAPSULE 250 MG		246.44144	
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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of January 18, 2017**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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	