

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

Data as of 8/1/2018

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                  |                | 3.49833            |                |
| 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                |                | 2975.95836         |                |
| KADCYLA INJ 160MG        | Ado-Trastuzumab Emtansine For IV Soln 160 MG                |                | 4761.53736         |                |
| 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                           |                | 5870.42400         |                |
| FABRAZYME INJ 5MG        | Agalsidase beta For IV Soln 5 MG                            |                | 838.63200          |                |
| 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)                   |                | 18546.62390        |                |
| 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            |                |

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|--------------------------|---|----------------|--------------------|----------------|
| 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  | 82.66142       | 79.48212           | 7/27/2018      |
| INLYTA TAB 5MG        | Axitinib Tab 5 MG  | 247.98425      | 238.44638          | 7/27/2018      |
| BENLYSTA INJ 400MG    | Belimumab For IV Soln 400 MG                                 |                | 1694.97288         |                |
| AVASTIN INJ           | Bevacizumab IV Soln 100 MG/4ML (For Infusion)                |                | 198.43806          |                |
| AVASTIN INJ 400/16ML  | Bevacizumab IV Soln 400 MG/16ML (For Infusion)               |                | 198.43806          |                |
| 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                        |                | 7345.50000         |                |
| 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                                     | 274.52217      | 266.52644          | 7/27/2018      |
| XALKORI CAP 250MG         | Crizotinib Cap 250 MG                                     | 274.52217      | 266.52644          | 7/27/2018      |
| TAFINLAR CAP 50MG         | Dabrafenib Mesylate Cap 50 MG (Base Equivalent)           |                | 63.95772           |                |
| 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                           |                | 44.68504           |                |
| 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          |                |



**Illinois Department of Healthcare and Family Services  
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| Label Name            | Generic Name  | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|-----------------------|---|----------------|--------------------|----------------|
| 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          |                |



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| 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)               |                | 151.44346          |                |
| PROMACTA TAB 25MG      | Eltrombopag Olamine Tab 25 MG (Base Equiv)                 |                | 151.44346          |                |
| 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   |                | 2.02000            |                |
| TARCEVA TAB 100MG      | Erlotinib HCl Tab 100 MG (Base Equivalent)                 |                | 248.07106          |                |
| TARCEVA TAB 150MG      | Erlotinib HCl Tab 150 MG (Base Equivalent)                 |                | 280.58648          |                |

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| 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)               |                | 14.52000           |                |
| GAMMAGARD INJ 1GM/10ML  | Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML    |                | 8.89895            |                |
| GAMMAKED INJ 1GM/10ML   | Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML    |                | 8.89895            |                |

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| 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   |                | 8.89895            |                |
| GAMMAGARD INJ 10GM/100  | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML |                | 8.89895            |                |
| GAMMAKED INJ 10GM/100   | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML |                | 8.89895            |                |
| GAMUNEX-C INJ 10GM/100  | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML |                | 8.89895            |                |
| GAMMAGARD INJ 2.5GM/25  | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML |                | 8.89895            |                |
| GAMMAKED INJ 2.5GM/25   | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML |                | 8.89895            |                |
| GAMUNEX-C INJ 2.5GM/25  | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML |                | 8.89895            |                |
| GAMMAGARD INJ 20GM/200  | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML |                | 8.89895            |                |
| GAMMAKED INJ 20GM/200   | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML |                | 8.89895            |                |
| GAMUNEX-C INJ 20GM/200  | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML |                | 8.89895            |                |
| GAMMAGARD INJ 30GM/300  | Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML |                | 8.89895            |                |
| GAMUNEX-C INJ 40/400ML  | Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML |                | 8.04000            |                |
| GAMMAGARD INJ 5GM/50ML  | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML   |                | 8.89895            |                |
| GAMMAKED INJ 5GM/50ML   | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML   |                | 8.89895            |                |
| GAMUNEX-C INJ 5GM/50ML  | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML   |                | 8.89895            |                |
| FLEBOGAMMA INJ DIF 5%   | Immune Globulin (Human) IV Soln 0.5 GM/10ML                 |                | 6.91373            |                |
| GAMUNEX INJ 10%         | Immune Globulin (Human) IV Soln 10 GM/100ML                 |                | 8.31000            |                |
| OCTAGAM INJ 10/100ML    | Immune Globulin (Human) IV Soln 10 GM/100ML                 |                | 8.31000            |                |
| 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            |                |
| GAMUNEX INJ 10%         | Immune Globulin (Human) IV Soln 20 GM/200ML                 |                | 8.31000            |                |
| OCTAGAM INJ 20/200ML    | Immune Globulin (Human) IV Soln 20 GM/200ML                 |                | 8.31000            |                |
| FLEBOGAMMA INJ 20/400ML | Immune Globulin (Human) IV Soln 20 GM/400ML                 |                | 7.59101            |                |

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|--------------------------|--|----------------|--------------------|----------------|
| 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            |                |
| OCTAGAM INJ 5GM/50ML     | Immune Globulin (Human) IV Soln 5 GM/50ML                    |                | 8.31000            |                |
| HIZENTRA INJ 1GM/5ML     | Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML            |                | 19.22200           |                |
| HIZENTRA INJ 2GM/10ML    | Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML           |                | 19.00000           |                |
| HIZENTRA INJ 4GM/20ML    | Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML           |                | 19.22200           |                |
| 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                           |                | 263.20000          |                |
| 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          |                |

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|--------------------------|--|----------------|--------------------|----------------|
| 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          |                |
| 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         |                |

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| Label Name               | Generic Name   | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|--|----------------|--------------------|----------------|
| 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         |                |
| 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      | 788.48862          | 7/9/2018       |
| POMALYST CAP 2MG         | Pomalidomide Cap 2 MG                                      | 750.94157      | 788.48868          | 7/9/2018       |
| POMALYST CAP 3MG         | Pomalidomide Cap 3 MG                                      | 750.94157      | 788.48868          | 7/9/2018       |
| POMALYST CAP 4MG         | Pomalidomide Cap 4 MG                                      | 750.94157      | 788.48868          | 7/9/2018       |
| MATULANE CAP 50MG        | Procarbazine HCl Cap 50 MG                                 |                | 97.52832           |                |
| CRINONE GEL 8% VAG       | Progesterone Vaginal Gel 8%                                |                | 25.21783           |                |

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| Label Name              | Generic Name  | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|-------------------------|---|----------------|--------------------|----------------|
| 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           |                |
| RILUZOLE TAB 50MG       | Riluzole Tab 50 MG  |                | 1.36333            |                |
| 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                                |                | 0.16133            |                |
| 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           |                |



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| Label Name               | Generic Name                                    | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|---|----------------|--------------------|----------------|
| GENOTROPIN INJ 0.6MG     | Somatropin For Inj 0.6 MG                       |                | 79.06533           |                |
| GENOTROPIN INJ 0.8MG     | Somatropin For Inj 0.8 MG                       |                | 105.41949          |                |
| 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) |                | 154.96407          |                |
| SUTENT CAP 12.5MG        | Sunitinib Malate Cap 12.5 MG (Base Equivalent)  | 180.83376      | 173.87848          | 7/27/2018      |
| SUTENT CAP 25MG          | Sunitinib Malate Cap 25 MG (Base Equivalent)    | 361.66788      | 347.75767          | 7/27/2018      |
| SUTENT CAP 50MG          | Sunitinib Malate Cap 50 MG (Base Equivalent)    | 629.61322      | 605.39726          | 7/27/2018      |

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| Label Name               | Generic Name   | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|--|----------------|--------------------|----------------|
| INCIVEK TAB 375MG        | Telaprevir Tab 375 MG                                      |                | 130.73507          |                |
| TEMOZOLOMIDE CAP 100MG   | Temozolomide Cap 100 MG                                    |                | 43.20000           |                |
| TEMOZOLOMIDE CAP 140MG   | Temozolomide Cap 140 MG                                    |                | 98.35000           |                |
| TEMOZOLOMIDE CAP 180MG   | Temozolomide Cap 180 MG                                    |                | 126.66000          |                |
| TEMOZOLOMIDE CAP 20MG    | Temozolomide Cap 20 MG                                     |                | 14.07357           |                |
| TEMOZOLOMIDE CAP 250MG   | Temozolomide Cap 250 MG                                    |                | 136.06400          |                |
| TORISEL SOL 25MG/ML      | Temsirolimus Soln For IV Infusion 25 MG/ML                 | 1815.38928     | 1762.51164         | 7/27/2018      |
| 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                                  |                | 13.06000           |                |
| TETRABENAZIN TAB 25MG    | Tetrabenazine Tab 25 MG                                    |                | 26.52000           |                |
| 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                            |                | 1572.18600         |                |
| 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      | 108.76569          | 7/1/2018       |
| ACTEMRA INJ 80MG/4ML     | Tocilizumab IV Inj 80 MG/4ML                               | 103.78320      | 108.76569          | 7/1/2018       |
| MEKINIST TAB 0.5MG       | Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent) |                | 105.17528          |                |
| 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          |                |
| VALGANCICLOV TAB 450MG  | Valganciclovir HCl Tab 450 MG (Base Equivalent)            |                | 16.82650           |                |
| 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            |                |

8/1/2018