

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ACTEMRA 400 MG/20 ML VIAL	TOCILIZUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 400MG/20ML		68.77961	
ACTEMRA 80 MG/4 ML VIAL	TOCILIZUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 80 MG/4 ML		68.77795	
ADVATE 1,201-1,800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		1.13365	
ADVATE 1,801-2,400 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		1.13365	
ADVATE 2,400-3,600 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		1.13365	
ADVATE 200-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		1.13365	
ADVATE 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		1.13365	
ADVATE 801-1,200 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		1.13365	
AFINITOR 10 MG TABLET	EVEROLIMUS ORAL TABLET 10 MG		266.29720	
AFINITOR 5 MG TABLET	EVEROLIMUS ORAL TABLET 5 MG		252.51742	
ALOXI 0.25 MG/5 ML VIAL	PALONOSETRON HCL INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 0.25MG/5ML		75.49680	
ALPHANATE 1,000-400 UNIT VIAL	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (400)		0.89520	
ALPHANATE 1,500-600 UNIT VIAL	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (600)		0.89520	
ALPHANATE 250-100 UNIT VIAL	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (100)		0.89520	
ALPHANATE 500-200 UNIT VIAL	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (200)		0.89520	
ALPHANINE SD 1,000 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.93000	
ALPHANINE SD 1,500 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		0.84750	
ALPHANINE SD 500 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.93000	
AMPYRA ER 10 MG TABLET	DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG		21.67435	
ARANESP 100 MCG/0.5 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 100MCG/0.5		1192.41120	
ARANESP 100 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MCG/ML		596.20560	
ARANESP 150 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 150MCG/0.3		2981.02800	
ARANESP 150 MCG/0.75 ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 150MCG/.75		1192.41120	
ARANESP 200 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 200MCG/0.4		2981.02800	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ARANESP 200 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 200 MCG/ML		1192.41120	
ARANESP 25 MCG/0.42 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 25MCG/0.42		354.88429	
ARANESP 25 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MCG/ML		149.05140	
ARANESP 300 MCG/0.6 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 300MCG/0.6		2981.02800	
ARANESP 300 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 300MCG/ML		1788.61680	
ARANESP 40 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 40 MCG/0.4		596.23050	
ARANESP 40 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40MCG/ML		238.49220	
ARANESP 500 MCG/1 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 500 MCG/ML		2981.02800	
ARANESP 60 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 60MCG/0.3		1192.37800	
ARANESP 60 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 60MCG/ML		357.71340	
AVONEX ADMIN PACK 30 MCG VL	INTERFERON BETA-1A/ALBUMIN HUMAN INTRAMUSCULAR KIT 30 MCG		881.46000	
AVONEX PEN 30 MCG/0.5 ML	INTERFERON BETA-1A INTRAMUSCULAR PEN INJECTOR KIT (EA) 30MCG/.5ML		3525.84000	
AVONEX PREFILLED SYR 30 MCG	INTERFERON BETA-1A INTRAMUSCULAR KIT 30MCG/.5ML		881.46000	
BARACLUE 0.5 MG TABLET	ENTECAVIR ORAL TABLET 0.5 MG		28.45720	
BARACLUE 1 MG TABLET	ENTECAVIR ORAL TABLET 1 MG		28.45738	
BEBULIN 200-1,200 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 700 (+/-)U		0.94350	
BEBULIN VH IMMU 200-1,200 UNIT	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 700 (+/-)U		0.94350	
BENEFIX 1,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT		1.07900	
BENEFIX 2,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT		1.07900	
BENEFIX 250 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT		1.07900	
BENEFIX 500 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT		1.07900	
BENLYSTA 120 MG VIAL	BELIMUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 120 MG		441.41060	
BENLYSTA 400 MG VIAL	BELIMUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400 MG		1471.34930	
BOTOX 100 UNITS VIAL	ONABOTULINUMTOXINA INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 100 UNIT		522.90000	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
BOTOX 200 UNITS VIAL	ONABOTULINUMTOXINA INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 200 UNIT		1045.80000	
BOTOX COSMETIC 50 UNITS VIAL	ONABOTULINUMTOXINA INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 50 UNIT		287.84400	
BUPHENYL POWDER	SODIUM PHENYL BUTYRATE ORAL POWDER (GRAM)		16.13244	
CAYSTON 75 MG INHAL SOLUTION	AZTREONAM LYSINE INHALATION VIAL, NEBULIZER (ML) 75 MG/ML		62.98969	
CEENU 40 MG CAPSULE	LOMUSTINE ORAL CAPSULE (HARD, SOFT, ETC.) 40 MG		26.46165	
CIMZIA 200 MG VIAL KIT	CERTOLIZUMAB PEGOL SUBCUTANEOUS KIT 400 MG		1960.56790	
CINRYZE 500 UNIT VIAL	C1 ESTERASE INHIBITOR INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (5 ML)		2147.11040	
CRINONE 8% GEL	PROGESTERONE, MICRONIZED VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 8 %		8.57056	
DIFICID 200 MG TABLET	FIDAXOMICIN ORAL TABLET 200 MG		139.44000	
EGRIFTA 1 MG VIAL	TESAMORELIN ACETATE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 MG		34.56549	
ELOXATIN 200 MG/40 ML VIAL	OXALIPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 200MG/40ML		107.33539	
ENBREL 25 MG KIT	ETANERCEPT SUBCUTANEOUS KIT 25 MG		240.86185	
ENBREL 50 MG/ML SURECLICK SYR	ETANERCEPT SUBCUTANEOUS PEN INJECTOR (ML) 50 MG/ML		491.55479	
ENBREL 50 MG/ML SYRINGE	ETANERCEPT SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 50 MG/ML		491.55479	
ERIVEDGE 150 MG CAPSULE	VISMODEGIB ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG		266.78571	
EXJADE 125 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 125 MG		19.70144	
EXJADE 250 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 250 MG		39.40203	
EXJADE 500 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 500 MG		78.80325	
EXTAVIA 0.3 MG KIT	INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG		217.05054	
FABRAZYME 35 MG VIAL	AGALSIDASE BETA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 35 MG		4648.01660	
FABRAZYME 5 MG VIAL	AGALSIDASE BETA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG		664.00000	
FEIBA NF 1,750-3,250 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1750-3250		1.53550	
FEIBA NF 400-650 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400-650 U		1.53550	
FEIBA NF 651-1,200 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 651-1200 U		1.53550	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
FEIBA VH IMMU 1,750-3,250 UNIT	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1750-3250		1.53550	
FEIBA VH IMMUNO 400-650 UNITS	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400-650 U		1.53550	
FEIBA VH IMMUNO 651-1,200 UNIT	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 651-1200 U		1.53550	
FERRIPROX 500 MG TABLET	DEFERIPRONE ORAL TABLET 500 MG		31.55328	
FIRMAGON 80 MG VIAL	DEGARELIX ACETATE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 80 MG		402.83220	
FORTEO 600 MCG/2.4 ML PEN INJ	TERIPARATIDE SUBCUTANEOUS PEN INJECTOR (ML) 20MCG/DOSE		454.17600	
FRAGMIN 10,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 10000/ML		64.25860	
FRAGMIN 12,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 12500/0.5		160.64318	
FRAGMIN 15,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 15000/0.6		160.64374	
FRAGMIN 18,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 18000/0.72		160.64074	
FRAGMIN 2,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 2500/0.2ML		99.02730	
FRAGMIN 25,000 UNITS/ML VIAL"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 25000/ML		145.34174	
FRAGMIN 5,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 5000/0.2ML		160.64650	
FRAGMIN 7,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 7500/0.3ML		160.65204	
FUZEON CONVENIENCE KIT	ENFUVRTIDE SUBCUTANEOUS KIT 90 MG		2696.43760	
GAMMAGARD LIQUID 10% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 %		11.61734	
GAMMAGARD S-D 2.5 GM VL W/ST	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2.5 G		271.01160	
GENOTROPIN 12 MG CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 12 MG/ML		834.00060	
GENOTROPIN 5 MG CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 5 MG/ML		347.49610	
GENOTROPIN MINIQUICK 0.2 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 0.2MG/0.25		15.15106	
GENOTROPIN MINIQUICK 0.4 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 0.4MG/0.25		30.29974	
GENOTROPIN MINIQUICK 0.6 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 0.6MG/0.25		45.45199	
GENOTROPIN MINIQUICK 0.8 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 0.8MG/0.25		60.60186	
GENOTROPIN MINIQUICK 1 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1MG/0.25ML		75.75291	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
GENOTROPIN MINIQUICK 1.2 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1.2MG/0.25		90.90397	
GENOTROPIN MINIQUICK 1.4 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1.4MG/0.25		106.05266	
GENOTROPIN MINIQUICK 1.6 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1.6MG/0.25		121.20134	
GENOTROPIN MINIQUICK 1.8 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1.8MG/0.25		136.35477	
GENOTROPIN MINIQUICK 2 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 2MG/0.25ML		151.50464	
GILENYA 0.5 MG CAPSULE	FINGOLIMOD HCL ORAL CAPSULE (HARD, SOFT, ETC.) 0.5 MG		142.88361	
GLEEVEC 400 MG TABLET	IMATINIB MESYLATE ORAL TABLET 400 MG		193.19136	
HELIXATE FS 1,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		1.11350	
HELIXATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		1.11350	
HELIXATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		1.11350	
HELIXATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		1.09000	
HELIXATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		1.11350	
HEMOFIL M 1,701-2,000 UNITS VL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1701-2000		0.86000	
HEMOFIL M 220-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 220-400 U		0.86000	
HEMOFIL M 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 401-800 U		0.86000	
HEMOFIL M 801-1,700 UNITS VIAL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 801-1700 U		0.86000	
HEPSERA 10 MG TABLET	ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		32.96926	
HIZENTRA 1 GRAM/5 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1 G/5 ML		25.09920	
HIZENTRA 2 GRAM/10 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 2 G/10 ML		25.09920	
HIZENTRA 4 GRAM/20 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 4 G/20 ML		25.09920	
HUMATE-P 1,200 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 500-1200 U		0.90000	
HUMATE-P 2,400 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 1000-2400		0.90000	
HUMATE-P 600 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 250-600 U		0.90000	
HUMATROPE 12 MG CARTRIDGE	SOMATROPIN INJECTION CARTRIDGE (EA) 12 MG		895.80240	

Illinois Department of Healthcare and Family Services

State Maximum Allowable Cost (SMAC) List

Specialty Drugs

as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
HUMATROPE 24 MG CARTRIDGE	SOMATROPIN INJECTION CARTRIDGE (EA) 24 MG		1791.60480	
HUMATROPE 5 MG VIAL	SOMATROPIN INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG		373.25100	
HUMATROPE 6 MG CARTRIDGE	SOMATROPIN INJECTION CARTRIDGE (EA) 6 MG		447.90120	
HUMIRA 40 MG/0.8 ML PEN	ADALIMUMAB SUBCUTANEOUS PEN INJECTOR KIT (EA) 40MG/0.8ML		954.36305	
HUMIRA 40 MG/0.8 ML SYRINGE	ADALIMUMAB SUBCUTANEOUS KIT 40MG/0.8ML		954.36305	
INCIVEK 375 MG TABLET	TELAPREVIR ORAL TABLET 375 MG		104.03457	
INCRELEX 40 MG/4 ML VIAL	MECASERMIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML		276.01650	
INLYTA 1 MG TABLET	AXITINIB ORAL TABLET 1 MG		48.80400	
INLYTA 5 MG TABLET	AXITINIB ORAL TABLET 5 MG		146.41200	
INVEGA SUSTENNA 117 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 117MG/0.75		1075.49186	
INVEGA SUSTENNA 156 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 156 MG/ML		1075.53890	
INVEGA SUSTENNA 234 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 234MG/1.5		1075.53614	
INVEGA SUSTENNA 39 MG PREF SYR	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 39MG/0.25		1075.44760	
INVEGA SUSTENNA 78 MG PREF SYR	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 78MG/0.5ML		1075.51400	
KALYDECO 150 MG TABLET	IVACAFTOR ORAL TABLET 150 MG		406.70000	
KOATE-DVI 1,000 UNITS KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1000 (+/-)		0.78720	
KOATE-DVI 250 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)		0.78720	
KOATE-DVI 500 UNITS KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 500 (+/-)		0.78720	
KOGENATE FS 1,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		1.11350	
KOGENATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		1.11350	
KOGENATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		1.11350	
KOGENATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		1.09000	
KOGENATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		1.11350	
KUVAN 100 MG TABLET	SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET, SOLUBLE 100 MG		31.52340	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
LETAIRIS 10 MG TABLET	AMBRISENTAN ORAL TABLET 10 MG		200.26711	
LETAIRIS 5 MG TABLET	AMBRISENTAN ORAL TABLET 5 MG		200.26711	
LUPRON DEPOT-PED 11.25 MG 3MO KIT	LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 11.25 MG		4760.82190	
LUPRON DEPOT-PED 30 MG 3MO KIT	LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 30 MG		5243.54990	
MATULANE 50 MG CAPSULE	PROCARBAZINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG		50.09880	
MIRENA SYSTEM	LEVONORGESTREL INTRAUTERINE INTRAUTERINE DEVICE 20MCG/24HR	700.23780	0.00000	07/01/2012
MONOCLATE-P 1,000 UNITS KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1000 (+/-)		0.78720	
MONOCLATE-P 1,500 UNITS KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1500 (+/-)		0.71850	
MONONINE 1,000 UNITS KIT	FACTOR IX INTRAVENOUS KIT 1000 (+/-)		0.93000	
NEULASTA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 6MG/0.6ML		6004.22000	
NEUPOGEN 300 MCG/0.5 ML SYR	FILGRASTIM INJECTION DISPOSABLE SYRINGE (ML) 300MCG/0.5		561.54480	
NEUPOGEN 300 MCG/ML VIAL	FILGRASTIM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 300MCG/ML		255.97200	
NEUPOGEN 480 MCG/0.8 ML SYR	FILGRASTIM INJECTION DISPOSABLE SYRINGE (ML) 480MCG/0.8		559.00500	
NEUPOGEN 480 MCG/1.6 ML VIAL	FILGRASTIM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 480MCG/1.6		254.72700	
NEXAVAR 200 MG TABLET	SORAFENIB TOSYLATE ORAL TABLET 200 MG		69.53450	
NORDITROPIN 15 MG/1.5 ML CRTG	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 15MG/1.5ML		621.60360	
NORDITROPIN NORDIFLEX 30 MG/3	SOMATROPIN SUBCUTANEOUS PEN INJECTOR (ML) 30 MG/3 ML		746.00400	
NOVOSEVEN RT 1,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 MG		1.49000	
NOVOSEVEN RT 2,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2 MG		1.49000	
NOVOSEVEN RT 5,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG		1.49000	
NOVOSEVEN RT 8,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 8 MG		1.49000	
NUTROPIN 10 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 10 MG		752.66060	
NUTROPIN AQ 20 MG/2 ML PEN CART	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 20 MG/2 ML		746.72195	
NUTROPIN AQ 5 MG/ML VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/2 ML		373.35890	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
NUTROPIN AQ NUSPIN 5 PEN CART	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 5 MG/2 ML		186.67945	
NUTROPIN AQ PEN CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 10 MG/2 ML		373.35890	
OCTAGAM 5% VIAL	IMMUNE GLOBULIN,GAMMA (IGG) HUMAN/MALTOSE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 5 %		5.53145	
OMNITROPE 5 MG/1.5 ML CRTG	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 5MG/1.5ML		165.61488	
OMNITROPE 5.8 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5.8MG		262.78734	
ORENCIA 250 MG VIAL	ABATACEPT/MALTOSE INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 MG		576.07810	
PEGASYS 180 MCG/0.5 ML SYRINGE	PEGINTERFERON ALFA-2A SUBCUTANEOUS KIT 180MCG/0.5		2457.68810	
PEGASYS 180 MCG/ML VIAL	PEGINTERFERON ALFA-2A SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 180MCG/ML		614.42410	
PEGINTRON 120 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 120MCG/0.5		631.14860	
PEGINTRON 150 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 150MCG/0.5		662.72180	
PEGINTRON 50 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 50 MCG/0.5		572.50080	
PEGINTRON REDIPEN 120 MCG 4PK	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 120MCG/0.5		631.17350	
PEGINTRON REDIPEN 150 MCG	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 150MCG/0.5		662.72180	
PEGINTRON REDIPEN 50 MCG 4PK	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 50 MCG/0.5		572.50910	
PROFILNINE SD 1,000 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.72220	
PROFILNINE SD 1,500 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		0.72220	
PROFILNINE SD 500 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.72220	
PULMOZYME 1 MG/ML AMPUL	DORNASE ALFA INHALATION SOLUTION, NON-ORAL 1 MG/ML		29.40856	
RAPAMUNE 1 MG TABLET	SIROLIMUS ORAL TABLET 1 MG		11.07469	
REBIF 22 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 22MCG/.5ML		551.53500	
REBIF 44 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 44MCG/.5ML		598.43000	
REBIF TITRATION PACK	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 8.8-22(6)		787.90714	
RECOMBINATE 1,241-1,800 UNIT V	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		1.12000	
RECOMBINATE 1,801-2,400 UNIT V	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		1.11350	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
RECOMBINATE 220-400 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		1.11350	
RECOMBINATE 401-800 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		1.11350	
RECOMBINATE 801-1,240 UNIT VL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		1.11350	
RELISTOR 12 MG/0.6 ML KIT	METHYLNALTREXONE BROMIDE SUBCUTANEOUS KIT 12MG/0.6ML		45.81600	
RELISTOR 12 MG/0.6 ML SYRINGE	METHYLNALTREXONE BROMIDE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 12MG/0.6ML		76.36000	
RELISTOR 12 MG/0.6 ML VIAL	METHYLNALTREXONE BROMIDE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 12MG/0.6ML		76.36000	
RELISTOR 8 MG/0.4 ML SYRINGE	METHYLNALTREXONE BROMIDE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 8 MG/0.4ML		114.54000	
REMICADE 100 MG VIAL	INFLIXIMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 100 MG		741.93700	
REVATIO 20 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 20 MG		17.11404	
REVLIMID 10 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG		371.52701	
REVLIMID 15 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG		373.04226	
REVLIMID 25 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG		376.71012	
REVLIMID 5 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG		365.25425	
RILUTEK 50 MG TABLET	RILUZOLE ORAL TABLET 50 MG		18.33746	
RITUXAN 10 MG/ML VIAL	RITUXIMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML		62.99368	
SAIZEN 8.8 MG CLICK.EASY CARTG	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 8.8MG/1.5		596.48780	
SANDOSTATIN LAR 20 MG KIT	OCTREOTIDE ACETATE INTRAMUSCULAR KIT 20 MG		2431.62610	
SANDOSTATIN LAR 30 MG KIT	OCTREOTIDE ACETATE INTRAMUSCULAR KIT 30 MG		3641.18510	
SEROSTIM 4 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 4 MG		201.11256	
SEROSTIM 6 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 6 MG		301.66824	
SIMPONI 50 MG/0.5 ML PEN INJEC	GOLIMUMAB SUBCUTANEOUS PEN INJECTOR (ML) 50MG/0.5ML		4134.62840	
SIMPONI 50 MG/0.5 ML SYRINGE	GOLIMUMAB SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 50MG/0.5ML		4134.62840	
SPRYCEL 100 MG TABLET	DASATINIB ORAL TABLET 100 MG		271.61750	
SPRYCEL 140 MG TABLET	DASATINIB ORAL TABLET 140 MG		271.61750	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
SPRYCEL 20 MG TABLET	DASATINIB ORAL TABLET 20 MG		67.90465	
SPRYCEL 50 MG TABLET	DASATINIB ORAL TABLET 50 MG		135.80875	
SPRYCEL 70 MG TABLET	DASATINIB ORAL TABLET 70 MG		135.80875	
SPRYCEL 80 MG TABLET	DASATINIB ORAL TABLET 80 MG		271.61750	
SUTENT 12.5 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE (HARD, SOFT, ETC.) 12.5 MG		90.65497	
SUTENT 25 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG		181.30965	
SUTENT 50 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG		340.16127	
SYNAGIS 100 MG/1 ML VIAL	PALIVIZUMAB INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML		2330.62340	
SYNAGIS 50 MG/0.5 ML VIAL	PALIVIZUMAB INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 50MG/0.5ML		2468.48640	
TABLOID 40 MG TABLET	THIOGUANINE ORAL TABLET 40 MG		8.69641	
TARCEVA 100 MG TABLET	ERLOTINIB HCL ORAL TABLET 100 MG		147.47828	
TARCEVA 150 MG TABLET	ERLOTINIB HCL ORAL TABLET 150 MG		166.80842	
TASIGNA 150 MG CAPSULE	NILOTINIB HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG		67.90556	
TASIGNA 200 MG CAPSULE	NILOTINIB HCL ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG		67.90526	
TEMODAR 100 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG		205.76589	
TEMODAR 140 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 140 MG		288.07047	
TEMODAR 180 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 180 MG		370.37624	
TEMODAR 20 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG		41.15318	
TEMODAR 250 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG		514.55020	
THALOMID 100 MG CAPSULE	THALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG		231.59146	
THALOMID 150 MG CAPSULE	THALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG		247.62857	
THALOMID 200 MG CAPSULE	THALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG		263.67608	
THALOMID 50 MG CAPSULE	THALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG		142.67551	
THYROGEN 1.1 MG VIAL	THYROTROPIN ALFA INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 1.1 MG		993.01200	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
TOBI 300 MG/5 ML SOLUTION	TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE INHALATION AMPUL FOR NEBULIZATION (ML) 300 MG/5ML		18.02411	
TORISEL 25 MG KIT	TEMSIROLIMUS INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) FNL 30MG/3		1292.90760	
TRACLEER 125 MG TABLET	BOSENTAN ORAL TABLET 125 MG		100.84500	
TRACLEER 62.5 MG TABLET	BOSENTAN ORAL TABLET 62.5 MG		100.84500	
TRELSTAR 22.5 MG VIAL	TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 22.5 MG		4859.92390	
TRELSTAR DEPOT 3.75 MG VIAL	TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 3.75 MG		809.98870	
TRELSTAR LA 11.25 MG VIAL	TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 11.25 MG		2429.95780	
TRUVADA 200 MG-300 MG TABLET	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200-300MG		38.49679	
TYKERB 250 MG TABLET	LAPATINIB DITOSYLATE ORAL TABLET 250 MG		26.98303	
TYSABRI 300 MG/15 ML VIAL	NATALIZUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 300MG/15ML		238.42248	
VANTAS 50 MG KIT	HISTRELIN ACETATE IMPLANTATION KIT 50 MG		3187.20000	
VELCADE 3.5 MG VIAL	BORTEZOMIB INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 3.5 MG		1465.11600	
VENTAVIS 10 MCG/1 ML SOLUTION	ILOPROST INHALATION AMPUL FOR NEBULIZATION (ML) 10 MCG/ML		69.22200	
VENTAVIS 20 MCG/1 ML SOLUTION	ILOPROST INHALATION AMPUL FOR NEBULIZATION (ML) 20 MCG/ML		69.22200	
VIAGRA 25 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 25 MG		20.34801	
VIAGRA 50 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 50 MG		20.34801	
VICTRELIS 200 MG CAPSULE	BOCEPREVIR ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG		13.95586	
VIREAD 150 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 150 MG		24.16074	
VIREAD 200 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200 MG		24.16074	
VIREAD 250 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 250 MG		24.16074	
VIVITROL INJECTABLE SUSPENSION	NALTREXONE MICROSOPHERES INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE, RECONST. 380MG		1095.60000	
VOTRIENT 200 MG TABLET	PAZOPANIB HCL ORAL TABLET 200 MG		51.23978	
WILATE 1,000-1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 1K-1K UNIT		1.20400	
WILATE 450-450 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 450-450		1.20400	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of July 18, 2012

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
WILATE 500-500 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 500-500		1.20400	
WILATE 900-900 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 900-900		1.20400	
XALKORI 200 MG CAPSULE	CRIZOTINIB ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG		158.90128	
XALKORI 250 MG CAPSULE	CRIZOTINIB ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG		158.90128	
XENAZINE 12.5 MG TABLET	TETRABENAZINE ORAL TABLET 12.5 MG		43.03446	
XENAZINE 25 MG TABLET	TETRABENAZINE ORAL TABLET 25 MG		86.06893	
XOLAIR 150 MG VIAL	OMALIZUMAB SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 150 MG		687.98700	
XYNTHA 1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 1000 (+/-)		1.19947	
XYNTHA 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 2000 (+/-)		1.19947	
XYNTHA 250 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 250 (+/-)		1.19947	
XYNTHA 3,000 UNIT SYRINGE KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS SYRINGE KIT (EA) 3000 (+/-)		1.19947	
XYNTHA 500 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 500 (+/-)		1.19947	
ZAVESCA 100 MG CAPSULE	MIGLUSTAT ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG		192.56000	
ZELBORAF 240 MG TABLET	VEMURAFENIB ORAL TABLET 240 MG		42.48189	
ZOLADEX 10.8 MG IMPLANT SYRN	GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 10.8MG		1123.47140	
ZOLADEX 3.6 MG IMPLANT SYRN	GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 3.6MG		374.48770	
ZYPREXA RELPREVV 210 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 210 MG		554.27400	
ZYPREXA RELPREVV 300 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 300 MG		791.82000	
ZYPREXA RELPREVV 405 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 405 MG		1068.95700	
ZYTIGA 250 MG TABLET	ABIRATERONE ACETATE ORAL TABLET 250 MG		45.60850	
ZYVOX 600 MG TABLET	LINEZOLID ORAL TABLET 600 MG		97.04609	