

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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



**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
NEUPOGEN 300 MCG/0.5 ML SYR	FILGRASTIM INJECTION SYRINGE (ML) 300MCG/0.5		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	

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

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

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 16, 2014**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
WILATE 1,000-1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 1K-1K UNIT		0.71000	
WILATE 500-500 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 500-500		0.71000	
XALKORI 200 MG CAPSULE	CRIZOTINIB ORAL CAPSULE 200 MG		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 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	



Illinois Department of Healthcare and Family Services

State Maximum Allowable Cost (SMAC) List

**Specialty Drugs**

as of September 16, 2014

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ZYPREXA RELPREVV 405 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 405 MG		1068.95700	
ZYTIGA 250 MG TABLET	ABIRATERONE ACETATE ORAL TABLET 250 MG		56.74369	
ZYVOX 600 MG TABLET	LINEZOLID ORAL TABLET 600 MG		135.03419	