

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

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		71.53023	
ACTEMRA 80 MG/4 ML VIAL	TOCILIZUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 80 MG/4 ML		71.53023	
ADVATE 1,201-1,800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		0.98000	
ADVATE 1,801-2,400 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		0.98000	
ADVATE 2,400-3,600 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		0.98000	
ADVATE 200-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		0.98000	
ADVATE 3,601-4,800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 4000 (+/-)		0.98000	
ADVATE 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.98000	
ADVATE 801-1,200 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.98000	
AFINITOR 10 MG TABLET	EVEROLIMUS ORAL TABLET 10 MG		279.36519	
AFINITOR 5 MG TABLET	EVEROLIMUS ORAL TABLET 5 MG		264.90612	
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)		0.76000	
ALPHANATE 1,500-600 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (600)		0.76000	
ALPHANATE 250-100 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (100)		0.76000	
ALPHANATE 500-200 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (200)		0.76000	
ALPHANINE SD 1,000 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.72500	
ALPHANINE SD 1,500 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		0.72500	
ALPHANINE SD 500 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.72500	
AMPYRA ER 10 MG TABLET	DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG		24.00426	
ARANESP 100 MCG/0.5 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 100MCG/0.5		1239.02400	
ARANESP 100 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MCG/ML		619.51200	
ARANESP 150 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 150MCG/0.3		3097.56000	
ARANESP 150 MCG/0.75 ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 150MCG/.75		1239.02400	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ARANESP 200 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 200MCG/0.4		3097.56000	
ARANESP 200 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 200 MCG/ML		1239.02400	
ARANESP 25 MCG/0.42 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 25MCG/0.42		368.75714	
ARANESP 25 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 25 MCG/ML		154.87800	
ARANESP 300 MCG/0.6 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 300MCG/0.6		3097.56000	
ARANESP 300 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 300MCG/ML		1858.53600	
ARANESP 40 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 40 MCG/0.4		619.51200	
ARANESP 40 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 40MCG/ML		247.80480	
ARANESP 500 MCG/1 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 500 MCG/ML		3097.56000	
ARANESP 60 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBAT INJECTION DISPOSABLE SYRINGE (ML) 60MCG/0.3		1239.02400	
ARANESP 60 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBAT INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 60MCG/ML		371.70720	
AVONEX ADMIN PACK 30 MCG VL	INTERFERON BETA-1A/ALBUMIN HUMAN INTRAMUSCULAR KIT 30 MCG		974.58600	
AVONEX PEN 30 MCG/0.5 ML	INTERFERON BETA-1A INTRAMUSCULAR PEN INJECTOR KIT (EA) 30MCG/.5ML		3898.34400	
AVONEX PREFILLED SYR 30 MCG	INTERFERON BETA-1A INTRAMUSCULAR KIT 30MCG/.5ML		3898.34400	
BARACLUDE 0.5 MG TABLET	ENTECAVIR ORAL TABLET 0.5 MG		33.18970	
BARACLUDE 1 MG TABLET	ENTECAVIR ORAL TABLET 1 MG		33.18971	
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		1.11000	
BENEFIX 2,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT		1.11000	
BENEFIX 250 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT		1.11000	
BENEFIX 3,000 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 3000 UNIT		1.11000	
BENEFIX 500 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT		1.11000	
BENLYSTA 120 MG VIAL	BELIMUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 120 MG		0.00000	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
BENLYSTA 400 MG VIAL	BELIMUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400 MG		1471.34930	
BIOCLATE 801-1240AHFU VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.93445	
BOTOX 100 UNITS VIAL	ONABOTULINUMTOXINA INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 100 UNIT		522.90000	
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 PHENYLBUTYRATE ORAL POWDER (GRAM)		18.99109	
CAYSTON 75 MG INHAL SOLUTION	AZTREONAM LYSINE INHALATION VIAL, NEBULIZER (ML) 75 MG/ML		67.33587	
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		2095.85292	
CINRYZE 500 UNIT VIAL	C1 ESTERASE INHIBITOR INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (5 ML)		2147.11040	
CORIFACT KIT	FACTOR XIII INTRAVENOUS KIT 1000-1600		6.99000	
CRINONE 8% GEL	PROGESTERONE,MICRONIZED VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 8 %		11.17880	
DIFICID 200 MG TABLET	FIDAXOMICIN ORAL TABLET 200 MG		147.29595	
EGRIFTA 1 MG VIAL	TESAMORELIN ACETATE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 MG		36.64284	
ELOXATIN 200 MG/40 ML VIAL	OXALIPLATIN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 200MG/40ML		120.21571	
ENBREL 25 MG KIT	ETANERCEPT SUBCUTANEOUS KIT 25 MG		0.00000	
ENBREL 50 MG/ML SURECLICK SYR	ETANERCEPT SUBCUTANEOUS PEN INJECTOR (ML) 50 MG/ML		561.74400	
ENBREL 50 MG/ML SYRINGE	ETANERCEPT SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 50 MG/ML		0.00000	
ERIVEDGE 150 MG CAPSULE	VISMODEGIB ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG		280.12500	
EXJADE 125 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 125 MG		21.25796	
EXJADE 250 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 250 MG		42.51492	
EXJADE 500 MG TABLET	DEFERASIROX ORAL TABLET, DISPERSIBLE 500 MG		85.02852	
EXTAVIA 0.3 MG KIT	INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG		290.61146	
FABRAZYME 35 MG VIAL	AGALSIDASE BETA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 35 MG		4810.68000	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
FABRAZYME 5 MG VIAL	AGALSIDASE BETA INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG		687.24000	
FEIBA NF 1,750-3,250 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1750-3250		1.41000	
FEIBA NF 400-650 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400-650 U		1.41000	
FEIBA NF 651-1,200 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 651-1200 U		1.41000	
FEIBA VH IMMU 1,750-3,250 UNIT	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1750-3250		1.41000	
FEIBA VH IMMUNO 400-650 UNITS	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400-650 U		1.41000	
FEIBA VH IMMUNO 651-1,200 UNIT	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 651-1200 U		1.41000	
FERRIPROX 500 MG TABLET	DEFERIPRONE ORAL TABLET 500 MG		34.01340	
FIRMAGON 80 MG VIAL	DEGARELIX ACETATE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 80 MG		418.91760	
FORTEO 600 MCG/2.4 ML PEN INJ	TERIPARATIDE SUBCUTANEOUS PEN INJECTOR (ML) 20MCG/DOSE		495.05349	
FRAGMIN 10,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 10000/ML		70.61830	
FRAGMIN 12,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 12500/0.5		176.55096	
FRAGMIN 15,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 15000/0.6		176.54763	
FRAGMIN 18,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 18000/0.72		176.54376	
FRAGMIN 2,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 2500/0.2ML		108.83292	
FRAGMIN 25,000 UNITS/ML VIAL"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 25000/ML		159.73219	
FRAGMIN 5,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 5000/0.2ML		176.55096	
FRAGMIN 7,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 7500/0.3ML		176.55760	
FUZEON CONVENIENCE KIT	ENFUVRTIDE SUBCUTANEOUS KIT 90 MG		2777.33604	
GAMMAGARD LIQUID 10% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 %		12.08268	
GAMMAGARD S-D 2.5 GM VL W/ST	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2.5 G		281.84808	
GENOTROPIN 12 MG CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 12 MG/ML		954.51660	
GENOTROPIN 5 MG CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 5 MG/ML		397.70280	
GENOTROPIN MINIQUICK 0.2 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 0.2MG/0.25		17.33894	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
GENOTROPIN MINIQUICK 0.4 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 0.4MG/0.25		34.67930	
GENOTROPIN MINIQUICK 0.6 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 0.6MG/0.25		52.01966	
GENOTROPIN MINIQUICK 0.8 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 0.8MG/0.25		69.35859	
GENOTROPIN MINIQUICK 1 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1MG/0.25ML		86.70038	
GENOTROPIN MINIQUICK 1.2 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1.2MG/0.25		104.03931	
GENOTROPIN MINIQUICK 1.4 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1.4MG/0.25		121.37682	
GENOTROPIN MINIQUICK 1.6 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1.6MG/0.25		138.71433	
GENOTROPIN MINIQUICK 1.8 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 1.8MG/0.25		156.05897	
GENOTROPIN MINIQUICK 2 MG	SOMATROPIN SUBCUTANEOUS DISPOSABLE SYRINGE (EA) 2MG/0.25ML		173.39648	
GILENYA 0.5 MG CAPSULE	FINGOLIMOD HCL ORAL CAPSULE (HARD, SOFT, ETC.) 0.5 MG		164.88033	
GLEEVEC 400 MG TABLET	IMATINIB MESYLATE ORAL TABLET 400 MG		212.31732	
HELIXATE FS 1,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.88000	
HELIXATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		0.88000	
HELIXATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		0.88000	
HELIXATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		0.88000	
HELIXATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.88000	
HEMOPIL M 1,701-2,000 UNITS VL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1501-2000		0.75000	
HEMOPIL M 1,701-2,000 UNITS VL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1701-2000		0.76000	
HEMOPIL M 220-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 220-400		0.75000	
HEMOPIL M 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 401-800		0.75000	
HEMOPIL M 801-1,700 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 801-1500		0.75000	
HEMOPIL M 801-1,700 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 801-1700		0.76000	
HEPSERA 10 MG TABLET	ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		34.94731	
HIZENTRA 1 GRAM/5 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 1 G/5 ML		25.09920	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
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		0.73500	
HUMATE-P 2,400 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 1000-2400		0.73500	
HUMATE-P 600 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 250-600		0.73500	
HUMATROPE 12 MG CARTRIDGE	SOMATROPIN INJECTION CARTRIDGE (EA) 12 MG		974.08800	
HUMATROPE 24 MG CARTRIDGE	SOMATROPIN INJECTION CARTRIDGE (EA) 24 MG		1948.17600	
HUMATROPE 5 MG VIAL	SOMATROPIN INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG		405.87000	
HUMATROPE 6 MG CARTRIDGE	SOMATROPIN INJECTION CARTRIDGE (EA) 6 MG		487.04400	
HUMIRA 40 MG/0.8 ML PEN	ADALIMUMAB SUBCUTANEOUS PEN INJECTOR KIT (EA) 40MG/0.8ML		1090.60506	
HUMIRA 40 MG/0.8 ML SYRINGE	ADALIMUMAB SUBCUTANEOUS KIT 40MG/0.8ML		1090.60506	
INCIVEK 375 MG TABLET	TELAPREVIR ORAL TABLET 375 MG		109.23392	
INCRELEX 40 MG/4 ML VIAL	MECASERMIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML		301.36470	
INLYTA 1 MG TABLET	AXITINIB ORAL TABLET 1 MG		50.75616	
INLYTA 5 MG TABLET	AXITINIB ORAL TABLET 5 MG		152.26848	
INVEGA SUSTENNA 117 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 117MG/0.75		1140.99104	
INVEGA SUSTENNA 156 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 156 MG/ML		1141.04748	
INVEGA SUSTENNA 234 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 234MG/1.5		1141.03088	
INVEGA SUSTENNA 39 MG PREF SYR	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 39MG/0.25		1140.93792	
INVEGA SUSTENNA 78 MG PREF SYR	PALIPERIDONE PALMITATE INTRAMUSCULAR DISPOSABLE SYRINGE (ML) 78MG/0.5ML		1141.01760	
KALYDECO 150 MG TABLET	IVACAFTOR ORAL TABLET 150 MG		425.00979	
KOATE-DVI 1,000 UNITS KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1000 (+/-)		0.65500	
KOATE-DVI 250 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 250 (+/-)		0.65500	
KOATE-DVI 500 UNITS KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 500 (+/-)		0.65500	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
KOGENATE FS 1,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.92000	
KOGENATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		0.92000	
KOGENATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		0.92000	
KOGENATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		0.92000	
KOGENATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.92000	
KUVAN 100 MG TABLET	SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET, SOLUBLE 100 MG		31.52340	
LETAIRIS 10 MG TABLET	AMBRISENTAN ORAL TABLET 10 MG		214.08555	
LETAIRIS 5 MG TABLET	AMBRISENTAN ORAL TABLET 5 MG		214.08555	
LEUPROLIDE 2WK 1 MG/0.2 ML KT	LEUPROLIDE ACETATE SUBCUTANEOUS KIT 1MG/0.2ML		274.50000	
LUPRON DEPOT-PED 11.25 MG 3MO KIT	LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 11.25 MG		5232.13740	
LUPRON DEPOT-PED 30 MG 3MO KIT	LEUPROLIDE ACETATE INTRAMUSCULAR SYRINGE KIT (EA) 30 MG		5762.66676	
MATULANE 50 MG CAPSULE	PROCARBAZINE HCL ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG		51.60276	
MIRENA SYSTEM	LEVONORGESTREL INTRAUTERINE INTRAUTERINE DEVICE 20MCG/24HR		0.00000	
MONOCLATE-P 1,000 UNITS KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1000 (+/-)		0.65500	
MONOCLATE-P 1,500 UNITS KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1500 (+/-)		0.65500	
MONONINE 1,000 UNITS KIT	FACTOR IX INTRAVENOUS KIT 1000 (+/-)		0.83000	
NEULASTA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 6MG/0.6ML		6484.62399	
NEUPOGEN 300 MCG/0.5 ML SYR	FILGRASTIM INJECTION DISPOSABLE SYRINGE (ML) 300MCG/0.5		600.38800	
NEUPOGEN 300 MCG/ML VIAL	FILGRASTIM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 300MCG/ML		273.65100	
NEUPOGEN 480 MCG/0.8 ML SYR	FILGRASTIM INJECTION DISPOSABLE SYRINGE (ML) 480MCG/0.8		597.60000	
NEUPOGEN 480 MCG/1.6 ML VIAL	FILGRASTIM INJECTION VIAL (SDV,MDV OR ADDITIVE) (ML) 480MCG/1.6		272.31263	
NEXAVAR 200 MG TABLET	SORAFENIB TOSYLATE ORAL TABLET 200 MG		77.39210	
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		805.68432	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
NOVOSEVEN RT 1,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 MG		1.34000	
NOVOSEVEN RT 2,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2 MG		1.34000	
NOVOSEVEN RT 5,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG		1.34000	
NOVOSEVEN RT 8,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 8 MG		1.34000	
NUTROPIN 10 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 10 MG		820.39524	
NUTROPIN AQ 20 MG/2 ML PEN CART	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 20 MG/2 ML		813.93120	
NUTROPIN AQ 5 MG/ML VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/2 ML		406.96560	
NUTROPIN AQ NUSPIN 5 PEN CART	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 5 MG/2 ML		203.48280	
NUTROPIN AQ PEN CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (ML) 10 MG/2 ML		406.96560	
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) 5 MG/1.5ML		241.63623	
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	593.35704	611.15556	2/15/2013
PEGASYS 180 MCG/0.5 ML SYRINGE	PEGINTERFERON ALFA-2A SUBCUTANEOUS KIT 180MCG/0.5		2683.80168	
PEGASYS 180 MCG/ML VIAL	PEGINTERFERON ALFA-2A SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 180MCG/ML		670.95540	
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 (+/-)		0.62220	
PROFILNINE SD 1,500 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		0.62220	
PROFILNINE SD 500 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.62220	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
PULMOZYME 1 MG/ML AMPUL	DORNASE ALFA INHALATION SOLUTION, NON-ORAL 1 MG/ML		31.46962	
RAPAMUNE 1 MG TABLET	SIROLIMUS ORAL TABLET 1 MG		12.73316	
REBIF 22 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 22MCG/.5ML	601.17398	652.27209	2/13/2013
REBIF 44 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 44MCG/.5ML	652.28870	707.73270	2/13/2013
REBIF TITRATION PACK	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 8.8-22(6)	858.81996	931.81728	2/13/2013
RECOMBINATE 1,241-1,800 UNIT V	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		0.97000	
RECOMBINATE 1,801-2,400 UNIT V	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		0.97000	
RECOMBINATE 220-400 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		0.97000	
RECOMBINATE 401-800 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.97000	
RECOMBINATE 801-1,240 UNIT VL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.97000	
RELISTOR 12 MG/0.6 ML KIT	METHYLNALTREXONE BROMIDE SUBCUTANEOUS KIT 12MG/0.6ML		53.92485	
RELISTOR 12 MG/0.6 ML SYRINGE	METHYLNALTREXONE BROMIDE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 12MG/0.6ML		89.87477	
RELISTOR 12 MG/0.6 ML VIAL	METHYLNALTREXONE BROMIDE SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 12MG/0.6ML		89.87240	
RELISTOR 8 MG/0.4 ML SYRINGE	METHYLNALTREXONE BROMIDE SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 8 MG/0.4ML		134.81216	
REMICADE 100 MG VIAL	INFLIXIMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 100 MG		770.87412	
REVATIO 20 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 20 MG		0.85000	
REVLIMID 10 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 10 MG		393.81860	
REVLIMID 15 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 15 MG		395.42480	
REVLIMID 25 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG		399.31253	
REVLIMID 5 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 5 MG		387.16938	
RILUTEK 50 MG TABLET	RILUZOLE ORAL TABLET 50 MG		20.80378	
RITUXAN 10 MG/ML VIAL	RITUXIMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 10 MG/ML		0.00000	
SAIZEN 8.8 MG CLICK.EASY CARTG	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 8.8MG/1.5		638.23680	
SANDOSTATIN LAR 20 MG KIT	OCTREOTIDE ACETATE INTRAMUSCULAR KIT 20 MG		2581.50252	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
SANDOSTATIN LAR 30 MG KIT	OCTREOTIDE ACETATE INTRAMUSCULAR KIT 30 MG		3865.62540	
SEROSTIM 4 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 4 MG		216.42084	
SEROSTIM 6 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 6 MG		322.70400	
SIMPONI 50 MG/0.5 ML PEN INJEC	GOLIMUMAB SUBCUTANEOUS PEN INJECTOR (ML) 50MG/0.5ML		4724.90448	
SIMPONI 50 MG/0.5 ML SYRINGE	GOLIMUMAB SUBCUTANEOUS DISPOSABLE SYRINGE (ML) 50MG/0.5ML		4724.90448	
SPRYCEL 100 MG TABLET	DASATINIB ORAL TABLET 100 MG		284.92672	
SPRYCEL 140 MG TABLET	DASATINIB ORAL TABLET 140 MG		284.92672	
SPRYCEL 20 MG TABLET	DASATINIB ORAL TABLET 20 MG		73.33697	
SPRYCEL 50 MG TABLET	DASATINIB ORAL TABLET 50 MG		146.67345	
SPRYCEL 70 MG TABLET	DASATINIB ORAL TABLET 70 MG		146.67345	
SPRYCEL 80 MG TABLET	DASATINIB ORAL TABLET 80 MG		284.92672	
SUTENT 12.5 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE (HARD, SOFT, ETC.) 12.5 MG		103.78178	
SUTENT 25 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE (HARD, SOFT, ETC.) 25 MG		207.56319	
SUTENT 50 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG		382.80405	
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		168.83328	
TARCEVA 150 MG TABLET	ERLOTINIB HCL ORAL TABLET 150 MG		190.96241	
TASIGNA 150 MG CAPSULE	NILOTINIB HCL ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG		71.23284	
TASIGNA 200 MG CAPSULE	NILOTINIB HCL ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG		71.23284	
TEMODAR 100 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG		216.05373	
TEMODAR 140 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 140 MG		302.47126	
TEMODAR 180 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 180 MG		388.89218	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
TEMODAR 20 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 20 MG		43.21644	
TEMODAR 250 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG		540.27600	
THALOMID 100 MG CAPSULE	THALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG		245.48696	
THALOMID 150 MG CAPSULE	THALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 150 MG		262.48628	
THALOMID 200 MG CAPSULE	THALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG		279.49656	
THALOMID 50 MG CAPSULE	THALIDOMIDE ORAL CAPSULE (HARD, SOFT, ETC.) 50 MG		166.35491	
THYROGEN 1.1 MG VIAL	THYROTROPIN ALFA INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (EA) 1.1 MG		993.01200	
TOBI 300 MG/5 ML SOLUTION	TOBRAMYCIN IN 0.225 % SODIUM CHLORIDE INHALATION AMPUL FOR NEBULIZATION (ML) 300 MG/5ML		23.75062	
TORISEL 25 MG KIT	TEMSIROLIMUS INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) FNL 30MG/3		1345.13784	
TRACLEER 125 MG TABLET	BOSENTAN ORAL TABLET 125 MG		104.82900	
TRACLEER 62.5 MG TABLET	BOSENTAN ORAL TABLET 62.5 MG		104.82900	
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 200-300 MG		40.61389	
TYKERB 250 MG TABLET	LAPATINIB DITOSYLATE ORAL TABLET 250 MG		31.16544	
TYSABRI 300 MG/15 ML VIAL	NATALIZUMAB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (ML) 300MG/15ML		0.00000	
VANTAS 50 MG KIT	HISTRELIN ACETATE IMPLANTATION KIT 50 MG		3187.20000	
VELCADE 3.5 MG VIAL	BORTEZOMIB INJECTION VIAL (SDV,MDV OR ADDITIVE) (EA) 3.5 MG		1533.84000	
VENTAVIS 10 MCG/1 ML SOLUTION	ILOPROST INHALATION AMPUL FOR NEBULIZATION (ML) 10 MCG/ML		72.70800	
VENTAVIS 20 MCG/1 ML SOLUTION	ILOPROST INHALATION AMPUL FOR NEBULIZATION (ML) 20 MCG/ML		72.70800	
VIAGRA 25 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 25 MG		22.17926	
VIAGRA 50 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 50 MG		22.17926	
VICTRELIS 200 MG CAPSULE	BOCEPREVIR ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG		14.93276	

Illinois Department of Healthcare and Family Services

State Maximum Allowable Cost (SMAC) List

Specialty Drugs

as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
VIREAD 150 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 150 MG		25.61015	
VIREAD 200 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 200 MG		25.61015	
VIREAD 250 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 250 MG		25.61015	
VIVITROL INJECTABLE SUSPENSION	NALTREXONE MICROSPHERES INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE, RECONST. 380MG		1095.60000	
VOTRIENT 200 MG TABLET	PAZOPANIB HCL ORAL TABLET 200 MG		59.18190	
WILATE 1,000-1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 1K-1K UNIT		0.75500	
WILATE 450-450 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 450-450		0.75500	
WILATE 500-500 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 500-500		0.75500	
WILATE 900-900 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 900-900		0.75500	
XALKORI 200 MG CAPSULE	CRIZOTINIB ORAL CAPSULE (HARD, SOFT, ETC.) 200 MG		171.86760	
XALKORI 250 MG CAPSULE	CRIZOTINIB ORAL CAPSULE (HARD, SOFT, ETC.) 250 MG		171.86760	
XENAZINE 12.5 MG TABLET	TETRABENAZINE ORAL TABLET 12.5 MG		49.05930	
XENAZINE 25 MG TABLET	TETRABENAZINE ORAL TABLET 25 MG		98.11853	
XOLAIR 150 MG VIAL	OMALIZUMAB SUBCUTANEOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 150 MG		0.00000	
XYNTHA 1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 1000 (+/-)		0.97000	
XYNTHA 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 2000 (+/-)		0.97000	
XYNTHA 250 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 250 (+/-)		0.97000	
XYNTHA 3,000 UNIT SYRINGE KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 3000 (+/-)		0.97000	
XYNTHA 500 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 500 (+/-)		0.97000	
XYNTHA SOLOFUSE 1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 1000 (+/-)		0.97000	
XYNTHA SOLOFUSE 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 2000 (+/-)		0.97000	
XYNTHA SOLOFUSE 250 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 250 (+/-)		0.97000	
XYNTHA SOLOFUSE 500 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 500 (+/-)		0.97000	
ZAVESCA 100 MG CAPSULE	MIGLUSTAT ORAL CAPSULE (HARD, SOFT, ETC.) 100 MG		211.37333	

Illinois Department of Healthcare and Family Services

State Maximum Allowable Cost (SMAC) List

Specialty Drugs

as of March 10, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ZELBORAF 240 MG TABLET	VEMURAFENIB ORAL TABLET 240 MG	42.48189	45.03081	2/15/2013
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		48.29940	
ZYVOX 600 MG TABLET	LINEZOLID ORAL TABLET 600 MG		111.06944	