

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

Data as of 5/8/2018

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 | | 5.09004 | |
| 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 | | 93.13264 | |
| ORENCIA INJ 250MG | Abatacept For IV Soln 250 MG | | 1042.06500 | |
| ZYTIGA TAB 250MG | Abiraterone Acetate Tab 250 MG | | 84.92693 | |
| HUMIRA PEN INJ 40MG/0.8 | Adalimumab Pen-injector Kit 40 MG/0.8ML | | 2426.27592 | |
| HUMIRA PEN INJ CROHNS | Adalimumab Pen-injector Kit 40 MG/0.8ML | | 2426.27592 | |
| HUMIRA PEN INJ PSORIASI | Adalimumab Pen-injector Kit 40 MG/0.8ML | | 2426.27592 | |
| HUMIRA KIT 40MG/0.8 | Adalimumab Prefilled Syringe Kit 40 MG/0.8ML | | 2426.27592 | |
| HUMIRA PEDIA INJ CROHNS | Adalimumab Prefilled Syringe Kit 40 MG/0.8ML | | 2426.27592 | |
| ADEFOV DIPIV TAB 10MG | Adefovir Dipivoxil Tab 10 MG | | 46.97833 | |
| HEPSERA TAB 10MG | Adefovir Dipivoxil Tab 10 MG | | 46.97833 | |
| KADCYLA INJ 100MG | Ado-Trastuzumab Emtansine For IV Soln 100 MG | | 2931.97500 | |
| KADCYLA INJ 160MG | Ado-Trastuzumab Emtansine For IV Soln 160 MG | | 4691.16000 | |
| GILOTRIF TAB 20MG | Afatinib Dimaleate Tab 20 MG (Base Equivalent) | | 270.73837 | |
| GILOTRIF TAB 30MG | Afatinib Dimaleate Tab 30 MG (Base Equivalent) | | 270.73837 | |
| GILOTRIF TAB 40MG | Afatinib Dimaleate Tab 40 MG (Base Equivalent) | | 270.73837 | |
| FABRAZYME INJ 35MG | Agalsidase beta For IV Soln 35 MG | | 5753.15496 | |
| FABRAZYME INJ 5MG | Agalsidase beta For IV Soln 5 MG | | 821.87928 | |
| 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) | | 18094.26560 | |
| 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 | |

**Illinois Department of Healthcare and Family Services
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Generic and Multi-Source Brand Drugs**

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|---|----------------|--------------------|----------------|
| AFSTYLA KIT 500UNIT | Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit | | 1.19000 | |
| 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 | | 0.61000 | |
| MONOCLATE-P INJ 250UNIT | Antihemophilic Factor (Human) For Inj Kit 250 Unit | | 0.61000 | |
| MONOCLATE-P INJ 500UNIT | Antihemophilic Factor (Human) For Inj Kit 500 Unit | | 0.61000 | |
| OBIZUR INJ 500 UNIT | Antihemophilic Factor (Recomb Porc) rFVIII For Inj 500 Unit | | 3.96000 | |
| ELOCTATE INJ 1000UNIT | Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1000 Unit | | 1.48000 | |
| ELOCTATE INJ 1500UNIT | Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1500 Unit | | 1.48000 | |

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|--------------------------|--|----------------|--------------------|----------------|
| ELOCTATE INJ 2000UNIT | Antihemophilic Factor (Recomb) rFVIII Fc For Inj 2000 Unit | | 1.48000 | |
| 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 | |

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---------------------------|---|----------------|--------------------|----------------|
| HELIXATE FS INJ 3000UNIT | Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit | | 0.86000 | |
| 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 | |

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|-----------------------|--|----------------|--------------------|----------------|
| WILATE INJ | Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit | | 0.71000 | |
| 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 | | 54.49930 | |
| OTEZLA TAB 10/20/30 | Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG | | 59.45378 | |
| 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 | | 79.48212 | |
| INLYTA TAB 5MG | Axitinib Tab 5 MG | | 238.44638 | |
| BENLYSTA INJ 400MG | Belimumab For IV Soln 400 MG | | 1694.97288 | |
| AVASTIN INJ | Bevacizumab IV Soln 100 MG/4ML (For Infusion) | | 193.59750 | |
| AVASTIN INJ 400/16ML | Bevacizumab IV Soln 400 MG/16ML (For Infusion) | | 193.59750 | |
| VICTRELIS CAP 200MG | Boceprevir Cap 200 MG | | 19.82135 | |
| TRACLEER TAB 125MG | Bosentan Tab 125 MG | | 180.62460 | |
| TRACLEER TAB 62.5MG | Bosentan Tab 62.5 MG | | 180.62460 | |
| BOSULIF TAB 100MG | Bosutinib Tab 100 MG | | 117.99131 | |
| BOSULIF TAB 500MG | Bosutinib Tab 500 MG | | 471.96523 | |
| ADCETRIS INJ 50MG | Brentuximab Vedotin For IV Soln 50 MG | | 7069.60800 | |
| BRIVIACT SOL 10MG/ML | Brivaracetam Oral Soln 10 MG/ML | | 3.55273 | |

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| BRIVIACT TAB 10MG | Brivaracetam Tab 10 MG | | 17.76366 | |
| BRIVIACT TAB 100MG | Brivaracetam Tab 100 MG | | 17.76366 | |
| BRIVIACT TAB 25MG | Brivaracetam Tab 25 MG | | 17.76366 | |
| BRIVIACT TAB 50MG | Brivaracetam Tab 50 MG | | 17.76366 | |
| BRIVIACT TAB 75MG | Brivaracetam Tab 75 MG | | 17.76366 | |
| ZYKADIA CAP 150MG | Ceritinib Cap 150 MG | | 110.18164 | |
| CIMZIA KIT | Certolizumab Pegol For Inj Kit 2 X 200 MG | | 4028.14272 | |
| 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 | |

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| 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 | |
| MONONINE INJ 250UNIT | Coagulation Factor IX For Inj 250 Unit | | 0.85000 | |
| ALPHANINE SD INJ 500UNIT | Coagulation Factor IX For Inj 500 Unit | | 0.68500 | |
| MONONINE INJ 500UNIT | Coagulation Factor IX For Inj 500 Unit | | 0.85000 | |
| 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 | | 266.52644 | |
| XALKORI CAP 250MG | Crizotinib Cap 250 MG | | 266.52644 | |
| TAFINLAR CAP 50MG | Dabrafenib Mesylate Cap 50 MG (Base Equivalent) | | 60.97014 | |
| TAFINLAR CAP 75MG | Dabrafenib Mesylate Cap 75 MG (Base Equivalent) | | 82.42555 | |
| ZINBRYTA INJ 150MG/ML | Daclizumab Soln Prefilled Syringe 150 MG/ML | | 6805.99668 | |
| AMPYRA TAB 10MG | Dalfampridine Tab ER 12HR 10 MG | | 40.80828 | |
| 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 | |

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| 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 | |
| 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) | | 4.37279 | |
| PREZISTA TAB 150MG | Darunavir Ethanolate Tab 150 MG (Base Equiv) | | 6.55966 | |
| PREZISTA TAB 400MG | Darunavir Ethanolate Tab 400 MG (Base Equiv) | | 20.88545 | |
| PREZISTA TAB 600MG | Darunavir Ethanolate Tab 600 MG (Base Equiv) | | 26.23862 | |
| PREZISTA TAB 75MG | Darunavir Ethanolate Tab 75 MG (Base Equiv) | | 3.27983 | |
| PREZISTA TAB 800MG | Darunavir Ethanolate Tab 800 MG (Base Equiv) | | 52.47725 | |
| SPRYCEL TAB 100MG | Dasatinib Tab 100 MG | | 428.68072 | |
| SPRYCEL TAB 140MG | Dasatinib Tab 140 MG | | 428.68072 | |
| SPRYCEL TAB 20MG | Dasatinib Tab 20 MG | | 118.92406 | |
| SPRYCEL TAB 50MG | Dasatinib Tab 50 MG | | 237.84779 | |
| SPRYCEL TAB 70MG | Dasatinib Tab 70 MG | | 237.84779 | |
| SPRYCEL TAB 80MG | Dasatinib Tab 80 MG | | 428.68072 | |
| JADENU TAB 180MG | Deferasirox Tab 180 MG | | 77.88620 | |
| JADENU TAB 360MG | Deferasirox Tab 360 MG | | 155.76942 | |

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

Data as of 5/8/2018

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 |
|------------------------|--|----------------|--------------------|----------------|
| JADENU TAB 90MG | Deferasirox Tab 90 MG | | 38.94393 | |
| EXJADE TAB 125MG | Deferasirox Tab For Oral Susp 125 MG | | 38.94393 | |
| EXJADE TAB 250MG | Deferasirox Tab For Oral Susp 250 MG | | 77.88620 | |
| EXJADE TAB 500MG | Deferasirox Tab For Oral Susp 500 MG | | 155.76942 | |
| FERRIPROX TAB 500MG | Deferiprone Tab 500 MG | | 58.19668 | |
| FIRMAGON INJ 80MG | Degarelix Acetate For Inj 80 MG (Base Equiv) | | 486.49620 | |
| XGEVA INJ | Denosumab Inj 120 MG/1.7ML | | 1299.03007 | |
| TECFIDERA CAP 120MG | Dimethyl Fumarate Capsule Delayed Release 120 MG | | 122.27323 | |
| TECFIDERA CAP 240MG | Dimethyl Fumarate Capsule Delayed Release 240 MG | | 122.75917 | |
| TECFIDERA MIS STARTER | Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG | | 122.26813 | |
| TIVICAY TAB 50MG | Dolutegravir Sodium Tab 50 MG (Base Equiv) | | 55.03266 | |
| PULMOZYME SOL 1MG/ML | Dornase Alfa Inhal Soln 1 MG/ML | | 45.78413 | |
| TRULICITY INJ 0.75/0.5 | Dulaglutide Soln Pen-injector 0.75 MG/0.5ML | | 363.63960 | |
| TRULICITY INJ 1.5/0.5 | Dulaglutide Soln Pen-injector 1.5 MG/0.5ML | | 363.63960 | |
| EMPLICITI INJ 300MG | Elotuzumab For IV Soln 300 MG | | 1849.70148 | |
| EMPLICITI INJ 400MG | Elotuzumab For IV Soln 400 MG | | 2466.25536 | |
| PROMACTA TAB 12.5MG | Eltrombopag Olamine Tab 12.5 MG (Base Equiv) | | 147.31869 | |
| PROMACTA TAB 25MG | Eltrombopag Olamine Tab 25 MG (Base Equiv) | | 147.31869 | |
| PROMACTA TAB 50MG | Eltrombopag Olamine Tab 50 MG (Base Equiv) | | 274.06401 | |
| PROMACTA TAB 75MG | Eltrombopag Olamine Tab 75 MG (Base Equiv) | | 411.09634 | |
| 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 | | 55.63623 | |
| TRUVADA TAB 200-300 | Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG | | 55.63623 | |
| ENTECAVIR TAB 0.5MG | Entecavir Tab 0.5 MG | | 3.69667 | |
| ENTECAVIR TAB 1MG | Entecavir Tab 1 MG | | 4.33167 | |
| TARCEVA TAB 100MG | Erlotinib HCl Tab 100 MG (Base Equivalent) | | 248.07106 | |
| TARCEVA TAB 150MG | Erlotinib HCl Tab 150 MG (Base Equivalent) | | 280.58648 | |

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

Data as of 5/8/2018

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 TAB 10MG | Everolimus Tab 10 MG | | 517.32418 | |
| AFINITOR TAB 5MG | Everolimus Tab 5 MG | | 517.35228 | |
| AFINITOR DIS TAB 2MG | Everolimus Tab for Oral Susp 2 MG | | 492.11542 | |
| AFINITOR DIS TAB 3MG | Everolimus Tab for Oral Susp 3 MG | | 497.04526 | |
| AFINITOR DIS TAB 5MG | Everolimus Tab for Oral Susp 5 MG | | 517.32418 | |
| 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 | | 313.57068 | |
| NEUPOGEN INJ 480MCG | Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML) | | 312.07792 | |
| NEUPOGEN INJ 300/0.5 | Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML | | 664.74036 | |
| NEUPOGEN INJ 480/0.8 | Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML) | | 661.63035 | |
| GILENYA CAP 0.5MG | Fingolimod HCl Cap 0.5 MG (Base Equiv) | | 260.85472 | |
| 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 | | 9003.36192 | |
| SIMPONI INJ 50/0.5ML | Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML | | 9003.36192 | |
| 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 | | 3830.80524 | |
| 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 | | 134.16120 | |
| VENTAVIS SOL 20MCG/ML | Iloprost Inhalation Solution 20 MCG/ML | | 134.16120 | |
| 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 | | 12.62032 | |
| GAMMAKED INJ 1GM/10ML | Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML | | 12.62032 | |

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

Data as of 5/8/2018

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 1GM/10ML | Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML | | 12.62032 | |
| GAMMAGARD INJ 10GM/100 | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML | | 12.62032 | |
| GAMMAKED INJ 10GM/100 | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML | | 12.62032 | |
| GAMUNEX-C INJ 10GM/100 | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML | | 12.62032 | |
| GAMMAGARD INJ 2.5GM/25 | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML | | 12.62052 | |
| GAMMAKED INJ 2.5GM/25 | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML | | 12.62052 | |
| GAMUNEX-C INJ 2.5GM/25 | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML | | 12.62052 | |
| GAMMAGARD INJ 20GM/200 | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML | | 12.62032 | |
| GAMMAKED INJ 20GM/200 | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML | | 12.62032 | |
| GAMUNEX-C INJ 20GM/200 | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML | | 12.62032 | |
| GAMMAGARD INJ 30GM/300 | Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML | | 10.46298 | |
| GAMUNEX-C INJ 40/400ML | Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML | | 10.91863 | |
| GAMMAGARD INJ 5GM/50ML | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML | | 12.62032 | |
| GAMMAKED INJ 5GM/50ML | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML | | 12.62032 | |
| GAMUNEX-C INJ 5GM/50ML | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML | | 12.62032 | |
| 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 | | 7.59101 | |
| GAMMAPLEX INJ 10GM | Immune Globulin (Human) IV Soln 10 GM/200ML | | 7.59101 | |
| OCTAGAM INJ 10GM | Immune Globulin (Human) IV Soln 10 GM/200ML | | 7.59101 | |
| 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 | | 7.59101 | |
| GAMMAPLEX INJ 20GM | Immune Globulin (Human) IV Soln 20 GM/400ML | | 7.59101 | |
| FLEBOGAMMA INJ DIF 5% | Immune Globulin (Human) IV Soln 5 GM/100ML | | 7.59101 | |
| GAMMAPLEX INJ 5GM | Immune Globulin (Human) IV Soln 5 GM/100ML | | 7.59101 | |
| OCTAGAM INJ 5GM | Immune Globulin (Human) IV Soln 5 GM/100ML | | 7.59101 | |

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

Data as of 5/8/2018

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 |
|--------------------------|--|----------------|--------------------|----------------|
| HIZENTRA INJ 1GM/5ML | Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML | | 34.13491 | |
| HIZENTRA INJ 2GM/10ML | Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML | | 34.13491 | |
| HIZENTRA INJ 4GM/20ML | Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML | | 34.13491 | |
| 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 | | 1726.40949 | |
| AVONEX KIT 30MCG | Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial) | | 1690.69755 | |
| AVONEX PEN KIT 30MCG | Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML | | 6762.79020 | |
| AVONEX PREFL KIT 30MCG | Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML | | 6762.79020 | |
| REBIF TITRTN INJ PACK | Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML | | 1726.40949 | |
| REBIF REBIDO INJ 22/0.5 | Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML) | | 1208.48664 | |
| REBIF REBIDO INJ 44/0.5 | Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML) | | 1208.48600 | |
| REBIF INJ 22/0.5 | Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML) | | 1208.48664 | |
| REBIF INJ 44/0.5 | Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML) | | 1208.48664 | |
| BETASERON INJ 0.3MG | Interferon Beta-1b For Inj Kit 0.3 MG | | 505.57950 | |
| EXTAVIA INJ 0.3MG | Interferon Beta-1b For Inj Kit 0.3 MG | | 505.57950 | |
| TYKERB TAB 250MG | Lapatinib Ditosylate Tab 250 MG (Base Equiv) | | 49.59848 | |
| 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 | | 7990.69884 | |
| LUPR DEP-PED INJ 3M 30MG | Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG | | 8800.93488 | |
| LEUPROLIDE INJ 1MG/0.2 | Leuprolide Acetate Inj Kit 5 MG/ML | | 410.54000 | |
| LINEZOLID TAB 600MG | Linezolid Tab 600 MG | | 3.13200 | |
| GLEOSTINE CAP 40MG | Lomustine Cap 40 MG | | 332.51460 | |
| LOMUSTINE CAP 40MG | Lomustine Cap 40 MG | | 332.51460 | |
| OPSUMIT TAB 10MG | Macitentan Tab 10 MG | | 299.79600 | |
| INCRELEX INJ 40MG/4ML | Mecasermin Inj 40 MG/4ML (10 MG/ML) | | 1011.18651 | |
| RELISTOR INJ 12/0.6ML | Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML) | | 180.94000 | |
| RELISTOR INJ 8/0.4ML | Methylnaltrexone Bromide Inj 8 MG/0.4ML (20 MG/ML) | | 271.40289 | |
| RELISTOR KIT 12/0.6ML | Methylnaltrexone Bromide Inj Kit 12 MG/0.6ML | | 59.31180 | |
| ZAVESCA CAP 100MG | Miglustat Cap 100 MG | | 296.80800 | |

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

Data as of 5/8/2018

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 |
|--------------------------|--|----------------|--------------------|----------------|
| VIVITROL INJ 380MG | Naltrexone For IM Extended Release Susp 380 MG | | 1303.76400 | |
| TYSABRI INJ 300/15ML | Natalizumab for IV Inj Conc 300 MG/15ML | | 410.35200 | |
| TASIGNA CAP 150MG | Nilotinib HCl Cap 150 MG (Base Equivalent) | | 113.24636 | |
| TASIGNA CAP 200MG | Nilotinib HCl Cap 200 MG (Base Equivalent) | | 113.24636 | |
| GAZYVA INJ 25MG/ML | Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML) | | 154.52815 | |
| SANDOSTATIN KIT LAR 20MG | Octreotide Acetate For IM Inj Kit 20 MG | | 4064.76564 | |
| SANDOSTATIN KIT LAR 30MG | Octreotide Acetate For IM Inj Kit 30 MG | | 6086.69544 | |
| 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 | | 1661.08896 | |
| INVEGA TRINZ INJ 273MG | Paliperidone Palmitate IM Extend-Release Susp 273 MG/0.875ML | | 2847.54693 | |
| INVEGA TRINZ INJ 410MG | Paliperidone Palmitate IM Extend-Release Susp 410 MG/1.315ML | | 2842.16742 | |
| INVEGA TRINZ INJ 546MG | Paliperidone Palmitate IM Extend-Release Susp 546 MG/1.75ML | | 2847.71767 | |
| INVEGA TRINZ INJ 819MG | Paliperidone Palmitate IM Extend-Release Susp 819 MG/2.625ML | | 2847.63799 | |
| INVEGA SUST INJ 156MG/ML | Paliperidone Palmitate IM Extended-Release Susp 156 MG/ML | | 1661.16864 | |
| INVEGA SUST INJ 234/1.5 | Paliperidone Palmitate IM Extended-Release Susp 234 MG/1.5ML | | 1661.12216 | |
| INVEGA SUST INJ 39/0.25 | Paliperidone Palmitate IM Extended-Release Susp 39 MG/0.25ML | | 1661.00928 | |
| INVEGA SUST INJ 78/0.5ML | Paliperidone Palmitate IM Extended-Release Susp 78 MG/0.5ML | | 1661.06904 | |
| 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) | | 1337.85044 | |
| FARYDAK CAP 15MG | Panobinostat Lactate Cap 15 MG (Base Equivalent) | | 1337.85044 | |

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Specialty Drug State Maximum Allowable Cost (SMAC) List
Generic and Multi-Source Brand Drugs**

Data as of 5/8/2018

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|---|----------------|--------------------|----------------|
| FARYDAK CAP 20MG | Panobinostat Lactate Cap 20 MG (Base Equivalent) | | 1337.85044 | |
| VOTRIENT TAB 200MG | Pazopanib HCl Tab 200 MG (Base Equiv) | | 100.51084 | |
| NEULASTA INJ 6MG/0.6M | Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML | | 10343.55960 | |
| NEULASTA KIT 6MG/0.6M | Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML | | 10343.55960 | |
| PEGASYS INJ 180MCG/M | Peginterferon alfa-2a Inj 180 MCG/ML | | 1017.40404 | |
| 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 | |
| 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 | | 6762.79020 | |
| PLEGRIDY INJ PEN | Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML | | 6762.79020 | |
| PLEGRIDY INJ STARTER | Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack | | 6762.79020 | |
| PLEGRIDY INJ | Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML | | 6762.79020 | |
| POMALYST CAP 1MG | Pomalidomide Cap 1 MG | | 750.94157 | |
| POMALYST CAP 2MG | Pomalidomide Cap 2 MG | | 750.94157 | |
| POMALYST CAP 3MG | Pomalidomide Cap 3 MG | | 750.94157 | |
| POMALYST CAP 4MG | Pomalidomide Cap 4 MG | | 750.94157 | |
| MATULANE CAP 50MG | Procarbazine HCl Cap 50 MG | | 97.52832 | |
| CRINONE GEL 8% VAG | Progesterone Vaginal Gel 8% | | 25.21783 | |
| XOFIGO INJ 1100KBQ | Radium Ra 223 Dichloride Inj 30 microcurie/ML (1100 kBq/ML) | | 23375.42280 | |
| CYRAMZA INJ 100/10ML | Ramucirumab IV Soln 100 MG/10ML (For Infusion) | | 110.52612 | |
| CYRAMZA INJ 500/50ML | Ramucirumab IV Soln 500 MG/50ML (For Infusion) | | 110.52612 | |
| RILUTEK TAB 50MG | Riluzole Tab 50 MG | | 48.64547 | |

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Data as of 5/8/2018

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|-------------------------|---|----------------|--------------------|----------------|
| RILUZOLE TAB 50MG | Riluzole Tab 50 MG | | 48.64547 | |
| KUVAN TAB 100MG | Sapropterin Dihydrochloride Soluble Tab 100 MG | | 36.75240 | |
| UPTRAVI TAB 1000MCG | Selexipag Tab 1000 MCG | | 273.00360 | |
| UPTRAVI TAB 1200MCG | Selexipag Tab 1200 MCG | | 273.00360 | |
| UPTRAVI TAB 1400MCG | Selexipag Tab 1400 MCG | | 273.00360 | |
| UPTRAVI TAB 1600MCG | Selexipag Tab 1600 MCG | | 273.00360 | |
| UPTRAVI TAB 200MCG | Selexipag Tab 200 MCG | | 175.54500 | |
| UPTRAVI TAB 400MCG | Selexipag Tab 400 MCG | | 273.00360 | |
| UPTRAVI TAB 600MCG | Selexipag Tab 600 MCG | | 273.00360 | |
| UPTRAVI TAB 800MCG | Selexipag Tab 800 MCG | | 273.00360 | |
| UPTRAVI TAB 200/800 | Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60) | | 122.88150 | |
| REVATIO TAB 20MG | Sildenafil Citrate Tab 20 MG | | 47.50444 | |
| SILDENAFIL TAB 20MG | Sildenafil Citrate Tab 20 MG | 0.25973 | 0.16133 | 5/1/2018 |
| VIAGRA TAB 25MG | Sildenafil Citrate Tab 25 MG | | 67.08060 | |
| VIAGRA TAB 50MG | Sildenafil Citrate Tab 50 MG | | 67.08060 | |
| OLYSIO CAP 150MG | Simeprevir Sodium Cap 150 MG (Base Equivalent) | | 786.84000 | |
| SIROLIMUS TAB 1MG | Sirolimus Tab 1 MG | | 7.85000 | |
| BUPHENYL POW | Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful | | 54.29196 | |
| PHENYLBUTYRA POW SODIUM | Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful | | 54.29196 | |
| SOVALDI TAB 400MG | Sofosbuvir Tab 400 MG | | 996.00000 | |
| SAIZEN INJ 5MG | Somatropin (Non-Refrigerated) For Inj 5 MG | | 588.48660 | |
| SAIZEN INJ 8.8MG | Somatropin (Non-Refrigerated) For Inj 8.8 MG | | 941.57856 | |
| SEROSTIM INJ 4MG | Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG | | 329.39712 | |
| SEROSTIM INJ 5MG | Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG | | 411.74640 | |
| SEROSTIM INJ 6MG | Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG | | 494.09568 | |
| ZORBTIVE INJ 8.8MG | Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG | | 1214.08416 | |
| GENOTROPIN INJ 0.2MG | Somatropin For Inj 0.2 MG | | 26.35274 | |
| GENOTROPIN INJ 0.4MG | Somatropin For Inj 0.4 MG | | 52.71259 | |
| GENOTROPIN INJ 0.6MG | Somatropin For Inj 0.6 MG | | 79.06533 | |
| GENOTROPIN INJ 0.8MG | Somatropin For Inj 0.8 MG | | 105.41949 | |

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

Data as of 5/8/2018

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 1MG | Somatropin For Inj 1 MG | | 131.77934 | |
| GENOTROPIN INJ 1.2MG | Somatropin For Inj 1.2 MG | | 158.13350 | |
| GENOTROPIN INJ 1.4MG | Somatropin For Inj 1.4 MG | | 184.48481 | |
| GENOTROPIN INJ 1.6MG | Somatropin For Inj 1.6 MG | | 210.83613 | |
| GENOTROPIN INJ 1.8MG | Somatropin For Inj 1.8 MG | | 237.20025 | |
| GENOTROPIN INJ 12MG | Somatropin For Inj 12 MG (13.8 MG Overfill) | | 1450.81344 | |
| HUMATROPE INJ 12MG | Somatropin For Inj 12 MG (36 Unit) | | 1466.51040 | |
| GENOTROPIN INJ 2MG | Somatropin For Inj 2 MG | | 263.55014 | |
| HUMATROPE INJ 24MG | Somatropin For Inj 24 MG | | 2933.02080 | |
| HUMATROPE INJ 5MG | Somatropin For Inj 5 MG | | 611.04600 | |
| OMNITROPE INJ 5.8MG | Somatropin For Inj 5.8 MG | | 313.78482 | |
| HUMATROPE INJ 6MG | Somatropin For Inj 6 MG (18 Unit) | | 733.25520 | |
| GENOTROPIN INJ 5MG | Somatropin For Subcutaneous Inj 5 MG | | 604.49232 | |
| NUTROPIN INJ | Somatropin For Subcutaneous Inj 5 MG | | 604.49232 | |
| NUTROPIN INJ 5MG | Somatropin For Subcutaneous Inj 5 MG | | 604.49232 | |
| TEV-TROPIN INJ 5MG | Somatropin For Subcutaneous Inj 5 MG | | 604.49232 | |
| ZOMACTON INJ 5MG | Somatropin For Subcutaneous Inj 5 MG | | 604.49232 | |
| NUTROPIN AQ INJ 10MG/2ML | Somatropin Inj 10 MG/2ML | | 626.16030 | |
| NUTROPIN AQ INJ 5MG/ML | Somatropin Inj 10 MG/2ML | | 626.16030 | |
| NUTROPIN AQ INJ 20MG/2ML | Somatropin Inj 20 MG/2ML | | 1252.31064 | |
| NORDITROPIN INJ 30/3ML | Somatropin Inj 30 MG/3ML | | 1173.08880 | |
| NORDITROPIN INJ 5/1.5ML | Somatropin Inj 5 MG/1.5ML | | 395.38544 | |
| OMNITROPE INJ 5/1.5ML | Somatropin Inj 5 MG/1.5ML | | 395.38544 | |
| NUTROPIN AQ INJ NUSPIN 5 | Somatropin Inj 5 MG/2ML | | 313.07766 | |
| NEXAVAR TAB 200MG | Sorafenib Tosylate Tab 200 MG (Base Equivalent) | | 143.61822 | |
| SUTENT CAP 12.5MG | Sunitinib Malate Cap 12.5 MG (Base Equivalent) | | 173.87848 | |
| SUTENT CAP 25MG | Sunitinib Malate Cap 25 MG (Base Equivalent) | | 347.75767 | |
| SUTENT CAP 50MG | Sunitinib Malate Cap 50 MG (Base Equivalent) | | 605.39726 | |
| INCIVEK TAB 375MG | Telaprevir Tab 375 MG | | 130.73507 | |
| TEMOZOLOMIDE CAP 100MG | Temozolomide Cap 100 MG | | 76.52000 | |

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

Data as of 5/8/2018

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|--|----------------|--------------------|----------------|
| TEMOZOLOMIDE CAP 140MG | Temozolomide Cap 140 MG | | 396.17686 | |
| TEMOZOLOMIDE CAP 180MG | Temozolomide Cap 180 MG | | 149.25000 | |
| TEMOZOLOMIDE CAP 20MG | Temozolomide Cap 20 MG | | 63.13843 | |
| TEMOZOLOMIDE CAP 250MG | Temozolomide Cap 250 MG | | 201.65000 | |
| TORISEL SOL 25MG/ML | Temsirolimus Soln For IV Infusion 25 MG/ML | | 1762.51164 | |
| VIREAD TAB 150MG | Tenofovir Disoproxil Fumarate Tab 150 MG | | 35.08310 | |
| VIREAD TAB 200MG | Tenofovir Disoproxil Fumarate Tab 200 MG | | 35.08310 | |
| VIREAD TAB 250MG | Tenofovir Disoproxil Fumarate Tab 250 MG | | 35.08310 | |
| FORTEO SOL 600/2.4 | Teriparatide (Recombinant) Inj 600 MCG/2.4ML | | 1367.30050 | |
| EGRIFTA SOL 1MG | Tesamorelin Acetate For Inj 1 MG (Base Equiv) | | 76.36000 | |
| TETRABENAZIN TAB 12.5MG | Tetrabenazine Tab 12.5 MG | | 114.08824 | |
| XENAZINE TAB 12.5MG | Tetrabenazine Tab 12.5 MG | | 114.08824 | |
| TETRABENAZIN TAB 25MG | Tetrabenazine Tab 25 MG | | 228.17649 | |
| XENAZINE TAB 25MG | Tetrabenazine Tab 25 MG | | 228.17649 | |
| 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 | | 45.07149 | |
| 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 | | 103.78320 | |
| ACTEMRA INJ 80MG/4ML | Tocilizumab IV Inj 80 MG/4ML | | 103.78320 | |
| MEKINIST TAB 0.5MG | Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent) | | 100.26234 | |
| MEKINIST TAB 2MG | Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent) | | 357.96572 | |
| 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 | |

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|-------------------------|--|----------------|--------------------|----------------|
| 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 | |
| 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) | | 88.04872 | |
| VALGANCICLOV TAB 450MG | Valganciclovir HCl Tab 450 MG (Base Equivalent) | | 88.04872 | |
| 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 | |