

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 12, 2011**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

<b>Label Name</b>	<b>Generic Name</b>	<b>Old SMAC Price</b>	<b>Current SMAC Price</b>	<b>SMAC Effective</b>
ADVATE 1,201-1,800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		1.13365	09/10/2011
ADVATE 1,801-2,400 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		1.13365	09/10/2011
ADVATE 2,400-3,600 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		1.13365	09/10/2011
ADVATE 200-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		1.13365	09/10/2011
ADVATE 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		1.13365	09/10/2011
ADVATE 801-1,200 UNITS VIAL	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		1.13365	09/10/2011
ALPHANATE 1,000-400 UNIT VIAL	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (400)		0.89520	09/10/2011
ALPHANATE 1,500-600 UNIT VIAL	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (600)		0.89520	09/10/2011
ALPHANATE 250-100 UNIT VIAL	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (100)		0.89520	09/10/2011
ALPHANATE 500-200 UNIT VIAL	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (200)		0.89520	09/10/2011
ALPHANINE SD 1,000 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.93000	09/10/2011
ALPHANINE SD 1,500 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		0.84750	09/10/2011
ALPHANINE SD 500 UNITS VIAL	FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.93000	09/10/2011
BEBULIN 200-1,200 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 700 (+/-)U		0.94350	09/10/2011
BEBULIN VH IMMU 200-1,200 UNIT	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 700 (+/-)U		0.94350	09/10/2011
BENEFIX 1,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT		0.93750	09/10/2011
BENEFIX 2,000 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT		0.93750	09/10/2011
BENEFIX 250 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT		0.93750	09/10/2011
BENEFIX 500 UNIT VIAL	FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT		0.93750	09/10/2011
FEIBA NF 1,750-3,250 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1750-3250		1.53550	09/10/2011
FEIBA NF 400-650 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400-650 U		1.53550	09/10/2011
FEIBA NF 651-1,200 UNIT VIAL	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 651-1200 U		1.53550	09/10/2011
FEIBA VH IMMU 1,750-3,250 UNIT	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1750-3250		1.53550	09/10/2011
FEIBA VH IMMUNO 400-650 UNITS	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400-650 U		1.53550	09/10/2011

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 12, 2011**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

Label Name	Generic Name	Old SMAC Price	Current SMAC Price	SMAC Effective
FEIBA VH IMMUNO 651-1,200 UNIT	ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 651-1200 U		1.53550	09/10/2011
HELIXATE FS 1,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		1.11350	09/10/2011
HELIXATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		1.11350	09/10/2011
HELIXATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		1.11350	09/10/2011
HELIXATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		1.09000	09/10/2011
HELIXATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		1.11350	09/10/2011
HEMOPIL M 1,701-2,000 UNITS VL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1701-2000		0.86000	09/10/2011
HEMOPIL M 220-400 UNITS VIAL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 220-400 U		0.86000	09/10/2011
HEMOPIL M 401-800 UNITS VIAL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 401-800 U		0.86000	09/10/2011
HEMOPIL M 801-1,700 UNITS VIAL	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 801-1700 U		0.86000	09/10/2011
HUMATE-P 1,200 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 500-1200 U		0.90000	09/10/2011
HUMATE-P 2,400 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 1000-2400		0.90000	09/10/2011
HUMATE-P 600 UNIT VWF:RCO	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 250-600 U		0.90000	09/10/2011
KOATE-DVI 1,000 UNITS KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1000 (+/-)		0.78720	09/10/2011
KOATE-DVI 250 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)		0.78720	09/10/2011
KOATE-DVI 500 UNITS KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 500 (+/-)		0.78720	09/10/2011
KOGENATE FS 1,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		1.11350	09/10/2011
KOGENATE FS 2,000 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		1.11350	09/10/2011
KOGENATE FS 250 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		1.11350	09/10/2011
KOGENATE FS 3,000 UNITS VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)		1.09000	09/10/2011
KOGENATE FS 500 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		1.11350	09/10/2011
MONOCLATE-P 1,000 UNITS KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1000 (+/-)		0.78720	09/10/2011
MONOCLATE-P 1,500 UNITS KIT	ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1500 (+/-)		0.71850	09/10/2011
MONONINE 1,000 UNITS KIT	FACTOR IX INTRAVENOUS KIT 1000 (+/-)		0.93000	09/10/2011

**Illinois Department of Healthcare and Family Services**  
**State Maximum Allowable Cost (SMAC) List**  
**Specialty Drugs**  
**as of September 12, 2011**

**Claims will be reimbursed at the lower of the AWP- 25%, State MAC,  
Federal Upper Limit (FUL), or Usual and Customary Charge**

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		1.49000	09/10/2011
NOVOSEVEN RT 2,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2 MG		1.49000	09/10/2011
NOVOSEVEN RT 5,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG		1.49000	09/10/2011
NOVOSEVEN RT 8,000 MCG VIAL	COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 8 MG		1.49000	09/10/2011
PROFILNINE SD 1,000 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		0.72220	09/10/2011
PROFILNINE SD 1,500 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		0.72220	09/10/2011
PROFILNINE SD 500 UNITS VIAL	FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		0.72220	09/10/2011
RECOMBINATE 1,241-1,800 UNIT V	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)		1.12000	09/10/2011
RECOMBINATE 1,801-2,400 UNIT V	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)		1.11350	09/10/2011
RECOMBINATE 220-400 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)		1.11350	09/10/2011
RECOMBINATE 401-800 UNIT VIAL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)		1.11350	09/10/2011
RECOMBINATE 801-1,240 UNIT VL	ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)		1.11350	09/10/2011
WILATE 1,000-1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 1K-1K UNIT		1.20400	09/10/2011
WILATE 450-450 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 450-450		1.20400	09/10/2011
WILATE 500-500 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 500-500		1.20400	09/10/2011
WILATE 900-900 UNIT KIT	ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 900-900		1.20400	09/10/2011
XYNTHA 1,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 1000 (+/-)		1.19947	09/10/2011
XYNTHA 2,000 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 2000 (+/-)		1.19947	09/10/2011
XYNTHA 250 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 250 (+/-)		1.19947	09/10/2011
XYNTHA 3,000 UNIT SYRINGE KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS SYRINGE KIT (EA) 3000 (+/-)		1.19947	09/10/2011
XYNTHA 500 UNIT KIT	ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 500 (+/-)		1.19947	09/10/2011