

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ACTEMRA 400 MG/20 ML VIAL	TOCILIZUMAB INTRAVENOUS VIAL (ML) 400MG/20ML		71.53023	
ACTEMRA 80 MG/4 ML VIAL	TOCILIZUMAB INTRAVENOUS VIAL (ML) 80 MG/4 ML		71.53023	
ADVATE 1,201-1,800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 1500 (+/-)	0.96000	0.95000	01/01/2014
ADVATE 1,801-2,400 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 2000 (+/-)	0.96000	0.95000	01/01/2014
ADVATE 2,400-3,600 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-)	0.96000	0.95000	01/01/2014
ADVATE 2,401-3,600 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 3000 (+/-)	0.96000	0.95000	01/01/2014
ADVATE 200-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 250 (+/-)	0.96000	0.95000	01/01/2014
ADVATE 3,601-4,800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 4000 (+/-)	0.96000	0.95000	01/01/2014
ADVATE 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 500 (+/-)	0.96000	0.95000	01/01/2014
ADVATE 801-1,200 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS VIAL (EA) 1000 (+/-)	0.96000	0.95000	01/01/2014
AFINITOR 10 MG TABLET	EVEROLIMUS ORAL TABLET 10 MG		0.00000	
AFINITOR 5 MG TABLET	EVEROLIMUS ORAL TABLET 5 MG		287.99340	
AFINITOR DISPERZ 2 MG TABLET	EVEROLIMUS ORAL TABLET FOR SUSPENSION 2 MG		273.93984	
AFINITOR DISPERZ 3 MG TABLET	EVEROLIMUS ORAL TABLET FOR SUSPENSION 3 MG		276.68880	
AFINITOR DISPERZ 5 MG TABLET	EVEROLIMUS ORAL TABLET FOR SUSPENSION 5 MG		280.51344	
ALOXI 0.25 MG/5 ML VIAL	PALONOSETRON HCL INTRAVENOUS VIAL (ML) 0.25MG/5ML		77.09040	
ALPHANATE 1,000-400 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 1000 (400)	0.74000	0.73000	01/01/2014
ALPHANATE 1,500-600 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 1500 (600)	0.74000	0.73000	01/01/2014
ALPHANATE 250-100 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 250 (100)	0.74000	0.73000	01/01/2014
ALPHANATE 500-200 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS VIAL (EA) 500 (200)	0.74000	0.73000	01/01/2014
ALPHANINE SD 1,000 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (EA) 1000 (+/-)	0.70500	0.69500	01/01/2014
ALPHANINE SD 1,500 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (EA) 1500 (+/-)	0.70500	0.69500	01/01/2014
ALPHANINE SD 500 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (EA) 500 (+/-)	0.70500	0.69500	01/01/2014
AMPYRA ER 10 MG TABLET	DALFAMPRIDINE ORAL TABLET, EXTENDED RELEASE 12 HR 10 MG		24.00426	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
ARANESP 100 MCG/0.5 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 100MCG/0.5		1281.25440	
ARANESP 100 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 100 MCG/ML		640.62720	
ARANESP 150 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 150MCG/0.3		3203.13600	
ARANESP 150 MCG/0.75 ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 150MCG/.75		1281.25440	
ARANESP 200 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 200MCG/0.4		3203.13600	
ARANESP 200 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 200 MCG/ML		1281.25440	
ARANESP 25 MCG/0.42 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 25MCG/0.42		381.32571	
ARANESP 25 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 25 MCG/ML		160.15680	
ARANESP 300 MCG/0.6 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 300MCG/0.6		3203.13600	
ARANESP 300 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 300MCG/ML		1921.88160	
ARANESP 40 MCG/0.4 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 40 MCG/0.4		640.67700	
ARANESP 40 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 40MCG/ML		256.27080	
ARANESP 500 MCG/1 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 500 MCG/ML		3203.13600	
ARANESP 60 MCG/0.3 ML SYRINGE	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION SYRINGE (ML) 60MCG/0.3		1281.18800	
ARANESP 60 MCG/ML VIAL	DARBEPOETIN ALFA IN POLYSORBATE 80 INJECTION VIAL (ML) 60MCG/ML		384.35640	
AVASTIN 100 MG/4 ML VIAL	BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML		158.08014	
AVASTIN 400 MG/16 ML VIAL	BEVACIZUMAB INTRAVENOUS VIAL (ML) 25 MG/ML		158.08014	
AVONEX ADMIN PACK 30 MCG VL	INTERFERON BETA-1A/ALBUMIN HUMAN INTRAMUSCULAR KIT 30 MCG		1131.70500	
AVONEX PEN 30 MCG/0.5 ML	INTERFERON BETA-1A INTRAMUSCULAR PEN INJECTOR KIT (EA) 30MCG/.5ML		4526.82000	
AVONEX PREFILLED SYR 30 MCG	INTERFERON BETA-1A INTRAMUSCULAR KIT 30MCG/.5ML		4526.82000	
BARACLUDE 0.5 MG TABLET	ENTECAVIR ORAL TABLET 0.5 MG		34.51715	
BARACLUDE 1 MG TABLET	ENTECAVIR ORAL TABLET 1 MG		34.51738	
BEBULIN 200-1,200 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 700 (+/-)	0.92350	0.91350	01/01/2014
BEBULIN VH IMMU 200-1,200 UNIT	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 700 (+/-)	0.92350	0.91350	01/01/2014

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
BENEFIX 1,000 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT	1.13000	1.12000	01/01/2014
BENEFIX 1,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT	1.13000	1.12000	01/01/2014
BENEFIX 2,000 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT	1.13000	1.12000	01/01/2014
BENEFIX 2,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT	1.13000	1.12000	01/01/2014
BENEFIX 250 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT	1.13000	1.12000	01/01/2014
BENEFIX 250 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT	1.13000	1.12000	01/01/2014
BENEFIX 3,000 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 3000 UNIT	1.13000	1.12000	01/01/2014
BENEFIX 500 UNIT KIT	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT	1.13000	1.12000	01/01/2014
BENEFIX 500 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT	1.13000	1.12000	01/01/2014
BENLYSTA 120 MG VIAL	BELIMUMAB INTRAVENOUS VIAL (EA) 120 MG		0.00000	
BENLYSTA 400 MG VIAL	BELIMUMAB INTRAVENOUS VIAL (EA) 400 MG		1493.42232	
BETASERON 0.3 MG KIT	INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG		306.59511	
BOSULIF 100 MG TABLET	BOSUTINIB ORAL TABLET 100 MG		67.90437	
BOSULIF 500 MG TABLET	BOSUTINIB ORAL TABLET 500 MG		271.61750	
BOTOX 100 UNITS VIAL	ONABOTULINUMTOXINA INJECTION VIAL (EA) 100 UNIT		0.00000	
BOTOX 200 UNITS VIAL	ONABOTULINUMTOXINA INJECTION VIAL (EA) 200 UNIT		1045.80000	
BOTOX COSMETIC 50 UNITS VIAL	ONABOTULINUMTOXINA INTRAMUSCULAR VIAL (EA) 50 UNIT		287.84400	
BUPHENYL POWDER	SODIUM PHENYLBUTYRATE ORAL POWDER (GRAM) 0.94 G/G		20.70031	
CAYSTON 75 MG INHAL SOLUTION	AZTREONAM LYSINE INHALATION VIAL, NEBULIZER (ML) 75 MG/ML		67.33587	
CEENU 40 MG CAPSULE	LOMUSTINE ORAL CAPSULE 40 MG		32.04929	
CIMZIA 200 MG VIAL KIT	CERTOLIZUMAB PEGOL SUBCUTANEOUS KIT 400 MG		2509.62120	
CINRYZE 500 UNIT VIAL	C1 ESTERASE INHIBITOR INTRAVENOUS VIAL (EA) 500 (5 ML)		2317.81152	
CORIFACT KIT	FACTOR XIII INTRAVENOUS KIT 1000-1600	6.97000	6.96000	01/01/2014
CRINONE 8% GEL	PROGESTERONE, MICRONIZED VAGINAL GEL WITH PREFILLED APPLICATOR (GRAM) 8 %		11.85262	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
CYMBALTA 20 MG CAPSULE	DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		5.28000	01/01/2014
CYMBALTA 30 MG CAPSULE	DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG		5.65000	01/01/2014
CYMBALTA 60 MG CAPSULE	DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 60 MG		5.65000	01/01/2014
DIFICID 200 MG TABLET	FIDAXOMICIN ORAL TABLET 200 MG		147.29595	
DULOXETINE HCL DR 20 MG CAP	DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 20 MG		5.28000	01/01/2014
DULOXETINE HCL DR 30 MG CAP	DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 30 MG		5.65000	01/01/2014
DULOXETINE HCL DR 60 MG CAP	DULOXETINE HCL ORAL CAPSULE,DELAYED RELEASE (ENTERIC COATED) 60 MG		5.65000	01/01/2014
EGRIFTA 1 MG VIAL	TESAMORELIN ACETATE SUBCUTANEOUS VIAL (EA) 1 MG		39.02460	
ELOXATIN 200 MG/40 ML VIAL	OXALIPLATIN INTRAVENOUS VIAL (ML) 200MG/40ML		120.21571	
ENBREL 25 MG KIT	ETANERCEPT SUBCUTANEOUS VIAL (EA) 25 MG		0.00000	
ENBREL 50 MG/ML SURECLICK SYR	ETANERCEPT SUBCUTANEOUS PEN INJECTOR (ML) 50 MG/ML		600.50669	
ENBREL 50 MG/ML SYRINGE	ETANERCEPT SUBCUTANEOUS SYRINGE (ML) 50 MG/ML		0.00000	
ERIVEDGE 150 MG CAPSULE	VISMODEGIB ORAL CAPSULE 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		85.37000	
EXTAVIA 0.3 MG KIT	INTERFERON BETA-1B SUBCUTANEOUS KIT 0.3 MG		306.59511	
FABRAZYME 35 MG VIAL	AGALSIDASE BETA INTRAVENOUS VIAL (EA) 35 MG		4810.68000	
FABRAZYME 5 MG VIAL	AGALSIDASE BETA INTRAVENOUS VIAL (EA) 5 MG		687.24000	
FEIBA NF 1,000 UNIT (NOMINAL)	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200 U	1.39000	1.38000	01/01/2014
FEIBA NF 1,750-3,250 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 1750-3250	1.39000	1.38000	01/01/2014
FEIBA NF 2,500 UNIT (NOMINAL)	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 1750-3250	1.39000	1.38000	01/01/2014
FEIBA NF 400-650 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650 U	1.39000	1.38000	01/01/2014
FEIBA NF 500 UNIT (NOMINAL)	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650 U	1.39000	1.38000	01/01/2014

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
FEIBA NF 651-1,200 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200 U	1.39000	1.38000	01/01/2014
FEIBA VH IMMU 1,750-3,250 UNIT	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 1750-3250	1.39000	1.38000	01/01/2014
FEIBA VH IMMUNO 400-650 UNITS	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 400-650 U	1.39000	1.38000	01/01/2014
FEIBA VH IMMUNO 651-1,200 UNIT	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (EA) 651-1200 U	1.39000	1.38000	01/01/2014
FERRIPROX 500 MG TABLET	DEFERIPRONE ORAL TABLET 500 MG		34.01340	
FIRMAGON 80 MG VIAL	DEGARELIX ACETATE SUBCUTANEOUS VIAL (EA) 80 MG		418.91760	
FLEBOGAMMA DIF 5% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 5 %		4.11348	
FORTEO 600 MCG/2.4 ML PEN INJ	TERIPARATIDE SUBCUTANEOUS PEN INJECTOR (ML) 20MCG/DOSE		539.62449	
FRAGMIN 10,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 10000/ML		70.61830	
FRAGMIN 12,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 12500/0.5		176.55096	
FRAGMIN 15,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 15000/0.6		176.54763	
FRAGMIN 18,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 18000/0.72		176.54376	
FRAGMIN 2,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 2500/0.2ML		108.83292	
FRAGMIN 25,000 UNITS/ML VIAL"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS VIAL (ML) 25000/ML		159.73219	
FRAGMIN 5,000 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS SYRINGE (ML) 5000/0.2ML		176.55096	
FRAGMIN 7,500 UNITS SYRINGE"	DALTEPARIN SODIUM,PORCINE SUBCUTANEOUS 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 (ML) 10 %		8.23294	
GAMMAGARD S-D 2.5 GM VL W/ST	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (EA) 2.5 G		281.84808	
GAMMAKED 1 GRAM/10 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 1 G/10 ML		10.09147	
GAMMAKED 10 GRAM/100 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 10 G/100ML		10.09147	
GAMMAKED 2.5 GRAM/25 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 2.5G/25ML		10.09147	
GAMMAKED 20 GRAM/200 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 20 G/200ML		10.09147	
GAMMAKED 5 GRAM/50 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 5 G/50 ML		10.09147	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
GAMMAPLEX 5% VIAL	IMMUNE GLOBULIN,GAMMA(IGG) INTRAVENOUS VIAL (ML) 5 %		4.11348	
GAMUNEX 10% VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INTRAVENOUS VIAL (ML) 10 %		9.82554	
GAMUNEX-C 1 GRAM/10 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 1 G/10 ML		10.09147	
GAMUNEX-C 10 GRAM/100 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 10 G/100ML		10.09147	
GAMUNEX-C 2.5 GRAM/25 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 2.5G/25ML		10.09147	
GAMUNEX-C 20 GRAM/200 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 20 G/200ML		10.09147	
GAMUNEX-C 5 GRAM/50 ML VIAL	IMMUNE GLOBULIN,GAMMA CAPRYLATE (IGG) INJECTION VIAL (ML) 5 G/50 ML		10.09147	
GENOTROPIN 12 MG CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 12 MG/ML		1002.24492	
GENOTROPIN 5 MG CARTRIDGE	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 5 MG/ML		417.59292	
GENOTROPIN MINIQUICK 0.2 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.2MG/0.25		18.20546	
GENOTROPIN MINIQUICK 0.4 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.4MG/0.25		36.41376	
GENOTROPIN MINIQUICK 0.6 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.6MG/0.25		54.62064	
GENOTROPIN MINIQUICK 0.8 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 0.8MG/0.25		72.82610	
GENOTROPIN MINIQUICK 1 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1MG/0.25ML		91.03581	
GENOTROPIN MINIQUICK 1.2 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.2MG/0.25		109.24128	
GENOTROPIN MINIQUICK 1.4 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.4MG/0.25		127.44531	
GENOTROPIN MINIQUICK 1.6 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.6MG/0.25		145.65077	
GENOTROPIN MINIQUICK 1.8 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 1.8MG/0.25		163.86192	
GENOTROPIN MINIQUICK 2 MG	SOMATROPIN SUBCUTANEOUS SYRINGE (EA) 2MG/0.25ML		182.06595	
GILENYA 0.5 MG CAPSULE	FINGOLIMOD HCL ORAL CAPSULE 0.5 MG		164.88033	
GLEEVEC 400 MG TABLET	IMATINIB MESYLATE ORAL TABLET 400 MG		231.42591	
HELIXATE FS 1,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 1000 (+/-)	0.86000	0.88000	12/16/2013
HELIXATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 2000 (+/-)	0.86000	0.88000	12/16/2013
HELIXATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 250 (+/-)	0.86000	0.88000	12/16/2013

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
HELIXATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 3000 (+/-)	0.86000	0.88000	12/16/2013
HELIXATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 500 (+/-)	0.86000	0.88000	12/16/2013
HEMOPIL M 1,000 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 801-1500	0.77000	0.76000	01/01/2014
HEMOPIL M 1,700 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 1501-2000	0.77000	0.76000	01/01/2014
HEMOPIL M 1,701-2,000 UNITS VL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 1501-2000	0.77000	0.76000	01/01/2014
HEMOPIL M 1,701-2,000 UNITS VL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 1701-2000	0.77000	0.76000	01/01/2014
HEMOPIL M 220-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 220-400	0.77000	0.76000	01/01/2014
HEMOPIL M 250 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 220-400	0.77000	0.76000	01/01/2014
HEMOPIL M 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 401-800	0.77000	0.76000	01/01/2014
HEMOPIL M 500 UNIT NOMINAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 401-800	0.77000	0.76000	01/01/2014
HEMOPIL M 801-1,700 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 801-1500	0.77000	0.76000	01/01/2014
HEMOPIL M 801-1,700 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 801-1700	0.77000	0.76000	01/01/2014
HEPSERA 10 MG TABLET	ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		34.94731	
HIZENTRA 1 GRAM/5 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 1 G/5 ML		26.12906	
HIZENTRA 2 GRAM/10 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 2 G/10 ML		26.12906	
HIZENTRA 4 GRAM/20 ML VIAL	IMMUNE GLOBULIN,GAMMA(IGG) SUBCUTANEOUS VIAL (ML) 4 G/20 ML		26.12906	
HUMATE-P 1,200 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 500-1200 U	0.72000	0.71000	01/01/2014
HUMATE-P 2,400 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 1000-2400	0.72000	0.71000	01/01/2014
HUMATE-P 600 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 250-600	0.72000	0.71000	01/01/2014
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 (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		1165.85000	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
HUMIRA 40 MG/0.8 ML SYRINGE	ADALIMUMAB SUBCUTANEOUS KIT 40MG/0.8ML		1165.85000	
INCIVEK 375 MG TABLET	TELAPREVIR ORAL TABLET 375 MG		130.73507	
INCRELEX 40 MG/4 ML VIAL	MECASERMIN SUBCUTANEOUS VIAL (ML) 10 MG/ML		331.49370	
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 SYRINGE (ML) 117MG/0.75		1175.22687	
INVEGA SUSTENNA 156 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 156 MG/ML		1175.28000	
INVEGA SUSTENNA 234 MG PREF SY	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 234MG/1.5		1175.26000	
INVEGA SUSTENNA 39 MG PREF SYR	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 39MG/0.25		1175.16048	
INVEGA SUSTENNA 78 MG PREF SYR	PALIPERIDONE PALMITATE INTRAMUSCULAR SYRINGE (ML) 78MG/0.5ML		1175.24016	
KALYDECO 150 MG TABLET	IVACAFTOR ORAL TABLET 150 MG		425.00979	
KOATE-DVI 1,000 UNITS KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1000 (+/-)	0.63500	0.62500	01/01/2014
KOATE-DVI 1,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS VIAL (EA) 1000 (+/-)	0.63500	0.62500	01/01/2014
KOATE-DVI 250 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)	0.63500	0.62500	01/01/2014
KOATE-DVI 250 UNITS VIAL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)	0.63500	0.62500	01/01/2014
KOATE-DVI 500 UNITS KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 500 (+/-)	0.63500	0.62500	01/01/2014
KOGENATE FS 1,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 1000 (+/-)	0.90000	0.89000	01/01/2014
KOGENATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 2000 (+/-)	0.90000	0.89000	01/01/2014
KOGENATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 250 (+/-)	0.90000	0.89000	01/01/2014
KOGENATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 3000 (+/-)	0.90000	0.89000	01/01/2014
KOGENATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 500 (+/-)	0.90000	0.89000	01/01/2014
KUVAN 100 MG TABLET	SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET, SOLUBLE 100 MG		32.15420	
LETAIRIS 10 MG TABLET	AMBRISENTAN ORAL TABLET 10 MG		214.08555	
LETAIRIS 5 MG TABLET	AMBRISENTAN ORAL TABLET 5 MG		214.08555	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
LEUPROLIDE 2WK 1 MG/0.2 ML KT	LEUPROLIDE ACETATE SUBCUTANEOUS KIT 1MG/0.2ML		274.50000	
LOMUSTINE 40 MG CAPSULE	LOMUSTINE ORAL CAPSULE 40 MG		32.04929	
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 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 (+/-)	0.63500	0.62500	01/01/2014
MONOCLATE-P 1,500 UNITS KIT	ANTIHEMOPHILIC FACTOR, HUMAN INTRAVENOUS KIT 1500 (+/-)	0.63500	0.62500	01/01/2014
MONONINE 1,000 UNITS KIT	FACTOR IX INTRAVENOUS KIT 1000 (+/-)	0.87000	0.86000	01/01/2014
NEULASTA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM SUBCUTANEOUS SYRINGE (ML) 6MG/0.6ML		6802.43100	
NEUPOGEN 300 MCG/0.5 ML SYR	FILGRASTIM INJECTION SYRINGE (ML) 300MCG/0.5		617.81880	
NEUPOGEN 300 MCG/ML VIAL	FILGRASTIM INJECTION VIAL (ML) 300MCG/ML		291.42960	
NEUPOGEN 480 MCG/0.8 ML SYR	FILGRASTIM INJECTION SYRINGE (ML) 480MCG/0.8		614.90550	
NEUPOGEN 480 MCG/1.6 ML VIAL	FILGRASTIM INJECTION VIAL (ML) 480MCG/1.6		290.02275	
NEXAVAR 200 MG TABLET	SORAFENIB TOSYLATE ORAL TABLET 200 MG		81.26173	
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	
NOVOSEVEN RT 1 MG VIAL	COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 1 MG	1.47000	1.46000	01/01/2014
NOVOSEVEN RT 2 MG VIAL	COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 2 MG	1.47000	1.46000	01/01/2014
NOVOSEVEN RT 5 MG VIAL	COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 5 MG	1.47000	1.46000	01/01/2014
NOVOSEVEN RT 8 MG VIAL	COAGULATION FACTOR VIIA (RECOMBINANT) INTRAVENOUS VIAL (EA) 8 MG	1.47000	1.46000	01/01/2014
NUTROPIN 10 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (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 (ML) 10 MG/2 ML		406.96560	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

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		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 (ML) 5 %		5.72501	
OLYSIO 150 MG CAPSULE	SIMEPREVIR SODIUM ORAL CAPSULE 150 MG		786.84000	01/01/2014
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 (EA) 5.8 MG		270.67047	
ORENCIA 250 MG VIAL	ABATACEPT/MALTOSE INTRAVENOUS VIAL (EA) 250 MG		641.10528	
PEGASYS 180 MCG/0.5 ML SYRINGE	PEGINTERFERON ALFA-2A SUBCUTANEOUS KIT 180MCG/0.5		3072.73968	
PEGASYS 180 MCG/ML VIAL	PEGINTERFERON ALFA-2A SUBCUTANEOUS VIAL (ML) 180MCG/ML		768.18492	
PEGINTRON 120 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 120MCG/0.5		702.33936	
PEGINTRON 150 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 150MCG/0.5		737.47824	
PEGINTRON 50 MCG KIT	PEGINTERFERON ALFA-2B SUBCUTANEOUS KIT 50 MCG/0.5		637.08144	
PEGINTRON REDIPEN 120 MCG 4PK	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 120MCG/0.5		702.33936	
PEGINTRON REDIPEN 150 MCG	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 150MCG/0.5		737.47824	
PEGINTRON REDIPEN 50 MCG 4PK	PEGINTERFERON ALFA-2B SUBCUTANEOUS PEN INJECTOR KIT (EA) 50 MCG/0.5		637.08891	
PREZISTA 100 MG/ML SUSPENSION	DARUNAVIR ETHANOLATE ORAL SUSPENSION, ORAL (FINAL DOSE FORM) 100 MG/ML		3.01783	
PREZISTA 150 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 150 MG		4.52673	
PREZISTA 400 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 400 MG		18.10694	
PREZISTA 600 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 600 MG		18.10694	
PREZISTA 75 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 75 MG		2.26336	
PREZISTA 800 MG TABLET	DARUNAVIR ETHANOLATE ORAL TABLET 800 MG		36.21389	
PROFILNINE SD 1,000 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 1000 (+/-)	0.60220	0.59220	01/01/2014
PROFILNINE SD 1,500 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 1500 (+/-)	0.60220	0.59220	01/01/2014
PROFILNINE SD 500 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (EA) 500 (+/-)	0.60220	0.59220	01/01/2014

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 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		13.94280	
REBIF 22 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 22MCG/.5ML		691.40660	
REBIF 44 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 44MCG/.5ML		750.32000	
REBIF TITRATION PACK	INTERFERON BETA-1A/ALBUMIN HUMAN SUBCUTANEOUS SYRINGE (ML) 8.8-22(6)		987.72371	
RECOMBINATE 1,241-1,800 UNIT V	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 1500 (+/-)	0.95000	0.94000	01/01/2014
RECOMBINATE 1,801-2,400 UNIT V	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 2000 (+/-)	0.95000	0.94000	01/01/2014
RECOMBINATE 220-400 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 250 (+/-)	0.95000	0.94000	01/01/2014
RECOMBINATE 401-800 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 500 (+/-)	0.95000	0.94000	01/01/2014
RECOMBINATE 801-1,240 UNIT VL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (EA) 1000 (+/-)	0.95000	0.94000	01/01/2014
RELISTOR 12 MG/0.6 ML KIT	METHYLNALTREXONE BROMIDE SUBCUTANEOUS KIT 12MG/0.6ML		59.31180	
RELISTOR 12 MG/0.6 ML SYRINGE	METHYLNALTREXONE BROMIDE SUBCUTANEOUS SYRINGE (ML) 12MG/0.6ML		98.85300	
RELISTOR 12 MG/0.6 ML VIAL	METHYLNALTREXONE BROMIDE SUBCUTANEOUS VIAL (ML) 12MG/0.6ML		98.85300	
RELISTOR 8 MG/0.4 ML SYRINGE	METHYLNALTREXONE BROMIDE SUBCUTANEOUS SYRINGE (ML) 8 MG/0.4ML		148.27950	
REMICADE 100 MG VIAL	INFLIXIMAB INTRAVENOUS VIAL (EA) 100 MG		840.17580	
REVATIO 20 MG TABLET	SILDENAFIL CITRATE ORAL TABLET 20 MG		0.85000	
REVLIMID 10 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE 10 MG		417.80218	
REVLIMID 15 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE 15 MG		419.50619	
REVLIMID 25 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE 25 MG		423.63057	
REVLIMID 5 MG CAPSULE	LENALIDOMIDE ORAL CAPSULE 5 MG		410.74791	
REYATAZ 100 MG CAPSULE	ATAZANAVIR SULFATE ORAL CAPSULE 100 MG		18.24140	
REYATAZ 150 MG CAPSULE	ATAZANAVIR SULFATE ORAL CAPSULE 150 MG		18.24140	
REYATAZ 200 MG CAPSULE	ATAZANAVIR SULFATE ORAL CAPSULE 200 MG		18.24140	
REYATAZ 300 MG CAPSULE	ATAZANAVIR SULFATE ORAL CAPSULE 300 MG		36.13820	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
RILUTEK 50 MG TABLET	RILUZOLE ORAL TABLET 50 MG		34.46160	
RITUXAN 10 MG/ML VIAL	RITUXIMAB INTRAVENOUS VIAL (ML) 10 MG/ML		0.00000	
RIXUBIS 1,000 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 1000 UNIT	1.13000	1.12000	01/01/2014
RIXUBIS 2,000 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 2000 UNIT	1.13000	1.12000	01/01/2014
RIXUBIS 250 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 250 UNIT	1.13000	1.12000	01/01/2014
RIXUBIS 3,000 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 3000 UNIT	1.13000	1.12000	01/01/2014
RIXUBIS 500 UNIT NOMINAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS VIAL (EA) 500 UNIT	1.13000	1.12000	01/01/2014
SAIZEN 8.8 MG CLICK.EASY CARTG	SOMATROPIN SUBCUTANEOUS CARTRIDGE (EA) 8.8 MG/1.5		676.56288	
SANDOSTATIN LAR 20 MG KIT	OCTREOTIDE ACETATE INTRAMUSCULAR KIT 20 MG		2662.36776	
SANDOSTATIN LAR 30 MG KIT	OCTREOTIDE ACETATE INTRAMUSCULAR KIT 30 MG		3986.69916	
SENSIPAR 30 MG TABLET	CINACALCET HCL ORAL TABLET 30 MG		15.46788	
SENSIPAR 60 MG TABLET	CINACALCET HCL ORAL TABLET 60 MG		30.93576	
SENSIPAR 90 MG TABLET	CINACALCET HCL ORAL TABLET 90 MG		46.40364	
SEROSTIM 4 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 4 MG		228.04416	
SEROSTIM 6 MG VIAL	SOMATROPIN SUBCUTANEOUS VIAL (EA) 6 MG		342.06624	
SIMPONI 50 MG/0.5 ML PEN INJEC	GOLIMUMAB SUBCUTANEOUS PEN INJECTOR (ML) 50MG/0.5ML		5050.91520	
SIMPONI 50 MG/0.5 ML SYRINGE	GOLIMUMAB SUBCUTANEOUS SYRINGE (ML) 50MG/0.5ML		5050.91520	
SPRYCEL 100 MG TABLET	DASATINIB ORAL TABLET 100 MG		293.47439	
SPRYCEL 140 MG TABLET	DASATINIB ORAL TABLET 140 MG		293.47439	
SPRYCEL 20 MG TABLET	DASATINIB ORAL TABLET 20 MG		78.39715	
SPRYCEL 50 MG TABLET	DASATINIB ORAL TABLET 50 MG		156.79397	
SPRYCEL 70 MG TABLET	DASATINIB ORAL TABLET 70 MG		156.79397	
SPRYCEL 80 MG TABLET	DASATINIB ORAL TABLET 80 MG		293.47439	
SUTENT 12.5 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE 12.5 MG		108.97094	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
SUTENT 25 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE 25 MG		217.94151	
SUTENT 50 MG CAPSULE	SUNITINIB MALATE ORAL CAPSULE 50 MG		401.94434	
SYNAGIS 100 MG/1 ML VIAL	PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 100 MG/ML		2458.80520	
SYNAGIS 50 MG/0.5 ML VIAL	PALIVIZUMAB INTRAMUSCULAR VIAL (ML) 50MG/0.5ML		2604.26112	
TABLOID 40 MG TABLET	THIOGUANINE ORAL TABLET 40 MG		12.50976	
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 150 MG		73.72590	
TASIGNA 200 MG CAPSULE	NILOTINIB HCL ORAL CAPSULE 200 MG		73.72596	
TEMODAR 100 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 100 MG		223.61196	
TEMODAR 140 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 140 MG		313.06058	
TEMODAR 180 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 180 MG		402.50565	
TEMODAR 20 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 20 MG		44.72837	
TEMODAR 250 MG CAPSULE	TEMOZOLOMIDE ORAL CAPSULE 250 MG		559.18627	
THALOMID 100 MG CAPSULE	THALIDOMIDE ORAL CAPSULE 100 MG		260.43728	
THALOMID 150 MG CAPSULE	THALIDOMIDE ORAL CAPSULE 150 MG		278.47172	
THALOMID 200 MG CAPSULE	THALIDOMIDE ORAL CAPSULE 200 MG		296.51786	
THALOMID 50 MG CAPSULE	THALIDOMIDE ORAL CAPSULE 50 MG		176.48622	
THYROGEN 1.1 MG VIAL	THYROTROPIN ALFA INTRAMUSCULAR VIAL (EA) 1.1 MG		1141.91400	
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 (ML) FNL 30MG/3		1372.03980	
TRACLEER 125 MG TABLET	BOSENTAN ORAL TABLET 125 MG		113.54400	
TRACLEER 62.5 MG TABLET	BOSENTAN ORAL TABLET 62.5 MG		113.54400	
TRELSTAR 22.5 MG VIAL	TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (EA) 22.5 MG		4859.92390	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
TRELSTAR DEPOT 3.75 MG VIAL	TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (EA) 3.75 MG		809.98870	
TRELSTAR LA 11.25 MG VIAL	TRIPTORELIN PAMOATE INTRAMUSCULAR VIAL (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 (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 (EA) 3.5 MG		1537.82400	
VENTAVIS 10 MCG/1 ML SOLUTION	ILOPROST INHALATION AMPUL FOR NEBULIZATION (ML) 10 MCG/ML		76.69200	
VENTAVIS 20 MCG/1 ML SOLUTION	ILOPROST INHALATION AMPUL FOR NEBULIZATION (ML) 20 MCG/ML		76.69200	
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 200 MG		18.03581	
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 FACTOR,HUMAN INTRAVENOUS KIT 1K-1K UNIT	0.73500	0.72500	01/01/2014
WILATE 450-450 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 450-450	0.73500	0.72500	01/01/2014
WILATE 500-500 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 500-500	0.73500	0.72500	01/01/2014
WILATE 900-900 UNIT KIT	ANTIHEMOPHILIC FACTOR, HUMAN/VON WILLEBRAND FACTOR,HUMAN INTRAVENOUS KIT 900-900	0.73500	0.72500	01/01/2014
XALKORI 200 MG CAPSULE	CRIZOTINIB ORAL CAPSULE 200 MG		180.46092	
XALKORI 250 MG CAPSULE	CRIZOTINIB ORAL CAPSULE 250 MG		180.46092	
XENAZINE 12.5 MG TABLET	TETRABENAZINE ORAL TABLET 12.5 MG		49.05930	

Illinois Department of Healthcare and Family Services
State Maximum Allowable Cost (SMAC) List
Specialty Drugs
as of December 24, 2013

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
XENAZINE 25 MG TABLET	TETRABENAZINE ORAL TABLET 25 MG		98.11853	
XOLAIR 150 MG VIAL	OMALIZUMAB SUBCUTANEOUS VIAL (EA) 150 MG		0.00000	
XYNTHA 1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 1000 (+/-)	0.95000	0.94000	01/01/2014
XYNTHA 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 2000 (+/-)	0.95000	0.94000	01/01/2014
XYNTHA 250 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 250 (+/-)	0.95000	0.94000	01/01/2014
XYNTHA 3,000 UNIT SYRINGE KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 3000 (+/-)	0.95000	0.94000	01/01/2014
XYNTHA 500 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS KIT 500 (+/-)	0.95000	0.94000	01/01/2014
XYNTHA SOLOFUSE 1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 1000 (+/-)	0.95000	0.94000	01/01/2014
XYNTHA SOLOFUSE 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 2000 (+/-)	0.95000	0.94000	01/01/2014
XYNTHA SOLOFUSE 250 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 250 (+/-)	0.95000	0.94000	01/01/2014
XYNTHA SOLOFUSE 500 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN-FREE) INTRAVENOUS SYRINGE KIT (EA) 500 (+/-)	0.95000	0.94000	01/01/2014
ZAVESCA 100 MG CAPSULE	MIGLUSTAT ORAL CAPSULE 100 MG		211.37333	
ZELBORAF 240 MG TABLET	VEMURAFENIB ORAL TABLET 240 MG		45.03081	
ZOLADEX 10.8 MG IMPLANT SYRN	GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 10.8MG		1235.81688	
ZOLADEX 3.6 MG IMPLANT SYRN	GOSERELIN ACETATE SUBCUTANEOUS IMPLANT (EA) 3.6MG		411.93564	
ZYPREXA RELPREVV 210 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 210 MG		554.27400	
ZYPREXA RELPREVV 300 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 300 MG		791.82000	
ZYPREXA RELPREVV 405 MG VIAL	OLANZAPINE PAMOATE INTRAMUSCULAR VIAL (EA) 405 MG		1068.95700	
ZYTIGA 250 MG TABLET	ABIRATERONE ACETATE ORAL TABLET 250 MG		56.74369	
ZYVOX 600 MG TABLET	LINEZOLID ORAL TABLET 600 MG		116.51208	