

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
ABACA/LAMIVU TAB 600-300	Abacavir Sulfate-Lamivudine Tab 600-300 MG		42.88477	
EPZICOM TAB	Abacavir Sulfate-Lamivudine Tab 600-300 MG		42.88477	
EPZICOM TAB 600-300	Abacavir Sulfate-Lamivudine Tab 600-300 MG		42.88477	
TRIUMEQ TAB	Abacavir-Dolutegravir-Lamivudine Tab 600-50-300 MG		86.28182	
ORENCIA INJ 250MG	Abatacept For IV Soln 250 MG		983.08188	
ZYTIGA TAB 250MG	Abiraterone Acetate Tab 250 MG		71.61265	
HUMIRA PEN INJ 40MG/0.8	Adalimumab Pen-injector Kit 40 MG/0.8ML		2211.73254	
HUMIRA PEN INJ CROHNS	Adalimumab Pen-injector Kit 40 MG/0.8ML		2211.73254	
HUMIRA PEN INJ PSORIASI	Adalimumab Pen-injector Kit 40 MG/0.8ML		2211.73254	
HUMIRA KIT 40MG/0.8	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML		2211.73254	
HUMIRA PEDIA INJ CROHNS	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML		2211.73254	
ADEFOV DIPIV TAB 10MG	Adefovir Dipivoxil Tab 10 MG		41.10956	
HEPSERA TAB 10MG	Adefovir Dipivoxil Tab 10 MG		41.10956	
KADCYLA INJ 100MG	Ado-Trastuzumab Emtansine For IV Soln 100 MG		2888.64900	
KADCYLA INJ 160MG	Ado-Trastuzumab Emtansine For IV Soln 160 MG		4621.83840	
GILOTRIF TAB 20MG	Afatinib Dimaleate Tab 20 MG (Base Equivalent)		250.68357	
GILOTRIF TAB 30MG	Afatinib Dimaleate Tab 30 MG (Base Equivalent)		250.68357	
GILOTRIF TAB 40MG	Afatinib Dimaleate Tab 40 MG (Base Equivalent)		250.68357	
FABRAZYME INJ 35MG	Agalsidase beta For IV Soln 35 MG		5423.22000	
FABRAZYME INJ 5MG	Agalsidase beta For IV Soln 5 MG		774.88800	
TANZEUM INJ 30MG	Albiglutide For Soln Pen-injector 30 MG		129.97800	
TANZEUM INJ 50MG	Albiglutide For Soln Pen-injector 50 MG		129.98049	
LEMTRADA INJ 12/1.2ML	Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)		17652.93800	
LETAIRIS TAB 10MG	Ambrisentan Tab 10 MG		307.25305	
LETAIRIS TAB 5MG	Ambrisentan Tab 5 MG		307.25305	
AFSTYLA KIT 1000UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit		1.19000	
AFSTYLA KIT 2000UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 2000 Unit		1.19000	
AFSTYLA KIT 250UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit		1.19000	
AFSTYLA KIT 3000UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 3000 Unit		1.19000	
AFSTYLA KIT 500UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit		1.19000	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
NUWIQ INJ 1000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 1000 Unit		1.19000	
NUWIQ INJ 2000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 2000 Unit		1.19000	
NUWIQ INJ 250UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 250 Unit		1.19000	
NUWIQ INJ 500UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 500 Unit		1.19000	
NUWIQ KIT 1000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 1000 Unit		1.19000	
NUWIQ KIT 2000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2000 Unit		1.19000	
NUWIQ KIT 250UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 250 Unit		1.19000	
NUWIQ KIT 500UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 500 Unit		1.19000	
HEMOFIL M INJ 1000UNIT	Antihemophilic Factor (Human) For Inj 1000 Unit		0.75000	
KOATE INJ 1000UNIT	Antihemophilic Factor (Human) For Inj 1000 Unit		0.61000	
KOATE-DVI INJ 1000UNIT	Antihemophilic Factor (Human) For Inj 1000 Unit		0.61000	
HEMOFIL M SOL	Antihemophilic Factor (Human) For Inj 1501-2000 Unit		0.75000	
HEMOFIL M INJ 1700UNIT	Antihemophilic Factor (Human) For Inj 1700 Unit		0.75000	
HEMOFIL M INJ 220-400	Antihemophilic Factor (Human) For Inj 220-400 Unit		0.75000	
HEMOFIL M INJ 250UNIT	Antihemophilic Factor (Human) For Inj 250 Unit		0.75000	
KOATE INJ 250UNIT	Antihemophilic Factor (Human) For Inj 250 Unit		0.61000	
KOATE-DVI INJ 250UNIT	Antihemophilic Factor (Human) For Inj 250 Unit		0.61000	
HEMOFIL M INJ 401-800	Antihemophilic Factor (Human) For Inj 401-800 Unit		0.75000	
HEMOFIL M INJ 500UNIT	Antihemophilic Factor (Human) For Inj 500 Unit		0.75000	
KOATE INJ 500 UNIT	Antihemophilic Factor (Human) For Inj 500 Unit		0.61000	
KOATE-DVI INJ 500UNIT	Antihemophilic Factor (Human) For Inj 500 Unit		0.61000	
HEMOFIL M SOL 801-1500	Antihemophilic Factor (Human) For Inj 801-1500 Unit		0.75000	
MONOCLATE-P INJ 1000UNIT	Antihemophilic Factor (Human) For Inj Kit 1000 Unit		0.61000	
MONOCLATE-P INJ 1500UNIT	Antihemophilic Factor (Human) For Inj Kit 1500 Unit		0.61500	
OBIZUR INJ 500 UNIT	Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit		3.96000	
OBIZUR INJ 500 UNIT	Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit		19.80000	
OBIZUR INJ 500 UNIT	Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit		39.60000	
ELOCTATE INJ 1000UNIT	Antihemophilic Factor (Recomb) rFVIIIc For Inj 1000 Unit		1.48000	
ELOCTATE INJ 1500UNIT	Antihemophilic Factor (Recomb) rFVIIIc For Inj 1500 Unit		1.48000	
ELOCTATE INJ 2000UNIT	Antihemophilic Factor (Recomb) rFVIIIc For Inj 2000 Unit		1.48000	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
ELOCTATE INJ 250UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 250 Unit		1.48000	
ELOCTATE INJ 3000UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 3000 Unit		1.48000	
ELOCTATE INJ 500UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 500 Unit		1.48000	
ELOCTATE INJ 750UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 750 Unit		1.48000	
KOVALTRY INJ 1000UNIT	Antihemophilic Factor (Recombinant) For Inj 1000 Unit		0.87000	
NOVOEIGHT INJ 1000UNIT	Antihemophilic Factor (Recombinant) For Inj 1000 Unit		0.97000	
RECOMBINATE INJ	Antihemophilic Factor (Recombinant) For Inj 1241-1800 Unit		0.95000	
NOVOEIGHT INJ 1500UNIT	Antihemophilic Factor (Recombinant) For Inj 1500 Unit		0.97000	
RECOMBINATE INJ	Antihemophilic Factor (Recombinant) For Inj 1801-2400 Unit		0.95000	
KOVALTRY INJ 2000UNIT	Antihemophilic Factor (Recombinant) For Inj 2000 Unit		0.87000	
NOVOEIGHT INJ 2000UNIT	Antihemophilic Factor (Recombinant) For Inj 2000 Unit		0.97000	
RECOMBINATE INJ 220-400	Antihemophilic Factor (Recombinant) For Inj 220-400 Unit		0.95000	
KOVALTRY INJ 250UNIT	Antihemophilic Factor (Recombinant) For Inj 250 Unit		0.87000	
NOVOEIGHT INJ 250UNIT	Antihemophilic Factor (Recombinant) For Inj 250 Unit		0.97000	
KOVALTRY INJ 3000UNIT	Antihemophilic Factor (Recombinant) For Inj 3000 Unit		0.87000	
NOVOEIGHT INJ 3000UNIT	Antihemophilic Factor (Recombinant) For Inj 3000 Unit		0.97000	
RECOMBINATE INJ 401-800	Antihemophilic Factor (Recombinant) For Inj 401-800 Unit		0.95000	
KOVALTRY INJ 500UNIT	Antihemophilic Factor (Recombinant) For Inj 500 Unit		0.87000	
NOVOEIGHT INJ 500UNIT	Antihemophilic Factor (Recombinant) For Inj 500 Unit		0.97000	
RECOMBINATE INJ 801-1240	Antihemophilic Factor (Recombinant) For Inj 801-1240 Unit		0.95000	
HELIXATE FS INJ 1000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit		0.86000	
KOGENATE FS INJ 1000/BS	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit		0.88000	
KOGENATE FS INJ 1000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit		0.88000	
HELIXATE FS INJ 2000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit		0.86000	
KOGENATE FS INJ 2000/BS	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit		0.88000	
KOGENATE FS INJ 2000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit		0.88000	
HELIXATE FS INJ 250UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit		0.86000	
KOGENATE FS INJ 250/BS	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit		0.88000	
KOGENATE FS INJ 250UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit		0.88000	
HELIXATE FS INJ 3000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit		0.86000	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
KOGENATE FS INJ 3000/BS	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit		0.88000	
KOGENATE FS INJ 3000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit		0.88000	
HELIXATE FS INJ 500UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit		0.86000	
KOGENATE FS INJ 500/BS	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit		0.88000	
KOGENATE FS INJ 500UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit		0.88000	
ADVATE INJ 1000UNIT	Antihemophilic Factor rAHF-PFM For Inj 1000 Unit		1.00000	
ADVATE INJ 1500UNIT	Antihemophilic Factor rAHF-PFM For Inj 1500 Unit		1.00000	
ADVATE INJ 2000UNIT	Antihemophilic Factor rAHF-PFM For Inj 2000 Unit		1.00000	
ADVATE INJ 250UNIT	Antihemophilic Factor rAHF-PFM For Inj 250 Unit		1.00000	
ADVATE INJ 3000UNIT	Antihemophilic Factor rAHF-PFM For Inj 3000 Unit		1.00000	
ADVATE INJ 4000UNIT	Antihemophilic Factor rAHF-PFM For Inj 4000 Unit		1.00000	
ADVATE INJ 500UNIT	Antihemophilic Factor rAHF-PFM For Inj 500 Unit		1.00000	
ADYNOVATE INJ 1000UNIT	Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit		1.36000	
ADYNOVATE INJ 2000UNIT	Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit		1.36000	
ADYNOVATE INJ 250UNIT	Antihemophilic Factor Recomb Pegylated For Inj 250 Unit		1.36000	
ADYNOVATE INJ 500UNIT	Antihemophilic Factor Recomb Pegylated For Inj 500 Unit		1.36000	
XYNTHA INJ 1000UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit		0.93000	
XYNTHA SOLOF INJ 1000UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit		0.93000	
XYNTHA INJ 2000UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit		0.93000	
XYNTHA SOLOF INJ 2000UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit		0.93000	
XYNTHA INJ 250UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit		0.93000	
XYNTHA SOLOF KIT 250UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit		0.93000	
XYNTHA SOLOF INJ 3000UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit		0.93000	
XYNTHA INJ 500UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit		0.93000	
XYNTHA SOLOF INJ 500UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit		0.93000	
ALPHANATE INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 1000 Unit		0.72000	
WILATE INJ	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit		0.71000	
WILATE INJ	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit		0.71000	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
HUMATE-P SOL 2400UNIT	Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit		0.74000	
ALPHANATE INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 1500 Unit		0.72000	
ALPHANATE INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 2000 Unit		0.72000	
ALPHANATE INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 250 Unit		0.72000	
HUMATE-P SOL 250-600	Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit		0.74000	
WILATE INJ	Antihemophilic Factor/VWF (Human) For Inj 450-450 Unit		0.71500	
ALPHANATE INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 500 Unit		0.72000	
HUMATE-P SOL 500-1200	Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit		0.74000	
WILATE INJ	Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit		0.71000	
WILATE INJ	Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit		0.71000	
WILATE INJ	Antihemophilic Factor/VWF (Human) For Inj 900-900 Unit		0.71500	
FEIBA INJ	Antiinhibitor Coagulant Complex For Inj**		1.47000	
OTEZLA TAB 30MG	Apremilast Tab 30 MG		49.10596	
OTEZLA TAB 10/20/30	Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG		53.57013	
REYATAZ CAP 150MG	Atazanavir Sulfate Cap 150 MG (Base Equiv)		24.29011	
REYATAZ CAP 200MG	Atazanavir Sulfate Cap 200 MG (Base Equiv)		24.29011	
REYATAZ CAP 300MG	Atazanavir Sulfate Cap 300 MG (Base Equiv)		48.12074	
INLYTA TAB 1MG	Axitinib Tab 1 MG		75.69727	
INLYTA TAB 5MG	Axitinib Tab 5 MG		227.09181	
CAYSTON INH 75MG	Aztreonam Lysine For Inhal Soln 75 MG (Base Equivalent)		101.30340	
BENLYSTA INJ 400MG	Belimumab For IV Soln 400 MG		1653.37992	
AVASTIN INJ	Bevacizumab IV Soln 100 MG/4ML (For Infusion)		188.87646	
AVASTIN INJ 400/16ML	Bevacizumab IV Soln 400 MG/16ML (For Infusion)		188.87646	
VICTRELIS CAP 200MG	Boceprevir Cap 200 MG		19.82135	
TRACLEER TAB 125MG	Bosentan Tab 125 MG		153.53340	
TRACLEER TAB 62.5MG	Bosentan Tab 62.5 MG		153.53340	
BOSULIF TAB 100MG	Bosutinib Tab 100 MG		112.37270	
BOSULIF TAB 500MG	Bosutinib Tab 500 MG		449.49082	
ADCETRIS INJ 50MG	Brentuximab Vedotin For IV Soln 50 MG		6804.67200	
BRIVIACT SOL 10MG/ML	Brivaracetam Oral Soln 10 MG/ML		3.32030	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
BRIVIACT TAB 10MG	Brivaracetam Tab 10 MG		16.60149	
BRIVIACT TAB 100MG	Brivaracetam Tab 100 MG		16.60153	
BRIVIACT TAB 25MG	Brivaracetam Tab 25 MG		16.60153	
BRIVIACT TAB 50MG	Brivaracetam Tab 50 MG		16.60153	
BRIVIACT TAB 75MG	Brivaracetam Tab 75 MG		16.60149	
ZYKADIA CAP 150MG	Certinib Cap 150 MG		104.93486	
CIMZIA KIT	Certolizumab Pegol For Inj Kit 2 X 200 MG		3842.36880	
SENSIPAR TAB 30MG	Cinacalcet HCl Tab 30 MG (Base Equiv)		26.78244	
SENSIPAR TAB 60MG	Cinacalcet HCl Tab 60 MG (Base Equiv)		53.56488	
SENSIPAR TAB 90MG	Cinacalcet HCl Tab 90 MG (Base Equiv)		80.34732	
ALPROLIX INJ 1000UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit		2.20000	
ALPROLIX INJ 2000UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit		2.20000	
ALPROLIX INJ 250UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit		2.20000	
ALPROLIX INJ 3000UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit		2.20000	
ALPROLIX INJ 500UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit		2.20000	
IDELVION SOL 1000UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit		3.84000	
IDELVION SOL 2000UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit		3.84000	
IDELVION SOL 250UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit		3.84000	
IDELVION SOL 500UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit		3.84000	
IXINITY INJ 1000UNIT	Coagulation Factor IX (Recombinant) For Inj 1000 Unit		1.09000	
RIXUBIS INJ 1000UNIT	Coagulation Factor IX (Recombinant) For Inj 1000 Unit		0.98000	
IXINITY INJ 1500UNIT	Coagulation Factor IX (Recombinant) For Inj 1500 Unit		1.09000	
RIXUBIS INJ 2000UNIT	Coagulation Factor IX (Recombinant) For Inj 2000 Unit		0.98000	
RIXUBIS INJ 250 UNIT	Coagulation Factor IX (Recombinant) For Inj 250 Unit		0.98000	
RIXUBIS INJ 3000UNIT	Coagulation Factor IX (Recombinant) For Inj 3000 Unit		0.98000	
IXINITY INJ 500UNIT	Coagulation Factor IX (Recombinant) For Inj 500 Unit		1.09000	
RIXUBIS INJ 500UNIT	Coagulation Factor IX (Recombinant) For Inj 500 Unit		0.98000	
BENEFIX INJ 1000UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit		1.09000	
BENEFIX INJ 2000UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit		1.09000	
BENEFIX INJ 250UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit		1.09000	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
BENEFIX INJ 3000UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit		1.09000	
BENEFIX INJ 500UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit		1.09000	
ALPHANINE SD INJ 1000UNIT	Coagulation Factor IX For Inj 1000 Unit		0.68500	
MONONINE INJ 1000UNIT	Coagulation Factor IX For Inj 1000 Unit		0.85000	
ALPHANINE SD INJ 1500UNIT	Coagulation Factor IX For Inj 1500 Unit		0.68500	
ALPHANINE SD INJ 500UNIT	Coagulation Factor IX For Inj 500 Unit		0.68500	
NOVOSEVEN RT INJ 1MG	Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG)		1.50000	
NOVOSEVEN RT INJ 2MG	Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG)		1.50000	
NOVOSEVEN RT INJ 5MG	Coagulation Factor VIIa (Recomb) For Inj 5 MG (5000 MCG)		1.50000	
NOVOSEVEN RT INJ 8MG	Coagulation Factor VIIa (Recomb) For Inj 8 MG (8000 MCG)		1.50000	
COAGADEX INJ 250UNIT	Coagulation Factor X (Human) For Inj 250 Unit		6.00000	
COAGADEX INJ 500UNIT	Coagulation Factor X (Human) For Inj 500 Unit		6.00000	
TRETTEN INJ	Coagulation Factor XIII A-Subunit For Inj 2000-3125 Unit		10.24000	
XALKORI CAP 200MG	Crizotinib Cap 200 MG		253.83475	
XALKORI CAP 250MG	Crizotinib Cap 250 MG		253.83475	
TAFINLAR CAP 50MG	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)		59.25187	
TAFINLAR CAP 75MG	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)		80.10255	
ZINBRYTA INJ 150MG/ML	Daclizumab Soln Prefilled Syringe 150 MG/ML		6805.99668	
AMPYRA TAB 10MG	Dalfampridine Tab ER 12HR 10 MG		37.26783	
FRAGMIN INJ 10000/ML	Dalteparin Sodium Inj 10000 Unit/ML		81.75168	
FRAGMIN INJ 12500UNT	Dalteparin Sodium Inj 12500 Unit/0.5ML		204.37920	
FRAGMIN INJ 15000UNT	Dalteparin Sodium Inj 15000 Unit/0.6ML		204.36260	
FRAGMIN INJ 18000UNT	Dalteparin Sodium Inj 18000 Unit/0.72ML		204.37366	
FRAGMIN INJ 2500/0.2	Dalteparin Sodium Inj 2500 Unit/0.2ML		125.99400	
FRAGMIN INJ 25000/ML	Dalteparin Sodium Inj 25000 Unit/ML		184.90740	
FRAGMIN INJ 5000/0.2	Dalteparin Sodium Inj 5000 Unit/0.2ML		204.37920	
FRAGMIN INJ 7500/0.3	Dalteparin Sodium Inj 7500 Unit/0.3ML		204.37920	
FRAGMIN INJ 95000UNT	Dalteparin Sodium Inj 95000 Unit/3.8ML		184.90740	
ARANESP INJ 100MCG	Darbepoetin Alfa Soln Inj 100 MCG/ML		770.90400	
ARANESP INJ 150MCG	Darbepoetin Alfa Soln Inj 150 MCG/0.75ML		1483.64160	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
ARANESP INJ 200MCG	Darbepoetin Alfa Soln Inj 200 MCG/ML		1541.80800	
ARANESP INJ 25MCG	Darbepoetin Alfa Soln Inj 25 MCG/ML		192.72600	
ARANESP INJ 300MCG	Darbepoetin Alfa Soln Inj 300 MCG/ML		2312.71200	
ARANESP INJ 40MCG	Darbepoetin Alfa Soln Inj 40 MCG/ML		308.36160	
ARANESP INJ 60MCG	Darbepoetin Alfa Soln Inj 60 MCG/ML		462.54240	
ARANESP INJ 100MCG	Darbepoetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML		1541.80800	
ARANESP INJ 150MCG	Darbepoetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML		3854.52000	
ARANESP INJ 200MCG	Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML		3854.52000	
ARANESP INJ 25MCG	Darbepoetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML		458.87142	
ARANESP INJ 300MCG	Darbepoetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML		3854.52000	
ARANESP INJ 40MCG	Darbepoetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML		770.90400	
ARANESP INJ 500MCG	Darbepoetin Alfa Soln Prefilled Syringe 500 MCG/ML		3854.52000	
ARANESP INJ 60MCG	Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML		1541.80800	
PREZISTA SUS 100MG/ML	Darunavir Ethanolate Susp 100 MG/ML (Base Equiv)		4.05262	
PREZISTA TAB 150MG	Darunavir Ethanolate Tab 150 MG (Base Equiv)		6.07859	
PREZISTA TAB 400MG	Darunavir Ethanolate Tab 400 MG (Base Equiv)		20.88545	
PREZISTA TAB 600MG	Darunavir Ethanolate Tab 600 MG (Base Equiv)		24.31535	
PREZISTA TAB 75MG	Darunavir Ethanolate Tab 75 MG (Base Equiv)		3.03979	
PREZISTA TAB 800MG	Darunavir Ethanolate Tab 800 MG (Base Equiv)		48.63169	
SPRYCEL TAB 100MG	Dasatinib Tab 100 MG		401.01084	
SPRYCEL TAB 140MG	Dasatinib Tab 140 MG		401.01084	
SPRYCEL TAB 20MG	Dasatinib Tab 20 MG		111.24788	
SPRYCEL TAB 50MG	Dasatinib Tab 50 MG		222.49560	
SPRYCEL TAB 70MG	Dasatinib Tab 70 MG		222.49560	
SPRYCEL TAB 80MG	Dasatinib Tab 80 MG		401.01084	
JADENU TAB 180MG	Deferasirox Tab 180 MG		70.87005	
JADENU TAB 360MG	Deferasirox Tab 360 MG		141.73744	
JADENU TAB 90MG	Deferasirox Tab 90 MG		35.43569	
EXJADE TAB 125MG	Deferasirox Tab For Oral Susp 125 MG		35.43569	
EXJADE TAB 250MG	Deferasirox Tab For Oral Susp 250 MG		70.87005	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
EXJADE TAB 500MG	Deferasirox Tab For Oral Susp 500 MG		141.73744	
FERRIPROX TAB 500MG	Deferiprone Tab 500 MG		53.88579	
FIRMAGON INJ 80MG	Degarelix Acetate For Inj 80 MG (Base Equiv)		486.49620	
XGEVA INJ	Denosumab Inj 120 MG/1.7ML		1262.41829	
TECFIDERA CAP 120MG	Dimethyl Fumarate Capsule Delayed Release 120 MG		113.21673	
TECFIDERA CAP 240MG	Dimethyl Fumarate Capsule Delayed Release 240 MG		113.21199	
TECFIDERA MIS STARTER	Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG		113.21199	
TIVICAY TAB 50MG	Dolutegravir Sodium Tab 50 MG (Base Equiv)		50.98457	
PULMOZYME SOL 1MG/ML	Dornase Alfa Inhal Soln 1 MG/ML		43.60488	
TRULICITY INJ 0.75/0.5	Dulaglutide Soln Pen-injector 0.75 MG/0.5ML		336.64800	
TRULICITY INJ 1.5/0.5	Dulaglutide Soln Pen-injector 1.5 MG/0.5ML		336.64800	
EMPLICITI INJ 300MG	Elotuzumab For IV Soln 300 MG		1822.36128	
EMPLICITI INJ 400MG	Elotuzumab For IV Soln 400 MG		2429.81172	
PROMACTA TAB 12.5MG	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)		134.04798	
PROMACTA TAB 25MG	Eltrombopag Olamine Tab 25 MG (Base Equiv)		134.04798	
PROMACTA TAB 50MG	Eltrombopag Olamine Tab 50 MG (Base Equiv)		249.37582	
PROMACTA TAB 75MG	Eltrombopag Olamine Tab 75 MG (Base Equiv)		374.06406	
VITEKTA TAB 150MG	Elvitegravir Tab 150 MG		39.98774	
VITEKTA TAB 85MG	Elvitegravir Tab 85 MG		39.98774	
EMTRIVA CAP 200MG	Emtricitabine Caps 200 MG		17.81246	
COMPLERA TAB	Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG		89.00156	
TRUVADA TAB	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG		52.04498	
TRUVADA TAB 200-300	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG		52.04498	
ENTECAVIR TAB 0.5MG	Entecavir Tab 0.5 MG		15.22370	
ENTECAVIR TAB 1MG	Entecavir Tab 1 MG		42.98702	
TARCEVA TAB 100MG	Erlotinib HCl Tab 100 MG (Base Equivalent)		212.68119	
TARCEVA TAB 150MG	Erlotinib HCl Tab 150 MG (Base Equivalent)		240.55757	
AFINITOR TAB 10MG	Everolimus Tab 10 MG		470.72276	
AFINITOR TAB 5MG	Everolimus Tab 5 MG		470.74944	
AFINITOR DIS TAB 2MG	Everolimus Tab for Oral Susp 2 MG		447.78488	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
AFINITOR DIS TAB 3MG	Everolimus Tab for Oral Susp 3 MG		452.27044	
AFINITOR DIS TAB 5MG	Everolimus Tab for Oral Susp 5 MG		470.72276	
PROFILNINE INJ 1000UNIT	Factor IX Complex For Inj 1000 Unit		0.58220	
PROFILNINE INJ 1500UNIT	Factor IX Complex For Inj 1500 Unit		0.58220	
BEBULIN INJ 200-1200	Factor IX Complex For Inj 200-1200 Unit		0.90350	
PROFILNINE INJ 500UNIT	Factor IX Complex For Inj 500 Unit		0.58220	
CORIFACT KIT	Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit		6.76000	
DIFICID TAB 200MG	Fidaxomicin Tab 200 MG		183.34368	
NEUPOGEN INJ 300MCG	Filgrastim Inj 300 MCG/ML		304.73616	
NEUPOGEN INJ 480MCG	Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)		303.28200	
NEUPOGEN INJ 300/0.5	Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML		646.00560	
NEUPOGEN INJ 480/0.8	Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)		642.98025	
GILENYA CAP 0.5MG	Fingolimod HCl Cap 0.5 MG (Base Equiv)		246.08936	
COPAXONE INJ 40MG/ML	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML		484.05600	
SIMPONI INJ 50/0.5ML	Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML		7591.87056	
SIMPONI INJ 50/0.5ML	Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML		7591.87056	
ZOLADEX IMP 10.8MG	Goserelin Acetate Implant 10.8 MG		1807.74000	
ZOLADEX IMP 3.6MG	Goserelin Acetate Implant 3.6 MG		602.58000	
VANTAS KIT 50MG	Histrelin Acetate Implant Kit 50 MG		3484.60560	
ZEVALIN KIT Y-90	Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML		43608.24900	
VENTAVIS SOL 10MCG/ML	Iloprost Inhalation Solution 10 MCG/ML		123.20520	
VENTAVIS SOL 20MCG/ML	Iloprost Inhalation Solution 20 MCG/ML		123.20520	
GLEEVEC TAB 400MG	Imatinib Mesylate Tab 400 MG (Base Equivalent)		336.06467	
IMATINIB MES TAB 400MG	Imatinib Mesylate Tab 400 MG (Base Equivalent)		180.25000	
GAMMAGARD INJ 1GM/10ML	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML		10.46298	
GAMMAKED INJ 1GM/10ML	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML		10.46298	
GAMUNEX-C INJ 1GM/10ML	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML		10.46298	
GAMMAGARD INJ 10GM/100	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML		10.46298	
GAMMAKED INJ 10GM/100	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML		10.46298	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
GAMUNEX-C INJ 10GM/100	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML		10.46298	
GAMMAGARD INJ 2.5GM/25	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML		10.46298	
GAMMAKED INJ 2.5GM/25	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML		10.46298	
GAMUNEX-C INJ 2.5GM/25	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML		10.46298	
GAMMAGARD INJ 20GM/200	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML		10.46298	
GAMMAKED INJ 20GM/200	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML		10.46298	
GAMUNEX-C INJ 20GM/200	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML		10.46298	
GAMMAGARD INJ 30GM/300	Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML		10.46298	
GAMMAGARD INJ 5GM/50ML	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML		10.46298	
GAMMAKED INJ 5GM/50ML	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML		10.46298	
GAMUNEX-C INJ 5GM/50ML	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML		10.46298	
FLEBOGAMMA INJ DIF 5%	Immune Globulin (Human) IV Soln 0.5 GM/10ML		6.91373	
FLEBOGAMMA INJ 10/200ML	Immune Globulin (Human) IV Soln 10 GM/200ML		7.25237	
GAMMAPLEX INJ 10GM	Immune Globulin (Human) IV Soln 10 GM/200ML		7.25237	
OCTAGAM INJ 10GM	Immune Globulin (Human) IV Soln 10 GM/200ML		7.25237	
FLEBOGAMMA INJ DIF 5%	Immune Globulin (Human) IV Soln 2.5 GM/50ML		6.91373	
GAMMAPLEX INJ 2.5GM	Immune Globulin (Human) IV Soln 2.5 GM/50ML		6.91373	
OCTAGAM INJ 2.5GM	Immune Globulin (Human) IV Soln 2.5 GM/50ML		6.91373	
FLEBOGAMMA INJ 20/400ML	Immune Globulin (Human) IV Soln 20 GM/400ML		7.25237	
GAMMAPLEX INJ 20GM	Immune Globulin (Human) IV Soln 20 GM/400ML		7.25237	
FLEBOGAMMA INJ DIF 5%	Immune Globulin (Human) IV Soln 5 GM/100ML		7.25237	
GAMMAPLEX INJ 5GM	Immune Globulin (Human) IV Soln 5 GM/100ML		7.25237	
OCTAGAM INJ 5GM	Immune Globulin (Human) IV Soln 5 GM/100ML		7.25237	
HIZENTRA INJ 1GM/5ML	Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML		33.46560	
HIZENTRA INJ 2GM/10ML	Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML		33.46560	
HIZENTRA INJ 4GM/20ML	Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML		33.46560	
REMICADE INJ 100MG	Infliximab For IV Inj 100 MG		1067.19408	
REBIF REBIDO INJ TITRATN	Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML		1572.06030	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
AVONEX KIT 30MCG	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)		1565.46300	
AVONEX PEN KIT 30MCG	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML		6261.85200	
AVONEX PREFL KIT 30MCG	Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML		6261.85200	
REBIF TITRTN INJ PACK	Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML		1572.06030	
REBIF REBIDO INJ 22/0.5	Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)		1100.44221	
REBIF REBIDO INJ 44/0.5	Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)		1100.44221	
REBIF INJ 22/0.5	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)		1100.44221	
REBIF INJ 44/0.5	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)		1100.44221	
BETASERON INJ 0.3MG	Interferon Beta-1b For Inj Kit 0.3 MG		472.94348	
EXTAVIA INJ 0.3MG	Interferon Beta-1b For Inj Kit 0.3 MG		472.94348	
TYKERB TAB 250MG	Lapatinib Ditosylate Tab 250 MG (Base Equiv)		45.13055	
HARVONI TAB 90-400MG	Ledipasvir-Sofosbuvir Tab 90-400 MG		1120.50000	
LUPR DEP-PED INJ 11.25MG	Leuprolide Acetate (3 Month) For Inj Pediatric Kit 11.25 MG		7304.11620	
LUPR DEP-PED INJ 3M 30MG	Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG		8044.73184	
LEUPROLIDE INJ 1MG/0.2	Leuprolide Acetate Inj Kit 5 MG/ML		410.54000	
LINEZOLID TAB 600MG	Linezolid Tab 600 MG		6.12791	
GLEOSTINE CAP 40MG	Lomustine Cap 40 MG	206.17200	247.40640	8/1/2017
LOMUSTINE CAP 40MG	Lomustine Cap 40 MG	206.17200	247.40640	8/1/2017
OPSUMIT TAB 10MG	Macitentan Tab 10 MG		250.49400	
INCRELEX INJ 40MG/4ML	Mecasermin Inj 40 MG/4ML (10 MG/ML)		837.21270	
RELISTOR INJ 12/0.6ML	Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)		165.99999	
RELISTOR INJ 8/0.4ML	Methylnaltrexone Bromide Inj 8 MG/0.4ML (20 MG/ML)		248.99288	
RELISTOR KIT 12/0.6ML	Methylnaltrexone Bromide Inj Kit 12 MG/0.6ML		59.31180	
ZAVESCA CAP 100MG	Miglustat Cap 100 MG		296.80800	
VIVITROL INJ 380MG	Naltrexone For IM Extended Release Susp 380 MG		1303.76400	
TASIGNA CAP 150MG	Nilotinib HCl Cap 150 MG (Base Equivalent)		103.04492	
TASIGNA CAP 200MG	Nilotinib HCl Cap 200 MG (Base Equivalent)		103.04492	
GAZYVA INJ 25MG/ML	Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)		148.58477	
SANDOSTATIN KIT LAR 20MG	Octreotide Acetate For IM Inj Kit 20 MG		3874.89816	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
SANDOSTATIN KIT LAR 30MG	Octreotide Acetate For IM Inj Kit 30 MG		5802.37728	
ZYPREXA RELP INJ 210MG	Olanzapine Pamoate For Extended Rel IM Susp 210 MG (Base Eq)		587.32128	
ZYPREXA RELP INJ 300MG	Olanzapine Pamoate For Extended Rel IM Susp 300 MG (Base Eq)		839.03040	
ZYPREXA RELP INJ 405MG	Olanzapine Pamoate For Extended Rel IM Susp 405 MG (Base Eq)		1132.69104	
VIEKIRA PAK TAB	Ombitas-Paritapre-Riton & Dasab Tab Pak 12.5-75-50 & 250 MG		246.98131	
BOTOX COSMET INJ 50UNIT	OnabotulinumtoxinA (Cosmetic) For Inj 50 Unit		329.67600	
BOTOX INJ 200UNIT	OnabotulinumtoxinA For Inj 200 Unit		1197.19200	
INVEGA SUST INJ 117/0.75	Paliperidone Palmitate IM Extend-Release Susp 117 MG/0.75ML		1583.49392	
INVEGA TRINZ INJ 273MG	Paliperidone Palmitate IM Extend-Release Susp 273 MG/0.875ML		2714.53824	
INVEGA TRINZ INJ 410MG	Paliperidone Palmitate IM Extend-Release Susp 410 MG/1.315ML		2709.40024	
INVEGA TRINZ INJ 546MG	Paliperidone Palmitate IM Extend-Release Susp 546 MG/1.75ML		2714.69191	
INVEGA TRINZ INJ 819MG	Paliperidone Palmitate IM Extend-Release Susp 819 MG/2.625ML		2714.61792	
INVEGA SUST INJ 156MG/ML	Paliperidone Palmitate IM Extended-Release Susp 156 MG/ML		1583.57028	
INVEGA SUST INJ 234/1.5	Paliperidone Palmitate IM Extended-Release Susp 234 MG/1.5ML		1583.52712	
INVEGA SUST INJ 39/0.25	Paliperidone Palmitate IM Extended-Release Susp 39 MG/0.25ML		1583.40096	
INVEGA SUST INJ 78/0.5ML	Paliperidone Palmitate IM Extended-Release Susp 78 MG/0.5ML		1583.48064	
SYNAGIS INJ 100MG/ML	Palivizumab IM Soln 100 MG/ML		2817.90312	
SYNAGIS INJ 50MG	Palivizumab IM Soln 50 MG/0.5ML		2984.61360	
ALOXI INJ 0.25MG/5	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)		90.23760	
FARYDAK CAP 10MG	Panobinostat Lactate Cap 10 MG (Base Equivalent)		1217.33444	
FARYDAK CAP 15MG	Panobinostat Lactate Cap 15 MG (Base Equivalent)		1217.33444	
FARYDAK CAP 20MG	Panobinostat Lactate Cap 20 MG (Base Equivalent)		1217.33444	
VOTRIENT TAB 200MG	Pazopanib HCl Tab 200 MG (Base Equiv)		91.45662	
NEULASTA INJ 6MG/0.6M	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML		9860.40000	
NEULASTA KIT 6MG/0.6M	Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML		9860.40000	
PEGASYS INJ 180MCG/M	Peginterferon alfa-2a Inj 180 MCG/ML		987.77304	
PEGASYS KIT	Peginterferon alfa-2a Inj Kit 180 MCG/0.5ML		3287.83584	
PEGINTRON KIT 120MCG	Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML		825.90312	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
PEG-INTRON KIT 120 RP	Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML		825.90312	
PEG-INTRON KIT 120MCG	Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML		825.90312	
PEGINTRON KIT 150MCG	Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML		867.21720	
PEG-INTRON KIT 150 RP	Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML		867.21720	
PEG-INTRON KIT 150MCG	Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML		867.21720	
PEGINTRON KIT 50MCG	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML		749.16132	
PEG-INTRON KIT 50MCG	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML		749.16132	
PEG-INTRON KIT 50MCG RP	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML		749.16132	
PLEGRIDY PEN INJ STARTER	Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack		6261.85200	
PLEGRIDY INJ PEN	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML		6261.85200	
PLEGRIDY INJ STARTER	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack		6261.85200	
PLEGRIDY INJ	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML		6261.85200	
POMALYST CAP 1MG	Pomalidomide Cap 1 MG		688.93718	
POMALYST CAP 2MG	Pomalidomide Cap 2 MG		688.93718	
POMALYST CAP 3MG	Pomalidomide Cap 3 MG		688.93718	
POMALYST CAP 4MG	Pomalidomide Cap 4 MG		688.93718	
MATULANE CAP 50MG	Procarbazine HCl Cap 50 MG		67.73298	
CRINONE GEL 8% VAG	Progesterone Vaginal Gel 8%		23.02988	
XOFIGO INJ 1100KBQ	Radium Ra 223 Dichloride Inj 30 microcurie/ML (1100 kBq/ML)		22402.11168	
CYRAMZA INJ 100/10ML	Ramucirumab IV Soln 100 MG/10ML (For Infusion)		108.89268	
CYRAMZA INJ 500/50ML	Ramucirumab IV Soln 500 MG/50ML (For Infusion)		108.89268	
RILUTEK TAB 50MG	Riluzole Tab 50 MG		44.62894	
RILUZOLE TAB 50MG	Riluzole Tab 50 MG		44.62894	
KUVAN TAB 100MG	Sapropterin Dihydrochloride Soluble Tab 100 MG		32.63559	
UPTRAVI TAB 1000MCG	Selexipag Tab 1000 MCG		250.67660	
UPTRAVI TAB 1200MCG	Selexipag Tab 1200 MCG		250.67660	
UPTRAVI TAB 1400MCG	Selexipag Tab 1400 MCG		250.67660	
UPTRAVI TAB 1600MCG	Selexipag Tab 1600 MCG		250.67660	
UPTRAVI TAB 200MCG	Selexipag Tab 200 MCG		161.25240	
UPTRAVI TAB 400MCG	Selexipag Tab 400 MCG		250.67660	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
UPTRAVI TAB 600MCG	Selexipag Tab 600 MCG		250.67660	
UPTRAVI TAB 800MCG	Selexipag Tab 800 MCG		250.67660	
UPTRAVI TAB 200/800	Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)		112.80696	
REVATIO TAB 20MG	Sildenafil Citrate Tab 20 MG		0.46500	
SILDENAFIL TAB 20MG	Sildenafil Citrate Tab 20 MG		0.46500	
VIAGRA TAB 25MG	Sildenafil Citrate Tab 25 MG		61.29451	
VIAGRA TAB 50MG	Sildenafil Citrate Tab 50 MG		61.29451	
OLYSIO CAP 150MG	Simeprevir Sodium Cap 150 MG (Base Equivalent)		786.84000	
RAPAMUNE TAB 1MG	Sirolimus Tab 1 MG		10.15525	
SIROLIMUS TAB 1MG	Sirolimus Tab 1 MG		10.15525	
BUPHENYL POW	Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful		49.40160	
PHENYL BUTYRA POW SODIUM	Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful		49.40160	
SOVALDI TAB 400MG	Sofosbuvir Tab 400 MG		996.00000	
SAIZEN INJ 5MG	Somatropin (Non-Refrigerated) For Inj 5 MG		560.44920	
SAIZEN INJ 8.8MG	Somatropin (Non-Refrigerated) For Inj 8.8 MG		1156.24644	
SEROSTIM INJ 4MG	Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG		313.70016	
SEROSTIM INJ 5MG	Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG		560.44920	
SEROSTIM INJ 6MG	Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG		470.55166	
ZORBTIVE INJ 8.8MG	Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG		1156.24644	
GENOTROPIN INJ 0.2MG	Somatropin For Inj 0.2 MG		24.40058	
GENOTROPIN INJ 0.4MG	Somatropin For Inj 0.4 MG		48.80826	
GENOTROPIN INJ 0.6MG	Somatropin For Inj 0.6 MG		73.20884	
GENOTROPIN INJ 0.8MG	Somatropin For Inj 0.8 MG		97.61084	
GENOTROPIN INJ 1MG	Somatropin For Inj 1 MG		122.01854	
GENOTROPIN INJ 1.2MG	Somatropin For Inj 1.2 MG		146.42054	
GENOTROPIN INJ 1.4MG	Somatropin For Inj 1.4 MG		170.81969	
GENOTROPIN INJ 1.6MG	Somatropin For Inj 1.6 MG		195.21884	
GENOTROPIN INJ 1.8MG	Somatropin For Inj 1.8 MG		219.62937	
GENOTROPIN INJ 12MG	Somatropin For Inj 12 MG (13.8 MG Overfill)		1343.34504	
HUMATROPE INJ 12MG	Somatropin For Inj 12 MG (36 Unit)		1257.35040	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
GENOTROPIN INJ 2MG	Somatropin For Inj 2 MG		244.02854	
HUMATROPE INJ 24MG	Somatropin For Inj 24 MG		2514.70080	
HUMATROPE INJ 5MG	Somatropin For Inj 5 MG		523.89600	
OMNITROPE INJ 5.8MG	Somatropin For Inj 5.8 MG		304.64527	
HUMATROPE INJ 6MG	Somatropin For Inj 6 MG (18 Unit)		628.67520	
GENOTROPIN INJ 5MG	Somatropin For Subcutaneous Inj 5 MG		560.44920	
NUTROPIN INJ	Somatropin For Subcutaneous Inj 5 MG		560.44920	
NUTROPIN INJ 5MG	Somatropin For Subcutaneous Inj 5 MG		560.44920	
TEV-TROPIN INJ 5MG	Somatropin For Subcutaneous Inj 5 MG		560.44920	
ZOMACTON INJ 5MG	Somatropin For Subcutaneous Inj 5 MG		560.44920	
NUTROPIN AQ INJ 10MG/2ML	Somatropin Inj 10 MG/2ML		527.02344	
NUTROPIN AQ INJ 5MG/ML	Somatropin Inj 10 MG/2ML		527.02344	
NUTROPIN AQ INJ 20MG/2ML	Somatropin Inj 20 MG/2ML		1054.04688	
NORDITROPIN INJ 30/3ML	Somatropin Inj 30 MG/3ML		1024.68480	
NORDITROPIN INJ 5/1.5ML	Somatropin Inj 5 MG/1.5ML		366.09639	
OMNITROPE INJ 5/1.5ML	Somatropin Inj 5 MG/1.5ML		366.09639	
NUTROPIN AQ INJ NUSPIN 5	Somatropin Inj 5 MG/2ML		263.51172	
NEXAVAR TAB 200MG	Sorafenib Tosylate Tab 200 MG (Base Equivalent)		136.77927	
SUTENT CAP 12.5MG	Sunitinib Malate Cap 12.5 MG (Base Equivalent)		165.59852	
SUTENT CAP 25MG	Sunitinib Malate Cap 25 MG (Base Equivalent)		331.19775	
SUTENT CAP 50MG	Sunitinib Malate Cap 50 MG (Base Equivalent)		576.56875	
INCIVEK TAB 375MG	Telaprevir Tab 375 MG		130.73507	
TEMOZOLOMIDE CAP 100MG	Temozolomide Cap 100 MG		98.00628	
TEMOZOLOMIDE CAP 140MG	Temozolomide Cap 140 MG		396.17686	
TEMOZOLOMIDE CAP 180MG	Temozolomide Cap 180 MG		568.16621	
TEMOZOLOMIDE CAP 20MG	Temozolomide Cap 20 MG		63.13843	
TEMOZOLOMIDE CAP 250MG	Temozolomide Cap 250 MG		789.33598	
TORISEL SOL 25MG/ML	Temsirolimus Soln For IV Infusion 25 MG/ML		1711.17780	
VIREAD TAB 150MG	Tenofovir Disoproxil Fumarate Tab 150 MG		30.70037	
VIREAD TAB 200MG	Tenofovir Disoproxil Fumarate Tab 200 MG		30.70037	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
VIREAD TAB 250MG	Tenofovir Disoproxil Fumarate Tab 250 MG		30.70037	
FORTEO SOL 600/2.4	Teriparatide (Recombinant) Inj 600 MCG/2.4ML		1244.12850	
EGRIFTA SOL 1MG	Tesamorelin Acetate For Inj 1 MG (Base Equiv)		70.55000	
TETRABENAZIN TAB 12.5MG	Tetrabenazine Tab 12.5 MG		103.81094	
XENAZINE TAB 12.5MG	Tetrabenazine Tab 12.5 MG		103.81094	
TETRABENAZIN TAB 25MG	Tetrabenazine Tab 25 MG		207.62189	
XENAZINE TAB 25MG	Tetrabenazine Tab 25 MG		207.62189	
THALOMID CAP 100MG	Thalidomide Cap 100 MG		276.29822	
THALOMID CAP 150MG	Thalidomide Cap 150 MG		295.43067	
THALOMID CAP 200MG	Thalidomide Cap 200 MG		314.57592	
THALOMID CAP 50MG	Thalidomide Cap 50 MG		170.21817	
TABLOID TAB 40MG	Thioguanine Tab 40 MG		25.17609	
THYROGEN INJ 1.1MG	Thyrotropin Alfa For Inj 1.1 MG		1526.37000	
TOBI PODHALR CAP 28MG	Tobramycin Inhal Cap 28 MG		42.52049	
KITABIS PAK NEB 300/5ML	Tobramycin Nebu Soln 300 MG/5ML		26.10163	
TOBI NEB 300/5ML	Tobramycin Nebu Soln 300 MG/5ML		26.10163	
TOBRAMYCIN NEB 300/5ML	Tobramycin Nebu Soln 300 MG/5ML		11.89600	
ACTEMRA INJ 400/20ML	Tocilizumab IV Inj 400 MG/20ML		99.02979	
ACTEMRA INJ 80MG/4ML	Tocilizumab IV Inj 80 MG/4ML		99.02979	
MEKINIST TAB 0.5MG	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)		97.43669	
MEKINIST TAB 2MG	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)		347.87723	
DERMA SILKRX KIT SDS PAK	Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*		5158.51300	
DERMACINRX KIT SILAPAK	Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*		5158.51300	
DERMAWERX PAK SDS	Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*		5158.51300	
NUTRIARX KIT CREAMPAK	Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*		5158.51300	
SANADERMRX KIT SKIN REP	Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*		5158.51300	
SURE RESULT KIT TAC PAK	Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*		5158.51300	
TRI-SILA KIT 0.1-5%	Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*		5158.51300	
TRELSTAR INJ 11.25MG	Triptorelin Pamoate For IM Susp 11.25 MG		2429.95780	

**Illinois Department of Healthcare and Family Services
Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

As of 08/09/2017

Claims will be reimbursed at the lower of WAC, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

Label Name	Generic Name	Old SMAC PRICE	Current SMAC Price	SMAC Effective
TRELSTAR MIX INJ 22.5MG	Triptorelin Pamoate For IM Susp 22.5 MG		4859.92390	
TRELSTAR INJ 3.75MG	Triptorelin Pamoate For IM Susp 3.75 MG		809.98870	
VALCYTE TAB 450MG	Valganciclovir HCl Tab 450 MG (Base Equivalent)		83.06491	
VALGANCICLOV TAB 450MG	Valganciclovir HCl Tab 450 MG (Base Equivalent)		27.52000	
ZELBORAF TAB 240MG	Vemurafenib Tab 240 MG		45.03084	
ERIVEDGE CAP 150MG	Vismodegib Cap 150 MG		383.00931	
VONVENDI INJ 1300UNIT	Von Willebrand Factor (Recombinant) For Inj 1300 Unit		1.45000	
VONVENDI INJ 650UNIT	Von Willebrand Factor (Recombinant) For Inj 650 Unit		1.45000	

