

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 11, 2014**

| Label Name                    | Generic Name  | Old SMAC Price | Current SMAC Price | SMAC Effective |
|-------------------------------|---|----------------|--------------------|----------------|
| ACTEMRA 400 MG/20 ML VIAL     | TOCILIZUMAB INTRAVENOUS VIAL (ML) 400MG/20ML  |                | 74.74980           |                |
| ACTEMRA 80 MG/4 ML VIAL       | TOCILIZUMAB INTRAVENOUS VIAL (ML) 80 MG/4 ML  |                | 74.74980           |                |
| ADVATE 1,201-1,800 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 1500 (+/-)         |                | 0.94000            |                |
| ADVATE 1,801-2,400 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-)         |                | 0.94000            |                |
| ADVATE 2,401-3,600 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-)         |                | 0.94000            |                |
| ADVATE 200-400 UNITS VIAL     | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 250 (+/-)          |                | 0.94000            |                |
| ADVATE 3,601-4,800 UNITS VIAL | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 4000 (+/-)         |                | 0.94000            |                |
| ADVATE 401-800 UNITS VIAL     | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 500 (+/-)          |                | 0.94000            |                |
| ADVATE 801-1,200 UNITS VIAL   | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-)         |                | 0.94000            |                |
| AFINITOR 10 MG TABLET         | EVEROLIMUS ORAL TABLET 10 MG  |                | 341.06810          |                |
| AFINITOR 5 MG TABLET          | EVEROLIMUS ORAL TABLET 5 MG   |                | 341.06810          |                |
| AFINITOR DISPERZ 2 MG TABLET  | EVEROLIMUS ORAL TABLET FOR SUSPENSION 2 MG  |                | 324.44841          |                |
| AFINITOR DISPERZ 3 MG TABLET  | EVEROLIMUS ORAL TABLET FOR SUSPENSION 3 MG  |                | 327.69822          |                |
| AFINITOR DISPERZ 5 MG TABLET  | EVEROLIMUS ORAL TABLET FOR SUSPENSION 5 MG  |                | 341.06810          |                |
| ALOXI 0.25 MG/5 ML VIAL       | PALONOSETRON HCL INTRAVENOUS VIAL (ML) 0.25MG/5ML   |                | 78.28560           |                |
| ALPHANATE 1,000-400 UNIT VIAL | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 1000 (400) |                | 0.72000            |                |
| ALPHANATE 1,500-600 UNIT VIAL | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 1500 (600) |                | 0.72000            |                |
| ALPHANATE 250-100 UNIT VIAL   | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 250 (100)  |                | 0.72000            |                |
| ALPHANATE 500-200 UNIT VIAL   | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 500 (200)  |                | 0.72000            |                |
| ALPHANINE SD 1,000 UNITS VIAL | FACTOR IX INTRAVENOUS VIAL (EA) 1000 (+/-)  |                | 0.68500            |                |
| ALPHANINE SD 1,500 UNITS VIAL | FACTOR IX INTRAVENOUS VIAL (EA) 1500 (+/-)  |                | 0.68500            |                |
| ALPHANINE SD 500 UNITS VIAL   | FACTOR IX INTRAVENOUS VIAL (EA) 500 (+/-)   |                | 0.68500            |                |
| ALPROLIX 1,000 UNIT NOMINAL   | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 1000 UNIT                  |                | 2.22000            |                |
| ALPROLIX 2,000 UNIT NOMINAL   | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 2000 UNIT                  |                | 2.22000            |                |

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| ALPROLIX 3,000 UNIT NOMINAL    | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 3000 UNIT |                       | 2.22000                   |                       |
| ALPROLIX 500 UNIT NOMINAL      | FACTOR IX RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 500 UNIT  |                       | 2.22000                   |                       |
| AMPYRA ER 10 MG TABLET         | DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG                  |                       | 26.58473                  |                       |
| ARANESP 100 MCG/0.5 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 100MCG/0.5     |                       | 1345.39680                |                       |
| ARANESP 100 MCG/ML VIAL        | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 100 MCG/ML        |                       | 672.69840                 |                       |
| ARANESP 150 MCG/0.3 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 150MCG/0.3     |                       | 3363.49200                |                       |
| ARANESP 150 MCG/0.75 ML VIAL   | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 150MCG/.75        |                       | 1345.39680                |                       |
| ARANESP 200 MCG/0.4 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 200MCG/0.4     |                       | 3363.49200                |                       |
| ARANESP 200 MCG/ML VIAL        | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 200 MCG/ML        |                       | 1345.39680                |                       |
| ARANESP 25 MCG/0.42 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 25MCG/0.42     |                       | 400.41570                 |                       |
| ARANESP 25 MCG/ML VIAL         | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 25 MCG/ML         |                       | 168.17460                 |                       |
| ARANESP 300 MCG/0.6 ML SYRINGE | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 300MCG/0.6     |                       | 3363.49200                |                       |
| ARANESP 300 MCG/ML VIAL        | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 300 MCG/ML        |                       | 2018.09520                |                       |
| ARANESP 40 MCG/0.4 ML SYRINGE  | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 40 MCG/0.4     |                       | 672.79800                 |                       |
| ARANESP 40 MCG/ML VIAL         | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 40 MCG/ML         |                       | 269.11920                 |                       |
| ARANESP 500 MCG/1 ML SYRINGE   | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 500 MCG/ML     |                       | 3363.49200                |                       |
| ARANESP 60 MCG/0.3 ML SYRINGE  | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 60MCG/0.3      |                       | 1345.26399                |                       |
| ARANESP 60 MCG/ML VIAL         | DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 60MCG/ML          |                       | 403.57920                 |                       |
| AVASTIN 100 MG/4 ML VIAL       | BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML                               |                       | 165.27375                 |                       |
| AVASTIN 400 MG/16 ML VIAL      | BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML                               |                       | 165.27375                 |                       |
| AVONEX ADMIN PACK 30 MCG VL    | INTERFERON BETA-1A/ALBUMIN HUMAN INTRAMUSCULAR KIT 30 MCG                |                       | 1131.70500                |                       |
| AVONEX PEN 30 MCG/0.5 ML       | INTERFERON BETA-1A INTRAMUSCULAR PEN INJECTOR KIT (EA) 30MCG/.5ML        |                       | 4526.82000                |                       |
| AVONEX PREFILLED SYR 30 MCG    | INTERFERON BETA-1A INTRAMUSCULAR SYRINGE KIT (EA) 30MCG/.5ML             |                       | 4526.82000                |                       |
| BARACLUDE 0.5 MG TABLET        | ENTECAVIR ORAL TABLET 0.5 MG   |                       | 40.97909                  |                       |

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| BARACLUDE 1 MG TABLET        | ENTECAVIR ORAL TABLET 1 MG                                |                       | 40.97909                  |                       |
| BEBULIN 200-1,200 UNITS VIAL | FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 700 (+/-)   |                       | 0.90350                   |                       |
| BENEFIX 1,000 UNIT KIT       | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT     |                       | 1.11000                   |                       |
| BENEFIX 1,000 UNIT VIAL      | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT     |                       | 1.11000                   |                       |
| BENEFIX 2,000 UNIT KIT       | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT     |                       | 1.11000                   |                       |
| BENEFIX 2,000 UNIT VIAL      | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT     |                       | 1.11000                   |                       |
| BENEFIX 250 UNIT KIT         | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT      |                       | 1.11000                   |                       |
| BENEFIX 250 UNIT VIAL        | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT      |                       | 1.11000                   |                       |
| BENEFIX 3,000 UNIT KIT       | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 3000 UNIT     |                       | 1.11000                   |                       |
| BENEFIX 500 UNIT KIT         | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT      |                       | 1.11000                   |                       |
| BENEFIX 500 UNIT VIAL        | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT      |                       | 1.11000                   |                       |
| BENLYSTA 120 MG VIAL         | BELIMUMAB INTRAVENOUS VIAL (EA) 120 MG                    |                       | 0.00000                   |                       |
| BENLYSTA 400 MG VIAL         | BELIMUMAB INTRAVENOUS VIAL (EA) 400 MG                    |                       | 1538.56104                |                       |
| BETASERON 0.3 MG KIT         | INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG                |                       | 345.16451                 |                       |
| BIVIGAM LIQUID 10% VIAL      | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 %     |                       | 12.49104                  |                       |
| BOSULIF 100 MG TABLET        | BOSUTINIB ORAL TABLET 100 MG                              |                       | 78.00174                  |                       |
| BOSULIF 500 MG TABLET        | BOSUTINIB ORAL TABLET 500 MG                              |                       | 312.00696                 |                       |
| BOTOX 100 UNITS VIAL         | ONABOTULINUMTOXINA INJECTION VIAL (EA) 100 UNIT           |                       | 0.00000                   |                       |
| BOTOX 200 UNITS VIAL         | ONABOTULINUMTOXINA INJECTION VIAL (EA) 200 UNIT           |                       | 1077.67200                |                       |
| BOTOX COSMETIC 50 UNITS VIAL | ONABOTULINUMTOXINA INTRAMUSCULAR VIAL (EA) 50 UNIT        |                       | 296.80800                 |                       |
| BUPHENYL POWDER              | SODIUM PHENYLBUTYRATE ORAL POWDER (GRAM) 0.94 G/G         |                       | 22.56334                  |                       |
| CAYSTON 75 MG INHAL SOLUTION | AZTREONAM LYSINE INHALATION VIAL, NEBULIZER (ML) 75 MG/ML |                       | 71.98211                  |                       |
| CEENU 40 MG CAPSULE          | LOMUSTINE ORAL CAPSULE 40 MG                              |                       | 32.04929                  |                       |
| CIMZIA 200 MG VIAL KIT       | CERTOLIZUMAB PEGOL SUBCUTANEOUS KIT 400 MG                |                       | 2758.07340                |                       |

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| CINRYZE 500 UNIT VIAL         | C1 ESTERASE INHIBITOR INTRAVENOUS VIAL (EA) 500 (5 ML)                     |                | 2442.96888         |                |
| COPAXONE 40 MG/ML SYRINGE     | GLATIRAMER ACETATE SUBCUTANEOUS SYRINGE (ML) 40 MG/ML                      |                | 385.22292          |                |
| CORIFACT KIT                  | FACTOR XIII INTRAVENOUS KIT 1000-1600                                      |                | 6.31000            |                |
| CRINONE 8% GEL                | PROGESTERONE,MICRONIZED VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 8 %   |                | 16.19746           |                |
| CYRAMZA 100 MG/10 ML VIAL     | RAMUCIRUMAB INTRAVENOUS VIAL (ML) 100MG/10ML                               |                | 101.59000          |                |
| CYRAMZA 500 MG/50 ML VIAL     | RAMUCIRUMAB INTRAVENOUS VIAL (ML) 500MG/50ML                               |                | 101.59000          |                |
| DIFICID 200 MG TABLET         | FIDAXOMICIN ORAL TABLET 200 MG   |                | 147.29595          |                |
| EGRIFTA 1 MG VIAL             | TESAMORELIN ACETATE SUBCUTANEOUS VIAL (EA) 1 MG                            |                | 39.02460           |                |
| ELOCTATE 1,000 UNIT NOMINAL   | FACTOR VIII RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 1000 UNIT |                | 1.88000            |                |
| ELOCTATE 1,500 UNIT NOMINAL   | FACTOR VIII RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 1500 UNIT |                | 1.88000            |                |
| ELOCTATE 2,000 UNIT NOMINAL   | FACTOR VIII RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 2000 UNIT |                | 1.88000            |                |
| ELOCTATE 250 UNIT NOMINAL     | FACTOR VIII RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 250 UNIT  |                | 1.88000            |                |
| ELOCTATE 3,000 UNIT NOMINAL   | FACTOR VIII RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 3000 UNIT |                | 1.88000            |                |
| ELOCTATE 500 UNIT NOMINAL     | FACTOR VIII RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 500 UNIT  |                | 1.88000            |                |
| ELOCTATE 750 UNIT NOMINAL     | FACTOR VIII RECOMBINANT, FC FUSION PROTEIN INTRAVENOUS VIAL (EA) 750 UNIT  |                | 1.88000            |                |
| ELOXATIN 200 MG/40 ML VIAL    | OXALIPLATIN INTRAVENOUS VIAL (ML) 200MG/40ML                               |                | 120.21571          |                |
| ENBREL 25 MG KIT              | ETANERCEPT SUBCUTANEOUS VIAL (EA) 25 MG                                    |                | 0.00000            |                |
| ENBREL 50 MG/ML SURECLICK SYR | ETANERCEPT SUBCUTANEOUS PEN INJECTOR (ML) 50 MG/ML                         |                | 0.00000            |                |
| ENBREL 50 MG/ML SYRINGE       | ETANERCEPT SUBCUTANEOUS SYRINGE (ML) 50 MG/ML                              |                | 0.00000            |                |
| ERIVEDGE 150 MG CAPSULE       | VISMODEGIB ORAL CAPSULE 150 MG   |                | 305.89650          |                |
| EXJADE 125 MG TABLET          | DEFERASIROX ORAL TABLET, DISPERSIBLE 125 MG                                |                | 25.67555           |                |
| EXJADE 250 MG TABLET          | DEFERASIROX ORAL TABLET, DISPERSIBLE 250 MG                                |                | 51.34978           |                |
| EXJADE 500 MG TABLET          | DEFERASIROX ORAL TABLET, DISPERSIBLE 500 MG                                |                | 102.69756          |                |
| EXTAVIA 0.3 MG KIT            | INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG                                 |                | 345.16451          |                |

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| FABRAZYME 35 MG VIAL           | AGALSIDASE BETA INTRAVENOUS VIAL (EA) 35 MG                         |                | 5012.86800         |                |
| FABRAZYME 5 MG VIAL            | AGALSIDASE BETA INTRAVENOUS VIAL (EA) 5 MG                          |                | 716.12400          |                |
| FEIBA NF 1,000 UNIT (NOMINAL)  | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200     |                | 1.45000            |                |
| FEIBA NF 1,750-3,250 UNIT VIAL | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 1750-3250    |                | 1.45000            |                |
| FEIBA NF 2,500 UNIT (NOMINAL)  | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 1750-3250    |                | 1.45000            |                |
| FEIBA NF 400-650 UNIT VIAL     | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650      |                | 1.45000            |                |
| FEIBA NF 500 UNIT (NOMINAL)    | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650      |                | 1.45000            |                |
| FEIBA NF 651-1,200 UNIT VIAL   | ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200     |                | 1.45000            |                |
| FERRIPROX 500 MG TABLET        | DEFERIPRONE ORAL TABLET 500 MG                                      |                | 37.41474           |                |
| FIRMAGON 80 MG VIAL            | DEGARELIX ACETATE SUBCUTANEOUS VIAL (EA) 80 MG                      |                | 448.20000          |                |
| FLEBOGAMMA DIF 5% VIAL         | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 5 %                |                | 4.11348            |                |
| FORTEO 600 MCG/2.4 ML PEN INJ  | TERIPARATIDE SUBCUTANEOUS PEN INJECTOR (ML) 20MCG/DOSE              |                | 641.17500          |                |
| FRAGMIN 10,000 UNITS SYRINGE"  | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 10000/ML        |                | 70.61830           |                |
| FRAGMIN 12,500 UNITS SYRINGE"  | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 12500/0.5       |                | 176.55096          |                |
| FRAGMIN 15,000 UNITS SYRINGE"  | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 15000/0.6       |                | 176.54763          |                |
| FRAGMIN 18,000 UNITS SYRINGE"  | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 18000/0.72      |                | 176.54376          |                |
| FRAGMIN 2,500 UNITS SYRINGE"   | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 2500/0.2ML      |                | 108.83292          |                |
| FRAGMIN 25,000 UNITS/ML VIAL"  | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS VIAL (ML) 25000/ML           |                | 159.73219          |                |
| FRAGMIN 5,000 UNITS SYRINGE"   | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 5000/0.2ML      |                | 176.55096          |                |
| FRAGMIN 7,500 UNITS SYRINGE"   | DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 7500/0.3ML      |                | 176.55760          |                |
| FUZEON CONVENIENCE KIT         | ENFUVRTIDE SUBCUTANEOUS KIT 90 MG                                   |                | 2777.33604         |                |
| GAMMAGARD LIQUID 10% VIAL      | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 10 %               |                | 12.49104           |                |
| GAMMAGARD S-D 2.5 GM VL W/ST   | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (EA) 2.5 G              |                | 281.84808          |                |
| GAMMAKED 1 GRAM/10 ML VIAL     | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 1 G/10 ML |                | 10.09147           |                |

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| GAMMAKED 10 GRAM/100 ML VIAL  | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 10 G/100ML |                | 10.09147           |                |
| GAMMAKED 2.5 GRAM/25 ML VIAL  | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 2.5G/25ML  |                | 10.09147           |                |
| GAMMAKED 20 GRAM/200 ML VIAL  | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 20 G/200ML |                | 10.09147           |                |
| GAMMAKED 5 GRAM/50 ML VIAL    | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 5 G/50 ML  |                | 10.09147           |                |
| GAMMAPLEX 5% VIAL             | IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 5 %                 |                | 4.11348            |                |
| GAMUNEX 10% VIAL              | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INTRAVENOUS VIAL (ML) 10 %     |                | 9.82554            |                |
| GAMUNEX-C 1 GRAM/10 ML VIAL   | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 1 G/10 ML  |                | 10.09147           |                |
| GAMUNEX-C 10 GRAM/100 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 10 G/100ML |                | 10.09147           |                |
| GAMUNEX-C 2.5 GRAM/25 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 2.5G/25ML  |                | 10.09147           |                |
| GAMUNEX-C 20 GRAM/200 ML VIAL | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 20 G/200ML |                | 10.09147           |                |
| GAMUNEX-C 5 GRAM/50 ML VIAL   | IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 5 G/50 ML  |                | 10.09147           |                |
| GAZYVA 1,000 MG/40 ML VIAL    | OBINUTUZUMAB INTRAVENOUS VIAL (ML) 1000 MG/40                        |                | 128.48400          |                |
| GENOTROPIN 12 MG CARTRIDGE    | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 12 MG/ML                      |                | 1052.35368         |                |
| GENOTROPIN 5 MG CARTRIDGE     | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 5 MG/ML                       |                | 438.46908          |                |
| GENOTROPIN MINIQICK 0.2 MG    | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.2MG/0.25                      |                | 19.11608           |                |
| GENOTROPIN MINIQICK 0.4 MG    | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.4MG/0.25                      |                | 38.23502           |                |
| GENOTROPIN MINIQICK 0.6 MG    | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.6MG/0.25                      |                | 57.35109           |                |
| GENOTROPIN MINIQICK 0.8 MG    | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.8MG/0.25                      |                | 76.46718           |                |
| GENOTROPIN MINIQICK 1 MG      | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1MG/0.25ML                      |                | 95.58753           |                |
| GENOTROPIN MINIQICK 1.2 MG    | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.2MG/0.25                      |                | 114.70362          |                |
| GENOTROPIN MINIQICK 1.4 MG    | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.4MG/0.25                      |                | 133.81829          |                |
| GENOTROPIN MINIQICK 1.6 MG    | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.6MG/0.25                      |                | 152.86181          |                |
| GENOTROPIN MINIQICK 1.8 MG    | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.8MG/0.25                      |                | 172.05473          |                |
| GENOTROPIN MINIQICK 2 MG      | SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 2MG/0.25ML                      |                | 191.16939          |                |

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|------------------------------|--|-----------------------|---------------------------|-----------------------|
| GILENYA 0.5 MG CAPSULE       | FINGOLIMOD HCL ORAL CAPSULE 0.5 MG   |                       | 173.12436                 |                       |
| GILOTRIF 20 MG TABLET        | AFATINIB DIMALEATE ORAL TABLET 20 MG   |                       | 199.00080                 |                       |
| GILOTRIF 30 MG TABLET        | AFATINIB DIMALEATE ORAL TABLET 30 MG   |                       | 199.00080                 |                       |
| GILOTRIF 40 MG TABLET        | AFATINIB DIMALEATE ORAL TABLET 40 MG   |                       | 199.00080                 |                       |
| GLEEVEC 400 MG TABLET        | IMATINIB MESYLATE ORAL TABLET 400 MG   |                       | 278.24488                 |                       |
| 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 VIII, HUMAN RECOMBINANT 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   |                       | 36.65977                  |                       |
| HIZENTRA 1 GRAM/5 ML VIAL    | IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 1 G/5 ML                         |                       | 28.88400                  |                       |
| HIZENTRA 2 GRAM/10 ML VIAL   | IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 2 G/10 ML                        |                       | 28.88400                  |                       |
| HIZENTRA 4 GRAM/20 ML VIAL   | IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 4 G/20 ML                        |                       | 28.88400                  |                       |
| HUMATE-P 1,200 UNIT VWF:RCO  | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 500-1200  |                       | 0.71000                   |                       |
| HUMATE-P 2,400 UNIT VWF:RCO  | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 1000-2400 |                       | 0.71000                   |                       |
| HUMATE-P 600 UNIT VWF:RCO    | ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 250-600   |                       | 0.71000                   |                       |
| HUMATROPE 12 MG CARTRIDGE    | SOMATROPIN INJECTION CARTRIDGE (EA) 12 MG  |                       | 1063.13040                |                       |
| HUMATROPE 24 MG CARTRIDGE    | SOMATROPIN INJECTION CARTRIDGE (EA) 24 MG  |                       | 2126.26080                |                       |
| HUMATROPE 5 MG VIAL          | SOMATROPIN INJECTION VIAL (EA) 5 MG  |                       | 442.97100                 |                       |

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| HUMATROPE 6 MG CARTRIDGE       | SOMATROPIN INJECTION CARTRIDGE (EA) 6 MG                                 |                | 531.56520          |                |
| HUMIRA 40 MG/0.8 ML PEN        | ADALIMUMAB SUBCUTANEOUS PEN INJECTOR KIT (EA) 40MG/0.8ML                 |                | 1344.75936         |                |
| HUMIRA 40 MG/0.8 ML SYRINGE    | ADALIMUMAB SUBCUTANEOUS KIT 40MG/0.8ML                                   |                | 1344.75936         |                |
| IMBRUVICA 140 MG CAPSULE       | IBRUTINIB ORAL CAPSULE 140 MG  |                | 90.74556           |                |
| INCIVEK 375 MG TABLET          | TELAPREVIR ORAL TABLET 375 MG  |                | 130.73507          |                |
| INCRELEX 40 MG/4 ML VIAL       | MECASERMIN SUBCUTANEOUS VIAL (ML) 10 MG/ML                               |                | 662.98740          |                |
| INLYTA 1 MG TABLET             | AXITINIB ORAL TABLET 1 MG  |                | 56.49163           |                |
| INLYTA 5 MG TABLET             | AXITINIB ORAL TABLET 5 MG  |                | 169.47488          |                |
| INVEGA SUSTENNA 117 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 117MG/0.75             |                | 1246.80608         |                |
| INVEGA SUSTENNA 156 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 156 MG/ML              |                | 1246.85256         |                |
| INVEGA SUSTENNA 234 MG PREF SY | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 234MG/1.5              |                | 1246.83264         |                |
| INVEGA SUSTENNA 39 MG PREF SYR | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 39MG/0.25              |                | 1246.71312         |                |
| INVEGA SUSTENNA 78 MG PREF SYR | PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 78MG/0.5ML             |                | 1246.81272         |                |
| KADCYLA 100 MG VIAL            | ADO-TRASTUZUMAB EMTANSINE INTRAVENOUS VIAL (EA) 100 MG                   |                | 2762.47572         |                |
| KADCYLA 160 MG VIAL            | ADO-TRASTUZUMAB EMTANSINE INTRAVENOUS VIAL (EA) 160 MG                   |                | 4419.95916         |                |
| KALYDECO 150 MG TABLET         | IVACAFTOR ORAL TABLET 150 MG   |                | 0.00000            |                |
| KOATE-DVI 1,000 UNITS VIAL     | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1000 (+/-)                  |                | 0.61000            |                |
| KOATE-DVI 1,000 UNITS VIAL     | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 1000 (+/-)            |                | 0.61000            |                |
| KOATE-DVI 250 UNIT KIT         | ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)                    |                | 0.61000            |                |
| KOATE-DVI 250 UNITS VIAL       | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 250 (+/-)             |                | 0.61000            |                |
| KOATE-DVI 250 UNITS VIAL       | ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)                    |                | 0.61000            |                |
| KOATE-DVI 500 UNITS KIT        | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 500 (+/-)                   |                | 0.61000            |                |
| KOATE-DVI 500 UNITS VIAL       | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 500 (+/-)             |                | 0.61000            |                |
| KOGENATE FS 1,000 UNIT VIAL    | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 1000 (+/-) |                | 0.87000            |                |



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| KOGENATE FS 1,000 UNITS VIAL      | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 (+/-) |                | 0.87000            |                |
| KOGENATE FS 2,000 UNIT VIAL       | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 2000 (+/-)       |                | 0.87000            |                |
| KOGENATE FS 2,000 UNIT VIAL       | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 (+/-) |                | 0.87000            |                |
| KOGENATE FS 250 UNIT VIAL         | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 250 (+/-)        |                | 0.87000            |                |
| KOGENATE FS 250 UNIT VIAL         | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 (+/-)  |                | 0.87000            |                |
| KOGENATE FS 3,000 UNIT VIAL       | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 3000 (+/-)       |                | 0.87000            |                |
| KOGENATE FS 3,000 UNITS VIAL      | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 3000 (+/-) |                | 0.87000            |                |
| KOGENATE FS 500 UNIT VIAL         | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS KIT 500 (+/-)        |                | 0.87000            |                |
| KOGENATE FS 500 UNIT VIAL         | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 (+/-)  |                | 0.87000            |                |
| KUVAN 100 MG TABLET               | SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET, SOLUBLE 100 MG                        |                | 32.15420           |                |
| LETAIRIS 10 MG TABLET             | AMBRISENTAN ORAL TABLET 10 MG  |                | 228.85789          |                |
| LETAIRIS 5 MG TABLET              | AMBRISENTAN ORAL TABLET 5 MG   |                | 228.85789          |                |
| LEUPROLIDE 2WK 1 MG/0.2 ML KT     | LEUPROLIDE ACETATE SUBCUTANEOUS KIT 1 MG/0.2ML                                 |                | 274.50000          |                |
| LOMUSTINE 40 MG CAPSULE           | LOMUSTINE ORAL CAPSULE 40 MG   |                | 32.04929           |                |
| LUPRON DEPOT-PED 11.25 MG 3MO KIT | LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 11.25 MG                     |                | 5593.15752         |                |
| LUPRON DEPOT-PED 30 MG 3MO KIT    | LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 30 MG                        |                | 6160.28988         |                |
| MATULANE 50 MG CAPSULE            | PROCARBAZINE HCL ORAL CAPSULE 50 MG  |                | 53.40891           |                |
| MEKINIST 0.5 MG TABLET            | TRAMETINIB DIMETHYL SULFOXIDE ORAL TABLET 0.5 MG                               |                | 79.61160           |                |
| MEKINIST 2 MG TABLET              | TRAMETINIB DIMETHYL SULFOXIDE ORAL TABLET 2 MG                                 |                | 318.44610          |                |
| MIRENA SYSTEM                     | LEVONORGESTREL INTRAUTERINE INTRAUTERINE DEVICE 20MCG/24HR                     |                | 0.00000            |                |
| MONOCLATE-P 1,000 UNITS KIT       | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1000 (+/-)                        |                | 0.61500            |                |
| MONOCLATE-P 1,500 UNITS KIT       | ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1500 (+/-)                        |                | 0.61500            |                |
| MONONINE 1,000 UNITS KIT          | FACTOR IX INTRAVENOUS KIT 1000 (+/-)   |                | 0.85000            |                |
| NEULASTA 6 MG/0.6 ML SYRINGE      | PEGFILGRASTIM SUBCUTANEOUS SYRINGE (ML) 6MG/0.6ML                              |                | 7414.14099         |                |

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| NEUPOGEN 300 MCG/0.5 ML SYR     | FILGRASTIM INJECTION SYRINGE (ML) 300MCG/0.5                        |                | 627.08160          |                |
| NEUPOGEN 300 MCG/ML VIAL        | FILGRASTIM INJECTION VIAL (ML) 300 MCG/ML                           |                | 295.80204          |                |
| NEUPOGEN 480 MCG/0.8 ML SYR     | FILGRASTIM INJECTION SYRINGE (ML) 480MCG/0.8                        |                | 624.11850          |                |
| NEUPOGEN 480 MCG/1.6 ML VIAL    | FILGRASTIM INJECTION VIAL (ML) 480MCG/1.6                           |                | 294.38025          |                |
| NEXAVAR 200 MG TABLET           | SORAFENIB TOSYLATE ORAL TABLET 200 MG                               |                | 87.35633           |                |
| NORDITROPIN 15 MG/1.5 ML CRTG   | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 15MG/1.5ML                   |                | 621.60360          |                |
| NORDITROPIN NORDIFLEX 30 MG/3   | SOMATROPIN SUBCUTANEOUS PEN INJECTOR (ML) 30 MG/3 ML                |                | 870.10560          |                |
| NOVOSEVEN RT 1 MG VIAL          | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 1 MG    |                | 1.41000            |                |
| NOVOSEVEN RT 2 MG VIAL          | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 2 MG    |                | 1.41000            |                |
| NOVOSEVEN RT 5 MG VIAL          | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 5 MG    |                | 1.41000            |                |
| NOVOSEVEN RT 8 MG VIAL          | COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 8 MG    |                | 1.41000            |                |
| NUTROPIN 10 MG VIAL             | SOMATROPIN SUBCUTANEOUS VIAL (EA) 10 MG                             |                | 820.39524          |                |
| NUTROPIN AQ 20 MG/2 ML PEN CART | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 20 MG/2 ML                   |                | 887.17704          |                |
| NUTROPIN AQ 5 MG/ML VIAL        | SOMATROPIN SUBCUTANEOUS VIAL (ML) 10 MG/2 ML                        |                | 406.96560          |                |
| NUTROPIN AQ NUSPIN 5 PEN CART   | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 5 MG/2 ML                    |                | 221.79426          |                |
| NUTROPIN AQ PEN CARTRIDGE       | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 10 MG/2 ML                   |                | 443.58852          |                |
| OCTAGAM 5% VIAL                 | IMMUNE GLOBULIN,GAMMA (IGG) HUMAN/MALTOSE INTRAVENOUS VIAL (ML) 5 % |                | 5.86793            |                |
| OLYSIO 150 MG CAPSULE           | SIMEPREVIR SODIUM ORAL CAPSULE 150 MG                               |                | 786.84000          |                |
| OMNITROPE 5 MG/1.5 ML CRTG      | SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 5 MG/1.5ML                   |                | 270.63312          |                |
| OMNITROPE 5.8 MG VIAL           | SOMATROPIN SUBCUTANEOUS VIAL (EA) 5.8 MG                            |                | 278.79036          |                |
| OPSUMIT 10 MG TABLET            | MACITENTAN ORAL TABLET 10 MG  |                | 227.08800          |                |
| ORENCIA 250 MG VIAL             | ABATACEPT/MALTOSE INTRAVENOUS VIAL (EA) 250 MG                      |                | 672.51912          |                |
| OTEZLA 30 MG TABLET             | APREMILAST ORAL TABLET 30 MG  |                | 31.13000           |                |
| OTEZLA STARTER PACK             | APREMILAST ORAL TABLET, DOSE PACK 10-20-30MG                        |                | 31.13000           |                |

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| 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                 |                | 821.95896          |                |
| PEGINTRON 120 MCG KIT          | PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 120MCG/0.5                      |                | 771.87012          |                |
| PEGINTRON 150 MCG KIT          | PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 150MCG/0.5                      |                | 810.48504          |                |
| PEGINTRON 50 MCG KIT           | PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 50 MCG/0.5                      |                | 700.14816          |                |
| PEGINTRON REDIPEN 120 MCG 4PK  | PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 120MCG/0.5    |                | 771.90498          |                |
| PEGINTRON REDIPEN 150 MCG      | PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 150MCG/0.5    |                | 810.48504          |                |
| PEGINTRON REDIPEN 50 MCG 4PK   | PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 50 MCG/0.5    |                | 700.14816          |                |
| POMALYST 1 MG CAPSULE          | POMALIDOMIDE ORAL CAPSULE 1 MG   |                | 525.58093          |                |
| POMALYST 2 MG CAPSULE          | POMALIDOMIDE ORAL CAPSULE 2 MG   |                | 525.58093          |                |
| POMALYST 3 MG CAPSULE          | POMALIDOMIDE ORAL CAPSULE 3 MG   |                | 525.58093          |                |
| POMALYST 4 MG CAPSULE          | POMALIDOMIDE ORAL CAPSULE 4 MG   |                | 525.58093          |                |
| PREZISTA 100 MG/ML SUSPENSION  | DARUNAVIR ETHANOLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/ML |                | 3.22604            |                |
| PREZISTA 150 MG TABLET         | DARUNAVIR ETHANOLATE ORAL TABLET 150 MG                                |                | 4.83907            |                |
| PREZISTA 400 MG TABLET         | DARUNAVIR ETHANOLATE ORAL TABLET 400 MG                                |                | 19.35626           |                |
| PREZISTA 600 MG TABLET         | DARUNAVIR ETHANOLATE ORAL TABLET 600 MG                                |                | 19.35626           |                |
| PREZISTA 75 MG TABLET          | DARUNAVIR ETHANOLATE ORAL TABLET 75 MG                                 |                | 2.41953            |                |
| PREZISTA 800 MG TABLET         | DARUNAVIR ETHANOLATE ORAL TABLET 800 MG                                |                | 38.71253           |                |
| PROFILNINE SD 1,000 UNITS VIAL | FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 1000 (+/-)               |                | 0.58220            |                |
| PROFILNINE SD 1,500 UNITS VIAL | FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 1500 (+/-)               |                | 0.58220            |                |
| PROFILNINE SD 500 UNITS VIAL   | FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 500 (+/-)                |                | 0.58220            |                |
| PULMOZYME 1 MG/ML AMPUL        | DORNASE ALFA INHALATION SOLUTION, NON-ORAL 1 MG/ML                     |                | 34.29945           |                |
| RAPAMUNE 1 MG TABLET           | SIROLIMUS ORAL TABLET 1 MG   |                | 16.76965           |                |
| REBIF 22 MCG/0.5 ML SYRINGE    | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 22MCG/.5ML  |                | 802.84239          |                |

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| REBIF 44 MCG/0.5 ML SYRINGE    | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 44MCG/.5ML          |                | 802.84239          |                |
| REBIF TITRATION PACK           | INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 8.8-22(6)           |                | 1146.91770         |                |
| RECOMBINATE 1,241-1,800 UNIT V | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1500 (+/-) |                | 0.93000            |                |
| RECOMBINATE 1,801-2,400 UNIT V | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 (+/-) |                | 0.93000            |                |
| RECOMBINATE 220-400 UNIT VIAL  | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 (+/-)  |                | 0.93000            |                |
| RECOMBINATE 401-800 UNIT VIAL  | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 (+/-)  |                | 0.93000            |                |
| RECOMBINATE 801-1,240 UNIT VL  | ANTIHEMOPHILIC FACTOR VIII, HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 (+/-) |                | 0.93000            |                |
| RELISTOR 12 MG/0.6 ML KIT      | METHYLNALTREXONE BROMIDE SUBCUTANEOUS KIT 12MG/0.6ML                           |                | 59.31180           |                |
| RELISTOR 12 MG/0.6 ML SYRINGE  | METHYLNALTREXONE BROMIDE SUBCUTANEOUS SYRINGE (ML) 12MG/0.6ML                  |                | 108.74660          |                |
| RELISTOR 12 MG/0.6 ML VIAL     | METHYLNALTREXONE BROMIDE SUBCUTANEOUS VIAL (ML) 12MG/0.6ML                     |                | 108.74660          |                |
| RELISTOR 8 MG/0.4 ML SYRINGE   | METHYLNALTREXONE BROMIDE SUBCUTANEOUS SYRINGE (ML) 8 MG/0.4ML                  |                | 163.11990          |                |
| REMICADE 100 MG VIAL           | INFLIXIMAB INTRAVENOUS VIAL (EA) 100 MG  |                | 881.34048          |                |
| REVATIO 20 MG TABLET           | SILDENAFIL CITRATE ORAL TABLET 20 MG   |                | 25.36590           |                |
| 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   |                | 19.68245           |                |
| REYATAZ 200 MG CAPSULE         | ATAZANAVIR SULFATE ORAL CAPSULE 200 MG   |                | 19.68245           |                |
| REYATAZ 300 MG CAPSULE         | ATAZANAVIR SULFATE ORAL CAPSULE 300 MG   |                | 38.99300           |                |
| RILUTEK 50 MG TABLET           | RILUZOLE ORAL TABLET 50 MG   |                | 34.46160           |                |
| RITUXAN 10 MG/ML VIAL          | RITUXIMAB INTRAVENOUS VIAL (ML) 10 MG/ML                                       |                | 0.00000            |                |
| RIXUBIS 1,000 UNIT NOMINAL     | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 UNIT                    |                | 1.00000            |                |

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| RIXUBIS 2,000 UNIT<br>NOMINAL     | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000<br>UNIT |                | 1.00000            |                |
| RIXUBIS 250 UNIT<br>NOMINAL       | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250<br>UNIT  |                | 1.00000            |                |
| RIXUBIS 3,000 UNIT<br>NOMINAL     | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 3000<br>UNIT |                | 1.00000            |                |
| RIXUBIS 500 UNIT<br>NOMINAL       | FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500<br>UNIT  |                | 1.00000            |                |
| SAIZEN 8.8 MG<br>CLICK.EASY CARTG | SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 8.8 MG/1.5              |                | 763.73280          |                |
| SANDOSTATIN LAR 20<br>MG KIT      | OCTREOTIDE ACETATE INTRAMUSCULAR KIT 20 MG                     |                | 2743.04376         |                |
| SANDOSTATIN LAR 30<br>MG KIT      | OCTREOTIDE ACETATE INTRAMUSCULAR KIT 30 MG                     |                | 4107.50400         |                |
| SENSIPAR 30 MG<br>TABLET          | CINACALCET HCL ORAL TABLET 30 MG                               |                | 17.20092           |                |
| SENSIPAR 60 MG<br>TABLET          | CINACALCET HCL ORAL TABLET 60 MG                               |                | 34.40184           |                |
| SENSIPAR 90 MG<br>TABLET          | CINACALCET HCL ORAL TABLET 90 MG                               |                | 51.60276           |                |
| SEROSTIM 4 MG VIAL                | SOMATROPIN SUBCUTANEOUS VIAL (EA) 4 MG                         |                | 256.17120          |                |
| SEROSTIM 6 MG VIAL                | SOMATROPIN SUBCUTANEOUS VIAL (EA) 6 MG                         |                | 384.25680          |                |
| SIMPONI 50 MG/0.5 ML<br>PEN INJEC | GOLIMUMAB SUBCUTANEOUS PEN INJECTOR (ML) 50MG/0.5ML            |                | 5399.43552         |                |
| SIMPONI 50 MG/0.5 ML<br>SYRINGE   | GOLIMUMAB SUBCUTANEOUS SYRINGE (ML) 50MG/0.5ML                 |                | 5399.43552         |                |
| SOVALDI 400 MG<br>TABLET          | SOFOSBUVIR ORAL TABLET 400 MG                                  |                | 996.00000          |                |
| SPRYCEL 100 MG<br>TABLET          | DASATINIB ORAL TABLET 100 MG                                   |                | 304.91975          |                |
| SPRYCEL 140 MG<br>TABLET          | DASATINIB ORAL TABLET 140 MG                                   |                | 304.91975          |                |
| SPRYCEL 20 MG<br>TABLET           | DASATINIB ORAL TABLET 20 MG                                    |                | 84.59044           |                |
| SPRYCEL 50 MG<br>TABLET           | DASATINIB ORAL TABLET 50 MG                                    |                | 169.18072          |                |
| SPRYCEL 70 MG<br>TABLET           | DASATINIB ORAL TABLET 70 MG                                    |                | 169.18072          |                |
| SPRYCEL 80 MG<br>TABLET           | DASATINIB ORAL TABLET 80 MG                                    |                | 304.91975          |                |
| SUTENT 12.5 MG<br>CAPSULE         | SUNITINIB MALATE ORAL CAPSULE 12.5 MG                          |                | 122.42867          |                |
| SUTENT 25 MG<br>CAPSULE           | SUNITINIB MALATE ORAL CAPSULE 25 MG                            |                | 244.85699          |                |
| SUTENT 50 MG<br>CAPSULE           | SUNITINIB MALATE ORAL CAPSULE 50 MG                            |                | 426.26202          |                |

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| SYNAGIS 100 MG/1 ML VIAL    | PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 100 MG/ML   |                | 2458.80520         |                |
| SYNAGIS 50 MG/0.5 ML VIAL   | PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 50MG/0.5ML  |                | 2604.26112         |                |
| TABLOID 40 MG TABLET        | THIOGUANINE ORAL TABLET 40 MG   |                | 14.38622           |                |
| TAFINLAR 50 MG CAPSULE      | DABRAFENIB MESYLATE ORAL CAPSULE 50 MG  |                | 46.36687           |                |
| TAFINLAR 75 MG CAPSULE      | DABRAFENIB MESYLATE ORAL CAPSULE 75 MG  |                | 69.54570           |                |
| TARCEVA 100 MG TABLET       | ERLOTINIB HCL ORAL TABLET 100 MG  |                | 182.34004          |                |
| TARCEVA 150 MG TABLET       | ERLOTINIB HCL ORAL TABLET 150 MG  |                | 206.23939          |                |
| TASIGNA 150 MG CAPSULE      | NILOTINIB HCL ORAL CAPSULE 150 MG   |                | 77.33868           |                |
| TASIGNA 200 MG CAPSULE      | NILOTINIB HCL ORAL CAPSULE 200 MG   |                | 77.33850           |                |
| TECFIDERA DR 120 MG CAPSULE | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120 MG                  |                | 81.71468           |                |
| TECFIDERA DR 240 MG CAPSULE | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 240 MG                  |                | 81.80477           |                |
| TECFIDERA STARTER PACK      | DIMETHYL FUMARATE ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 120-240 MG              |                | 81.80477           |                |
| TEMODAR 100 MG CAPSULE      | TEMOZOLOMIDE ORAL CAPSULE 100 MG  |                | 243.74112          |                |
| TEMODAR 140 MG CAPSULE      | TEMOZOLOMIDE ORAL CAPSULE 140 MG  |                | 341.23599          |                |
| TEMODAR 180 MG CAPSULE      | TEMOZOLOMIDE ORAL CAPSULE 180 MG  |                | 438.73088          |                |
| TEMODAR 20 MG CAPSULE       | TEMOZOLOMIDE ORAL CAPSULE 20 MG   |                | 48.75420           |                |
| TEMODAR 250 MG CAPSULE      | TEMOZOLOMIDE ORAL CAPSULE 250 MG  |                | 609.51216          |                |
| THALOMID 100 MG CAPSULE     | THALIDOMIDE ORAL CAPSULE 100 MG   |                | 276.29822          |                |
| THALOMID 150 MG CAPSULE     | THALIDOMIDE ORAL CAPSULE 150 MG   |                | 295.43067          |                |
| THALOMID 200 MG CAPSULE     | THALIDOMIDE ORAL CAPSULE 200 MG   |                | 314.57592          |                |
| THALOMID 50 MG CAPSULE      | THALIDOMIDE ORAL CAPSULE 50 MG  |                | 170.21817          |                |
| THYROGEN 1.1 MG VIAL        | THYROTROPIN ALFA INTRAMUSCULAR VIAL (EA) 1.1 MG   |                | 1347.58800         |                |
| TIVICAY 50 MG TABLET        | DOLUTEGRAVIR SODIUM ORAL TABLET 50 MG   |                | 40.92564           |                |
| TOBI 300 MG/5 ML SOLUTION   | TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE INHALATION AMPUL FOR NEBULIZATION (ML) 300 MG/5ML |                | 26.10163           |                |

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| TOBI PODHALER 28 MG INHALE CAP | TOBRAMYCIN INHALATION CAPSULE 28 MG  |                | 32.62772           |                |
| TOBI PODHALER 28 MG INHALE CAP | TOBRAMYCIN INHALATION CAPSULE, WITH INHALATION DEVICE 28 MG                        |                | 32.62705           |                |
| TORISEL 25 MG KIT              | TEMSIROLIMUS INTRAVENOUS VIAL (ML) FNL 30MG/3                                      |                | 1440.06660         |                |
| TRACLEER 125 MG TABLET         | BOSENTAN ORAL TABLET 125 MG  |                | 126.24300          |                |
| TRACLEER 62.5 MG TABLET        | BOSENTAN ORAL TABLET 62.5 MG   |                | 126.24300          |                |
| TRELSTAR 22.5 MG VIAL          | TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (EA) 22.5 MG                                |                | 4859.92390         |                |
| TRELSTAR DEPOT 3.75 MG VIAL    | TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (EA) 3.75 MG                                |                | 809.98870          |                |
| TRELSTAR LA 11.25 MG VIAL      | TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (EA) 11.25 MG                               |                | 2429.95780         |                |
| TRETEN 2,500 UNIT VIAL         | FACTOR XIII A-SUBUNIT, RECOMBINANT INTRAVENOUS VIAL (EA) 2500 UNIT                 |                | 10.24000           |                |
| TRUVADA 200 MG-300 MG TABLET   | EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200-300 MG                 |                | 42.60390           |                |
| TYKERB 250 MG TABLET           | LAPATINIB DITOSYLATE ORAL TABLET 250 MG  |                | 35.01750           |                |
| TYSABRI 300 MG/15 ML VIAL      | NATALIZUMAB INTRAVENOUS VIAL (ML) 300MG/15ML                                       |                | 0.00000            |                |
| VANTAS 50 MG KIT               | HISTRELIN ACETATE IMPLANTATION KIT 50 MG   |                | 3187.20000         |                |
| VELCADE 3.5 MG VIAL            | BORTEZOMIB INJECTION VIAL (EA) 3.5 MG  |                | 0.00000            |                |
| VENTAVIS 10 MCG/1 ML SOLUTION  | ILOPROST TROMETHAMINE INHALATION AMPUL FOR NEBULIZATION (ML) 10 MCG/ML             |                | 97.06020           |                |
| VENTAVIS 20 MCG/1 ML SOLUTION  | ILOPROST TROMETHAMINE INHALATION AMPUL FOR NEBULIZATION (ML) 20 MCG/ML             |                | 97.06020           |                |
| VIAGRA 25 MG TABLET            | SILDENAFIL CITRATE ORAL TABLET 25 MG   |                | 31.49850           |                |
| VIAGRA 50 MG TABLET            | SILDENAFIL CITRATE ORAL TABLET 50 MG   |                | 31.50069           |                |
| VICTRELIS 200 MG CAPSULE       | BOCEPREVIR ORAL CAPSULE 200 MG   |                | 19.82135           |                |
| VIREAD 150 MG TABLET           | TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 150 MG                                   |                | 26.86511           |                |
| VIREAD 200 MG TABLET           | TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200 MG                                   |                | 26.86511           |                |
| VIREAD 250 MG TABLET           | TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 250 MG                                   |                | 26.86511           |                |
| VIVITROL INJECTABLE SUSPENSION | NALTREXONE MICROSPHERES INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE, RECONST. 380MG |                | 1150.38000         |                |
| VOTRIENT 200 MG TABLET         | PAZOPANIB HCL ORAL TABLET 200 MG   |                | 69.02977           |                |

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| 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   |                | 198.95830          |                |
| XALKORI 250 MG CAPSULE         | CRIZOTINIB ORAL CAPSULE 250 MG   |                | 198.95830          |                |
| XENAZINE 12.5 MG TABLET        | TETRABENAZINE ORAL TABLET 12.5 MG  |                | 55.92762           |                |
| XENAZINE 25 MG TABLET          | TETRABENAZINE ORAL TABLET 25 MG  |                | 111.85515          |                |
| XOFIGO 1,000 KBQ/ML VIAL       | RADIUM-223 DICHLORIDE INTRAVENOUS VIAL (EA) 1000KBQ/ML                                   |                | 12312.5520<br>0    |                |
| XOLAIR 150 MG VIAL             | OMALIZUMAB SUBCUTANEOUS VIAL (EA) 150 MG   |                | 0.00000            |                |
| XYNTHA 1,000 UNIT KIT          | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 1000 (+/-)              |                | 0.93000            |                |
| XYNTHA 2,000 UNIT KIT          | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 2000 (+/-)              |                | 0.93000            |                |
| XYNTHA 250 UNIT KIT            | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 250 (+/-)               |                | 0.93000            |                |
| XYNTHA 3,000 UNIT SYRINGE KIT  | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 3000 (+/-) |                | 0.93000            |                |
| XYNTHA 500 UNIT KIT            | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 500 (+/-)               |                | 0.93000            |                |
| XYNTHA SOLOFUSE 1,000 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 1000 (+/-) |                | 0.93000            |                |
| XYNTHA SOLOFUSE 2,000 UNIT KIT | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 2000 (+/-) |                | 0.93000            |                |
| XYNTHA SOLOFUSE 250 UNIT KIT   | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 250 (+/-)  |                | 0.93000            |                |
| XYNTHA SOLOFUSE 500 UNIT KIT   | ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 500 (+/-)  |                | 0.93000            |                |
| ZAVESCA 100 MG CAPSULE         | MIGLUSTAT ORAL CAPSULE 100 MG  |                | 242.36000          |                |
| ZELBORAF 240 MG TABLET         | VEMURAFENIB ORAL TABLET 240 MG   |                | 45.03081           |                |
| ZOLADEX 10.8 MG IMPLANT SYRN   | GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 10.8MG                                       |                | 1235.81688         |                |
| ZOLADEX 3.6 MG IMPLANT SYRN    | GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 3.6 MG                                       |                | 411.93564          |                |
| ZYKADIA 150 MG CAPSULE         | CERITINIB ORAL CAPSULE 150 MG  |                | 89.62500           |                |
| ZYPREXA RELPREVV 210 MG VIAL   | OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 210 MG  |                | 554.27400          |                |
| ZYPREXA RELPREVV 300 MG VIAL   | OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 300 MG  |                | 791.82000          |                |



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| ZYPREXA RELPREVV<br>405 MG VIAL | OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 405 MG |                | 1068.95700         |                |
| ZYTIGA 250 MG TABLET            | ABIRATERONE ACETATE ORAL TABLET 250 MG            |                | 56.74369           |                |
| ZYVOX 600 MG TABLET             | LINEZOLID ORAL TABLET 600 MG                      |                | 135.03419          |                |